Chapter IV
CHAPTER - IV

INDIAN SOCIAL PROBLEMS AND SOCIAL WORK INTERVENTION

When we discussed the relevance of social work to sociological theory, the work of G.R. Madan was studied. This chapter presents analytical case studies as follows -

Table 4.1
Genderwise Distribution of Problem

<table>
<thead>
<tr>
<th>Sr. No.</th>
<th>Nature of problem</th>
<th>Sex</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>M</td>
<td>F</td>
</tr>
<tr>
<td>1</td>
<td>Child abuse</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>2</td>
<td>Destitution</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>3</td>
<td>Terminal sickness</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>4</td>
<td>Habitual criminality</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>5</td>
<td>Unwed motherhood</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>6</td>
<td>Adoption (child abandonment)</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>7</td>
<td>Physically challenged</td>
<td>7</td>
<td>4</td>
</tr>
<tr>
<td>8</td>
<td>Suicide</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td><strong>Total</strong></td>
<td>13</td>
<td>20</td>
</tr>
</tbody>
</table>

Out of the above, seven cases are of children. One case of unwed motherhood is of adolescent pregnancy. A prominent fact related to these cases is that the provisions made by society for the prevention of
social pathology are grossly inadequate. The human rights philosophy had hardly any influence on social institutions. Many of the persons involved have suffered from lack of awareness, as in the incidence of physical handicaps. Early diagnosis and prompt and accurate treatment, a directive of preventive and social medicine has not been brought into institutional and non-institutional settings. The departments of preventive and social medicine have not undertaken any awareness programs. Outreach is hardly seen despite the 1983 health policy directive of ‘Health for All’. In fact in 1978 India was a signatory of the Alma Ata resolution. No reflection of the policy document is seen in practice or medical education. The preventive and social medicine departments must take the lead and undertake appropriate awareness programs in the community. The preventive and social medicine departments of AFMC (Armed Forces Medical College) is even better equipped to take up the outreach program and awareness devices related to early detection.

Unmarried motherhood is regarded as social deviance in sociology. Weak family institution and incompetent parenting are also equal contributors to the problem of unmarried motherhood.
### 1 - Child Abuse

<table>
<thead>
<tr>
<th>Year</th>
<th>1975</th>
</tr>
</thead>
<tbody>
<tr>
<td>Case No.</td>
<td>39</td>
</tr>
<tr>
<td>Name</td>
<td>Anil</td>
</tr>
<tr>
<td>Age</td>
<td>9 Years</td>
</tr>
<tr>
<td>Sex</td>
<td>Male</td>
</tr>
<tr>
<td>Address</td>
<td>Ganesh Peth, Pune.</td>
</tr>
<tr>
<td>Problem</td>
<td>Injury to nose, severe bleeding and there was nobody with him. He came alone to the casualty for treatment.</td>
</tr>
<tr>
<td>Referral</td>
<td>Referred by the C.M.O. for help in his problem.</td>
</tr>
</tbody>
</table>

### Social Work

Anil came on his own with profuse bleeding from the nose, for treatment. Since there was nobody with him, the C.M.O. wanted my help. It was 2.00 p.m. and the O.P.D. timing was over. I went to see the C.M.O., saw the boy. That was not the time to ask him anything. So I requested the C.M.O. to admit him and write my name on the case paper as next to kin. Though he could have been treated on O.P.D. basis, upon my request he was admitted in the hospital. The emergency treatment was given by the C.M.O. in the casualty. His bleeding stopped. Then he was admitted in the hospital.

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I talked to him in the ward. He was severely beaten by his father because of his stepmother. Anil was very hurt and he decided not to go back home. He was good in his studies. He was attached to his maternal uncle who was ready to look after him and his 5 years' old sister. Both of them were ill treated by the stepmother. But the father also did not give them love and affection. They were prohibited from meeting the maternal uncle. I met the maternal uncle who was willing to keep both these children with him. But he was helpless because of Anil's father. I personally was not sure about the maternal aunt. So I asked Anil whether he would prefer to be admitted in remand home. He was doubtful whether he would get the facility of education in the remand home. So I promised him to admit in nice boarding school where all his problems would be solved. He agreed. Hence next day I produced him before Juvenile Court on self-application. He was admitted in remand home. I also approached the head master of the municipal school where he was studying. I explained him Anil's case and requested him to allow Anil to appear for annual examination from the school.

At the same time, I requested the Juvenile Court to grant him the permission to appear for the 7th class examination from the municipal school. The permission was granted. This whole episode happened in March. So there was only one month for the examination. He wanted his books from home. He was worried about his little sister. He used to
comb her hair and also used to give her bath. So he wanted me to keep her in girls' remand home. I visited his house, met his father. The father was furious. But I told him very quietly that Anil did not want to stay with him and also told him to give Anil's books. Anil's sister came out and sat near me. She was confused. She was probably missing her brother. I told the father that I was going to take his daughter with me. He objected. But the little girl wanted to go with me. So I took her with me and also brought Anil's books. I kept her in Shreevatsa till I got her admitted in girls' remand home next week. Anil was very happy. He was discharged from the hospital and was sent to remand home, Satara from where he was admitted to Rayat Shikshan Samstha Boarding School.

He was permitted by the Juvenile Court, Pune to stay with his maternal uncle in Pune. The sister stayed in girls' remand home and she was attending remand home school. She was average in studies. Anil used to see me regularly in May vacation till he passed S.S.C. He was good in drawing. He wanted to join Abhinav Kala Vidyalaya. The admission was secured for him by Rayat Shikshan Samstha, Satara. After completion of 21 years, Rayat Shikshan Samstha helped him financially to complete his course of fine arts. The sister's marriage was arranged by remand home. Anil regularly visited me till he passed out from Abhinav Kala Vidyalaya.
Analysis

The problem at referral indicates family failure. Step motherhood is a typical problem of Indian society. The second wife is a jealous and insecure person. To her marriage means an assurance of a secure social and economic future. The second woman is more aggressive and possessive. The stepchildren are a hindrance. Men often send the motherless children to the deceased wife’s family of birth. In this case the father did not allow his children to stay at the maternal uncle’s home. He was afraid of the second wife. The abused boy showed ego strength. Hence, this rehabilitation was possible.
### II - Destitution

**Year** | 1974  
**Case No.** | 35  
**Name** | Mrs. Indumati Kulkarni  
**Age** | 50 Years  
**Sex** | Female  
**Address** | Pune  
**Problem** | Destitute  
**Referral** | The patient was referred from the skin O.P.D. for institutionalisation.

### Social Work

Mrs. Kulkarni stood before me in my office. When I saw her I was shocked to see her in a miserable condition. She had no proper clothes on her. I knew this woman since long. I had seen her previously in many music concerts, nicely dressed up and with golden ornaments. She was accompanied by one person whom also I knew. They were not husband and wife. Later on he expired and she was left alone. But now her condition was pitiable. She also had seen me before. She was in tears.

She told me that after the death of that man, his sons asked her to vacate the room where she was staying. That man had taken the room for her on rent. She had distant relatives. But she had no connection with them.
She had gone to them for shelter. But nobody was willing to accept her in her present condition. I got her admitted in Anand Gram Leprosy Home near Alandi. Dr. Indu Patwardhan was my friend. I spoke to her about this woman. She immediately admitted her. One day Dr. Indu Patwardhan spoke to me about Mrs. Kulkarni’s pension case which was pending with Govt. for a long time. This story was new to me. However, I went through the pension papers. From the record, it was revealed that Mrs. Kulkarni had been married to one jeep driver from the P.W.D. He was a Maharashtra State Govt. servant. He was posted at Bhor, Dist. Pune. Mrs. Kulkarni was staying with him at Bhor in Govt. quarters. This driver had come to Pune to his friend in Somwar Peth. There he complained of chest pain. So he was admitted in Sassoon Hospital where he expired. The friend had given his name on the case paper as next of kin. So there was no mention of Mrs. Kulkarni anywhere on the record. The Accountant General’s office was not ready to accept Mrs. Kulkarni as his wife. He wanted a proof of marriage. Hence the case was pending.

I personally looked into this matter. I met the Asst. Accounts Officer and asked him the solution to this problem. It was obvious that there was no proof of marriage. I also had a doubt in my mind whether Mrs. Kulkarni really married him or she was just staying with him without marriage. Because she was capable of doing so. The Asst. Accounts
Officer told me to get an affidavit done and get her name on the death certificate. I knew the Health Officer at Pune Municipal Corporation. I explained him the case and requested him to include her name on the death certificate. He did the needful. The affidavit also was done. After submitting these documents to Accountant General, her pension case was settled and she got Rs. 18,000/- towards arrears and Rs. 800/- per month as pension. This money was kept in Saraswat Bank in F.D. on her and Anand Gram’s name jointly. She died of accident. She enjoyed the pension amount.

Analysis

This intervention prevented one case of destitution that could have otherwise been a drain on society.
Table:

<table>
<thead>
<tr>
<th>Year</th>
<th>Name</th>
<th>Sex</th>
<th>Age</th>
<th>Address</th>
<th>Problem</th>
<th>Referral</th>
</tr>
</thead>
<tbody>
<tr>
<td>1974</td>
<td>Mrs. Vimal Ghorpade</td>
<td>Female</td>
<td>30 Years</td>
<td>At Gorpadewadi, Tal. Indapur, Dist. Pune</td>
<td>Destitute</td>
<td>The patient had come on her own for help. She was not well and she had no place to stay.</td>
</tr>
</tbody>
</table>

Social Work

Vimal was told by somebody outside; that she should approach me for her problem. When I talked to her, she told me that her husband died of T.B. and she had 3-month-old male baby. Her mother-in-law kept the baby with her and drove Vimal out of her house. Nobody gave her shelter in the village. She was not well and hence came to Sassoon Hospital for treatment. I helped her in getting thoroughly investigated. From the x-ray report, she was diagnosed as a case of Pul. Tuberculosis. So I got her admitted in Aundh Chest Hospital. I requested the doctors there to keep her there till the full treatment was completed. Accordingly she was kept there and discharged after the treatment was over. She again came back to me. Now she was in need of proper rehabilitation. I
approached Dr. Baba Adhav to give her a job of a cook in Hamal Panchayat’s ‘Kashtachi Bhakar’ Center. She got a job there where she was also getting her meals. She became financially independent. Now the question was of her accommodation. Hamal Panchayat Kendra was in Nana Peth. So I was trying to find out a shelter for her somewhere near the center. In the famous Vithoba temple in Nana Peth, one old lady was staying alone in one small room. She was in need of a servant for washing her clothes. I approached her with Vimal and told her about Vimal. Vimal was very honest, hard working and sincere. I requested the old lady to allow Vimal to sleep in the room. She agreed as she also wanted somebody to give her company at night. Vimal’s work in the Kendra was up to 2.00 p.m. So she was free after 2.00 p.m. This was how her problem of accommodation was solved. Since she had free time in the afternoon, she started working as a domestic servant in 2-3 houses. This was an additional source of income for her. She did not have any other expense. So whatever she was earning was saved. One day she came to me asking me to keep Rs. 600/- in the steel cupboard in my office in the hospital. I kept the money in the cupboard in a packet. Next month as well she brought Rs. 600/- and asked me to keep the money in the cupboard. The third month again she brought Rs. 600/-. I thought it was not proper to keep the money in my office. So I took her to Saraswat Bank near the hospital and opened a savings account in her name. I introduced her to one lady clerk there and instructed her to help
Vimal in depositing the amount every month. Now Vimal started to go
to the bank on her own and started depositing the money independently.
The savings went over Rs. 10,000/-. The bankbook was kept with me.
Then Rs. 10,000/- were kept in safe deposit under Kalpataru scheme. By
this time the son had become about 3 years’ old. She wanted to see him.
So she went to her village. But the mother-in-law did not allow her see
her son. She came back shattered. She became a mental patient. She was
unable to adjust with her co-workers at the Kendra. Dr. Baba Adhav
reported to me her abnormal behavior. So I had to admit her in mental
hospital, Yerawada. During this time I was transferred to Civil Hospital,
Solapur. She came out of the mental hospital after 6 months. She was
better. She met me at my residence as I had come back from Solapur on
leave. I requested Dr. Baba Adhav to take her back for work at the
Kendra. He was reluctant. But he took her back. I personally visited
Kendra and talked to her co-workers. I explained them her mental
condition and requested them to co-operate. Vimal maintained the
improvement with regular drugs she used to get from Sassoon Hospital.
In 1979 I came back to Sassoon Hospital on transfer to my original post.
Vimal was regularly visiting me. She was well till 1984. But she
discontinued the medicine and relapsed. This time she was treated in
Sassoon Hospital with E.C.T. She was granted 2 months leave for
treatment. She again became allright and started working as before.
During 2 months treatment period she stayed with me. I maintained her.
I retired in July 1985. During this time she had savings worth Rs.40,000/-. The F.D. receipts were in my custody. Even after my retirement she continued to meet me. But I had no control over her. As a result she did not take regular medicines. The result was her re-admission to mental hospital. This time she lost her job. Then she came to me in 1995 with her son who was now 20 years’ old. He came to know about her savings. He wanted that money. The F.D. receipts were with me. I tried to tell her not to give the receipts to him. But she wanted to give him the money. She probably thought that he would at least look after her. But he took away all the money and totally deserted her. I did not get any news from her after that; neither did she come to me.

Analysis

Emotional dependence on blood relatives is a highly upheld social value in India. Reference to the male offspring is obvious in both generations of women here. Dependence continues in the form of the right of the elderly to seek support from the next generation. Emotional dominance does not allow room for rationality. Rapport with the social worker lasts for a certain period and then the client outgrows the relationship.
Case No. 28

Name Jyoti Upadhye
Age 4 Years
Sex Female
Address Remand home for girls
Approximate date of admission 1975
Medical Problem papiloma in throat

Social Work

Jyoti was not an orphan child. But her father who was a police constable admitted her in remand home. Jyoti had lost her mother. So the father remarried. The stepmother did not look after her. Hence she was admitted to remand home for girls and committed to full term by the Juvenile Court.

Jyoti remained in the remand home till the age of 18 years. She could not be sent to any other institution because of her medical problem. She was required to come to Sassoon Hospital often for emergency surgical treatment. She had papiloma in throat which required surgical scraping when it would grow. Then she had difficulty in breathing. Permanent tracheotomy was done in her case. Even then she used to become
breathless. I used to look after all the medical problems of these children from remand homes and other institutions.

As Jyoti grew, she was attached to me. Every time, I used to accompany her to the operation theatre as she needed moral support. Jyoti completed 18 years of age. Legally she could not continue to stay in remand home. There was Govt. State Home for women and a reception center in Pune. So I wanted to admit Jyoti in the State Home. I tried to convince her father to take her home. But he was not willing to take her home because of her stepmother. Jyoti was reluctant to go to another institution as she stayed away from home since her childhood. Since she was very much attached to me, I took her home to look after my old aunt who was suffering from paralysis. Jyoti was very loving and good-natured. She looked after my aunt very well. She was like a family member. My mother treated her like her own daughter. She was happy in my house. She stayed with me for 3 years. During this period, her stepmother expired. Then her father approached me and said that there was nobody at home to cook, he wanted to take her home. Jyoti was unwilling. But I prepared her to go home with her father. So she went. But she was in touch with me. After a couple of years, the father found a boy who was willing to accept her with her medical problem. She got married to this boy who was clerk in Military Accounts at Aurangabad. Fortunately, the E.N.T. surgeon who was treating her at Sassoon
Hospital was transferred to Govt. Hospital, Aurangabad. So Jyoti approached him at Aurangabad hospital and he continued treating her. She required his surgical treatment permanently. But she was happy in her married life.

**Analysis**

This medico-social intervention provided support to an exceptional marriage; where the husband took the risk of marrying a permanent invalid.
<table>
<thead>
<tr>
<th>Case No.</th>
<th>9</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td>Shri Ganpat Bhishe</td>
</tr>
<tr>
<td>Age</td>
<td>22 Years</td>
</tr>
<tr>
<td>Sex</td>
<td>Male</td>
</tr>
<tr>
<td>Address</td>
<td>Karnataka</td>
</tr>
<tr>
<td>Approximate date of Reference</td>
<td>1968</td>
</tr>
<tr>
<td>Medical Problem</td>
<td>Pain in abdomen</td>
</tr>
<tr>
<td>Reasons for referral</td>
<td>Discharge</td>
</tr>
<tr>
<td>Family History</td>
<td>The patient had come alone from his native place in Karnataka for treatment.</td>
</tr>
</tbody>
</table>

### Social Work

The patient was in the ward for over a month. Even after the treatment was over, he was not willing to leave the hospital. Hence he was referred to the social worker. When I interviewed him, I found him to be a liar. He was not giving any true information about himself or his family. He insisted on saying that he was alone and had no relatives. Somehow he wanted to take shelter in the hospital only. Since he was quite healthy, I just asked him to leave the hospital. That time he left the hospital but the very next day I found him in another ward as patient. During my round in the ward I caught him. I found him getting admitted in medical, surgical, orthopedic wards under different units with different
symptoms. But I caught him everywhere. He had no means to survive and no place to stay. Hence he was taking shelter in the hospital where his problem of food and shelter was automatically solved. I was counseling him regularly and ultimately prepared him for doing a job and I got him employed in Swastik Rubber Products through my contacts. He was doing the job well. But by this time he had many contacts in the hospital especially with class IV servants. He used to come to the hospital for his night stay. From hospital he was going to his work. I had no control over this. So I left chasing him. After 5 years, while crossing the railway line he met with an accident and died.

**Social Role and Intervention**

- Lobbying with staff.
- External situation - corrupt staff

**Analysis**

This case illustrates sickness and hospitalisation as social learning. Those who are generally deprived enjoy being sick as they get attention, rest and food without effort and money. Knowing this trait in patients the class IV employees feed their own corruption. The worker did try to lobby with the staff but as they are a large group; it is not possible to control this type of corruption.
<table>
<thead>
<tr>
<th>Case No.</th>
<th>27</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td>Smt. Indirabai</td>
</tr>
<tr>
<td>Age</td>
<td>55 years</td>
</tr>
<tr>
<td>Sex</td>
<td>Female</td>
</tr>
<tr>
<td>Address</td>
<td>Kasba Peth, Pune</td>
</tr>
<tr>
<td>Approximate date of admission</td>
<td>1975</td>
</tr>
<tr>
<td>Medical problem</td>
<td>T.B. Lymphodinitis</td>
</tr>
<tr>
<td>Referral</td>
<td>The case was referred to me by one of the stage actors</td>
</tr>
</tbody>
</table>

**Social Work**

Indirabai had two sisters. She was the eldest. She was married in a very young age. But the marriage was broken and she came back to her parents. The father was financially poor. Indirabai had no education. There was a problem before her of her livelihood. She was good looking. So somebody introduced her to cinema. That time Prabhat Film Company was well known. She started working as extra actress. She was employed by Prabhat. She made small roles in many pictures. She was earning sufficiently and was happy. She also acted in plays. She looked after her parents. In the meantime she came in contact with one person whom she began to love. After the death of Indirabai’s parents, this man started staying in Indirabai’s house. They did not marry but they just stayed together. Indirabai was still earning. This man did not
earn but enjoying on Indirabai’s income. Indirabai was fed up of this man and she asked him to leave her house. But he refused. Indirabai was growing old. She was jobless. She was maintaining herself on savings. One day with the help of neighbours he was driven out of her house. Indirabai was relieved. Unfortunately she developed tubercular abscess on her neck. She had no money for private treatment. So she was referred to me by her friends from films.

She was treated surgically and later on medically for her tuberculosis. She was completely cured. Then I got her employed in ‘ Shreevatsa ’. She used to be very good with small children. She was looking after little older children above the age of 1 year. The children were very happy with her. They used to like her. After working for nearly 2 years, she became seriously ill and was bed ridden. During this period, her sister named Bhamabai who was at Solapur came to Pune to look after Indirabai. Bhamabai also acted in plays and pictures. She was staying with one police constable without marriage. But she looked after his children and wife. After the death of the constable, Bhamabai was asked to leave the house by the son of the constable. So she came to Pune to look after her ailing sister. Again the problem of maintenance was there. So I got Bhamabai employed in ‘ Shreevatsa ’. She was a hardworking and loving woman. But she had a bad habit of stealing milk and eatables which were meant for children. I made her understand many times. But
she continued to steal. Ultimately, I had to remove her from ‘Shreevatsa’. In the meantime Indirabai died. So Bhamabai was left alone. I looked after her till her death.

Analysis

The case illustrates some typical characteristics of destitution in men and women. The man exploited Indirabai’s emotional dependence. Bhamabai wrongfully compensated her insecurity by stealing. This type of pathological gratification is typical to destitution.
III - Terminal sickness

<table>
<thead>
<tr>
<th>Case No.</th>
<th>21</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male patient</td>
<td></td>
</tr>
<tr>
<td>Age</td>
<td>60 Years</td>
</tr>
<tr>
<td>Sex</td>
<td>Male</td>
</tr>
<tr>
<td>Address</td>
<td>Chinchwad, Pune</td>
</tr>
<tr>
<td>Approximate date of admission</td>
<td></td>
</tr>
<tr>
<td>Medical Problem</td>
<td>Advance cancer of throat</td>
</tr>
<tr>
<td>Referral</td>
<td>The case was referred by the Sister i/c O.P.D.</td>
</tr>
</tbody>
</table>

Social Work

After the O.P.D. was over at about 1 p.m., this patient was lying on the bench of O.P.D. I went and saw him. His condition was pathetic. He was not able to sit. The regular O.P.D. was over. But nobody took any notice of this old man. So I approached the C.M.O. and requested him to admit the patient in surgical ward. He was examined in the O.P.D. but since it was an advance case of cancer, no treatment was possible. From the humanity point of view, I got him admitted. I talked to him in the ward. I was told that his son accompanied him to the hospital. But he left him in the O.P.D. and then ran away. Since there was no treatment for him, he was discharged and the case was referred to me for further disposal.
I put him in the ambulance and accompanied him to his home in Chinchwad. He showed me the house. It was a hut; few steps away from the main road. The hut was locked. But the patient requested me to put him in the open space in front of the hut. With the help of two ward-servants I kept him there.

To my surprise, he was kept on the road by his relatives; under the tree, where he was found dead. The big news with photograph appeared on the front page of the newspaper ‘Sakal’. Then an enquiry at all levels started. The outcome of the enquiry was that the relatives were cruel. But the hospital authorities and myself had to undergo the enquiry since I was personally involved in this case.

**Analysis**

**Medical Situation**

Last stage of Ca throat, declared as untreatable by Hospital. The case raises an administrative issue. SGH is under legal obligation of admitting even roadside cases. The problem arises when it comes to discharge. A shelter for such persons is created by the voluntary sector in the form of Mother Teresa’s home run by the Missionaries of Charity at Tadiwala road close to SGH. However, the patient had co-operated in disclosing his identity and address hence the case cannot be disposed off as roadside destitute. Many persons in similar condition do not reveal
their identity and address as they have suffered much in the family and with limited information probably did not want to manipulate his situation otherwise. The intervention is in the direction of saving a person from destitution. Quite obviously the family had willfully abandoned him.

The worker got the organisational support in the form of the ambulance and accompanying employees (driver and ward boys). The organisation stood by the worker's decision and commitment to people. Concern from human beings can also work against an active professional and this is typical instance. The organisation along with the worker stood for humanity and did not allow the political system to get an advantage over the profession. Answering the LAQ and facing a series of inquiries then becomes a part of professional obligation. Absence, any adverse action taken by the administrative and the political sub-systems proves that the professionals were correctly justified in their action.

Such events cannot be seen emotionally. This is the test of the reality of professional action and its strength. More, such events will only go in favor of strengthening the professional judgment and action, as well as the profession itself. Risk taking behavior of the social workers will go a long way in giving strength to professional activity.
Talcott Parsons has propounded the general theory of social action where the ego (Actor) and the alter (external) system and related environment are described. The ego and the alter are seen by Parsons as constantly interacting entities and as an outcome of this interaction the truth emerges as fact and strength.
IV - Habitual Criminals

Case No. 29
Name Mrs. Deshpande
Age 45 years
Sex Female
Address Pune city
Approximate date of admission 1981
Medical problem Eye sight - supply of spectacles from poor fund

Referral

Social Work

Mrs. Deshpande approached me for supply of spectacles from poor fund. She was accompanied by one police constable. On enquiry he told me that she was a criminal and was exterminated from Poona district. I sanctioned spectacles for her from poor fund. But she required staying for one day for getting the spectacles. The problem was of her stay. So I volunteered to keep her in my house for one day. I brought her home with me. Next day she was to go to the shop to collect her spectacles. I specifically told her to go by bus and gave her money. The bus stop was right in front of our gate. But instead of going by bus she went walking. I went away to Sassoon hospital. While she was walking, she was seen by the police near Alankar cinema and was sent to Yerawada jail.
directly. When she did not come back in the evening, I phoned up the Bund Garden police station. They told me that she was sent to Yerawada Jail as she was not supposed to enter the city.

The previous night she told me her history. She was involved in a gang of thieves. She used to steal silver and gold ornaments from middle class homes in the afternoon and the gang used to sell the articles to a particular goldsmith. The money would be distributed amongst all. She was caught and imprisoned several times. This gang used to go to other cities also for theft. She told me that she did not want to engage in this activity any more and that she wanted to lead a good life. She was having two grown up sons and husband. But because of her criminal deeds, they all had disowned her. I thought of helping her for her future.

After 2 months, I received a letter from her from the jail that her hearing was scheduled on a particular date. She requested me to appear in the court and get her released on bond. I wanted to help her and give her a chance for improvement. So I appeared in the court and requested to release her on my personal bond. The judge granted my request. I brought her home. I did not keep her with me. I sent her to Bombay to my daughter-in-law who wanted help for household work. Her mother was at home to keep an eye on this woman’s activity. She was very nice for a couple of months. My daughter-in-law’s mother was also very
happy with her. She was a good natured and hard-working woman. But later on she could not resist the temptation of theft. At my daughter-in-law’s house she stole some gold ornaments and at her uncle’s house she stole silver idols. Then there was no other way but to send her away.

She never came back to me. But 4-5 years ago I saw her photograph in the newspaper as habitual criminal.

Analysis

Type - Habitual criminal

The nature of intervention is an example of risk-taking behavior by the social worker. Kleptomania is almost an incurable condition. The case endorses this observation. The vigil of the police is praiseworthy quality. The police are more often blamed for their corruption and incompetence. This case can be illustrated as an example of police efficiency and vigil.

The chance factor of temporary remittance from a psychological state has been a boon in this case.
<table>
<thead>
<tr>
<th><strong>Case No.</strong></th>
<th>25</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Name</strong></td>
<td>Smt Sudhamati</td>
</tr>
<tr>
<td><strong>Age</strong></td>
<td>26 years</td>
</tr>
<tr>
<td><strong>Sex</strong></td>
<td>Female</td>
</tr>
<tr>
<td><strong>Address</strong></td>
<td>Central jail, Yerawada, Pune</td>
</tr>
<tr>
<td><strong>Approximate date of admission</strong></td>
<td>1969-70</td>
</tr>
<tr>
<td><strong>Medical problem</strong></td>
<td>Her 3 months' old baby was suffering from Pal. T.B. and was admitted in children ward.</td>
</tr>
</tbody>
</table>

**Social Work**

Sudhamati was a prisoner. Life term imprisonment for murder. She was about 25 years old. She was married to her aunt’s husband. The aunt had died leaving two small children behind. The boy was about 6 years old and the girl was about 3-4 years old. Sudhamati did not treat these children well. Her husband was the police patil of the village. Sudhamati had a plan to kill these children. One day they were playing in their field. There were heaps of grass well arranged in the field. Sudhamati put the heaps of grass on fire. After the grass started burning, she started dragging both the children into the fire. The boy ran away. But the girl got burnt and died. Sudhamati was caught and taken into custody. She
was charged for murder. When the case was heard in court, on the witness of the boy, she was given life imprisonment. Since she hailed from a village in Marathwada, she was admitted to Aurangabad jail. At that time she was 3 months' pregnant. Then she was transferred to Central Jail, Yerawada. She delivered a baby girl in Sassoon Hospital, Pune. Sudhamati was taken back to the jail after discharge from Sassoon Hospital. When the baby was 3 months' old, she suffered from primary complex (T.B.).

So she was again admitted to Sassoon Hospital for treatment. Naturally, Sudhamati had to stay with her. She was happy because she was out of the jail. The baby was in the hospital for about a year. Then she was discharged. At the age of 3 years, she again suffered from T.B. hip joint for which she was again admitted to Sassoon for the second time. This time it was a prolonged treatment. She remained in the hospital for about 2 years. During this time, Sudhamati developed relations with the policemen who were supposed to keep a guard on her. She was good looking and young. So it was natural for her and for others to fall in love with each other. This period was of Mahatma Gandhi's birth centenary. The Govt. had declared concession in the imprisonment of life term prisoners. Sudhamati's husband had already deserted her. So she had nobody. I was sympathetic with her because of her sick, small daughter. Hence I had put up her case to the Home Dept. for her early release on
the above ground. My request was granted and Sudhamati was released from the jail. I had admitted her daughter in the orphanage of Paneh Hand Mission. After her release from the jail, she had no place to go. She came to me in Sassoon Hospital. I immediately got her employed as an ‘ayah’ in ‘Shreevatsa’. There was another destitute woman called Tarabai who was a patient of diabetes and needed constant treatment. I also put her in ‘Shreevatsa’. Then I made arrangement for the stay of both of these in a zopadpatti near Sassoon Hospital. One day Tarabai complained that the policemen were visiting Sudhamati. So I had to take notice and I stopped the visits of the policemen. After nearly 2 years, Sudhamati herself suffered from miliary tuberculosis. So I had to stop her work in Shreevatsa. Again the problem of survival of Sudhamati was there. She was getting medicines from the hospital. I made arrangements with the canteen manager to give her food, milk and two eggs daily, free of cost. He promptly provided her for 1 year. Her health improved. I never got her back in Shreevatsa. One lab-technician was in need of a servant for 24 hours. She accepted Sudhamati and till today she is with her. She is doing well.

Analysis

Identified Problem - Rehabilitation of female criminal.

The intervention exemplifies worker’s freedom from value judgment. To the worker this is a client and in partnership with jail authorities, the
social worker is committed to the rehabilitation of lifer. The intervening factor is the child’s sickness. There are a large varieties of resources utilized. It is noteworthy that Sudhamati has not indicated any criminal tendencies when gainfully employed. Her motherhood has helped her to come out of deviance. The only trace of deviance is her keeping relations with the security police. This is typical goal-directed behavior of long term institutionalized and stigmatized person who has nowhere to go. Freedom from value judgmentality is indicated in the case records. The resourcefulness of the worker obtained her another job of stable and permanent nature. It is best to ignore the deviant sexual behavior as any intervention to exercise to control such behavior proves futile. This is one of the accepted limitations in problems of sex delinquent behavior. The steady economic rehabilitation is an exemplary intervention.
Case No. 26

Name Sharma
Age 30 years
Sex Male
Address Village near Zhansi, Madhya Pradesh
Approximate date of admission 1975
Medical problem His case was diagnosed as rheumatic arthritis. He was not able to move.

Referral

Social Work

This patient remained in the hospital for a number of years. He was a life term prisoner. But because of chronic illness, he had to be hospitalized. He wanted to take Ayurvedic treatment and hence he was in Ayurvedic ward. His bed was in one corner. I used to visit him in the ward. I tried to talk to him to find out about his family. But never told me about his family.

I had discussed his case with Ayurvedic doctors and asked them about the prognosis. They did not give assurance about his recovery. So there was no chance of his going back to jail. So the case was discussed with the jail authorities. They suggested that he could be released on medical grounds. With joint meeting of Ayurvedic doctors, jail authorities and
myself; it was decided to release him on medical grounds. Accordingly after following the necessary formalities and procedure, he was released on medical grounds after 5 years of imprisonment. The jail authorities requested me to send the patient to his native place directly from the hospital. Accordingly I made arrangements for his journey. In those days there used to be a compartment from Pune to Dound-Manmad Express which used to go to Banares. This compartment was attached to Kashi Express at Manmad. So it was convenient for this disabled patient to travel in this direct compartment. The train arrived at Pune station. But the patient was still in the ward. So I had to phone the station master to detain the train for 15-20 minutes. He responded positively to my request. The train was detained and I personally accompanied the patient to Pune station. He boarded the train and the train left.

Six months after his departure he came to see me at my office in Sassoon Hospital. He was well dressed and he came nicely walking. I was surprised to see him. For a moment I could not believe that he was the same patient. He gave a sarcastic smile. To me, he looked like a criminal. But it was a failure on the part of the doctors that nobody thought that he was malingering. It never occurred to me also. Anyway, he won and was out of the jail.
Analysis

This is a typical case of malingering, which was totally missed by the medical as well as the social work professionals.

It is said that there is no decease in the world that hysteria cannot imitate. The case was remembered for a very long time by hospital authorities and other professionals as an instance that social worker also can cause the delay in departure of scheduled train. The authority that rests with a general hospital is depicted here. Because the telephone request was made for a hospital patient, the Station Master obliged by delaying the departure. Behavior of client is goal-directed. The patient has achieved his goal of getting early release and not serving his total imprisonment. History has known early release of only political prisoners; but here is confirmed criminal who achieved his goal of getting early release and not serving his total imprisonment. This is a lesson learned for keeping more active analytical vigil on confirmed criminals. The intervention has, however, facilitated vacation of one bed for more deserving patients and reduction of the burden of the medical profession. The partnership of the Hospital, Jail authorities and Railway authorities is also a good example for student learning.
Unmarried mothers

Case No. 19
Name Miss Sumati Khaladkar
Age 15 years
Sex Female
Address At and post Pargaon Memane,
Tal. Saswad, Dist. Pune
Approximate date of admission 1980
Medical problem Unmarried pregnancy
Referral The father of the girl himself
approached the social worker for help.

Social Work

One evening Sumati’s father arrived in the hospital with Sumati at about 6.00 p.m. He was enquiring about me. I had already left the hospital. So he took my residential address from the hospital and came to see me at my residence.

Sumati was a short girl of 15 years of age. She was 7 months’ pregnant. The pregnancy was quite visible. She was wearing skirt and blouse. Sumati’s father was a malaria worker and was nearing retirement. He was not keeping well and seemed to be shocked because of Sumati’s
pregnancy. I was staying on the first floor of the building about 21-22 steps to climb. But after climbing those many steps he became breathless and had to lie down in my house. He wanted me to admit Sumati in some institution. But it was not possible for me to send her anywhere at that time. Her father was in a hurry to go back. So I kept Sumati with me in my house. My mother stayed in the house with me along with another mental patient named Ambu. So I thought of keeping Sumati in my house with me. The reason to keep her in my house was that to keep her identity close. She was only 15 years old. So she had to be admitted in Remand Home. To avoid further complications and with a view of her further rehabilitation in my mind, I kept her with me. It was a question of 2 more months. She delivered normally in Sassoon Hospital, Pune. The baby boy was given in adoption. Sumati wanted to come back to me only. She was not willing to go home. So I brought her back to me from the hospital. Her father was called and informed about her intention to stay with me. He was happy as he too did not want her to go back. In June, I got her admitted into Seva Sadan High School in the 9th standard. She passed 9th standard exam. During summer vacation I sent her home. She was to come back after the vacation. But in the meantime her mother died of sunstroke. There was nobody to look after the ailing father. So she stayed back. I did not follow this case thereafter as there was no need to do so.
Analysis

Situational Analysis

The Juvenile Justice Act was not yet effective and the machinery of the children's Act was not competent to deal with the problem. Hence the case had to be dealt with a different modality. The SAARK year of the girl child was observed only in 1991 to create an awareness in the governmental functionaries and the public about the special needs and the vulnerability of the girl child. Adolescent pregnancy of females has been referred to in a paper presented to a national conference in obstetrics and gynecology by the Wardha Medical College around 1986.

Diagnosis –

Total incompetence of the parent system to monitor an adolescent girl, or give her any sense of security to control her adolescent sex desire. Parents have proved incompetent even to deal with the problem till late pregnancy. The father covers his sense of inadequacy by acting out behavior. He has explored this social resource accidentally as a fringe benefit of his vocation.

Ethical Controversy

The professional self and personal self have to be clearly distinguished from each other. No professional employee will be willing to undertake a personal liability of this kind, sacrificing her own personal life and
taking up the risk of an adolescent-at-risk. This decision is made by the social worker after considering the general incompetence of the existing organized community resources. The Bombay Children’s Act had only considered girls in moral danger and this case had gone beyond this definition of the clause in Bombay Children’s Act. The scope of the Juvenile Justice Act 1986 includes situations of adolescent pregnancies but whether there is any special protection available to such girls is yet to be found out. The question here is ‘Was there any option?’ What could be the result if this girl was produced before the Juvenile Court? Will this not be a breach of professional confidentiality? And above all this, what effect can the court procedure have on the psyche of this adolescent girl? While there were women’s institutions available for admissions, possibly the organisations would have refused to run the risk of admitting juvenile female in an institution for adult women. There are resources available but the procedures of utilizing them are not codified even today. The boundaries of the functioning of the various institutions are not clearly demarcated and for want of mandate, the needy clients are made to go from pillar to post in very delicate state of mind and very depleted ego strength to face a variety of situations. This is the advocacy for this kind of an action taken by a professional worker at a considerable degree of risk. The girl’s life is also endangered, as her reproductive system is still not mature. By ill luck, if the girl had faced complications of pregnancy and difficult labour, who
will bear the burden of responsibility? A letter from the natural guardian requesting the social worker to accept the case for suitable rehabilitation could possibly be one saving action. The social worker in this case has taken high degree of personal risk in getting girl out of the hazards of an adolescent pregnancy.

A special mention must be made of the almost total apathy of the parents as well as the girl about the situation. None of them had any feelings of loss, shame or guilt or even any form of anxiety. No emotional ties nor any sense of responsibility appears to be a family value. The weakness of the case then has to be taken into account in this type of decision-making in very atypical circumstances. As if by a natural course of events, the father takes away the daughter in times of the mother’s needs or the family’s need to have a younger person to help out in the situation that followed.
Case No. 11

Name Smt. Suman Joshi
Age 25 Years
Sex Female
Address Bhor, District Pune
Approximate date of admission 1963
Medical problem Unmarried mother
Referral Suman was referred to me from the maternity ward as she was unmarried and was alone for further management.

Social Work

Suman was first seen by me in the ward. She had undergone a very difficult labour. As a result, she was exhausted and was not in a mood to speak. After 2-3 days, when she was settled physically, I called her in my office and had an interview with her.

Suman was accompanied by her brother and sister-in-law who were staying in Shirval. Suman was sent by the M.O. i/c Primary Health Center, Bhor to Sassoon Hospital, Pune for delivery. Her case was complicated and hence she could not be managed in Bhor. While coming to Sassoon Hospital, the ambulance came via Shirval from.
where Suman’s brother and sister-in-law accompanied her to Pune. They were not aware of her pregnancy. When they came to know her condition, both of them were furious. They met me in my office the next day in the morning and put all her responsibility on me. They refused to accept her and went away.

Suman was a primary school teacher employed in Zilla Parishad School, Bhor. She was staying alone at Bhor. Her parents were at Shirval. Suman was not good looking. So her marriage could not be arranged. But she was employed, she was not depending on anybody. On the contrary, she was financially helping her brothers and parents. They did not bother about her future. While she was working at Bhor, she came in contact with one malaria worker who was also not married. He promised to marry her. So she continued the pregnancy. Later on he disappeared and did not show his face.

I took his name and details of his job. Since he was a Govt. servant, it was not difficult to trace him. He was in Bhor itself. I managed to call him to the hospital through his boss. He immediately came and met me. Fortunately, he admitted that he was responsible for Suman’s pregnancy. So I told him that since he was a Govt. servant, his conduct will come under the Govt. servants’ conduct rules. So either he should marry her or
should be prepared for the consequences. He was quite frightened. But might be under pressure, he showed his willingness for the marriage.

Suman already wanted to marry him. So on the 11th day of the delivery, I took both of them to Alandi and the marriage was performed according to the Hindu religious system. The female child of Suman was a baby of cerebral palsy due to difficult and delayed labour. Hence the baby was admitted in Panch Howd Mission’s Babies’ Home. Both of them agreed to pay the charges. This arrangement was made by me because the baby needed special care which could not have been taken by Suman at home. Suman was a primary school teacher under Pune Zilla Parishad. Luckily both of them had identical surname.

So I approached the C.E.O. Zilla Parishad, Pune and requested him to transfer Suman from Bhor. He was quite considerate. After listening to the whole story, he immediately issued transfer orders of Suman to a village named Ambvne in Velhe taluka. She was also granted maternity leave. Likewise I approached Health Officer of Malaria Division and got Mr. Joshi transferred to Ambvne.

I was closely following up this case. As I guessed, he was not treating her properly. He was forced to marry her. He never liked her as she was not good looking. But she was such a good-natured woman that anybody
would make friendship with her just for her nature and sober behavior. She had so many good qualities in her. She was a good poetess. Her handwriting was very good. Over and above she was a very good and loving teacher.

With my repeated counseling, finally both of them settled down in their married life. After one year they took their daughter home from the institution and stared to look after her. She had delayed mile stones and she was physically handicap but her I.Q. was normal. Suman gave birth to two more children - one boy and one girl. The first daughter who was handicap died at the age of 11 years. I helped this couple till my retirement.

- Anticipatory guidance
- Identification in public service
- Ethical concerns
- Socialisation in brahminical milieu
- Conscious use of self

Analysis

**Nature of Intervention**

1. Identification of significant other paramour.
2. Social rehabilitation by arranging marriage to unwed mother.
4. Identification of strength of the case viz. positive qualities of client performance in work life.

5. Use of social status of paramour by use of ethical issues in government service.

6. Resolution of marital conflict due to non-acceptance of wife by husband.
**Case No.** 20  
**Name** Miss Patankar  
**Age** 22 Years  
**Sex** Female  
**Address** At Pen, Tal. Panvel, Dist. Raigad  
**Approximate date of admission** 1980  
**Medical problem** Unmarried pregnancy  
**Referral** The brother of the girl approached the social worker for help as he was advised by somebody to see me.

**Social Work**

The brother did not take his sister to the hospital. But he managed to get my address and met me at my residence. In fact I had told him to see me in the hospital. But he hesitated, as he wanted to keep this very confidential. This girl also stayed with me for a period of about 1 and a half months.

Her pregnancy was not an accident. She came from an educated brahmin family. She was good looking. She definitely was not an innocent victim. Fortunately, she delivered premature at the 6th month. The baby was stillborn. She was automatically relieved from the problem. After delivery she went back to Pen.
Analysis

The prime need of this client is total confidentiality. There is no organized resource in our society to protect this interest of any client. It is also necessary to preserve the existing family solidarity. It is just a stroke of good luck that the pregnancy naturally terminated prematurely. The family was strong enough to take the client back. Indian society must take this need of the clients into account and create an organized facility to preserve the client’s confidentiality and strength of family ties.
### VI - Work with the physically challenged

<table>
<thead>
<tr>
<th>Case No.</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td>Shri Laxman Waghmode</td>
</tr>
<tr>
<td>Age</td>
<td>10 Years</td>
</tr>
<tr>
<td>Sex</td>
<td>Male</td>
</tr>
<tr>
<td>Approximate date of reference</td>
<td>1970</td>
</tr>
<tr>
<td>Medical problem</td>
<td>Polio involving both the lower extremities</td>
</tr>
<tr>
<td>Reasons for referral</td>
<td>Institutionalisation &amp; rehabilitation</td>
</tr>
</tbody>
</table>

#### Family History

The patient had come to the hospital with his father. He was from a village in Ahmednagar district. The father was one of the 12 balutedars from village. He was maintaining his home from whatever he was getting from villagers in the form of food grains. There was no other source of income. The patient had polio in his childhood. But because of the poor financial condition, the father could not take him to the hospital for treatment. The result was, he developed severe deformities so much so that he started crawling.

#### Social Work

The case was referred by the Head of Dept. of Orthopaedics. The social worker went and saw the patient in the O.P.D. On the request of the
social worker, he was admitted in the hospital. The father was unable to bear any expenses for the treatment. So the social worker got him admitted in the Institution for Physically Handicapped through the Juvenile Court. While he was in the hospital, the social worker regularly visited him. About 16 operations were performed on him during the period of 1 year. At the end, he was given calipers and crutches. He stood on calipers and started walking with the help of crutches. He remained in Wanori Institution till the age of 18 years. After that he was employed in Bajaj Auto Ltd. But after serving there for quite a number of years, his services were terminated for disciplinary action for assuming union leadership.

Now, he is running an institution for physically handicapped children from rural areas. The children go to Municipal schools and stay in this institution. He gets grants from the Director of Social Welfare. The social worker has visited his institution. He is doing well. But he himself does not keep good health. He is married and has 3 children (2 daughters and 1 son). All are educated. The eldest daughter is married.

**Analysis**

Laxman assumed union leadership in order to seek gratification to compensate for his deprivations. Thus, he could not face the world of
the physically fit. He was thus removed from a vocation that expected a healthy mind. He is quite comfortable in his alternate vocation as it is gratifying for him and also nurtures his craving for leadership. The trauma of his prolonged disability states and the tonsure of sixteen operations have obviously left a mark on his personality hence an alternate rehabilitation strategy has proved effective for normalisation of his achievements. He conducted his own institution very well.
Case No. 6

Name Shri Manohar
Age About 25 Years
Sex Male
Approximate date of reference 1968
Medical problem Rheumatoid Arthritis
Reasons for referral Shelter and treatment

Family History

Family history is not known. But he had come from a village in Marathwada. He was a chronic patient and was suffering since his childhood. He was not married. According to him, he had an elder brother. Due to his illness he was not wanted at home and hence he was reluctant to go home. He preferred to stay in the hospital.

Social Work

Manohar stayed in the hospital for more than 1 year. The case was referred to the social worker for discharge. After interviewing the patient, it was understood that he was not willing to go home. He had become crippled due to the illness. He did not want to be a burden on his family. Moreover, he required constant treatment. He was provided with crutches for walking. While he was in the ward, the craft teacher attached to the Social Service Dept. had taught him plastic cane bags
and weaving of sweaters on machine. So after discharge from the ward, he started working with the craft teacher. By sale of those bags and sweaters he started earning some income. The social worker arranged for his food from the hospital canteen for negligible charges which he could afford. He was sleeping outside the ward. Gradually he was given financial help from SOFOSH to buy wooden cabinet where he had put up a small library. He was also helped for collecting books. So he started selling those books and magazines in the evening after the Social Service Dept. was closed. This wooden cabinet was put up on the road opposite the hospital. He started sleeping there itself.

This was going on nicely for quite a number of years. But later on his decease progressed for worst; he was again admitted to the hospital where he ultimately died.

Analysis

The patient had a strong sense of self-respect which was used by the social worker in his rehabilitation and he was given an opportunity within the limitations of the hospital and extended organized resource for an independent existence.
Nature of Intervention

1. Use of client resource
2. Organisation of community resource. Supportive techniques for physical and economic rehabilitation.

Limitations

Total ideal family rehabilitation was not possible due to poor family bond. But the residual internal resource of will to earn and live independently was utilized. The achievement is within given limitations.

Goal of Treatment

Individual physical, economic and psychological rehabilitation within existing limits.

Principle - Working with client and agency reality.
Case No. 7

Name Smt. Laxmibai

Age About 35 years

Sex Female

Address Village in Bhor taluka

Approximate date of reference 1967

Medical problem Hemiparesis right side with aphasia

( loss of speech )

Reasons for referral Discharge

Family History

The family history of the patient could not be taken as she was unable to speak.

Social Work

The patient was seen in the ward. Due to right sided Hemiparesis, she had lost her speech. The sister i/c of the ward told the social worker that the neighbours from her village were coming to meet her during visiting hours in the evening. So the social worker visited the ward one evening when she caught hold of some visitors who gave the following information.
The patient had two small children. Her husband expired at home when she was in the hospital. She was not aware of this. But she was keen to go home. She was unable to understand why the husband did not turn up. So she was reached home in the hospital ambulance. The social worker accompanied her in the ambulance. The village was on the other side of Bhatghar dam. So she had to be taken in a launch. After reaching home she came to know about her husband's death. She was shocked. The social worker was already there. So she could pacify her. She was no doubt happy to see her children.

The neighbours took the responsibility of looking after her along with the children. She had some land in the village. The neighbours promised the social worker that they would cultivate that land and arrange for the maintenance of the family. No follow-up was kept but the patient did not come back.

Analysis

There was strength in the family and also an economic asset in the form of land-ownership. The family tries to keep members together for social and personal reasons. Best use of family resource was made.
Nature of Intervention

Supportive treatment with home visit. Education of the family members about need to retain patient in the family. Organisation of discharge as an administrative responsibility. Preventive intervention to retain the family together. Prevention of destitution.
Case No. 2

Name Mahadeo
Age 2 Years
Sex Male
Address Village in Marathwada
Approximate date of reference 1967
Medical problem Polio
Reasons for referral Help for calipers

Family History
The mother brought the patient. The father was a labourer. The patient was the only son.

Social Work
The patient was referred to the social worker from the Orthopaedic O.P.D. He had polio when he was about a year old. The mother had no money for treatment. The villagers collected money for her bus fare and sent her to Sassoon Hospital for treatment.

The orthopedic surgeon examined Mahadeo. As there was not much damage, no other surgical treatment was advised. But to prevent further disability, he was advised calipers. It was not possible for the mother to take him back and come again. So, till the calipers could be ready, the
social worker requested the orthopaedic surgeon to admit him in the ward so the question of their food and stay was solved. The calipers were ready after 8 days. Those were given to him from SOFOSH funds. She went back happily. The S.T. fare was also given to her from the poor fund. Regular follow-up was maintained by the social worker till her retirement. Mahadeo was a very intelligent child. He was going to school with calipers. He was visiting the hospital every two years to change calipers as the measurement changed with his physical growth. By the time the social worker retired in 1985, Mahadeo had passed 10\textsuperscript{th} standard with good marks and had joined college.

Analysis

Nature of Intervention

1. Supportive and physical rehabilitation. Monitoring progress over long term.


4. Economic aid to regulate problem factors in treatment
Case No. 16

Name Smt. Deshpande

Age 35 Years

Sex Female

Address Pune

Approximate date of admission 1972

Medical problem Gradual loss of eyesight

Referral The patient was referred to me by her colleagues from the office (O.P.D. patient).

Social Work

Mrs. Deshpande was working in a Govt. office in central building. Her husband was working on a very ordinary post in some private organisation. His salary was much less than his wife’s salary. They had one son. So this small family was happy in whatever they were earning. Their needs were limited. Suddenly Mrs. Deshpande started complaining of vision problem. She consulted the ophthalmologist who diagnosed her eye problem as incurable and told her that she would be completely blind. In the office it became difficult for her to work. But her co-workers were very considerate. They came to me and said that somehow she should get opportunity to complete her 10 years of service so as to enable her to get invalid pension. She had already put in 7 years
of service. She required 3 more years. But it was really difficult for her to pull on. Her co-workers were ready to help her. So I requested the Head of Dept. of Ophthalmology to give her fitness certificate for one year. I explained him the whole case. He was also considerate. She was given fitness certificate for each year for 2 years. On completion of the 3rd year, she was given invalid certificate. She completed her 10 years’ service and got invalid pension. She was very grateful for this valuable help.

Analysis

Intervention

Supportive use of social resource (colleagues). Modification of medical resource for favorable certification in patient’s interest. The alternate of least resistance and mute acceptance of medical opinion would have resulted in economic crisis and loss of privilege. (refer to oath of Hippocrates.)

Type

Advocacy with medical profession. Request for temporary certification of fitness. It is possible for medical profession to give temporary fitness for a cause of saving the job/ extending service till attainment of possible conditions for early retirement.
Support - Co-operative colleagues. Willing medical profession.

The social awareness of colleagues has saved this case.

Discussion

The PF authorities admit early retirement with full benefit due to permanent handicap beyond the control of the employee. Why was this option not tried?
**Case No.** 13  
**Name** Miss Sonavne  
**Age** 23 years  
**Sex** Female  
**Address** Hadapsar, Pune  
**Approximate date of admission** 1969 (O.P.D. patient)  
**Medical problem** Polio  
**Referral** The case was referred from the Head of the department of orthopaedics for opinion and help.

### Social Work

Miss Sonavne was physically handicapped due to polio. She was moving around on tricycle. Both of her legs were affected by polio. Miss Sonavne was from backward class and she had registered her name in the employment exchange, Pune under the physically handicap category. She was graduate. So she received the call for the post of clerk in the General Post Office, Pune. She was interviewed and selected for the job. She had to undergo the medical examination for physical fitness. She was sent to the Head of Dept. of Orthopaedics for his opinion. So I was called in the O.P.D. for consultation. Dr. Tatke who was the Head of the Dept. of Orthopaedics wanted my remarks from the social point of view. I said that since she was able to do the work with her hands, there should
be no objection to give her the fitness certificate. Her job involved only clerical work. Accordingly, she was given the fitness certificate. But when she went to the Post Office, the Post Master refused to allow her to join on the ground that her job involved moving from one table to another. Since she was moving in her wheel chair, she was not acceptable. The next day Miss Sonavne came to the hospital and saw me. She told me the whole story. I went with her to the Post Master and told him that he should not refuse the fitness certificate from a Govt. hospital. He could have easily accepted her. But the very outlook about the physically handicap was biased. Hence, he was not ready to take her responsibility. However, he said that only if the Post Master General would permit, he would accept her.

So I prepared a representation to the Post Master General, Bombay on behalf of Miss Sonavne with my recommendations and personally went to Bombay with her brother. Miss Sonavne was coming from a very poor financial background. With great difficulty she had completed her education. Now she was going to support her old parents and educate her brother. She was in great need of a job. I had put up all these things in my letter. I personally saw the Post Master General in Bombay. He went through my letter and immediately issued orders to the Post Master, General Post Office, Pune to allow Miss Sonavne to join

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immediately. I followed up the case for quite a long time. She was happy in her job.

Analysis

In 1965, there was no policy or Govt. directive for the protection of the handicapped or any special privilege for women. After 1975, with the UN declaration on the employment policy for women and the International Decade for Women, matters of such cases have become more manageable. Possibly now women can also plead their own cases.

Nature of Intervention

Advocacy for the handicapped.

This is an example of optimum use of community resources.
Case No. 14
Name Shri Barke
Age 35 Years
Sex Male
Address Barke Ali, Somwar Peth, Pune.
Approximate date of admission 1970
Medical problem Major truck accident
Referral The case was referred for discharge.

Social Work
Shri Barke was employed in S.T. workshop, Dapodi, Pune. One morning while going for work, he was severely banged by a truck. He fell down and the truck wheels smashed both his legs. There was no traumatic amputation of legs. But both the legs were crushed very badly with fractures. He was admitted to the orthopaedic ward in a very serious condition. There was heavy loss of blood. I immediately arranged for blood bottles. He had 3 sons and wife. All the 3 sons were school going boys. He was staying very close to the hospital, so the wife immediately arrived in the hospital. The police informed her. She was shocked to see his condition. So I had to pacify her. With timely and expert treatment, Barke came out of his serious condition. But the injuries and the compound fractures required him to undergo number of surgeries. Naturally his stay in the hospital prolonged for many months.
Finally, he was asked to go home and advised to attend O.P.D. for further treatment. His wound was not healed and required daily dressing. It was not possible for his wife to manage this at home. They were staying in a very small room. The toilet was outside. He was not able to sit. Hence to bring him to the hospital everyday was a problem. So I requested the Medical Officer i/c to keep him in the hospital for a couple of more months. My request was honoured and Shri Barke went home after his wound was healed completely.

I also approached his boss in S.T. workshop, Dapodi to request that Shri Barke be given a light job. This request was also accepted. Barke worked till his retirement. His 3 sons were well educated and were employed in good Govt. jobs. Later on they shifted in a good ownership flat.

Recently I heard that Barke expired.

Analysis

This is a case of intensive trauma care. The facility of ITU was available and the patient was treated in the general ward.
**Intervention**

Request to prolonged discharge due to physical limitations related to medical problem.

**Use of Available Resource - Employer**

**Resource Organisation**

Application for continued service despite physical disability. Economic rehabilitation of family.

**Critical Issue**

Extended hospitalisation.

**Reason** - No other support

**Alternate Strategy** - Nil

**Strength of Case** - Positive and valuable support by employer (being Government).

**Impact of Intervention**

Saves family from unemployment, maximum use of client resource as behavior. Advocacy for sustained employment of a traumatically handicapped person.
<table>
<thead>
<tr>
<th>Case No.</th>
<th>22</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male patient</td>
<td></td>
</tr>
<tr>
<td>Age</td>
<td>50 Years</td>
</tr>
<tr>
<td>Sex</td>
<td>Male</td>
</tr>
<tr>
<td>Address</td>
<td>Dehu, Pune</td>
</tr>
<tr>
<td>Medical problem</td>
<td>Compound fracture neck femur rt. leg</td>
</tr>
<tr>
<td>Referral</td>
<td>The case was referred for discharge.</td>
</tr>
</tbody>
</table>

**Social Work**

The patient remained in the ward for nearly 2 months. His leg was in plaster hence he could not move. He was a nuisance in the ward. He had severe pains and was shouting all the time at the top of his voice. There were no relatives around. When I talked to him, I was told that his wife had left him because of ill-treatment and harassment. His brother-in-law had beaten him with hard metal which caused him compound fracture.

I reached him to Dehu where he showed me one cattle shed and asked me to leave him there. I was not willing to leave him there and wanted to bring him back to the hospital. But he refused to go back to the hospital and insisted upon living under the shed. So I had to keep him there. After 3-4 days, the news of his murder appeared in the newspaper. He was buried there. When his body was taken out, the police could
identify the rubber stamp of Sassoon hospital on the plaster of the fractured leg and as a part of police investigation contacted and interrogated Sassoon Hospital. The inquiry conducted by the competent authority of Sassoon Hospital revealed that the Social Worker had been a part of the team that reached the patient home. The Social Worker had only carried out the orders of the Medical Superintendent as her administrative responsibility. She had taken care of getting a written statement from the patient on his case paper that the hospital staff had escorted him home and that he was left at his place at his own request and had no complaints about the hospital. This exemplifies how the administrative procedures must be observed carefully so that the organization is saved from legal complications. Professional Social workers must be well equipped with the knowledge of administration and their obligation towards the employer. Identification with the agency and sound knowledge of administrative procedures is very essential for a trained social worker.

Analysis

The case illustrates the emerging additional functions of a hospital social worker. As a part of the hospital team, she has to assist in the maintenance of quiet environment in the larger interest of sick patients. Disturbances of this kind can only be removed by the social work function. The history indicates the hostilities in the family. Despite this
the patient wanted to be left in the cattle shed. Obviously, he was involved in property dispute and was anxious to remain physically present to occupy what he claimed to be his landed property. It is then the civic responsibility of the social work personnel to appear in court as a party responsible to the defendant and also understand the legal implications of the client's world.
Case No. 2

Name
Sujata

Age
10 months

Sex
Female

Address
not known

Approximate date of admission
1961

Total period of treatment
20 years

Medical problem
Pain in abdomen

History

Sujata was found in a railway compartment on Pune station. She was brought to the hospital by railway police and was admitted to the children ward as all such babies who were brought by the police were admitted to children ward as orphan babies. Later on these babies are referred to the Juvenile Court for their onward transfer to different institutions for further rehabilitation. Sujata was taken to Juvenile Court. But she was not sent to any institution as it was found that she had polio and hence she was kept in the children ward for treatment. Sujata was very good looking and hence was loved by the nursing staff and doctors. ‘Shreevatsa’ was not established at that time and hence she remained in the children ward. But she was well looked after by everybody in the ward. When she became 5 years old, the time had come to think about her future; especially her education. So I took the initiative and got her admitted to Seva Sadan school and got her admitted in the hostel with (214)
the help of the General Secretary of Seva Sadan Samstha. In Seva Sadan hostel also, she was very well looked after by the hostel superintendent. Sujata was already court committed. So till she completed the age of 18, her total expenses were borne by the Director of Social Welfare. She was not a burden upon the Seva Sadan Samstha. She passed B.Com. when she was 20 years of age. I requested the Director of Social Welfare to give two years’ extension beyond the age of 18 years for completing her B.Com. After her graduation, I got her employed as a clerk in B. J. Medical College through the employment exchange. This was done before my retirement in July 1985.

Later on SOFOSH committee members took the initiative and got her married. The husband also is a handicapped person but he has a permanent job in Pune Municipal Corporation. They have two children; a daughter and a son.

Analysis
Placement of Sujata in a special home was not possible because there is no institution for physically handicapped girls in Maharashtra. The Children’s act had limited facility. Had it not been for the Social Worker’s initiative and Cooperation of the Sewa Sadan Society, Sujata would have remained unprotected in this Government Hospital. She is
vulnerable due to her good looks. She would have been also exposed to various infections from patients admitted to the hospital.

**Nature of Intervention**

1. Court commitment under Children’s Act to secure guardianship of the Court.
2. Reduction of burden on the Hospital
3. Secure placement in a girls’ school. A proper fit persons’ Institution needs to be created by the society for the protection of such foundlings.

**Controversial Issues**

1. Why was no effort made to place the girl in adoption?
2. How far is it proper to get two handicapped persons married?

Was the girl produced before the Juvenile Court to get the sanction for further rehabilitation?
Case No.  12
Name        Diwakar Kulkarni
Age         17 years
Sex         Male
Address     A village in district Pune
Approximate date of admission  1969
Period of intervention One and half years
Medical problem  polio before referral
Referral    The case was referred from the
department of orthopaedics for help

Social Work
Diwakar came from an interior village in Pune district with his brother and aged parents. The brother was married and was having a job in Pune. Diwakar’s both the lower extremities were affected by polio. He was not able to stand and while walking he was using both of his hands for support. Diwakar was a bright student. He was in 11th standard (matric) and used to come in rank in the village school. He was admitted to the orthopaedic ward for treatment. It was a long treatment. Because he required to undergo about 15-16 operations for straightening his legs. He remained in the hospital for about a year. While he was undergoing treatment, he was studying for his matriculation examination. I arranged

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to get his examination center changed to Pune. Initially he was worried whether he would be able to appear in the examination. Through continuous counseling in the ward, I assured him that I would do everything whatever was necessary and would see that he appeared for exam. But he should study hard. So at the time of his examination, I arranged for the ambulance to take him to the examination hall and to bring him back. Two ward boys also accompanied him. He got through the exams with high percentage. After completion of his nearly one and half year’s treatment, he was ready for discharge. He was walking with calipers and crutches. He wanted to study further but he did not want to live with his brother. At the same time, it was not possible for him to go back to the village as there were no facilities for further education.

Use of Resource

I approached Shikshan Prasarak Mandali’s governing body and put Diwakar’s case before them for sympathetic consideration. The body considered his case and gave him admission in the hostel as well as S. P. College. He was given free hostel accommodation as well as tuitions in the college. In turn, Diwakar was looking after the hostel accounts. The managing body was very happy with Diwakar. He passed B.Sc. with Statistics from S.P. college in 1st class. Later on Diwakar got a job in Bajaj Auto in accounts department. He purchased his own flat and also
got married. For many years he used to meet me on Dashahra. Very happy in life and fully rehabilitated.

Analysis

• Ego strength

Moving into fresh horizon and not reverting to unhappy past during social work process. Withdrawal after successful intervention and response from client.
Social Work

Saroj was a young girl of 20 years. She came from a poor Marwari family. She married a boy from the Marwari community only but his family was very rich. This boy was physically handicapped. But Saroj loved him very much. In spite of his handicap Saroj married him against the wishes of both the families. The day of the marriage, Mundada brothers kidnapped him and took him to some unknown place. Saroj was shocked. Because in front of her they physically took him away. She was not allowed to enter their house. Finally, she was admitted to K.M. Mahila Seva Gram, where she stayed for nearly 3 years. She was staying there against her wishes. But she had no other go. There she twice attempted suicide. Both the times she was admitted to Sassoon Hospitals, Pune and that was how the case was referred to me. After the
discharge from the hospital, she was being regularly sent to visit me in the hospital from Mahila Seva Gram for counseling. She was not knowing anything about her husband’s whereabouts. I tried my level best to find out his address from the Mundadas. But they refused to disclose any information about him. Saroj thought that his brothers might have killed him. She was totally disturbed. I was constantly giving her emotional support. She insisted on finding his whereabouts. The Superintendent and the Hon. Secretary also did their level best in this regard. But there was no progress.

After nearly 3 years, the Hon. Secretary received a letter from her husband. He was in Achalpur. Somehow he came to know that Saroj was in Mahila Seva Gram. Obviously he sent the letter to the Hon. Secretary requesting her to send Saroj to him. He was working there in a school as a teacher. But myself and the Hon. Secretary were not sure about the authenticity of the letter. Saroj was quite sure as she recognised his hand writing. She wanted to go to him. So it was decided that I should accompany her as she wanted me to go with her. Within 3-4 days we made travel arrangements for journey to Achalpur. In the meantime we informed him about our arrival. He was there at the bus stand to receive her. They were meeting each other after 4 years. Saroj was in tears. He had taken 2 rooms on rental basis. I stayed overnight and returned the next day. Saroj was very happy. She wrote letters to me
for about 2 years thereafter. She gave birth to a baby boy. The owner of
the house had no children. So he was very attached to this boy. Later on
I came to know that he adopted this boy and transferred all the property
in his name. Then I had no contacts with Saroj. But I was told that they
were doing well.

Question: Mode of attempted suicide.

Analysis

Saroj resorted to a very faulty method of problem solving. The trauma of
her legal husband being taken away physically followed by long-term
stay in a women’s institution where women of all problems including
prostitution are admitted is a highly demoralising situation but there was
no escape from the predicament as efforts to restore Saroj to her
husband could not be made. In fact Saroj could have been convicted
under section 309 of the IPC & she should have been cautiously
explained of this reality to try out preventive intervention to avoid the
possibility of repeated suicidal attempts. The mode of suicide can throw
more light on the unsuccessful effort at escaping from unpleasant reality.
The faulty problem solving ways need to be interrupted. Intervention
with mere reassurance and emotional support may not be effective in
suicide prevention. The advanced knowledge of suicide intervention and
prevention was not available in 1969.
Obviously the client had a very good rapport with the worker and that is the only factor that sustained her through the difficult times. The teamwork with the Dept of Psychiatry is also not mentioned. The home visits cannot be restricted to the city limits. Often Social workers avoid crossing city limits. In this case it would have been disastrous if the social worker had not accompanied the client. She has done so at great personal risk. It is unwise to leave the job to a Mahila Police or similar. Even the presence of a Mahila police can lead the client to another suicidal attempt. Thus decision making in social work goes beyond intuitive discretion. Leaving the Headquarters for such purposes creates misunderstanding in the suspicious mind of an Institutional Head if the Head disagrees with the decision of the social worker. The social worker is also not entitled to any benefits of TA/DA for such life-saving effort. There is no risk coverage. The decision of the social worker must be respected by the administration. To create this credibility of function the social worker has to make a very heavy investment and hold a position of trust in the organisation. It can be very tough to convince the Dean or Medical superintendent that the life of one patient is to be regarded as above the regular duties discharged by the social worker at the HQ. In very few organisations there are more than one social worker at the Hospital. If all social workers work in cooperation and harmony, such steps can be taken with some degree of reassurance that the work at HQ shall not suffer. Again if poor patients lose their lives in transit or
succumb to risk if the right person does not come to pick up the client, the hospital may not be held accountable for the death or risk to patient life.

**Type of intervention**

1. Suicide intervention.
2. Restoration of female client to family.
3. Inter-agency cooperation.
4. Effective use of self in MPSW practice.
5. Use of decision making in rehabilitation.
6. Conjoint therapy in suicide prevention
**Social Work**

Glen was alcoholic since his very young age. They were 3 brothers and parents. All of them used to drink together. Glen was the 2nd child to his parents. The elder brother was married and his wife was a teacher. The youngest brother and Glen were not married.

One day I heard that Glen got married to a woman from Belgaon orphanage. In fact I was happy that he was not married. But when I heard the news of his marriage, I was surprised. Later on his wife approached me for her marital problems. All the 3 brothers were staying together in their common house in camp. But Glen's sister-in-law who was a teacher, started harassing Glen’s wife. She wanted Glen and his wife to go out of the house. But since Glen also had the right to stay in that house, he was unwilling to stay away. His sister-in-law made it
impossible for Glen's wife to stay there. Glen's wife also was a teacher in one convent school. She was disgusted with the harassment at home and with Glen's drinking. Finally, Glen took housing loan from the Thermax society and purchased a flat in Nigdi Pradhikaran. Glen continued to drink. He was not regular in his attendance in the factory. Naturally he was not getting full pay. The wife was maintaining the house. By this time she gave birth to a male baby. The baby was looked after by her friend who was in need of money. Glen never looked after his wife and child. One day under the influence of alcohol he threw her and the baby out of the house. I made arrangements for her and the baby to stay temporarily in an institution. She was so frightened of Glen that she was not willing to go back to him. She decided to stay away from him. She found out a small room in Nigdi on rental basis and started staying there.

Glen's brother requested me to put Glen in Muktangan. He was given a charge sheet for absence. He was to be dismissed after the departmental enquiry. But he was saved since he was willing to treatment in 'Muktantgan' de-addiction centre. I requested the management to withhold his enquiry. He came back after the treatment of 40 days. Then for a few months he was regular in his work. The wife was counseled and she agreed to stay with him. The reconciliation took place and she started staying with him. There was no improvement in him. But he was
deteriorating in his health. His wife did not have any feelings for him. She also had a selfish motive in staying with him. His doctor had told that his liver was already damaged and he was not going to survive for a long time. His younger brother had already passed away due to throat cancer. So the father’s property was divided between two brothers. Glen’s share was put on the joint account with wife and son. I was the mediator in this transaction. One day Glen suddenly passed away. Before his death he was asked by the company to resign. Accordingly he gave his resignation. Whatever amount he got from the company was used up to clear his loans and the remaining was kept in fixed deposit.

Now the wife is living happily with her son. The flat was on joint names. After Glen’s death the wife has become the owner. There is no financial problem. She is happy.
Social Work

Kushal was working as an Engineer in Thermax. Initially he was posted on site outside Maharashtra. He had parents, two brothers who were who were at Miraj. The father was a retired primary school teacher and supposed to be very strict. Kushal was the eldest of all. The father had lot of expectations from Kushal. Kushal was a permanent employee of Thermax and was drawing a good salary. The father wanted him to send sufficient money at home for the maintenance of the family. In due course the father arranged for his marriage. They selected a girl for him. Kushal had no choice but to accept the proposal. The marriage took place at Miraj. Kushal was posted at Delhi. At the time of marriage. He had taken short leave for the marriage. After the marriage, he went to Mahabaleshwar for honeymoon. There he noticed that his wife was not
normal in her behaviour. He tried to understand her but failed. Since he was staying in a hotel in Delhi, he did not take the wife with him. She stayed at Miraj with Kushal’s parents. They also experienced that her behaviour was not normal. She quarreled with them and went to her parent’s house. When Kushal came to know about his wife’s going back to her parents, he called her to Delhi. She went to Delhi and stayed with him in the Hotel. But there also she troubled Kushal. She left the hotel and went to the station to catch the train to go back to Miraj. When Kushal’s father came to know that she had gone to Delhi, he got angry and fired Kushal.

Since Kushal did not have sexual relation with her, the petition was filed in Miraj court for the decree of nullity of marriage. The Advocate was Kushal’s Thermax friend. But since nobody had the knowledge of law, the Advocate who was supposed to be their family friend, cheated them and extracted lot of money from them. Kushal only had to give all his fees. He told them that the case was to be heard in Bombay High Court. Everytime he had taken money for Bombay expenses.

When Kushal told me the whole story, I told him that these cases were tried in local courts. There was no need to go to the high court. This matter was going on for minimum 3 years. Kushal’s younger brother had also sold his Thermax shares without his knowledge and used the
money for himself. All these things caused severe depression and Kushal did not know what to do. The Advocate also was also exposed and he left the case after extracting lot of money from Kushal. Finally Kushal had to give Rs. 30,000/- to the girl and then he got the divorce. During these three years continuous counseling was done. He got the courage to face the situation and the quality of work also improved.

He got married, settled in Chinchwad with his wife and son who was two years old. He also purchased a Flat.
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<td>Case No.</td>
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<tr>
<td>Name</td>
<td>Anusuya</td>
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<tr>
<td>Age</td>
<td>24</td>
</tr>
<tr>
<td>Sex</td>
<td>Female</td>
</tr>
<tr>
<td>Address</td>
<td>Sadashiv Peth, Pune</td>
</tr>
<tr>
<td>Problem</td>
<td>Marital discord</td>
</tr>
<tr>
<td>Referral</td>
<td>The patient attempted suicide by consuming acid. She was referred from the ward for rehabilitation</td>
</tr>
</tbody>
</table>

**Social Work**

Anusuya was admitted for suicidal attempt. She had swallowed acid. Her condition on admission was very critical. But she survived. She had to be in the hospital for quite a long time as her throat was burnt and needed dilation of vocal cord frequently. She was on Trachestomy tube. So she was kept in the hospital till she was off the T. tube.

Anusuya had family problem. She had two sons. The elder son was staying with her husband and mother-in-law. She was not able to get along with the husband and mother-in-law. So she attempted suicide. Anusuya had no parents. But her maternal aunt looked after her during her hospitalisation. The aunt approached me at the time of discharge.
The aunt's house was close to my house. She was willing to look after Anusuya's little son. She wanted Anusuya to take up a work of domestic servant where she could get food and shelter. Since my mother and my aunt were old and sickly, I was in need of such a person who could stay with me and look after the household work. So I kept Anusuya with me. She was honest and clean. But she had a fighting nature. Hence it was difficult for her to get along with people. Even then my mother looked after her very affectionately. She stayed with me for 12 years. One day her husband met her. She went with him. Now he wanted her to stay with him. So I thought it was nice that they reconciled. But her aunt did not want her to go back to him as many times he took her and again left her. Anusuya wanted to go with him. So much against the wishes of her aunt, she went with him. As usual she was expecting a baby after so many years. This time after her delivery, he again left her. She gave birth to a female baby. The aunt was not willing to accept her. She came back to me. But it was not possible for me to give her shelter with a small baby. So I got her admitted to Mahila Seva Gram with the baby. She stayed there for nearly one year till the death of her baby due to gastro.

I have no further information about her whereabouts.
### Social Work

Sushila was a Primary School Teacher under Zilla Parishad, Pune. The husband also was a Primary School Teacher. Both of them were working in the same school.

She was severely beaten by the husband that day. He twisted her right hand which resulted in compound fracture. She had to be admitted in the hospital for the surgical treatment of the fracture. She was in the hospital for one week. I talked to her in my office. Sushila had one son who was 2 year’s old. She was ill-treated by her in-laws including the husband. Though she was earning, her pay was taken away by her husband. IN spite of giving all the money, she was ill-treated. This time she had decided not to go back to the in-law’s house. The husband was very suspicious. Sushila was a sensible woman. She tolerated the harassment...
from the in-laws. She thought that at least the husband would be of her side. But he also supported his parents. The climax was her severe injury. Then she decided to stay away from him. I did not try from reconciliation as I was convinced that she had made sufficient efforts to adjust with in-laws. I did not want to force her for going back to husband. She wanted my help in getting her transferred to a school which was close to her parent’s house. Since she and her husband were working in the same school, she did not want to go back there.

I personally saw the Chief Executive Officer of Zilla Parishad and explained Sushila’s case along with her transfer application. Sushila was transferred to a school in Bopkhel, near Dapodi. She was granted medical leave. After getting the fitness certificate, she was to join at Bopkhel school.

The further follow-up was not kept by me. She met me till she completed the treatment at the hospital. I purposely did not meet her husband or in-laws as she did not want to go back to him. Her son was with her parents during hospitalisation. She wanted my help for transfer which I did.
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<td>Name</td>
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<td>Age</td>
<td>20</td>
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<td>Sex</td>
<td>Female</td>
</tr>
<tr>
<td>Address</td>
<td>Kirkee, Pune</td>
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<tr>
<td>Problem</td>
<td>Mentally retarded. Married &amp; deserted</td>
</tr>
<tr>
<td>Referral</td>
<td>The case was referred for detailed family history</td>
</tr>
</tbody>
</table>

**Social Work**

Kusum’s husband initially approached me with the complaint that his wife did not understand anything. He did not know cooking and could not manage the house.

His father was blind and the mother was bed ridden with tuberculosis. He had 3 married sisters. He was the only son and there was nobody in the house to look after his helpless parents. He was working as a clerk in the society’s shop of the Ammunition Factory. He wanted to get married to a girl who would look after his old parents. He was financially and educationally average. Hence he was looking for a girl from poor family and less educated. Kusum’s father was working in Ammunition Factory. He met this boy and proposed his daughter (Kusum) to him. Kusum was
good looking. So just by seeing her, he approved and gave his consent for marriage. His sisters also approved Kusum. But nobody took troubles to make detailed enquiry. He got married and Kusum came to his house. He thought that Kusum would take charge of the kitchen. But Kusum did not know cooking. So she kept quiet. She would not speak. When her husband came home in the evening, he was told by the parents that they had no food. He was shocked. He told to his elder sister. She also tried to talk to Kusum. But she did not speak. She was quite innocent about the sex also. So she was sent back to her father.

The father and the husband together brought her to the Hospital - Psychiatric Department. Her I.Q. test was done which was 35 to 40. On interviewing the father, it was revealed that his wife and all the three children including Kusum were mentally retarded. Kusum’s father looked after his mentally retarded wife and children all along. So he wanted Kusum’s husband to look after her. It was not possible for him to look after Kusum. So he filed a suit in the Court for divorce or order for null and void.

From Kusum’s side, a very senior and renowned advocate was fighting the case. She was taught the answers of 3 simple questions such as whether she knew preparing tea, knowledge about her own cleanliness and one more question. She gave proper answers as taught to her.
Myself and Dr. (Mrs.) Master were the witnesses from the husband’s side. We told about her I.Q. In spite of Dr. (Mrs.) Master’s expert opinion, the court did not grant petitioner’s request to pass the order of nullity. But he dismissed the case. The father was not willing to look after Kusum. The husband did not know what to do. Ultimately I helped him to admit Kusum in the Institution.

I closed the case here.
<table>
<thead>
<tr>
<th>Year</th>
<th>1975</th>
</tr>
</thead>
<tbody>
<tr>
<td>Case No.</td>
<td>46</td>
</tr>
<tr>
<td>Name</td>
<td>Rani</td>
</tr>
<tr>
<td>Age</td>
<td>2</td>
</tr>
<tr>
<td>Sex</td>
<td>Female</td>
</tr>
<tr>
<td>Address</td>
<td>Mangalwar Peth, Pune</td>
</tr>
<tr>
<td>Problem</td>
<td>Mentally and physically handicapped child. Cerebral Palsy</td>
</tr>
<tr>
<td>Referral</td>
<td>The grand mother brought the child for permanent desertion</td>
</tr>
</tbody>
</table>

**Social Work**

One afternoon, Rani’s grand mother brought her to me and kept her on my table. She was 2 year’s old. But she was not able to sit. She was a case of C.P. The grand mother was old and ailing. She was not able to look after her due to old age and also monetarily. Rani’s mother had left the house. The father was alcoholic. He was not doing any work. The grand mother was doing domestic work. But due to old age and sickness, she could not do the work. She was also starving.

I got Rani admitted in Shreevatsa. Mrs. Narsimhan looked after her very affectionately. Everyday he used to take her for Physiotherapy. She was given nourishing diet. As a result, she improved in her health and also

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her movements were improved. She starting sitting and she was standing with support. But she was mentally retarded. The rehabilitation was very difficult. She could not be sent to any other institution as no institution was willing to admit her. But she was well looked after in Shreevatsa. She improved in her health because of the nourishing diet.

One day a Sweedish couple had visited Shreevatsa. They had adopted a female baby from Shreevatsa. They had come to take her. I just mentioned to them whether anybody in Sweeden would accept Rani as she had no future in India. They saw Rani and took her photo. I gave them Rani’s history. In the meantime, Rani’s grand mother expired in Sassoon Hospital. Now Rani was real destitute.

Four months after the Sweedish couple left, I received a letter from one Sweedish lady saying that she was willing to look after Rani. She had given the reference of the Sweedish couple who had visited Shreevatsa. I was very happy. I wrote in details to her about Rani. In due course, she sent her papers for adoption. The case was filed in Bombay High Court. The High Court Judge wanted to know as to why she was interested in adopting handicap child. I appeared in the High Court and told that only out of pure humanity, she wanted to adopt Rani. The Judge was convinced and the order was passed in Rani’s favour. So Rani was going to Sweeden. After all the legal formalities were over, Rani flew with air
hostess to Sweden. I was really very happy. Her mother’s name was Ulla Lilija. I was receiving letters from Ulla about Rani’s progress from time to time. Ulla took lot of efforts to make Rani independent. When I visited Sweden, Rani was 7 year’s old and she was going to special school. She was independent. Her progress was unbelievable.

As she grew, I was getting her progress reports. She had interest in cooking and bakery. Recently I have been told that she was employed in a bakery and she was living in her own apartment independently.
<table>
<thead>
<tr>
<th>Year</th>
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<tbody>
<tr>
<td>Case No.</td>
<td>37</td>
</tr>
<tr>
<td>Name</td>
<td>Pratibha Alsamrao</td>
</tr>
<tr>
<td>Age</td>
<td>25</td>
</tr>
<tr>
<td>Sex</td>
<td>Female</td>
</tr>
<tr>
<td>Address</td>
<td>Khadki, Pune</td>
</tr>
<tr>
<td>Problem</td>
<td>Marital Discord, Discontinuation of Nursing Course</td>
</tr>
<tr>
<td>Referral</td>
<td>She came on her own for help.</td>
</tr>
</tbody>
</table>

**Social Work**

Pratibha arrived in my office with her two sons – the elder one about 2½ years old and the younger one was about 1 year old. She was holding the younger one and the elder one was walking with her help. She came all the way from Khadki in the hot sun. I made her comfortable. She was in tears.

She was staying with her father with two children. She had no mother. The father was alcoholic. It was very difficult for her to stay with her father. Financially also there was a problem. On enquiring she told that she had completed two years of Nursing Course. While she was studying, she met a man who was Maratha by caste and she was Christian. Both fell in love and got married. His family did not accept
her. They stayed separately. He had a Government Job. So he could afford. He told her to leave the nursing course. Without thinking of the consequences, she left the course and stopped at home. She gave birth to two children. The elder son was handicapped from birth. During the delivery the baby had some brain injury. As a result his right hand was paralysed at birth. After the birth of the second child, the husband deserted her and went back to his parents. Pratibha had no other support. She went to her father with two children. The husband refused to take the responsibility of the children. She and the two children were literally starving.

I asked her whether she would like to complete the Nursing Course. She was willing. In fact she wanted to re-join the Nursing. But the problem of children was there. It was possible for me to keep the children in Shreevatsa on temporary basis. Pratibha had to stay in the hostel. I had talked to the Matron about her re-admission. Matron was willing to give her admission, but she was asked to pay Rs. 350/- for admission. Pratibha did not have money. So Rs. 350/- were given to her as a loan from SOFOSH funds. The children were kept in Shreevatsa. Pratibha could see them every day after her duty was over. She was very happy with this arrangement. She concentrated on her studies. She had no worry about the children. They were looked after very well in Shreevatsa.
After 1½ years Pratibha successfully completed her Nursing Course and got job in Sassoon Hospital as Staff Nurse. The children were still in Shreevatsa as she was staying in Nurse’s Quarters where she was not allowed to take the children. After she started earning the husband started visiting her. She once again started keeping contact with him. She did not learn after the previous painful experience. When I came to know about her meeting with the husband, I objected and gave her scolding. But without my knowledge, she continued to meet him. Then I did not say anything. She repaid the loan of SOFOSH which was given to her for re-admission. She was also made to pay Rs. 200/- p.m. for her children who were in Shreevatsa. One day she again joined her husband with the children. I thought she was now happy with her married life. She gave birth to a 3rd child. In 1976 I was transferred to Mental Hospital. So I had no contact with her.

In 1979, while on night duty in Burns Ward, she consumed sleeping pills from the ward and committed suicide in the garden in front of the ward.

**Analysis**

Pratibha had a very dependent nature and no particular direction in life. Suicide intervention demands very close observation and monitoring.
which is very difficult in a country where hospitals are flooded with patients.

**Goals of Treatment**

Work with the system.

Moral and ethical issues related to the system.

Morality and corrupt practice.

Use of organized resources in the individual.

**Creation of Organized Resources**

SOFOSH, Shreevatsa.

Strengthening the service organisation.

Crisis oriented work.

Disaster management.

Controversies and critical issues in practice.

The test of judgementality Vs non-judgemental approach.

The social work role as resource.