## Areas of Philanthropic Social Work-I

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Welcome to block 3 of the course entitled ‘Working Among the Poorest of the Poor’. This block on, “Areas of Philanthropic Social Work-I” is the third block of MSW-011. It is comprised of six units.

**Unit 1** on ‘Children with Special Needs’ discusses the various categories of children with special needs viz. street children, child labourers, orphans, children of commercial sex workers and children living with HIV/AIDS. Effort is made to present the origin of these categories of children, what is being done for the welfare of these children and what are some of the possible responses to address the issues of these children.

**Unit 2** is on ‘Aged and Destitutes’. This unit discusses the biological, psychological and social dimensions of old age. The unit also examines the impact of globalization on the aged and appraises the response of the State and civil society to curb destitution among the aged.

**Unit 3** on ‘Commercial Sex Workers, Transgender, Devadasi’ will familiarize you with the issues and problems of different groups in society viz. commercial sex workers, devdasi system in India, and transgender.

The **fourth unit** on ‘Beggars and Homeless’ examines two social issues of begging and homelessness that confront our country. The unit provides a basic understanding of the reasons and the causes of begging and homelessness, and the possible measures to tackle these two social issues.

The **fifth unit** on ‘Persons in Correctional Settings’ provides a basic overview of correctional system in India. The unit explains the meaning and the various types of correctional institutions in India. The unit highlights the correctional services available to inmates in various correctional settings and evaluates the role of professional social worker in correctional settings.

The **sixth and last unit** on ‘Mental Challenge and Mental Illness’ explains the meaning and types of mental disability and illness. The unit highlights the role of the community in lessening the trauma of people having mental illness.

On the whole, this block will provide you an overview of the different areas of philanthropic social work.
UNIT 1  CHILDREN WITH SPECIAL NEEDS

Structure

1.0 Objectives
1.1 Introduction
1.2 Street Children and Rag Pickers
1.3 Child Labour
1.4 Orphans
1.5 Children of Commercial Sex Workers
1.6 Children Living with HIV/AIDS
1.7 Let Us Sum Up
1.8 Further Readings and References

1.0 OBJECTIVES

In this unit an attempt is made to understand the phenomenon of children with special needs. We would see as we proceed that when we talk about children with special needs there are wide varieties of children who come under the category of children with special needs. This unit would provide you with the sociological explanation of the following categories of children who are collectively called ‘Children with Special Needs’:

- Street children are a vast segment of children who either are abandoned by their parents or those who run away from their homes due to ill-treatment by parents, due to poverty and misery of families etc. Most among them end up being rag pickers, often the only work which brings these street children some money;

- Child labourers are another group of children who need special care. The number of this group of children are on the increase;

- Another category of children who are with special needs are the orphans. This category of children if brought under the care of well run orphanages is comparatively better off than those who live with relatives or become street children. Natural and human made disasters also make many children orphans;

- Children of commercial sex workers have emerged as an area of investigation and response by the voluntary agencies. Due to poverty if the parents of these children are forced into this occupation, at least the children should have a better future. Hence, many organizations have begun to work with these children;

- Finally, a recent addition to the children with special needs is the children living with HIV/AIDS.

An attempt is made to discuss at length the various categories of children with special needs. Effort is made to present to you the origin of these categories of children, the reasons for they becoming children with special needs, what is
being done for the welfare of these children and what are some of the possible responses to address the issues of these children.

## 1.1 INTRODUCTION

Children with special needs have emerged as one of the most demanding social problems of the country. A wide range of children of India fall under the category of children with special needs. They are: street children, rag pickers, child labourers, orphans, children of commercial sex workers, children living with HIV/AIDS are some of the most deprived and discriminated children of India. Compared to children living in urban areas, children residing in rural India are devoid of many facilities that would have made their childhood more enjoyable.

Further, many children right from their birth suffer due to lack of food and proper atmosphere to grow. Small, sick, listless children have long been India’s scourge — “a national shame,” as described by Prime Minister, Dr. Manmohan Singh. But even after a decade of galloping economic growth, child malnutrition rates are worse here than in many sub-Saharan African countries, and they stand out as a paradox in a proud democracy.

China, which has emerged as an Asian economic powerhouse has sharply reduced child malnutrition, and now just 7 percent of its children under 5 are underweight, a critical gauge of malnutrition. In India, by contrast, despite robust growth and good government intentions, the comparable number is 42.5 percent. Malnutrition makes children more prone to illness and stunts physical and intellectual growth for a lifetime. This has adverse impact on nation building. Amartya Sen the Nobel prize winning economist, lamented that hunger was not enough of a political priority here in India.

It is the street children, rag pickers, child labourers, orphans, children of commercial sex workers, and children living with HIV/AIDS who come from the family background which are not able to provide sufficient food and comfort as a child which further reduces them to the state of malnutrition. Those who continue to suffer malnutrition, are subjected to a stunted growth and thus their life and future becomes bleak. Many from these families try to escape poverty and misery and thus become street children, rag pickers and child labourers.

The life, the dignity, the rights, the future of the children has become an engaging issue today in India and in the world. Due to the deteriorating condition of the children and due to the increasing number of children at risk in the developing countries, the discussion on children is taking centre stage among the families, voluntary sector and in the government circles.

Children are mentioned in the Universal Declaration of Human Rights, which was adopted by the United Nations in 1948. It says, “Motherhood and childhood are entitled to special care and assistance. All children whether born in or out of wedlock shall enjoy the same social protection” [Article 25].

In 1989 the United Nation’s General Assembly unanimously approved the Convention on the Rights of Child. In September 1999, World Summit for Children was held under the leadership of the United Nations. The motto of the summit was, “The well being of the children requires political action at the highest
level. We are determined to take that action”. Again in May 2002, UN General Assembly held a Special Session on Children.

Ideally, every child should be enjoying the cozy comfort, affection, care and protected environment of the family and, if he or she is in the school-going age, should be attending educational institutions in general or vocational streams. Deviation from this ideal often occur in practice for various reasons such as lack of family, lack of parental care, poverty and misery of the family, disasters etc. Once a child’s childhood is disturbed, then its future is also at stake.

Children with special needs are children who are forced to face a situation where things are not normal for them to live a healthy life. They are also called children at risk. Sometimes they are also referred to as children without parental care. Many among them are also children who are out of school and are forced to eke out a living by doing all kinds of hazardous jobs. Hence today there is a talk, ‘Taking School to Children’ than taking children to school.

Separated children constitute one of the special categories of children in special needs. The separated children could be placed under the following categories: street children, children engaged in industries as child labourers, children in domestic work, children involved in commercial sex, children who are in certified homes and orphanages, children of HIV/AIDS patients, children who are affected by war, communal clashes and natural disasters. There is no scientific estimate of the children who come under each of these categories.

Available evidences indicate that South Asia region has approximately 22 million children who are separated from families for various reasons. The three largest countries – Bangladesh, India and Pakistan- account for 95 percent of the region’s child population and most certainly that of separated children as well. With regard to India it is estimated that about 41 percent of its population are children below 18 years. It is also estimated that close to 15 percent of India’s population are children below 5 years.

According to Multiple Indicator Cluster Survey (MICS II) and Demographic Health Surveys; UNAIDS Global HIV/AIDS Report 2004, there are 11 million child labourers in India; there are 35 million orphans in India due to various reasons; about 120,000 children living with HIV/AIDS. Some estimates of child labourers are as high as 40 million. Whether 10 million or 40 million, the issue is that a vast segment of our children are child labourers and some of them also become bonded labourers in the course of time.

It is a known fact that the best investment the country can make is in its children, but returns are undermined by poverty, inequality, discrimination and conflict. Yet, children are becoming increasingly visible and important in the public discourses on human development. There is a growing awareness that advancing child rights is critical for improving the quality of people’s lives and stepping up the pace of progress. If development of India has to see the light of the day, it is imperative that our children who are the future of our country should have their childhood to the full.

The Government of India has intervened through legislations and with some programmes, particularly in the field of institutional care. The Government of India has put in place a separate ministry under the name ‘Ministry of Women
and Child Development’ to respond to the needs of the children. Within this ministry under the Child Development Department, the Integrated Child Development Scheme (ICDS) is run which addresses the nutritional and educational needs of children.

This ministry also constituted in 1966, the National Institute of Public Cooperation and Child Development (NIPCCD) an apex body to engage with the issues of the children. NIPCCD is supposed to work for the progress of women and children and work for the realisation of their rights.

In the year 2005, the Government of India promulgated an act titled, ‘Commission for the Protection of Child Rights Act 2005’ to provide for the constitution of a National Commission and State Commissions for Protection of Child Rights and Children’s Courts for providing speedy trial of offences against children or of violation of child rights and for matters connected therewith or incidental thereto.

It is realized by those who work for the rights of children that the government should be engaged in preventive and promotive aspects of child rights than in curative. Government should generate employment and improve the earning capacity of families so that the families do not dependent upon the earnings of the children. Moreover, if the condition of the families are good, their children would not be pushed to the brim of society, where they are exposed to innumerable risks.

It is also recognized that the communities should take the responsibility for families at the verge of break up. Community resource should be mobilized to take care of children with special needs, separated children and children at risk. The institutions where separated children are taken care of should simulate family atmosphere and help children to have a normal environment. There are many NGOs in India and the region who intervene to take care of the children with special needs or children at risk. It is becoming clear that the families, communities, government and the agencies who are involved in the work of children need to work together to ensure a healthy and joyful childhood for the children and also a better future for them.

### 1.2 STREET CHILDREN AND RAG PICKERS

UNICEF describes street children as those for whom the street more than their family has become their real home, a situation in which there is no protection, support or direction from responsible adults. Street children are also called, the children on the street and children of the street. The children come to the street because of poverty at home. Those who have an unpleasant or traumatic home environment leave home to escape from stepparents, abuse from relatives, unemployment, and alcoholism of the father. Their tolerance level for endurance is very low and they take the drastic decision of leaving the family. Some of them run away because of the fear of pressure at home to perform beyond their capacity. Some of the children also succumb to the glamour of city life or peer pressure.

Almost all the street children are subjected to various forms of discrimination and sufferings. But in the course of time most of the street children become
street smart and find themselves some work; even though it may not be steady. They become rag pickers, work as coolies in railway stations and do odd jobs like tea boys. Some of them get into the hands of anti social elements and are introduced to small crimes like pick-pocketing and small thefts. They do not have the habit of saving. They spent all the money they earn that day itself. When their needs become more, they resort to drug peddling and anti social activities. While those who introduce them to these habits and jobs remain in the background and escape any punishment, the children are picked by the law enforcing authorities and are put in juvenile homes. In many cases, the juvenile homes become worst place, where the children pick up many more bad habits.

Most of the street children are continuously on the move and stay in groups. The elder children take care of young children. They have a strong bond and a sense of solidarity among themselves. Very often they get into trouble with the police. They face problems from antisocial elements. Some of them are maimed and forced into beggary. Girls after the age of 10 are forced into prostitution. Some children are hired by the traffickers into working as child labourers and are unable to escape from their hold. Because of their low income they suffer from malnutrition. As they are introduced to sex very early in life, they are in danger of contracting diseases like HIV/AIDS. They also fall victims to diseases like malaria and other communicable diseases.

Human Rights Watch, an international organization that works on the rights of the vulnerable social groups estimates that approximately 18 million children live or work on the streets of India. In the absence of serious data collection, we are left only with estimates. But what is obvious is that we all see street children on the urban streets or on the railway platforms and other public places.

Most often street children are also pavement dwellers. In most cases, they are also children who work in hotels and motor mechanic shops. Among all these categories, street children are those who are difficult to locate since they lack a permanent address, have a wandering life style. Out of these a big segment of them work in hotels, garages, construction sites etc. It is estimated that 27 per cent of Mumbai’s child labour force was employed in restaurants, hotels, canteens, tea shops and eating places. Out of these 75 percent of them were migrants.

From a study conducted by NIPCCD it becomes clear that over 48 percent of the street children slept on footpaths, 16 percent on railway stations, 6 percent on dargas and mosques and other places. Further, about 39 percent had been caught by the police at least once. Sickness and harassment by the police are the two issues the street children seem to be worried about. Non-conducive atmosphere of the family seems to be a reason for many children becoming street children. 40 percent of the street children reported that they left home due to family problems.

A recent study in Chennai shows that many street children, that is, 46 percent would like to live in a secure place while 71 percent are eager to change their present life. 63 percent of children have an ambition to do something meaningful in their life time. Hence, it is clear that like other children, the street children too dream of a better life. Given a chance, they would not like to become street children and they wish that no children should become street children.
One of the sub-groups within the street children is the rag pickers. In common parlance, a rag picker is a person who scavenges rags and other refuse for a living. For the rag pickers, the garbage is their daily bread. According to a report by REDS an organization that works among the rag pickers in Bangalore, there are over 25,000 rag pickers in Bangalore alone. Rag pickers walk 15 to 25 kilometers in a day. Pavement is the young rag pickers home. While many find employment by recycling the material collected by the rag pickers, the rag pickers themselves are a very disadvantaged group. A large majority of rag pickers are exploited by middlemen.

There is no doubt of the fact that rag picking may be one of the most dangerous, demeaning and destructive of self worth. Scrap collectors or rag pickers are becoming a common sight in all the urban areas. The nature of their work and work environment is most unhygienic. These children hail from the poverty stricken scheduled caste, tribe and other backward caste families. These children develop different kinds of skin diseases.

Street children are the most vulnerable segment of Indian population since they have no adult members for advice and support. They are more vulnerable to physical abuse too. Hence, it is important that all those who work for children should in a special way address the issue of the street children.

The child on the street is almost physically and sexually abused. They are used by traffickers and anti social elements for small crimes. The older children take advantage of the smaller children and force them to work. They get into the habit of drugs and gambling. They are exposed to the danger of contacting HIV/AIDS. As they are malnourished, they easily contact diseases and are deprived of even basic health facilities. The society looks at them with hatred and they develop low self-esteem. They frequently get into difficulties with law enforcing authorities. They have no thought for tomorrow and live in a world of illusion. As they experiment with sex early in life, they become promiscuous. Once they are on the streets, it is difficult to come out of it.

Check Your Progress I

Note: Use the space provided for your answer.

1) Why do some children become street children and rag pickers?
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2) What is the situation of street children and rag pickers in India?
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1.3 CHILD LABOUR

The issue of child labour is of international concern today. In India, child labour is quite prevalent in almost all the states and regions in a number of sectors. The estimates of magnitude of child labourers in India range from 44 to 100 million, with an overwhelming proportion in the rural areas. The child labourers are in constant rise in India which is due to multiplicity of factors like poverty, population growth, displacement of the poor from their lands, social insecurity, faulty educational system, familial problems, adult unemployment, and also preference for children in certain works. The causes are deep-rooted in our social system. The health hazards are due to multiple social factors including poor economic, housing, educational, hygienic, and working conditions.

Child labour could be categorized into three groups: domestic labour, bonded children and working children. Child labour could be defined as those children who are doing paid or unpaid work in factories, workshops, establishments, mines and in the service sector such as domestic labour. More than 80 per cent of domestic labour is dominated by girls. Most of the boys work either in formal industries or in agriculture.

Child labour is present in industries like matches, fireworks, explosives, glasses and bangles, beedi making, carpet, lock making, brassware, export oriented garments industries, gem polishing export industry, leather units and diamonds industries.

The main reasons for child labour are poverty and landlessness. Parents send their children as migrants to earn a supplementary income for the family instead of sending them to school. Many parents also see children from poorer families like them who went to school and do not have any job and loitering around. They do not want their children to become like that and hence they send them to work instead. Moreover, the poverty level of the family, employment pattern of the family, effects of surroundings, educational level of the household, fertility rate and size of families, etc are also important factors that contribute in child labour.

The schools that are in rural areas are poorly managed. The schools lack basic facilities. Many of the schools have a single teacher. Consequently, the children benefit very little from the school education. The parents feel that it is a waste of time sending them to school, as it adds nothing to the employability of the child. The children get frustrated. The consequence is the child drops out of school and the parents send the child to work as child labourers.

The children are forced to work long hours. Their incomes are low and are forced to work in hazardous industries. They are employed as temporary workers. The quality of food given to them is poor. These children have no time for leisure or for any kind of recreation. They are denied the pleasures of childhood and education. The best part of their life is sacrificed for work, which is arduous, mechanical and boring.

Child labour is always considered cheap in terms of wages in the market. This sometimes blocks the scope for adult employment. Thus, economic necessity generated due to underemployment and unemployment pushes a child to work,
sometimes in hazardous conditions. It is observed that each working child takes the place of an adult worker, perpetuating adult unemployment and lowering the wage structure. Infact high level of underdevelopment and very low wage rates results in poverty even for those employed. In small undertakings where children worked on wage rates, employers give preference to them instead of an adult for the same work. It is obviously due to low wages for same work along with easy handling according to employers’ will and interest. This attitude gets support especially when parents do not have any regular source of income. Infact, the entry of children into labour market reduces the volume of employment for the adult and lowers the bargaining power of adult workers. It is argued that if all the children were eliminated from the labour force, employment opportunity for adult unemployed workers would increase in the same proportion.

According to a survey done by NIPCCD, about 93 percent of the parents stated that working children contributed to the family income. Especially if the father is a drunkard, many children of these types of families start becoming child labourers to provide for their family. Though not bonded labourers per se, most children in Uttar Pradesh’s carpet industry are compelled to work in order to repay debts taken by their parents from local moneylenders, usually at exorbitant interest rates. It is important to note that the working children were between 4 to 14 years of age. Thus, some of them begin work as children.

While we talk about child labour, it is important to discuss about the bonded child labourers too. Bonded children are those who have either been pledged by their parents for paltry sums of money or those working to pay off the inherited debt of their parents. Bonded child labour is an acute problem in South Asia. Bonded children are the most difficult to assist as they are inaccessible. The employers keep these children almost as prisoners. It is reported that bonded girl labour, aged 7-14 years in cottonseed production is 400,000, of which 250,000 are working in Andhra Pradesh alone. With the increase in the farmers’ suicide, the number of bonded girl children is on the increase.

Since the inception of Scheme for Bonded Labour in 1978-79, 50,827 bonded labourers were identified till 2003, of which 49,027 were released. What is becoming clear is that while the freeing of bonded labourers and bonded child labourers and rehabilitation of them is going on, there is also the increase in the demand for child bonded labour. This is because, the child labour is a source of cheap, docile and unquestioning labor force. Market forces take advantage of the fact that there are weak legal instruments to rescue children in work. Lack of social a norm that finds child labor unacceptable and a tolerance of them not being in schools make it convenient for the market to continue to exploit children.

It is hereby observed that child labour is a phenomenon of poor socio-economic status of a section of society, which cuts across communities. In Aligarh, poor section of Muslims who are not able to manage job or livelihood elsewhere join degrading, sub-human task in the hazardous and low paying processes of lockmaking. The health of child labourers are shaped and impinged upon by the social co-ordinates such as (i) the class from which these children are drawn within a community, and their living conditions including the public health facilities they have access to; (ii) the history and structure of the industry, and the nature of work and wages for child labourers; and (iii) the processes within the industry where children are employed and their exposure to hazardous working
It is in this context that those in authority and responsible for abolition of child labour must work towards building a social norm for a total abolition of child labour. Insistence on focusing on the worst forms of child labour first, would only give legitimacy for the governments to ignore majority of children who are out of schools and engaged in some form of work or the other. This would in turn render a majority of child labour invisible and hidden. In fact such a vast army of child labour that is left untouched would result in the persistence of child labour, even in the ‘hazardous sector’.

Many factors need to be taken into account when any attempt is made to do away with child labour. Child labour may be abolished by law but its continued practice highlights the fact that there are many reasons why child labour continues. Unless a policy of abolishing child labour in all its forms is made, a new set of children occupying the ‘hazardous’ labour force will not be prevented. Further, it is only when the rights of all children to be away from work and at school become a public issue that children in armed conflict, sex work and in illicit activities will find a congenial environment that would accept them back into the fore of the society. Without a social norm in favor of children’s right to education such children would find it difficult, if not impossible to get reintegrated into the society without being stigmatized and tabooed. It is therefore impractical to focus on children in only certain sectors alone, as long as a larger environment that accepts child labour in all its forms continues to exist.

While we talk about child labour, we should also keep in mind that there have been many achievements with regard to children. For example: increase in school enrolment and less dropout rate both for boys and girls, increase in literacy rate for both male or female, increase in female participation in the labour market, etc. These factors also determine increasing or decreasing pattern of child labour. The relation between child’s schooling and work have been proved by many studies and almost every studies repeats family level poverty as a chief contributing factor. But along with this the relationship between women’s employment status and its impact on children, involved in the labour activities especially girl child also need to be looked into.

The Child Labour (Prohibition and Regulation) Act 1986 has brought in some change in the thinking of the people with regard to child labour. But this is not enough. It has become urgent that the government, civil society and international organisations must make all efforts towards changing this norm in favor of children and their right to education. Unless this happens children will be available for the market and child labour would perpetuate itself.

The children in child labour are to work for long hours. They are deprived of education for no fault of theirs. They work in hazardous industries and are paid low salaries and their job is uncertain. They are forced to take up responsibilities beyond their strength or ability. They are exposed to diseases; most of them are malnourished and suffer the consequences of long hours of work. Employers abuse them. They have no way of seeking help from the outside world, even if they wanted. Hence they suffer loneliness and depression. Some of them even attempt suicide.
**Check Your Progress II**

**Note:** Use the space provided for your answer.

1) **What the reasons for the prevalence of child labour in India?**

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2) **How should the government and the social workers address this issue?**

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**1.4 ORPHANS**

An orphan is a person especially a minor, whose both or one parent has died. Hence orphans are that segment of population who are most disadvantaged, easy prey for exploitation and victimization. While all of us aware of the fact that there are many orphans in India, but the actual number of these children is not known. This makes all the more difficult to plan for the welfare of this category of children in special needs.

The government has over 200 certified schools across India to take care of children who are either orphans or children who are in conflict with the law. When a child is referred to the certified school, the officials make an attempt to trace the parents. If they are traced, the child is restored to the parents. Otherwise the child will be forced to spend its childhood in a certified school.

These institutions are ill managed and the children are hardly given vocational training that would get them an employable skill when they leave the institutions. In certain institutions orphan children are kept with children who have problems with law. These children are transferred from home often and hence they do not feel a sense of belonging. The self-concept of these children is generally low. Because of the number, individual attention given to the children is limited. Their character formation suffers as a consequence.

Another category of separated children are those who are in orphanages run by Non governmental organizations and in the hostels in public schools. The orphanages take children who are poor and not necessarily orphans. Many orphanages maintain a critical number because of the need of getting aid either from the government or from donor agencies. Persons who have little training in
Children with Special Needs

There are many reasons why a child becomes an orphan. They are: natural death of both the parents or one parent, death of parents due to accident and disasters. Many children have become orphans due to super cyclone in Orissa in 1999 and during the earth quake in Gujarat in 2001. Due to tsunami that stuck the Indian Ocean in December 2004, many children in India became orphans. Thus, natural and man made disasters have rendered many children orphans.

Another category of children that suffers separation is victims of communal and or religious conflicts, caste war, ethnic conflict and war. In many cases, both the parents could have died, or one of the parents would be alive and is unable to take care of the child or the child is lost and unable to find his or her way back to the parents. These children become very vulnerable. These children are taken care of in Homes, which are run especially for them, or orphanages that already exist in that area.

Check Your Progress III

Note: Use the space provided for your answer.

1) What is your understanding of the situation of orphans in India?

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2) What are some of the ways through which the problems of the orphans can be addressed?

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1.5 CHILDREN OF COMMERCIAL SEX WORKERS

In a study conducted by the Tata Institute of Social Sciences in 1991, it was estimated that there were approximately 200,000 sex workers in India in 817 red light areas. Along with these women, there are more than 5 million children whose fathers’ identity was not known to the mothers. It was estimated that Mumbai had 17,000 commercial sex workers and they had 45,000 children.
Besides being born with the stigma of illegitimacy, they grow up in red light areas, where pimps, brothel keepers and anti-social elements exist all around. This totally colours the attitude and behaviour of the children and they are exposed to risks.

These children live in small dingy, ill-ventilated rooms, lacking toilet facilities. They lack water for drinking as well as for bathing. They live in unhealthy lanes and by-lanes and surroundings. Most of the commercial sex workers are in this trade only for 10 to 15 years. After this they are not useful for this trade and become a burden for themselves. Their children either become commercial sex workers or not able to do anything and become a burden for themselves and their family. Over 89% of the commercial sex workers migrated from their place and once they are not wanted for this job, they neither can remain where they are or go back to their place of origin.

Along with the parents, there are 300,000 children in commercial sex work in India. Of the 900,000 sex workers in India, 30% are believed to be children. There is also the disturbing information that the number of children in sex work is increasing at 8-10% per annum. About 7,000 sex workers cross the border from Nepal to India every year. These groups of commercial sex workers suffer further discrimination due to not knowing the language, place, circumstances etc.

The street children who are girls pick rags up to the age of 10. After that traffickers force them into sex. The number of these children is on the increase.

It is becoming clear that if the society and the state accept commercial sex work is a way of earning a living then the health and welfare of them should be maintained by providing health awareness, health care and hospitalization. Day care and night care centres are needed in the red light areas for children of commercial sex workers. Women need to be given the opportunity for skill development so that they can earn a living once they are not needed as commercial sex workers.

Children who are forced into commercial sex are too young and get traumatized. They feel that the middlemen cheat them. They feel that there is no future for them. They become victims of HIV/AIDS and sexually transmitted diseases. Though they earn, middlemen take most of the earning away. They suffer loneliness. When they refuse to comply with the wishes of their clients, they are cruelly treated. They feel a sense of hopelessness and they lose the energy to live a different life. Thus, they are caught in the vicious circle of discrimination, suffering and exploitation.

**Check Your Progress IV**

**Note:** Use the space provided for your answer.

1) Children of commercial sex workers are a new social issue in India. How best can social workers respond to this issue?

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1.6 CHILDREN LIVING WITH HIV/AIDS

With an estimated 4.58 million HIV positive cases, India has the second largest number of people in the world living with HIV. This accounts for 11.4 percent of global HIV infections. When it comes to the children the figures are even more frightening. India has the largest number of AIDS orphans. About 14 percent of HIV/AIDS cases are children below 14 years. When we talk about children and HIV/AIDS, we talk about children orphaned since their parents are victims of HIV/AIDS and children who themselves are made vulnerable by HIV/AIDS.

Children do not need to have HIV/AIDS to be devastated by it. When HIV/AIDS enters a household by infecting one or both parents, the very fabric of a child’s life falls apart. The effect on the childhood of children whose parents are HIV/AIDS patients or the children who are affected by the pandemic. The illness or the death of a mother or a caregiver during the child’s first year jeopardizes the fulfillment of that child’s basic needs, such as access to health care, sanitation and nutrition, often threatening their right to survival. Once survival itself is threatened, the dignity of the child is also under threat.

Children are used as commercial sex workers and are abused in their work places as well. Children are powerless to resist abuse by employers, and adult workers in work places. They are also cheated with the promises of gifts and other facilities. These become victims of HIV/AIDS.

Middlemen often act as agents to get children to the city. They lend money to families who must pay back through their daughter’s work. Almost all such children end up as commercial sex workers. Once they are caught up in this they find it impossible to escape from this situation.

The agents normally bring children from other states. For example, Andhra girls are brought to Tamil Nadu and visa versa. Because of the fear of HIV/AIDS, the clients prefer younger children and prefer children between the age of 10 and 12. Hence minors are introduced into commercial sex work.

The impact of the AIDS crisis has not begun to fully emerge in India and AIDS related orphans have not been fully documented. However, it is estimated that India has the largest number of AIDS orphans in any country and this number is expected to double in the next five years. Of the 55,764 identified AIDS cases in India, 2,112 are children. An estimation of HIV/AIDS infected people in Nepal is 15,000 and there are no estimates of the children affected by AIDS.
A study conducted by the ILO found that children of infected parents are discriminated. They are denied basic amenities and forced to take up petty jobs to augment their income. A new law is being drafted under which doctors will no longer be able to refuse treatment to people with HIV and discrimination against those with HIV will also be banned.

Several Non-governmental organizations have special homes for children who are either orphaned because both the parents have died of HIV or affected by HIV. The government is yet to start taking care of these children in any significant way. Along with initiating many programmes to respond to the needs of the children of the HIV/AIDS parents and children living with HIV/AIDS, the government should mobilize and support community based responses so as to make it a social evil and thus ensure collective response.

Is there a way out?

Taken together, it is difficult to say which group of children discussed above are the most vulnerable groups. According to some activists, the children who are in child labour are the most vulnerable. Others feel that the children who are forced into commercial sex are the most vulnerable. The general feeling is that vulnerability of the children at risk differs from child to child and the circumstances they are in.

Considerable extent of poverty, high extent of unemployment and landlessness, recurrent disasters in the region, ill effects of globalization including the fiscal pressures on governments, and the spread HIV/AIDS, all make the situation of children at risk worse and their future looks very bleak. Domestic violence is one of the major issues that have emerged as the cause of children leaving home. There are parents who feel that the only way of disciplining the child is through corporal punishment. Sometimes these become so brutal that children get physically hurt. The adults need to realize that children are not their personal property and children need to be respected and protected from harm.

In this background it is important to explore some comprehensive plan of action for the well being and betterment of children with special needs. The most important fact that needs to be reiterated is that the child has a right to its childhood. It should be provided with opportunities for leisure and play. The best place for a child to grow up is the home, whatever the economic conditions of the family. The child has a right to basic education and health. It has the right for a dignified life as a child. Its needs for security, protection and care can not be undermined.

It is the responsibility of the family, the community and the government to provide these to the children. If the family is not able to take care of this responsibility, the state should step in through family assistance grants, childcare facilities, parenting education, and community based assistance programmes. The local administration should be decentralized and the responsibility of community development should be handed over to the local bodies like Panchayat. The Panchayat should keep a record of all the children who are under their jurisdiction and prevent these children from moving out of their area. Even if they move out, they should keep track of their whereabouts.

The local communities should act as pressure groups. The main focus is to see that families do not break up. If a family is at the verge of break either due to
economic reasons or other reasons, the community should step in to help the family. Children who are vulnerable could be taken care of by the community either through community-based organizations, foster families or through local adoptions.

In urban area, when children who do not belong to the area are seen, organizations like self-help groups, youth Associations and children Associations could identify such children and make efforts to see that they are sent back to their families. Families that are under stress need special help. The local community or NGOs can come forward to help them. It could be in the form of economic help for a limited period, counseling or education in parenting. This will reduce the incidence of separation and the home will become child friendly.

The non-governmental organizations can intervene at different levels. Communities should be made aware of the rights of the children and taught to take responsibility for vulnerable children. NGOs can identify vulnerable families and give them the needed help. It could be economic, social or psychological. This will reduce the strain in the family and keep them together; family intervention is important. At the level of the government, they should undertake advocacy. It should be related to the economic development, education of children and decentralized administration.

Check Your Progress V

Note: Use the space provided for your answer.

1) Children living with HIV/AIDS are a new social issue in India. How best can social workers respond to this issue?

2) Who are the various agents who can respond to this issue?

1.7 LET US SUM UP

The forgoing pages strongly highlight the issues of the children at risk, separated children and children with special needs. All these forms of children are deprived of their childhood, leisure and play. They are forced to take up an adult role for
which the child is ill equipped or not willing to take up. Because of this, the child may develop a negative attitude towards the parents and the society that has been so cruel to them, for no fault of theirs. Their contact with the adult world is limited. Their character formation suffers and their sense of right and wrong is not clear to them and sometimes, it gets mixed up. This could lead to anti-social behaviors. In many cases, the child is denied of human dignity and freedom. One of the child rights activists puts it this way, “It is frightening to think of a whole generation of children who will grow up with no skills to fall back upon, no thought for the future, little value system and brought up in a culture of violence.”

Let us conclude this unit with the Children’s Statement Address at the Opening of the UN General Assembly’s Special Session on Children, held on 8th May 2002.

We are the world’s children.
We are the victims of exploitation and abuse.
We are the street children.
We are the children of war.
We are the victims and orphans of HIV/AIDS.
We are denied good-quality education and health care.
We are victims of political, economic, cultural, religious and environmental discrimination.
We are children whose voices are not being heard: it is time we are taken into account.
We want a world fit for children, because a world fit for us is a world fit for everyone.

1.8 FURTHER READINGS AND REFERENCES


Websites that are useful for further study on Children in Special Needs:

www.aidsouthasia.undp.org

www.chin.org.zm (Children in need network)

www.cry.org

www.enscw.org (European Network in street children worldwide)

www.europeanchildrensnetwork.org (European children’s network)

www.ilo.org/public/english
UNIT 2 AGED AND DESTITUTE

Structure
2.0 Objectives
2.1 Introduction
2.2 Ageing and Destitution
2.3 Specific Vulnerable Groups
2.4 Societal Response
2.5 Let Us Sum Up
2.6 Key Words
2.7 Further Readings and References

2.0 OBJECTIVES
Ageing is a natural and universal phenomenon. Old age is the last stage of human life cycle. There are certain biological, psychological and social dimensions of old age that accentuate vulnerability to destitution. In this unit, we shall discuss these dimensions at length and look into the societal response to curb destitution among the aged. After reading this unit, you would be able to:

- Know the vulnerabilities associated with the process of ageing;
- Describe the factors that lead to destitution among the aged.
- Understand the conditions of various vulnerable sub-groups among the aged.
- Examine the impact of globalization on the aged.
- Appraise the response of the State and civil society to curb destitution among the vulnerable aged.

2.1 INTRODUCTION
Though old age as a universal phenomenon has existed since time immemorial, increasing cases of destitution among the aged is rather a recent trend. There are many biological and social changes that put the aged into vulnerable situation. Biologically, old age is characterized by decreasing strength and vitality, deterioration in sensory capacity, increased dependence in activities of daily living on others and susceptibility to ailments like hypertension, diabetes, arthritis, and the like.

These bio-psychological considerations cut across generations. These are there and will be there. What stands out is the changing socio-cultural milieu. In ancient and medieval times, social institutions like joint family system, agrarian economy, biradary system and the like have provided safe haven and security to the aged preventing them from destitution.

However, in the modern times, forces of social change like industrialization, urbanization and now globalization have waned away the old systems that provided care, security and protection to the aged thereby increasing the
vulnerability to destitution of the aged. Before looking into the details of the factors accentuating this vulnerability, let us understand the concept of destitution.

In socio-economic terms, the poorest of the poor are considered destitute. The word ‘destitution’ denotes deprivation - the absence of any control over assets and the loss of access to income from one’s own labour. Social aspects of destitution means the collapse or draining away of social support system. It is inability to meet the basic needs of life – food, shelter and clothing. It is a multifactorial process of loss that deprives a person of control over assets and income. While loss of assets leads to loss of income from rent or production, loss of income may also be a labour-market phenomenon resulting from the denial or the unavailability of wage work. Often long-term destitution leads to death.

Thus, destitution is an extreme condition of income poverty and destitute people are often socially excluded and deprived in capability dimensions of poverty too. So there is also a high probability that those deprived in all dimensions will be destitute.

A similar term – vulnerability – may be defined too. Vulnerability is the condition or state of some persons or groups who somehow carry a greater probability of being harmed by social, environmental or health problem than the rest of the population as a whole. Vulnerability many be defined as the contingent conditions that hamper the well-being and social functioning of individuals and requires the support system other than the existing ones to mitigate the factors that may result in destitution, if not encountered promptly. In this unit, we shall discuss the situational analysis and factors triggering vulnerability and destitution among the aged.

### 2.2 AGEING AND DESTITUTION

Old age is the last stage of human life cycle that is characterized by multi-dimensional vulnerabilities at the biological, social and economic levels. Before understanding the state of destitution among the aged, it is important to appraise these dimensions of vulnerabilities. A state of destitution occurs when an aged is encountered with most of the vulnerable situations delineated below that make him/her incapacitated to fulfill basic needs of life without any outside help:

**Health Vulnerability:** In old age, there is a reduction in functional capacity of organs of the body, gradual tissue degradation, and cellular atrophy resulting in increased susceptibility to diseases and impairment of the body organs. With advancing age, due to physical deterioration and decrease in vitality, aged people exhibit greater vulnerability to diseases. Changes at the cellular, tissue and organic level, in old age, lead to many deformities and diseases. Deterioration in capacity of sensory organs results in ailments like cataract, glaucoma, retinal disorders, hearing defects, denture, etc. Many degenerative ailments like arteriosclerosis, cerebro-vascular diseases, hypertension, diabetes are prominently found among the aged. Respiratory diseases, such as chronic bronchitis and asthma, disturb the aged, particularly, those in urban areas. These body changes in old age, may hamper activities of daily living among the aged making them more prone to accidents and fractures. There is a high probability of disability among older persons.
Aged people are also vulnerable to many mental disorders that have functional as well as organic causal-factors. Their vulnerability to mental problems is due to ageing of the brain, physical problems, socio-economic factors, cerebral pathology, emotional attitude and the family structure (Joshi and Sengupta, 2000). Depression and dementia, acute psychological reactions, hypomania, obsessive-compulsive neurosis and hysteria often accompany ageing.

Implications: Health vulnerability has serious consequences for the aged in an unorganized sector. It may be noted that almost 93 percent of the population in India works in unorganized or informal sector where work is basically physically strenuous and an individual has to rely on his/her physical strength and stamina to continue the work-life. And, the moment there is decline in physical capabilities in terms of strength, in old age, he/she is replaced, often by a young person. The stark reality is that most poor people around the age of fifty start losing physical endurance and their survival in the job-market becomes bleak. It may be noted that in most developing countries poor people suffer from chronic malnutrition, postponement of ailments, which, in turn, reduce their strength, stamina and endurance to do strenuous physical labour. In old age, when they are forced to leave their occupation on account of declining health condition, it enhances their chances of destitution manifolds. Their survival becomes an uphill task. The families living below poverty line have no means to support their younger family members and the aged are not in the priority list.

The related issue in this case is access to health care services and health related expenditure. Getliz (1996) finds that health expenditure increases eight folds in old age as compared to the youth time. Also, every year around three percent of the population is pushed below poverty line due to health related expenditure (NSSO, 2006).

There is a gender angle to this situation too. A close look on the health condition of aged females shows that they are at a disadvantageous position than their male counterparts. Apart from the age related diseases, as mentioned earlier, they also suffer from gynecological problems. Added to this, their childhood and adulthood, more often than not, is denoted by malnutrition, deficiency disorders, multiple pregnancies, which have a negative influence on their health in old age. This is commonly seen in developing countries. Further, females are more prone to osteoporosis, particularly after menopause, which makes their bones quite fragile (Ganesh, 1997).

Economic Vulnerability: Economic condition and vulnerability of the aged in the present times is best understood in the context of the past. In ancient and medieval times, as the Head of the family, the eldest male would control the family property and make all the decisions related to appropriation of pooled family income. Often their words would be a law. Their know-how was relevant to the then agrarian economy. This provided status, respect and security to the aged. On the contrary, the skills and knowledge of the elderly have, more or less, become redundant in the present fast paced technological economic system. Now, the young earning member controls the family property and finances and ‘age’ no longer commands respect. As a result, often times, aged are found to have been socially marginalized – be it the household or the community.
Indeed, destitution or poverty is an objective reality in India. The data brought out by the National Sample Survey Organisation (1997) show that a-third of the elderly in the country are below the poverty line. Further, another one-third of the aged are just above it. It signifies that the situation of nearly sixty-six percent of older people is economically highly vulnerable. This group of elderly faces lot of stress in making both ends meet. Lack of resources for subsistence often brings deteriorative age-related changes much faster among the aged and trigger vulnerability to destitution.

Aged people in poverty are afflicted with multi-level vulnerabilities. They have to face involuntary retirement due to declining health and strength. They have limited knowledge and/or access to social security measures. Often times, they are required to earn a livelihood despite weakening body and the restricted options available for earning for survival are characterized by low-payment, uncertainty and insecurity. They lack access to credit on reasonable terms. They generally have low ownership of productive assets and may have to face many legal and social constraints to self-employment.

It is often asserted that poverty puts aged women into triple jeopardy — being poor, being aged and being female. An aged female, more often than not, identifies herself with her husband in patriarchal society like India. In fact, dependence, economic as well as social, on father, husband and subsequently on son, low level of education and social skills, are few factors, among others, that add to the vulnerability of elderly women.

Prakash (1996) argues that men who were once economically active are considered spent force and a burden. Given this, what would be the situation of women whose work is even otherwise goes unrecognized and unremunerated?

**Social Vulnerability:** In the ancient and medieval periods, agrarian society and joint family system were taken as boon for the elderly. The elderly used to be in the forefront of family and community affairs and decision-making. They would invariably head the family and enjoy unconditional status and authority. They would exercise total control in family decision-making as well as property and income of the household. Along with other factors, it ensured authority, honour, prestige, power, privileges and security for the aged. The joint family system was considered as the best ‘social safety net’ in the society.

However, in modern times, social matrix has undergone changes due to factors, say, commercialization, industrialization and urbanization. The traditional roles of the elderly are being eroded and correspondingly their status is reduced. The joint family system is giving way to nuclear family patterns. Along with, modernization has profoundly influenced the value-system, which does not always favour grey years. Values like inter-dependence, cooperation and self-sacrifice are giving way to independence, personal mobility and personal achievement. All these factors have sidelined the traditional systems of safety and security to the aged.

The traditional biradary system would ensure social boycott for the families that do not care for their elderly. On the contrary, in modern times, community may passively criticize any cases of elderly abuse but would not take any pro-active step. Consequently, cases of elderly abuse manifested as denial of basic needs, thrashing, throwing out of the house, etc., are on the rise, triggering destitution among the aged.
As a consequence, the elderly, more or less, have become dependent on their offspring. The headship of the family changed from oldest to bread-earner, usually the young. In urban areas, the situation is grave as, more often than not, the authority and status are achieved on the basis of financial position.

It may be restated that patriarchy has led to internalization of gender inferiority among women, especially elderly women. Sen (1994) points out, “the roots of vulnerability in later life are, often, related to a life time of gender-based economic, social, and cultural inequalities where social roles combined with differential opportunity structures available to men and women have their effect”.

**Socio-demographic and cultural factors:** Though old age is a natural and universal phenomenon, certain factors that have accentuated vulnerability among the aged, are delineated here. In ancient and medieval periods, the number and proportion of the elderly in society used to be rather low. In modern times, with medical and technological advancement, these proportions have gone up substantially all over the world. Factors like better nutrition, sanitation and health facilities have led to decrease in mortality rates and increase in life-expectancy. This has resulted in a demographic transition substantially increasing the number and proportion of the elderly in the general population. As an effect, the societies are heading towards a gray-world, though the process of population aging varies for different countries. Every year, around 9 million older persons are being added to the world’s population (United Nations, 1999). As a result, there is now a new period after superannuation commonly known as ‘third age’. It is projected that, there may be, in next 50 years, more grandparents than grandchildren, in these developed nations.

Though population ageing is taken as one of the significant achievements of human civilization, some social scientists and social planners believe that graying of the nations is a threat to the national economy. They view the immediate impact of this impressive growth of old segment of the population inviting additional cost on social security, health care, housing, etc., for the elderly. This view of considering the elderly as a ‘burden’, rather than a human resource, tends to make them vulnerable in the society. Apparently, this has subtly contributed to the increasing negative image of elderly in the society.

The United Nations (1999) projects that, by the year 2025, a major share (72 percent) of the elderly population would be residing in the developing countries. These developing countries are, often, characterized by poor economic conditions, lack of adequate healthcare, education and social welfare systems. So, for these countries ensuring care for the elderly population would be difficult as there are hardly enough resources to meet the needs of its young population. The cost of social insurance and social assistance for the senior citizens can be quite taxing for nations with scarce resources.

Demographic scenario in India shows a steep rise in the number and proportion of elderly in the next few decades. In 2001, there were 77 million elderly people in India. By 2013, the number of elderly will rise to 100 million and by the year 2025 there would be about 177 million elderly. And in the next 25 years, that is, by 2050, this figure would almost double, nearly 324 million (Bose and Shankardas, 2004).

Further, a negative image of the aged and ageing is being perpetuated in the society. When viewed in the context of consumerism, elderly often find themselves
marginalized and spent-force. In a society revolving around productive value of a member, they are often seen as unnecessary, burdensome, and those who encumbrance in our lives. In most societies when the number and proportion of the elderly people are low, they are respected, valued and honoured. However, when demographic phenomenon of ‘population aging’ happens, due to its mounting burden on the younger earning population to meet rising cost of social security, it brings about a negative image of ageing. This is particularly relevant in the India context, as may be in other societies too. This increases the likelihood of perceiving elderly as spent-force, dependent and unproductive.

In this context, it may be assumed that present over-emphasis on youth-hood and attributes and values associated with this period may give rise to many negative perceptions and stereotypes of elderly. Youth-hood is projected as a period of life when health, energy, strength, vigour and physical beauty are at their peak. Contrarily, old age means losing out on these cherished attributes.

It is often believed that increasing age imposes several limitations on the elderly, enhancing their vulnerability. Therefore, it becomes too easy to see elderly persons as mere passive receptors of care. Since contemporary society values youth, preconceived notions about old age are widespread with varying intensity. Often elderly people are taken as a liability and burden, incapable of contributing anything to the society. It is not rare to come across young people who regard old age as a handicap or an incurable disease. Such myths often make ageing and the aged a subject of pity.

Let us now look at caring issues vis-à-vis elderly. With increasing proportion and number of elderly in the society, issues related to caring of elderly relatives would be a matter of concern for almost every family. It is said that urban areas characterized by high cost of living, limited living space, values like independence, privacy and consumerism hamper the care and support to the elderly. However, situation in rural areas are no better. Majority of the youth, with their wife and children, migrate to urban destinations, and their elderly parents are left behind to fend for themselves. Next, traditionally, the role of care giving is assumed, more or less, by women. Now-a-days, many women are involved in outside economic activities. Seldom do they have sufficient time even for domestic work, including care giving to the elderly. On the other hand, aged persons, particularly those at 70 plus, need constant care. Financial stringency is another reason as to why middle and lower income group families face problems in maintaining their elderly. Manifestations of vulnerability might be different but they do exist, cutting across rural-urban boundaries. All these factors become the breeding grounds for prejudices and negatives stereotypes against elderly making them vulnerable.

Check Your Progress I

Note: Use the space provided for your answer.
1) Enlist four factors that increase vulnerability to destitution among the aged.

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2.3 SPECIFIC VULNERABLE GROUPS

Though there is a wide range of manifestations of vulnerabilities and destitution among the aged, in this section, we shall study some of the salient vulnerable groups of older persons.

**Elderly in Poverty:** The National Policy on Older Persons (1999) recognizes that there are nearly two-thirds of elderly people in poverty. Added to this, there are hardly ten percent of the elderly in organized sector are receiving some kind of retirement benefits. The other bloated category is of those in unorganized sectors, majority of them remain out of the pail of retirement benefits. Census 2001 estimates that there are 90 percent of the elderly in unorganized sectors with no regular source of income. This change in economic position, when viewed in the context of current socio-cultural scenario, poses two daunting challenges. One, salable skills of the elderly are being outstripped by changing technology. Two, traditional sources of social security — family system and children — are fast losing validity both in rural as well as urban areas. These two conditions, if combined, push the elderly to the threshold of destitution.

There are many manifestations of aged in poverty – most often they push themselves hard to earn a source of survival. They may be seen as casual labourers at the construction sites, factories, agricultural lands, rickshaw pullers, security, and so on. Aged women often take up the job of domestic help. Those who are able to arrange some finances may work as hawkers and venders. Physically strenuous activities may take a heavy toll of their health. Social systems like banks, credit societies often do not encourage lending loan to the aged. Selling of perishable goods has their own set of challenges due to non-availability of storage facilities.

**Homeless Elderly:** Graver form of vulnerability to destitution is manifested among the homeless elderly. They may be the victims of abuse as their children have thrown them out of the house and they render vulnerable on the streets and take up begging to keep body and soul together. Braving all the seasons with degenerative body changes, they are often found wishing death to end their sufferings. Many times, younger children migrate to desirable destination points in search of better economic and life-style prospects, leaving the elderly parents alone with none to care for. With gradual lapse of time, some children cut all contacts with their aged parents, who without any source of livelihood then become destitute. Elderly women, with life-long ‘learned dependency’ find it difficult to cope with the situation. Further, especially in patriarchal society like India, where son is considered an old age security, sonless aged individuals may find themselves lonely and destitute. Studies have shown that in urban centres the destitution is accentuated while there is some solace in rural areas as community-ties and intervention by neighbourhood may act as anti-dot to vagrancy and impoverishment.

**Widows:** Widowhood at is yet another demographic factor that contributes to vulnerability. Rate of widowhood at the age of 60 years and more is 64 percent women and 19 percent men; at 70+ years there are 80 percent widows and 27 percent widowers (Census 2001).
This apart, many social and economic factors add to the vulnerability of elderly women. Widowhood, primarily for women, in patriarchal social structure may lead to destitution due to certain social and cultural restrictions put on them. Studies have shown that after widowhood, abuse and exploitation have steeply increased against aged women by their own children. Further, contrary to the popular assumption that rural societies are traditionally intact and elderly are respected, there are rising incidents of elderly abuse by sons in rural India.

**Victims of crime:** Aged people are increasingly becoming victims of crime and fraud. There is no rarity of cases where their own offspring have snatched the property and thrown the aged out of their home to fend for themselves.

Present condition is characterized by impersonality and lack of community solidarity. Alarming increase in crime rate against elderly is the result of cumulative effect of these factors. Social intervention has clearly lagged behind these changes. These unresolved ageing problems are affecting the development of a nation as a whole.

**Elderly living alone:** Census 2001 brings out that 11.3 percent of the elderly are living alone. They are prone to vagrancy and destitution. Such aged have none to care for them. This category includes the aged belonging to all the socio-economic strata and for obvious reasons, the aged who are in economic impoverishment are the most vulnerable. They often encounter multipronged vulnerability and often are incapacitated to avail the formal support services. Migration of offspring is an exigency that drives many aged, in middle and high income strata, to live all alone. Consequently, they become easy targets of crime against them. Living alone is also psychologically burdensome and physically draining.

It may be noted that the aged form one of the most heterogeneous categories even when it comes to vulnerability and destitution. You should remember that in old age, changes at the health, social and psychological levels add to the vulnerabilities of a person manifolds. Moreover, if the social support system is also not available, then it results into social exclusion and destitution.

### Check Your Progress II

**Note:** Use the space provided for your answer.

1) Interview one destitute aged person in your locality and find out the vulnerability at the social, economic and health levels. Write your observations in the space provided below:

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Aged and Destitutes
In this section, we shall discuss the response of society, state and civil society organizations to curb destitution among the aged.

In ancient and medieval periods, agrarian society and joint family system would sustain and reinforce importance of elderly in ways more than one. The elderly used to be in the forefront of family and community affairs and decision-making. They would invariably head the family and enjoyed unconditional status and authority. They exercised total control in family decision-making as well as property and income of the household. They would be the custodians of rituals and religious ceremonies. Their knowledge and skills were relevant to the then agricultural economy and they would guide the youngers in sowing, irrigation, use of pesticide, time of cutting crops, etc.

In addition, social institution namely community or biradary also had laid down moral sanctions on the family and acted as a pressure group in promoting the care of the elderly. Their status, in those days, was ascribed. They enjoyed authority, honour, prestige, power, privileges and security. The joint family system was considered as the best ‘social safety net’ in the society. Added to this, role of community too, has become dormant in acting as a pressure group for the security of elderly.

In a society like India, there were hardly a handful of formal social institutions to provide support services to the aged. This is because, family was assumed to be the prime institution to provide security to the elderly and therefore the role of State and other stakeholders were very limited. In the ancient and medieval times, certain religious organizations were having matha or bridha or ahirs (old-age homes) to take care of the needy elderly. As you may have read earlier, ‘welfare approach’ focuses on the underprivileged section of the society and in this case, it includes ‘disadvantaged’ elderly persons. In the initial few Five Year Plans, state’s role was very limited and the aged were not considered as a distinct category of vulnerable population. Consequently, interventions, if and when required, were left to the voluntary organizations.

The United Nations, in 1982, organized the World Assembly on Ageing in Vienna as a forum to launch an International Action Programme for the Aged. It aims at guaranteeing economic and social security to older persons as well as providing them with opportunities to contribute to national development. The Assembly, among other measures, advocated for the idea of ‘active ageing’ as an important strategy for the adjustment of the aged in the society. The United Nations, in 1991, has laid down a set of five principles as guidelines for ushering an aged society as — independence, participation, care, fulfillment and dignity of older people. It implies that, we are not only concerned with increasing the longevity but also intend to ‘add life to years’.

Keeping in view the emerging challenges arising due to increasing number and proportion of elderly, the government of India has formulated a National Policy for Older Persons in 1999. With the aim to assure older persons that their concerns are national concerns and they will not live unprotected, ignored or marginalized, the National Policy on Older Persons envelopes guiding principles for financial security, health care and nutrition, shelter, education, welfare and research and training as main components for well-being of elderly.
The United Nations too, convened a second world assembly on ageing in Madrid in April 2002, to review the progress and suggest new plan of action. India is signatory to this new plan of Action. This International Plan of Action on Ageing 2002 talks about ‘creating a society for all ages’ by seeking commitment from all to ensure equal access to health care, nutrition, shelter, opportunities for economic independence, security and well-being.

There are handful of schemes and programmes for the elderly. Main among them are Old Age Pension Scheme and Annapurna Scheme. Old Age Pension scheme implemented by state governments, range from Rs.75 to Rs.500 per month. It is provided to the destitute elderly, both males and females. However, both pre-condition and amount of OAP varies from state to state. Similarly, in National Old Age Pension (NPOP) Scheme, central assistance at the rate of Rs.200 per month is given to States for ‘destitute’ elderly. the table below shows the state-wise distribution of old age pension amount and the minimum age of eligibility to seek the pension. It reflects a wide variation in terms of pension amount and the eligibility age.

However, benefits under this scheme are extremely small, not exceeding Rs.200 a month on an average, and that too is subject to several stringent conditions like age, domicile, absence of means of livelihood, absence of kinsmen (who could support them), etc. Consequently, many elderly persons facing deprivation and destitution remain out the pail of Old Age Pension.

<table>
<thead>
<tr>
<th>State</th>
<th>Pension Amount (Rs/Month)</th>
<th>Minimum Age (Years)</th>
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<tbody>
<tr>
<td>Andhra Pradesh</td>
<td>75</td>
<td>65</td>
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<tr>
<td>Arunachal Pradesh</td>
<td>150</td>
<td>60</td>
</tr>
<tr>
<td>Assam</td>
<td>60</td>
<td>65 (male), 60 (female)</td>
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<tr>
<td>Bihar</td>
<td>100</td>
<td>60</td>
</tr>
<tr>
<td>Chhatisgarh</td>
<td>150</td>
<td>65</td>
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<tr>
<td>Gujarat</td>
<td>200</td>
<td>60 to 65</td>
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<tr>
<td>Gujarat</td>
<td>275</td>
<td>65</td>
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<tr>
<td>Haryana</td>
<td>200</td>
<td>60</td>
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<td>Himachal Pradesh</td>
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<td>Jammu &amp; Kashmir</td>
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<td>Kerala</td>
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<td>Madhya Pradesh</td>
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<td>65 (male), 60 (female)</td>
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<td>Maharashtra</td>
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<td>Mizoram</td>
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<td>65 (male), 60 (female)</td>
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<td>Orissa</td>
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### Areas of Philanthropic Social Work-I

<table>
<thead>
<tr>
<th>State</th>
<th>Amount</th>
<th>Age (Male, Female)</th>
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<tbody>
<tr>
<td>Punjab</td>
<td>200</td>
<td>65 (male), 60 (female)</td>
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<tr>
<td>Rajasthan</td>
<td>200</td>
<td>58 (male)</td>
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<tr>
<td>Rajasthan</td>
<td>300</td>
<td>55 (female)</td>
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<tr>
<td>Tamil Nadu</td>
<td>200</td>
<td>60</td>
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<tr>
<td>Uttar Pradesh</td>
<td>125</td>
<td>60</td>
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<tr>
<td>Uttarakhand</td>
<td>125</td>
<td>60</td>
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<tr>
<td>West Bengal</td>
<td>400</td>
<td>60</td>
</tr>
<tr>
<td>Chandigarh</td>
<td>200</td>
<td>65 (male), 60 (female)</td>
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<tr>
<td>Delhi</td>
<td>1000*</td>
<td>60</td>
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<tr>
<td>Goa</td>
<td>500</td>
<td>60</td>
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*Source*: [http://rajyasabha.nic.in/120th report.htm](http://rajyasabha.nic.in/120th report.htm)

*Since April 2009, budget presentation of Delhi Government*

Annapurna Scheme is complementary to NOAP scheme. In this, ‘destitute’ elderly get 18 kg of food grains per month.

Old age homes, though not very popular in India, provide solace to destitute aged people. They can be charitable, government-run (fully or partially) or private. The recent Act — The Maintenance and Welfare of Parents and Senior Citizens Act (2007) — also entrusts the State to establish old age homes at the district levels. As per recent statistic, there are 1018 old age homes in India today. Out of these, 427 homes are free of cost while 153 old age homes are on pay and stay basis, 146 homes have both free as well as pay and stay facilities and detailed information is not available for 292 homes. A total of 371 old age homes all over the country are available for the sick and 118 homes are exclusive for women. A majority of the old age homes are concentrated in the developed states including Gujarat (Directory of Old Age Homes in India, Help Age India, 2002).

Further, empowerment Approach focuses on ‘Rights based perspective’ to ensure that the elderly get their rightful share in the family, community and society. It covers social legislations: CrPC, Sec. 125; The Hindu Adoption and Maintenance Act, 1958; Himachal Pradesh Maintenance of Parents Act, 2001, etc. Advocacy and networking are integral tools of empowerment approach. Elderly club and pressure groups are coming up to demand their due share in the society. Developing ‘elderly friendly’ physical infrastructure (building, furniture, etc.) still needs attention at a large scale. Added to this, looking at the increasing rate of crime against elderly, network of Resident Welfare Associations with police, elderly residents is required. At many places innovative ideas have been tried and there is an immense scope of social work profession to intervene for preventing crime against elderly.

Existing schemes like Recreational Centres, Day Care Centres, multi-service day care centres, etc., are helpful in providing opportunity for creative utilization of ‘free time’ to the elderly. School social work is an area that needs to be harnessed properly. Young minds should be sensitized towards the needs and importance of elderly in the society. Many activities in school can be helpful in developing inter-generational cordial relations.
Looking at medical needs of the elderly, special geriatric wards, clinics are being run in various government hospitals on specific days, places and times. There is a need increase the affordability and accessibility of these services for elderly, especially those who are economically poor.

These apart, there are many innovative civil society initiatives to provide due respect and status to the elderly. Programmes like ‘adopt a granny’, ‘grandparents day’, ‘International Day for Older Persons’, etc., cite the value and importance of elderly in the family, community and society.

In addition, elderly are encouraged to participate in economically gainful activities so that they remain independent and self-reliant. Many re-employment programmes, occupational and professional opportunities to elderly are available which, may be taken up by the elderly depending upon their health condition and interests.

The population of the elderly has been rising. The budget provision for the old age pension scheme should be increased from time to time corresponding to the increase in the population of the elderly. The selection of persons should be made by local authorities and all eligible persons should be paid pension as due by the local authorities.

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<th>Check Your Progress III</th>
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<td>Note: Use the space provided for your answer.</td>
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<tr>
<td>1) List down four problem areas in disbursement of old age pension.</td>
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2.5 LET US SUM UP

In this unit, we studied the intrinsic and extrinsic factors that contribute to vulnerability among the aged persons. Health vulnerability is often accentuated if it is accompanied by social and economic vulnerability. Gender angle was also looked into. There is a wide variation among the group of aged people. Problems and concerns of specific population groups among vulnerable aged were looked into. Lastly, the response of the State and civil society organizations to curb destitution among the aged was described. Salient schemes and programmes like old age pension, Annapurna, old age homes, etc. were mentioned.
2.6 KEY WORDS

**Aged/elderly** : According to National Policy on Older Persons (1999) an individual attaining the age of 60 years or more is considered as aged/elderly. Across the world, there is variation in the cut off age at which a person is considered old. While in most developed countries 65 years is taken as a cut off mark of old age, in developing countries it may vary from 55 to 65 years.

**Vulnerability** : it is defined as the risk of being in problems/difficulties on certain contingent conditions that require support system other than those available. These contingency conditions could be poor health, stringent economic situation, lack of sufficient means to handle crisis and limited social support system.

**Destitution** : It is a state characterized by lack of the means of subsistence, total impoverishment or a condition of being extremely poor.

**Social Security** : It covers the programmes run by the state to provide mainly economic assistance to prevent or ameliorate the harm caused by contingent conditions like unemployment, disability, old age, death, etc.

2.7 FURTHER READINGS AND REFERENCES


3.0 OBJECTIVES

This unit aims at familiarizing the student’s with various concepts related to different groups in society.

By the end of this unit, you should be able to:

• describe the status of commercial sex workers;
• know the emergence and development of devdasi system in India;
• understand about transgender, and
• understand issues and problems of above groups.

3.1 INTRODUCTION

In India a person’s position in the society largely depends on family status. Individual have a self, family and community identity to which personal identity is subsumed. The focus of the self is not upon individuality but upon kinship. Concepts of individuality of a personal self separated from others are weak and in the context of identities and behaviors, they all have a central impact on the social construction of actual sexual behaviors.

There are specific understanding of what it is to be a man or women who are defined by socio cultural duties and obligation to the marriage partner, family and community. Men and women are not seen as adults until they are married and in the case of women have produced as a child. To be a single person or having any other identity after a certain age is often seen as shameful bringing dishonor to the family and is often seen as an aberration or sickness, being alone is judged negatively.

3.2 COMMERCIAL SEX WORKER

Prostitution is the act or practice of providing sexual services to another person in return for payment. The person who receives payment for sexual services is called a prostitute. Prostitution is one of the branches of the sex industry. The legal status of prostitution varies from country to country, from being a punishable
crime to a regulated profession. The most common form of prostitution involves men seeking female prostitutes. Prostitution is sometimes referred to as “the world’s oldest profession”.

“Prostitute” is derived from the Latin *prostituta*. Some sources cite the verb as a composition of “pro” meaning “up front” or “forward” and “situere”, defined as “to offer up for sale”. Another explanation is that “prostituta” is a composition of *pro* and *status* (to cause to stand, to station, place erect). A literal translation therefore would be: “to put up front for sale” or “to place forward”. The online Etymology Dictionary states, “The notion of ‘sex for hire’ is not inherent in the etymology, which rather suggests one ‘exposed to lust’ or sex ‘indiscriminately offered. The word ‘prostitute” was then carried down through various languages to the present-day Western society. Most sex worker activists groups reject the word “prostitute” and since the late 1970s have used the term “sex worker” instead. However, a “commercial sex worker” can also mean anyone who works within the sex industry or whose work is of a sexual nature and is not limited solely to prostitutes.

The commercial sex worker has been a universal being throughout civilization. The earliest known record of prostitution appears in ancient Mesopotamia. It is interesting to note that licensed brothels were established in Solon, Greece in around 550 B.C. The Indian Vedas, Vishnu Samhita and the Puranas abound in references to prostitution as an organized, established and necessary institution. Vatsyayana’s Kamasutra describes in detail various types of prostitutes, rules of conduct and the roles played by the procurer, pimp and brothel-keeper. Similarly, Kautilya in his Arthashastra declares the income of pimps, taxable. In the post-vedic era the custom of Devadasi (servants of God) system came into practice.

The word *prostitute* without specifying a sex may commonly be assumed to be female; compound terms such as *male prostitution* or *male escort* are therefore often used to identify males. Those offering services to female customers are commonly known as *gigolos*; those offering services to male customers are *hustlers* or *rent boys*.

In some countries, there is controversy regarding the laws applicable to sex work. For instance, the legal stance of punishing pimping while keeping sex work legal but “underground” and risky is often denounced as hypocritical; opponents suggest either going the full abolition route and criminalize clients or making sex work a regulated business.

Prostitution occurs in a variety of forms. Brothels are establishments specifically dedicated to prostitution. In escort prostitution, the act may take place at the customer’s residence or hotel room (referred to as out-call), or at the escort’s residence or in a hotel room rented for the occasion by the escort (called in-call). Another form is street prostitution. Sex tourism refers to travelling, typically from developed to under-developed nations, to engage in sexual activity with prostitutes. Sex trafficking, one type of human trafficking is defined as using coercion or force to transport an unwilling person into prostitution or other sexual exploitation.

According United Nations sex trafficking is the most commonly identified form of human trafficking and estimates that about 79% of human trafficking reported is for prostitution (although the study notes that this may be the result of statistical
bias and that sex trafficking tends to receive the most attention and be the most visible). Sex trafficking has been described as “the largest slave trade in history” and as the fastest growing form of contemporary slavery. It is also the fastest growing criminal industry, predicted to outgrow drug trafficking. While there may be a higher number of people involved in slavery today than at any time in history, the proportion of the population is probably the smallest in history.

Children are sold into the global sex trade every year. Often they are kidnapped or orphaned, and sometimes they are sold by their own families. According to the International Labour Organization, the occurrence is especially common in places such as Thailand, the Philippines, Sri Lanka, Vietnam, Cambodia, Nepal and India.

Types of Commercial Sex Workers

Call Girls

Call girls are commercial sex workers who are part-timers and are usually more educated, carry cell-phones, and are well groomed and cannot be compared to those living in brothels. They have more mobility, earn higher incomes and have some freedom in choosing their clients who are mostly from the middle and upper classes of society.

Escort Girls

The costliest end of the supply chain operates with high-class escort girls recruited from women’s colleges and from India’s burgeoning fashion and film industries. These commercial sex workers offer services for large sums of money and usually operate by way of a discreet introduction service. The boom in Internet services has seen the emergence of several snazzy websites, openly advertising escort girl services.

Devadasi System

Devadasi tradition or “sacred prostitution” is a form of sex work that dates back several centuries with the ritual found in written records even in the 12th century. The tradition involves a religious rite, in which girls and women are dedicated, through marriage, to different gods and goddesses, particularly to the goddess. It is seen now as a ruse to do temple duties, which mainly involve providing sexual services to priests and patrons of the temples.

Gigolos

Call it role reversal, or Western influence, or proof that sex revolution in India is in full swing—Indian gigolos or male prostitutes entertaining women for money have come to stay. Earlier, a large percentage of male prostitutes were the eunuchs or hijras. Now it can be a well-dressed male frequenting Internet community groups, coffee houses, swanky restaurants and multiplexes.

Child Prostitution

The ugliest face of the sex trade in many Asian countries is child prostitution. Given the phenomenal increase in sex tourism, the number is bound to have risen to frightening proportions. Poor families are tricked into selling their children to such work for meager sums. Their family members thrust sometimes girl children who are victims of incest into this trade. Apart from the many child
prostitutes working in Indian brothels, many more are tempted into the sex trade by sex tourists and pedophiles who offer children money and other rewards for sexual activities.

**Measures taken by government for eradication**

There is a need for national and global level co-operation to fight the menace of commercial sex work. This is an internationally organised crime and a global perspective and co-ordinated plan of action are necessary to deal with it. Central and state governments should put in place monitoring mechanism with the co-operation of other stakeholders such as hoteliers, tour operators and local authorities to ensure children’s safety. A comprehensive policy for dealing with the problem also needs to be worked out, with provisions for the rehabilitation of victims. There is need to give strong messages against sex tourism displayed at strategic places, publicising legal and penal provisions and cautioning potential sex tourists, and mandatory reporting by technicians, studio owners and agents who take on film processing works on sexually explicit, pornographic audiovisual materials that come to their notice.

The Government of India prohibits some forms of trafficking for commercial sexual exploitation through the Immoral Trafficking Prevention Act (ITPA). Prescribed penalties under the ITPA — ranging from seven years’ to life imprisonment — are sufficiently stringent and commensurate with those for other grave crimes. India also prohibits bonded and forced labor through the Bonded Labor Abolition Act, the Child Labor Act, and the Juvenile Justice Act.

These laws are ineffectually enforced, however, and their prescribed penalties — a maximum of three years in prison — are not sufficiently stringent. Indian authorities also use Sections 366(A) and 372 of the Indian Penal Code, prohibiting kidnapping and selling minors into prostitution respectively and to arrest traffickers. Penalties under these provisions are a maximum of ten years’ imprisonment and a fine.

**Immoral Traffic (Prevention) 1956 Act - PITA**

The Immoral Traffic (Prevention) Act or PITA is a 1986 amendment of legislation passed in 1956 as a result of the signing by India of the United Nations’ declaration in 1950 in New York on the suppression of trafficking. The act, then called the All India Suppression of Immoral Traffic Act (SITA), was amended to the current law. The laws were intended as a means of limiting and eventually abolishing prostitution in India by gradually criminalizing various aspects of sex work. The main points of the PITA are as follows:

- **Sex Workers:** A prostitute who seduces or solicits shall be prosecuted. Similarly, call girls can not publish phone numbers to the public. (Imprisonment up to 6 months with fine, point 8) Sex workers are also punished for prostitution near any public place or notified area. (Imprisonment of up to 3 months with fine, point 7)

- **Clients:** A client is guilty of consorting with prostitutes and can be charged if he engages in sex acts with a sex worker within 200 yards of a public place or “notified area”. (Imprisonment of up to 3 months, point 7) The client may also be punished if the sex worker is below 18 years of age. (From 7 to 10 years of imprisonment, whether with a child or a minor, point 7)
• Pimps and Babus: Babus or pimps or live-in lovers who live off a prostitute’s earnings are guilty of a crime. Any adult male living with a prostitute is assumed to be guilty unless he can prove otherwise. (Imprisonment of up to 2 years with fine, point 4)

• Brothel: Landlords and brothel-keepers can be prosecuted, maintaining a brothel is illegal. (From 1 to 3 years imprisonment with fine for first offence, point 3) Detaining someone at a brothel for the purpose of sexual exploitation can lead to prosecution. (Imprisonment of more than 7 years, point 6)

• Procuring and trafficking: A person procures or attempts to procure anybody is liable to be punished. Also a person who moves a person from one place to another, (human trafficking), can be prosecuted similarly. (From 3 to 7 years imprisonment with fine, point 5)

• Rescued Women: The government is legally obligated to provide rescue and rehabilitation in a “protective home” for any sex worker requesting assistance. (Point 21)

Public place in context of this law includes places of public religious worship, educational institutions, hostels, hospitals etc. A “notified area” is a place which is declared to be “prostitution-free” by the state government under the PITA. Brothel in context of this law, is a place which has two or more sex workers (2a). Prostitution itself is not an offence under this law, but soliciting, brothels and pimps are illegal.

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<th>Check Your Progress I</th>
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<tr>
<td><strong>Note:</strong> Use the space provided for your answer.</td>
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<tr>
<td>1) What do you understand by commercial sex worker and discuss their problems?</td>
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<td>2) What are the main reasons that has made the development of commercial sex work in Indian?</td>
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</table>
When we look across cultures, you will find that people have had a wide range of beliefs about gender. Some cultures look at people and see six genders, while others see two. Some cultures have created specific ways for people to live in roles that are different from that assigned to them at birth. In addition, different cultures also vary in their definitions of masculine and feminine. Whether we view someone as transgender depends on the cultural lenses we are looking through as well as how people identify themselves. To understand transsexuality, we have to understand the difference between sex and gender. While ‘sex’ represents physical differentiation as male or female, indicated by the external appearance of genitalia and the presence of gonads, ‘gender’ is the psychological recognition of self, and wish to be regarded by others, as fitting into the social categories such as boy/man or girl/woman. In short, sex is what one is seen as (external appearance as male/female) and gender being the identity is what one feels (playing the role of and living the life of male/female). The feeling of an incongruence between sex and gender is termed gender dysphoria. Transsexualism is the most extreme form of this disorder. These individuals feel themselves to be trapped in the wrong body (transsexual phenomenon). They need to adapt their phenotype with hormones and surgery to make it congruent with their gender identity. There are many terms coined for sex change surgery, such as sex reassignment surgery, gender reassignment surgery, sex reconstruction surgery, sex affirmation surgery, feminizing or masculanizing genitoplasty. There is a broad feeling that gender, being genetically hardwired into brain, is not subject to reassignment. It can at best be affirmed by bringing the external appearance (sex) of the person to become congruent with his/her gender. Thus, the most appropriate term may be gender affirmation surgery (GAS). Transsexuals undergoing female to male (FTM) transition are known as transmen and those undergoing male to female (MTF) transition are known as transwomen.

Transgender people are individuals whose gender expression and/or gender identity differs from conventional expectation based on the physical sex they were born into. “The transgender is an umbrella term which is often used to describe a wide range of identities and experiences, including female-to-male and male-to-female sexual reassigned persons, cross-dressers, drag queens, drag kings, gender queers and many more”. In other words transgender are those individuals who do not fit neatly into either the male or female category, or their behaviour is not totally congruent with the rules and expectations for their sex in the society in which they live.

Some speculate that fluctuations or imbalances in hormones or the use of certain medications during pregnancy may cause intersex or transgender conditions. Other research indicates that there are links between transgender identity and brain structure. Some people believe that psychological factors are the reason for the existence of transgender people. It is clear that there are people who are aware that they are transgender from their earliest memories. Many trans people feel that their gender identity is an innate part of them, an integral part of who they were born to be.

Transgender population has orientation towards feminity and they have their own social circle and community but when in-depth interview were taken and emotions were digged it was found that there is a lot of hurt, pain and grudges
for family and society but on the other hand an immense need to be loved unconditionally by someone and to provide nurturance and rear children. They have autonomy of their self and their community is more autonomous from the other sections of the society but they have more rigid rules in their community than other sections of society.

Indian mythology has in it, many references to altered sexual states. The name Ardhnanarishwara refers to God, who is half man and half woman, an androgynous deity. In various versions of Ramayana, there is reference to King Ila, who spent half his life as man and half as woman. In Mahabharata, Arjuna, one of the fiercest warriors of his time, spent a year of his life in intersexed condition. There is also reference to King Bangasvana, who was changed into a woman by Lord Indra, whom he had offended. Another reference during Mahabharata is to Shikhandini. He was born female, but raised like a man and trained in warfare. After an encounter with a Yaksha, Shikhandini came back as a man, was called Shikhandi and fathered children. The concept of the transgender in India has seen in the sculptures, epics of the Indian culture. Data from various recent sources estimates that, there are between 5 and 6 million transgender in India. Transgender in India have virtually no safe spaces, not even in their families, where they are protected from prejudice and abuse. Transgender community has been victim of various kind of prejudice, prejudice is translated into violence, often of a brutal nature, in public spaces, police stations, prisons and even in their homes. The main factor behind the violence is that society is not able to come to terms with the fact that Hijras do not conform to the accepted gender divisions. In addition to this, most Hijras have a lower middle-class background, which makes them susceptible to harassment by the police. The discrimination based on their class and gender makes the hijra community one of the most disempowered groups in Indian Society.

In the Asia and Pacific region this would include Hijras, some Kothis, Zenanas and Metis along with, perhaps a Kathoey, Waria, Bakla, Fa’fa’finis etc. because transgender is an umbrella term, it is often thought to be an imprecise term that does not adequately describe the particulars of specific identities and experiences.

Thus, Hijras are members of that community whose members are impotent men who dress and live as women; undergo emasculation and whose traditional way of earning a living is by collecting alms and receiving payments for blessing new born babies. They have their own language, known as ulti.

Laws and Rights

The transgender or hijra community is deprived of several rights under civil law because Indian law recognizes only two sexes which mean that Hijras do not have the right to vote, marry and own a ration card, a passport or a driving license, or claim employment and health benefits on the other hand the judicial system have many Acts which in spite of empowering the community works against them. The violence that the hijra community faces from the police can be traced to the 1897 amendment to the Criminal Tribes act of 1871, which was subtitled “An Act for the Registration of Criminal Tribes and Eunuchs”. Under this law, the local government was required to keep a register of the names and residences of all eunuchs who were “reasonably suspected of kidnapping or castrating children or committing offences under Section 377 of the Indian Penal Code”.
The law that is used most to threaten the hijra and kothi communities, as well as the homosexual community in India, is Section 377 of the IPC, which criminalizes “carnal intercourse against the order of nature with any man, woman or animal” even if it is voluntary. In effect, it criminalizes certain kinds of sexual acts that are perceived to be ‘unnatural’. The law, which has its origin in colonial ideas of morality, in effect presumes that a hijra or homosexual person is engaging in “carnal intercourse against the order of nature”, thus making this entire lot of marginalized communities vulnerable to police harassment and arrest.

Transgender people are often included in the LGBT (lesbian, gay, bisexual and transgender) community, which is increasingly aware of the need to address issues of gender identity and expression as well as sexual orientation. This alliance is important to our movement for civil rights. Around the country, laws, policies and attitudes are changing, making life better for transgender people overall. More and more employers, for example, now have policies which ban discrimination based on gender identity; they recognize that intolerance is bad for business.

The transgender movement is part of a long line of activism as people have worked to claim their civil rights in this country. Yet there is much work still to do. The discrimination that transgender people of color face is compounded by racism; lower income transgender people face economic challenges and classism. The work for transgender equality needs to address these critical issues as well.

### 3.4 DEVADASI

The term devadasi or jogini is of Sanskrit origin and denotes a female servant of deity. While widely used, the institution and these women were known by different names in different areas. Although there are differences between these ancient institutions of cult prostitution essentially they all involve religious dedication to a Hindu deity.

The system of dedicating girls in the name of religion is prevalent all over the world. Devdasis are dedicated to God, and Jogins are dedicated to Goddess Renuka. They are denied normal married life and are expected to serve the deity. All over the world, the institution of religion forms the normative structure of society. Its practical dimension is expressed in a number of ways in any given culture or society. Its doctrinal aspects, moral and social theology, philosophy, and dogmas give rise to innumerable forms of religious ceremonies, worship, rites, moral teachings and mystical experiences. There are also several religious customs and is known by different names at the local and regional level. For instance, in Goa, devadasis are called bhavin. They are also known as kudikar, bogam or jogin in Andhra Pradesh, thevardiyar in Tamil Nadu, murali, jogateen and aradhini in Maharashtra, jogati or basavi in Karnataka, ganika in Orissa and as nati in Assam. One reason for the different usage of terms could be the diversity of traditions followed and languages spoken all over India.

Devadasi tradition or “sacred prostitution” is a form of sex work that dates back several centuries with the ritual found in written records even in the 12th century. The tradition involves a religious rite, in which girls and women are dedicated, through marriage, to different gods and goddesses, particularly to the goddess
The genesis of the devadasi cult and its regional variations is usually traced back to agricultural societies where young girls were voluntarily dedicated to God by their families to ensure soil fertility and to secure blessings for the community as a whole. It is believed that this custom of dedicating girls to temples primarily emerged as a substitute for human sacrifice. Another theory is that the system emerged from the belief that offering something propitiates the deity. Devotees visiting shrines with problems such as bad health, poverty, barrenness, etc., often interpreted these as the wrath of the deity. They thus offered one of their daughters to the deity, and using the concept of divine desire, priests started demanding young girls from devotees.

The development and popularity of the devadasi system in south India has also been linked with the interaction between the brahmin patriliny and the strong tie of matriliny and matriarchal families in south Indian society. In the absence of a male heir to the family, women could temporarily revert to the system of descent through daughters (marumakkathayam). The daughter in turn was dedicated to the temple as a devadasi, among whom, descent was always in the female line.

Devadasis were originally a special and venerated group of women attendants, some of whom, like the Vestal Virgins of Rome, were dedicated to the temple at birth or when they were quite young. They were required to participate in almost all of the temple’s daily rituals and occasional ceremonies. It was a matter of prestige for the temples to employ devadasis in good number. Being in the service of the deity, the devadasi was accorded both ritual sanctity and social eminence. Important social occasions and functions were not considered auspicious and complete without the presence of a devadasi. She was a welcome guest at every marriage pandal, and it was the devadasi who prepared the tali (mangalsutra/marriage badge) for the bride. However, in many temples, the devadasis were sexually exploited and their earnings were collected by temple authorities. In contrast, city courtesans, who were usually highly accomplished entertainers were treated with deference they had a certain freedom of movement, in that they could defy social restrictions to a greater degree than other women.

The term tawaifs is a general one, but is chiefly used for Mohammedan girls, while the Hindu branch is usually called patar, patur, paturia (from Sanskrit patra-an actor). When they are nubile, the patar girls marry a pipal tree and then commence their career of prostitution. One of the numerous sub-castes is known as rajkanya, which appears to be only one, whose members actually dance in the Hindu temples.

Among the tawaifi the rites are interesting. The girl is taught to dance and sing when about seven or eight years old. At the commencement of her training, sweets are offered at a mosque and then distributed among Mohammedan faquirs. At the first lesson, the master receives a present of sweetmeats besides his pay. When the girl reaches puberty, certain rites and rituals are performed and the brethren are feasted and the girl is ready for her first paramour. After the price is fixed she goes to him, which rite is known as sar-dbankai, or ‘the covering of the head’. When she returns after her first visit, the brethren are again given sweets, after which follows the rite of missi or ‘blackening of the teeth’. She is dressed like a bride and paraded through the streets, afterwards attending a parry with singing and dancing.
There have been opinions about the genesis and growth of devadasi system. Here an attempt has been made to present a comprehensive review of the dominant schools of thought. Some researchers are of the opinion that probably the custom of dedicating girls to temples became quite common in the 6th century A.D7., as it results from the sacred texts Puranas written during this period and containing reference to it. Puranas recommended in fact that arrangements should be made to enlist the services of singing girls at the time of worship at temples. They even recommend the purchase of beautiful girls and dedicating them to temples (Gupta Giri Raj, 1983). There can be no denial of the fact that by the end of the 10th century, the total number of devadasis in many temples was in direct proportion to the wealth and prestige of the temple, as seen in sacred texts and travellers narratives. We can therefore state that even if the practice of consecrating young girls to temples was present since the 6th century, it only becomes widespread later, during the Rajput period, when devadasi were regarded as a part of the normal temple establishment and their number often reached high proportions.

Traditionally, in addition to their religious duties, the devadasis were a community of artists. They sang and danced in temples to please the gods, a task which was highly regarded. What in ordinary homes was performed by the low-caste musicians – ceremonies welcoming the bridegroom and guests, singing songs of festivity at marriages and puberty ceremonies, marriages etc. – were in the elite houses performed by the devadasi. The promotional advantages of a temple position for a professional career were obvious both in terms of publicity and income. The invitation to perform at marriages and other ceremonies in elite homes flowed from the artists’ special status as god’s servants. In this respect, the devadasi were clearly superior to low-caste drummers and musicians who were often also invited into private households.

It must be therefore emphasised that during this period, devadasi had very prestigious status, a consequence of their religious dedication and their proximity with the leading or ruling families in a community. As they played many types of roles in the ritual and religious life of the community, in reward they were given praise and financial support. In this light, “the devadasi represented a badge of fortune, a form of honour managed for civil society by the temple and permitted to develop the most intimate In this process the devadasis were able to bring considerable wealth and prestige to temples.

The children of devadasis do not face better conditions. Traditionally, a stigma is attached to devadasi children who are not perceived equal by the other members of their caste. The children of a devadasi cannot enjoy legitimacy and have no rightful father they can claim.

As they are very often marginalized, their mothers, fearing they will not have any future and that nobody will marry them, dedicate their daughters to become devadasis.

As a matrilineal-based practice, it is often assumed that girls enter the system on account of their maternal family’s long-standing participation in the tradition (Orr, 2000). In some regions it is believed that a devadasi must dedicate her own daughter, otherwise her funeral rites would not be held and her body would not receive the necessary honours (Chakrapani, 1991).
However, in spite of these attempts to fight the *devadasi* system, in remote backward areas of southern Indian States there are still many young girls who have been dedicated. Currently, *devadasi* practice has become a submerged, hidden practice and for this reason more difficult to tackle. NGOs active in fighting the *devadasi* system state that currently, due to the increase of government control in this direction, initiation rites are often conducted secretly, often far away from big temples (Heggade Odeyar, 1993).

The implementation of effective initiatives to tackle the *devadasis* marginalisation is not easier. Some social activists judge rehabilitating *devadasis* children in special schools promoted by the government as a practice that leads only to further isolation and segregation from other children (Asha Ramesh, 1993). Similarly the amount of money the government has decided to assign to whoever marries a former *devadasi*, instead of providing the victimized women with security and dignity, often seems to encourage unscrupulous people to marry these women and later trade them to brothels in big cities. Many rehabilitation programmes aiming merely to quantify results in terms of numbers of women rehabilitated, seem ineffective in the long term and even contribute to worsening *devadasis’ conditions.

In the institution of the *devadasi*, the sanctions provided by social custom and apparently by religion are strictly combined with economic pressure and contribute to keep this practice alive. The *devadasis* have to abide and inculcate cultural practices that sustain the distinctions and ‘ritual status’ in the caste hierarchy. The struggle against the *devadasi* system is difficult and arduous and needs the active role of several partners such as government, NGOs, field workers, social movements etc… This issue, given its complexity requires far more than isolated initiatives and interventions, such as heath and credit. An effective strategy should consist in a comprehensive approach, in order to address the multiple needs of the *devadasis*. As the *devadasi* system is directly linked to the low socio-economic status of lower castes, consistent efforts should be promoted to tackle questions of untouchability, caste conflicts and marginalisation at a wider level.

Particular importance should be given to promoting better awareness and attitudinal change among these women, an essential factor to facilitate social change among them and among the other members of community.

It should be stressed as well that the *devadasi* system has not only a social and economic basis but is directly anchored in rural traditions and presents therefore a strong cultural and religious dimension. The way towards the change of existing attitudes and mindsets in local communities is a long process requiring time and will often be reached by progressive stages.

The better comprehension of the former should be always kept in mind and should not be underestimated in any government initiative wanting to effectively oppose the *devadasi* system and its practices.

**Legislative initiatives**

The first legal initiative to outlaw the *devadasi* system dates back to the 1934 Bombay Devadasi Protection Act. This act pertained to the Bombay province as it existed in the British Raj. The Bombay Devadasi Protection Act made dedication of women illegal, whether consensual or not. According to this act, marriage by
a devadasi was to be considered lawful and valid, and the children from such wedlock were to be treated as legitimate. The Act also laid down grounds for punitive action that could be taken against any person or persons found to be involved in dedications, except the woman who was being dedicated. Those found guilty of such acts could face a year’s imprisonment, a fine, or both. The 1934 Act also provided rules, which were aimed at protecting the interests of the devadasis. Whenever there was a dispute over ownership of land involving a devadasi, the local Collector was expected to intervene.

In 1947, the year of independence, the Madras Devadasi Prevention of Dedication Act outlawed dedication in the southern Madras Presidency.

After the state government banned the system by implementing Karnataka Devadasis (Prohibition of Dedication) Act, 1982 and Rules, 1987, the authorities have registered only 45 cases. Of these, only one case in 2003 in Belgaum ended with three persons being convicted and two were imprisoned for two years and fined Rs 2,000 and the third was let off with Rs 1,000 as penalty.

The Karnataka Devadasis (Prohibition of Dedication) ACT, 1982

(Received the assent of the President on the eleventh day of January, 1984)

An Act to prevent dedication of women as devadasis in the State of Karnataka.

WHEREAS the practice of dedicating women as devadasis to deities, idols, objects of worship, temples and other religious institutions or places of worship exists in certain parts of the State of Karnataka; AND whereas such practice leads women so dedicated to a life of prostitution; AND whereas it is expedient to put an end to the practice;

BE it enacted by the Karnataka State Legislature in the Thirty-third Year of the Republic of India as follows:

1) **Short title and extent:**
   i) This Act may be called the Karnataka Devadasis (Prohibition of Dedication) Act, 1982.
   ii) It extends to the whole State of Karnataka.

2) **Definitions.** In this Act, unless the context otherwise requires,-
   a) “dedication” means the performance of any act or ceremony, by whatever name called, by which a woman is dedicated to the service of any deity, idol, object of worship, temple, other religious institutions or places of worship;
   b) “devadasi” means a woman so dedicated;
   c) “temple” means a place by whatever designation known, dedicated to, or used as a place of religious worship;
   d) “woman” means a female of any age.

3) **Dedication as devadasi to be unlawful:** Notwithstanding any custom or law to the contrary, the dedication of a woman as a devadasi, whether before or after the commencement of this Act and whether she has consented to such dedication or not, is hereby declared unlawful, void and to be of no
effect and any woman so dedicated shall not thereby be deemed to have become incapable of entering into a valid marriage.

4) **Marriage of devadasi:** Notwithstanding any custom or rule of any law to the contrary, no marriage contracted by a woman shall be invalid and no issue of such marriage shall be considered as illegitimate by reasons only of such woman being a devadasi.

5) **Penalty:** Any person who, after the commencement of this Act, performs, permits, takes part in, or abets the performance of, any ceremony or act for dedicating a woman as a devadasi or any ceremony or act connected therewith shall on conviction be punishable with imprisonment of either description for a term which may extend to three years and with fine which may extend to two thousand rupees:

Provided that where the person referred to in this section is the parent or guardian or a relative of the woman so dedicated, he shall be punishable with imprisonment of either description which may extend to five years but which shall not be 3 less than two years and with fine which may extend to five thousand rupees but which shall not be less than two thousand rupees.

**Explanation:** A person referred to in this section shall include the woman in respect of whom such ceremony or act is performed.

6) **Protection of action taken in good faith:** No suit, prosecution, or other legal proceedings shall lie against the Government or any person for anything which is in good faith done or intended to be done under this Act.

7) **Power to make rules**

1) The State Government may, after previous publication and by notification in the official Gazette, make rules for carrying out the purposes of this Act.

2) Without prejudice to the generality of the power conferred by sub-section (1) such rules may provide,-

a) for the manner of investigation of offences under this Act;

b) for custody, care, protection, welfare and rehabilitation of devadasis;

c) for any other matter which in the opinion of the State Government has to be prescribed.

3) Every rule made under this section shall be laid as soon as may be after it is made, before each house of the State Legislature while it is in session for a total period of thirty days which may be comprised in one session or in two or more successive sessions, and if, before the expiry of the sessions immediately following the session or the successive sessions aforesaid, both Houses agree in making any modification in the rule or both Houses agree that the rule should not be made, the rule shall from the date on which the modification or annulment is notified by the State Government in the official Gazette have effect only in such modified form or be of no effect, as the case may be; so however, the modification, or annulment shall be without prejudice to the validity of anything previously done under that rule.
8) **Repeal:** The Bombay Devadasis Protection Act, 1934, (Bombay Act 10 of 1934) and the Madras Devadasis (Prevention of Dedication) Act, 1947 (Madras Act 31 of 1947) are hereby repealed:

Provided that section 6 of the Karnataka General Clauses Act, 1899 (Karnataka Act 3 of 1899) shall be applicable as if the said enactments are repealed and re-enacted by this Act.

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**Check Your Progress II**

**Note:** Use the space provided for your answer.

1) **What do you mean by transgender and discuss the problems and issues of transgender people?**

2) **What do you mean by devadasi system?**

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**3.5 LET US SUM UP**

The commercial sex worker has been a universal being throughout civilization. The word *prostitute* without specifying a sex may commonly be assumed to be female; compound terms such as *male prostitution* or *male escort* are therefore often used to identify males. Those offering services to female customers are commonly known as *gigolos*; those offering services to male customers are *hustlers* or *rent boys*. In some countries, there is controversy regarding the laws applicable to sex work. For instance, the legal stance of punishing pimping while keeping sex work legal but “underground” and risky is often denounced as hypocritical; opponents suggest either going the full abolition route and criminalize clients or making sex work a regulated business.

Transgender people are individuals whose gender expression and/or gender identity differs from conventional expectation based on the physical sex they were born into. “The *transgender* is an umbrella term which is often used to describe a wide range of identities and experiences, including female-to-male and male-to-female sexual reassigned persons, cross-dressers, drag queens, drag queens, drag queens.”
kings, gender queers and many more”. In other words transgender are those individuals who do not fit neatly into either the male or female category, or their behaviour is not totally congruent with the rules and expectations for their sex in the society in which they live. Some speculate that fluctuations or imbalances in hormones or the use of certain medications during pregnancy may cause intersex or transgender conditions. Other research indicates that there are links between transgender identity and brain structure. Some people believe that psychological factors are the reason for the existence of transgender people. It is clear that there are people who are aware that they are transgender from their earliest memories. Many trans people feel that their gender identity is an innate part of them, an integral part of who they were born to be.

Devadasi tradition or “sacred prostitution” is a form of sex work that dates back several centuries with the ritual found in written records even in the 12th century. The tradition involves a religious rite, in which girls and women are dedicated, through marriage, to different gods and goddesses, particularly to the goddess. The genesis of the devadasi cult and its regional variations is usually traced back to agricultural societies where young girls were voluntarily dedicated to God by their families to ensure soil fertility and to secure blessings for the community as a whole. It is believed that this custom of dedicating girls to temples primarily emerged as a substitute for human sacrifice. Another theory is that the system emerged from the belief that offering something propitiates the deity. Devotees visiting shrines with problems such as bad health, poverty, barrenness, etc., often interpreted these as the wrath of the deity. They thus offered one of their daughters to the deity, and using the concept of divine desire, priests started demanding young girls from devotees.

3.6 FURTHR READINGS AND REFERENCES


Online Etymology Dictionary

http://www.perseus.tufts.edu/hopper/ Perseus Digital Library


UNIT 4  BEGGARS AND HOMELESS PEOPLE

Structure
4.0 Objectives
4.1 Introduction
4.2 Concept and Meaning of Begging
4.3 Beggars and Begging
4.4 Reasons for Begging and How to Remove
4.5 Homeless People
4.6 Causes for Homelessness
4.7 Remedy of Homelessness
4.8 Let Us Sum Up
4.9 Further Readings and References

4.0 OBJECTIVES

It is significant to note that in many cases homeless people lives in a sewers. This is not only the case of India or the developing countries but also developed countries. It is reported that there were two million homeless people migrating across the United States. What is more depressing is that in a world which boasts of development and growth, if there are some who are homeless then it needs to be taken note of seriously. It is here the role of the social workers which becomes very crucial.

In this unit an attempt has been made to provide you with the explanation of the following:

a) A basic understanding of begging and beggars;

b) An explanation of the reasons and the causes for some people taking to begging or forced into begging;

c) What can be some of the responses to begging if it is considered to be a social issue;

d) Along with begging, this lesson also discusses the social issue of homelessness. You will be given an idea of what it means to be homeless;

e) The lesson also would present the reasons for homelessness;

f) It would also explain to you the cure possible for homelessness.

Through these explanations, you are invited to understand the various aspects of begging and homelessness and also gather some idea of the cause for these two social issues and also explore some responses.

4.1 INTRODUCTION

There is a proverb that beggars cannot be choosers. Some to emphasis this point would even go to the extent of saying beggars cannot simultaneously be choosers. This goes to say that begging and thus beggars are a reality in many parts of the
world. Beggars are mostly found on the cross roads, near the temples, mosques and churches, in the railway stations and tourist centres. Those who visit the Saibaba Temple in New Delhi would be overwhelmed by the number of beggars there on all days, especially on Thursday. There are some people who consider beggars as social and economic evil of a country like India.

Some want very stringent action against them. Hence, one can hear very often statements like ‘War on beggars’. The Chandigarh Administration has come out with an action plan to do away with beggars in the town. There are others who take pity on them and provide something to them. But a question is raised, does this pity or good gesture further promote begging. Moving from these categories of people there are others who try to go into the root cause of begging and try to respond to this evil in the Indian society. These people also feel that so far no concrete step has been taken to mitigate the evil.

Like begging there is another social issue which is very prevalent in India, that is, homelessness. Homeless people in many countries are on the increase. It is the case in India too. It is reported that there are over 13 million homeless people in India alone. This is really high in a country which is supposed to be having a growth rate of 9 per cent. Even after planned development if there are millions of people who are homeless, then there is something that all the citizens of the country should seriously address.

### 4.2 CONCEPT AND MEANING OF BEGGING

‘In a drive that began in April, ahead of the Commonwealth Games scheduled for October 2010, the Delhi Government sent back beggars found on the streets of the National Capital Region to the towns and villages from which they migrated. Firm about dealing with the ‘social menace’, the government formed 13 teams to round up beggars and declared 12 “zero-tolerance zones”. Two mobile courts were in operation to prosecute beggars’. This news that appeared in the Frontline July 2nd, 2010 focused on one of the age old social issue of India. One can go into the merit of the governments stand on this issue or one can examine this issue at length. But what is not sure what would be the situation after the Commonwealth Games is over.

Begging is to request a donation in a supplicating manner. Beggars are commonly found in public places such as street corners, public transport, places of worship, places of entertainment, public gathering where they request money, most commonly in the form of spare change. They may use cups, boxes or hats to collect the donations. Some would also sing or do acrobatics to attract the attention of those who are passing bye. Those who beg also invent various methods to beg. For instance, instead of just begging, some would clean the vehicle and then demand for money. There are various techniques for begging some of which are current techniques but some are age old. In the United States of America begging is called panhandling.

Historically speaking begging has been in practice in most parts of the country. While in some countries begging has been banned or responded to, in countries like India, begging is still in practice. Even in India there has been attempt to ban begging, it is more sporadic and on occasions when the foreign nationalities to come to India. There has not been a serious attempt to examine the causes behind people begging and hence no attempt to find ways to address this social issue.
Needless to say that begging is a conceptually complex and contested term. Especially when begging is associated with criminality and when the beggars are seen as lazy escaping from hard work or that they are looking for easy money then it is difficult to sociologically understand the concept. Moreover, when the beggars are seen as bringing disrepute to the country and society then or perceived to be threatening then it is difficult to make an objective social analysis.

While looking at the issue on a superficial level, one can propose a war on begging, it is expedient to look into the deeper causes behind this social issue. There are reports that poor people opt for begging as a living strategy propelled by poverty, economic insecurity, ill-health and ageing. Begging may be necessary to better respond to food and cash hardships in poor landless households in rural settings. It is neither a deliberate act of avoiding work nor an institutional tradition.

Other studies have brought out this fact that some elderly people have confessed that they have to make a living from begging since his sons refused to offer support. If the sons are economically well off and do not want to care for their parents then it is ok. But if they themselves can not take care of their children they may find their parents to be a burden and then turn them out. Many of these types of people one can see begging in many parts of India. Further, for poor households, it may be a precursor to another, more permanent way of making a living, or it may be an enduring phenomenon. Hence, it is sociologically pertinent to go into the root causes of some people becoming beggars and address that.

It is often stated that all human rights start at home. But this is possible only if one has a home. It is home which gives stability to individuals and families. It is home which gives identity to people. But those who do not have homes are deprived of every other right since they do not even have shelter over their heads. It is in this background that one discusses homelessness.

Though owning a home is seen as one of the fundamental rights, in reality millions of people all over the world are deprived of home. According to the United Nation’s report, in 2005, an estimated 100 million people worldwide were homeless. Though this is shocking, one need to be aware of the fact that this number indicates only those who are reported. In many of the developing countries, no census of the homeless people is taken and hence this number could be even higher.

If we examine the national scenario, it is a well known fact that both the public and private sectors have eluded the deprived segments of population, particularly in the rural areas in meeting their shelter needs. Interestingly, even specialised institutions remain unreachable to the poor borrower as they insist on considerable property or monthly household savings. If this is the case with private financial institutions, it is all the more the case with the public sector financial institutions. Moreover, all the financial institutions are maximising returns from any environment and hence do not consider lending to the poor as productive. Thus, the poor loose out on all accounts, even in the housing need.

The fact is that even specialised rural housing finance agencies cater to a fairly well-off segment of the rural clientele is evident from the average dwelling cost. Those who are from the lower income group cannot even think of procuring a house in these places. In that case, the poor are forced to end up as homeless
people. This is the case in rural and urban areas of India. There are some who own houses in the rural areas where their land is, they also have a house in the district town, the state capital and even in the national capital. But there are others who even do not own a hut of their own.

It is expedient to state here that among the various social issues that haunt the Indian society and polity, it is begging and homelessness that receive scanty attention. This is also seen in the lack of research material, published books or articles or commentaries on these two issues. As social workers we can try to fill this gap by doing some research on these two social issues.

### 4.3 BEGGARS AND BEGGING

In some countries begging is much more tolerated and in certain cases encouraged. In many, perhaps most, traditional religions, it is considered that a person who gives alms to a worthy beggar, such as a spiritual seeker, gains religious merit. Most of the religions world over adhere to a mendicant way of life that is living by begging. For example the Hindu ascetics, the monks in Catholicism, some Sufi saints and the monastic orders of Buddhism practice begging as a way of life. In most of these religions, these ascetics and monks would beg for food while they preached to the villages. In all these religions the rich were encouraged to serve the poor.

In many Hindu traditions, spiritual seekers, known as sadhus, beg for food. This is because activities like agriculture and business etc are regarded as a materialistic distraction from the search for moksha or spiritual liberation. Begging, on the other hand, promotes humility and gratitude, not only towards the individuals who are giving food, but towards the Universe in general. This helps the Sadhus attain a state of bliss or Samadhi.

In Hinduism, old men, having lived a full life as a householder in the world, frequently give up materialistic possessions and become wandering ascetics or Sadhus, spending their last months or years seeking spiritual enlightenment. Villagers gain religious merit by giving food and other necessities to these ascetics.

In Buddhism, monks and nuns traditionally live by begging for alms, as did Gautama Bhuddha himself. Among many other reasons, one of the compelling reasons is that this would help others to gain religious merit by giving food, medicines, and other essential items to the monks. The monks seldom need to plead for food. In many villages and towns in many Buddhist countries, householders can often be found at dawn every morning streaming down the road to the local temple to give food to the monks.

While what is dealt in the above paragraphs deals with begging as a spiritual motive, this lesson deals with begging as way to survive or as a profession. There is also a long traditional of rather less spiritual beggars, in India and elsewhere, who are simply begging as a means to obtain material wealth. Some are even beggars for generations, and continue their family tradition of begging. A few beggars in the subcontinent even have sizable wealth, which they accumulate by “employing” other, newer beggars. They can claim to have territories, and then may engage in verbal and physical abuse of encroaching beggars.
Literally speaking, to beg means to ask for money or food from others; in other words a beggar is a very poor, penniless person whose survival depends upon others. The common understanding is that a person who had become suddenly penniless or bankrupt, jobless and directionless must have naturally turned into a beggar. Similarly, a person who was earning his wages on daily labour who was hardly hit and maimed by a sudden accident and lost his limbs and who had no moral and material support must have turned into a beggar. These groups of beggars can be seen in many parts of India.

There are many children who were born out of wedlock and were later forsaken by their parents remain uncared for by anyone. This group of people also taking to begging for short time or life long. Similarly, aged parents who were forsaken by their wards must have turned into beggars. Agriculturists or weavers who were hard hit by famine must have migrated from their native and on their failure to find a suitable job for them in a new place must have turned into beggars. Similarly, children who had physical deformities on their birth perhaps who were born dwarfs, with no or twisted limbs or hips who were forsaken by their parents had no other go but turned into beggars. Thus social and economic factors play a vital role in forcing in many cases or in some cases goading people to turn into beggars.

Begging may be done in various ways and places. Due to the density of people who come and go to public places like the railway stations and bus stands many who beg stand near these places and beg. Some stand near the restaurants and beg when people come out of eating. There are others who stand near an ATM and solicit people coming out of these. It is also done when people come out of store or malls today. Some extend their head and both arms, or even the hand, into a car window to solicit money. Few of them stand near the movie theatres and beg as people come in or go out.

As stated above, beggars in India are mostly concentrated in the outskirts of the Hindu temples, Muslim mosques and Christian churches, with their begging bowls. It is the fervent hope of the beggars that people who visit these places out of piety will always have some sympathy towards these hapless people and will certainly come forward to give away their alms into their begging bowls. While this hope of the beggars is fulfilled in most cases, the devotees who visit these places of worship are also beginning to see beggars as a nuisance.

According to the Social Welfare Department, Delhi has an estimated 60,000 beggars. Of them, 30 per cent are below 18 years of age; 69.94 per cent are males and 30.06 per cent are females. But non-governmental organizations say that there are more than 100,000 beggars in Delhi. It is also reported that 90 per cent of the beggars in Delhi were migrants from Rajasthan, Uttar Pradesh and Bihar, pushed to the national capital by poverty. For this whopping number of beggars the Delhi government has built 12 shelters, which can house only 2,200 inmates. What would happen to the rest if the government wants to rehabilitate them.

Instead of looking at this social issue in its totality, the government has taken recourse to legal provisions. As early as 1950s the government enacted the Bombay Prevention of Beggary Act, 1959. Now the Delhi government is also taking recourse to this act. Though an act was passed to prevent begging but no efforts were made to strike at the root cause of begging or why people are forced to become beggars.
Check Your Progress I

**Note:** Use the space provided for your answer.

1) What is your understanding of the social issue begging?
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2) How serious is this issue in India?
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**4.4 REASONS FOR BEGGING AND HOW TO REMOVE**

While the reasons for begging and the cure for this social issue is still evading all of us it is interesting to note that begging is an universal phenomenon and the state and society need to grapple with this social issue. Here the role of the social workers, the NGOs and the civil society becomes very crucial. In Chicago, there are a number of signs at regular intervals reminding people that peddling is banned. This rarely dissuades the beggar, and the constitutionality of such bans has not been firmly established by case law. In 2004, the city of Orlando, Florida passed an ordinance (Orlando Municipal Code section 43.86) requiring beggars to obtain a permit from the municipal police department.

It is also reported that in May 2010, police in the city of Boston started cracking down on beggars in the streets, and were conducting an educational outreach to residents advising them not to give to panhandlers. The Boston police distinguished aggressive begging versus passive beggars of which an example is opening doors at store with a cup in hand but saying nothing.

It is reported that in Europe, women from the poorer countries of the continent are sometimes forced by organized gangs to beg in cities and the proceeds being collected by the gangs. In Japan the Buddhist monks are allowed to appear in public when begging for alms. Otherwise, street begging is generally not practiced, even by that nation’s estimated 24,000 homeless people.

A common criticism of beggars is that they spend money received on irresponsible or unnecessary items, particularly on drugs, alcohol or tobacco. This is often
stated as a reason for not giving money to beggars in all parts of the world. Also, in many communities in developed countries, various state and private charitable social services may be available such as welfare centres, soup kitchens, homeless shelters and day shelters that may reduce any survival need for begging. Here the role of the NGOs and social work organizations is crucial.

There is no denial of the fact that the problem of beggars is a social evil and an affront on the national prestige of India. The Indian Government should take immediate steps to eradicate it. But this is only one side of the story. It is important to see why there are beggars and why they take to begging. If this has to be done, it is pertinent to see begging as social issue and not as a social evil. Moreover, it is also important to see that it is not only the state but the society also has to play a crucial role to address this issue from the root and do away with it once for all.

Further, all of us frown at the very idea of thinking about the beggars, because ‘begging’ is considered as demeaning and lowly. Generally it is the human tendency to look down upon people who are begging in the streets and public places. It becomes all the more demeaning and shameful when beggars run after foreigners and demand for money. But mere rules and regulations are not going to do away with this social issue. It has to be addressed with broader understanding and multiple strategies.

At this juncture it is pertinent to raise the question in this lesson, ‘why does a person beg?’ From all the evidences that exist there may be the following reasons why a person begs: a) person may beg because he or she is downright lazy and doesn’t want to work; b) he or she maybe an alcoholic or a drug addict in the hunt for financing his next drink or dose; c) he may be at the exploitative mercy of a ring leader of a beggary gang; d) there is also the probability that he may be starving, homeless and helpless; e) there may be also people who may begging for time being as they are reduced to homelessness or poverty and once their situation is better they move out of begging as an occupation; f) there are also people who exploit the philanthropic sense of the others and want to lead a life without work but all their needs taken care.

Deeptima Massey, Abdur Rafique, Janet Seeley based on the data collected on begging in rural India and Bangladesh state that in both Bangladesh and West Bengal, widows without any support from sons, and those who were landless, were compelled to migrate for this work. These women, who often engage in begging, spend most of their time living on the streets, in forests, night shelters or day centres. Hence, it is imperative not just look at beggars but address the issue of begging as problematic and deal with it in its totality.

**Legal Measures**

Let us now assess some of the legal measures undertaken by the state authorities and see their outcome. This is done not to point finger at anyone but to draw lessons from what has been done so far.

The administration of Union Territory of Chandigarh came up with the following rules to do away with begging. “An extensive drive would be launched by the police in association with SDMs and NGOs to prevent the practice of begging in city. The strategic locations identified for the drive are Sectors 15, 17 and 37, Fun Republic, and Manimajra and Sector 20 roundabout. These spots would be
raided to nab any persons found begging by flying squads to be constituted for
the purpose”.

The drive had the following provisions too, “The beggars would be booked under
the provisions of Haryana Prevention of Beggary Act, 1971, the Juvenile Justice
(Care and Protection of Children) Act, 2000, and sent to the certified institutions
like Nari Niketan, Old Age Home, Sector 15 and the Juvenile Home, Sector 25,
Chandigarh after obtaining the necessary orders from the court. The Home
Secretary has directed the SSP to launch the drive at the earliest. A meeting was
convened by Home Secretary-cum-Secretary Social Welfare to evolve a
mechanism to check the menace of begging in the Union Territory of Chandigarh.
The Haryana Prevention of Beggary Act, 1971, has been extended to the Union
Territory of Chandigarh.”

One can go into the merit of these steps by the Chandigarh administration. But
what is important to note is that this move came soon after Hindustan Times
highlighted the ‘menace of beggars’ in Chandigarh. The NGOs were also roped
in this drive to do away with the beggars from Chandigarh. These legal provisions
may do away with the beggars for time being but may not address the issue of
begging totally.

The draft Andhra Pradesh Prevention of Begging Rules, 2006 also tries to address
the issue of begging but much more in terms of imposing rules than with the
effort to look into the root cause and deal with the issue for ever. “Any Authorized
Officer may arrest without warrant any person who is begging in public place.
The Municipal Commissioner/Local Body shall provide necessary assistance to
the authorized officer in identification of beggars, arresting them and to produce
before the Court. Necessary official machinery and transport may be provided
by the local bodies, to the authorized officer wherever required. The persons so
arrested may be informed as soon as may be, the grounds of such arrest and shall
be produced with in a period of 24 hours of such arrest excluding the time
necessary for the journey from the place of arrest to the Court, together with a
report explaining the circumstances under which the arrest was made.”

These rules have one merit which needs to be acknowledged here. That is, the
beggars identified/arrested may be classified into the following categories with
the help of a Medical Officer, wherever it is required; a. Diseased and Leprosy
effected, b. Disabled, c. Mentally unsound, d. Minors, child beggars and street
children, e. Aged, f. Able bodied and g. Any other. This categorization helps in
dealing with the different types of beggars differently.

Most of the prevention of beggary rules have the provision for training the beggars
who are placed in special centres. The Andhra Pradesh Prevention of Begging
Rules, 2006 has this provision. “Arrangements shall be made to impart elementary
education, training in arts and crafts, training in agriculture and poultry,
establishment of an industry and primary education to the inmates.” But if these
provisions are really put into practice is something that needs to be addressed
seriously.

In 1990, the College of Social Work, Bombay had said: “There are several sections
mentioned under the office record supposed to be for the purpose of training and
occupation of the inmates. However, it is obvious that the so-called ‘facilities’
Areas of Philanthropic Social Work-I

are just a misnomer for utilising free labour for the cleaning, upkeep and maintenance of the home. The so-called areas of training are actually inoperative. These are are, for the male section, pin-making, tailoring, broom-making and weaving. In the female section, out of the facilities of broom-making and tailoring, only tailoring is in operation”. Hence, even if there are very progressive laws but are not put into practice then there is no remedy to this social issue.

While beggars are considered as social and economic evil of a country like India, so far no concrete step has been taken to mitigate the evil. Whatever is being done is sporadic and inadequate that it does not have lasting impact. However, there have been some initiatives from some states like Tamil Nadu as early as in the 1970s. Homes were set up for the rehabilitation of beggars especially those people who are incurably suffering from leprosy. Around the year 2000, a scheme was launched by the Tamil Nadu Government called ‘Thottil Kuzanthai Scheme’, according to which the Tamil Nadu Government had adopted the illegitimate children that were forsaken by their parents. But considering the number of people who are on the increase and turned into beggars, these schemes simply paled into insignificance and the problem of beggars looms large.

It may even be shocking to note that beggars due to their physical impairments have been even exploited by the antisocial elements for earning more money in an organized way. Rowdy and antisocial elements even recruit and operate a network of beggars and earn a lot of money. They do it in an organized way by training them and directing them where to do and how to do etc so as to earn the sympathy as well as the money from the people in a systematic way.

We have seen in the forgoing pages that most of the rules enacted to prevent begging do not draw distinctions among the different kinds of beggars. But if one pays attention to the laws that are enacted, there is enough scope to treat them differently as, indeed, they should be. Let us try to spell this out a bit more. It is possible that the professional beggars who find it easier to beg than to work could appropriately be dealt with by detention in a certified institution. They can be provided with employment facilities so that they give up begging altogether and lead a normal life. But, “begging” is not the problem when it is addiction, or exploitation, that drives the person to the act of begging. In this case, the person who is addicted to begging or forces others to beg and lives on their plight, serious de-addiction programme should be worked out for these categories of beggars. It is not only some deaddiction programme but long term rehabilitation programme need to be contemplated.

As for those driven to beg for alms and food as they are starving or their families are in hunger, these are people who are driven by poverty or misery take up to this occupation. It is mere survival for these groups of people. For any civilised society to have persons belonging to this category is a disgrace and a failure of the state. In that case, the state has the responsibility to address this issue from its root. But it is a fact that begging is not just a state issue it is also a social issue. In that case, it is important that the state and society jointly address this issue and look for ways and means to do away with it once for all. Needless to say that the role of the social workers, NGOs and private enterprises become crucial here.
Beggars and Homeless

Beggars Home are certified institutions where a person convicted of begging is lodged. These institutions are administered under the Bombay Prevention of Begging Act, 1959. Organised begging, which often involves maiming, is widely seen as being exploitative and coercive, but there is a startling lack of documented evidence on this. The Indian Penal Code (Section 363 A) deals with the kidnapping/maiming of a minor for purposes of begging. However, the police seem intriguingly unwilling to use this, preferring to book ‘unwanted elements’ like homeless people/drug addicts in their area under the Bombay Act, as their responsibility then stops with the arrest. Thus, the current institutionalised approach to beggars merely serves to punish destitute people without aiming to help or reform them. Driven to begging, these people — often unemployed, aged people, people with physical disabilities or drug problems — remain helpless.

Beggary laws also suffer from faulty implementation. The criteria employed by the social welfare department and the police to identify and pick up beggars are arbitrary and unfair. Mistakes abound and often those who look unkempt and miserable are rounded up despite their protests.

The problem of beggary in India needs to be addressed cohesively, involving sustained, long-term and collective action. Political will, the efforts of local administrations, NGOs and the public will all need to come together to achieve this aim.

Check Your Progress II

Note: Use the space provided for your answer.

1) What are the reasons for begging?
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2) What are some of the possible remedies to address the issue of begging in India?
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4.5 HOMELESS PEOPLE

A homeless person is usually the one who does not have his/her own dwelling and must resort to living in temporary placements. Homeless persons are those who live on the streets. Person living in a shelter and who does not have a place in which to reside at point of discharge from these temporary shelters. Homelessness is the condition and social category of people without a regular house or dwelling because they cannot afford, do not desire, or are otherwise unable to maintain regular, safe, and adequate housing, or lack, “fixed, regular, and adequate nighttime residence.” This is how the United States Department of Housing and Urban Development understands homelessness. The actual legal definition varies from country to country, or among different entities or institutions in the same country or region.

The term homelessness may also include people whose primary night time residence is in a shelter for the homeless, or in an institution that provides a temporary residence for individuals intended to be institutionalized, or in a public or private place not designed for use as a regular sleeping accommodation for human beings. One can also see in many town and cities homeless people taking shelter under the bridges and flyovers both during the day and nights.

Some estimate that there are about 100 million homeless people worldwide. This is no doubt a huge number. But what is more important to take note of is that this number is on the increase. Due to lack of census done on the homeless most of the data at present are estimates only. Let us look at the estimates for some of the countries so as to focus our discussion on this social issue. The National Coalition for the Homeless of the United States estimates that in the year 2002, there were about 3.5 million homeless people in the US. What is more depressing is that out of these over 39 per cent are children.

According to the Australian Population Census data 2001, there were about 99,900 houseless people in Australia. Here the situation seems to be improving. Because the number of homeless in 1996 was estimated to be 105,304, which has declined in 2001. This goes to say that those countries who have taken adequate measures to address this social issue have done better in terms of reducing the homelessness.

There is lack of accurate data when it comes to the number of homeless people in India. But there are estimates which give some idea of the issue at hand. 2001 Census report estimates that there are 13 million homeless in India. Further, it is estimated that there are up to 150,000 people homeless in Delhi alone. One can argue that in a metropolitan town where there are millions of people, 150,000 people being homeless are not a very serious issue. But if one looks at from the point of view of the homeless then the argument would take a different turn. What is more intriguing is that in a metropolitan town where there are 150,000 homeless people there is room for only 6,000 in night shelters.

Thus, homelessness is a growing problem around the globe, affecting both the industrialised and developing worlds. This was highlighted by the Special Rapporteur on Adequate Housing Miloon Kothari in the 61st session of the United Nations Commission on Human Rights. Interestingly, the issue of homelessness has figured in the discussions of the United Nations. But in terms of long term response not much has been done.
The United Nations Centre for Human Settlement (UN-Habitat) wrote in its Global Report on Human Settlements in 1995: “Homelessness is a problem in developed as well as in developing countries. In London, for example, life expectancy among the homeless is more than 25 years lower than the national average. Poor urban housing conditions are a global problem, but conditions are worst in developing countries. Habitat says that today 600 million people live in life- and health-threatening homes in Asia, Africa and Latin America. The threat of mass homelessness is greatest in those regions because that is where population is growing fastest.

**Problems of the Homeless**

Let us at this juncture identify some of the problems faced by people who are homeless:

- The basic problem of homelessness is the human need for personal shelter, warmth and safety, which are very vital for human existence and well being
- Personal security, quiet, and privacy, especially for sleeping
- Safekeeping of bedding, clothing and possessions, which may have to be carried at all times
- Hygiene and shaving facilities
- Cleaning and drying clothes
- Obtaining, preparing and storing food in small quantities
- Keeping contacts, without a permanent location or mailing address
- Reduced access to health care and dental services
- Limited access to education
- Increased risk of suffering from violence and abuse
- General rejection or discrimination from other people
- Loss of usual relationships with the mainstream
- Not being seen as suitable for employment.
- Reduced access to banking services
- Reduced access to communications technology
- Hostility from the public since the homeless people occupy public space
- Legal powers against homeless people.
- Above all, the homeless people are often faced with many social disadvantages also, reduced access to private and public services and reduced access to vital necessities.

Thus, homeless people are a segment of a population of a country who are totally at a disadvantaged position. They are much prone to violence. Due to the total insecurity that they experience, they become violent by nature. But there have been many violent crimes committed against the homeless. Some of the studies report that the rate of such crimes is increasing.

While some homeless have paying jobs, some must seek other methods to make money. Begging is one of the options before them. But since begging itself is
becoming increasingly illegal in many cities, the homeless people can not opt for this. Despite the stereotype, not all homeless people beggars, and not all beggars are homeless.

There are many places where a homeless person might seek refuge. Outdoors: On the ground or in a sleeping bag or in a tent, or improvised shelter, such as a large cardboard box or a dumping area in a park or vacant place. The homeless also seek refuge in public places like railway yards, stations, bus stands, garbage dumping grounds, burial grounds or in abandoned or condemned buildings. Some of the homeless persons also take resources to squatting that is staying in an unoccupied house where a homeless person may live without payment and without the owner’s knowledge or permission.

In some places, shelters for the homeless are opened by the government, NGOs or voluntary agencies and religious trusts. For example, the Columbus School in New Delhi opens the school premise during winter time for the homeless people to come in at night and use the facilities and leave the school next day morning. More and more homeless people are seen to be taking shelter in the underground tunnels. Some of them make these places as their permanent residence. What is more disheartening is that some people take shelter in and near sewerages. This is the worst form of human existence.

Check Your Progress III

Note: Use the space provided for your answer.

1) What are some of the problems faced by homeless people?

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4.6 CAUSES FOR HOMELESSNESS

Increased wealth disparity and income inequality have led the issue of homelessness into an alarming scale. While some people live in their palaces some even don’t have access to even a shelter. People who don’t have any home of their own are termed as ‘homeless’. There are some people who try to get their own home but destiny has something else in store for them. People are unable to pay rent and for that they are homeless. Housing has become unaffordable. But this is also a fact that there are some who have many homes and whose major income incomes from renting out their homes.

As stated above, 2001 census estimates that there are 13 million homeless people in India. Not only that, each of these have at least 5-6 members dependent on them and that makes sense that a huge section of India does not have accommodation. Despite India being a welfare state, all these people do not
have any roof over their head. In many cases, most of these people are those who work for the upkeep and wellbeing of these urban centres, they themselves become homeless. The construction workers during the construction of massive buildings use the premise for their stay. But once the building is over they are on the streets and become homeless.

All major cities of India have huge number of homeless people. As stated above, in Delhi alone 100,000 people are homeless. Delhi government claims to offer Rain Basera to the homeless. But the fact is that these could accommodate only 6,000, which means the rest of the homeless are left to fend for themselves. Further, these shelters are open only during winters and not the rest of year. It’s true that homeless people need shelter during winters more desperately than other season but during Monsoon their situation becomes pathetic. Many homeless die every year because of chilling cold. Their unclaimed bodies are deposed by NDMC and Delhi police without any sensitivity attached. In the year 2009, the Delhi police had collected 3,040 such unclaimed bodies. Now, it is an accepted data that every year around 3,000 homeless people die in Delhi.

Looking into causes of homelessness the major reason is lack of employment. However, other reasons like mental illness, domestic violence, abandoned by family, natural disaster, and other human made calamities too are accountable for homelessness. Children who were born out of wedlock are also a major segment among the homeless people. Due to lack of parental care, the children from these backgrounds are forced to opt for homeless living. This leads them to many other unhealthy areas.

Another fact that is being observed in many parts of the world as well as in India is that the people who were living in sub-urban areas or shanty towns or slums are lured into selling their poor dwelling places to the builders and developers. Also, as real estate prices and neighborhood pressure increased these people were asked to move out of their areas. These processes had the evil consequence of putting most of their residents in the streets. It is also found that some of these people were lured by money and drinks and were asked to dispose of their meager dwelling place. Some among them found alternative housing sites. But the others squandered the money and became homeless. In these cases, it is not only the individual but the entire families have become homeless.

Thus, it has been pointed out that by the mid-1980s, there was also a dramatic increase in family homelessness. Tied into this were an increasing number of impoverished and runaway children, teenagers, and young adults, which created a new sub-stratum of the homeless population. It is this population, especially the children who came to be known as street children or children at risk. Many social work agencies sprang up to respond to them. Along with the children there are also the street youth who are people of concern for any state or society. In 2002, research showed that children and families were the largest growing segment of the homeless in America and this has presented new challenges, especially in services, to agencies.

However, modern homelessness, started as a result of the economic stresses in society, reduction in the availability of affordable housing for poorer people. It has been analysed that housing schemes, loans for housing etc had great boon in a thriving economy in both developed and developing countries. At that time,
real estate business flourished. But in course of time, housing business itself led to bankruptcy. The unpredicted economic crisis in the recent past reduced the scope for employment and many people became unemployed and underemployed. Those who had borrowed money for various occasions were forced to sell even the poor house sites they had to pay back the loan. Not able to do this they were pushed to join the multitude of homeless people.

Homelessness is on the increase during the period of draught, famine, and other human made and nature made disasters like floods, cyclone, earthquake etc. Tsunami that struck the Indian Ocean on 26th December 2004, left 12,000 people dead and made over 3 million people homeless. Due to immediate rescue and relief of the Government, more casualties were avoided. With the recurrent nature of disasters, it is expected that many more people would be displaced and some among them eventually would become homeless.

In a nutshell the reasons for homelessness can be articulated as following:

- Non-availability of employment opportunities
- Poverty caused by many factors including unemployment and underemployment
- Lack of affordable healthcare
- War armed conflict
- Mental disorder, where mental health services are unavailable or difficult to access
- Disability, especially where disability services are nonexistent or performing badly
- Those affected by substance abuse
- Lack of affordable housing
- Domestic violence due which women are rendered homeless
- Relationship breakdown, particularly in relation to young people and their parents
- Those released from the prison but find difficult to integrate themselves in the society
- Increasing number and volume of disasters leads lead to homelessness
- Forced eviction in the name of slum clearance or beautification of cities also results in homelessness
- Due to financial crunch people mortgage their homes but are not able to pay back the loan and thus end up being homeless people.

Homeless people are prone to face problems such as reduced access to health care, limited access to education, increased risk of suffering from violence and abuse, general discrimination from other people, not being seen as suitable for employment, reduced access to banking services to save money, and most importantly drug abuse. Psychological issues with homeless people are umpteen. They are wrecked from inside and lost their hopes – they get caught in vicious web of drug abuse.
Check Your Progress IV

Note: Use the space provided for your answer.

1) What are some of the causes for homelessness in India?

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4.7 REMEDY OF HOMELESSNESS

There is no doubt that the state is still obliged to give permanent shelter for free to anybody who needs better living conditions or has no permanent registration, because the right to shelter is still included in the constitution. This may take many years, though. Nobody still has the right to strip a person of permanent residency without their will, even the owner of the apartment. This creates problems for banks because mortgage loans became increasingly popular. Banks obliged to buy a new, cheaper flat to a person instead of the old one if the person fails to repay the loan, or wait until all people who live in the flat are dead. Several projects of special cheap ‘social’ flats for those who failed to repay mortgages were proposed to facilitate mortgage market.

But the fundamental that we raise is, is the solution possible? Modernisation, industrialization and urbanization have brought many fundamental changes for the society. But some of these changes have not bee for the better. For instance, homeless people are not many in countryside India. It is basically an urban problem. Rural population may not have very good houses or habitat with sufficient facilities. But they would have at least a hut as their own. Urban people to a great extent don’t have access to home for various reasons and poverty is one them. People do migrate from poor regions to cities and here they don’t find any shelter. Most often they leave their ‘home’ and become homeless once they enter in cities.

Government of India has some credible schemes to tackle problems. But the fact is that most of these schemes are on paper. In the year 1988-89 the government came up with a pioneer scheme to offer night-shelters to homeless. According to the government, the scheme was supposed to progress as per demand, but the supposed scheme is not performing accordingly. This means that the States would put forward proposals, which would then be sanctioned by Housing and Urban Development Corporation Ltd. (HUDCO). To start any construction states have to come forward and that is not happening.

Also, departments blame each other for not offering night-shelters. When government asks municipal departments to facilitate night-shelter the latter argue that the responsibility belongs to the State’s Welfare Department. Now, it is beyond anyone’s understanding who does have real responsibility. But, for time being, it
seems homeless people have their own responsibility and they are happy that at least no one bothers them when they are lying on roadsides. They know that once they are given shelter some government official will come and would ask to leave someday. At least at their ‘favorite spot’ or ‘roadside home’ they would be undisturbed with whatever they have.

In many cases, the homeless people are known to have community with one another, providing each other various types of support. In the same way, people who are not homeless also may provide them food and care, especially when they find some who are very sick or need medical care. Many voluntary organizations also provide some of the homeless support and care. The Sishu Bhawans and the Old Age Homes run the followers of Mother Theresa are examples of work among the homeless and the abandoned. Some of these organisations get support from government and non-governmental organizations and individual donors.

Another option is doing some informal jobs like performing tricks, playing music, drawing on the sidewalk, or offering some other form of entertainment in exchange for donations. Some times the passersby do provide some money for those homeless people who perform these functions. Hence, there is also the experiment of transitional housing which provides temporary housing for the certain segments of the homeless population. This group of homeless people can be slowly resettled to live normal life.

In the USA, the government asked many major cities to come up with a ten year plan to end homelessness. One of the results of this was a ‘Housing First’ solution. According this, it was proposed that rather than to have a homeless person remain in an emergency homeless shelter it was thought to be better to quickly get the person permanent housing of some sort and the necessary support services to sustain a new home. But there are many complications of this kind of program and these must be dealt with utmost care and planning to make such an initiative work successfully in the middle to long term.

Some formerly homeless people, who were finally able to obtain housing and other assets which helped to return to a normal lifestyle, have donated money and volunteer service to the organizations which provided aid to them during their homelessness. Alternatively, some social service entities that help the homeless now employ formerly homeless individuals to assist in the care process. Thus through these ways and means the homeless issue can be addressed. But this calls for political will power from the point of view of the government, and social engineering from the point of view of the society.

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**Check Your Progress V**

**Note:** Use the space provided for your answer.

1) What are some of the remedies for homelessness?

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2) Who are the agents who can address this issue?

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4.8 LET US SUM UP

In this lesson, we examined two social issues that confront the world, especially our country India. Begging and homelessness are emerging as two great concerns today. Some of the salient features of these social issues are highlighted here. According to a study, for poor people in West Bengal and Bangladesh, begging may be an essential living strategy for survival. The description of this type of migration as a livelihood strategy explains the problems and opportunities faced by the migrants who beg and the lack of institutional arrangements to support people in rural communities. It illustrates people’s efforts and their struggles to make a living with limited social, economic and institutional support.

It is important to recall this social fact that far more important than becoming a beggar are the circumstances behind this work, the type of people involved and the nature of the activities. Since begging is not the real cause of the problem faced by poor aged people, discouraging begging would not help. Hence, it is important to look at the different types of begging or different groups of people who are begging and then search for specific responses to specific groups among the beggars.

In the same way there are different types of homeless people in India as in other countries. There are also multiple reasons why people become homeless. Taking into account all these facts it is pertinent to arrive at short term, mid term and long term responses to homelessness. While there is a growing movement toward social concern towards the homeless people in other countries, in India this is markedly absent. But leaving this issue unattended could lead to greater problem.

Both beggars and homeless people can be victims of crime. Today, crime is a serious problem in cities all over the world and India. Urban violence generates a fear of crime. Crime and the fear of crime are serious threats to the stability and social climate of cities, to sustainable and economic development, the quality of life and human rights. Looking at things positively, one can say that beggars and homeless people are also citizens of our country and members of our society. Hence, it is the responsibility of all to address these issues. It is all the more the responsibility of social workers and voluntary agencies to create awareness about these issues and try to solve these social issues.
FURTHER READINGS AND REFERENCES


UNIT 5 PERSONS IN CORRECTIONAL SETTINGS

Structure
5.0 Objectives
5.1 Introduction
5.2 Definition and Philosophy behind Correction
5.3 Types of Correctional Settings
5.4 Correctional Institutions set up under the Prisons Act, 1894
5.5 Correctional Institutions set up under the Juvenile Justice (Care & Protection of Children) Act, 2000
5.6 Correctional Institutions set up under the Immoral Traffic (Prevention) Act, 1956
5.7 Correctional Institutions set up under the Bombay Prevention of Beggary Act, 1959
5.8 Skills and Techniques Used in Correctional Social Work
5.9 Role of Professional Social Worker in Correctional Settings
5.10 Let Us Sum Up
5.11 Further Readings and References

5.0 OBJECTIVES

In this unit, you shall be introduced to the field of correctional system in India. By the end of the unit, you should be able to:

- explain what is a correctional setting;
- describe the various types of correctional institutions in India;
- highlight the correctional services available to inmates in various correctional settings; and
- evaluate the role of professional social worker in correctional settings.

5.1 INTRODUCTION

Human beings in any society are expected to follow certain rules and regulations in order to maintain peace, law and order. Restrictions and limits are placed on human behaviour in the form of formal rules, legislations, written laws and institutional structure. People who violate these formal means are identified, charged and sentenced according to procedure laid down by law. This formal mechanism to control crime is called criminal justice system. The Criminal Justice System is designed to control crime and contribute towards a safe and orderly society.

Criminal Justice System in India consists of four primary components: the police, prosecutions, the courts and corrections. The Correctional services have existed from time immemorial with varying purpose and use. The philosophy behind
correctional service lies in the fact that the inmates who would be lodged there would be reformed through various kinds of training so that the inmate is ultimately able to reintegrate successfully in the larger society after her/his release from the correctional setting. Social Work plays a vital role in this aspect. In this Unit, we shall familiarize you with the concepts of corrections. We shall also discuss the role of social worker in various types of correctional settings in India.

5.2 DEFINITION AND PHILOSOPHY BEHIND CORRECTION

Correction is one segment of the Criminal Justice System. A person who is accused of any crime is either convicted or acquitted by the court. Persons who are convicted by court are lodged in a correctional setting. A person who is undergoing trial in the court may also be lodged in a correctional setting by order of the court. Thus a correctional institution or setting is a place where a person accused of or convicted of a crime is lodged for a specified period of time.

Traditionally, the approach towards crime control was guided by the concepts of deterrence, retribution and offender incapacitation. Deterrence refers to the various measures taken to prevent crime. Retribution means punishing someone for the wrongdoing. Offender incapacitation refers to the act of making an individual incapable of committing a crime. These ideologies of crime control have been gradually replaced by a diversified framework of reintegrative correctional strategies. These strategies intend to assist the release inmates in their transition back into the mainstream society. The whole focus is on reshaping the behaviours of the convicted offenders with the following goals:

i) Protection of society against crime;

ii) Develop a sense of discipline and security;

iii) Reform and rehabilitate them in the given social milieu through appropriate correctional interventions; and

iv) Equip with skills and abilities in order to help them lead a normal life as a citizen, once they get out of the correctional institution.

To fulfil the above objectives, various kinds of reintegrative services are offered within a correctional setting. These services include inmate care and welfare, vocational training programmes, inmate-family contact, self-discipline incentives (such as remissions, leaves, transfer to open institutions, parole etc). Thus, the inmate within a correctional setting would be involved in various kinds of productive activities. This will enable in reducing “prison subculture contamination”, which is manifested in numerous undesirable activities that are associated with prison life.

Further, certain categories of inmates who endanger public safety are segregated from the mainstream society by way of imprisonment. Thus, putting a person in a correctional setting deprives him/her of liberty and self determination. However, all possible efforts are taken to ensure that the person come out as better individuals than that they were at the time of their admission. With this objective, the Honourable Supreme Court of India in its various judgements has reiterated the following principles:
i) A person in a correctional setting does not become a non-person;

ii) A person in prison is entitled to all human rights within the limitations of imprisonment; and

iii) There is no justification in aggravating the suffering already inherent in the process of incarceration.

5.3 TYPES OF CORRECTIONAL SETTINGS

Correctional institutions are fragmented on the basis of a number of factors. Main sources of fragmentation are as follows:

By jurisdiction
a) Central
b) State
c) Local

By criminal justice function
a) Police
b) Courts
c) Corrections

By location
a) Institutional
b) Non institutional

By age
a) Adult
b) Juvenile

By other factors
a) Size of operation
b) Sex of offender
c) Type of offence
d) Special program

All these fragments come under one master classification which is statutory and non statutory. Statutory is the category covered under Indian Penal Code and other laws. Correctional work with adult prisoners comes under this category wherein minor prisoners are sent to Welfare Homes. Other statutory ones come under social legislations like Juvenile Justice (Care and Protection of Children) Act 2000, Immoral Trafficking (Prevention) Act 1956, and Bombay Prevention of begging Act 1959.

In this unit, we will cover the following correctional settings:

1) Correctional Institutions set up under the Prisons Act, 1894

2) Correctional Institutions set up under the Juvenile Justice (Care & Protection of Children) Act 2000

3) Correctional Institutions set up under the Immoral Traffic (Prevention) Act, 1956
4) Correctional Institutions set up under the Bombay Prevention of Beggary Act, 1959

The role of professional social worker will be highlighted in each of these correctional settings.

Check Your Progress I

Note: Use the space provided for your answer.

1) What do you understand by Corrections?

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2) Discuss the various types of corrections.

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5.4 CORRECTIONAL INSTITUTIONS SET UP UNDER THE PRISONS ACT, 1894

The Prisons Act, 1894 governs the administration and management of prisons in India. The constitution assigns custody and correction of criminals to the States and territories. The Ministry of Home Affairs, Government of India is responsible for the administration of prisons in India. The day-to-day administration of prisons in all the states and union territories of India are governed by the respective Prison Manuals containing Rules, Regulations, Orders and the various amendments, which are inserted on a regular basis. The day to day administration of prisoners rests on principles incorporated in the Prisons Act 1894, the Prisoners Act of 1900 and the Transfer of Prisoners Act of 1950. An Inspector General of Prisons administers prison affairs in each State and territory.

Since inception, the prisons have been used for detention and incarceration of offenders—men, women and children. Manusmriti talks about imprisonment as one method of punishment along with others like fine and corporal punishment. Arthashastra by Chanakya prescribes incarceration as a chief mode of punishment besides fine. Later with the advent of Muslim rule in India, punishment of imprisonment was provided besides other modes like public humiliation. Till this time, the use of prison for incarceration was minimal. With the advent of British rule, the law related to penal offences was codified as chief
mode of punishment under Indian Penal Code. The chief objective of punishment was to deter the would be offenders rather than any reformation. The prisons were based on the principles of retribution, expiation and deterrence and therefore were punitive in character. However, in modern times, with the growth of knowledge about criminal behaviour, the ideas of retribution have been replaced by the reformation and social rehabilitation of offenders. Thus the Correctional services now emphasize on re-education of offenders and after care within the limitation of disciplinary control and the deprivation of civic liberty imposed by the fact of his/her conviction (Tiwari, 2002).

**Prison Structure**

According to the Prison Statistics (2007), there are a total of 1276 jails in the country. There are several tiers or jails in the country. The most common and standard types of jails are the Central Jails, district jail and the sub-jails. Other facilities include women’s jails, borstal schools, open jails, special jails, lock-ups and temporary jails.

*Central Jails* house offenders who serve a long term sentence. These jails have larger capacities with proper rehabilitation facilities. *District jails* are situated in a district, having a lower capacity to house prison inmates with minimum facilities for rehabilitation. Inmates serving a shorter term of punishment or bail detainees are housed in the district jail. *Sub jails* are situated at the sub-divisional headquarters in different states, having smaller capacities than that of a Central or a District Jail. Offenders sentenced to imprisonment upto three months are housed in a sub jail. A sub-jail is affiliated with and subordinate to a district or Central jail.

*Borstal School* house young offenders in the age group of 12-18 years. The aim of Borstal School is to segregate young offenders from adult offenders and protect them from any kind of exploitation or being influenced by adult offenders. There are 12 states in India having Borstal Schools. Young offenders in the rest of the states where there is no Borstal School are housed in Children’s Home established under the Juvenile Justice (Care and Protection of Children) Act 2000.

*Open Jails* are essentially prisons without walls. Prison inmates who display sufficiently good behaviour and satisfy some norms prescribed by the prison rules are eligible to be referred to an open jail. These facilities have minimum security and inmates are trained in agriculture. Inmates are also allowed to go to the community, work and come back again after their work period. There are 13 states having open prisons.

*Special Jails* are meant to confine the following particular classes of prisoners:

i) Prisoners who have committed serious violations of prison discipline.

ii) Prisoners showing tendencies towards violence and aggression.

iii) Difficult discipline cases of habitual offenders.

iv) Difficult discipline cases from a group of professional organised criminals.

There are nine states in India having special jails.
Correctional Services

Various kinds of correctional services are available to the prisoners to facilitate post release reintegration to the larger society.

a) Education is an ongoing activity inside the prison.

b) Vocational Training and Employment Opportunity: These training programmes provide opportunities for the prison inmates to engage themselves in fruitful pursuits during the term of their sentence in jails. Training for prison inmates not only affords value for one’s work but also makes the prisoners learn skills which would enable them to follow a vocation after their release from the jail.

c) Health care services

d) Prisoner Panchayats

e) Aftercare of Released Prisoners

Correctional programmes in prisons in nearly all parts of the globe show a significant trend towards specialisation, diversification and experimentation. Another important trend is the substitution of the individualized treatment to prisoners based on their reformative requirements for the earlier doctrine of equal punishment for same crime (individualization). The third major trend in prison administration involves an attempt to reduce the social barrier between inmates of the correctional institutions and the civilian community. There is also increasing interest in the possibility that the society or groups of prisoners can be utilised for therapeutic purposes. Group therapy and other devices aimed at increasing inmates’ participation in the routine affairs of prison administration are designed to reduce the barrier between the society and the administrative policy and to give the inmates desired degree of self-esteem and confidence.

Tihar Prisons have a history of reformation programmes in tune with the current correctional philosophy. Education, Cultural activities, Vocational activities and Moral Education etc. have been going on in Tihar Jails for a long time as a part of the efforts of the Prison Administration for reformation of the prisoners. In the last ten years the process has accelerated and received worldwide attention. The reformation package tried out by the Delhi Prison Administration is popularly termed as “New Delhi correctional model”, the basic characteristics of which are:

i) Bringing the community into the prison.

ii) Formation of a self-sufficient community of prisoners

iii) Participative management.

This model strikes a balance between the approaches of “Privatisation of Prison administration” and the “Half way houses”. The New Delhi correctional Model has been presented and discussed in Crime Prevention and Criminal Justice Branch at UNO, Vienna and other international and national conferences. It has been deeply appreciated.

Role of Social Workers in Prisons

Although various types of correctional services are already available to prison inmates, professional social worker can play a vital role in a prison setting. Social
workers in correctional facilities provide two types of services: supportive services within the institution and connections to resources in the community. Within a correctional facility, social work services might be utilized in the areas of mental health, substance abuse, education, and vocational rehabilitation. This calls for a deeper understanding of the prison environment and offender better by the social worker. Initiatives such as diversion, community services, parole, probation, correctional supervision and the conversion of imprisonment sentences to those of a community-based treatment should be explored to minimize re-offending or recidivism. Specifically, a professional social worker can play the following roles in a prison setting:

1) **Case work with individuals:** Social work practitioners should acknowledge and respond to the real environmental and emotional crises that can be created by incarceration. Each offender has the capacity to grow and develop to be a constructive member of the family, community and society. Prisoners are responsible for their behavioural change. A central component of valuing the individual is recognizing the individual in relation to their family and community. Social Workers challenge attitudes and behaviours, which result in crime and cause distress, or harm to victims and others. Casework treatment in institutional settings relies heavily upon efforts toward role-adaptation in the client and role-adjustment in the primary groups, of which both the client and the persons who referred him are his members. In the correctional field, the probation officer interprets the delinquent’s behaviour to the judge and to the police officers. The caseworker studies and assesses the combination of internal and external forces that directed the prisoner into criminal mode of behaviour. The caseworker has ready access to those who define the social role of inmate and who observe the client’s daily role-performance. In such institutional settings, the caseworker is part of the world to which he is trying to help the client adapt more satisfactorily.

2) **Probation:** Probation is derived from Latin word which means “to test or to prove”. It is developed as custodial alternative which is used where guilt is established but it is considered that imposing of a prison sentence would do no good. The Court may order the release on probation of good conduct if it is convinced that no previous conviction is proved against him, and with regards to age, sex, and antecedents of the offender. The offender is required to enter into a bond with or without sureties to appear and receive sentence when called up and in the meantime to keep the peace and be of good behaviour. Imprisonment decreases his capacity to readjust to the normal society after release and association with professional delinquents often has undesired effects. During probation the probationer lives in the community. He regulates his own life under conditions imposed by court or other constituted authority and is subjected to supervision by a probation officer. Compensation, release on admonition probation, imposition of fines, community services are a few such techniques used. Probation in India mostly depends on the policy of the state. After care program has been set up to improve the lives of those released on probation. Large numbers of social workers are also employed as probation or parole officers. Probation officers provide case management and supportive services to individuals who have been offered a suspended sentence or probation as an alternative to incarceration; parole officers provide case management and other social services to offenders who have been granted early release from prison. Social
Areas of Philanthropic Social Work-I

Some state laws also require that a member of the parole board be a social worker or someone with social-service expertise. Significant numbers of social workers provide community-based services through private social service agencies that have contracts with public corrections agencies. These social workers work closely with corrections staff to provide counseling, outreach and tracking, and school-based prevention programs.

3) Aftercare: The term after care refers to the programme and services organized for the rehabilitation of inmates from correctional institution. It can be used to refer to the programme and services organized to complete the process of rehabilitation of socially and physically handicapped individual or group which have been begun and carried up to a particular stage in an institution.

The social worker can play an important role in identifying post release employment opportunities and network with other organizations in order to help the inmate reintegrate into the society. A number of after care programmes are being run by the government with the help of non-governmental organizations (NGOs) which are acting as a bridge between the prisoners and the community. These services are offered to the prisoners on their release. The Prison Departments are also providing tool kits of trades to released prisoners to achieve self-employment. Prison Welfare Officer also helps released prisoners in availing grant or loan under various development schemes. In certain states, half-way homes have also been set up especially for women prisoners who are facing problems of rehabilitation.

4) Group work among the substance abusers: A large number of prison inmates end up in the prison as a result of drug trafficking. Many times they themselves are addicted to drugs and find it difficult to cope with the sudden abstinence within the prison walls. Social workers can play a major role in helping the drug addicts’ deal with the situation through group work. The social worker emphasizes on abstinence from the substance/ alcohol and tries to motivate the inmate regarding the benefits of de-addiction. The social worker can also monitor the treatment drugs prescribed by the medical doctor in the prison. The first phase of the group work usually has highly structured and well planned sessions with clear objectives. After a few sessions an interactive approach can be used. Most of the activities are focused on here and now activities, activity-based programme like those needing movement of the body are recommended. Various role plays like problem solving, feedback, self-disclosure, confrontation, creating social support network and providing information are important techniques.

5) Tihar Jail: Correctional Social Work: The School of Social Work at the Indira Ganhi National Open University initiated concurrent field work for the on campus students of MSW (Philanthropy) at the Tihar Jail, New Delhi. Various activities initiated by the students in the Jail comprises of the following:

- Field Lab for MSW students and Research Scholars
- Counseling Clinic for jail inmates
- Facilitating the IGNOU study centre
5.5 CORRECTIONAL INSTITUTIONS SET UP UNDER THE JUVENILE JUSTICE (CARE AND PROTECTION OF CHILDREN) ACT, 2000

Juvenile Justice (care and protection of children) Act 2000 considers any person below the age of 16 as ‘child’. Person who has acquired the age of 16 but not 18 is considered a ‘minor’ JJ (Care and protection of children) ACT 2000 focuses on two kinds of juveniles,

a) Juveniles in need of care and protection,

b) Juveniles in conflict with law.

There is distinction between the children in need of care and protection and children in conflict with the law. Children in need of care and protection are the ones who do not have any place of abode and are found begging, working and in conditions of vulnerability. Such children are taken and produced before child welfare committee and later sent to juvenile homes till they attain the age of 18 and efforts are made towards rehabilitating them either into their own family or arranging for adoption, foster care, or sponsorship. If needed institutionalization of such children is also done though it is not a very favourable option.

Juveniles in conflict with law

These juveniles are identified through regular criminal justice process wherein when a person is caught in some offence, his/her age is verified. If that person happens to be a minor or juvenile, comes under the jurisdiction of JJ Act (Care and protection of children) 2000, such a person is produced before special courts which comprises of two social workers apart from one honorary magistrate.

The law pertaining to what are now called children in conflict with the law has undergone a few changes. The adjudicating authority has been redesigned as the Juvenile Justice Board and the composition has changed from an adjudicating authority which was a Magistrate with a panel of two social workers to assist her as prescribed under the old law to a Bench which is composed of two social workers and one Magistrate. This change in composition of the adjudicating authority is one of the more significant changes in the new law, as now the space exists for bringing about a change in the very nature of the inquiry. The primary
Areas of Philanthropic Social Work-I

inquiry of whether the child did commit the offence as mandated by a magistrate’s training could now be displaced by a social worker’s inquiry, which could focus in on why the child committed the offence, and how does one redress the same. The shift in composition of the Board can bring about a shift in the line of inquiry from intention to motive. Thus what could change has been referred to as the criminal law mindset itself. This is in effect an important step towards decriminalizing the administration of juvenile justice, provided the rules operationalize the same.

**Children in need of care and protection**

In case of children in need of care and protection adequate social investigation is done so as to rehabilitate them back to their families. If the families are not found to take care of the children adequately then other options are sought.

The following homes are created under the authority of the Juvenile Justice (Care & Protection of Children) Act 2000. These homes are established and maintained either by the state government or along with voluntary organizations, in district or group of districts:

i) **Observation Home for Boys and Girls:** Observation homes are meant for temporary reception of any juvenile in conflict with law during the pendency of any inquiry regarding them under this Act. Initially, the juvenile is kept in the reception unit for preliminary inquiries, care and classification of juveniles according to age group. Due consideration is given to physical and mental status and degree of the offence committed. These information help in further induction of the juvenile into the observation home. Funds are provided by the State Government for the management of the observation homes and for the rehabilitation and social reintegration of a juvenile.

ii) **Special Homes:** A juvenile in conflict with law is sent to a special home if the Juvenile Justice Board finds that the child committed an offence upon investigation. The state government can certify any institution other than a home as special home where such institution is fit to be a special home. The fund for the management of the special homes is provided by the State Government.

iii) **Children’s Home:** These homes are established for the reception, care and protection of a child in need of care and protection during the pendency of any inquiry and subsequently for their care, treatment, education, training, development and rehabilitation of the child. The fund for the management of the children’s homes and for the rehabilitation of the children is provided by the State Government. The Central Government or State Government may monitor and evaluate the functioning of the children’s homes.

iv) **Shelter Homes:** These homes function as drop-in-centres for the children in the need of care and protection who require urgent support. These homes cater to the care, treatment, education, training, development and rehabilitation of the child. Any reputed and capable voluntary organization may be recognized and provide assistance to set up and administer shelter homes.

v) **After Care Organization:** These organizations are meant for a scheme of after care programmes for the purpose of taking care of juveniles or children after they leave the above homes in order to enable them lead an honest, industrious and useful life. Prior to the discharge of the child or juvenile
from a children’s home or a special home, a probation officer prepared and submits a report regarding the necessity, nature and period of after care and the period of such after care. A juvenile or a child can stay in the after care organization for a three years. A juvenile or child over 17 years of age but less than 18 years of age would stay in the after care organization till he/she attains the age of 20 years.

**Role of social worker in juvenile homes**

Chapter IV of the Juvenile Justice (Care & Protection of Children) Act 2000 lays emphasis on the concept of rehabilitation and social integration of the child. Thus, there is a great scope for the role of social worker in this Act because of its correctional nature.

The role of social workers in this setting pertains to identifying the cause of the offence and making necessary recommendations for the rehabilitation of juvenile in conflict with law. Social worker can serve in juvenile homes as well as observation homes by way of group work or social case work with the client; juvenile, in this case is helped to develop an understanding of his problem, look at the resources available to him and involve them in the decision pertaining to them. Involving community in activities of children such as celebration of some important days or cultural activities is also undertaken.

During the stay of the child in a children’s home or special home, the rehabilitation or social reintegration of the child shall be carried out alternatively by (1) adoption, (2) foster care, (3) sponsorship, (4) sending the child to an after care organization, to ensure family care to the children. The social worker can play a immense role in preparing the child for the above adoption processes.

**Case work in children’s homes**

Children who are destitute, orphans runaways, vulnerable to violence, abuse or moral danger are generally placed in children’s homes. Most of these Homes operate under the provisions of Juvenile Justice Act and therefore provide custodial care to children for specific time period. Social Caseworker is expected to help each inmate adjust to the life within the Home and achieve psychosocial development. As the children have often gone through traumatic experiences before they are placed in Homes, it is very important for them to come to terms with their life, talk about it and get over the pain and the sense of betrayal. The worker is expected to provide pastoral care, liaison with schools where children go for education help children develop positive relationships within the institution and prepare for life after their stay in the Home is over.

**Group work in juvenile homes**

1) **Facilitate adjustment:** A social worker can facilitate the adjustment of the child in the home. Group can be used to develop a positive attitude in the inmates about the agency. The inmate will learn to accept the unavoidable strains of life there and make use of the opportunities available.

2) **Diagnostic understanding:** The social worker observes the individual’s behaviour in a group situation which helps the social worker in getting data about the inmate, understand his present situation and plan the inmate’s future.
3) **Treatment process:** The social worker assesses the nature of the inmate relationship with others in the group situation. The value systems that the inmates have are understood and its consequences are known. Through the group process the inmates receive feedback about his behaviour and gains insight into his behaviour. Greater self-awareness could be the beginning of the treatment for the inmates.

4) **Personality development:** The social worker provides opportunities for making choices, self-expression, exhibiting leadership and participating in activities which in turn could help inmates develop healthier personalities.

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### 5.6 CORRECTIONAL INSTITUTIONS SET UP UNDER THE IMMORAL TRAFFIC (PREVENTION) ACT, 1956

Immoral Trafficking (Prevention) Act deals with prevention of soliciting in public. This law does not render prostitution as a criminal offence per se. If prostitution is carried on in a public place by two or more people, it is punishable. According to this act two kinds of persons are caught - one who are accused and the other who are victims. Accused are the ones who are touts or pimps or who voluntarily work as sex worker and solicit client at public places or arrange clients for madams. These people are dealt with as per the provision of the Act and sent to jail after trial. Another category is of the victims who indulge in sex work under pressure. Such victims are verified for age and in case of person being minor or juvenile the case is referred to Child Welfare Committee under Juvenile Justice (Care and Protection of Children) Act 2000.

In case the victim is major she is sent to Protective Homes where social workers work towards the rehabilitation of these women. They are sent back to their families or to the ones who claim only after thorough verification. In case the minor is trafficked from neighbouring countries she is handed over to the concerned embassy.

**Protective Homes and Corrective Institutions:** are established and maintained either by the state government or along with voluntary organizations, in district or group of districts, created under the authority of the Immoral Traffic (Prevention) Act, 1956. These homes are meant to give protection to those victims
who are in the danger of getting trapped into prostitution or likely to become victims of prostitution. The preventive, curative and after care aspects are taken care of in these homes. Any person who is carrying, or is being made to carry on prostitution, may make an application to the Magistrate within the local limits jurisdiction for an order that she may be kept in a protective home or provided care a protection by the court. This law takes care of the victims, irrespective of the fact whether they have violated law or not. For the enforcement of the law, the help of a social worker is taken.

The role of the social worker is to help the victim to come out of the trauma and deal with the self confidence and self esteem of the client. They also work with the family so as to mobilize their support for the client so that the client can deal in a better manner with his/her problem.

### 5.7 **CORRECTIONAL INSTITUTIONS SET UP UNDER THE BOMBAY PREVENTION OF BEGGARY ACT, 1959**

According to the Bombay Prevention of Beggary Act, 1959, begging is defined as soliciting or receiving alms in a public place. Since 1961, Delhi has been administered by the antiquated Bombay Prevention of Begging Act, 1959, which makes begging in public places a crime and a punishable offence. Clause (d) of the Act describes beggars as people “...having no visible means of subsistence and wandering about or remaining in any public place in such condition or manner (as) makes it likely that the person doing so exists by soliciting or receiving alms”.

This broad definition allows the police to arrest anyone who looks poor and unfairly targets those who are houseless and live in public places such as pavements or parks.

Under this Act, officials from the social welfare department (assisted by the police) conduct raids to randomly pick up beggars who are then tried in a special beggars’ court and, if convicted, sent to a certified institution. Unfortunately, however, the Begging Act lumps together an assortment of people (street performers, mendicants, small vendors, pavement-dwellers and migrants) who might solicit alms indirectly, as ‘beggars’.

A person arrested for begging is presented before the court. If the court is satisfied that the person is not likely to beg again, it may release him/her on a bond. Since there is no free legal aid available for beggars at present, they are unable to defend themselves and a majority of them are convicted. A convicted beggar can be detained in a certified institution for a period of up to three years and no less than one year (Beggary Act, Chapter 2, section 5). When a person is convicted for begging for a second or subsequent time, he/she can be detained for a period of up to 10 years (Chapter 2 subsection {(6) 3}!

**Beggars Home**

A person convicted for begging are sent to certified institutions, known as Beggars homes. These homes are meant to be reform institutions aimed at providing vocational training and enabling the convict to earn his living after his release.
However, the actual conditions of beggars home remain abysmal. The living conditions in these institutions are far from satisfactory. Under the Beggary Act, 12 statutory institutions — 10 for male beggars and two for female beggars — were constituted for the prevention of begging, the detention, training and employment of beggars, and the custody, trial and punishment of offenders under the law.

The role of social worker in beggars home is to address the immediate needs of the inmates, viz. proper food and nutrition, ensure cleanliness and provide for psychological support. Social workers could work towards the rehabilitation of the beggars in terms of providing them opportunities for job and skill development training. Networking with other NGOs in order to provide job opportunities is another important role of social workers in beggars home.

### 5.8 SKILLS AND TECHNIQUES USED IN CORRECTIONAL SOCIAL WORK

Social work approach in correctional setting implies a philosophy as well as application of techniques for problem solving. Operational philosophy of social work rests on three specific premises.

1. Function of intervention is to target on a problem in social function.
2. Social work conceives problem solving as a partnership activity between social worker and client.
3. Response to the client means most and equilibrium is best restored at the point of crisis so crisis, related social work should be emphasized.

Some of the important skills and techniques of social work with the clients are:

#### Counselling

It is a relationship in which one endeavour to help another understand and solve his problem of adjustment. It is distinguished from advice or admonition in that it implies mutual consent. It has as its goal the immediate solution of a personal problem or long range effort to develop self understanding and maturity.

#### Insight and empathy

Perceptive understanding is required on the part of the social worker who develops insight into the problem of the client/offender by empathy. Empathy is a critical ingredient in the therapeutic process: “Getting into the client’s frame of reference.”

#### Interviewing

Interviewing is a professional conversation with a purpose. Effective communication is at the heart of positive human interaction. Interviewing is different from intense psychotherapy and counseling. Interview is basic while counselling is the epitome of positive guided interaction.

#### The captive client

Here the client because of the constrained setting is captive. Presence during the sessions is not voluntary and somewhat imposed. Hence it is a very responsible
process and the whole environment should be lighthearted. There is needed a structured permissive relationship between the client and interviewer. This relationship should allow the client gain an understanding of himself to a degree which enables him take positive step in the light of a new environment.

**Stigma and self esteem**

Oxford Dictionary describes stigma as a “mark of disgrace”. It should be kept in mind that becoming an offender and coming in conflict with law has a deeper impact on the self esteem of the client, as the society treats them as marginalized and stigmatized. Sometimes the client internalizes the stigma and behaves in a very different way (defensive or abusive). Hence the social worker has to keep these factors in mind before entering into any kind of intervention with them.

### 5.9 ROLL OF PROFESSIONAL SOCIAL WORKER IN CORRECTIONAL SETTINGS

Social work education is designed to train practitioners to perform a variety of functions in human services settings, including clinical practice, administration, policy practice, supervision, organizing, advocacy, and research and evaluation. Foundation-level education in social work includes content on work with individuals, families, couples, and small groups; human behaviour; community and organizational dynamics; social policy; research and evaluation; social, cultural, and ethnic diversity; and values and ethics. Social work education is unique in its broad approach to human services, an approach that seems to be tailor-made for work with adult and juvenile offenders and with the various components of the juvenile and criminal justice systems. In principle, social workers with advanced training are educated to be able to provide clinical and case management assistance to individual offenders and their families; design, administer, and evaluate programs; supervise staff; and advocate and lobby for legislative and other social change.

The role of professional social worker in various correctional setting has been specifically discussed. Broadly, the role of social worker in the correctional settings may take many forms as described below (Reamer, 2004):

1) **Due Process:** In criminal justice settings, due process involves protection of clients’ legal rights. These legal rights may be pertaining to representation by lawyer, speedy trials, etc. The broader subject of clients’ rights—for example, related to privacy and confidentiality, protection from harm and exploitation, and participation in the development of intervention plans—has always been central to social work.

2) **Diversion, Decriminalization, and Deinstitutionalization:** Social workers must strive towards diversion from the correctional settings to the less formal community based programmes wherever available and appropriate.

3) **Alternatives to the Penal System:** Development of creative alternatives such as early childhood education, job, vocational training. Mediation and restorative justice programs must be facilitated. Mediation programs are often based on the concept of restorative justice. Restorative justice is a framework that provides offenders with an opportunity to “right” the
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“wrongs” for which they are responsible (for example, by making restitution to victims and the community, and by apologizing to victims), and a mechanism to empower victims who wish to confront the offenders responsible for their injuries.

4) **Evaluation:** The social worker should be aware of the dynamics of the complex factors affecting the offender and influencing his/her action. The full range of background information, including family system, support systems, community support should be reviewed.

5) **Direct Service Providers:** Social workers should also be active participants in mediation, alternative dispute resolution, restitution, and conciliation programs. Social workers have both the clinical skills to assume these roles and the values and ideological commitment required to be effective. Social work and social workers should be central to the restorative justice movement.

6) **Advocates and Reformers:** Social work has always embraced and been committed to social justice issues. Social workers are trained to identify and confront injustices, through the policy process, protest, and lobbying. Examples of issues that warrant social workers’ advocacy and reform efforts include the rights of offenders who have major mental illness, the need for programs designed to facilitate the transition of offenders from institutional to community-based settings, the need to prevent abuse and discrimination in institutional settings, and the legal protection of minors who have been charged and tried in criminal court as adults and sentenced to adult prisons.

7) **Administrators and Supervisors:** Social work education programs typically include an administrative track for those students who wish to pursue this career path. Curriculum content ordinarily includes instruction on program planning, budgeting and financial management, grant writing, personnel issues and staff management, employee evaluation, supervision, leadership, staff development, community relations, and organizational dynamics. Such knowledge and skills are invaluable in a wide range of public and private sector criminal justice settings, such as parole and probation offices, residential treatment programs, and counselling centers.

8) **Researchers and Program Evaluators:** Throughout the profession’s history, social workers have strengthened their understanding of and commitment to research and program evaluation. Criminal justice programs that were once created, designed, and funded based on faith and good will now require in-depth research and evaluation to justify their existence. Every accredited social work education program provides students with at least foundation-level knowledge and skills related to formulating research and evaluation questions, research and evaluation design, sampling methods, data collection techniques, measurement issues (validity and reliability), research and evaluation ethics (especially protection of human subjects), data analysis, and report preparation. These too are invaluable skills in criminal justice settings, particularly in an era where accountability and empirically based evidence of effectiveness are essential.

9) **Provide Background Information,** finding a balance between the rehabilitative potential and issues of public safety
10) **Identifying the Client:** is an important aspect of the social worker’s overall education and training. Who the client is.

11) **Legal Aid:** Legal aid and assistance to the weak and downtrodden is a task best suited to the professional social workers in the light of their professional goals, which are committed to the welfare of the poor and needy. Right from promoting legal literacy to giving legal advice in specific cases a professional social worker’s services can be of immense value in bringing our justice system within the reach of the common man. A social worker can give the following inputs among others:

- Make the person aware of legal and constitutional rights and understand the social-legal norms and the consequences of their violation.
- Give proper guidance, suggestions, information to chart the future course of action
- Help in getting quality legal experts
- Give emotional support, most needed in such situations
- Build a strong supportive casework relationship and create an atmosphere wherein the person feels free to discuss his problems, frustrations, fears and anxieties
- Have a non-judgmental attitude

12) **Instruments of Social Change:** The social worker can focus on range of programmes in education, vocational training, and family support because they are likely to be far more effective than the court system. A significant role of the social worker can be as a watch dog and promoter of human rights. She can play the role of an enabler, activist, change agent, counsellor, advisor depending on the issue and the needs of the clientele.

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**Check Your Progress IV**

**Note:** Use the space provided for your answer.

1) Discuss the role of professional social workers in correctional settings.

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**5.10 LET US SUM UP**

Social work has an important role to play in the correctional settings. It attempts to help the individual, his family and the community to face and solve delinquency and crime through utilization of individual, family and community resources. Case work and group work are the basic processes utilized by the social worker in correctional settings. The correctional social worker is given authority in order
to change the ways offenders (clients) express values in action. All social workers work with offenders in terms of values. More than any other function the correctional social worker’s task is defined in terms of changing values of the delinquent or criminal so that they become suitable in action with the values of the society.

In this unit, you have studied about the philosophy behind correction and types of correctional setting. You have also studied various correctional institutions set up under the Prison Act, 1894, Correctional Institutions set up under the Juvenile Justice (Care & Protection of Children) Act 2000, Correctional Institutions set up under the Immoral Traffic (Prevention) Act, 1956 and correctional institutions set up under the Bombay Prevention of Beggary Act, 1959. The role of professional social worker has been highlighted in each of these correctional settings. The unit has also discussed the skills and techniques used by a professional social worker in correctional social work.

5.11 FURTHER READINGS AND REFERENCES


Tiwari, A. (2002). Medical facilities in Indian prisons: Role of prison doctors and para-medical staff to uphold the right to health of prisoners. Mumbai: Centre for Health Studies, Tata Institute of Social Sciences.


Varghese, J (2009). Group work in community settings in MSW- 008, Social Group Work: Working with groups, Unit 2, Block 4, Indira Gandhi National Open University, New Delhi

Varghese, J (2009). Group work in institutional settings in MSW- 008, Social Group Work: Working with groups, Unit 3, Block 4, Indira Gandhi National Open University, New Delhi
UNIT 6  MENTAL CHALLENGES AND MENTAL ILLNESS

Structure
6.0 Objectives
6.1 Introduction
6.2 Definitions
6.3 Classifications of Mental Retardation
6.4 Symptoms of Mental Illness
6.5 Characteristics of Children with Mental Retardation
6.6 Causes of Mental Retardation and Mental Illness
6.7 Prevention of Mental Retardation and Mental Illness
6.8 Role of Community Members
6.9 Let Us Sum Up
6.10 Further Readings and References

6.0 OBJECTIVES

The unit will help you to:

• define the meaning of the terms mental retardation and mental illness;
• explain the factors that cause mental disability and illness;
• describe the various types of mental disability and illness;
• describe the characteristics of individuals with mental retardation; and,
• discuss role of the community members.

6.1 INTRODUCTION

Mental challenge is also known as mental retardation. These are commonly used words which imply people having below average intelligence. We can see persons with mental retardation in all societies. Earlier they were known as persons with mental deficiency. Mental retardation can be defined as low limited mental functioning, understanding, inability to follow instructions, memory recall, low communication abilities and social skills. Such persons may be dependent on others and/or may be less capable to take care of themselves. Because of so many limitations mentally retarded person is slow in learning social skills and intellectual work. These persons would learn the skill but will take much more practice and time than an average person.

Usually, a lay person uses the term mental retardation and mental illness interchangeably but mental retardation is quite different from mental illness. Mental retardation is a developmental disorder whereas mental illness is a disease. Mental illness is curable whereas mental retardation cannot be treated completely. A person with mental illness does not born with such a kind of condition but is a victim of life situations. It is the onus of the larger society to accept and work for lessening their trauma and to make efforts to help these individuals not face the
discrimination and stigma which accompanies them even after they have recovered or are in a situation that is irreversible.

6.2 DEFINITIONS

Mental retardation and mental illness have been included in the Persons with Disabilities Act, 1995 (PWD Act, 1995). According to the PWD Act, 1995 mental impairment refers to a condition of arrested or incomplete development of mind of a person, which is specially, characterized by sub-normality of intelligence, that is, cognitive, language, motor or social abilities.

The National Sample Survey Organization (NSSO), (2002) defined persons with mental retardation as those persons having difficulty in understanding instruction, who do not carry out his/her activities like other of his/her age or exhibited behaviors like talking to self, laughing/crying, scaring, violence, fear and suspicion without reasons. Above conditions must be present since birth/childhood, or before age of 18 years.

Mental illness can be defined as the state of emotional imbalance which becomes severe to a degree when the individual fails to cope with the daily living activities and stresses of day to day activities at home, at work, in raising children, dealing with relationships, doing activities for self growth and losing contact with reality. Mental illness affects a person’s productivity at workplace, economic growth, and family relationships.

An individual suffering from mental illness shows characteristic pattern of behaviour associated with distress, disability and suffering. The brain controls our various emotions, feelings, cognition, behaviour, social interactions, logical thinking, planning etc. Medical research reflects that abnormality in the structure, chemical composition, and working of the brain leads to mental illness. Mental illness and mental retardation affect not only the personal wellbeing but the other aspects of life.

According to the Census, 2001 and the National Sample Survey Organization (NSSO), 2002 about 10 percent of the persons have mental disabilities from the total population being of about 2.19 crore people with disabilities who constitute about 2.13 percent of the total population.

The major areas that are affected in mental retardation and illness are as follows:

1) Daily living activities like self care, feeding, grooming etc.
2) Hinders social relationships like communication and social skills, skills to form relationships, skills to take care of others,
3) Occupational functioning like to get and hold a job, to do housework, scholastic achievement can also affected by mental disorder and illness.

6.3 CLASSIFICATIONS OF MENTAL RETARDATION

Albert Binet in 1973 gave the concept of mental age. According to him generally children at particular age with normal intelligence have mental level according
to that age this mental level is called mental age. William Stern (1976) suggested multiplying this ratio by a hundred so as to avoid fractions and thus came the concept of intelligence quotient (IQ).

Intelligence Quotient is calculated by the following formula:

\[
IQ = \frac{MA}{CA} \times 100
\]

Where IQ = Intelligence Quotient  
MA = Mental Age  
CA = Chronological Age

Mentally retarded persons have low intelligence in comparison with normal person and degree of their retardation differs from one group of retarded person to another. The persons with mental retardation are generally divided into four categories according to their Intelligence Quotient (IQ):

1) Mild Retardation – IQ – 50-70  
2) Moderate Retardation – IQ – 35-49  
3) Severe Retardation – IQ – 20-34  
4) Profound Retardation – IQ – under 20

**Educational Classifications of Children with Mental Retardation**

The mental retarded persons can be defined on the basis of their ability to educate. Mental retarded children have been divided into three groups (Kirk, Karnes and Kirk, 1995).

These are:

*Educable*: The child with mental retardation can be called educable if he or she can learn simple academic skills. These children cannot progress above fourth grade level.

*Trainable*: The trainable mentally challenged child could learn to take care of his or her daily needs but can learn very few academic skills.

*Un-trainable*: The mentally retarded children who are dependent and considered in need of long term care at home or residential setting are known as un-trainable.

According to Elkind and Weiner (1978) mentally retarded persons are generally classified in the following four categories:

<table>
<thead>
<tr>
<th>Level of Mental Retardation</th>
<th>IQ</th>
<th>Level of Educational Retardation</th>
<th>Characteristics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mildly Retarded</td>
<td>55-69</td>
<td>Educable Retardates</td>
<td>Children at this level may lag behind somewhat in their early development, but they are seldom identified as retarded until they enter middle or elementary school. These children are also called slow learners at school.</td>
</tr>
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</table>
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</thead>
<tbody>
<tr>
<td>Moderately</td>
<td>40-54</td>
<td>Trainable Retardates</td>
<td>Children at this level may lag behind noticeably in developing</td>
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<tr>
<td>Retarded</td>
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<td>communication and motor skills during the preschool years. They</td>
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<td>usually can’t master useful academic skills especially</td>
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<td>mathematical abilities are poor. Though, these</td>
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<td>children can be trained to master a</td>
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<td>specific skill and under instructions</td>
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<td>be able to perform the task. They can</td>
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<td></td>
<td>take care of themselves.</td>
</tr>
<tr>
<td>Severe</td>
<td>25-39</td>
<td>Untrainable or Custodial</td>
<td>Children at this level usually cannot</td>
</tr>
<tr>
<td>Retarded</td>
<td></td>
<td>Retardation</td>
<td>take care of themselves and require institutionalization, usually</td>
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<td>early in life. They may learn basic self-care</td>
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<td></td>
<td>skills such as feeding and dressing. They are able to take care</td>
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<td></td>
<td></td>
<td>of themselves to some extent.</td>
</tr>
<tr>
<td>Profound</td>
<td>Below 25</td>
<td>Dependent</td>
<td>Children at this level need total nursing care for themselves</td>
</tr>
<tr>
<td>Retarded</td>
<td></td>
<td></td>
<td>throughout life. They may not be able to feed themselves, control</td>
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<td></td>
<td>their bowels or walk. Caretaker needs to be present for taking</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>care of them throughout their life.</td>
</tr>
</tbody>
</table>

Check Your Progress I

Fill up the Blanks

1) Mental retardation and mental illness have been included in the ........
........................................................................

2) An individual suffering from ................................ shows characteristic
pattern of behaviour associated with distress, disability and suffering.

3) Mentally retarded persons have ................ intelligence in comparison
with normal person.

4) The ......................... child could learn to take care of his or her daily
needs but can learn very few academic skills.

6.4 SYMPTOMS OF MENTAL ILLNESS

Usually the persons with mental illness looks normal and sometimes behave
normal but they show a variety of behaviors exhibiting that appear to be abnormal
in normal day to day living. Mental illness may be identified in the following
ways:

Anxiety: The person with mental illness shows irrational anxieties like fear of
danger, actual or perceived and it gets manifested in the form of trembling,
restlessness, muscle tension, increase in heart rate, feeling of dizziness,
perspiration, developing cold hands and feet, having shortness of breath.
**Psychosis:** Psychosis can be referred as a set of symptoms that occur due to disturbances in perception and thought processes. Psychotic individual may show signs of hallucination and delusions.

**Disturbances in Mood:** This is manifested in either as a sustained feeling of sadness or sustained elevation of mood, termed as depression and mania respectively. A depressed person shows a feeling of continued sadness, feels difficulty in sleeping, has a decreased appetite, is unable to express pleasure, has poor motivation, is socially withdrawn, has poor self esteem and frequently thinks and talks about suicide. A person with elevated mood is always in a happy mood, has inappropriately high esteem, sleeps less, is easily distracted.

**Disturbances in Cognition:** The mentally ill persons have disturbances in the cognitive functions like short term memory, attention concentration, language abilities, logical thinking. In medical terms an ongoing deterioration in cognitive functions is referred to dementia.

### 6.5 CHARACTERISTICS OF CHILDREN WITH MENTAL RETARDATION

Children with mental retardation shows some specific characters like these children learn to sit up, crawl, walk and learn to talk later than normal children. They may have trouble in speaking.

Their memory is poor. These children are unable to grasp social rules. These children have limitations of cognitive functions like understanding cause and effect, solving problems, thinking logically. They required more repetition. They take long to learn personal skills of self dressing, self eating, toileting etc. Attention span of such children is low. Some of these children have language and speech problems. These children lag behind normal children in their academic achievement. Usually they have poor self concept. The characteristics of children with mental retardation have been outlined below.

I) **Physical Characteristics:** Children with mental retardation may have specific physical characteristics. In the case of microcephally head circumference of children with mental retardation is less than the normal children and, in the case of hydrocephally the head circumference is larger than normal as head is filled with liquid. Children suffering from Down’s syndrome generally have short and stout stature, thick fingers or club fingers and toes, moon shaped eyes, small nose, wide spacing between eyes, mouth is usually open and fissures in the tongue, saliva comes out of mouth, etc. Children with mental retardation have clumsy gait and may also give blank looks. Children with mental retardation may have hoarse or broken voice. The growth and development of Children with mental retardation follows the same developmental pattern as of normal children but their abilities are quite delayed depending upon their mental age. Motor activities like walking on one line, jumping, hopping, etc develop according to the mental or intellectual functioning of the child.

II) **Cognitive Characteristics:** Cognitive abilities and functioning of children with mental retardation is immensely affected according to the IQ of the child. Lower the IQ, higher the mental retardation and lower the cognitive
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abilities and cognitive functioning. Some of the specific cognitive limitations are as below:

i) **Memory skills**: Children with mental retardation have memory deficits. Higher the level of mental retardation lowers the remembering abilities in the child. Short term memory – remembering sequence of events – recalling information among children with mental retardation is deficit. These children require more of repetition, rehearsal as compared to their non-disabled peer group to learn a task, which includes learning daily living skills and habits.

ii) **Learning rate**: Learning rate among children with mental retardation is lower compared to normal children. Incidental learning and observational learning among children with mental retardation is quite low when compared to the normal children in the same age group.

iii) **Attention span**: Attention span among children with mental retardation is lower than normal children. It becomes critical among these children to pay attention to all aspects of a given task for example, placards containing geometric shape, colours, size, design, etc. Children with mental retardation would require bigger placards emphasizing as far as possible only one aspect like size, shape, colour etc.

iv) **Generalization of rules**: Children with mental retardation have difficulty in generalizing rules learnt in a particular task / event / situation to be able to apply the learnt rule in another similar situation / task / event.

III) **Behavioural Characteristics**: Behavioural characteristics and concerns of children with mental retardation are quite different from their non-disabled peer group. Social and emotional behaviour problems in children with mental retardation are more when compared to normal children.

i) **Self motivation**: Self motivation among children with mental retardation is not high and therefore they avoid performing leading role or initiating any activity.

ii) **Adaptive behaviour**: Adaptive behaviour requiring dealing with new situations or circumstances is limited in children with mental retardation.

iii) **Emotional and behavioural competencies**: Emotional and behavioural competencies in children with mental retardation are low and generally have more problems among children with mental retardation. There behaviour at times exhibits more self-injury behaviour, lack of self control, aggressiveness towards others as compared to normal peer group.

IV) **Social Characteristics**: Social relationships of children with mental retardation are impeded upon due to poor cognitive abilities, language skills, emotional inappropriate out bursts, avoidance of eye contact and incoherent motor activities.

i) **Self care skills**: Depending upon the level of mental retardation the ability to take self care and application of daily living skills is impacted upon. Higher the mental retardation lowers the ability to self care.
ii) **Social interaction:** The children with mental retardation shy from social gatherings and avoid social interaction. The parents and family members of these individuals also avoid taking their mentally challenged ward to family outings especially social gatherings like weddings and religious places.

<table>
<thead>
<tr>
<th>Check Your Progress II</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>State true or false:</strong></td>
</tr>
<tr>
<td>1) The person with mental retardation shows irrational anxieties like fear of danger.</td>
</tr>
<tr>
<td>2) Psychosis can be referred as a set of symptoms that occur due to disturbances in perception and thought processes.</td>
</tr>
<tr>
<td>3) Mental retarded children have limitations of cognitive functions like understanding cause and effect, solving problems, thinking logically.</td>
</tr>
<tr>
<td>4) The mentally ill persons have not disturbances in the cognitive functions like short term memory, attention concentration, language abilities, logical thinking.</td>
</tr>
</tbody>
</table>

### 6.6 CAUSES OF MENTAL RETARDATION AND MENTAL ILLNESS

In this section we will discuss the factors that lead to mental retardations as well mental illness. Let us discuss the causes of mental retardation first.

**Causes of Mental Retardation**

There are number of factors that lead to mental retardation. The child can become mentally retardation even before birth till 18 years of age. At times, the cause of mental retardation is unknown. The various known reasons for mental retardation are as follows:

**Biological Factors:** Mental retardation is caused by genetic factors that the child inherits from the parents in form of genes. The error in genes and chromosomes occurs when the meiosis of the genes takes place. These conditions are:

- **Down syndrome:** The person with down syndrome has as extra or deviant chromosome. Chromosomes are made of genetic material called genes. A normal human being has 46 chromosomes or twenty-three pairs of chromosomes. The genes within twenty-two chromosomes (autosomes or non-sex chromosomes) have duplicate gene on the matching pair of those chromosomes. The twenty-third pair chromosome is called sex chromosome. In down syndrome is the disorder of 21st chromosome. These are of three types:
  
  **Trisomy 21:** In this there is an extra 21st chromosome; instead of having a pair of 21 chromosome it has three 21 chromosome causing a condition called trisomy.

  **Masoicism (Mosaic type):** In this the person shows trisomy 21 only in a portion of the analysis of blood or skin cells and the rest shows normal 46 chromosomes. So, some part of the body has faulty development while some is normally developed.
Translocation: In this extra, all or part of the extra chromosome of 21st pair becomes attached to another chromosome pair.

- Phenylketonuria (PKU): Phenylketonuria is an inability of the body to convert an amino acid called as phenylonine to tyrosine due to lack of the enzyme called as phenylalanine hydroxylace. The accumulation of phenylonine leads to abnormal brain development.

- Tay-Sachs disease: A Tay-Sachs disease occurs when both mother and father are carriers. In this the brain damages eventually which leads to death.

- Fragile X Syndrome: Fragile X Syndrome happens from a mutation on the long arm of the X chromosome. It affects about twice as many males as females.

Environmental Factors

Mental retardation may occur due to certain environmental reasons. These factors affect the brain development either before birth (Pre-natal), at the time of birth (Peri-natal) or after birth (Post-natal). These may be as:

Pre-natal Factors

Illness during pregnancy: The mal-development of the embryo or fetus resulting occurs in mental retardation if the mother suffers from certain diseases like: German measles (Rubella) in the first trimester of pregnancy, Toxemia, Syphilis, Influenza etc.

Rh Incompatibility- Incompatibility between the Rh factor and blood group of the mother’s blood and that of the fetus – Bilirubin encephalopathy.

Smoking and drinking alcohol: Woman drinks alcohol leads to fetal alcohol syndrome. Smoking also affects foetus adversely.

Effects of lead: Heavy metals like lead, cadmium, mercury affects the prenatal development human brain.

Prescribed and non prescribed drugs: Drugs and radiation can effect foetus development and leads to mental retardation.

Peri-natal Factors

Some of the factors that affect the foetus mental and physical health during delivery are lack of oxygen (called anoxia) to the central nervous system during the birth process. Use of forceps during birth as it may fracture the skull and cause brain damage. Sometimes neo natal jaundice also leads mental retardation.

Post Natal Factors

The factors that can lead to mental retardation after birth as normal child are: Illness like meningitis, encephalitis, whooping cough, measles or Asphyxia under anesthesia or from drowning or cardiac arrest may lead to permanent brain damage. Malnutrition and lack of protein during early childhood years has an adverse effect on intellectual functioning. Niemann – Pick disease – Disorder of lipid metabolism during early infancy also results in mental retardation.
Causes for Mental Illness

Mental illness can never be caused by a single factor. The factors are environmental or genetic makeup of an individual. It is the interplay between the individual’s predisposition to stress both physically and emotionally, his family environment, presence of external stressors, presence of moral and emotional backup of family, friends, neighbours, and social security systems etc. that determine and influence the manifestation of mental illness in an individual. Let us discuss the various biological and environmental factors that can lead to mental illness:

• Biological Factors

No single gene or even a combination of genes dictates whether someone will have an illness or a particular behavioral trait. Rather, mental illness appears to result from the interaction of multiple genes that puts an individual to risk, and this risk is converted into illness by the interaction of genes with environmental factors. It is seen the family history of mental illness increases the chances of person to become mentally ill.

• Environmental Factors

A positive healthy relationship between the family members like husband-wife, parent-child, and siblings helps to develop conflict free environment to grow and understand the rules of the world and create a niche for themselves. Conflicts between parents or family members resulting in fights, abuse, severely affect not only the person in conflicts but also the children. Breaking up of family lead to child’s lowering of self image, confidence that may manifest in the child showing behavioral problems, academic failure, aggression, or social withdrawal. Early experiences at school and academic performance due to child’s innate abilities or inabilities, extraneous factors as inadequate tutoring, lack of resources, parental support and guidance in studies also affect the child’s attitude towards school and as a whole on the idea of importance of education. These reactions to stress if unattended may result in development of a person who is weak mentally and may breakdown and fall prey to mental disorders and social ills.

Check Your Progress III

Note: Use the space provided for your answer.

1) List the major biological factors for mental retardation.

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2) What are the prenatal factors of mental retardation?

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3.) Write short note on biological causes of mental illness.
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6.7 PREVENTION OF MENTAL RETARDATION AND MENTAL ILLNESS

Prevention of Mental Retardation

Some of the factors discussed below could prevent the problem of mental retardation to a large extent:

**Biological Factors:** It is very difficult to control the biological factors that cause mental retardation but by taking some preventative measures we can avoid mental retardation in children like: avoid late pregnancy, genetic counseling and avoid consanguineous marriages.

**Environmental Factors:** By controlling the environmental factors we can save child from mental retardation like rubella vaccination before conceiving, proper health care management during pregnancy, avoid alcohol, smoking, drugs, and irradiation during pregnancy. Women with PKU should follow a special diet when they are pregnant. Good nutrition to pregnant woman and proper medical facility at the time of birth can help to prevent child from mental retardation.

After child birth also some factors should keep in mind to prevent mental retardation like food of good nutritive value containing high protein food for young children, proper immunization and avoid head injuries and accidents.

**Prevention from Mental Illness**

To prevent a person from mental illness one should avoid situations and take steps before it goes out of hand so that the condition does not set in and manifest itself. Prevention includes identifying the risk and protective factors for a condition. Family gives rise to both protective and risk factors for mental illness. Strenuous life style, too demanding work environment, idealistic expectations from self and others, all contribute to increase the risk of mental illness. Yoga; meditation; structured routine, exercise should be part of one’s life style.
Discussing issues with someone whom you consider yourself close in the family or friend circle; timely consultation of personnel such as psychiatric social workers, psychologists, child and human development experts, counsellors, family therapists etc. should be consulted depending upon the problem at hand. Family outings, social gatherings, friends’ day out, religious activities, visiting religious places like temple, church, mosque, gurdwara, etc. are other such activities which need to be planned and followed to protect a person from mental illness.

6.8 ROLE OF COMMUNITY MEMBERS

Support System for Mentally Retarded Children

All children whether mentally retarded or not learn and are affected by their environment. Role of the community members hence becomes important. Community members dealing with the mentally retarded child needs to be more compassionate, patient and skillful in meeting the challenges of their child. Teachers and parents are two important community members who influence the mentally retarded child the most.

- **Teachers:** Special educators are kept for mentally retarded children. Many children go to normal schools and attend special classes. All schools follow IEP or Individualized Education Program to teach the child according to the child’s unique abilities, needs and requirements. A well-organized and structured classroom environment should be provided. Teachers need to motivate the child to learn. Tools, equipment and material present in the classroom should be child-friendly. Teachers can make the child learn things using concrete and simple verbatim. Parents of these children should be taken into confidence and both parents and teachers should work together for the child’s optimum growth. Both parents and teachers should follow the same educational plan at a given time. Repetition and reinforcement are two important methods of teaching mentally retarded child.

- **Parents:** Parents need to overcome their shock and grief quickly to take care of their retarded child. They should learn more about their child. They should encourage and motivate their child to do things rather than making the child dependent on them. They should include their child in family functions and celebrations. Parents should be in constant meeting with the teachers. They should follow the same educational plan as of teachers. Repetition, reinforcement along with motivation, encouragement, providing opportunities to act and do is important teaching methods for the parents of the mentally retarded child. Parents should also participate in parent support groups to share their experiences and feelings.

Support System for Mental Ill Persons

Treatment of a mentally ill person revolves around therapy and medication. Therapy can be given to an individual, to a group of two or more individuals, to a family. Recovering from mental illness signifies returning back to socially and culturally accepted forms of conduct and functioning. It implies that the individual is not showing any more signs of behavioral abnormality but also needs to be accepted into the fold of the social fabric from which he had lost contact. This acceptance becomes a two-way process—the individual takes the initiative and does not shy away as he may feel traumatized due to the discrimination and
stigma attached to the nature of his illness that he was suffering from in the past. Secondly the members of the society also welcome him into relationships, work, recreation, self expression and other aspects of daily living. The family and relatives, rehabilitation workers, friends and peers and self help groups can serve as a firm and solid base for offering motivation, and moral support, identity, self worth, and dignity to the individual.

Governmental Initiatives in the Social Welfare Sector

I) The Acts and Legislations

The Government of India has passed various legislations for the welfare and rehabilitation of persons with disabilities. The Acts and legislation passed by the government of India are:-

- National Trust for the Welfare of Persons with Autism, Cerebral Palsy Mental Retardation and Multiple Disabilities Act 1999.

i) Rehabilitation Council of India (RCI) Act, 1992

The Government of India set up Rehabilitation Council, as a registered society under the Societies Registration Act, 1860. Thereafter, it was converted to statutory body under the Rehabilitation Council of India Act, 1992 and, this was set up with the twin responsibilities of standardizing and regulating the training of personnel and professionals in the field of rehabilitation and special education. The RCI Act was subsequently amended in 2000, to establish a statutory mechanism for monitoring and standardizing courses for the training of professionals required in the field of special education and rehabilitation of persons with disability.


Persons with Disabilities (Equal Opportunities, Protection of Rights & Full Participation) Act, 1995 was a landmark legislation in the history in India. It provides for education, employment, creation of barrier free environment, social security etc. for the persons with disability. This comprehensive Act covers seven disabilities, namely blindness, low vision, hearing impaired, loco-motor impaired, mental retardation, leprosy cured and mental illness. It provides for access to free education in an appropriate environment till the child with disability attains the age of eighteen years; and promotes integration of student with disabilities in normal schools.

iii) National Trust for the Welfare of Persons with Autism, Cerebral Palsy, Mental Retardation and Multiple Disabilities Act, 1999.

The National Trust Act, 1999 seeks to protect and promote the rights of persons who, within the disability sector, have been even more marginalized than others. The Trust reaches out to disabled persons and their families and provides a range of relief and care services. It provides
for legal guardianship of the four categories - autism, cerebral palsy, mental retardation and multiple disabilities, and for creation of enabling environment for independent living of persons with disability as much as possible; and, promotes inclusion and independence by creating barrier-free environment, developing functional skills among the disabled and promoting self-help groups.

II) The National Institutes

The following are the National Institutes / Apex level institutions which have been setup in each major areas of disability:-

i) National Institute for the Visually Handicapped (NIVH), Dehradun

ii) National Institute for the Orthopaedically Handicapped (NIOH), Calcutta

iii) Ali Yavar Jung National Institute for the Hearing Handicapped (NIHH), Mumbai

iv) National Institute for Mentally Handicapped (NIMH), Secundrabad

v) National Institute for Rehabilitation Training and Research, Cuttack

vi) Institute for the Physically Handicapped (IPH), New Delhi

vii) National Institute for Empowerment of persons with multiple Disabilities (NIEPMD), Chennai.

III) The Other Schemes

The Ministry of Social Justice & Empowerment is the nodal agency of the Central Government that promotes services for the people with disabilities through its various schemes. Some of such schemes are:-

i) District Rehabilitation Centre (DRC) project

   The District Rehabilitation Centre scheme was launched in 1985 to provide comprehensive rehabilitation services to the rural disabled. At present there are 11 DRCs in 10 States in India.

ii) Regional Rehabilitation Training Centre (RRTC)

   Four Regional Rehabilitation Training Centres have been functioning under the DRCs scheme at Mumbai, Chennai, Cuttack and Lucknow since 1985 for the training of village level functionaries, professionals and concerned officials.

iii) National Information Centre on Disability & Rehabilitation (NICDR)

   A National Information Centre on Disability and Rehabilitation was set up in 1987 to provide a database for comprehensive information on all facilities and welfare services for the disabled within the country.

iv) National Council for Handicapped Welfare

   National council for handicapped welfare provides for coordinating and providing comprehensive approach to research, training and services for the disabled population and evolving a National Plan of Action.
v) **National Handicapped Finance & Development Corporation**

National Handicapped Finance & Development Corporation promotes to make the persons with disabilities self reliant, economically productive and to bring them into the mainstream of economic activity.

vi) **Assistance through Overseas Development Administration, UK**

vii) **Training in the UK under the Colombo Plan**

Under this scheme officers/functionaries from NGOs providing welfare services to the handicapped and disadvantaged are sponsored for undergoing training in the UK under the Colombo Plan.

viii) **UNICEF Assistance in collaboration with the Government of India**

ix) **National Awards**

On the occasion of the World Disabled Day every year, the president of India gives away National Awards in relation to the organizations/institutions working in the disability sector or employing persons with disability in the organization/institution. The following awards are given to:

- The Best Employee
- The Best Employer
- The Best Individual
- The Best Institution
- The Best Placement officer

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**Check Your Progress IV**

**Note:** Use the space provided for your answer.

1) **How can we prevent mental retardation in children?**

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2) **What is the role of teacher in rehabilitation of mentally retarded child?**

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6.9 LET US SUM UP

- Mental retardation commonly means a person having below average intelligence. Mentally retarded person has limited mental/cognitive functioning, communication skills and social skills. Mental retardation and mental illness are mentioned in the Persons with Disabilities Act, 1995 (PWD Act, 1995) of India.

- General categories of mental retardation are:
  - Mild Retardation - IQ 50 – 70
  - Moderate - IQ 35 – 49
  - Severe - IQ 20 – 34
  - Profound - Under 20

- Mental retardation can be caused due to genetic factors, prenatal, perinatal and postnatal causes. Mentally retarded child is characterized by all behaviors like to sit, stand, walk, toilet training, speech to lag behind the normal child. Mentally retarded child can be prevented by avoiding late pregnancy adequate care and treatment during pregnancy, avoid head injuries etc.

- Interventions by educators, family counselors, parent training, and assistive technology are used for mentally retarded child. Role of community members, teachers and parents is significant for the optimum development of mentally retarded child.

- Mental illness is defined as a state in which the person fails to be a productive and useful member of the society. Mental illness is a state that can put a person in a flux. To get out of this situation the individual’s ability to recoup and the support that he receives from his social network are important. It is caused due to the interplay between both genetic and environmental factors. Treatment of mental illness involves medication and therapy.

- Provisions provided by the government of India for the welfare of the persons with disability have been outlined.

6.10 FURTHER READINGS AND REFERENCES

Current situation of persons with disabilities
http://www.apcdproject.org/country/profile/india/indi_current.html


World Health organization ICIDH-2: International Classification of functioning and Disability. www.deakin.edu.au


Mental retardation no. more-New Name is Intellectual and Developmental Disabilities. The American Association on Intellectual and Developmental Disabilities (AAIDD).


Mental Retardation File://D:\MR\Mental Retardation.htm

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