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Resilience and coping compared between war- and- HIV / AIDS affected children and implications: Experiences of children in eastern African countries

Belay Tefera*

War and HIV were the single most potent factors predisposing African children to a host of problems today. While war has been in place for the turn of centuries, HIV was rather relatively a new challenge. It was hypothesized in this regard that war-affected children have managed to survive the effect of armed conflicts and, hence, there are lessons to be drawn from such experiences to caring for and supporting the HIV-affected children. Data were collected from 529 children (276 war-and 253 HIV-affected) drawn from four East African countries (Ethiopia, Kenya, Uganda, and South Sudan) using a structured questionnaire. Findings indicated that both affected children had a lot of common psychological, social, economic and health concerns. The war-affected children had still witnessed a number of unforgettable bad experiences during and after displacement. Despite all these problems, the findings suggested that in tune with our hypothesis, the war-affected children were found to be more resilient than the other group. Four major protective factors were identified explaining this resiliency: the nature of the problem, mechanisms employed to coping with this problem, views children had developed about the factor (the war) affecting them, and care and support obtained in the process. These findings about the old problem were believed to suggest important lessons for managing our new problem; changing the situation of HIV/ AIDS-affected children: helping them accept the reality, externalize causes, develop positive thinking and transcendence, see the self as an agent of change, and develop self-help skills.

Keywords: *Resilience, Coping, Stress, War-affected Children, HIV-affected Children, Children in Africa, Children in Ethiopia.*

INTRODUCTION

War and HIV are threats to peace and security; devastate children by orphaning millions and straining community resources. They destruct the very foundations of children's lives by destroying their homes, their communities, and their trust in adults; eventually predisposing them to a host of psychosocial problems (Fourie & Schonteich, 2001). However, we can't say that the two potential stressors are perceived in the same way (Lazarus, 1996).

In fact, experience with war-affected children appears to show that children do indeed survive and function well under war-induced adverse conditions. A particular example is the case of 'the lost boys' of Sudan

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who have undergone multiple traumatic experiences while trekking in to Ethiopia and then to Kenya seeking refuge. These were group of young orphaned refugees forced from their villages by war to trek hundreds of miles through the wilderness. However, the negative impacts of all their exposure to various traumatic events have been found insignificant compared to the intensity of adversity they had been exposed to. This was partly supported, for instance, in a survey which indicated that, contrary to our expectation, Southern Sudanese children employ violence and aggression as a means of conflict resolution less frequently than those children who were least exposed to war situation (Belay, 2004). This outcome of successful adaptation despite challenging and threatening circumstances, also called 'resilience (Masten, Wright & Garmezy, 2009), may raise our need for examining what works in the background so that lessons can be drawn.

Research has of course documented a number of possible factors promoting resilience. Coping is one such important factor thoroughly investigated in resilience research. It is a cognitive strategy mobilized to manage demands taxing or exceeding the resources of the child (Lazarus, 1996). It can be problem- focused involving activities geared toward eliminating the problems or emotion-focused attempting to reduce or eliminate the emotional discomfort attached to the problem (Folkman & Moskowitz, 2000, 2004). Coping can also be of an approach type in which attempts are made to cope with the stressor directly dealing with it or its consequences or of an avoidance type that attempt to withdrew from or avoid the stressor (Penley et al., 2002; Stanton et al., 2000). It is interesting then to know how the war-and-HIV-affected children cope with their respective problems. Do for example, war-affected children use more effective (problem-focused and approach-style) coping than emotion-focused and avoidant style compared to children affected by HIV?

Resilience research has also identified other factors defining resilience along with coping skills (Eisen-berg & Fabes, 1997; Masten Wright, & Garmezy, 2009). Compiling the findings in the field, we may generally sat that resilient children are competent and effective problem-solvers (Masten, Wright & Garmezy, 2009), have cognitive skills of reflectiveness (Markstrom & Tryon, 2007), are self-efficacious, optimist, hopeful and constructive (Seligman, 1995), are friendly, well liked, independent, and sensitive to others (Eisen-berg & Fabes, 1997); show lesser symptoms of anxiety, hyper arousal, sleep problems, nightmares, exaggerated startle responses, and intrusive images or thoughts (in Masten, Wright & Garmezy, 2009); engage in organized tasks (Eisen-berg & Fabes, 1997); involve in group activities to respond to common threats as in ethnic minorities' reactions to domination (Chen & Yu, 1997; Markstrom & Tryon, 2007; Keballo & Fabes, 2011), and have strong support systems at various levels (Masten, Wright & Garmezy,

2009). Our concern along these experiences is 'how the affected children stand out in terms of these dimensions of resiliency and if there are lessons to be drawn from the comparison.

In general, resilience research has shown that a number of personal, psychological, social, cultural, and economic factors affect the child's transaction towards resilience. Despite this burgeoning research, there is, however, a paucity of knowledge as regards the impacts of armed conflict and HIV. For instance, how do war- and- HIV-affected children transact with the environment managing in the process the risky ventures and cultivating the protective ones? How do the two groups compare in terms of coping mechanisms, risky/ protective factors and behaviors? Are there lessons that could be learned from experiences of the war-affected children in helping HIV-affected children? What has enabled war-affected children, if any, to survive amidst war- induced chaos and why are such enabling factors possibly missing in HIV…? *The objective of this research is to check the hypothesis that war-affected children are more resilient and, hence, there are lessons to be drawn from their resiliency to caring for and supporting the HIV-affected children.*

METHOD

Study Sites: This study was conducted in four East African countries (Ethiopia, Kenya, Uganda and South Sudan) that appear vulnerable both to armed conflict and HIV. The East African sub-Sahara has been the most volatile region plagued with incessant armed conflicts over the last couple of decades. The Ethio-Eritrean border conflict forcing a significant number of people to leave their homes and properties behind and flee to Ethiopia (Save the Children Denmark, 2001); the civil war in Sudan fought between the dominantly Christian South and the Muslim North for 20 years resulting into an estimated number of 4 million displaced persons, a death of about 2 million ones (in Belay, 2004), conscription of over 38,000 children (ages less than 18 years) into the army, and abduction of about 35,000 children (UNICEF, 2000); Ugandan Government's fight with the Lord's Resistance Army (LRA) rebels in the north for over 19 years where, amidst a series of planned peace talks and mediations, about1.6 million people were forced into squalid camps in the north, which were often threatened by groups of rebel fighters notorious for targeting civilians, mostly women and children (The Ethiopian Herald, 2005, P..6); tribal clashes in Keneya related to land occupation (in such limited rural areas as Eldoret, Siya, and Mombasa) and voting right violations that claimed the life of many Kenyans, for example, during the previous elections.

In situations of conflict, the risk of sexual violence increases dramatically. There are large numbers of mobile, vulnerable and unaccompanied women who become easy prey for rapists (in Ateka,

2001). For this and a lot more other reasons like poverty, lack of awareness, and cultural factors (Ateka, 2001), there still is a high prevalence of HIV in the East African region. At the end of 2005 alone, about 70% of the 40 million people living with HIV were in sub-Saharan Africa (UNAIDS, 2005). Excepting for South Sudan, the prevalence rate in the other three countries appears to be the highest. For example, in the study site in Ethiopia (i.e. Woldiya Town) the prevalence rate of HIV was estimated at the rate of 11 percent at the time of data collection. The Kampala Community of Uganda also seemed to have the highest prevalent rate though ARVs had somehow reversed the bad miserable appearances of the HIV victims. The Tororo Region of Uganda, the other research site, is in the Kenya-Uganda border and the long distance truck drivers contributed here in the spread of a variety of strains of HIV. Most children were HIV orphaned in this area. Nairobi and three other three rural areas sampled were noted to be the highest affected regions in Keneya. These areas seemed densely populated, unclean, many children malnourished, children unkempt but very happy planning about as if nothing was wrong. HIV-affected children were relatively smaller, less visible, inaccessible, and not considered from South Sudan.

Participants: "Affected children" are used to represent both the war-affected and HIV-affected persons with ages between 10 to 20 years. HIV-affected child was a child with one or both parents either AIDS patient/s or dead because of HIV. As a result, such child was expected to live under the custody of adopting parents, institutions, grandparents, neighbors, relatives, or others. The child could be HIV positive or negative. War-affected child was the one who was in a war- active zone sometime in the past, has witnessed or personally experienced a war-induced violence, and then got displaced from one's homeland.

Respondents of the two groups (i.e. war and HIV) were sampled from the same area/ town or city in each country. The interviewers had made adequate consultations with gate keepers to locate the potential participants and the final selection was based on willingness of the nominated child and guardian. In fact, sampling procedures were governed by practical considerations and accessibility concerns and, hence, were highly varied from site to site. A total of 529 children were considered from the four countries; 52.15% war-affected and 47.83% HIV–affected children. No HIV-affected children were considered in South Sudan.

The mean age of the participants was 14.92 years. About 54.67% were boys and the proportion of the two sexes was comparable in the two groups. Over 90% were school going children; the average grade attended being Grade 6. Attempts were made to match the two groups of children (in terms of grade, age, gender mix, family profile…) except for the variable selected to affect them (war-displacement and HIV).

Tools: Structured questionnaire was administered to the children. Contents of this questionnaire included background measures, Measures of (material, psychosocial and special) need satisfaction, resilience measures (psychological wellness, self-views, and general social attitudes), coping measures, measures of engagements in organized activities, and support provisions (positive and negative). Many of the items were close-ended (rating and selection type) while some required short descriptive responses.

Procedures: The questionnaire was pilot-tested to improve its content validity, reliability, and practicality. Contents were revised based on responses obtained from open-ended items. Length of items and linguistic difficulties were reduced and readjusted to make them friendlier to the children. Reliability indices of the subscales were checked for appropriateness. The indices for the final versions ranged between a Cronbach alpha of 0.75 to 0.87. As regards procedures of analysis, data were squeezed and presented variable-wise in the interest of space. Tables were used only when it was absolutely necessary to do so. Readers interested in content details that make up each variable can contact the authors. The two groups were consistently compared through an independent mean test. But, in only one case, Z-test was employed to compare proportions of the two groups.

RESULTS

Children's Living Arrangement: Almost over half of the children live with non-parents at the moment. The non-parents for the majority of war-affected children were adopting parents while they were grandparents and relatives for the HIV–affected group. In the same way, the proportion of the war-affected children living with neighbors and friends was more than the HIV-affected group. This may suggest that opportunities for alternative care were limited for the HIV-affected children and in the face of such restrictions these children seemed to resort to grandparents. In the same way, children with more opportunities for alternative care (i.e., the war-affected group) were less observed to live with grandparents; again suggesting that grandparents may be involved only when there was no any other choice. Note also that about 13.99% of the children seemed to have more than one living arrangement simultaneously. The possibility for such (forced or preferred) living arrangement appeared more among the war-affected group (i.e., about 21.38%) compared to the HIV-affected (i.e.; about 8% only). When asked about the reasons why they were not living with grandparents, relatives, and neighbors, those HIV-affected children who lived alone or in an institution indicated, among other reasons, that they have already lived with such parents. Other reasons were 'unwelcoming attitude of other persons' for the HIV-affected group. Group-wise, war-affected

children mentioned "need for independence" as a reason three times more than the HIV group.

Parental Conditions: only 16.64% of the children had both healthy parents. In the remaining majority, either one or both parents were sick or dead. The situation seemed graver for the HIV-affected (only 4.35%) compared to the war-affected group (the 1/3rd or 27.90%). On the other hand, the majority (57.31%) of the HIV-affected children had either both or one parent dead or sick compared with the 33.33% for the war-affected group. This may mean then that the HIV-affected children as a group are proportionately more affected by parental loss or experiences that accompany staying with sick parents such as the burden of caring for them.

Children's Notable Experiences: in an open-ended item, children were asked to describe their unforgettable bad experiences witnessed during and after displacement. Many of them reported sufferings, abuses, killings, destructions of property and separation from others happening, in part, to themselves, their parents, siblings and others including relatives, neighbors, and /or unknown others. Once in the place of destination, they also experienced serious **economic** *(lack of sufficient food, clothing and shelter; lack of access to medical services because of finance),* **educational** *(schooling interrupted or else poor attendance…),* **psychological** *(fear, anxiety, suspiciousness, insecurity, feeling of despair / hopelessness, dependency, instability, loneliness…),* and **interpersonal problems** *(different forms of abuses, loneliness, parental loss, family conflict, isolation, stigma, streetism, prostitution).*

The HIV-affected group have experienced more or less similar (economic, educational, psychological and social) concerns with some added problems: *nursing sick parents, witnessing the death of parents after painful suffering in front of one's eyes, grieving their loss, dealing with the routines of life without parents, stigma and discrimination, feeling that people will laugh at them; have no one even to talk to and hence feel too lonely, no reliable relatives; some even take away properties.*

The two groups of children were also asked the number of meals they had in a day particularly focusing on their experience a day before they were asked. Note that over 30 % of the HIV-affected children indicated a very depressing response of being unable even to know the number of meals they can have in a day, "I eat when I get". And, about half of them were reporting to have two or less meals a day. The war-affected group appeared to have significantly more number of meals (mean=about 2.55/day) than the HIV-affected (mean=1.53) group ($t_{275,\ 252}$=2.03, P<.05).

Resilience Measures: Given the problems above, we may need to examine children's resilience in terms of their wellness, personal

attitudes and attitudes towards others. Descriptive statistics and t-tests of these three measures presented in Table 1 indicate that, although psychological wellbeing was a concern for both groups, the HIV-affected group even retained significantly more serious concerns ($t_{275,\ 252}$=2.88, P<.05). The war-affected group was still significantly better in self-views (($t_{275,\ 252}$=2.29, P<.05) as well as general social attitude ($t_{275,\ 252}$=2.71, P<.05).

Table 1: *Resilience status of war-and-HIV-affected children*

Variable name	Number of items	Rating points	Statistical analysis		t-test results
			War-affected (N=276)	HIV-affected (N=253)	
Psychological welbeinge: emotional, behavioral and health concerns	12	4-point scale	26.20 (8.06)	25.22 (5.92)	t=2.88*, df=257
Self-views in comparison with others	2	3-point scale	4.71 (1.16)	4.50 (0.92)	t=2.29*, df=257
General social attitudes	8	4-point scale	2.92 (.82)	2.64 (.84)	t=2.71*, df=257
Figures in parenthesis are standard deviations, those outside are refer to mean. But those in the first row are frequencies					

Coping Mechanisms:

Children's views (about HIV, War): We may begin with views about causes of parental death / sickness. The HIV-affected children mentioned either HIV- related symptoms, or causes remote to HIV, or simply responded "sick" hesitating to mention causes. Some even responded, "I don't know". This is a tendency to deny what has happened because when asked another more subtle question, "do your classmates know that your parents are HIV-affected," almost all gave responses that suggest unintentional admittance that their parents were HIV-affected. The same denial tendency was observed in their responses to the optional question about their status, "if they have made HIV test and results." Many of them opted not to answer suggesting use of avoidance as a coping mechanism. Asked whether or not other persons/ children know if they and / or their parents are HIV infected/ affected, many of them responded either "don't know" or "no". While the "don't know" response is indicative of the fact that the discussion they make about HIV with different persons could be a general rather than personal one, the response "no" may imply that these children do hide releasing any information about their situation and the status of their parents even when the very topic of discussion is HIV; mainly because self-disclosure could bring bad returns from others. For instance, those children who indicated "others know about their situation" were further asked to tell what these individuals say about them. The reactions are indeed depressing, *"I hear people whom I know say that I have HIV", "They talk about the dangerousness of HIV; they say AIDS is a killer", "They see me differently, talk to each other behind me, dislike and despise*

me…" On the other hand, the war-affected children believed that almost all of their classmates and neighbors know that they are war-affected and some of them even indicated that it is themselves who told people about this.

Views about the causes of their own problems / sickness: Pursuing the issue further to the causes of their own sickness, the children were asked "what do you think is generally the cause of your problems above?" About 33.6% of them mentioned "I don't know" and this is perhaps out of the same desire to deny mentioning "HIV" as a cause. On the other hand, many of the war-affected children (about 29.25%) directly mentioned the war and its outcome as the cause of their problem.

It seems that the war-affected group is responding in a manner that their problems are due to the war they were once subjected to while the HIV-affected group is perhaps taking a self-blame to the problem ($t_{275, 252}$=2.42, P<.05) as we can see in Table 1. The statistical test summarized in Table 1 still confirms that the war-affected children do indeed tend to externalize while the HIV-affected group internalizes causes and responsibilities ($t_{275, 252}$=5.79, P<.05) as it was originally expected. Furthermore, it can be noted in the same table that the war-affected children do have significantly better views about causes than their HIV- affected counter parts ($t_{275, 252}$=7.37, P<.05).

Working to support family income: It has been indicated earlier that children were experiencing serious economic and material difficulties. The question is then if the children work to cover material needs. The responses indicate that about 48.57% of the children work to support family income; about 20.71% reporting to work sometimes. It is only the 20.71% who belonged to the 'never working' group. Group-wise comparison shows that about 62.5% of the war-affected groups do work (all the time or most of the time) and this is almost twice the HIV–affected group (i.e., 30%). The statistical test shows not only that significantly more number of children from the war-affected group were working to support the family income ($t_{275, 252}$=2.99, P<.05) but also that this same group significantly enjoyed the work more than the HIV-affected group ($t_{275, 252}$=2.09, P<.05).

Confidants / negative confidants and help seeking: It is of paramount importance to examine how far the differential life experiences of the two groups of affected children could orchestrate differences in nurturing their own sources of social support. With this issue in mind, the children were asked if they believe, in the first place, in the very importance of sharing personal issues, and then asked further if they have someone whom they confide one's secretes to. The responses summarized in Table 1 indicate that the war-affected children have significantly more number of positive ($t_{275, 252}$=2.55, P<.05) as well as negative ($t_{275, 252}$=1.90, P<.05) confidants.

Table 2: *Coping mechanisms of war-and-HIV-affected children*

Variable name	Items	Rating points	Statistical analysis		t-test result
			War-affected (N=276)	HIV - affected (N=253)	
Perception of (HIV, War) as the cause of one's problem	1	3-points scale	2.66 (0.65)	2.04 (0.70)	t=7.37*, df=257
General Views: Do you think that any person can be affected (by HIV/ AIDS, War) or is it the unlucky ones?	2	3-points scale	5.32 (1.02)	5.00 (1.10)	t=2.42*, df=257
Internalizing-externalizing tendencies (uni-directional and scored in terms of internalizing)	2	4-points scale	4.62 (1.11)	5.52 (1.38)	t=5.79*, df=257
working for income	1	3-points scale	2.66 (1.16)	2.23 (1.14)	t=2.99*, df=257
Enjoying the work one is engaged in	1	3-points scale	3.09 (.98)	2.83 (1.02)	t=2.09*, df=257
Confidants	1	-	2.57 (0.70)	2.32 (0.87)	t=2.55*, df=257
Negative-confidants	1	-	1.57 (1.14)	1.30 (1.14)	t=1.90*, df=257
Existence of similar others	3	3-points scale	7.14 (1.36)	6.64 (1.55)	t=2.22*, df=257
Associating with similar others	4	3-points scale	9.22 (1.86)	7.41 (2.19)	t=7.17*, df=257

Figures in parenthesis are standard deviations, those outside are mean. But those in the first row are frequencies

Similar others - availability of, association and working with others: the extent to which affected children know about the availability of similar others in their surrounding and then associate and cultivate working relationship with them appears to contribute a lot for resilience. Accordingly, the results in Table 1 shows that the war-affected group is better aware of the existence of similar others ($t_{275, 252}$=2.22, P<.05) and, hence, associates significantly more with them ($t_{275, 252}$=7.17, P<.05) than the HIV-affected group.

Promoting and inhibiting factors: engagements and support

Club membership: An important area of engagement commonly practiced in schools is club participation. This seemingly social engagement appears to involve three things in one: play, work, and study. In the clubs that that are more likened to the academics (like

Science, Geography, and History), there appears an equal proportion in the membership of children of the two groups. In the rest seemingly non-academic and usually interest-based clubs, the war-affected children (40.69%) appear to significantly exceed the HIV-affected group (18.92%) in membership participation rate ($Z_{276, 253}$=1.996, P<.05) (see Table 3). The only exception could be the Anti HIV clubs where the HIV-affected group appears a bit more participating (16.33%) than the war-affected group (9.25%).

Support received: Part of growing up in to a healthy and responsible adult naturally requires the provision of material and non-material

support to children both at home and outside. The war-affected children reported that they used to get material support from NGOs and to some extent from local people during displacement and resettlement. However, such support was terminated and hence they had to work to support themselves and the family. On the other hand, the HIV-affected children appear to get at least material support, though on irregular basis, from NGOs perhaps because they were either without parents or with seriously sick parents or else with grandparents who themselves were weak to provide support. And, hence it was only some of them who reported to work to support the family. However, data obtained regarding kind of support children get (or believe to get) in different areas, from different persons (primary and secondary), and at different times or conditions (under normal circumstances, when sick, and as a child with special needs), indicate (see Table 3) that in all the three cases, the war-affected children were getting significantly more support than the other group ($t_{275,\ 252}$=5.35, P<.05). However, with respect to perceived special provisions and positive discrimination at home, the HIV-affected group was significantly ($t_{275,\ 252}$=7.92, P<.05). Moreover, the war-affected group seems to receive significantly more display of negative feelings and comments at the time of sickness compared to the other group ($t_{275,\ 252}$=5.97, P<.05).

Table 3: *Promoting and inhibiting factors of resilience among the two groups of children*

Variables	Number of items	Rating points	Descriptive stat.		*t test results
			War-affected	HIV-affected	
Club membership	4	2- points scale	.4069	.1892	*Z=1.996 with n_1=276, n_2=253
Support obtained in different areas	6	open	4.89 (1.51)	3.57 (2.39)	t= 5.35*, df=257
Support in work	6	open	5.72 (0.76)	5.25 (1.12)	t= 3.97*, df=257
Special provisions at home	5	4-points scale	16.04 (2.82)	18.4 (1.9)	t=7.92*, df=257
Negative comments from children at home	4	3-points scale	7.66 (2.13)	6.17 (1.85)	t=5.97*, df=257
Feelings of vulnerability	3	4-points scale	6.66 (1.59)	7.13 (2.2)	t=1.98*, df=257
Felling of being attacked	8	4-points scale	12.5 (3.9)	15.77 (3.6)	t=6.90*, df=257
Someone protecting you	2	3-points scale	5.02 (2.96)	1.72 (1.81)	t=3.38*, df=257

**test applied is Z-test for two sample proportions*

Experience of abuse (feelings of vulnerability, being attacked, and discrimination): The analysis in Table 3 shows that the HIV- affected group seems to feel more vulnerable ($t_{275,\ 252}$=1.98, P<.05), more attacked ($t_{275,\ 252}$=6.90, P<.05), and less protected ($t_{275,\ 252}$=3.38, P<.05). The difference between the two groups could be a difference in perception than actual vulnerability, attack, or lack of protection. While the war-affected group could feel part of a community whose members stand for

them, the HIV-affected group could feel living in a segregating community that stands against them. The next analysis sheds light on this hunch.

Discrimination (see Table 4)**:** More of the HIV–affected children live with grandparents than other guardians; the reasons being 'because I am HIV –infected", "they don't like us, neglect us, are not willing to accept us"… Second, the HIV–affected group reported "stigmatization, living with HIV" as the cause of their problem more. Third, about 75% of the war-affected children do play with children at home (siblings and non-siblings) during their spare time compared only to the 56% of the HIV –affected group. Fourth, regarding what is being disliked about associating and working with other children in school, about 14% of the HIV-affected group indicated "others ask irrelevant questions about me, make unnecessary talks, gossip" compared to the 6.25% of the war-affected group. Fifth, regarding issues liked about associating and working with other children, about 73% of the war–affected children indicated "working together, supporting each other, living together, sharing my knowledge" as issues liked, while only 37.60% of the HIV–affected group mentioned this as a reason.

Table 4: *Children's Experiences of Discrimination*

Issue	Percent	
	War	HIV
1.Live with adopting parents	21.5	16.03
2. Because I am HIV –infected", "they don't like us, neglect us…	22	41
3.Feel idle/ not engaged outside home	9	22
4. causes of sickness is stigmatization	-	14
5. Play with children at home during your spare time?	75	56

DISCUSSION AND IMPLICATIONS

Our discussion here is organized into four major parts: common impacts of the war and HIV (on the affected children), major areas in which the war-affected children fare better, factors explaining this resilience (of the war-affected children), and implications of this for supporting HIV-affected children.

Impacts of the War and HIV: War and HIV are alike in many ways: that they both ensue from inappropriate handling of the circumstances of life, that they suck the economy and aggravate poverty, that they lead in to an untimely death of multitude of the most productive section of the population, that they dislocate and disrupt families / communities and their way of life, that they are communicable from the actors to the most innocent ones like children, and that they are the twin and single most enemies of African children today (Fourie & Schonteich, 2001). It is not a coincidence, then, that the impacts of these two factors on children are alike, too. Pooling up together the data obtained from the affected children, we can generally say that children in the war zones and HIV-affected communities in Ethiopia, Kenya, Uganda and South Sudan have

become (direct or indirect) bearers of the effects. It was observed that many of those affected children are with one or both parents dead; only few of them being with both healthy parents. Under these circumstances, these affected children had to experience lack of consistent caring, a caring environment and careers as well. Lack of provisions of material needs (food, cloth, and school materials), feelings of insecurity and sense of being unprotected, experiences of abuse in different areas, and discrimination by others were also some of the common problems experienced.

War-affected Children's Resilience: Besides the above problems, the war-affected children have reported to witness a number of unforgettable bad experiences (abuses, killings, sufferings of different types, separation from parents). Previous studies have also noted that war-displaced children were vulnerable in all these forms (see also Belay & Hirut, 2003), that they were manifesting different signs of distress; especially those in their early and mid-teens being less confident, inhibited, isolated and aggressive (Gilenesh & WoldeKidan, 2001), and that they had experienced lack of integration with the host community and hence were labeled as "displaced" (negative connotation) and considered as minority and discriminated against (Elias, 2001). Despite all these problems, the findings generally suggest, however, that, in tune with our original hypotheses, the war-affected children are relatively better resilient than the HIV-affected children in many ways; mainly in terms of wellness indicators, self-views, general social attitudes and sense of independence. Furthermore, this group is found to be more active and engaged than being passive and withdrawn (in different activities and relationships), more realistic in many ways (e.g. views about the factors affecting them, their impacts, and measures to be taken), and better feelings of security and support; though in reality things were not much different for both. This group was found to enjoy work and schooling, and, as a result, better social connectedness.

Protective Factors: Different studies attribute resilience among affected children to various protective factors. Integrating the protective factors in this finding with those presented in the review of literature under the introduction section, we may generally classify the protective and predisposing factors into four groups: *nature of the problem, children's coping skills, views about the factor (the war, HIV) affecting them, and care and support received from others.*

Nature of the Problem and Associated Stressors: Unlike the HIV-affected persons, the war- displaced persons usually live together and in the same place within the local community. This helps them to notice that one is not suffering the effect of the war alone but there are also a number of similar others. Furthermore, when people involve in war, they usually do so because they feel they are being threatened, mistreated or

abused by others and this would imply blaming others. The opposite is true for HIV. People infected by the virus are usually regarded as the very causal agents for the problem implying a tendency to blame the self. And, in terms of coping the former is expected to contribute to resilience than the latter. The last issue deals with discrimination. Note only that this problem is more among the HIV–affected group- AIDS is an example of an illness of stigma and discrimination (ILO, 1998). There are as yet important differences in how it occurs, who makes it and, hence, what implications it has on the children. First, the war-affected children are likely to be discriminated by strangers (the local community) unlike HIV–affected children experiencing discrimination from those closer persons in whom the very essence of their identity is rooted (Belay & Belay, 2010). Second, the discriminatory practices the war-affected children experience are likely to reduce as children get more opportunities to associate, work, and play with the local children. However, increased familiarity and closeness of the HIV-affected children with others may rather bring even more discrimination because of fear of catching the virus from the affected children. Finally, discrimination which the HIV-affected children experience appears subtle and less visible, than superficial and, hence, it is more powerful or damaging when it occurs (SAHRE, 2000 cited in Ayalew & Melesse, 2000, P.2).

Coping Skills: Coping skills are generally the mechanisms children employ to manage personal, environmental and/or situational demands that impose constraints. The findings seem to indicate that the coping mechanisms employed by the war-affected children seem to promote resilience compared to those employed by the other group. They seem to employ problem than emotion- focused, expressive than suppressive, engaged than disengaged, help seeking than avoiding and externalizing than internalizing strategies of coping. Evidences indicate that problem-focused coping is a cognitive strategy that attempts to solve the real problem rather than addressing the symptoms and hence is more effective in the long run (Lazarus, 1996; Folkman & Moskowitz, 2000, 2004). In the emotion-focused coping children employ defensive appraisals and mechanisms to avoid something, rationalize what has happened to them, deny that it is occurring, or laugh it off (Pnley et al., 2002). In fact, there are times when emotion-focused coping is adaptive (Peter Sou & Ding, 1995) such as, for example, the child who copes through denial with the flood of feelings that occur when the reality of death or dying of a parent becomes too great. However, over the long term children should use problem-focused rather than emotion-focused coping (Blanchard, Fields & Robinson, 1987; Penley et al., 2002; Stanton et al., 2000). The coping used by the war-affected group can also be likened with approach style while that of the HIV group is of the avoidant type. Evidences indicate that individuals who used more

avoidance strategies were easily distressed, had more chronic stress, and had experienced more negative life events in the previous year. In general, approach strategies are associated with better adjustment in adolescence than are avoidance strategies. The HIV-affected children's emotion- focused and avoidance type coping being noted in their denial tendencies (among these children) was also observed in a survey where orphaned children reported that there was an increasing trend in orphanhood in their locality than even before; pinpointing at the same time HIV as a prime cause for the rise in the number orphans. However, when one's parents were the issues at stake, a surprising "I am okay, you are not" perspective was adopted. Almost all tended either to go around the bush or else completely deny it was HIV (Belay & Belay, 2010). Experiences of the HIV-affected children do seem to show that denial is rather maladaptive because it was noted in this research to involve inexpressiveness, disengagement from activities, and failure to cultivate external support.

Engagement in group efforts in the face of actual or shared adversities is another positive coping employed by the war-affected group to respond to common threats as in ethnic minorities' reactions to domination (Chen & Yu, 1997; Markstrom & Tryon, 2007). According to these researchers, when some people experience segregation and marginalization as a group, they tend to negotiate with the majority and its dominant culture towards having their own eventually achieving remarkable resilience (Keballo & Fabes, 2011). This implies that being segregated or discriminated by others is a "blessing-in-disguise" because children cope with it by concocting a group of their own who is rather accepting and psychologically comforting. The war affected children were able to find similar others, associate with and work together with them as a group; unlike the HIV group that appears involved quite lesser in this venture as well as in cultivating intimate relationships with individual persons so as to confide secretes and problems compared to the war-affected group. Furthermore, the war-affected group seems more expressive and stretched out in terms of making meaningful engagements in different social, recreational, and cultural activities and this would again facilitate resilience (Eisen-berg & Fabes, 1997; Masten et al., 2011).

Views about the Factor (the War, HIV) affecting them: It was noted in the analysis that that the affected children in general and the war-affected children in particular seem to have significantly better views about the factor (the war) affecting them than it is expected possibly because they have extended sources of information as they seem to stretch out relatively better. Note, for example, that these affected children do have both confidantes and negative confidantes, that they live both with affected persons like them and unaffected ones unlike them, and that they have siblings and non-siblings in the home at the same time. When

affected children get conflicting information about an issue from such different sources, they would become more motivated to search for more information such that in the final analysis they will be able to clear up the confusion and develop better knowledge.

Care and Support: The condition of parents could be taken as a factor in resilience. Accordingly, it was found out that the war-affected groups are more likely to have both healthy parents compared to the HIV-affected group. The very existence of parents could be psychologically comforting because they at least feel assured of having a potential source of help and support. We may generally say that the care and support the HIV-affected children experience has four problems in one: provision of no positive support (e.g. protection from attack, material and non-material support, and support in work), provision of positive support in a wrong way (e.g. provisions for special needs by caretakers accompanied with sorts of resentment and other undesirable outcomes, material support by NGOs encouraging dependency feelings), provision of negative support (e.g. discrimination), and reversed provision of support (such as the child bears the burden of caring the sick parent/caretaker).

Implications: In the light of our discussions so far, what are then the lessons to be drawn from the war-affected children for caring HIV-affected ones? We may bear a number of implications from the old problems (impacts of war on children) to solve our new problem (caring and supporting children affected by HIV). For purposes of simplicity, we can generally summarize these implications in one phrase *'Changing children'*. Accordingly, the best practices seen in the war-affected children that would help caring for and supporting the HIV-affected children can generally be explained in terms of six coping skills: *Accepting the reality, Externalizing causes, Positive thinking, Transcendence, Seeing the self as an agent of change, and Self-help skills.*

Accepting the Reality: If children should change to any desirable direction, they ought to accept the reality they are in. Part of the resilience of the war-affected children that was conspicuous by its absence among the HIV-affected group is that the former had accepted the reality that they were war-affected in general. The HIV-affected children were rather seen staggering to deny their status and that of their parents. Before anything, the beginning of wisdom is to get to terms with the self, the reality, and the situations at large. And, hence, these children should be helped to accept the situation. Accepting the reality also means recognizing the implications of life as HIV-affected person and the required coping mechanism.

Externalizing Causes: Like the war-affected children who seem benefited among others, by externalizing the causes, the HIV-affected children should be helped to externalize both the causes and methods of

prevention of HIV. They need to learn to think that their parents are the making of their community and, hence, it is the way of life in the community to blame for predisposing them to the virus. It is at the same time the community that should be responsible for preventing the spread of the virus. Learning to think along this line would protect the children from self-blame and the accompanying feelings of helplessness from perceived lack of external support.

Positive Thinking: Inculcating positive thinking about one's current problems in the mind of children is still quite helpful. This may include helping the children develop alternative views about the problem at hand, such as for example, "life is possible as HIV-affected person", "a discriminated life is not necessarily worse than a masked and internally troubled life", "other persons' discrimination is not hatred but a fear to protect oneself", "I would do the same if I were in others' shoes…." This sort of positive thinking also helps in extracting the good out of the bad as in the case of the war-affected children who were unable to disguise their easily noticeable distinctive appearances and visibility from others but gradually turned the resulting discriminatory tendencies into a caring and supporting attitude or else went on to their similar others who eventually provided a more compensating support. In the same way, the HIV-affected children should be helped to realize that self-disclosure does not necessarily lead to discrimination and, even when it does, being singled out could be a blessing-in-disguise as it compels the child to look for a group of similar others that could offer compensating experiences. The HIV-affected children should also learn from the war-affected group that external support is short-lived and, hence, sooner or latter looking for self-support is not inevitable but also sustainable.

Transcendence: Changeability of the Future: Transcendence is the ability to see beyond the here-and–now or thinking forward optimistically than imprisoned by current problems. The war-affected and HIV-affected children were alike in terms of their self-views but the war-affected children were better at seeing a changed life tomorrow. The HIV-affected children should be helped to do the same because this feeling is important even for present life. A person who believes he/she will die tomorrow does stop actively engaging in the routines of life right now. The HIV-affected children's lack of interest in work, schooling, associating with others etc. would be a ramification of a gloomy future.

Seeing the Self as an Agent of Change: Children should be helped to believe that there is no closer person in this world than themselves to improve their situation. Other persons are secondary agents. They should realize that they are the prime agents to stop discrimination by others, cultivate external source of help when it is absent, protect their rights, influence others understand their problems, and even feed themselves as in the case of the war-affected children.

Self-help Skills: It is not only enough for the HIV-affected children to have a belief in oneself as a center of change, they should at the same time be helped to develop the capacity, attitudes and skill of individual and group efforts for cultivating external source of help in their communities. Some of the skills these children need are useful for individual efforts, such as for example, interpersonal skills to develop confidants for psychological and material support, and vocational skills to generating financial support. They still need skills for effectively directing group efforts. In view of the fact that they live dispersed unlike the war-affected children, they should be given the opportunity to associate with similar others. They should be organized even to form their own associations that could become NGOs themselves; an association that could involve in fund raising, ensuring security and protection for them, campaigning for community sensitization and mobilization etc.

CONCLUSIONS

The following conclusions can readily stand out from the ongoing discussions:

- Both affected children were noted to experience a number of common concerns.
- The war-affected children had also experienced a number of disturbing experiences both during and after displacement
- The war-affected children were, however, more resilient than the HIV-affected group.
- The resilience of the war-affected group could be explained in terms of five major protective: nature of the problem of war-displacement compared to HIV, children's use of positive coping, information obtained, about war-displacement being relevant and useful, views about the war affecting them being proper and care and support received from others.
- It was also felt that these findings would suggest a number of lessons for appropriating the life of HIV-affected children. Major among these are helping the children develop abilities to accept the reality, externalize problems, positive thinking and transcendence, the self as an agent of change, help seeking and self-help skills.

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An experimental study of conservation skill in socially disadvantaged children

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An experimental study of 5 Piaget's conservation tasks on 5+ to 9+ years school going 25 disadvantaged (tribal) and comparable 25 advantaged (mainstream) children in two remote small villages of Udaipur-Rajasthan-India was carried out. Experiments were conducted in classical way as described by Piaget and his associates. A 5x5x2 split-plot Factorial (SPF-pr.q.) mixed design was used. ANOVA was done. Results reveal that there was no statistical significant difference in conservation scores of tribal and mainstream groups of children. No significant variation came out due to different conservation tasks. However age variable contributed very significantly to variation. Conservation started at the end of 5+ and completed at the end of 9+. Results were discussed in the light of the findings of universal nature of conservation skill as well as in the context of environmental factors. Educational implications were stated.

INTRODUCTION

Acquisition of conservation skill is an important aspect of cognitive growth in children. The understanding that while objects can change their form, shape and size and yet retain their quantity is slowly acquired. The competence that given quantity retain its magnitude, even with varying forms is called conservation in Piaget's model of cognitive development. This concept of conservation has been closely linked with the onset of operational thinking, occurring at about the age of 7 years. The application of the principles of logic and mathematics to concrete problems now becomes possible for the child. Disadvantaged life situations may affect children's primary potentials as a learner including his / her conservation skills. Thus educators may pay attention on interaction effect of these two variables i.e. conservation and disadvantaged.

Looking into a few studies reported it becomes clear that the research results are not unanimous. Kapur (1972), Sahni (1973), Sahu (1981) and Yoel Berg(1994) generally reported a positive linkage between enriched environment and growth of conservation, while Ahmed (1973), Kumari (1976) and Butterworth & Reeve (2008) reported that deprivation per se is not linked with conservation. Jain & Iyenger (1976) and Sultana (1982) reported a mixed influence of these factors. Mishra (2014) in his review article discussed the issues like ecology, culture, schooling and various forms of training in cognitive developmental context of children

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in India. To continue further in the field, the present investigation studied the difference between a specific and well defined socially disadvantaged category of tribal children and comparable children from the mainstream in context of their conservation concepts.

METHOD

Subjects: 25 students each from socially disadvantaged and socially advantaged groups were taken from village primary schools of Jagela and Jeevakheda which are situated in a small valley surrounded by Arawali Hills in Udaipur district of Rajasthan, India. Most of the inhabitants of these villages are Bhils, which is a Scheduled Tribe and is socially and economically in a disadvantaged position. For the welfare and education of their children Government has opened primary schools in these two villages and a large number of Bhil children have been enrolled in these schools. Availing the advantage of existing facility quite a few number of non- Scheduled Tribal children, living nearby have also taken admissions in these schools. Keeping this situation in mind subject of both the groups have been chosen from the same schools, so that they may resemble on some of the ecology and other extraneous variables, as far as possible ,except on one variable i.e. belongingness to Scheduled Tribe (disadvantaged life position). Children of both the groups were male students in the age range of 5+ to 9+ years.

Material: The test material was designed and improvised from the articles of daily use. The material used for different conservation tasks consisted of black and white buttons (for number experiment), bottles of different width and height (for volume experiment) clay and a simple weighing balance (for experiment on mass and weight) and flexible electric wires (for conservation experiment on length), were utilized.

Design of the study: In the present study 5x5x2 split-plot Factorial Design (SPF-pr.q) a mixed design was used. Three variables: age, nature of conservation tasks and socially disadvantaged / advantaged dichotomy - were manipulated. Age variable had five levels (5+,6+,7+,8+,9+ years) on which five conservation tasks (number, volume, mass, weight and length) were performed on socially disadvantaged and advantaged children (two levels).

Procedure: In total there were 50 students. There were 5 conservation experiments conducted one by one on each of them individually in a classical way as described by Piaget and his associates. On each subject experiments were conducted in two sessions, giving a rest pause of 30 minutes in between. Further two trials of each experiment were carried out. It took more than a month to conduct experiments and collect all the data.

Scoring and Statistics used: The correct conservation response was assigned a score of one and incorrect response was assigned a score of zero on each trial and on each conservation task. Thus each individual

student on 5 conservation tasks for the two trials of each had the chance of obtaining a maximum score of 10 and a minimum score of zero. In other words, all the 50 subjects had the chance of obtaining a maximum score of 500 and a minimum score of zero. Actually they obtained the average score of 246. Analysis of Variance was used for analysis of the data.

RESULTS

Table 1: *Analysis of Variance of Conservation Scores*

Source	SS	df	MS	F
Between Subjects	180.096	49	-	1.87
A (adv./did adv Gr.)	2.704	1	2.704	1.87
C (5+ to 9+ age Gr.)	117.616	4	29.404	20.33**
AC	1.936	4	.484	.33
Subj. w. groups	57.840	40	1.446	
Within subjects	69.840	200	-	
B (5 conser. tasks)	5.856	4	1.464	1.59
AB	.096	4	.024	.03
BC	4.464	16	.279	.30
ABC	.464	16	.029	.03
B x subj . w . groups	.950	160	.921	-
Total	**249.936**	**249**		

**p< .001 (Highly significant)*

Main effects: It is clear from the Table 1 that the F value for the variable A (socially disadvantaged / advantaged Groups) is 1.87 which is not significant even at .05 level of confidence. This suggests that in this study socially disadvantaged and socially advantaged children do not differ significantly in their conservation skills.

The obtained F value for the variable C (5+ 6+7+8+and 9+ age groups) is 22.33 which is highly significant at .001 level. This indicates that age affects conservation process to a great extent. It was observed during the experimentation that conservation was complete by the end of 9 years of age where as no conservation occurred till the end of 5 years.

The third main effect on variable B (Five different conservation tasks) with F value of 1.59 is insignificant even at .05 level of confidence. This leads to suggest that conservation is a central process, though nature of tasks may differ apparently. However it was observed during experimentation that conservation of numbers appeared a bit early compared with conservation of weight, volume and length in the studied age bracket of children.

Interaction effect: As far as the first and second order interactions (AxB, AxC, BxC, AxBxC) are concerned the obtained values of F at respective df are not significant at all. Age as an individual variable(C) has influenced the performance of children on conservation tasks individually, but none of the variables jointly have contributed any appreciable variance.

DISCUSSION

The main finding of the present investigation reveals that disadvantaged (tribal) and advantaged (main stream) children are equal in their conservation concepts on different tasks or experiments carried out on them.

Over the past many years, a number of studies stated that socially disadvantaged children are significantly poorer than advantaged children in their intellectual and cognitive development. There is consistent delay of two to three years in grasping the conservation concepts in them. However, ever growing findings in environmental psychology provide a new perspective to re-examine the stereotyped conclusions related to inferior cognitive including the conservation abilities of socially disadvantaged. It is stated that re-appropriation of environmental conditions may bring both the groups on equal footings. Existing psychological tests also put disadvantaged children in a lower bracket. In the present investigation test material were almost culture free and were familiar articles or materials of daily use for children of both the groups. Opportunity offered by the government for the development of disadvantaged children by opening schools in that area for them is also a factor to be considered. One may look towards actual environmental conditions also. As both the groups of present study had been from the same geographical area, it may be argued that ecological stimulations, experiences and interactions might have been same for both the groups, which are vital for development of conservation skills. Secondly, both the groups being of small rural community it is quite possible that their parents might be giving them a free hand to interact and grow together contrary to urban parents who are more class conscious. In brief, being the product of relatively same homogenous environment in spite of different ethnic affiliations, these children developed conservation skills at the same pace.

Another explanation in support of present finding is that conservation concepts or skills are less susceptible and more immune to extraneous factors compared with other cognitive or intellectual components. Studies have shown that regardless of culture, schooling or economic backgrounds, the concept of conservation is universal.(Eysenck,2004) & (Siegal,2003).The apparent variation may be addressed in the context of 'performance vs competence' (Mishra,2014).Studies with children of indigenous Australian communities, whose native and only language lacked CW's and counting practices used a spatial strategy when tested on classical number development task and results were compared with those children reared in an English speaking environment, it was found that both groups of children performed equivalently (Butterworth &Reeve,2008). In another study on cognitive development of Israeli Bedouin children, data were collected on 161 children using test of

Piaget's spatial concepts and conservation operations. The result confirm the influence of SES but not of style of life (Berg,1994). Though conservation is a basic, fundamental and universal cognitive ability, some variation in its manifestation, performance or mere comprehension became evident due to age, ecology, culture, schooling and training. While stating the results of a particular investigation a deeper understanding of all these is needed.

Educational Implications of the Study

We obtained three main findings from the present investigation:

- Socially disadvantaged and advantaged children do not differ in conservation skills
- Age and maturation plays an important role in acquiring conservation skills, and
- A few conservation tasks are mastered early compared with others.

Improvised enriched environment and different life experience might have important role to play. Experience of object, of physical reality is obvious a basic factor in development of cognitive structures. This means that a more active a subject is the more successful his learning is likely to be. Thus in case of grossly underprivileged children, the environment may be slow in providing the experience that will cause the child to construct the idea of constancy in number, weight, volume etc. For such children there may be advantages in providing the critical experiences, as happened in the present study that the government is specially providing educational and other facilities to them.

Age and maturation certainly play an indispensible role and must not be ignored. The average age at which different conservation skills are acquired differ from one society to another, though ordering is constant in all the societies studied so far. Piaget considered acceleration of education as trivial. Acceleration training has a value for deprived and underprivileged but beyond that learning is subordinate to development and not vice versa.

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A comparative study of marital quality and family pathology of parents of ADHD and non-ADHD children

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The present research investigated the marital quality and family pathology in parents of children with ADHD in comparison with parents of Non-ADHD children. 32 parents of children with ADHD and 32 parents of non-ADHD children were selected. Data were collected using Marital Quality Scale and Family Pathology Scale. Independent t-test reveals that the two groups differ significantly with respect to the total index of family pathology. Further the mean scores of family pathology in parents of ADHD children were higher than parents of non-ADHD children. Higher means scores indicates poor family functioning. Considering marital subscales the parents of ADHD children showed deficits with respect to understanding, decision making, role functioning and dissolution potential. .

Keywords: *Attention Deficit / Hyperactivity Disorder (ADHD), family pathology, marital quality*

INTRODUCTION

Attention Deficit Hyperactivity Disorder (ADHD) is one of the most prevalent mental health disorders of young children. Youngsters with ADHD may develop a wide range of secondary academic and interpersonal problems. Statistics show that about 3 to 5 percent of school age children are affected by ADHD (Cantwell, 1996); boys are affected by ADHD as much as triple than girls (Klassen et al. 2004). In India, family plays a crucial role in the upbringing of a child. Now, a child with core difficulties of inattention, overactivity and impulsivity are often misinterpreted by the family members and consider such behaviour as annoying, intentional and hence ignores the need for remedial assistance. Family members generally exclude the ADHD member who, by very nature of the disorder, tends not to collaborate and refuses to honour borders and boundaries (Fisher and Beckley, 1998). Isolation occurs both to a child with ADHD and the family as a whole; other extended family members may refuse to admit the family because of the child's behaviours. Hence, home environment becomes stressful, conflicted and pathological.

ADHD makes parent-child interactions negative and conflicting. Also commonly found in such families are elevated levels of parenting stress, higher rates of parental depression, increased care-giving burden, affects parents' time allocation and other types of psychological distress, which lead to lower levels of marital satisfaction. Parent's marital satisfaction plays a crucial role in maintaining life balance and emotional setting.

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Wymbs et al. (2008) reported a higher divorce rate for parents of children with ADHD. Mothers are likely to have more difficulties than fathers in managing such children (Barkley, 1982). One of the reasons may be that mothers spend more time with the children than do fathers and participate in transactions that are more stressful, are less rewarding and provide considerably less positive feedback.

Although parents of ADHD children report less marital satisfaction and more conflict than parents of non-problem children (Murphy and Barkley, 1996; Shelton et al. 1998). Some researchers didn't find this result (e.g. Johnston and Mash, 2001). Having a child with ADHD may also affect the parents' relationship positively by bringing the family closer together (Reichman et al. 2008). The present research compares the marital quality and family pathology in parents of children with ADHD and without ADHD. Now, a question arises that why such kind of research is actually needed?

ADHD is not a disorder of an individual rather of a society as a whole. It is a multicomponent disorder. ADHD is best understood as a cultural construct (Timimi and Taylor, 2004). Marital conflict and family pathology may be a causal factor of ADHD or the consequence of ADHD. So whether the relationship is direct or inverse is not of present concern, rather it is of much interest to study the interaction effects and how such variables can be controlled and modified for better management.

Objectives:

- To measure the Family Pathology among parents with ADHD and non-ADHD.
- To measure the Marital Quality among parents with ADHD children and without ADHD children.
- To compare the data of Marital Quality Subscales scores among the two groups.
- To find out the gender differences among parents with ADHD children on Family pathology and Marital quality variables.

METHOD

Participants: Participants of this study were 32 parents of children with ADHD and non-ADHD, age ranging between 5 to 8 years. Parents who are married and staying together for at least five years were selected. The children with ADHD in this study have met DSM-IV TR diagnostic criteria for ADHD and were under medicinal treatment in private outpatient mental health clinics at Kolkata. Normal children were selected from primary schools in Kolkata and they had no history of behaviour problem and they have no siblings with ADHD. All of the subjects were matched for demographic variables.

Procedure: Each couple's participation involved one session lasting approximately 2 hours. The clinician initially met with the couple jointly to provide instructions for completing the questionnaires and to obtain demographic information. During the session, each parent completed the battery of questionnaires in separate rooms and confidentiality was assured. All the questionnaires were administered by the researcher, a licensed clinical psychologist.

Tools Used: Information Schedule: It is prepared for the present research purpose which evaluated psycho-socio situations. These items were age, gender, family type, sibling information, academic conditions.

Family Pathology Scale (FPS): A self-administered scale developed by Veeraraghavan V. and Dogra A. (2000). There are 42 items in the scale to be responded by the subjects with 'most often', 'occasionally' and 'never'. Test-retest reliability is 0.79 and the scale is validated.

Marital Quality Scale (MQS): It is self-administered scale, developed by Shah, A. (1991), has 50 items in statement form, with a four-point rating scale. The male and female forms are present. The scale measures 12 factors. The scale is reliable and validated.

ADHD Symptom Checklist – 4 (ADHD - SC4): It is a screening instrument for the behavioural symptoms of attention-deficit / hyperactivity disorder (AD/HD). It is developed by Kenneth D. Gadow and Joyce Sprafkin (1997). For the present research, Parent completed Checklist was used. The test-retest reliability ranged from r = 0.64 to r = 0.72.

General Health Questionnaire (GHQ): Developed by Goldberg, 1972; Goldberg and Williams, 1991; to assess current parental mental health. The validity and reliability of this scale have been confirmed.

The data are analyzed using 16th edition of Statistical Package of the Social Sciences (SPSS) software for statistical output. The inferential statistical characteristics such as t-test for independent groups were considered for evaluation of the hypothesis of research.

RESULTS AND DISCUSSIONS

This study was designed to compare parental reports about families of children with ADHD with families of normal controls across a number of domains of psychosocial functioning. Four null hypotheses were addressed in this study. Table 1 shows that the two groups have significant differences in scores of family functioning ($p<0.05$). Whereas, no significant differences exist with respect to marital quality of two groups. Higher mean scores representing greater family pathology and poor quality of marital life. Hence, the first null hypothesis is rejected.

Table 1: *Statistical score of variables between parents of ADHD children and of Non-ADHD children*

Variable	Group	n	Mean	SD	t	df	p
Family Pathology	**Non-ADHD**	32	65.34	12.35	2.131	62	.037
	ADHD	32	71.0	10.20			
Marital Quality	**Non-ADHD**	32	84.71	17.53	1.433	62	.157
	ADHD	32	91.75	21.51			

The obtained result is broadly consistent with findings from previous studies (Foley, 2010). The presence of ADHD in children is associated with varying degrees of disturbances in family functioning, disrupted parent-child relationships, reduced parenting efficacy, increased parental stress and parental psychopathology (Johnston and Mash, 2001; Hinshaw 2002). Parents of children with externalizing behaviour problems view themselves as having less parenting knowledge, parental competence, and less social support (Morgan et al. 2002). However, the obtained results cannot specify whether the deficits in family functioning antedate or follow from children's behaviour problems. It is also unclear as to the degree to which difficulties shown by families with ADHD are unique to this disorder or whether similar difficulties exists in families of children with other disorders such as anxiety or depression.

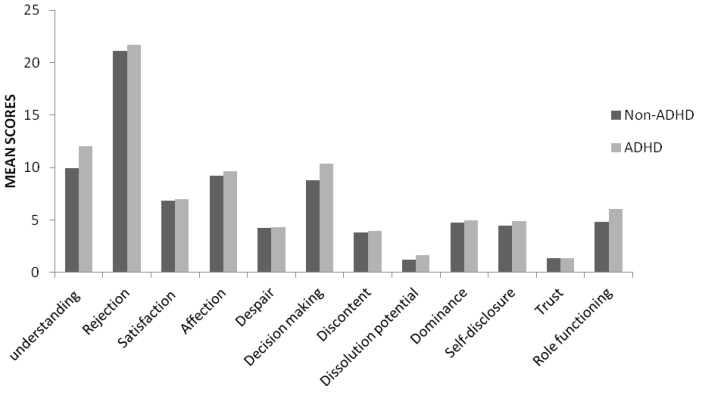
Table 1 also suggests that the second null hypothesis of the present study is accepted. There exists no significant difference in marital quality variable between the two groups. Parents with ADHD children possessed higher mean value compared to parents of non-ADHD children. Higher mean scores suggest poor marital quality. However, the differences are statistically not significant. The specific finding in this context necessarily signifies a feature that despite differences in many different aspects in socio-familial context or specific personality patterns, marriage as an institution stands protective in family bonding. The sub-dimensional scores of satisfaction, affection and trust indicate that married couples in their conjugality are reciprocated to each other that bring out these positive features in their bonding patterns. They feel secure, contended and have predominant positive feelings towards each other in such marital context. Additionally, since in other dimensions also significant differences were not located that indicates the homogeneity of the present sample in the marriage periphery despite the fact of having ADHD and non-ADHD children of their own.

In Table 2, marital quality subscales scores are compared between the two groups. It has been found that out of 12 only 4 marital subscales are found to have statistically significant differences ($p<0.05$), hence third null hypothesis for subscales – understanding, decision making, dissolution potential and role functioning are rejected whereas for rest 8 subscales, null hypothesis is accepted.

Table 2: *Statistical scores of variable Marital Quality subscales evaluated between two groups.*

Variable	Group	n	Mean	SD	t	df	p
Understanding	**Non-ADHD**	32	09.94	03.11	2.27	62	**.027**
	ADHD	32	12.00	04.09			
Rejection	**Non-ADHD**	32	21.13	05.11	.403	62	.689
	ADHD	32	21.69	06.03			
Satisfaction	**Non-ADHD**	32	06.81	02.28	.338	62	.736
	ADHD	32	07.00	02.16			
Affection	**Non-ADHD**	32	09.25	03.18	.412	62	.682
	ADHD	32	09.63	04.05			
Despair	**Non-ADHD**	32	04.25	01.27	.247	62	.806
	ADHD	32	04.34	01.73			
Decision Making	**Non-ADHD**	32	08.81	02.10	2.459	62	**.017**
	ADHD	32	10.41	03.00			
Discontent	**Non-ADHD**	32	03.81	01.53	.442	62	.660
	ADHD	32	03.97	01.28			
Dissolution Potential	**Non-ADHD**	32	01.19	0.47	2.285	62	**.026**
	ADHD	32	01.63	0.98			
Dominance	**Non-ADHD**	32	04.72	02.04	.481	62	.632
	ADHD	32	04.97	02.12			
Self-disclosure	**Non-ADHD**	32	04.47	01.87	.863	62	.391
	ADHD	32	04.91	02.18			
Trust	**Non-ADHD**	32	01.38	0.83	0.00	62	1.00
	ADHD	32	01.38	0.83			
Role functioning	**Non-ADHD**	32	04.84	01.25	3.022	62	**.004**
	ADHD	32	06.03	01.84			

Poor level of understanding, role functioning and decision making between parents of ADHD group adversely affects the overall family functioning might leads to parental distress, marital dissatisfaction, parental psychopathology and hence increases the potential for relationship dissolution. Such factors may all have predisposed biologically vulnerable children in maintaining or aggravating the symptoms. Previous research findings also suggest that marital satisfaction in parents of ADHD children is less than parents of normal children. (Zarei et al. 2010; Yousefi et al. 2012). The arrival of a disabled



child can be seen as an unanticipated shock to the relationship (Wehmeier et al., 2010); the prospects of caring for a disabled child

alone may affect a parent's decision about dissolving the relationship. Wymbs et al. (2008) reported a higher divorce rate for parents of children with ADHD.

Table 3: *Statistical scores of variables between mothers and fathers of ADHD children*

Variable	Group	n	Mean	SD	t	df	p
Family Pathology	**ADHD Mother**	16	68.00	11.09	1.502	30	.143
	ADHD Father	16	62.68	08.78			
Marital Quality	**ADHD Mother**	16	93.75	26.04	.520	30	.607
	ADHD Father	16	89.75	16.41			

Table 4: *Statistical scores of Marital Quality subscales between parents of ADHD children*

Variable	Group	n	Mean	SD	t	df	p
Understanding	**ADHD Mother**	16	12.38	05.02	.513	30	.612
	ADHD Father	16	11.63	03.01			
Rejection	**ADHD Mother**	16	21.63	06.85	.058	30	.954
	ADHD Father	16	21.75	05.31			
Satisfaction	**ADHD Mother**	16	06.94	02.36	.161	30	.873
	ADHD Father	16	07.06	02.02			
Affection	**ADHD Mother**	16	09.34	04.58	.430	30	.670
	ADHD Father	16	09.31	03.57			
Despair	**ADHD Mother**	16	04.50	02.00	.504	30	.618
	ADHD Father	16	04.19	01.47			
Decision Making	**ADHD Mother**	16	10.56	03.46	.290	30	.774
	ADHD Father	16	10.25	02.57			
Discontent	**ADHD Mother**	16	03.81	01.05	.683	30	.500
	ADHD Father	16	04.13	01.50			
Dissolution Potential	**ADHD Mother**	16	01.81	0.98	1.091	30	.284
	ADHD Father	16	01.43	0.96			
Dominance	**ADHD Mother**	16	05.63	02.06	1.817	30	.079
	ADHD Father	16	04.31	02.02			
Self-disclosure	**ADHD Mother**	16	05.25	02.59	.891	30	.380
	ADHD Father	16	04.56	01.67			
Trust	**ADHD Mother**	16	01.38	0.89	.00	30	1.00
	ADHD Father	16	01.38	0.81			
Role functioning	**ADHD Mother**	16	05.81	01.72	.666	30	.510
	ADHD Father	16	06.25	01.98			

Considering the findings on Table 3 and 4, the fourth null hypothesis is accepted, that is, there are no significant gender differences among parents of ADHD children with respect to family pathology and marital quality variables. Table 3 findings considering marital subscales also found to have no significant differences. Much previous research indicated that mothers of ADHD children experience more distress compared to their spouse. However, the present study, such differences were not located.

This study had few potential limitations. First, the groups, were not matched for socioeconomic status and educational level. Second, this study was based only on parents' self-report questionnaires. Third, limited sample size. Despite limitations, the present study should be a priority for further longitudinal research. At a clinical level, the current

results point to the importance of considering ADHD as a socio-cultural construct. The value of multi-systemic interventions which target not only the child's symptoms but the family difficulties in maintaining the symptoms seems to be useful in facilitating an emotionally warmer and more responsive family climate to make the situation bearable.

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Age related differences in quality of life in Urban and Rural settings

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Studies conducted in Indian context investigating perception of quality of life (QOL) in general population either focuses on urban-rural difference in overall QOL or on age specific population (older population). Rare attempts have been made to explore the differences in QOL at different stages of life. A cross-section study was designed to examine the differences in perception of QOL of people from different age groups from urban and rural areas. The present study was carried out with 400+ individuals of 15 to 70 years age from urban and rural parts of Varanasi district. 26 items world health organization quality of life questionnaire and 5 items satisfaction with life scale were used. Demographic information of the participants was also recorded. Analysis shows that age has significant effect on life satisfaction of participants. Respondents of old age from both urban and rural areas reported higher level of satisfaction than adult and adolescents. Belonging to urban or rural community does not influence one's life satisfaction. Analysis further revealed that both age and setting have significant effects on different domains of QOL.

Keywords: *Age, Urban-Rural, Quality of Life, Life Satisfaction*

INTRODUCTION

Socio-emotional selectivity theory suggested that with the progressive age people become increasingly selective. They gradually started investing greater resources in emotionally meaningful goals and activities. According to this theory, motivational shifts also influence cognitive processing. In the line of same argument the social cognitive theory explains an individual's act as a byproduct of behavior, cognition and other personal factors (e.g., age), and environmental influences which all operate as interacting determinants that influence each other bi-directionally. On the basis of these propositions, it could be hypothesized that people of different age may evaluate their life differently and, age and living conditions may influence these evaluations. Since quality of life is a holistic approach that not only emphasizes on individuals' physical, psychological, and spiritual functioning but also their connections with their environments; and opportunities for maintaining and enhancing skills, it would be interesting to explore the effect of age and living conditions on the perception of QOL.

Age and Quality of Life: The effect of age on QOL has been vastly studied in the general population. Studies show that older individuals express higher levels of satisfaction than their younger counterparts

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(Andrews & Withey, 1976; Campbell et al., 1976; Diener, 1984). Similar observations have been made for people with severe mental health problems (Kearns, Taylor & Dear, 1987; Lehman, Slaughter, & Myers, 1992). Age has been found to be systematically related to the satisfaction level of the populations, with older participants being more satisfied with their lives than younger ones (Celine, Normand, & Raymond, 1998). Results of the studies show a relationship of age with subjective and objective QOL (Pepper & Ryglewicz, 1982; Randolph, Lindenberg, & Menn, 1986). Although older people seem to enjoy better living conditions and social integration, the figures are not so clear with respect to gender. Jörngården, Wettergen and von Essen (2006) reported that males reported better health-related quality of life (HRQOL) than females, and the young adolescents (13–15 years old) reported better HRQOL than later adolescents and early adulthood age groups.

Studies conducted in India: Study conducted in India on elderly people reported that there was an initial sharp decline in life satisfaction in the early 50's; a second decline occurred beyond the 61st year with an improvement in the intermediate interval. While in the earlier part, it was explained in terms of physical and psychological effects of aging, the later decline was attributed to retirement (Ramamurthi, 1970). Mudey et al. (2011) conducted a study on 60 year and above age population suggests that QOL of people belongs to 60-69 year age is better that people of 70+ age. Another study conducted across the adulthood (Sexena et al., 2013) revealed that people of 40-45 year age reported better QOL than remaining part of adulthood.

Findings of the above-mentioned studies provides inconclusive results about the relationship of QOL with progressive age. Thus, keeping in mind this issue a study was design including adolescents, adults and also old people.

METHOD

To assess the perception of QOL of the participants, health related quality of life of the participants, and satisfaction of their life was measured. The present study uses definition of QOL given by World Health Organization Quality of Life Group (WHOQOL, 1995). According to it QOL as "individuals' perception of their position in the life in the context of culture and value system in which they live, and in relation to their goals, expectations, standards, and concerns" (p. 1404). Perhaps, QOL is a broad-ranging concept incorporating in a complex way the person's physical health, psychological states, and level of independence, social relationships, personal belief and salient features of their environment. Satisfaction with life was operationalized with the definition given by Shin and Johnson (1978). They defined life satisfaction (LS) as "global assessment of one's life quality according to his/her chosen criteria" (p. 477).

Sample: The study was carried out with 480 participants drawn from the urban and rural settings of Varanasi. Male and female participants belonging to four age groups (i. e., 15-20, 25-30, 45-50, and 60-70 years) were included in the study. Stratified random sampling method was used to select the sample for the present study. A 4(Age) x2(Sex) x2(Setting) factorial design was used to select sample for different groups. The final sample comprised 110 participants from 15-20 year age group, 106 participants from 25-30 year age group, 105 participants from 45-50 year age group, and 105 participants from 60-70 year age group.

Instruments: World Health Organization Quality of Life – BREF Questionnaire (Hindi version). The Hindi version of the original scale was developed by Saxena, Chandiramani, and Bhargava (1998). They found that the reliability of the shorter version of scale is satisfactory. This scale contains 26 items, which measure four domains of Quality of Life, namely physical health, psychological states, social relationships, and environment. Out of 26 items of the scale, only 24 items are used to calculate the scores of participants. Items 1 and 2 are the fillers, and they are not scored.

Satisfaction with Life Scale: This scale was developed by Diener, Emmons, Larsen and Griffin (1985) to measure the life satisfaction of an individual. The scale contains 5 items that assess satisfaction with life as a whole. All 5 items are keyed in positive direction. This scale was translated in Hindi language, using back–translation method, before used in the present study.

Process and Method of Data Collection: Participation in the study was totally volunteer and participants have right to withdraw from the data collection at any point of time. Participants were given Satisfaction with Life Scale and WHOQOL - BREF Questionnaire. A biographical record schedule was also given. Each participant was informed about the study, and consent for participation in the study was taken. There was genuine support from the participants. The researcher was individually present throughout the session to make necessary clarification in case there were confusions and queries from the participants.

Statistical Analysis: Mean, Standard deviation (SD), Univariate Analysis of Variance (ANOVA), Multivariate Analysis of Variance (MANOVA), and Test of Multiple Comparisons of means were used as statistical procedure to analyze the responses obtained on given scales. SPSS 16.0 version was used to analyze the responses obtained from the respondents.

RESULTS

Table 1 presents the mean scores and SD of urban and rural respondents from different age groups and outcomes of ANOVA statistics to explore the effect of setting and age on life satisfaction measure.

Table 1: *Mean scores and ANOVA outcomes for LS measure*

Life Satisfaction					
Setting	**Age**	**Mean**	**SD**	**Source of variance**	**F-ratio**
Urban	15-20	23.82	5.33	Settings	.702
	25-30	19.98	5.28	Age	5.36**
	45-50	24.00	5.58	Setting x Age	2.26
	60-70	24.53	5.72	Error	14226.91
Rural	15-20	23.76	6.15	df	1,3,418
	25-30	22.93	6.31		
	45-50	23.04	5.79		
	60-70	24.50	6.31		

**p < 0.05; **p < 0.01*

Results indicate that respondents belonging to 60-70 year age group from both urban and rural settings scored higher on LS measure among the all age groups. No significant effect of setting on life satisfaction was found. No significant difference was found between urban and rural groups. However, a significant age effect is present (F = 5.36, p< .01). Interaction was also found insignificant.

LSD Post Hoc test was used to examine the differences among the all age groups on LS measure. The results of this analysis are presented in Table 2.

Table 2: *LSD Post Hoc test for age effect on LS*

Life Satisfaction				
Age	**15-20**	**25-30**	**45-50**	**60-70**
15-20	----	2.28*	.27	.72
25-30	----	----	2.01*	-3.00*
45-50	----	----	----	.99
60-70	----	----	----	----

** p < .05, ** p< .01*

Table 2 indicates that 15-20 year age group significantly differs from 25-30 year age group, and 25-30 year age group differs significantly from 45-50 and 60-70 year age group. Other comparisons of age groups are not significant.

HRQOL measure used in the study to take responses on four dimensions of QOL. MANOVA statistics was used to analyze the responses on QOL measure. F–ratio obtained from the analysis is presented in table 3.

Table 3: *F–ratio of different domains of QOL for setting and age*

Variables		**F-ratio**
Settings	Physical Health	.102
	Psychological states	8.00**
	Social relationship	4.51*
	Environment	4.27*
Age	Physical Health	1.06
	Psychological states	4.59**
	Social relationship	2.67*
	Environment	2.15
Setting x Age	Physical Health	1.29
	Psychological states	4.82**
	Social relationship	3.92**
	Environment	2.94*

**p < .05, **p< .01*

Results indicate a significant difference between urban and rural respondents in three domains of QOL namely psychological states (F=8.00, p<.01), social relationships (F=4.51, p<.05), and environment (F=4.27, p<.05). There is also significant age effect on psychological states (F=4.59, p<.01) and social relationships domain (F=2.67, p<.05) of QOL. Interaction effect for psychological states (F=4.82, p<.01), social relationships (F=3.92, p<.01), and environment domains (F=2.94, p<.05) was also found significant.

As results from the analysis indicate an age effect on psychological states and social relationships domains of QOL, LSD Post Hoc test was used to examine the mean differences among the all age groups. Results of this analysis are present in Table 4.

Table 4: *LSD Post Hoc test for age effect on life satisfaction, psychological states, and social relationships domain of QOL*

	Psychological states			**Social relationships**		
Age	**25-30**	**45-50**	**60-70**	**25-30**	**45-50**	**60-70**
15-20	.78*	1.19*	.88*	-.16	.64	.59
25-30	---	.41	.10	---	.80*	.75*
45-50	---	---	-31	---	---	.05

**p < .05, **p< .01*

LSD Post Hoc test for psychological states domain reveals that respondents of 15-20 year age group significantly differ from those of 25-30, 45-50 and 60-70 year age groups. Other mean comparisons were found insignificant. Table 4 also indicates that 25-30 year age group is significantly differing from 45-50 and 60-70 year age group in social relationships domain. Other comparisons of age groups were not significant.

The main objective of the present study was to examine the differences in QOL at different stages of life. Keeping in mind that notion obtained results, in the form of mean scores, on QOL measure is graphically presented here. Following table and figures will present results on only those domains where the interaction effect of age and setting were found significant.

Table 5 presents the mean scores of urban and rural samples according to the age levels on the psychological states, social relationships and environment domains of QOL.

Table 5: *Mean scores of urban and rural respondents belonging to different age groups on different domains of QOL*

		15-20 years		**25-30 years**		**45-50 years**		**60-70 years**	
		Urban	**Rural**	**Urban**	**Rural**	**Urban**	**Rural**	**Urban**	**Rural**
Psychological states	**M**	15.67	15.00	14.14	14.89	14.62	13.60	15.34	13.50
	SD	2.34	3.34	2.51	2.31	2.41	2.51	1.99	3.55
Social relationships	**M**	10.24	10.02	10.14	10.40	9.57	9.77	10.51	8.52
	SD	2.11	2.44	2.80	2.43	2.86	1.86	2.08	3.00
Environment	**M**	14.53	14.49	13.84	14.02	13.77	13.13	14.64	14.21
	SD	2.23	2.00	2.22	2.05	2.16	2.10	2.51	2.36

Mean scores are graphically presented in the following order: psychological states domain (Figure 1), social relationships (Figure 2), and environment domain (Figure 3).

Figure 1*: Mean scores on psychological states domain*

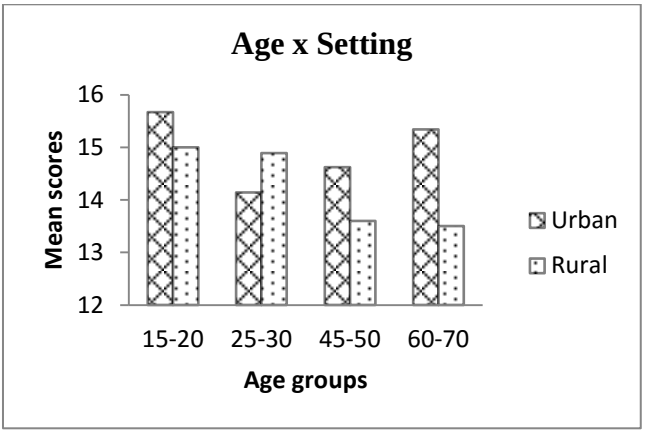

Figure 2: *Mean scores on social relationship domain*

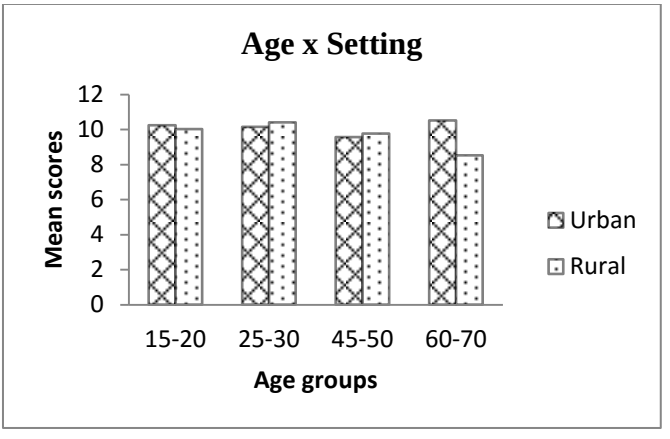

Figure 3: *Mean scores on environment domain*

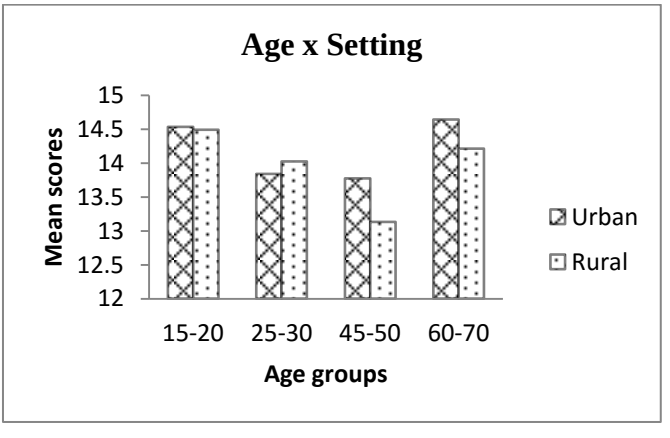

Figure 1 shows that although urban respondents belonging to 15-20, 45-50 and 60-70 year age groups score higher than rural respondents on the psychological states domain of QOL, the difference is significant only at the 60-70 year age level. Figure 2 shows that urban respondents belonging to 15-20 and 60-70 year age groups have higher scores than rural respondents, whereas rural respondents belonging to 25-30 and 45-50 year age groups have higher scores higher than urban respondents. However, the difference is significant only at the 60-70 year age level. Figure 3 shows that, although urban respondents belonging to 15-20, 45-50 and 60-70 year age groups score higher than rural respondents, the difference is significant only at the 45-50 year age level.

DISCUSSION

Relationship of age with QOL was also explored in the present study. Respondents of different age groups from urban and rural parts were included. Two different measures (WHOQOL – BREF Questionnaire and Satisfaction with Life Scale) were used to assess the QOL of the people included as sample. Analysis of data shows that settings have no effect on the life satisfaction of respondents but age has significant effect of life satisfaction and psychological states and social relationships domains of QOL. It also found that settings do not affect the evaluation process of satisfaction with life. But it has significant effect on psychological states, social relationships, and environment domains of QOL. Analysis further revealed a combined effect of setting and age on psychological states, social relationships, and environment domains of QOL. Respondents of 25-30 and 45-50 year age reported lower level of life satisfaction and score lowest in domains of QOL than other two age groups. Respondents of 60-70 year age from both settings displayed highest level of life satisfaction and urban respondents of 60-70 year age reported better QOL nearly in all domains.

Results of the present study endorse the findings of studies conducted in other parts of the world. Our findings indicate a low level of life satisfaction and QOL during the middle age period. In this respect, it may be noted that long-term investments in children, home or career are likely to fail during the midlife. Decisions over time are generally insecure, and early life-time decisions are particularly prone to a focusing illusion biased towards present influences or normative orientations (Kahneman, Kryeger, Schade, Schwarz, & Stone, 2006; Loewenstein, O'Donoughe, & Robin, 2003). The unforeseen and unpleasant consequences of these early choices are most intensely felt during the middle age because of high demanding teenage children. Everyday life at home or work place becomes increasingly complex, especially when the resources are limited and obligations are at a high cost. These dilemmas depend strongly on subjective endowments and even more on future expectations. Still the dynamics of happiness during

midlife result from strategic long-term decisions about when, how, and how much to invest in children, home, job and social relationships. Lower level of SWB of middle-aged individuals can be explained in these terms.

Studies have suggested that determinants and mechanisms of happiness or life satisfaction like income (Clark, Frijters, & Shield, 2008; Easterlin, 2001), social support (Haller & Hadler, 2006), adaptation processes (Frederick & Loewenstein, 1999), and the balance between aspiration and attainments (Plagnol & Easterlin, 2008) can explain the relationship of age with subjective well-being (SWB). Studies indicate that while being single makes people unhappy (Helliwell & Putnam, 2004; Waite, Loub, & Lewinc, 2009), declining and postponed marriages, rising divorce rates, and childlessness also lower the SWB of an individual. It has also been found that each additional child significantly lowers the SWB of men and middle-aged women in particular (Kahneman, Kryeger, & Schade, 2004; Kohler, Behrman, & Shytthe, 2005).

During the young age parental support for building career and social relationships is unconditionally available. Responsibilities are limited, faults are tolerated, and flexibility is encouraged (Brown & Brown, 2006). Brockmann (2010) found that midlife happiness mostly results from long-term investments in job and marriage life. Men enjoy job hierarchies and job security, while women seem immune to status differentials. Women in their middle ages are sensitive to household income and unemployment, although unemployment influences men's SWB more negatively than women's. Thus, there is substantial evidence to support the findings of the present study regarding lower LS and QOL during mid-life.

Results also indicated an interaction between age and setting on QOL. The interaction effect was mainly evident at 60-70 years age level where respondents from urban setting reported better QOL than those from rural setting. Hsu (2007) reported similar results for elderly people from offshore islands and mountain areas than those in the Taiwan city. Joshi, Awasthi and Kumar (2003) also reported that elderly people living in urban setting had better HRQOL than those who lived in remote areas.

Conclusions: It may be concluded from the results obtained from the analyses that among the all age groups older people are more satisfied with their life than adults and adolescents. Living conditions do not influence the sense of satisfaction. People living in urban areas of all age group have better QOL than those from rural areas. It suggests that growing older not only giving a better understanding with circumstances of life but also provides you a support to imbibe the changes happening around them and it would be more better if you are residing in urban areas. Since rare attempts have been made to examine the difference in perception QOL at different stages of life in India, the findings of the

present study may provide some insight to other researchers to work on this issue more profoundly.

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Perceived interparental relationship and anxiety among adolescents: mediating role of perceived parental support

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A number of studies showed a relation between parental support and anxiety and between quality of interparental relationship and anxiety. However there is a lack of studies that considered together the influence of interparental relationship and parental support on anxiety in adolescence. The present study examined the mediating role of parental support (paternal and maternal support separately) on the relation between interparental relationship and anxiety in a sample included equal number of boys and girls studying in different government and private high schools and intermediate colleges of Varanasi. Using the approach proposed by Baron and Kenny (1986), a full mediating effect of paternal support and a partially mediating effect of maternal support between interparental relationship and anxiety were found. The findings have clinical implications and the study provides guidance for future research.

Keywords: *Interparental Relationship, Parental support, Anxiety, Adolescents, Mediating effect.*

INTRODUCTION

Anxiety is one of the most common psychological disorders in school-aged children and adolescents worldwide (Costello, Mustillo, Erkanli, Keeler & Angold, 2003). Pillai, Patel, Cardozo, Goodman, Weiss and Andrew (2008) reported that anxiety, depression and behavioural disorders and attention-deficit hyperactivity disorder were the major mental health problems that occurred frequently during adolescence. Srinath, Girimaji, Gururaj, Seshadri, Subbakrishna, Bhola and Kumar (2005) reported that 12.5 per cent of children and adolescents were suffering from mental and behavioural health problems in India. These figures could be underestimated since anxiety among a large number of children and adolescents goes undiagnosed owing to the internalized nature of its symptoms (Tomb & Hunter, 2004).

World Health Organization (WHO, 2007) defines adolescence as the period of life between 10 and 19 years of age. Although many adolescents experience a normal amount of apprehension in certain situations, things like tests, meeting new people, speaking in public, and competing in sports can make them feel apprehensive. Some adolescents, however, experience these types of situations with an overwhelming sense of fear and anxiety. Anxiety is associated with significant negative effects on adolescents' social, emotional and academic life (Essau, Conradt & Petermann, 2000).

In previous empirical research, anxiety has been linked to parenting

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practices and features of parent-child relationships (McLeod, Wood, Weisz, 2007). Studies indicated that lower levels of parental support were associated with higher levels of anxiety among adolescents (Bosco, Renk, Dinger, Epstein & Phares, 2003). Family researchers define supportive parenting as nurturing, affective, or companionate behaviours (Barber, Stolz, & Olsen, 2005; Maccoby & Martin, 1983). Various Indian studies also indicated that greater acceptance of parents among adolescents may prevent anxiety (Deb, Chatterjee & Walsh, 2010; Thergaonkar & Wadkar, 2007). Some models (Chorpita & Barlow, 1998; Wood, McLeod, Sigman, Hwang, & Chu, 2003) have hypothesized that parental support and encouragement of children's autonomy and independence (e.g., in novel contexts) may enhance children's perceptions of mastery over the environment, leading to anxiety reduction. Conversely, lack of parental support decrease the child's feelings, undermine the child's emotion regulation and increase their sensitivity to emotional health problems such as anxiety and depression.

Quality of interparental relationship has been shown to be associated with adolescents' mental health. Perceived interparental relationship refers to children's perceptions regarding the quality of the relationship between their parents. It is the foundation of the family unit and thus it can have an important effect on the family environment and adolescent outcomes (Zimet & Jacob, 2001). Relationship between parents which has been mostly studied in terms of interparental conflict in Western literature has a significant impact on adolescents' adjustment (Buehler & Gerard, 2002) and mental health problems (Davies & Forman, 2002). Exposure to poor interparental relationship is associated with negative psychological symptoms among adolescents (Davies & Lindsay, 2004) with evidence suggesting that adolescents who are exposed to frequent intense and poorly resoled conflicts between parents are at greater risk for heightened internalized symptoms such as anxiety and depression (Shelton & Herold, 2008). Grych and Fincham (1990) emphasized in a Cognitive – contextual model that adolescents' perception and understanding of interparental conflict are critical. Poor adjustment results from children perceiving the conflict as stable, blaming themselves for the conflict and feeling that they are unable to cope effectively with it. Interparental conflict has been found to be associated with mental health problems both directly (e.g., Cummings, 1987; Emery, Fincham, & Cummings, 1992), and indirectly, through its effects on parenting (Stone, Buehler, & Barber, 2002). However, these findings are based mostly on studies of European American families (Krishnakumar & Buehler, 2000). There is a need to study diverse samples to better understand the extent to which these findings represent family functioning generally.

While there is an extensive literature on how parenting behaviours and interparental conflict influence children's externalising behaviours and

maladjustment (Rai, 2008; Gulati & Datta, 2008), only few studies have explored the role that quality of interparental relationship play in predicting mental health problems and to which extent its effects are mediated by parenting behaviours (Buehler & Gerard, 2002; Gerard, Krishnakumar & Buehler, 2006). Attachment theory (Bowlby, 1988) explains that it is parenting quality that causes children's emotional wellbeing. Theoretically, poor interparental relationship might place adolescents at risk for increased anxiety because parents become less accepting or responsive (Sturge-Apple, Davies, Boker, & Cummings, 2004), owing to their increased stress or because they are more preoccupied.

Quality of interparental relation can influence children's mental health directly by equipping children with faulty working models of functional behavioral and emotional expression for dealing with social problems (Fincham, Grych, & Osborne, 1994), by challenging children's ability to regulate emotional states (Katz & Gottman, 1991), by disrupting children's emotional security (Davies & Forman, 2002), and by shaping children's cognitions and coping responses (Kerig, 2001). In addition, Interparental relationship also can influence children's mental health and adjustment indirectly by disrupting parenting behaviours that promote children's psychosocial competency (Buehler & Gerard, 2002).

Buehler and Gerard (2002) reported that 12 studies had examined the hypothesis that compromised parenting mediates the association between interparental conflict and adolescents' problem behaviour. Seven studies found a partial or complete mediational pattern. Research on the role of parenting has resulted in conflicting evidence. Some studies have reported that parenting does little to explain the association between interparental conflict and children's maladjustment (Crockenberg & Langrock, 2001) whereas others have found that parenting might be an explanatory factor (Buehler & Gerard, 2002; Krishnakumar, Buehler, & Barber, 2003).

Gender effects for anxiety disorders and symptoms have been found in studies of children and adolescents in both Indian and Western countries. Generally, more girls than boys develop anxiety disorders and symptoms. In west, adolescent girls reported a greater number of worries, more separation anxiety, and higher levels of generalized anxiety (Egger, Costello & Angold, 2003; Weiss & Last, 2001), whereas Rai, Pandey and Kumar, (2009) and Deb, Chatterjee and Walsh (2010) found significantly higher anxiety among boys in India. In addition, previous research suggests that the parental support by mothers and fathers may be differentially related to youth behaviour based on the adolescent's gender (Bean, Barber & Crane, 2001). Literature suggests that boys compared to girls, are more sensitive to parental emotionality during interparental conflict (Cummings, Goeke-Morey, & Papp, 2004)

and show greater aggression. On the other hand, girls show more distress after repeated exposure to parental conflict and get more involved in parental conflict than boys (Davies & Lindsay, 2004).

Although earlier studies have discovered the negative relationship between parental support and anxiety and positive relationship between interparental conflict and anxiety among adolescents, there is strong need to recheck the connections in the current cultural globalization era. The current study tested the hypothesis that quality of interparental relationship influences adolescents' anxiety level through its link to parent-child relationship quality. Though, interparental relationship was highly investigated in West in terms of 'interparental conflict', lack of studies in India on interparental relationship generated the need to consider the influence of interparental relationship on adolescents' anxiety. Due to changing scenario of families in India this study has became more important. Although most of the studies revealed that mediation effect of parental behaviours is based on various parental behaviours (parental awareness, harsh parenting, inconsistency, psychological intrusiveness, and lower levels of acceptance) jointly, this study examined the mediational role of parent-child relationship quality in terms of parental support only. Most of the studies studied the meditational effect of parenting on the relationship between interparental conflict and behavioural problems (Buehler & Gerard, 2002; Krishnakumar, Buehler, & Barber, 2003). This study investigates the meditational effect of parental support on the relationship between interparental relationship and anxiety among adolescents.

It is important to note that most of the conclusions in previous studies about the association between parenting style and adolescents' psychosocial outcomes are based on parent or observer reports of parenting. Adolescents' perception is considered more important for adolescents' wellbeing rather than actual parental behaviours and it may also influence how they respond to parental behaviours. Present study would focus on adolescents' internal representation of how their parents get along with each other which is more important to adolescent' wellbeing than the actual quality of relationship between parents. Thus, this study is based on adolescents' reports about parental behaviours and interparental relationship.

The current study is aimed to investigate the role of paternal and maternal support as a mediating effect of interparental relationship on anxiety in adolescents. Thus, study would try to explore whether there is a mediating effect of parental support in the relation between quality of interparental relationship and anxiety or whether they contribute independently at the origins of anxiety among adolescents. In summary three research questions are included in the study.

- Are there mean level differences between boys and girls on the bases of interparental relationship, parental support and anxiety? On the basis of previous literature gender differences was anticipated regarding perception of quality of interparental relationship, parental support and anxiety among adolescents.
- Is there a relationship between quality of interparental relationship and anxiety? It was expected on the basis of literature that perception of better relationship between parents would be negatively associated with anxiety among adolescents.
- Finally, study explore whether there is a mediating effect of parental support (paternal and maternal support separately) between quality of interparental relationship and anxiety. Based on literature, it was anticipated that parental support mediates the effect of quality of interparental relationship on anxiety.

METHOD

Sample: The present study followed a sample of 400 adolescents with age range of 15 to 19 years. Sample included equal number of boys (N=200; Mean age=16.01) and girls (N=200; Mean age=16.06) studying in different government and private high school and intermediate colleges of Varanasi city, U. P., India. Adolescents belonging to middle socioeconomic status were selected in the sample on the basis of scores of Socio-Economic Status Scale (Dubey & Nigam, 2005). Adolescents from both nuclear and joint family structure were integrated in the sample. It was the demand of the study to have data about both mother and father; therefore, adolescents having both parents alive and staying together were selected.

Measures:

Interparental Relationship Scale - To assess the quality of relationship between father and mother, this measure was developed by the researcher. This is a five point scale (strongly agree, agree, undecided, disagree, strongly disagree) based on Likert method. It comprises of 17 items related to relationship between mother and father regarding support, communication, decision making, care and helping each other in various households. Out of seventeen items sixteen items are positively scored and one item (item no.7) is reverse scored. Initially twenty items for Interparental Relationship Scale were pooled on the basis of literature review. Item analysis of scale has been performed with the help of 'corrected item-total correlation' method. Based on low corrected item-total correlation, three items were excluded from the further analysis to enhance the internal consistency between items. Reliability of this questionnaire was computed by Cronbach's alpha coefficient method and its value was found to be .88.

Parental Support Scale - This scale was also constructed by the researcher to measure adolescents' perception of paternal and maternal

support. Same type of items were used in father and mother scale separately. This scale comprised 15 items in which all items were positively scored. Items were rated on five point rating scale namely, absolutely true, mostly true, often true, rarely true, and absolutely not true. Each item was scored from 5 to 1. Higher score represents high perceived parental support. Initially, 18 items were finalized on the basis of review of literature. Item analysis of this questionnaire has been also done by 'corrected item total correlation' method. Based on low corrected item-total correlation, three items were deleted from the questionnaire to enhance internal consistency between items. Reliability of this scale was computed by using Cronbach's alpha coefficient method and its value was found to be .89. Two factors emerged from Exploratory factor analysis: (1) psychological support (2) instrumental support. Psychological support consisted of variables, such as encouragement, appreciation, being pleased with the child, trust, care and love. Instrumental support included external expressions of support, such as taking the child to picnic, external reward and buying the child something special. Cronbach's alpha coefficient value was found to be .84 for first factor (psychological support) and for second factor (instrumental support) it was .82.

General Health Questionnaire (GHQ) - To measure anxiety among adolescents anxiety dimension (subscale) of General Health Questionnaire (GHQ) constructed by Goldberg and Hollies (1979) was used. It consists of 07 items. This is a four-point rating scale. Each item was scored from 1 to 4. The response alternatives have been arranged in such a way that higher scores on this dimension indicate higher anxiety. Item–total correlation of this subscale was 0.85 and the Alpha – coefficient of the scale ranges from 0.9 to 0.95.

Procedure: Aforesaid questionnaires were administered to adolescents individually. Instructions were clearly explained to each participant before the actual administration of the scales and their queries (if any) were attended properly. Participants were allowed to take their own time to respond all the questionnaires. In addition to it each participant was requested to ensure that they have responded to each and every item of the scales.

Analysis: Multiple regression analyses were performed in order to test the mediating effect of paternal and maternal support separately between interparental relationship and anxiety among adolescents in the model. Baron and Kenny (1986) explained that four conditions must be met to establish mediation: (a) The predictor variable must be related to the potential mediator, (b) the predictor must be related to the criterion variable and when the criterion variable is regressed on both the predictor and mediator variables, (c) the mediator must be related to the criterion variable, and (d) the previously significant relation between the predictor and criterion variables is attenuated. All these requirements

were examined and, the mediation was also tested by using the Sobel (1982) test to examine the reduction of the effect of the independent variable on the dependent variable, after accounting for the mediating variables. The Sobel (1982) test measures this reduction by dividing the effect of the mediator by its standard error and then comparing this term to a standard normal distribution to test for significance (MacKinnon, Lockwood, Hoffman, West, & Sheets, 2002).

RESULTS

Analysis of Gender Differences: Results in terms of mean, SD, and t-value for perceived paternal support, maternal support, interparental relationship and anxiety among adolescents were presented in Table 1.

Table 1: *Mean, SD, and t-Value for Paternal Support, Maternal Support, Interparental relationship and Anxiety among Adolescent Boys and Girls*

	Gender				t
	Boys (N=200)		Girls (N=200)		
	M	SD	M	SD	
Paternal support	59.13	10.38	60.69	12.18	1.37
Maternal support	61.66	9.04	64.02	8.92	2.63**
Interparental relationship	72.14	8.84	72.37	9.31	.259
Anxiety	11.85	4.30	12.09	4.12	.557

***p<0.01*

Results indicate that girls in comparison to boys had higher mean scores for paternal support, maternal support, interparental relationship and anxiety. The mean difference was found to be significant only for maternal support ($t=2.63$, $p<0.01$), with girls receiving higher scores than boys. There were no significant differences between boys and girls for paternal support, interparental relationship and anxiety.

Mediation Analysis: In the current study, the independent variable was perceived interparental relationship and the dependent variable was adolescents' anxiety. The two potential mediators were the adolescents' perception of paternal and maternal support. Mediation models were used to examine if both potential mediators reduce the direct effect of interparental relationship on adolescents' anxiety. For full multiple mediation, the fourth regression must show that after controlling for the mediators (paternal / maternal support), the independent variable (interparental relationship) no longer significantly predicts the dependent variable (adolescents' anxiety). Partial mediation exists if the effect of the independent variable on the dependent variable is reduced, but still significant, when the mediators are controlled (Baron & Kenny, 1986).

First of all, mediational analysis was performed to elucidate the mediating role of paternal support between interparental relationship and anxiety. First, anxiety was regressed on interparental relationship; interparental relationship was found to significantly predict anxiety (beta $=-.066$, $p<0.01$). Second, paternal support was regressed on interparental relationship; it was found to significantly predict paternal support

(beta=.697, p<0.001). Then (third step), a hierarchical regression analysis was conducted to examine the independent contributions of interparental relationship and paternal support on anxiety. Interparental relationship was a significant negative predictor of anxiety (p<.01). The effect of interparental relationship was reduced and became insignificant after paternal support was entered in the equation at step 3. Results of the analysis were given in Table 2.

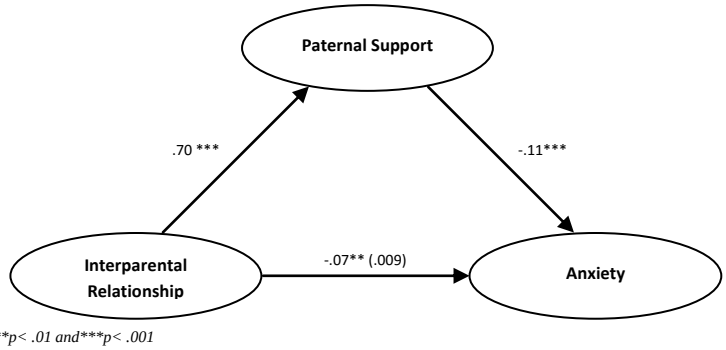
Table 2: *Mediating Role of Paternal Support between Interparental Relationship and Anxiety*

Independent variables	**Dependent Variables**					
	First Step		**Second Step**		**Third Step**	
	Anxiety		**Paternal Support**		**Anxiety**	
	B	Std. Error	B	Std. Error	B	Std. Error
Interparental Relationship	-.066*	.023	.697**	.052	.009	.027
Paternal Support	---------	-------	-------	------	-.108**	.022
F value	8.097* (1,398)		179.978** (1,398)		16.72** (2,397)	
R^2	.020		.311		.078	

**p<.01 and **p<.001*

This result was consistent with the presence of a full mediation effect. The significance of the mediation effect was further confirmed by the significance of the Sobel test (Z =- 4.60, p < 0.05). Hence, the analysis provided support for the hypothesis of the mediating role of the paternal support on the relation between interparental relationship and anxiety. The final model showed that both interparental relationship and paternal support were significantly related to anxiety; the model as a whole accounted for approximately 8% of the variance in anxiety and was significant overall, F (2, 397) = 16.72, p < .001. The final mediation model is presented in Figure 1.

Figure1*: Mediational model showing unstandardized regression coefficients for relationship between interparental relationship and anxiety as mediated by perceived paternal support.*



p< .05, **p< .01 and*p< .001*

Note: *Unstandardized regression coefficients for relationship between interparental relationship and anxiety controlling for paternal support is in parentheses.*

To test the mediating effect of maternal support, anxiety was regressed on interparental relationship. Interparental relationship was found to

significantly predict anxiety. Second, maternal support was regressed on interparental relationship; it was found to significantly predict maternal support (beta=.328, p<0.001). Then (third step), a hierarchical regression analysis was conducted to examine the independent contributions of interparental relationship and maternal support on anxiety. Interparental relationship was a significant negative predictor of anxiety (p<.01). The effect of interparental relationship was reduced (although it was still significant) after maternal support was entered in the equation at step 3. This result was consistent with the presence of a partial mediation effect. The results of mediating effect of maternal support on the relationship between interparental relationship and adolescents' anxiety were presented in Table 3.

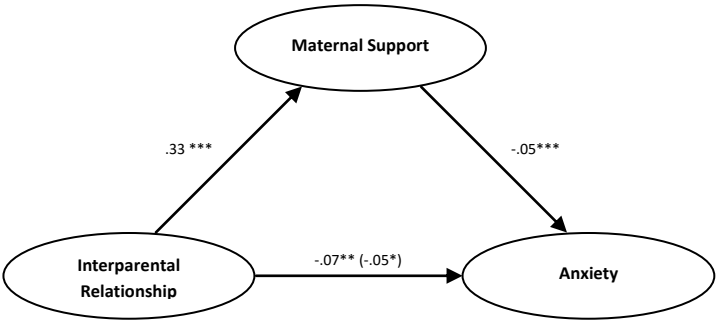
Table 3: *Mediating Role of Maternal Support between Interparental Relationship and Anxiety*

Independent variables	Dependent Variables					
	First Step		Second Step		Third Step	
	Anxiety		Maternal Support		Anxiety	
	B	Std. Error	B	Std. Error	B	Std. Error
Interparental Relationship	-.066**	.023	.328***	.047	-.049*	.024
Maternal Support	---------	-------	-------	------	-.051*	.024
F value	8.097** (1,398)		48.196***(1,398)		6.284 **(2,397)	
R^2	.020		.108		.031	

**p<.05, **P<.01 and ***p<.001*

This result was consistent with the presence of partial mediation effect. The significance of the mediation effect was further confirmed by the significance of the Sobel test (Z = -2.03, p < 0.05). Hence, the analysis provided support for the hypothesis of the mediating role of the maternal support on the relation between interparental relationship and anxiety. The model as a whole accounted for approximately 3% of the variance in anxiety and was significant overall, F (2, 397) = 6.28 p < .01. The final mediation model is presented in Figure 2.

Figure 2: *Mediational model showing unstandardized regression coefficients for relationship between interparental relationship and anxiety as mediated by perceived maternal support.*



p< .05, **p< .01 and*p< .001*

Note: *Unstandardized regression coefficients for relationship between interparental relationship and anxiety controlling for maternal support is in parentheses.*

DISCUSSION

The present paper was aimed at answering three research questions. At first, study attempted to explore whether there are mean level differences between boys and girls on measures of perceived interparental relationship, anxiety, perceived paternal and maternal support. Results indicated that the mean difference was found to be significant only for maternal support, with girls receiving higher scores than boys, whereas difference between groups was not found to be significant for interparental relationship, paternal support and anxiety. It indicated that boys and girls are more or less similar for perception of interparental relationship, paternal support and anxiety, while girls perceive more maternal support than boys. Findings related to gender differences regarding interparental relationship, paternal support and anxiety are not consistent with the various previous studies which indicated that gender difference exists regarding interparental relationship (Cummings, Goeke-Morey & Papp, 2004), parental support (Bean, Barber & Crane, 2001) and anxiety (Deb, Chatterjee & Walsh, 2010). This finding is consistent with the result of Fosco, Stormshak, Dishion & Winter (2012), which explained that boys and girls equally perceive parenting rules, regulation, and restrictions that parents have for them. It implies that parents are equally worried for their sons' and daughters' mental health development and to save them from negative influences of media, peer groups, substance abuse and risky behaviours (Sandhu & Tung, 2004).

The results regarding girls perceiving more maternal support may be better explained on the basis of Crockett, Brown, Iturbide, Russell and Wilkinson-Lee (2009) study, which indicated that parent–child relationships often differ based on the gender composition of the dyad. Tucker, McHale and Crouter (2003) also explained that mothers spend more time with daughters than with sons, prolonging girls' exposure to maternal socialization. As a result, socialization via modeling more often takes place between mother and daughter than between mother and son. Similar to their Western counterparts (Lundberg, 2005; Raley & Bianchi, 2006) Indian girls more easily develop similar interests with their mothers, encouraging closeness, while sons develop a masculine identity and work-family gender ideology by distancing themselves from femininity.

Association of interparental relationship with anxiety of adolescents has been examined. Previous studies indicated that perception of better interparental relationship is negatively associated with anxiety among adolescents (Shelton & Herold, 2008). Multiple regression tables indicated that adolescents who perceive better relationship between parents experience less anxiety than the adolescents who don't perceive better relationship. Reviewed literature indicated that effect of interparental relationship was rarely explored in Indian research. Poor

interparental relations in India often comprise a lack of intimacy, problems with co-parenting, or unwanted intrusions of extended family members (Carson & Chowdhury, 2000). Findings regarding negative relationship between interparental relationship and anxiety among adolescents extend support to the previous observations (Davies & Lindsay, 2004; Grych, Fincham, Jouriles & McDonald, 2000). Cognitive contextual model (Grych & Fincham, 1990) explained that negative appraisals regarding the cause of poor relationship between their parents, perceived threats and coping efficacy may lead to affective or socio emotional adjustment problems among adolescents.

Finally present study investigated whether there is a mediating effect of paternal and maternal support between interparental relationship and anxiety among adolescents. Results indicated that paternal support fully mediated the relationship between interparental relationship and anxiety. It shows that after controlling for the paternal support (mediator), the interparental relationship (independent variable) no longer significantly predicts the adolescents' anxiety (dependent variable) or the relationship between interparental relationship and anxiety disappeared. Results indicated that better interparental relationship promotes availability of paternal support and perception of paternal support reduces anxiety among adolescents. Findings emphasized that poor interparental relationship can influence anxiety symptoms of adolescents' indirectly by disrupting chances of receiving paternal support that promote adolescents' psychosocial health (Buehler & Gerard, 2002).

Results indicated that maternal support partially mediated the relationship between interparental relationship and anxiety among adolescents. Partial mediation of maternal support exists as the effect of the interparental relationship on the anxiety among adolescents is reduced, but still significant, when the maternal support is controlled. Results indicated that better interparental relationship grant accessibility of maternal support and perception of maternal support reduces anxiety among adolescents. In other words, poor interparental relationship can influence symptoms of anxiety among adolescents' indirectly by disrupting chances of receiving maternal support that promote adolescents' psychological wellbeing. Findings regarding mediating effect of parental support on the relationship between quality of interparental relationship and symptoms of anxiety among adolescents are consistent with previous studies (Buehler & Gerard, 2002; Krishnakumar, Buehler, & Barber, 2003). Sturge-Apple, Davies, Boker, & Cummings (2004) also asserted that poor interparental relationship might place adolescents at risk for increased anxiety because parents become less accepting, due to their increased stress or because they are more preoccupied.

Future research should include specific aspects of parenting as well as other possible explanations, such as adolescents' cognitive appraisals and feelings of emotional insecurity. Furthermore, it would be important to replicate our findings in different social and cultural contexts. In fact the present study was conducted in India, where the family is probably more relevant for the adolescent development than in other social and cultural contexts. Future studies may assume different perspectives of interparental relationship and investigate other features of the relationship with parents.

However present study brings new information and shows the important role of paternal and maternal support on the relationship between interparental relationship and psychological well being of the adolescents. Present study inspects the two major models that examine the relationship between interparental relationship and anxiety of adolescents. Present study concludes that poor interparental relationship negatively impacts parental support, which in turn enhances anxiety level of adolescents. In essence, study pointed out that the negative influence generated from a disturbed interparental relationship could be transferred to the parent-child subsystem. Counsellors can facilitate positive change in the family system by coaching parents having poor relationship quality on how to monitor and self-regulate emotion to minimize negative influence from their poor relationship and by helping parents generate strategies for responding to adolescents' poor psychological wellbeing that rely on availability of parental support. Future research can facilitate intervention efforts by identifying conditions that promote sensitive parenting and harmonious parent-child relationships in the context of poor interparental relationship.

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The study of impact of gender typing of occupation on the experienced sex role conflict

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The most widely shared understanding of patriarchy suggests that being a male is a boon and a female is an incessant struggle in an androcentric society like ours. But there is a need to go beyond the apparent to explore the margins that threaten to destabilize the existing equilibrium of the society guarded by patriarchy since ages. Studying the crossing over of gendered borders that is happening in the workforce in today's time provides one such avenue that offers an insight into the intricacies. The present research proposes to unravel the experiential realities of men and women in gender atypical jobs where atypicality is operationalized as an occupation incongruent with the society's prescriptive norms.

Keywords: *Workplace Tokenism, Sex Role, Conflict, Androgyny, Masculinity*

INTRODUCTION

Tokens at Work: Gendered Division of Labour

Men and Women are just like the two wheels of a chariot. They are equal in importance and they should work together in life. The one is not superior or inferior to other. Women constitute almost half of the population in the world. But the hegemonic masculine ideology made them suffer a lot as they were denied equal opportunities in different parts of the world. The division of labor by sex appears to have been universal throughout human history. In patriarchy the sexual division of labor is hierarchical, with men on top and women at the bottom. Women are more likely to end up not only in part time jobs but also in particular occupations. There is a strong gendering of occupations, which has been related to both lower pay and more limited careers for women. It has been argued that occupational segregation is fundamental to structural gender discrimination in enabling differential pay and limits on advancement and promotion. There is a need to look at occupational segregation and its hierarchical nature resulting from a mutual accommodation between two robust forces of Patriarchy and Capitalism. Interestingly any disturbance in the established status quo between the two sexes in the work front has some serious repercussions for both the stakeholders.

Crossing Gendered Borders: The Making of Tokens

Zimmer (1988) pointed out how the term "Token" has been used in a variety of ways. Laws (1975) popularized the concept of 'Workplace Token' with her analysis of the special problems faced by women who

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have entered the male-dominated academic setting in terms of their entrance being permitted but not full participation. Simmel's (1950) "stranger" and Hughes's (1945) "outsider" are also along similar lines as someone who meets all of the formal requirements for entrance into a group but does not possess the "auxiliary characteristics" (especially race, sex and ethnicity) that are expected of persons in that position. Consequently, they are never permitted by "insiders" to become full members and may even be rejected if they stray too far from the special "niche" outlined for them. The term token has also been used in the sociological literature to refer to persons (usually women or minorities) who are hired, admitted or appointed to a group because of their difference from other members, perhaps to serve as "proof" that the group does not discriminate against such people(Zimmer,1988).

Tokens at Workplace: The Theory of Tokenism

Rosabeth Moss Kanter (1977) greatly expanded and formalized the concept of Tokenism by including it as one of three major components of her theory of organizational behaviour.

Her theory defined Tokenism as the processes resulting whenever a group is skewed such that a clearly definable subgroup, Tokens, makes up less than 15 percent of the whole. From her case study of 20 upper-management saleswomen, their colleagues, and their superiors in a 300-person sales force, Kanter (1977) reported three token dynamics: Visibility reflects the heightened attention directed toward Tokens, who always stand out in their work groups and thus suffer exacerbated pressures to perform. Contrast refers to the exaggeration of differences between Tokens and the numeric majority, dominants, which may result in the Social Isolation of Tokens. Assimilation refers to the stereotyped perception of Tokens that may lead to Role Encapsulation at workplace in terms of the tasks and projects expected out of Tokens.

Finally, The theory of Tokenism (Kanter,1977) takes an organizational demographic approach to explain the workplace experiences of employees based on the numerical strength of their social category in their immediate workgroup. However a macro level understanding can be generated by extrapolation of the conceptualization of 'Tokens at workplace' to 'Tokens in Occupations'. Tokens in occupations can be understood as individuals who are in occupations that are considered as atypical for their gender. This 'atypicality' can be understood at two levels: 1. Numerical perspective 2. Gender stereotype perspective i.e. such occupations are considered to be atypical not only because relatively fewer members of a particular sex opted for them but also because in terms of the prescriptive gender stereotypes, such occupational choices are considered to be atypical for that gender.

Sex Role Conflict:

Sex role conflict is an offshoot of the role conflict that is a well established concept of social and industrial psychology and of organizational behavior. As applied to organizations, role conflict theory suggests that individuals experience role conflict when others' expectations for their behavior are inconsistent with the individual's own expectations (Baron, 1983). Such inconsistencies may arise because of differences in persons' socialization processes, and conflicts may stem from intrapersonal, intrarole, or interrole incongruities. When such conflict, stems from different expectations based on gender the conflict is often referred to as sex role conflict. Sex role conflict is defined as the degree of conflict expressed between an individual's (1) treatment based on gender versus that person's desired treatment as an individual (intrarole or interrole incongruity) and (2) private self- concept of the person's sex role versus the self-concept defined by one's society and work organization(intrapersonal incongruity) .Thus there is a degree of conflict women or men may feel because of the sex roles assigned to them, either by their perceptions of societal values or their own beliefs and roles assigned at the work field.

A number of studies indirectly suggest that both females and males placed in jobs not congruent with their sex (atypical) may be subjected to increased levels of stress, due to an incongruity between their own view of themselves and that of others. Other writers believe that those who choose all jobs will fight internal psychological battles strong enough to cause sex role conflict or discomfort with or without external or societal pressures. Unfortunately very few studies actually measured sex role conflict among persons in sex-atypical occupations, confining themselves instead only to levels of stress or disapproval. Previous attempts to measure sex role conflict were not very successful in capturing the essence of the conflict an example of one such attempt being the study done by Beckman (1978), Lo Piccolo and Blatt(1972),Noonan(1981)and Slotkin(1977) who had attempted to determine the degree of sex role conflict by subtracting scores for individuals' sex role identification with masculinity and femininity from their scores for adoption of behavior appropriate for these roles. With this measure high level of conflict is equated with large differences between person's scores for these two measures. However this measure is flawed as differences between the two scores may not measure these conflict.

Workplace Tokenism and Experienced Sex Role Conflict

As per theory of Tokenism (Kanter, 1977) Visibility, Contrast and Assimilation are associated with particular forces and dynamics that in turn generate typical token responses. The interactional dynamics of heightened visibility, contrast and assimilation accentuates the 'gendered

uniqueness of the tokens and as a result create pressures to conform to the prescriptive gender dictates on one hand and on the other hand that very behavior is then pointed to by others within the organization as "proof" that tokens are a misfit in their gender atypical job because they are so much 'gendered' .This in turn can create a conflict for the token in terms of the token's private self- concept of their sex role versus the self-concept defined by the society and work organization and treatment metted out to them on the basis of their gender versus token's desired treatment as an individual. For Kanter(1977), any situation where proportions of significant types of people are highly skewed can produce similar themes and processes. But when the status configuration of tokens change and a male becomes a token among females, the numerically derived organizational environment would favor females, and the sex based hierarchy of the larger society would continue to favor males. A study by Darla and Campbell (2003) on Gender and attribution of nurse practitioner and physician status showed that male health providers tended to be identified as physicians and females as nurse practitioners clearly hinting at the gender stereotypes at work. The physician's post commands more respect and status in the society in comparison to the nurse practitioner's job, and the patriarchal mindset has problems conceiving a woman having status and power. Interestingly in the same patriarchy it is difficult to talk about men and masculinity because there is still a tradition for not seeing men as having a gender at all. Historically men have been considered the norm. The activities of men did not have to be explained. Therefore it is considered to be controversial to start questioning traditional male qualities as competitiveness, courage and aggression, because these are considered sacrosanct. The majority of men are not socialized to discuss problems as gendered .Moreover gender equality issues, sex role conflict issues, role stereotype concerns etc. are often regarded as issues for women and homosexuals – even though a lot of men pay a high price for sustaining their 'prescribed' masculinity.

Why is so much fuss around "crossing the barrier"?

'Crossing over' challenges the well established order of gender stereotypes that describe women as more communal and men as more agentic and instrumental (Eagly, Wood, and Diekman, 2000). In addition to this horizontal dimension of difference, gender beliefs have a hierarchical dimension of status inequality. Men are viewed as more status worthy and more competent at the things that "count most" (e.g., instrumental rationality).Women are seen as less competent in general but "nicer" and better at communal tasks even though these tasks themselves are less valued (Conway, Pizzamiglio, and Mount, 1996; Fiske et al. 2002).As these descriptions make clear, gender beliefs represent themselves as universal depictions of women and men defined by a narrow set of features. These abstracted, hegemonic understandings

of men and women are roughly consensual in that virtually everyone in the society knows what they are (Eagly, Wood, and Diekman, 2000; Fiske et al. 2002). Therefore, as individuals enter public settings that require them to define themselves in relation to others, their default expectation is that others will treat them according to hegemonic gender beliefs. Connell (1995) for instance, proposed that hegemonic masculinity can be understood as the dominant form of masculinity which the other types of masculinities define themselves in relation to it. According to him hegemonic masculinity is primarily defined in relation to three parameters:

- Men's oppression of women.
- A gender divided labor market (with respect to work tasks, status, salary, control, power etc.)
- A heterosexual orientation.

Given the status distinction contained in hegemonic gender beliefs, then, men and women enter most social relational contexts expecting that others believe that men are generally more competent than women (Ridgeway and Correll, 2004).This sets the backdrop for the experiential worlds of males and females at workplace leading to further complications when these gendered 'actors' make a choice of gender atypical jobs thus challenging the gender scripts handed over to them. The American sociology professor Williams (1995) conducted year-long studies of men in 'non-traditional occupations', as one among many examples of this she presented the fact that male nurses often choose to specialize in areas with work tasks that are regarded as masculine in the hegemonic perspective. Another study by Simpson (2005) on Men in Non-Traditional Occupations: Career Entry, Career Orientation and Experience of Role conflict explored the experiences of men in non-traditional occupations of nurses, cabin crew, librarians and primary school teachers. In particular it focused on the dynamics of career entry, career orientation (namely, a preference for intrinsic or extrinsic rewards) and the possible existence, nature and consequences of role strain. The results suggested that settlers experience a Sex Role conflict by virtue of their sex atypical choices. In our society where well established gendered division of labor exists, such crossing over of gendered borders hints at the mutability of the stringent unipolar definition of masculinity. The 'crossing over' of gendered borders highlights that the possibility exists for actions and values historically and culture-traditionally regarded as feminine to be integrated in such a complex and wide-ranging view of masculinity. A study called Making Beautiful : Male Workers in Beauty Parlors (Ahmed, 2006) looks at the increasing proliferation of male or "gents" parlors—a space where a new formation of the male self is being produced and established through new cultures of care and work. The study weeds out the notions of "work" considered to be central to the

lives of men and Beauty" and "caring," on the other hand, viewed as something intrinsically feminine by presenting life histories of men in "beauty work" and argues that just as different work situations produce different models of masculinities, the same work situation also may prove an arena of a variety of masculinities. Along similar lines a Study by Duff (1999), demonstrated how females are renegotiating their femininity and are successfully dawning several hats without any sense of conflict. The study was based on athletes. It was found that female athletes took pleasure in being strong, believed physical strength to be important in sports, and thought strength makes a woman more feminine (Duff et al., 1999). This study suggests that female athletes may be redefining femininity for themselves rather than struggling with feminine ideals that conflict with athleticism. However such juxtaposition of social expectations of feminine behavior and body and the stereotyped masculine attributes of most sport participation may also cause conflict for the female athlete. Evidence of this conflict may and probably will arise early in the life of the female child who is discouraged to participate in more masculine sports like boxing, wrestling etc and may encounter little opposition for sports considered more feminine such as gymnastics or swimming. In such a non conducive environment the so-called female athletes or sports persons are labeled deviants and are subjected to societal wrath implicitly or explicitly.

The present study intends to explore the complex dynamics of experienced role conflicts in the light of the occupational choices made by the participants.

Objective: The objective of this study is to examine how the choice of an occupation incongruent with what society believes is appropriate for one's biological sex may be related to that person's experienced level of sex role conflict and to study the relationship of the absence or presence of role conflict with the sex roles adopted by the individuals both on the job and off the job.

METHOD

Review of literature on gender atypical jobs suggested that such jobs have often operationalised in terms of male-female skewed numerical strength (Hayes, 1984; Haber, 1980; Orcut and Walsh, 1979) but it was felt that atypicality is far encompassing and goes beyond numbers. The present study aimed at tapping the social beliefs and values attached to gendered nature of jobs. So instead of shortlisting the jobs on the basis of numerical strength, an informal small scale survey was conducted and about 50 people in the age group of 25-40 were asked to list jobs that they felt were atypical for males and the jobs that were atypical for females.

The construct of 'job atypicality' for the survey was operationalized by stating that the jobs must be of the nature that they feel goes against the

societal prescribes of the nature of work men and women must do. The frequencies were then tabulated to take out the top two jobs that were reported as atypical for males and females respectively.

- For Males: Fashion Designing, Makeup Artists
- For Females: Body Building (Gym Instructor), Sports Teachers

In order to compare sex role conflict of gender atypical professionals with professionals working in gender typical jobs, the shortlisted atypical jobs were considered as gender typical for the opposite sex. Thus for gym instructors and sports teachers males were sampled and for fashion designers, makeup artists and beauticians, females were selected as gender typical sample.

Sample:

- 20 males in gender atypical jobs (10 fashion designers, 10 beauticians), 20 females in gender atypical jobs (10 sports teacher, 10 gym instructor), age 25-35(unmarried)
- 20 males in gender typical jobs (10 sports teacher, 10 gym instructor), 20 females in gender typical jobs (10 fashion designers, 10 beauticians), age 25-35(unmarried)

Measures:

Sex role conflict scale (Chusmir and Goberg, 1986) The 17 items call for a graded response from 1= absolutely no conflict to 5 = a great deal of conflict. The SRCS has been shown to have acceptable levels of factorial and construct validity. The alpha coefficient for the scale is 0.92.

Bem sex role inventory was used to tap the sex roles adopted by the participants. The inventory is composed of 60 Likert-type items describing different personality characteristics which individuals use to describe themselves on a scale ranging from 1(Never or almost never true&) to 7 (Always or almost always true).

Critical incidents were collected from the participants to gain an insight into crucial elements of their on the job experiences.

Statistical Analysis:

The primary method of analysis was 2X2 Anova, the two variables being: Sex (male, female) and Nature of job (sex typical and sex atypical). For the sex roles, median split method proposed by Bensen and Mullins(1981) has been adopted and the cases falling above the median have been categorized as androgynous. When masculine scores is more than the median score then it has been termed masculine, when femininity score exceeds median score it has been termed femininity and when both the masculine and feminine scores is below the median then those cases have been put under the undifferentiated category.

The critical incidents were subjected to constant comparison method and dominant themes were identified.

RESULTS AND DISCUSSION

Table 1: *Summary result of ANOVA on the measure of Work Alienation*

Sources of Variance	SS	df	MS	F
A (Gender)	17.11	1	17.11	2.11
B (Job)	4.51	1	4.51	0.50
AB(Gender*Job)	5.52	1	5.52	0.61
Within Treatment (Error)	687.55	76	9.05	

Table 1 shows that there exist no significant difference between the four groups formulated on the basis of Gender and gender typicality of occupation in their experience of Sex Role Conflict.

Table 2: *Summary result demonstrating the frequency for different sex roles endorsed (Both On Job and Off Job) by males and females in gender atypical jobs using Bem's Sex Role Inventory.*

Females in Gender Atypical Jobs

Endorsed Sex Roles	Off Job	On Job
Androgyny	6	0
Masculinity	3	20
Femininity	3	0
Undifferentiated	8	0

Males in Gender Atypical Jobs

Endorsed Sex Roles	Off Job	On Job
Androgyny	1	2
Masculinity	16	13
Femininity	2	4
Undifferentiated	1	1

Table 2 shows the sex role orientation of both male and female participants both on the job and off the job. For males in gender atypical jobs, majority has endorsed *Masculinity* both on the job and off the job. All female participants in gender atypical jobs on the other hand have endorsed *Masculinity* (20) on the job while the majority is falling in the *Undifferentiated Category* (8) followed by *Androgyny* (6) off the job.

The present research paper is an attempt at exploring the wanderings of males and females to survive in the established patterns of society. It is a peek into their constant inner struggle of negotiating and renegotiating their own identities even at the risk of going into oblivion, trespassing the given boundaries, dealing with gray areas and dawning the cap of completely different identity or a pseudo-self.

The purpose of this study is to examine how the choice of an occupation incongruent with what society believes is appropriate for one's biological sex may be related to the experienced level of sex role conflict and to study the relationship of the absence or presence of role conflict with the sex roles adopted by the individuals both on the job and off the job.

A Look into the Levels of Sex Role Conflict: Results of the present study showed that for both men and women, placement in a job dominated by the opposite sex did not have a significant effect on the level of experienced sex role conflict as depicted in Table 1. These results are

consistent with cognitive dissonance theory (Festinger, 1957). According to this theory people have countless cognition in their heads. Most cognitions have nothing to do with each other and are thus unrelated. Some cognitions, however, are related. For instance, 'I have a sweet tooth and I like ice cream', these cognitions are "consonant," meaning that they are related and that one follows from the other.

However, sometimes we have cognitions that are related, but do not follow from one another. In fact, they may be opposites. For instance, perhaps I'm a woman, and I behave like a man or that I'm a man and I behave like a woman. These two thoughts are dissonant.

The basic idea behind cognitive dissonance theory is that people do not like to have dissonant cognitions. As a result, when someone does experience two or more dissonant cognitions (or conflicting thoughts), they will attempt to do away with the dissonance.

Eliminating Cognitive Dissonance: There are several key ways in which people attempt to overcome, or do away with, cognitive dissonance. The results hint at the probable implementation of one or more of the mechanisms given below. The absence of statistically significant difference among the four groups on the experienced sex role conflict (depicted in Table 1) hinted at the possibilities of the probable strategies employed by them to ward of the dissonant cognitions. One is by ignoring or eliminating the dissonant cognitions i.e. by pretending that gender atypicality required at the workplace is not dissonant at all.

Another way to overcome cognitive dissonance is to alter the importance (or lack thereof) of certain cognitions. By either deciding that surviving on the job is extremely important for financial purpose or for self esteem and confidence or for that matter any other reason (I can't do without it) or that behaving in sex atypical manner is not so important to be thought about, the problem of dissonance can be lessened. If one of the dissonant cognitions outweighs the other in importance, the mind has less difficulty dealing with the dissonance.

Yet another way that people react to cognitive dissonance is by adding or creating new cognitions. By creating or emphasizing new cognitions," I can overwhelm the fact that I'm performing dissonant gender related behavior ".For instance, one can emphasize new cognitions such as "once back from work I don't even think about dawning the cap of other sex" or "I need to prove that I'm a woman (or man) of contemporary times and I won't shy away from performing the roles that are required even if they go against the traditional prescriptions of the gender roles." These new cognitions allow for the lessening of dissonance, as the person has multiple cognitions that say such role juggling is ok.

Finally, perhaps the most important way people deal with cognitive dissonance is to prevent it in the first place. If someone is presented with information that is dissonant from what they already know, the easiest

way to deal with this new information is to ignore it, refuse to accept it, or simply avoid that type of information in general this is a mode of complete denial of the problem and deliberate avoidance of any information that hints at the conflict for example the person may fail to appreciate the gendered nature of the atypical job that she/he is supposed to perform.

Another possible explanation that can explain the pattern of results obtained for the sex role conflict is the *Social Role Theory*. *Social Role Theory* proposes that one reason women and men confirm gender stereotypes is because they act in accordance with their social roles, which are often segregated along gender lines (Eagly, 1987). As such, women and men behave in gender-typed ways because the social roles that they perform are associated with different expectations and require different skills. For example, because women are caregivers for children and aging parents more often than men are, they more frequently exhibit traditionally feminine behaviors such as nurturance and a concern over personal relationships. Men, in contrast, who are more likely to work outside of the home, more frequently exhibit traditionally masculine behaviors such as assertiveness and leadership qualities. In this way it provides a space for the possibility of a change in case the demands placed by different roles change. The individuals can successfully switch the gender stereotypical roles and can renegotiate their sexed identities without feeling a kind of conflict.

Also the possibility of social desirability effect on the participant's response to the questionnaire cannot be ruled out. Thus it is quite possible that the true responses didn't figure in the response sheets and the participants faked their responses because experiencing and admitting to the experience of any kind of conflict is not very desirable. However the first phase of research didn't quite clearly indicate which theory – if either – best explains the results. Our findings suggest that both women and men in sex – inappropriate jobs may have rejected stereotyped sex roles and therefore tried to experience reduced conflict between the self – perception of their role and the roles expected of them in their professional lives. It is quite probable that changing societal values operating in the present day discount the importance of the differences in sex roles and occupational behavior. The range of acceptable occupational choice for women and men has been greatly expanded, and the influence of sex role stereotypes or self- evaluation may be greatly reduced, possibly partially accounting for the lack of difference in sex role conflict among the four groups. The findings are also in consonance with research done by Chusmir (1985) who found no significant effect of gender and nature of job (typical and atypical jobs) on the level of sex role conflict experienced by such job incumbents. However a strong need was felt to further unravel the experiential worlds of males and females

working in gender atypical job to go beyond the surface realities indicated by quantitative findings.757575757575

Sex Role Negotiation of Males: An Insight

To further investigate this concern the nature of sex roles adopted by the people working in sex atypical jobs was studied to explore if the roles endorsed by the job incumbents is helping them to withstand the conflict. Many studies have suggested that majority of people working in atypical jobs are actually androgynous and thus have both the masculine and feminine traits thus avoiding substantial conflict. One such study has been done on gender role orientation of athletes and non athletes in a patriarchal society by Koca, lya (2005) that indicated that athletes score higher on the masculinity and femininity subscales in comparison to non athletes. In addition both men and women athletes were mostly classified in the androgynous category.

The findings of the present study as reported in the Table 2 do not conform to the above findings as the males working in sex atypical jobs demonstrated a high degree of masculinity in the Bem's Sex Role Inventory both on the job and off the job. The findings are pretty intriguing as the males have reported high degree of masculinity even on the job that is considered to be female typical.

Reporting masculinity on the job having feminine job description hints at a defense mechanism probably adopted by the males to protect themselves of the self depreciation endeavor they have engaged in by working in a female job. This defense mechanism is required especially in our patriarchal set up that attaches high premium to masculinity. Thus by working in a female job the males are losing onto the power inherited by them by virtue of a male birth. Since they are not leaving the job they have to construct a masculine performance both in and out of job to retain the power that has been ascribed to them. They need to constantly prove themselves as well to others that they are working in feminine jobs and are upgrading those jobs with their masculinities so that the jobs could be considered professional.

This desire to demonstrate the fact that they are actually adding some kind of value to the job is clearly reflected in one of the narratives in which the participant said*"..there's nothing I can really pinpoint but I feel very happy when my friends, both girls and boys ask for my advice for clothes, accessories etc. I must tell you this, that I have a big social circle but my friends feel that they have an impoverished fashion sense.""This makes me feel special. I think this skill combined with my 'macho personality, makes me a complete package."*

The fear of feminization and losing out one's masculinity has been reiterated in the critical incidents reported by some of them. As stated by one of the participant *"You won't believe this; my sister taunted me that soon she would watch me wearing her clothes and make up."*

Such self disclosures are an eye opener for those who think that patriarchy is all about women oppression and sanctions while males always bask in the glory of their privileged birth .One cannot deny that males confer certain benefits in comparison to their female counterparts owing to the patriarchal structure however the picture is not all that rosy for them either as they have to constantly uphold the traditional hegemonic masculine values that have been bestowed upon them right from birth. Even they are yoked like women and have to carry out the patriarchal script with an unquestioning mind if they have to enjoy power.

This is the problem that has been a byproduct of "constructedness of male consciousness through the master narrative of sex and class" (Bhardwaj, 2008). Males do not come with the notion of superiority but societal constructions have made their mind set hierarchical.

Other than fear of feminization, homophobia was also apparent in the narratives as one of them reported how annoying it was for him to answer questions about the nature of his relationship with his male friend.

Fear of homosexuality demonstrated in the Indian men makes sense though in India homosexuality is no more a punishable offence but a lot of stigma attached to it. In such scenario it becomes quite natural for men working in sex atypical jobs to demonstrate fear.

There's also a status anxiety that is depicted in certain critical instances shared by some of the respondents. One of the participants working with a female apparel brand shared the apprehensions his girlfriend's parents have about their prospective son in law being a 'ladies tailor'.

The concern for status is genuine as female labor is not very rewarding in terms of material returns and often fetches lesser money compared to male jobs. This becomes all the more threatening to males who perform female jobs as this puts a question mark on their masculinity i.e. had they been male enough, they would not have given away this male advantage of choosing more lucrative and promising jobs. Since he has not opted for a 'natural choice' there must be something wrong in him-is our thinking that amounts to the conflict and anxieties demonstrated by the males in atypical jobs.

Similar concerns were demonstrated in another study: "Maintaining Masculinity: Men who do Women's Work" (Lupton, 2000). The study demonstrated that males in sex atypical professions perceive a three way challenge to their masculinity while entering the job. This threat was recognized in three different ways;

- First through the challenge to the workplace as an arena for exercising and redefining masculinity.

- Second through a fear of being feminized through exposure to women.
- Third to the threat of being stigmatized as effeminate and / or homosexual through an association with women, or by doing a woman's job.

The last two concerns of Feminization, Homophobia and Fear of homosexuality are demonstrated in present research findings. Even the first concern of masculinity regeneration is evident in their responses on Bem's sex role inventory as they have endorsed all masculine traits for a primarily feminine job hinting at the fact that they desperately want to redesign the workplace as a pure masculine pursuit but due to practical constraints of time and resources the strategies employed by such males in regenerating masculinity both on and off job could not be analysed. And this remains a lacuna in the present study.

Sex Role Negotiation of Females: An Understanding

In case of women the results demonstrate that all 20 of them fall in masculine category when on job (as depicted in Table 2). The findings are in line with the results obtained by Lantz and Schroeder (1999), who found that identification with the athlete's role is positively related to development of masculine traits and negatively related to the development of feminine traits. However, non-athletes were more likely to connect masculinity with athletics, suggesting the stereotypical relationship between masculinity and athletics did not originate from athletes themselves (Lantz & Schroeder, 1999). This hint at the fact that probably there is no self endorsement of sex roles rather the stereotypical expectations are being followed consciously or sub-consciously by the female participants. If we compare the pattern of results for female participants to the male participants we find that females make no attempt to endorse their feminine identity in an attempt to overcome the loss that such atypical professional might feel on the job. The answer lies in the patriarchal structure that has always ascribed more value to males over females thus for females the male attributes of their jobs has added a value to them while for males it is a loss of value, a dent on their status. This dent needs to be mended lest they would soon lose out all the benefits that have been by default ascribed to the males. Thus there is an incessant attempt to prove that they have not lost their masculinity on the contrary they are even more masculine as they are involved in the pursuit of expanding their masculinities even in the feminine field thus in a way increasing their locus of influence.

Sadly for females this switching of roles is not a personal choice but a prescription that they need to follow. If they behave in a feminine manner it's the social script that frames the limits of their behavior and if they behave in a masculine manner in a masculine job then again they are responding to societal expectations. Women face a kind of double

bind situation if they don't behave in a masculine manner for a masculine type of a job then she is likely to be labeled inept and unsuccessful adding a further fuel to the stereotypical belief about the non professional attitude of females and if she behaves in masculine manner then she is labeled a deviate, who is unfit to be called a woman. This dilemma is even reflected in certain narratives of the participants.

One of the gym instructors shared having being mockingly questioned by her own mother if she was participating in Mr. World. The participant justified her mother's concern by rationalizing *"….may be she was right (pause) I mean who would like to have a daughter with dumb bells in her hands?"* The vignette clearly depicts the guilt that women carry when they cross the threshold. The guilt might not be due to their personal weakness but by the expectations of an ideal feminine role that has been ascribed to them repeatedly by their families, their friends, their teachers and probably by every mortal relation they have.

The irony lies in the fact that even their emotions are not their own completely. If they feel guilty then at least they stand a chance of getting back into the fold of society, for she can be treated as *"sheep that got strayed from the herd"* but if she is not even feeling guilty then she has lost the right to be called a woman. She is ostracized as a "deviate".

It might be probable that women freely express their choices that might not be in tandem with societal expectations but this freedom of expression is short-lived as immediate compensation is made by lamenting that their choice is indeed atypical and they deserve the stares they invite by virtue of their atypical choice.

However on the other extreme of the continuum are the so called *"Apologetics"* she who may respond to the social pressures by eliminating the necessity for displays of feminine behavior.

In the present study sports teachers and gym instructors have acknowledged that involvement in sports calls into question their femininity and even their sexual preferences. These women often minimize the potential for conflict by immersing themselves entirely in the sports world. They surround herself with students, friends and employers who have higher expectations of her sports role than any feminine role. By *"never leaving the playing field"* they satisfy their career goals with a minimum of social conflict.

As stated by one of the gym instructor *"When my clients saw me in a salwaar kameez they had this look on their face-'accha to yeh ladki bhi hai'. Now I avoid wearing Indian in my professional circuit."*

Such an outlook on the part of female employees in gender atypical jobs reflect sad demise of women's individual identity .She is oppressed when she behaves like a woman; she is ostracized when she behaves like a man as a result the last resort for her is to go towards undifferentiated unity. It

had been a liberating had she experienced herself being above the societal divisions but in this case it's an escapade with the hope that may be now the world would let her be!

Moreover there is constant discrimination by virtue of her token status. She is required to prove herself at each and every point of time. She has to prove that she *'deserves the privileged position amongst the privileged gender (males)'*.

As one of the sports teacher in a public school said *"It's kind of disturbing but you know I'm not being paid at par with my colleagues. You know why-because as a woman I'm not supposed to handle sports. But I have to prove each time that I'm as much physically strong as my male colleagues."*

Thus in case of women there is a constant tussle to prove the 'dominants'. This creates an unstated pressure to be "one of the boys". This is clearly reflected in the results that show that out of 20 women working in atypical jobs all 20 of them has adopted an identity or a pseudo-identity of males while on the job.

The result for the sex role adopted by women off the job demonstrates that majority of them has opted for an undifferentiated identity where the endorsement of the both masculine and feminine traits is minimal. It's saddening to see the results as it was an alarm signaling the submergence of women's identity in the web of prescriptions and expectations. Women's life is so entangled in gendered discourses that it seems that they have unconsciously started adopting an escapade where masculinity and femininity is not a concern. They feel probably by being gender neutral they would be able to free themselves from stereotypes.

The regression into gender anonymity is a sign of escapade of women away from all kinds of expectations and prescriptions. The tragic part is that while males working in sex atypical jobs are banking on the anchor of hegemonic masculinity, the females are slowly losing out all the anchors one by one. They were forced to give up the stereotypical femininity in order to survive in the competitive professional world where femininity is considered a hindrance in professional success, then when they start proving themselves in the professional arena they are ridiculed as 'masculine' , 'tom-boyish' and 'manly'. This double bind situation has robbed them off all the possible identities. Women seek solace in endorsing a neutral and undifferentiated identity with the hope that for once at least she won't be judged with sexist yardsticks but this time also she fails as sadly the society would not hesitate twice by categorizing such women in the category of the "other gender" or the intersexed." Is she really a human? She is neither behaving like a man nor like a woman. What is wrong with her? Such queries await these women who dare to challenge the mandatory prescription that "you have to be born as either a male or a female and you have to grow into a

masculine or feminine personality. Little discount has been provided with the construct of androgyny which allows the amalgamation of the two dimensions of masculinity and femininity (that were earlier considered to be mutually exclusive) but even androgyny remains within the fold of masculinity and femininity."

The next highest endorsement is of androgyny as can be seen in Table 2, out of 20 females 6 have adopted androgynous sex roles for themselves off the job. Interestingly this endorsement of androgyny suggests a stage preceding the state where women are moving towards gender anonymity .Shunned by the society as unprofessional for adopting stereotypically feminine roles, ostracized by the same society when they adopted male traits to meet the standards of patriarchal notions of professional success, these women might have resorted to the middle path of adopting both male and female traits as is reflected in the result table. Times are changing fast and androgyny is now considered as the most balanced sex role and a key to mental health, but in patriarchy, where the entire social structure is based on black and white categories of power differentials, what can be the possible standing for such a category called androgyny that is instrumental in blurring out these neat divisions and thus diluting the power that has been solely vested into the male population.

In case of women tokens, logic would suggest that androgyny would add value to their status as they would retain their femininity and make a value addition by adopting male traits as well. In patriarchy male traits are any ways valued however the problem is simple: Social dynamics between the haves and the have-nots. Why would the haves i.e. the male population like to part with the power that has been their sole custody till date. Thus in case of the female tokens even androgyny is not desirable by the society, forcing them to take the last resort of anonymity.

CONCLUSION

The overall findings of the study clearly indicate how the experiential realities of males and females at workplace are shaped by the socio cultural, structural and interactional forces. It is important to realize that males and females are situated differently in our society and since workplaces are part of the larger societal structure only, structural issues of workplace proportional strength cannot be studied in isolation and needs further exploration.

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Emergence of delinquency in Jharkhand: a psycho-social approach

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The present paper is an attempt to find out the causes of delinquency in relation to certain biographical variable. This study is based on psycho-social approach of delinquency. The study is based on different observation homes of Jharkhand. The sample consists of 450 juvenile in 10 observation homes. This paper outlines different case studies related to problems of juvenile delinquency. The finding reveals that age, nature of offence, education qualification, religion, family occupation, family type, family main occupation, family annual income, socio-economic status of the family emerged as significance factor in the development delinquency.

Keywords: *Delinquency, Juvenile and psycho-social approach.*

INTRODUCTION

Juvenile delinquency has emerged a global problem which despite of different cultural background is found to be common characteristics all over the world. In today's society crime & delinquency is an aspect of life that is present whether it is acknowledge or ignore. A juvenile is a person who is under the age of 18. The age limit below which it should not be permitted to deprive a child of his or her liberty should be determined by law. Juvenile can be defined as a child who has not attained a certain age at which he, like an adult person under the law of the land, can be held liable for his criminal acts. The juvenile is a child who is alleged to have committed /violated some law which declares the act or omission on the part of the child as an offence. Juvenile and minor in legal terms are used in different context. Juvenile is used when reference is made to a young criminal offenders and minor relates to legal capacity or majority. To make the meaning more clear resort can profitably be made to some other source. The concept of the juvenile varies from one State to another State according to the convenience.

Delinquency is a kind of abnormality. When an individual deviates from the course of normal social life his behaviour is called 'Delinquency'. When a juvenile, below an age specified under a statute exhibits behaviour which may prove to be dangerous to society and / or for him, he may be called a Juvenile delinquent. Juvenile delinquents are those offenders including boys and girls who are under 18 years of age. A Juvenile delinquent is a young person incorrigible or habitually disobedient.

According to the latest National Crime Record Bureau (N.C.R.B.) report 2012, crimes involving children have increased from 0.8% (2001) to

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11.81% (2011). This report also shows the data on juvenile delinquency that children apprehended under both Indian Penal Code (IPC) and Special and Local Law (SLL) has increased from 30,303 (2010) to 33,887 (2011). In addition to other crime heads, kidnapping and abduction committed by juveniles have also registered a noticeable increase from 2008 to 2011. While kidnapping and abduction committed by a juvenile was recorded at 354 in 2008 and it inflated to 823 during 2011. NCRB data also shows that there are a growing number of girl children in criminal activities and it estimated that from 5.1% (2010) which increased to 5.8% (2011). NCRB data points out that a majority of juveniles are mostly involved in the crimes such as theft, hurting, burglary and riots. As a child rights worker Nicole Manezes pointed out that only 1.1% of all I.P.C crimes were committed by the juveniles in the year 2011. It has been claimed by the news channels that children who are under 18 years of age are committing heinous crimes and day by day it is rising. According to the NCRB (2011), only 1.1% of all I.P.C were committed by the juveniles and 4.5% of all crimes committed by the juveniles were rape and only 3.5% of all rapes were committed by the juveniles. In a National Study on child abuse (2007), the Ministry of Women and Child Development found that two out of every three children had been physically abused and 53.22% of children reported that they faced sexual abuse (Sahmey, 2013).

Juvenile Justice Act and Juvenile Justice Board: The juvenile justice in India was originated in 1850 for those who were convicted in the court and was thus essential for the children between the ages of 10-18 to provided vocational training as a part of their rehabilitation process. The Juvenile Justice Act (2000) was put into action on 1st April, 2001, which aimed at providing care and justice for the juveniles who are in conflict with law (JCL) and children in need of care and protection (CNCP) by implementing a child friendly approach in the best interest of children and also for their rehabilitation by keeping in view the developmental need of the children which means it will provide a protective cover to the children who are at risk. The term 'juvenile' was no more used because it was considered as an offender; rather this term was mentioned as a "child in need of care and protection". The Supreme Court of India has ruled that when the enactment is silent on certain points then one is to refer to the preamble of the act. The preamble of the JJ Act speaks about "providing for proper care, protection & treatment by catering to their developmental needs and by adopting a child friendly approach in the adjudication and disposition of matters in the best interest of children and for their ultimate rehabilitation"(Sahmey, 2013).

Juvenile Justice Board demeanours the inquiry against juvenile who is alleged to have acted in conflict with law. The practice for dealing with juvenile is required to be child friendly and rehabilitation preoccupied with and not adversarial. The Board encompasses of a judicial magistrate

and two social workers, whose powers are co-extensive with the magistrate. The sittings of a board are held within the premises of the Observation Home which does not looks like a court room rather it is made more child-friendly room. The inquiry is required to be completed within 4 to 6 months and delay beyond this period leads to termination of proceedings in non-serious offences. State Government shall constitute for every district one or more Juvenile Justice Boards for conducting inquiry against juvenile within a period of one year from the date of commencement of the Juvenile Justice (Care and Protection of Children) Amendment Act, 2006 (Balakrishnan, 2008).

Juvenile in conflict with law are kept in a Home and not in jail or lockup. There are two categories of Homes for juvenile in conflict with law, namely, "Observation Home" and "Special Home". Observation Home is the Home where a juvenile, who is alleged to have come in conflict with law, that is to say, allegedly committed an offence, is kept pending inquiry against him by the Board. Observation Homes for temporary reception of juvenile may be established and maintained by the State Government either by itself or under an agreement with voluntary organisation in every district or group of districts separately for boys and girls.

Special Home is the Home for reception of juvenile, if found guilty on conclusion of inquiry against him by the Board and sent for institutional care. Special Homes for reception and rehabilitation of juvenile may be established and maintained by the State Government either by itself or under an agreement with voluntary organisation in every district or group of districts separately for boys and girls. Special Homes may be set up by the State Government either itself or under an agreement with voluntary organisations (Balakrishnan, 2008).

Literature Review: Juvenile delinquency is a major problem that effects India's youth. Child delinquents represent a significant concern for both society and the juvenile justice system (Lober, Farrington, Petechuk, 2003). It refers to the actions that violate the law, committed by a person who is under the legal age of maturity (18 years). Depending upon the type and severity of the offence committed, it is possible for persons under 18 years to be charged and tried as adults (The Children Act, 1960).

Children with strong social bond will commit less crime than those who have weak social bond (Hirschi,1969). Hirschi states that what prevents individuals from acting upon internal motivations to commit crime is informal social control which results from the development of social bonds through the process of socialization.

Delinquency increases between the ages of 12 and 14 and reaches its height between the ages of 17 and 19, after which it slowly diminishes (Ezinga, Weerman, Westenberg & Bijleveld, 2008).In North America,

for example, the recidivism rate for young people leaving custody has been reported to be as high as 96 per cent (Lewis et al., 1994). In another study, 88 per cent of British males between 14 and 16 years reoffended within two years of release from custody (Hagell, 2002).

Relevant research has shown those parental characteristics and behaviors, as well as a child's individual characteristics and school life influence the development of delinquency (Sprott, Doob & Jenkins, 2001). Parents in particular play a key role in adolescent delinquency (Chen, In Wu & Hsiu Lin, 2009). Parental conflict (Esmaeili & Yaacob, 2011), the use of harsh discipline, parental incompatibility, parental rejection (Okorodudu, 2010) and lack of control (Harris-McKoy & Cui, 2012) all result in adolescent delinquency. Furthermore, parental divorce or death may also lead to delinquent behaviors in adolescents (Demuth & Brown, 2004). The prevalence of behavioral and adjustment disorders is higher among children and adolescents growing up without their parents. Children who are bereft of their mothers in particular display more severe behavioral disorders. Children and youth who grow up without their parents also lack parental control (Can, 1990). This leads to delinquency in children and young people. In single-parent families, delinquency levels were found to be higher among adolescents living with their fathers, when compared to those living with their mothers. Low involvement, less supervision and monitoring, and low level of control by fathers cause delinquent behaviors. Particularly, strong parental control is crucial in preventing delinquency (Demuth & Brown, 2004).Ojo (2012) lists broken homes and low education attainment as some of the causes of delinquency, which was revealed at Youth Corrective Training Centre (Y.C.T.C) in Kenya. Since most of the boys were from dysfunctional families. Some boys had been orphans without guardians before their arrests, others had single or divorced parents and some had parents in major differences, others parents' or guardians were alcoholics who could not offer good parenthood.

Juvenile delinquency is a problem that has been occurring at younger ages within society at higher rates and more frequently (Lober, Farrington, Petechuk, 2003). One must begin to look at other factors that may trigger reasons why younger children are resorting to delinquency. Children showing persistent disruptive behavior are likely to become child delinquents and in turn, child delinquents are likely to become serious, violent or chronic juvenile offenders (Lober, Farrington, Petechuk, 2003), the issue of understanding re-occurring and persistent problems in behavior of children is essential to pointing out some of the risk factors that lead to juvenile delinquency.

The closer a child is to the mother; the less likely is to be at risk for delinquency (Lober, Farrington, Petechuk, 2003). This statement lends evidence and validation to understanding the Control theory by Hirschi

(1969) because this theory states that social bonds are things that keep people from committing criminal acts having strong bonds with family and social institutions such as church and school can aid in juveniles not resorting to delinquency (Mincey et al , 2008). Many risk factors are interrelated that affect the reasons why some children commit delinquent acts at young ages. Early anti-social behavior, family characteristics are important predictors of early–onset offending (Lober, Farrington, Petechuk, 2003). Family characteristics include: anti-social parents, substance –abusing parents, history of family violence, large family size, and prevalence of physical abuse are some of the risk factors that play into children participating in juvenile delinquency (Lober, Farrington, Petechuk, 2003). When looking at reasons why children commit delinquent acts the issue of "peer pressure" must be addressed.

METHOD

Sample: The sample for the study consisted of the inmates of the Government Observation Home of Jharkhand. A total of 10 inmates were interviewed out of 10 inmates of the Home and a total of 5 cases of offences were studied in detail for presenting detailed case study. Around 60% of the juveniles were from Gumla & Ranchi and only 40% of the juveniles belonged to other districts. The Home housed the offenders out of which 90% were accused and under trials. And the rest 10% of the inmates were convicted. Among them, 72% of the juveniles had stayed in the Observation Home for less than six months, 20% were staying since less than one year and only 8% are staying since less than two years. Around 76% of the juveniles were found to have already visited the court. Out of them, 34.21% of the juveniles had visited court for two times, 31.57% for one time, 23.68% for three times and 10.52% of the juveniles had visited the court for four times. Around 24% of the juveniles had not been taken to the court yet.

Tools and Instruments: In Jharkhand, data collection for juvenile records was completed from ten Observation Home by District Child Protection Society team of different districts of Jharkhand though e-mail questionnaire.

Personal Data Questionnaire: Participants were given the personal data questionnaire to enquire information on their gender, age, nature of offence, education qualification, religion, family occupation, family type, family main occupation, family annual income, socio-economic status of the family etc.

Interview Method: Structured Interviews were conducted to know the real problem and causes of delinquency. Telephonic interviews were conducted with the counsellors who are serving different observational home in different district of Jharkhand.

RESULTS AND DISCUSSIONS

Table 1: *Delinquency as related to certain biographical variables*

S. No.	Variables	Category		No. Of Children	%
1.	Age	6-9 yrs		01	0.22
		10-12 yrs		52	11.55
		13-14 yrs		108	24
		15-18 yrs		289	64.22
2.	Education	Illiterate		63	14
		Below Primary		104	23.11
		Primary		175	38.88
		Secondary		108	24
3.	Religion	Hindu		274	60.88
		Muslim		95	21.11
		Sikh		0	0
		Christen		81	18
4.	Caste	General		115	25.55
		ST		149	33.11
		SC		34	7.55
		BC		28	6.22
		OBC		124	27.55
5.	Family Type	Nuclear		297	66
		Joint		153	34
6.	Parents Alive	Alive		362	80.44
		Not Alive		88	19.55
7.	Family main occupation	Labour in auto market		28	06.22
		Domestic Servant		08	01.77
		Labour in Dhaba / Restaurants		61	13.55
		Labour in Factory		60	13.33
		Agriculture		210	46.66
		Other		83	18.44
8.	Family Income Annual	Up to Rs. 25000/-		293	65.11
		25001-60000/-		157	34.88
9.	Socio-economic status of the family	Low		291	64.66
		Medium		153	34
		High		06	01.33
10.	Nature of Crime	Theft		204	45.33
		Murder		138	30.66
		Rape		38	08.44
		Other		70	15.55
11.	Change in behaviour through counselling	**Average**	**Satisfactory**	**Excellent**	
	i) Theft	159	45	00	45.33
	ii) Murder	97	41	00	30.66
	iii) Rape	26	12	00	08.44
	iv) Other	60	10	00	15.55
12.	Counselling effect on Age	**Average**	**Satisfactory**	**Excellent**	
	i) 6-9 yrs	00	01	00	0.22
	ii) 10-12 yrs	40	12	00	11.55
	iii) 13-14 yrs	97	15	00	24.88
	iv) 15-18 yrs	256	29	00	63.33

Table 1 indicates important biographical variables as related to delinquency. This table gives information about influence of biographical variables on delinquency at a glance.

Table 2: *Delinquency as related to Age Group*

S. No.	Age Group	Number	Percentage
a)	6-9	01	0.22
b)	10-12	52	11.55
c)	13-14	108	24
d)	15-18	289	64.22

Table 2 shows the occurrence of crime and delinquency related to different age groups. It was found that 15-18 years of the age more prone to crime. Majority of delinquency belong to 15-18 years of the age. Government of incision and other non-government agencies recommended for redefining the concept of delinquency. It was also revealed through the interview of that this age group delinquencies are being coordinated and guided by some professional hard criminals. In the present study all the offenders or maximum offenders are in the age group of 15-18 years, which is categorized as the adolescent age. In a community the adolescent age is between 15-18 years and it is the age in which the children have committed the offences such as theft, murder, rape.

The age characteristics of the sample can be analysed as to which age group represented higher rate of committing crime in the age range of 15-18 years. The juveniles falling under the age group of 6-9 years were 0.22% found in the Observation Home. Children in the age group of 10-12 years constituted 11.55% and age group of 13-14 years found 24% of the inmates. And the rest 64.22% of the inmates fell in the age group of 15-18 years. It is indicated by this statistics that the children above 15 years of age represented the age group having maximum number of offenders.

Table 3: *Delinquency as related to Educational qualification*

S. No.	Education	Number	Percentage
a)	Illiterate	63	14
b)	Lower Primary	104	23.11
c)	Upper Primary	175	38.88
d)	High School	108	24

Table 3 indicates in the role of education as related to delinquency. It was reported that educational qualification has an important role to play in the delinquency. Education received in school is expected to affect the frequency and severity of the crimes committed. In the present study, even though the larger part of the sample (85.99%) was literate, only 38.88% of the inmates had completed their upper primary education and 24% had been to high school level and 23.11% had attained lower primary education. The rest 14% of the inmates were found to be illiterate. It seems that even though the majority of the children had attended school, schooling and education did not deter them to commit the offences they were accused of it.

Table 4: *Delinquency as related to Gender*

S. No.	Gender	Number	Percentage
a)	Male	448	99.55
b)	Female	02	0.44

Table 4 reveals the facts that there are ten Government Observation Homes in Jharkhand i.e. Ranchi, Hazaribagh, Gumla, Simdega, Bokaro, Dhanbad, Deoghar, East Singhbhum, West Singhbhum and Dumka. Out of ten Observation Home, nine are meant for boys delinquents and one is for girl delinquents. Above Table highlights the facts that 99.55% delinquents are boys. As a matter of facts the acts of delinquency often done by boys, whereas girls seem to be less involved in the act of delinquency.

Table 5: *Delinquency as related to Religion*

S. No.	Religion	Number	Percentage
a)	Hindu	274	60.88
b)	Muslim	95	21.11
c)	Sikh	00	0
d)	Christian (Majorities are Tribal)	81	18

Table 5 indicates that most of the juveniles belong to Hindu religion i.e. 60.88%, whereas 21.11% were Muslims and the rest 18% Christians, which are evident from Table-5. This may be attributed that the lower percentage of Muslim, Sikh and Christian are often employed as child labourer. They work in small scale industries, local dhaba, line hotels, labour in auto market, domestic servant, agriculture etc.

Table 6: *Delinquency as related to Caste*

S. No.	Caste	Number	Percentage
a)	General	115	25.55
b)	ST	149	33.11
c)	SC	34	7.55
d)	BC	28	6.22
e)	OBC	124	27.55

Table 6 reveals the facts delinquency related to different caste in Jharkhand. It was reported that majority of the delinquents are ST and OBC 33.11% and 27.55% respectively. As a matter of facts both the caste are under privileged, deprived and backwards, that is why they tend to indulged in delinquency. Most of them live in slums having no source of income and no employment opportunity for them, so they get easily involved in anti-social act.

Table 7: *Delinquency as related to Family Type*

S. No.	Family Type	Number	Percentage
a)	Nuclear	297	66
b)	Joint	153	34

Table 7 point out that children belonging to joint family system less involved delinquency as compare to nuclear family. Children is reared in a joint family system are committed strong social bond consequently they commit less crime. Same finding was reported by Hirschi (1969).

According to him, children with strong social bond will commit less crime than those who have weak social bond.

Table 8: *Delinquency as related to Family Occupation*

S. No.	Family Occupation	Number	Percentage
a)	Labour in auto market	28	6.22
b)	Domestic Servant	08	1.77
c)	Labour in Dhaba / Restaurants	61	13.55
d)	Labour in factory	60	13.33
e)	Agriculture	210	46.66
f)	Other	83	18.44

Table 8 reveals the fact that delinquents related to family occupation as causes of its occurrence.

The distribution of the family main occupation of the juveniles reveals that most of the juvenile's family were having a history of as agriculture i.e. 46.66%. Many juveniles family (45.32%) had an employment background of working as labour in dhaba/ restaurants, factory and other workers as well. This shows that the juveniles mostly belonged to a low socio-economic background. Thus family occupation play important role in crime and delinquency.

Table 9: *Delinquency as related to Socio-economic status of the family*

S. No.	Family Occupation	Number	Percentage
a)	Low	291	64.66
b)	Medium	153	34
c)	High	06	01.33

Table 9 highlights the role of socio-economic status on emergence of delinquency, it is reported that maximum number of delinquent belongs to low socio economic status followed by middle socio-economic status which are evident from their percentages 64.66% found and 34% respectively.

Table 10: *Delinquency as related to Nature of Offence*

S. No.	Nature of Offence	Number	Percentage
a)	Theft	204	45.33
b)	Murder	138	30.66
c)	Rape	38	08.44
d)	Other	70	15.55

Table-10 reveals that the results showed a significant involvement of the juveniles in the offences like-rape, murder, theft and some other offences like drinking and smoking. The highest involvement in the offences committed was theft, i.e. around 45.33%, followed by murder which was 30.66% of the crimes committed. While only 15.55% of the sample was caught for minor offences like smoking and drinking, around 8.44% offenders were accused of rape. This seems most of the delinquents are involved in offence like theft it may be attributed due to lack of resources and financial problems. Different case studies may be sighted of offences like theft which are as follows.

Case Study 1: A boy of 16 years of the age named Afzul (name changed) whose father was a tailor master. He got involved in theft. The condition of family was so grave that its member hardly fulfils their basic needs. His father was very lethargic and not taking care of his family. Since Afzul was the elder son of the family, he started searching ways of financial crunch, unfortunately got involved with gangsters and started snatching gold chains. Later on, he became hard core criminal at the age of 18. This case study highlights that how low socio-economic condition leads to increase in the rate of anti-social elements.

Case Study 2: A boy 12 years of the age belonging to poor family, caught red handed in shopping mall while steeling goods. When the child was interrogated the police, it was revealed that he was forced to involve in such anti-social activity because of poor economic condition of his family.

Case Study 3: Another boy of 12 years of the age he belongs to banjara tribal family, he got involved in delinquency as a result of poor economic condition. Moreover, he was being encouraged by his mother for bringing goods by illegal sources.

All case studies highlight the importance of poor economic condition led to occurrence of delinquencies among adolescent. Most of the delinquencies could be prevented by taking care of such family. Parent could be instrumental in handling the act of delinquencies among their children.

Significance of the Study: In this era of change and development, the life of human beings has become cumbersome. Human beings have lots of expectation, needs and desires which are not met easily. As a result of it there are violation of rules and regulations in the fulfilment of such needs. Studies reveal that when the children are deprived of these needs it may results in delinquency. Thus, crime and delinquency have become a global problem. It is affecting all human being all over the world.

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Role of attachment style in friendship dimensions and pro-social behavior of male and female college students

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The study intended to analyze the role of attachment style in friendship dimensions and prosocial behavior of male and female college students of Kolkata city. The sample consisted of 30 males 30 females from each of the four attachment styles, that is, Secure, fearful, Dismissing and Preoccupied attachment style (thus a total of 240 individuals).General Health Questionnaire (GHQ-28) by Goldberg, Hillier (1979) and Eysenck Personality Questionnaire-Revised (EPQ-R) by Eysenck and Eysenck (1991) was used to screen out any physical or mental disease or disorder. Subjects were with a non-psychotic, non-neurotic, ambivert personality type. Then, Relationship Scale Questionnaire (RSQ) by Griffin and Bartholomew (1994), Dimensions of Friendship Scale (DFS) by Chandna and Chadha (1986) and Prosocial Tendencies Measure (PTM) by Carlo and Randall (2002) were administered to the selected subjects individually. Results revealed that- in case of friendship dimensions females were more in acceptance, mutual assistance and were more confiding than males and Individuals with dismissing attachment style enjoyed most in friendship while individuals with preoccupied attachment style enjoyed least in friendship. In case of pro-social behavior, Individuals with dismissing attachment style showed maximum pro-social behavior while individuals with preoccupied attachment style showed minimum pro-social behavior.

INTRODUCTION

Attachment is a special emotional relationship that involves an exchange of comfort, care and pleasure. The roots of research on attachment began with Freud's theories about love. Our early attachments are established in childhood through the infant-caregiver relationship. Attachment styles are somehow like an enduring trait of an individual. It predicts how an individual is attached to parents, friends etc and how they will behave in personal and social life. This study used the four attachment styles proposed by Griffin and Bartholomew (1994), that is, secure, fearful, preoccupied and dismissing attachment style which are the results of two underlying dimensions based on positive versus negative attitudes about self (self esteem) and about other people (interpersonal trust). Griffin and Bartholomew (1994) have described the four attachment styles in the following way:

- **Secure Attachment Style:** A style characterized by high self esteem and high interpersonal trust; generally described as the most successful attachment style.

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- **Fearful Attachment Style:** A style which is characterized by low self esteem and low interpersonal trust. This is the most insecure attachment style.
- **Preoccupied Attachment Style:** A style characterized by low self esteem and high interpersonal trust.
- **Dismissing Attachment Style:** A style characterized by high self esteem and low interpersonal trust.

Among the various aspects of attachment style, one is the relationship with peers or friends. Here we took into consideration this aspect. Friendship can be defined as- a relationship of mutual affection between two or more people (Oxford Dictionary, 2012). Friendships are often the most important relationships in the emotional life of the adolescents (Conger and Galambos, 1997). In this study, 8 dimensions of friendship have been assessed: (1) Enjoyment, (2) Acceptance, (3) Trust, (4) Respect, (5) Mutual Assistance, (6) Confiding, (7) Understanding and (8) Spontaneity.

Still another aspect of attachment style is how we behave in social life and one of its indicators might be the prosocial or helping behavior. Prosocial behavior is voluntary behavior intended to benefit another (Eisenberg, Fabes and Spinrad, 2007). It is a social behavior that benefits other people or society as a whole – such as helping, sharing, donating, cooperating and volunteering (Brief and Motowidlo, 1986). Behaviors that can be described as prosocial include behaving in ways to help other people without thought of any reward or compensation. This behavior is motivated by empathy and by concern about the welfare and right of others (Sanstock, 2007)

Several researches have shown the intercorrelations among these variables, such as- Grabill and Kerns (2000) have shown that secure attachment style enhances intimacy in friendship. Keskin (2008) investigated that there is negative correlation between secure attachment style and prosocial behavior and positive correlation between fearful attachment style and emotional symptoms. Maccarthy (1999) has shown that, secure participants have ratings that are more positive in the domain of adult friendships than insecure participants.

In the present study, an attempt was made to predict the role of attachment styles in young adult's friendship dimensions and prosocial behavior and to do this; their friendship dimensions and prosocial behavior were assessed in relation to their attachment styles.

METHOD

Objectives:

- To determine the role of attachment style (that is, secure, fearful, preoccupied and dismissing attachment style) on the friendship dimensions and prosocial behavior of male and female college students.

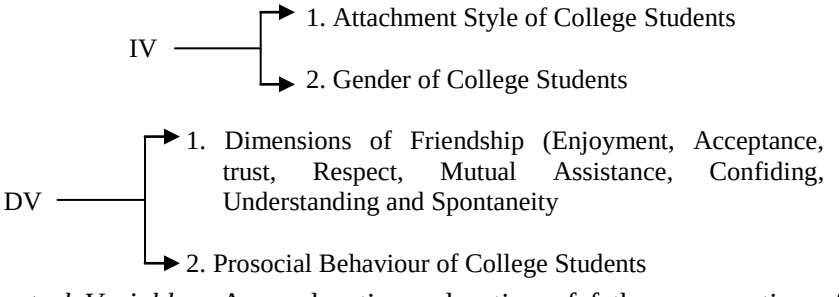
- To determine the role of gender (that is female and male) on the friendship dimensions and prosocial behavior of male and female college students.

Research Hypotheses:

- Friendship dimension domain (1) Enjoyment, (2) Acceptance, (3) Trust, (4) Respect, (5) Mutual assistance, (6) Confiding, (7) Understanding, (8) Spontaneity of college students vary with their type of attachment styles that is in terms of secure, fearful, preoccupied and dismissing attachment styles irrespective of their gender.
- Friendship dimension domain (1) Enjoyment, (2) Acceptance, (3) Trust, (4) Respect, (5) Mutual assistance, (6) Confiding, (7) Understanding, (8) Spontaneity of college students vary with their gender that is, female and male irrespective of their attachment styles.
- Friendship dimension domain (1) Enjoyment, (2) Acceptance, (3) Trust, (4) Respect, (5) Mutual assistance, (6) Confiding, (7) Understanding, (8) Spontaneity of college students vary with their type of attachment styles and gender.
- Prosocial behavior of college students vary with their type of attachment styles that is in terms of secure, fearful, preoccupied and dismissing attachment styles irrespective of their gender.
- Prosocial behavior of college students vary with their gender that is, female and male irrespective of their attachment styles.
- Prosocial behavior of college students vary with their type of attachment styles and gender.

Selection of the Variables:

A variable is defined as those attributes of events or conditions which can be measured. Here, for the present study, the variables were:



Control Variables: Age, education, education of father, occupation of father, education of mother, occupation of mother, family type, number of family members, total family income, number of siblings, religion, residential place, mother tongue, personality type and mental and physical health.

Sample:

The sample consisted of 240 college students of Kolkata city of both genders. Sampling procedure was stratified random sampling of disproportionate type. Age range was 19-21 years. The students of both genders were subdivided into 4 groups according to their attachment styles. Students studying in government, government-aided and non-government. colleges with honors were considered as subjects. Subjects were free from any physical or mental disease or disorder with a non-psychotic, non-neurotic, ambivert personality type.

Measures Used:

- *Detailed Information Schedule* to collect familial and personal information
- For preliminary Screening:
  1. *General Health Questionnaire* (GHQ-28 by Goldberg and Hillier, 1979)
  2. *Eysenck Personality Questionnaire - Revised* (by Eysenck and Eysenck 1991)
- For Final Sample:
  1. *Relationship Scale Questionnaire* (by Griffin and Bartholomew, 1994)
  2. *Dimensions of Friendship Scale* (by Chandna and Chadha,1986)
  3. *Prosocial Tendencies Measure* (by Carlo and Randall,2002)

Description of Measures:

General Health Questionnaire (GHQ-28): GHQ was designed by Goldberg and Hillier (1979). It is a self-administering screen test to detect any short-term changes in mental and physical health among respondents. Total numbers of items are 28.

Eysenck Personality Questionnaire - Revised (EPQ-R): EPQ-R was designed by Eysenck and Eysenck in 1991 to determine the trait-type dimension of personality (that is with relation to Psychoticism, Extraversion, Neuroticism and Lie Sale). Total numbers of items are 89.

Relationship Scale Questionnaire (RSQ): This scale was developed by Griffin and Bartholomew in 1994. It asses 4 attachment styles that are, secure, fearful, preoccupied and dismissing attachment style. Total numbers of items are 30.

Dimensions of friendship Scale (DFS): This scale was developed by Chandna and Chadha in 1986. It asses 8 dimensions of friendship that are- enjoyment, acceptance, trust, respect, mutual assistance, confiding, understanding and spontaneity. Total numbers of items are 64.

Prosocial Tendencies Measure (PTM): This scale was developed by Carlo and Randall in 2002 as a measure of adult prosocial behaviour. Total numbers of items in this scale are 23.

RESULTS

Table 1: *Table showing the means and standard deviations of dimensions of friendship scale*

GENDER	FEMALE							
DV	SECURE		FEARFUL		PREOCCUPIED		DISMISSING	
	MEAN	SD	MEAN	SD	MEAN	SD	MEAN	SD
FDSA	5.23	1.48	4.71	1.57	4.25	1.51	5.40	1.54
FDSB	6.66	1.80	6.48	1.65	7.04	1.46	6.37	1.85
FDSC	6.06	1.83	5.84	2.18	5.83	2.09	5.67	1.77
FDSD	4.83	1.72	4.71	1.53	4.96	1.57	4.6	1.9
FDSE	6.57	1.48	6.06	1.46	5.63	1.88	6.07	1.66
FDSF	6.91	1.87	6.35	2.14	6.17	1.79	6.27	2.02
FDSG	5.77	1.50	5.94	1.82	6	1.79	5.5	1.87
FSDH	4.97	1.64	5	1.63	4.46	1.67	5.23	1.5
PR	70.51	9.84	66.35	11.77	67.21	9.92	71.07	10.31
GENDER	MALE							
DV	SECURE		FEARFUL		PREOCCUPIED		DISMISSING	
	MEAN	SD	MEAN	SD	MEAN	SD	MEAN	SD
FDSA	4.47	1.69	5	1.2	5.04	1.23	5.71	0.94
FDSB	5.5	1.89	5.73	2.12	5.89	1.69	6.5	1.58
FDSC	5.91	1.8	5.73	1.96	5.93	1.72	6.36	1.31
FDSD	5.21	1.3	4.97	1.54	4.78	1.4	5.39	0.99
FDSE	5.32	1.63	5.33	1.81	5.54	1.77	5.43	1.63
FDSF	5.26	1.78	5.9	1.92	5.71	1.76	6.04	1.1
FDSG	5.26	1.56	5.2	1.47	6.07	1.25	5.54	1.37
FSDH	4.79	1.39	4.5	1.28	5	1.33	4.75	1.24
PR	70.68	10.48	67.07	9.38	66	8.44	70.54	6.63

Table 2: *Results of 2x4 analysis of variance for significance of main effects of gender and attachment style and their interaction effect on dimensions of friendship scores*

SOURCE	F-RATIO							
	FDSA	FDSB	FDSC	FDSD	FDSE	FDSF	FDSG	FDSH
Gender	0.729	10.036**	0.310	2.516	9.169**	8.816**	1.883	0.658
Attachment Style	4.478**	0.806	0.190	0.210	0.562	0.144	1.355	0.400
Gender x Attachment Style	3.279*	1.713	0.654	0.933	1.332	2.028	0.926	1.487

** p < 0.05; ** p < 0.01*

FDSA = Enjoyment, FDSB = Acceptance, FDSC = Trust, FDSD = Respect, FDSE = Mutual Assistance, FDSF = Confiding, FDSG = Understanding, FDSH = Spontaneity.

Table 2a: *Table showing least significant difference, dimensions of friendship as dependent variable and attachment style as independent variable with four levels (1-Secure, 2-Fearful, 3-Preoccupied, 4-Dismissing)*

(I) att	(J) att	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
					Lower Bound	Upper Bound
1.00	2.00	.0026	.25052	.992	-.4910	.4962
	3.00	.1820	.26177	.488	-.3338	.6977
	4.00	-.6967*	.25393	.007	-1.1970	-.1963
2.00	1.00	-.0026	.25052	.992	-.4962	.4910
	3.00	.1794	.26905	.506	-.3507	.7095
	4.00	-.6993*	.26143	.008	-1.2143	-.1842
3.00	1.00	-.1820	.26177	.488	-.6977	.3338
	2.00	-.1794	.26905	.506	-.7095	.3507
	4.00	-.8786*	.27223	.001	-1.4150	-.3423
4.00	1.00	.6967*	.25393	.007	.1963	1.1970
	2.00	.6993*	.26143	.008	.1842	1.2143
	3.00	.8786*	.27223	.001	.3423	1.4150

Based on observed means. The error term is Mean Square (Error) = 2.032.
**The mean difference is significant at .05 level.*

From table 2, it can be stated that there are significant main effect of attachment style and interaction effect of gender and attachment style on enjoyment in friendship of college students beyond 0.01 and 0.05 levels respectively. Thus, *hypothesis no. 1.1 and 3.1 is accepted*. Means indicate that females with dismissing attachment style (M – 5.4) enjoyed most and females with preoccupied attachment style enjoyed least (M – 4.25) in friendship. While in case of males, males with dismissing attachment style enjoyed most (M – 5.71) and those with secure attachment style enjoyed least (M – 4.47) in friendship.

It can also be seen that there is significant main effect of gender on acceptance in friendship of college students beyond 0.01 level. Thus, *hypothesis no. 2.2 is accepted***.** Means indicate that, female subjects showed higher acceptance (M – 6.64) in friendship than did male subjects (M – 5.91).

Again there is significant main effect of gender on mutual assistance in friendship of college students beyond 0.01 level. So, *hypothesis no. 2.5 is accepted*. Means shows that female subjects showed higher mutual assistance (M – 6.08) in friendship than did male subjects (M – 5.44).

Lastly, there is significant main effect of gender on confiding in friendship of college students beyond 0.01 level. Thus, *hypothesis no. 2.6 is accepted*. Here also means shows that female subjects were more confiding (M – 6.08) in friendship than were male subjects (M – 5.72).

Table 3: *Results of 2x4 analysis of variance for significance of main effects of gender and attachment style and their interaction effect on dimensions of friendship scores*

SOURCE	F-RATIO
	PR
Gender	0.029
Attachment style	3.369*
Gender x Attachment Style	0.103

** p < 0.05; ** p < 0.01; PR- Prosocial behavior*

Table 3a: *Table showing least significant difference, Prosocial Behaviour as dependent variable and attachment style as independent variable with four levels (1-Secure, 2-Fearful, 3-Preoccupied, 4-Dismissing)*

Multiple Comparisons

Dependent Variable: PR

LSD

(I) att	(J) att	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
					Lower Bound	Upper Bound
1.00	2.00	3.8893*	1.72163	.025	.4973	7.2813
	3.00	4.0365*	1.79897	.026	.4921	7.5809
	4.00	-.2161	1.74510	.902	-3.6544	3.2221
2.00	1.00	-3.8893*	1.72163	.025	-7.2813	-.4973
	3.00	.1472	1.84897	.937	-3.4957	3.7901
	4.00	-4.1054*	1.79660	.023	-7.6452	-.5657
3.00	1.00	-4.0365*	1.79897	.026	-7.5809	-.4921
	2.00	-.1472	1.84897	.937	-3.7901	3.4957
	4.00	-4.2527*	1.87084	.024	-7.9387	-.5666
4.00	1.00	.2161	1.74510	.902	-3.2221	3.6544
	2.00	4.1054*	1.79660	.023	.5657	7.6452
	3.00	4.2527*	1.87084	.024	.5666	7.9387

Based on observed means. The error term is Mean Square (Error) = 95.965.

**The mean difference is significant at .05 level.*

From table 4, it is seen that there is significant main effect of attachment style on prosocial behavior of college students beyond 0.05 level. Thus, *hypothesis no. 4 is accepted*. It can also be seen from means that individuals with dismissing attachment style and secure attachment style are higher on prosocial score (M – 70.80 and 70.595) than individuals with fearful and preoccupied attachment style (M – 66.711 and 66.60) among other groups.

Summary of Results:

In case of Friendship Dimensions:

- Individuals with dismissing attachment style enjoyed most in friendship and individuals with preoccupied and secure attachment style enjoyed least in friendship.
- Females showed higher acceptance in friendship than did males.
- Females also showed higher mutual assistance in friendship than did males.
- Again, females were more confiding in friendship than were males.

In case of Prosocial Behavior:

- Individuals with dismissing attachment style showed maximum prosocial behavior while individuals with preoccupied attachment style showed minimum prosocial behavior among all groups.

DISCUSSION

- From results, it has been seen that individuals with dismissing attachment style enjoyed most while individuals with preoccupied and secure attachment style enjoyed least in friendship. The reason behind this might be as people with dismissing attachment style are independent and self-sufficient as they have positive self image, they enjoyed the friendship while people with preoccupied attachment style tend to merge completely emotionally with others, but often find others reluctant to do so. So, they did not enjoy their friendship. It can also be seen that there is significant difference in enjoyment from secure and fearful individuals also. It reflects that dismissing individuals (as they have positive self-image) enjoyed most, especially males. Why secure males enjoyed least in friendship can be explained as secure individuals have high self-esteem as well as high interpersonal trust, so they do not necessarily need a friend to enjoy, they can enjoy with or without a friend and so their enjoyment is not always high in friendship. On the contrary, enjoyment of dismissing individuals might sometimes be a defensive reaction against their underlying trait of low interpersonal trust. Lastly, fearful individuals have negative self-image they could not enjoy.
- The reason behind the finding that females showed more acceptance in friendship, than males might be reasoned as females usually are considered to have more tolerance (as we live in a male dominated

society) than males and their acceptance may have came from this tolerance..

- In our society, females usually take more responsibilities than males. In words of Hofstede (1986) "Masculine cultures expect men to be assertive, ambitious and competitive, to strive for material success, and to respect whatever is big, strong, and fast. Masculine cultures expect women to serve and care for the non-material quality of life, for children and for the weak". So in our patriarchic society it might be the reason for the finding that females scored significantly high on mutual assistance than males, as they (by virtue of their gender roles) take more responsibilities than males.
- The reason behind the finding that females are more confiding in friendship, than males might be reasoned as females shares more information with their friends than males do, this is the typical communication pattern between women.
- In case of prosocial behavior, individuals with dismissing attachment style showed it most and individuals with preoccupied attachment style showed it least. The reason is clearly evident from the basic characteristics of these two styles. In dismissing attachment style, individuals have high self-esteem and positive image of self and not so positive image of others, so they perceive themselves as superior and others as comparatively inferior, and they reach out to help others. While the opposite occurs in case of preoccupied individuals. They view others positive (because of high interpersonal trust) hence superior and themselves negative hence inferior. Being inferior how can they help superiors? So they showed prosocial behavior least. Results also showed that secure individuals differ significantly from preoccupied and fearful individuals. The reason may be what was stated before that both of the latter have low self esteem, so they differed in prosocial individuals in prosocial behavior from secure individuals, who have high self-esteem. In a study, Desivilya, Sabag and Ashton, (2006) found that, Individuals equipped by secure attachment and positive schemas of interpersonal relationships are more likely to exhibit prosocial tendencies in contrast with their insecure counterpart**s.** So the present result resembled this to some extent. Though not totally because here, dismissing individuals showed significantly more prosocial behavior than fearful and preoccupied ones. The reason can be stated as, dismissing individuals have positive self image while the fearful and preoccupied individuals have negative self image. Being inferiors they usually do not reach out to help superiors.

CONCLUSION

Overall it can be stated that, females were more in acceptance, mutual assistance and were more confiding than males in friendship and

Individuals with dismissing attachment style enjoyed most in friendship while individuals with preoccupied and secure attachment style enjoyed least in friendship. In case of prosocial behavior, Individuals with dismissing attachment style showed maximum prosocial behavior while individuals with preoccupied attachment style showed minimum prosocial behavior.

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Mediating role of employee engagement in the relationship between workplace social support and outcome variables among Indian banking employees

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Employee Engagement refers to employee's involvement in work and his commitment to the vision, mission and goals of the organization. Both employer and employee have an active role to play in cultivating engagement. The present study was aimed to explore the mediating role of employee engagement in the relationship between workplace social support (Perceived organizational support and Perceived supervisor support) and outcome variables (Job satisfaction and Life Satisfaction) among Indian banking employees. Data were collected from (N=110) managerial and clerical employees of various public sector banks located in Varanasi (UP). The data of the present study were analyzed using Pearson's correlation and Hierarchical mediated regression analysis. The results of the correlational analysis indicated significant relationships between perceived organizational support and outcome variables. The direction of these relationships revealed that employees who received higher level of perceived organizational support in their job and experienced higher job and life satisfaction as compared to employees who received lower level of perceived organizational support. Results of hierarchical regression analyses indicated that perceived organizational support significantly positively predicted both job and life satisfaction of employees. However, the relationships between perceived supervisor support and outcome variables were found to be non-significant. Results further revealed that perceived organizational support was significantly positively related to employee engagement, after controlling the effect of socio-demographic variables. The demographic variables of the study included age, gender, marital status, salary, designation, education, working hours, and total work experience. The procedure developed by Baron and Kenny (1986) was used to test the proposed mediating effect of employee engagement. The results of mediated regression analysis revealed that employee engagement partially mediated the relationship between perceived organizational support and job satisfaction and fully mediated the relationship between perceived organizational support and life satisfaction. The findings of the study implicated that organizations should understand the importance of employee engagement and it should be viewed as a broad organizational and cultural strategy that involves all levels of organization.

Keywords: *Employee Engagement, Workplace Social Support.*

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INTRODUCTION

The face of Indian banking sector has changed dramatically over the last few years. High job targets or demands, dual responsibility of protecting the banks and its customers, time deadlines, high pressure to balance and maintain transaction of the day, pressure of carrying out the transaction through the internet or mobile services, heavy paper work etc are the common stressors in the Indian banking sector. The Indian banking sector is faced with multiple and concurrent challenges such as increased competition, rising customer expectations, and diminishing customer loyalty leading to highly disengaged Indian banking employees. (Manikyam, 2014; Kamath, Kohli, Shenoy, Kumar, Nayak & Kuppuswamy, 2003).

Competitive advantage can be achieved through harnessing the potential available in the employees by creating a positive work culture and enlisting the support of all the employees to the organizational goals. One of the major goal of the banking organization is to make high productivity, profit (especially if it is a profit-oriented organization), and render good quality of services. These goals can only be realized with employees' efforts, supports and contributions.

This is because employees are partly responsible for the achievement of organization's goals and strategy. The success of any bank depends upon the proper fit between the management and the clerical staff which is usually achieved by coordination, synchronization and cooperation of the bank officers as they form a delicate link between these two. In recent times, bank employees' job and over satisfaction with life are crucial factors in regard to their effective functioning in the organization because only a satisfied and happy officer will be able to achieve such synergy in the bank. It is precisely to that end that employee engagement assumes significance as a way of managing people in organizations because engaged employees are believed to deliver high quality/committed service and they form work teams that produce high quality results. Despite evidence of how destructive employee burnout or disengagement can be, studies from the human services field on the opposite condition, engagement, are limited.

Over the last few years, there has been a wide focus of researchers on the term of employee engagement and researchers are paying more attention on the roles of employee engagement for organizational performance and for getting competitive edge. Thus, employee engagement is visualized as the prominent factor for the success of organizations. Today, modern organizations expect their employees to be full of enthusiasm and show initiative at work, they want them to take responsibility for their own development, strive for high quality and performance, be energetic and dedicated to what they do. In other words companies want their employees to be engaged (Bakker & Leiter, 2010). However, there is a

huge gap of empirical studies regarding employee engagement. Surprisingly little academic and empirical research has been conducted overall, and a large portion of it comes from the business management community (Saks, 2006).

Researchers have advocated that as a relatively new construct, more studies establishing the validity, differential antecedents and outcomes associated with employee engagement are warranted (Gruman & Saks, 2011). In this study we have examined the impact of work place support from both organizations as well as from the supervisor. We believe that employees positive attitudes and behaviors are enhances when they receive support from the supervisor apart from the organization. Further studies regarding the effect of perceived supervisor support on employee engagement are limited.

Theoretical Framework and Conceptual Model

Perceived Organizational Support: Workplace social support is the amount and quality of relationships available to an employee. It is linked to stress reduction by directly reducing employees' strain (health or wellbeing) or by moderating between stressful working conditions and strain (Jcome, 2008; Singh, Srivastava & Mandal, 1999; Srivastava, 1996). Social support at work is a coping mechanism in dealing with problems arising from stressors and can emerge from such sources as supervisors and co-workers (Jcome, 2008; Singh, Srivastava, & Mandel, 1999; Srivastava, U. R., 1996). Workplace social support can be divided into two parts: Perceived organizational support (POS) and Perceived supervisor support (PSS). Perceived organizational support (POS), is defined as employees' perceptions about the degree to which the organization cares about their well-being and values their contribution. Perceived organizational support (POS) represents an indispensable part of the social exchange relationship between employees and the employer, because it implies what the organization has done for them, at least in the employees' belief. Perceived Supervisor Support (PSS), is defined as it is general view of employees that how much supervisor give importance to the employee's contribution, take care of employee's well-being, interest and benefits (Kottke & Sharafinski, 1988).

Supportive and trusting interpersonal relationships as well as supportive management promoted psychological safety. Organizational members felt safe in work environments that were characterized by openness and supportiveness. Supportive environments allow members to experiment and to try new things and even fail without fear of the consequences (Kahn, 1990).

Perceived organizational support is a key concept of organizational support theory (Eisenberger, Huntington, Hutchison, & Sowa, 1986; Eisenberger, Cummings, Armeli, & Lynch, 1997; Rhoades & Eisenberger, 2002), which posits that "employees evidently believe that

the organization has a general positive or negative orientation toward them that encompasses both recognition of their contributions and concern for their welfare." (Eisenberger, Stinglhamber, Vandenberghe, Sucharski, & Rhoades, 2002, p. 565). Earlier studies have shown that perceived availability of organizational support strengthens employees' cognitive and emotional evaluation of their jobs and organization. Perceived organizational support strengthens employees' effort in the organization, so that employees work harder and put greater efforts to accomplish the organization's goals (Eisenberger et al., 1986; Aselage & Eisenberger, 2003).

Today, organizations are more comprehensive therefore employees are more concerned about the extent to which organization cares about their well-being. According to Social Exchange Theory, perceived organizational support was based on mutual expectations and obligations between employers and employees (Blau, 1964). Thus employees who consider that organization cares about their well-being tend to reciprocate by being emotionally attached with the organization.

Employee Engagement: In recent years the term "employee engagement" has taken a fundamental role on organizational effectiveness. Employee engagement was firstly introduced by the Kahn (1990) that "harnessing of organization members' selves to their work roles in engagement, people employ and express themselves physically, cognitively, and emotionally during role performances" (Kahn, 1990, p. 694).Work engagement is considered to be a construct within the field of positive organizational behavior (Bakker, 2009) that enhances both individual and organizational outcomes respectively (Geldenhuys, 2009; Harter, Schmidt, & Hayes, 2002).

Employee engagement is a long-term and on-going process. It has become a hot topic in recent years among consulting firms and in the popular business press. It is a broad concept that encompasses core features like high involvement, self presence and affective energy while working (Britt, Dickinson, Greene- Shortridge, & McKibben, 2007; Macey & Schneider, 2008).

According to Schaufeli and Bakker (2002) employee engagement is "a positive, fulfilling, work-related state of mind that is characterized by vigor, dedication, and absorption" (Schaufeli, Salanova, González-Romá, & Bakker, 2002, p. 74). Vigor, is the physical component of engagement and refers to high levels of energy, lack of fatigue, mental resilience during working and the willingness to vest in individual's particular work and also the persistent optimistic attitude even in face of adversity and challenges (Schaufeli & Bakker, 2001; Geldenhuys, 2009; Salanova, Agut, & Peiro, 2005). Employees with vigor fell bursting with energy at work. Schaufeli, Taris, Le Blanc, Peeters, Bakker, & De Jonge, (2001), defined dedication, as the emotional component of engagement,

characterized by strongly involvement in personal work and gaining possession of a sense of significance, inspiration, pride, challenge and enthusiasm. It occurs when a specific employee is totally and happily occupied in his or her work and it is difficult for him or her to detach him or herself from it which mean time passes quickly.

According to Schaufeli et al., (2001) absorption, which is the cognitive component of engagement and refers to involves being fully concentrated and happily engrossed in one's work, so that as the time passes quickly it is difficult for employee to detach him or herself from work (Bakker & Schaufeli, 2008; Chughtai & Buckley, 2008; Mauno, Kinnunen, & Ruokolainen, 2007). Absorbed employee forgets everything else around while he or she is working.

Seijts & Crim, (2006c) defined an engagement employee as a person who is fully involved in and eager about his or her work also care about the future of the organization. Engaged employee is willing to invest the optimum and ultimate attempt by doing even extra work. He or she work with passion and feel a deep connection with the organization. They also stated that employee engagement (EE) is a determining factor in the failure and success and affect the mindset of people in any organization. According to Bakker and Demerouti (2008), four reasons why engaged employees perform better are positive emotions, good health, ability to mobilize resources, transfer of engagement. Engagement results in lessening complain of employees about unfairness at work when they see their co-workers in specific tasks are focused, concentrated and engaged.

In other words, we can define employee engagement as a measurement of an employee's emotional commitment to an organization; it takes into account the amount of discretionary effort an employee expends on behalf of the organization.

Job and Life Satisfaction: Job satisfaction is a pleasurable or positive emotional state that arises when people appraise their job or job experiences (Locke, 1976). Thus, in job satisfaction both affect (feeling) and cognition (thinking) is important. Job satisfaction refers to positive feelings about an individual's job which results from evaluation its characteristics or aspects (Robbins & Judge, 2009) employees will experience higher job satisfaction when their jobs fulfills their important job values. Studies have shown that job satisfaction is related with a range of job characteristics such as autonomy, coping strategies, professional status, reutilization and workloads (Li & Lambert, 2008).

Another outcome variable is Life satisfaction. Life satisfaction measures an individual's overall assessment of their life circumstances (Erdogan et. al., 2012). It provides a subjective assessment of an individual's happiness, and is considered to be one of the main indicators of wellbeing.

It is multidimensional in nature, and encompasses satisfaction with a broad spectrum of specific life domains (Cummins, 1998). Life satisfaction is defined as "a global assessment of a person's quality of life according to his own chosen criteria" (Shin & Johnson, 1978, p. 478,). Life satisfaction can be defined as individual's judgments, thoughts and feelings concerning the overall quality of their life (Simsek, 2009) as well as the sense that individuals have when their life is good, meaningful and worth living (Seligman, 2002).

The evaluation of life satisfaction is based on the individuals own values and beliefs. The person herself or himself evaluates how satisfying her life is according to her own chosen criteria rather than externally imposed criteria (Diener, 1984).

Although research on life satisfaction is abundant within the field of psychology, (Lightsey & Boyraz, 2011; Park & Seligman, 2005; Schueller & Seligman, 2010; Simsek, 2009) research within the work environment is limited. Empirical research is lacking regarding effect of life satisfaction on work constructs such as psychological meaningfulness and work engagement is limited. Therefore, it is important to consider the impact that overall life satisfaction can have and contribute to experiences in the workplace. The understanding that the achievement of life satisfaction leads to numerous benefits and advantages for individuals (Bakker, 2009) hence, it is regarded as a key factor to consider behavior at workplace. As work accounts for a large amount of time occupied by an individual, there is evidence that work has a substantial influence on an individual's self-concept and self-esteem. Thus, work as a relatively important domain of life, is assumed to have significant impacts on an individual's overall life satisfaction. Work is one of the major source of income that supports individuals in achieving their needs as well as additionally support the various other life roles that they may take on (Demerouti, Bakker, Nachreiner, & Schaufeli, 2000).

Furthermore, Linn, Yager, Cope, and Leak (1986) reported that individuals who are satisfied with their life significantly experience less conflict between their work and family lives, fewer job stressors and significantly greater job satisfaction. Conversely feelings of job satisfaction can also spill over into one's general life (Demerouti et al., 2000). Therefore, it has previously been suggested that the relationship between work related factors and general life satisfaction is bidirectional (Linn et al., 1986).

Research Hypotheses: Many studies related to the antecedents of job satisfaction have been conducted. However, one of the most important predictors of job satisfaction is organizational support (Asdage & Eisenbeger, 2003; Erdogan & Dnders, 2007; Rhodes & Eisenberger, 2002; Stamper & Johlke, 2003).Unless employees perceive organizations

as a supportive, the employees may view their tasks as displeasing and this may create job dissatisfaction (Susskind, Borchgrevink, Kacmar, & Brymer, 2000). In other words, employees are satisfied with their job if they perceive that the organizational support is given for only valuable employees in their organization. Several methodological studies showed that employees who are supported by their organization are satisfied with their job (Buchanan, 1974; Susskind et al., 2000; Tansky & Cohen; 2001; Riggle, Edmondson, & Hansen, 2009).

Compared to the literature on the relationship between POS, PSS and job satisfaction, there has been little investigation as to whether the effects of POS and PSS might spillover into the non-work domain and heighten individuals' life satisfaction. (Dixon & Sagas, 2007). Although there is initial empirical evidence of a positive association between POS and life satisfaction (Dixon & Sagas 2007; Glinia, Costa, Mavromatis, Tsitskari, & Kalaitzidis 2004; Guest, 2002), no prior work has examined the relationship between PSS, POS and life satisfaction. Further the impact of POS and PSS also spillover into the life domain (job satisfaction, and life satisfaction). Hence, we might expect the relationship between these two. Further, there has been limited investigation of the mediating mechanisms which may explain why the provision of workplace support may spillover into the non-work domain. In the present study we suggest that the provision of workplace support in the form of PSS and POS will influence job and life satisfaction through heightening employees' engagement.

In other words, given the fact prior research has shown a close relationship between POS/PSS and job satisfaction (Allen, Shore, & Griffeth, 2003; Buchanan 1974; Erdogan & Enders, 2007; Eisenberger, Cummings, Armeli, & Lynch, 1997; Shore & Tetrick, 1991; Tansky & Cohen, 2001). Thus in the light of empirical studies, we hypothesize that

H1: Perceived Organizational Support and Perceive Supervisor Support will be positively related to Job Satisfaction.

H2: Perceived Organizational Support and Perceived Supervisor Support will be positively related to Life Satisfaction

Relationship between Perceived Organizational Support, Supervisor Support and Employee Engagement

Perceived organizational support creates healthier and more manageable culture as well as better environment. Perceived organizational support (POS) strengthens employees' cognitive and emotional evaluation of his job as well as his organization. Availability of POS not only enhances employees' external rewards such as pay, recognition etc. but also ensures their faith, status and endorsement in the organization (Biswas & Bhatnager, 2013; Fuller, Marler, & Hester, 2006). Further, Employees who receive favorable treatment from the organization, such as higher levels of POS, would feel an obligation that they should care about the

organization's benefits and contribute to the achievement of organizational goals. Thus, they are more likely to make attempts to fulfill their obligations to the organization by becoming more engaged. (Eisenberger, 2009b; Rhoades, Eisenberger, & Armeli, 2001).

In a recent study, Biswas and Bhatnagar (2013) find a significant positive relationship between POS and employee engagement and reveal that perceptions regarding POS pursue the employee to be engaged with their organization. Pati and Kumar (2010) find a significant positive relationship between POS and employee engagement and reveal that for engaging employee in the organization support may be considered as a predictor. Another study by, Zacher and Winter (2011) finds a significant positive relationship between POS and work engagement.

Their research findings suggest that POS support is especially beneficial for employees' work Engagement. Further, this relationship is also proved by Gillet, Huart, Colombat and Fouquereau (2013), proving that police officers work engagement can be enhanced by providing the support which they deserve form the organization. The authors classify engagement from three different perspectives (vigor, dedication, & absorption) and find significant positive relationship between POS and engagement (vigor, & dedication). Therefore, it can be elucidated that organization can assure the engagement of employee with the organization's activities if the employee finds that they are properly cared by the organization and their efforts are valued properly.

Thus, from the literatures support the following hypothesis can be considered;

H3: POS will be positively related to employee engagement.

Perceived support from the supervisors help employees to create conducive environment at workplace. Perceived supervisor support (PSS) is defined as, it is general view of employees that how much importance supervisors give to the employee's contribution, take care of employee's well-being, interest and benefits (Kottke & Sharafinski, 1988; Eisenberger, Stinglhamber et al., 2002). Perceived supervisor support (PSS) has been regarded as a factor of employee welfare (Repetti, 1987; Shinn, Wong, Simko, & Ortiz-Torres, 1989; Thomas & Ganster, 1995). In any organization, supervisors usually perform with the duty of guiding, evaluating subordinate's performance, the employees also examine that whether supervisor is giving favorable or unfavorable orientation towards them as a symbol of organization's support (Levinson, 1965; Eisenberger, Huntington et al., 1986).

The beneficial support effect of perceived supervisor support theory, which reveals that perceived support from supervisor increases the felt obligation of employees to attain the supervisor's as well as organizational objectives as reciprocity. Employees deserve that their supervisor will provide all the necessary support to continue their

activities and to make them more engaged with the organization. This may be the feeling of the employee that supervisor can play a vital role to engage the employee which may enhance their belongingness to the organization.

According to Jawarski and Kohli (1991), different aspects like fair treatment by the supervisor, feedback on performance and trust in the manager/supervisor influences organizational loyalty and employee engagement. With the increased monitoring tools and supervisor's influence on the reward, employee is more concerned about the relationship with the supervisor. It is also likely to be expected that when employee perceived support is assured from the supervisor, they feel more valued by organization, because supervisor is considered as representative of the organization and the result will be more engagement as reciprocity.

A handful of recent studies have document the link between PSS and EE (Swanberg, McKechnie, Ojha, & James, 2011; Otken & Erben, 2010; Jawarski & Kohli, 1991). In a recent study, Swanberg, McKechnie, Ojha, & James, (2011), have found relationship between supervisor support and employee engagement. The authors expose those employees who feel supportive from the immediate supervisor can easily engage them with the organizational goals and objectives.

Further in another research, Laschinger, Finegan and Shamian (2001) revealed the relationship between supervisor support and employee engagement. The authors have suggested that employees who receive support from their immediate supervisor can easily engage themselves with the organizational goals and objectives, organizational culture and show better work attitudes. Likewise, Otken and Erben (2010) find the significant effect of supervisor support on work engagement. Thus, it can be concluded from the above mentioned discussion that when employees perceived support is assured form the supervisor, they feel more valued by organization and become more engaged as reciprocity, because supervisor is consider as a key representative of the organization.

Therefore, based on the previous explanation the following hypothesis can be considered;

H4: Perceived Supervisor Support will be positively related to Employee Engagement.

Relationship between Employee Engagement and Job and Life Satisfaction

The main reason behind the popularity of employee engagement is that it has positive outcomes for organizations. There is a general belief that there is a connection between employee engagement as an individual level construct and business results (Harter et al., 2002). Therefore there

is reason to expect employee engagement to be related to individuals' attitudes, intentions, and behaviors. Although little work exists on kahn's conceptualization of the engagement construct, Britt, Adler, and Bartone (2001) found that engagement in meaningful work can lead to perceived benefits from the work.

Employees who are not engaged display apathy, disenchantment, and social aloofness (Hochschild, 1980). This is contrary to engaged employees, who experience a pleasurable emotional state at work, indicating high level of job satisfaction.

Further, Gruman and Saks (2011), have found that overall job satisfaction was correlated to engagement. Likewise, Truss, Soane, Edwards, Wisdom, Croll and Burnett, (2006), have emphasized that employee engagement is positively related to a range of other attitudes such as job satisfaction and motivation. Employees who continue to engage themselves do so because of the continuation of favorable reciprocal exchanges. As a result employees who are more engaged are likely to be more trusting and high quality relationships with their employer. Therefore, be more likely to report more positive attitudes and intentions towards the organization, and this positive attitude and intention will be related to their good health and positive work affect. These positive experience and emotions are likely to result in positive work outcomes. Research shows that employees who are not engaged display apathy, disenchantment, and social aloofness (Hocschild, 1980). This is contrary (disengaged) to engaged employees, who experience a pleasurable emotional state at work, indicating high level of job satisfaction.

Engaged employees are fully absorbed in their work and find their work more fulfilling and modifying. They put rigorous efforts to get their work done and achieving the goals of the organization consequently, when the employees realized that their work objective here been attained, they experience a feeling of motivation inherent well-being and gratification. As a result their job satisfaction is enhanced. (Biswas & Bhatnagar, 2013; Schaufeli & Bakker, 2004).

Life satisfaction or orientation to happiness, is often referred to an ultimate state of being (Seligman, 2003) and individuals are able to achieve this state by creating a balance among their experiences of pleasure, engagement and meaning (Schueller & Seligman, 2010). According to Cameron, Dutton, and Quinn (2003), engagement at work is important in order to make sure that employees participate in goal-directed behavior as well as find meaning within their work.

In addition, psychological meaningfulness is considered to be a benefit that refers to the return on investment an individual receives with regards to his or her physical, cognitive and emotional contributions (Van Zyl, Deacon & Rothmann, 2010). Park, Peterson, & Ruch, (2009), has

illustrated that in order to experience life satisfaction, individuals are required to be passionate and enthusiastic about their daily tasks, both in their work and personal capacities. According to Csikszentmihalyi (1990), during engaging activities, individuals experience an optimal state of balance or flow between skill and challenge.

Thus, there are practical reasons that managers and researches of organizations should be concerned with employees' engagement in work.

These arguments lead us to propose the following hypothesis:

H5: Employee engagement will be positively related to outcome variables of Job and Life Satisfaction.

Mediating Effect of Employee Engagement in the Relationship between Perceived Organizational Support, Perceived Supervisor Support and Outcome Variables (Job and Life Satisfaction)

Since, the perceived organizational support and perceived supervisor support are expected to predict employee engagement and employee engagement are related with job and life satisfaction. Hence, it can be elucidated between perceived organizational support, perceived supervisor support and outcomes. Several studies have illustrated the mediating effect of employee engagement. Therefore we may expect that the provision of workplace support in the form of perceived supervisor support and perceived organizational support will influence job satisfaction through heightening employees' engagement.

Although a handful of studies have shown the positive assertions between perceived organizational support and life satisfaction (Dixon & Sagas, 2007; Glinia et al., 2004). There has been little investigation of the mediating mechanism through which the influence of the workplace social support spillover into the life domain.

Thus, the final hypotheses of the study extend this premise as follows.

H6: Employee Engagement would mediate the relationship between the Perceived Organizational and Supervisor Support and Outcome Variables (Job Satisfaction &Life Satisfaction), such that the direct impact of POS, PSS and Outcome Variables would become either non-significant or attenuate after Employee Engagement is considered.

Participants: A total of 110 banking employees from 5 commercial banks located at Varanasi city were participated in the study. Of all the participants, 76 were males and 34 were females. Their age ranged from 23 to 56 years. Participants were classified into two ranks: Managers (N=77), clerks (N=33).The selection of participants was consistent with the ethical requirements for conducting research on human subjects. The employees who will have working experience of at least 5 year were eligible to participate in the study. The information on selected demographic variables such as, age, gender, marital status, length of

service, salary, educational qualification and job designation was obtained from the respondents (Table-1).

Table 1: *Demographic characteristics of the sample (N=110)*

Variables	Number	Percentage
Age (in years)		
23-34	37	33.64
35-46	32	29.09
47-58	41	37.27
Gender		
Male	76	69.1
Female	34	30.9
Marital status		
Married	89	80.9
Unmarried	21	19.1
Salary in Rs. (per month)		
<20,000	20	18.2
20,000 - 40,000	52	47.3
>40,000	38	34.5
Education		
PG	48	43.6
Graduate	58	52.7
Other	4	3.6
Length of Service (in years)		
1-7	49	44.54
8-14	11	10
15-21	06	5.45
22-28	27	24.54
29-35	17	15.45
Designation		
Manager	77	70
Clerk	33	30

Procedure: Prior to the administration of the questionnaires to participants, the researcher obtained permission from management of the five commercial banks that participated in the study. The purpose of the study was explained to participants as they were also given assurance of confidentiality and anonymity of their identities and responses. They were also informed that the data will be used for academic purpose only.

The questionnaire included the measures of perceived organizational support, perceived supervisor support, employee engagement, job satisfaction, life satisfaction and demographic information including participant's age, gender, and marital status, length of service, salary, educational qualification and job designation.

All the completed questionnaires were kept confidential and examined only by the researcher.

Measurement Tools:

Employee Engagement: Employee engagement will be assessed by 17-item Utrecht Work Engagement Scale (UWES; Schaufeli et al., 2002). The items of the UWES are grouped into three subscales that reflect the underlying dimensions of engagement: Vigor (VI- 6 items), Dedication (DE- 5 items), and Absorption (AB- 6 items). All items are scored on a 7-point frequency rating scale ranging from 0 (never) to 6 (always). The UWES-17 has encouraging psychometric features for its scores. For

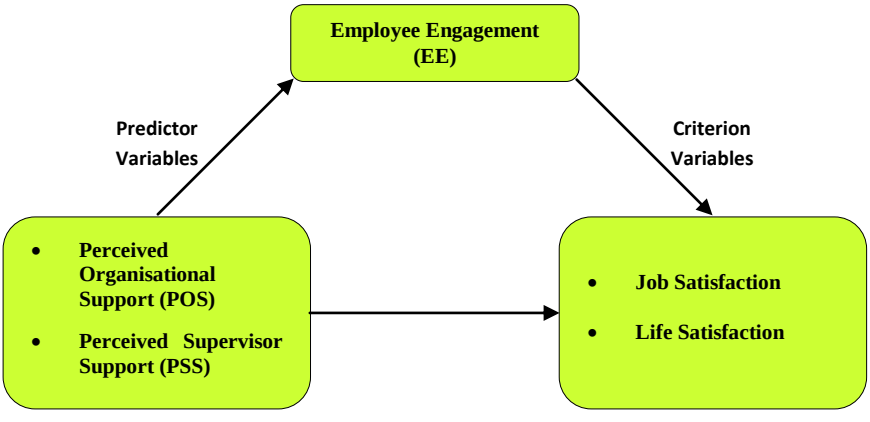
instance, internal consistencies (Cronbach's alpha) typically range between.80 and.90 (Schaufeli & Bakker, 2004).

Perceived Organizational Support: Perceived organizational support was measured by eight- item scale developed by Eisenberger, Huntington, Hutchison, & Sowa, (1986). This scale measures the extent to which employees perceived that the organization valued their contribution and cared about their well-being. Respondents indicated the extent of their agreement with each item on a 7-point Likert scale (1 = strongly disagree, 7 = strongly agree).

Perceived Supervisor Support: To assess perceived supervisor support of the respondents, supervisor/immediate officer subscale from the Functional Social Support Questionnaire (FSSQ) developed by Srivastava and Singh (2006) was used. This scale consisted of 17 items rated on four point rating scale (Never to Always). The Cronbach alpha for the measure was .93. Higher scores on the scale indicated higher level of perceived supervisor/ immediate officer support.

Job Satisfaction: Job satisfaction would be assessed with the help of Brayfield- Rothe's (1951) index of Job Satisfaction. This measure is a very popular tool for assessing an employee's level of job satisfaction, as it provides a quick measure of global job satisfaction. This is a 5 items scale scored on 5 point rating scale 1(strongly disagree) to 5 (strongly agree). This measure has been used recently and was found to be very reliable (Judge, Scott & Ilies, 2006; Judge, Bono & Locke, 2000). Judge et. Al., (2000) have reported Cronbach's alpha of .80 for this scale.

Figure 1: *Schematic diagram proposed for the study*



Life Satisfaction: In this research, life satisfaction was measured using 5 items developed by Diener et al., (1958), The Cronbach alpha for the measure was .87. Sample items include "The conditions of my life are excellent." (Item-2) and "I am completely satisfied with my life." (Item-3). The scale uses a 5-point Likert response format, ranging from (1) "Strongly Disagree" to (5) "Strongly Agree". High scores indicated higher level of life satisfaction.

Control Variables: In the present study, we controlled for (age, gender, marital status, salary, designation, educational qualifications, working hours and work experiences. The relationship between demographic characteristics and organizational process variables has received only marginal attention in the management literature. The influence of demographic characteristics should be controlled in any study as they have the potential to affect a variety of organizational outcomes (Pearson & Chatterjee 1997; Pfeffer, 1983).

RESULTS

The data of the study were analyzed using, descriptive statistics, correlation and hierarchical mediation regression analyses. In the present study, perceived organizational support and perceived supervisor support were treated as predictor variables .The criterion variables are: (a) job satisfaction and (b) life satisfaction. The mediator variable is employee engagement. The control variables are the demographic characteristics, which are: (a) age, (b) gender, (c) marital status, (d) salary (e) education (f) length of service and (g) job designation. In the present study, all the demographic variables that were assessed have been used. This is because they were related to several variables of interest. Rather than using none or some combination, they were all included in the analysis for simplicity. In correlations between socio demographic variables, study variables are depicted in Table- 1. It is evident from the table that out of 40 correlation coefficients 28 (70%) were found to be significant. Hence, the effects of these socio-economic variables were controlled in later analysis.

Table 2: *Perceived organisational and supervisor support*

Variables	Perceived Organizational Support	Perceived Supervisor Support	Job Satisfaction	Life Satisfaction
Perceived Organizational Support	-	.522**	.694**	.442**
Perceived Supervisor Support	-	-	.408**	.333**
Employee Engagement	.513**	.496**	.620**	.527**

**p<.05, **p<.01, ***p<.001*

The results concerning the relationships between workplace social support (Perceived Organizational Support and Perceived Supervisor Support), employee engagement and outcome variables of (Job Satisfaction and Life Satisfaction) are displayed in Table 2.the results indicated significant correlation between perceived organizational support and job satisfaction and life satisfaction.

Similarly, employee engagement correlated significantly and positively with outcome of variables Job Satisfaction and Life Satisfaction. These results thus, provided preliminary support for H1 to H5. The direction of these relationships in general indicated that employees who have received more support from their supervisor, feel more valued by organization are likely to become more engaged in reciprocity. For the

first five hypothesis linear hierarchal regression analyses were performed. For the last hypothesis the mediating method suggested by Baron and Kenny (1986) and a Sobel test were performed. These analyses also examined the four conditions of mediation proposed by Baron and Kenny (1986). First, the predictor variable must significantly influence the mediator variable. Second, the predictor must significantly influence the criterion variable. Third, the mediator variable must influence the criterion variable. Fourth the influence of predictor variable on criterion must either become non-significant (full mediation) or less significant (partial mediation) in the fourth equation when the criterion is regressed on both independent and mediator variables. In these analyses, the effects of demographic variables (age, gender, marital status, salary, designation, education qualification, and length of service) were controlled.

To examine the relative contribution of workplace social support in predicting employee engagement, job satisfaction, life satisfaction, 5 separate sets of hierarchical regression were computed (columns 1 to 5 in Tables 3 and 4).

Table 3: *Summary of Hierarchical Regression Analysis predicting mediating effect of Employee Engagement in the relationship between from Perceived Organizational Support, Perceived Supervisor Support and Job Satisfaction*

Predictor Variables	**Employee Engagement**	**Employee Engagement (Step- I of mediation)**	**Job Satisfaction**	**Job Satisfaction (Step- II of mediation)**	**Job Satisfaction (Step- III of mediation)**	**Job Satisfaction (Step- IV of mediation)**
	Beta	**Beta**	**Beta**	**Beta**	**Beta**	**Beta**
Age	.152	.164	.232	.274	.150	.213
Gender	.113	.077	-.025	-.073	-.085	-.102
Marital Status	.104	.041	.039	-.030	-.017	-.046
Salary	.000	-.055	-.025	-.092	-.024	-.071
Designation	-.058	-.023	.032	.059	.064	.068
Education	-.133	-.135	-.062	-.076	.010	-.026
Working Hours	-.165	-.302*	.120	-.004	.209	.109
Total Work Experience	.583**	.350	.258	-.005	-.056	-.136
Perceived Organizational Support	-------	.313***	-----	.601****	-------	.483***
Perceived Supervisor Support	------	.266**	------	-.027	-------	-.126
Employee Engagement	--------	--------	-------	------	.538***	.374***
R	.578	.709	.562	.756	.713	.801
R^2	.334	.503	.316	.572	.509	.641
$ÄR^2$	NIL	.169	NIL	.256	.193	.325
$F_{(8,101)}$ ratio	6.337***	10.015***	5.830***	13.21***	11.503***	15.92***

**p<.05, **p<.01, ***p<.001*

The results demonstrated in Table-3 indicated that demographic variables accounted 31.6% of variance in the prediction of job satisfaction at Step-I. Perceived organizational support and perceived supervisor support accounted for 25.6% of variance in the prediction of job satisfaction over

and above the effects of demographic variables in the Step-II. Perceived organizational support significantly positively predicted job satisfaction (β=.601).

Finding also illustrated some non significant relationships. The relationships between perceived supervisor support and outcome variables of job satisfaction, (β= -.027) was found to be non significant. The results demonstrated in table-4 indicated that in the prediction of life satisfaction demographic variables accounted 37.7% of variance at Step-I. In the Step-II, perceived organizational and perceived supervisor support accounted for 2.8% of variance in the prediction of life satisfaction over and above the effects of demographic variables. Perceived organizational support significantly positively predicted life satisfaction (β=.201). Finding also demonstrated that the relationships between perceived supervisor support and life satisfaction, (β= -.016) was found to be non significant. These results, thus partially supported H1 and H2 of the study.

Findings further indicated that demographic variables accounted for 33.4% of variance in the prediction of employee engagement at Step-I. Perceived organizational support and perceived supervisor support together accounted for 16.9% variance after controlling for the effects of demographic variables at Step-II. Further, perceived organizational support (β=.313), perceived supervisor support (β=.266) significantly positively predicted employee engagement. These results fully supported the H3 and H4 of the study.

Regarding the relationship between employee engagement and job satisfaction, the results revealed that employee engagement significantly positively predicted job satisfaction (β=.583) and accounted for 50.9% of variance in job satisfaction after controlling for the effects of demographic variables. The results pertaining to the relationship between employee engagement and life satisfaction, documented that employee engagement significantly positively predicted life satisfaction (β=.348) and accounted for 8.1% of variance in life satisfaction after controlling for the effects of demographic variables. Thus, H5 of the study is fully supported.

The results pertaining to the mediating effect of employee engagement on job satisfaction and life satisfaction were depicted in (Column-7 of Tables 3 and 4). The findings illustrated that the magnitude of relationship between perceived organizational support and job satisfaction was reduced, when employee engagement was entered into the regression equation. The beta value changed from .601 to .483 (Þ<.001) and indicated statistically significant partial mediation. (Table 3, column-7)

The Sobel test confirmed the attenuation of the predictor's variance. (Z=1.98, Þ<.05). Hence, the mediation is considered as partial as

perceived organizational support still had a significant relationship with job satisfaction. (Fig.1)

Table 4: *Summary of Hierarchical Regression Analysis predicting mediating effect of Employee Engagement in the relationship between from Perceived Organizational Support, Perceived Supervisor Support and Life Satisfaction*

Predictor Variables	Employee Engagement	Employee Engagement (Step- I of mediation)	Life Satisfaction	Life Satisfaction (Step- II of mediation)	Life Satisfaction (Step- III of mediation)	Life Satisfaction (Step- IV of mediation)
	Beta	**Beta**	**Beta**	**Beta**	**Beta**	**Beta**
Age	.152	.164	.259	.274	.206	.216
Gender	.113	.077	.123	.107	.084	.080
Marital Status	.104	.041	.207*	.184	.170	.170
Salary	.000	-.055	.145	.123	.145	.143
Designation	-.058	-.023	-.224	-.215	-.203	-.207
Education	-.133	-.135	.026	.021	.073	.069
Working Hours	-.165	-.302	.210	.170	.267*	.277*
Total Work Experience	.583**	.350	.386*	.300	.183	.176
Perceived Organizational Support	-------	.313***	-----	.201*	------	.090
Perceived Supervisor Support	------	.266**	------	-.016	------	-.110
Employee Engagement	--------	--------	------	-----	.348***	.354***
R	.578	.709	.614	.636	.676	.684
R^2	.334	.503	.377	.405	.458	.467
$ÄR^2$	NIL	.169	NIL	.028	.081	.090
$F_{(8,101)}$ ratio	6.337***	10.015***	7.63***	6.73***	9.371***	7.812***

**p<.05, **p<.01, ***p<.001*

The results pertaining to the mediating effect of employee engagement on life satisfaction and life satisfaction were depicted in (Column-7 of table 4). The findings illustrated that the relationship between perceived organizational support and life satisfaction was found to be non significant) when employee engagement was entered into the regression equation. The beta value changed from .201 (Þ<.001) to β=.090, (Þ<.05) and indicated statistically significant full mediation. The Sobel test again confirmed the attenuation of the predictor's variance (Z=2.06, Þ<.05). Hence, the mediation is considered as complete as non significant relationship was found between perceived organizational support and life satisfaction (Fig.2). Finding also illustrated some non significant relationships. The relationships between perceived supervisor support and outcome variables of job satisfaction and life satisfaction, were found to be non significant. Hence, the mediating effect of employee engagement was analyzed only for the relationship between perceived organizational support and outcome variables job and life satisfaction. Thus, it is apparent from the above mentioned discussion that H6 was partially supported.

DISCUSSION

The major objective of the study was to examine the mediating effect of employee engagement in the relationship between workplace social support and outcome variables.

Consistent with H1 and H2, the relationship between workplace social support (perceived organizational support and perceives supervisor support) and outcome variables (job satisfaction and life satisfaction) was concerned, the result of the hierarchical regression analyses revealed that perceived organizational support significantly positively related to both job satisfaction and life satisfaction of employees. Several studies have identified perceived organizational support as one of the important prediction of job satisfaction (Randal, Cropanzano, Bormann, & Birjulin, 1999; Rhodes & Eisenberg, 2003; Stamper, 2003; Susskind, Borchgrevink, Kacmar, & Brymer, 2000). The reason identifying this finding could be attributed to the possibility that when one would expect that employees who feel that their organization provides a supportive workplace environment would have higher job satisfaction. Compared the literature on the relationship between workplace perceived supervisor support and job satisfaction, there has been little investigation to examine the effects of workplace perceived supervisor support and life satisfaction (Dixon & Sagas, 2007) of employees. Although there is initial empirical evidence of a positive association between perceived organizational support and life satisfaction (Dixon & Sagas, 2007; Glinia et al., 2004; Guest, 2002), no prior work has examined the relationship between perceived supervisor support and life satisfaction, and there has been limited studies.

Therefore, it has been supported that work, as a relatively important domain of life, is assumed to have significant impacts on an individual's overall life satisfaction (Decerouti et al., 2000). Contrary to the findings of Newman et al., (2014), this study did not find the influence of perceived supervisor support either job or life satisfaction.

Consistent with H2, the finding indicated that perceived organizational support significant positively predicted life satisfaction of employees.
The pattern of relationship between workplace social support and employee engagement has consistently being a matter of debate. H3 and H4 of the study predicted the positive relationship between the workplace social support and employee engagement.

Consistent with our H3 and other studies, the results of the present study indicated significant positive relationship between perceived organizational support and employee engagement (Biswas & Bhatnager, 2013; Pati & Kumar, 2010; Giller et al., 2013). A possible speculation is that employee who receives favorable treatment from the organization, such as higher levels of perceived organizational support would feel an obligation that they should care about the organization's benefits and

contribute to the achievement of organizational goals. Thus, they are more likely to respond by attempting to fulfill their obligations to the organization by becoming more engaged.

Consistent with, H4 and other studies, the results of the present study indicated significant and positive relationship between perceived supervisor support and employee engagement. (Jawarski & Kohli, 1991; Otken & Erben, 2010; Swanberg et al., 2011).The main reason behind this is the supervisors are considered as a key representative of the organizations. When employee perceives support assured from the supervisor, they feel more valued by organization and become more engaged as reciprocity. In one study Jawarski and Kohli (1991), have asserted that different aspects like fair treatment by the supervisor, feedback on performance and trust in the manager / supervisor influences organizational loyalty and employee engagement.

H5 of the study predicted a positive relationship between employee engagement and outcome variables of (job satisfaction and life satisfaction).

Consistent with H5, the results of hierarchical regression analysis indicated that employee engagement significantly positively predicted outcome variables of job satisfaction and life satisfaction) of employees. The positive relationship between employee engagement and job satisfaction is consistent with the findings of (Hochschild, 1980; Gruman & Saks, 2011; Truss et al., 2006). This finding can be explained by the fact that engaged employees experience a pleasurable emotional state at work. Consequently, they are likely to report more positive attitudes and intentions towards the organization and indicating a high level of job satisfaction. Research shows that employees who are not engaged display apathy, disenchantment, and social aloofness (Hocschild, 1980). This is contrary (disengaged) to engaged employees, who experience a pleasurable emotional state at work, indicating high level of job satisfaction.

Engaged employees are fully absorbed in their work and find their work more fulfilling and gratifying. They put rigorous efforts to get their work done and achieving the goals of the organization consequently, when the employees realize that their work objective here been attained, they experience a feeling of motivation inherent well-being and gratification. As a result their job satisfaction is enhanced. (Biswas & Bhatnagar, 2013; Schaufeli & Bakker, 2004).

Although research on life satisfaction is abundant within the field of psychology, (Lightsey & Boyraz, 2011; Park & Seligman, 2005; Schueller & Seligman, 2010; Simsek, 2009), research within the work environment is limited. Empirical research is lacking regarding effect of life satisfaction on work constructs such as psychological meaningfulness and work engagement. Thus, the significant positive

relationship between employee engagement and life satisfaction is an additional contribution in the literature and explained by the fact that individuals are able to achieve life satisfaction or orientation to happiness by creating a balance among their experience of pleasure, engagement and meaning. (Schueller & Seligman, 2010)

According to the assertions of Linn, Yager, Cope and Leak (1986), reported that individuals who are satisfied with their life significantly experience less conflict between their job and family lives, fewer job stressors and significantly greater job satisfaction. Conversely, feeling of job satisfaction can also spill over into one's general life (Demerouti et al., 2000). Therefore, it has previously been suggested that the relationship between work related factors and general life satisfactions is bidirectional (Linn et al., 1986).

H6 of the present study predicted the mediating effect of employee engagement in the relationship between workplace social support and outcome variables.

The results of mediation analyses indicated that perceived organizational support influences both job and life satisfaction and that employee engagement is a mechanism that transmits this effect. Employee engagement fully mediated the relationship between perceived organizational support and life satisfaction and partially mediated the relationship between perceived organizational support and job satisfaction. Thus H6 of the study is partially supported.

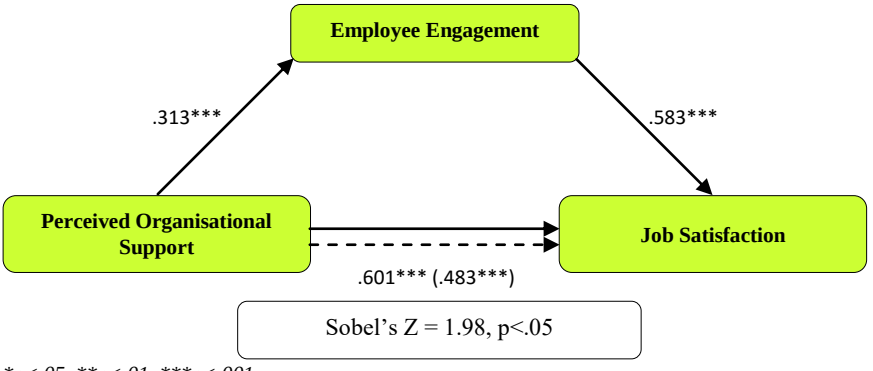
Although the relationship between perceived organizational support and job satisfaction has been widely established (Dixon & Sagas, 2007; Glinia et al., 2004; Guest, 2002) limited number of studies has also found positive relationship between perceived organizational support and life satisfaction. These results are novel in demonstrating the effect of perceived organizational support on life satisfaction fully mediated by employee engagement. Uncovering the mechanism (Park et al., 2009) has illustrated that in order to experience life satisfaction, individuals are required to be passionate and enthusiastic about their daily tasks, both in their work and personal capacities. According to Csikszentmihalyi (1990), during engaging activities, individuals experience an optimal state of balance or flow between skill and challenge.

Thus, it can be concluded by the above mentioned discussion that employees who, perceive higher perceived organizational support are likely to reciprocate to the organization by being more engaged which interns results in more positive attitude towards their job and life.

- Employee engagement partially mediates the relationship between perceived organizational support and job satisfaction (with control variables included)

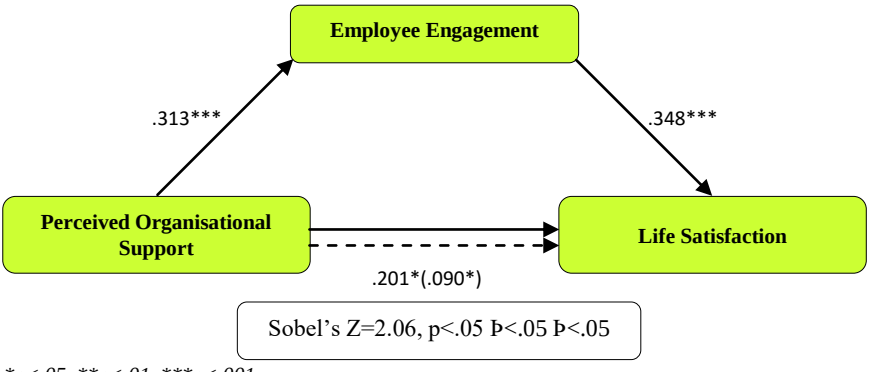
- Employee engagement fully mediates the relationship between perceived organizational support and life satisfaction (with control variables included).

Figure 2



**p<.05, **p<.01, ***p<.001*

Figure 3



**p<.05, **p<.01, ***p<.001*

Contribution and Implications of the study: The primary theoretical contribution of this study has been the illustration that perceived organizational support indirectly but positively influence both job and life satisfaction through employee engagement. The findings of the present study add to the literature by testing the proposed model in the Indian Banking Sector. The findings of this study are novel in demonstrating the effect of perceived organizational support on life satisfaction fully mediated by employee engagement.

The results of the current study suggest that managers should try to develop employees' perception of organizational support to engage employees in their job which will be helpful in creating conducive and supportive environment in the organization. As a result, they are more likely to respond by attempting to fulfill their obligations to the organization by becoming more engaged. In particular, managers need to provide employees with resources and benefits that will oblige them to reciprocate in kind with higher levels of engagement.

Further, employee engagement should also be considered as a broad organizational and cultural strategy that involves all levels of the organization (Frank et al., 2004; Robinson et al., 2004; Kress, 2005).

Limitations and Future Research: Despite the above mentioned contributions, several limitations of this study are apparent. First, this study is based on cross- sectional data which limits the strength of causal relationships. Second, this study has included sample only from the Indian banking sector. Hence, the findings of the study need to be tested on different occupational groups.

In the present study, only workplace social support (perceived organizational support and perceived supervisor support) has been studied as predictors of job satisfaction. Hence, future research should also identify other important predictors of employee engagement, such as organizational justice, job autonomy and job security etc.

CONCLUSIONS

Although employee engagement has become a hot topic among practitioners and consultants, there has been practically no empirical research in the organizational behavior literature. The results of this study provide support for the workplace social support model in a sample of Indian banking professionals. We found that the support from both the organization and supervisor addressing employees' need will be more likely to affect employee engagement, in the organization. Support from both the supervisor and organization will create conducive work environment and likely to increase employee enthusiasm in turn affecting their job and life satisfaction.

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Does reservation alter the mind sets? A research enquiry vis-à-vis fear of failure, locus of control and personal effectiveness among undergraduate girl students across disciplines

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In times when equality and social justice is being talked about in all spheres of life, this research is an attempt made to compare psychological states of mind of undergraduate girl-students enrolled in different disciplines coming from reserved and general categories. The study was carried out on 80 reserved and 80 general category students from four different disciplines-Social Science, Literature, Commerce and Computer Science of an under graduate college for women . The relationships among Personal effectiveness, Locus of Control, and Fear of Failure varied with respect to the targeted groups. Fear of Failure and Openness to Feedback (a sub-category of Personal effectiveness) could evoke difference among the various disciplines. In the case of categories, differences were obtained for internal locus of control and external (luck) locus of control only. Whereas when the disciplines and categories were taken together, only fear of failure could bring forward the significant difference.

Keywords: *General Category, Reserved Category, Educational Disciplines, Locus of Control, Personal Effectiveness, Fear of Failure*

INTRODUCTION

India has a polygenetic population and is an amalgamation of myriad races and cultures. The multilingual, multicultural and multiracial society is spread all over the Indian subcontinent which forms the basis of communal diversification. With the existence of social equity and justice, there exists a desire amongst the people to form their own collective identity resulting in formation of social groups and creation of a unique Indian caste based society structure. According to social thinkers, socialization is the means by which social and cultural continuity is attained in a society. From the very moment an individual is born he/she is being socialized into the caste, religion and gender based societal role. Thus not only the family environment but also the society and the culture in which the children are brought up become very important.

Even though the constitution of India fosters Right to Equality as one of the Fundamental Rights, the irony is that signs of discontent are evident due to the vast disparity in terms of resources both physical and psychological among various sections of the country. This results in emergence of certain groups such as the Reserved (SC's, ST's & OBC's

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supported by legal and constitutional sanctions) and General categories. This categorization leaves a great impact in shaping individual's mind set. The reservation policy and other steps taken by the government for uplifting these historically and socially subjugated classes remain mere palliatives, as a great psychological barrier seems to exist among the people of reserved categories. The reserved categories appear to be in mental and material bondage developing a certain complex and aloofness born out of their feeling of being separated and isolated as a collective. Feeling of not being able to escape this morass could be a major cause influencing various psychological aspects and thus leading to differences in the psychological functioning. There may be a number of issues that get associated with discrimination based on caste and class. But it is not feasible to get all the issues with psychological overtones examined; hence, the present investigation is limited: focusing on three domains i.e. Personal effectiveness, Locus of control and Fear of failure which might be playing a dominant role in shaping the girl students' academic perspectives. Personal effectiveness covers those skills and abilities that we need to have, regardless of our job status or professional background. It is the blend of the ability and attitude that an individual requires to achieve his/her set of goals and vision. It is defined by many psychologists, sociologists and economists as a phenomenon of exercising ones resources efficiently.

"Locus of Control refers to those causes to which individuals attribute their successes and failures" (Forte, 2005).Fear of failure causes delaying active role for fear that performance will be substandard and not reach the expectations set by others (Rothblum etal., 1986; Solomon & Rothblum, 1984).

A number of studies have shown that individual's motivation, attitude, perception, and mind-set is influenced by their caste. For instance a study by Mehta (1996) on ST boys, showed that they may have developed 'easy going personality' due to the new reservation policy in education and employment sector which may have made them perceive that they can achieve their goals without much effort. Attainment of vocational goals seem easy to them, therefore they have developed 'easy going personalities' in comparison to general category boys who are rather serious, particularly in urban areas. Kulhara (1992) however stated that the principles of efficiency, merit and excellence are being sacrificed at the altar of convenience and instead mediocrity is flourishing. Jiloha and Kishore (1998) found that SC and ST students are high on depressive tendency, emotional instability and low on social desirability traits. Individuals perceive themselves as less competent and generally formulate low efficacy beliefs. Studies suggest that disadvantaged children have been found to possess negative self-image (Witty, 1967; Tannenbaum, 1969). Therefore, the marginalized individuals tend to formulate a low degree of self-confidence, self-esteem and attach a

notion of fear towards performing a task, worrying about the possible failure.

The review of literature prompted us to make an effort to understand the impact of socio-cultural differences generated by reservation policy that have developed over the ages and how that may influence the mind set of students of reserved and general categories academic disciplines vis-à-vis levels of fear of failure, personal effectiveness and locus of control.

The Present Study: The basic purpose of the present research is to understand the differences in the orientation of reserved and general category students under the light of three psychological variables, which are – *fear of failure* which is an avoidance based motive disposition in the achievement domain, *locus of control* i.e. the degree to which individuals perceive that outcomes result from their own behaviour or from forces that are external to themselves and *personal effectiveness* that covers those skills and abilities that we need to have, regardless of our job status or professional background. The present study was conducted to compare these psychological variables among the reserved and general category undergraduate girls.

Objective: To study and compare the experience of locus of control, personal effectiveness and fear of failure among students from the four disciplines (Social Science, Literature, Commerce, Computer Science) belonging to reserved and general category.

Based on the above objective following research *hypotheses* were formulated:

- There will be significant relationship between Fear of Failure, Locus of Control and Personal Effectiveness for reserved and general category students from four disciplines (Social Science, Literature, Commerce and Computer Science).
- There will be significant difference among the four disciplines (Social Science, Literature, Commerce and Computer Science) with respect to Fear of Failure between reserved and general category students.
- There will be significant differences among the four disciplines (Social Science, Literature, Commerce and Computer Science) with respect to Personal Effectiveness in reserved and general category students
- There will be significant differences among the four disciplines (Social Science, Literature, Commerce and Computer Science) with respect to Locus of Control between reserved and general category students.

- Reserved and general category students will differ significantly on Fear of Failure, Locus of Control and Personal Effectiveness.

METHOD

Sample and Procedure: The data for the research was collected from government run undergraduate women's educational institution in Delhi. The basis of inclusion for participants was age, caste and academic background. The students ranging from 17- 21 years of age, belonging to Reserved or General category and pursuing any of the four disciplines (social science, literature, commerce, computer science) respectively, were contacted. 175 students were approached. Out of these 160 agreed to participate. The data was collected by approaching each student individually. Rapport with respondents was developed on a personal basis. The participants of the sample were informed that the time taken for filling the questionnaire would be lasting for at least half an hour. The sample was chosen randomly.

Measures: In the present study all the three scales administered on the sample were taken from the book "Training Instrument in HRD and OD" developed by Udai Pareek (1988), they were:

- Personal Effectiveness (PE) scale - This scale measures effectiveness of an individual on the basis of three dimensions such as self disclosure (SD), openness to feedback (OF), and perceptiveness (P). It comprises of 15 statements, five statements for each of the three aspects. It is a self-reported scale where respondents indicate the extent to which a particular statement is true for them on a 5 point scale.
- Locus of Control (LOCO) Inventory- It is a psychometric instrument consisting of 10 items each for internality (LOC – I), externality by others (LOC – EO) and externality by luck (LOC – EC). A 5-point scale is used in scoring responses.
- Fear of failure: Guessing Test – This instrument is intended to help respondents gain an insight into their level of fear of failure (FOF). It works on the concept of achievement motive which reflects a person's concern for excellence and success. It consists of 15 pairs of statements, and the respondent is required to choose one item from each pair.

Proposed Statistical Analysis: Pearson product moment correlation will be used to find the relationship among the various research variables.

Differences among the means of the research variables across the four disciplines, and the reserved and general category will be analyzed using two – way ANOVA. All analysis was conducted using SPSS, version 16.

RESULTS AND DISCUSSION

Table 1: *Significant correlations in general category girls from four disciplines related to different variables.*

Disciplines	Variables	Value
Literature	FOF & P	0.48*
	LOC - I & OF	0.47*
	LOC - EO & OF	-0.52*
Social Science	LOC - EC & P	-0.47*
Commerce	FOF & OF	0.48*
Computer Science	FOF & LOC - EC	-0.46*
	LOC -I & OF	0.78**
	LOC - I & P	0.54*
	LOC - EC & P	-0.46*

Table 2: *Significant correlations in reserved category girls from three disciplines related to different variables.*

Disciplines	Variables	Value
Literature	FOF & LOC - I	-0.49*
	FOF & SD	-0.55*
Social Science	LOC - I & SD	0.56*
	LOC -I & OF	0.49*
	LOC - EC & P	-0.46*
Computer Science	FOF & LOC - EO	0.49*
	FOF & LOC - EC	0.58**
	LOC - I & OF	0.76**
	LOC - EC & OF	-0.44*

Table 3: *Two – way ANOVA depicting the significance of difference between disciplines and categories.*

VARIABLE	SOURCE	Type III Sum of Squares	df	Mean Square	F	Sig.
Fear of Failure	Disciplines	66.97	3	22.32	4.25	0.006
	Categories	2.26	1	2.26	0.43	0.513
	Disciplines * Categories	42.72	3	14.24	2.71	0.047
Openness to Feedback	Disciplines	148.87	3	49.62	4.47	0.005
	Categories	0.51	1	0.51	0.05	0.831
	Disciplines * Categories	45.97	3	15.32	1.38	0.251
Locus of Control (Internal)	Disciplines	59.03	3	19.68	0.61	0.611
	Categories	152.10	1	152.10	4.70	0.032
	Disciplines * Categories	156.35	3	52.12	1.61	0.189
Locus of Control (External)	Disciplines	180.08	3	60.03	1.64	0.183
	Categories	547.60	1	547.60	14.95	0.000
	Disciplines * Categories	158.90	3	52.97	1.45	0.232

Through this study we are making an effort to understand the mind set of reserved and general category undergraduate girl students from four different disciplines i.e. Literature, Social Science, Commerce and Computer Science with respect to psychological variables like fear of failure, locus of control and personal effectiveness of the two groups.

Correlations were computed between fear of failure, locus of control and personal effectiveness for undergraduate girls belonging to general and reserved category to establish the first hypothesis. Among all the correlations, 18 were found to be significant which are discussed here. Results of correlation as shown in Table 1 indicate that general category girls from Literature stream exhibit a significant positive relationship ($r = 0.483$, $p<0.05$) between their fear of failure and perceptiveness

dimension of personal effectiveness. The positive relationship indicates that those who have high level of fear of failure were also high on perceptiveness. These results can be understood in the context that Literature as a subject requires lots of texts to be understood and analyzed. Moreover students in Literature are required to understand the different views and thoughts of other people, which may lead them to be more perceptive.

Further a positive relationship was obtained between internal locus of control and openness to feedback dimension of personal effectiveness for the Literature discipline ($r=0.466$, $p<0.05$) along with a negative relationship between external locus by others and openness to feedback ($r=-0.518$, $p<0.05$) in general category girls from Literature (Table 1). As per the results, belief of the girls from this group indicates that they would like to determine the outcomes of their life events which may encourage them to be open to the feedback from others. This feedback would in turn help them in increasing their self-knowledge and enhancing their internal locus of control. The above results show that the general category girls, who integrate and interpret the feedback from other people effectively, also at times internalize it and thus strengthening their internal locus of control.

The results of reserved category girls (Table 2) from Literature show a significant negative relationship for fear of failure with self disclosure ($r=-0.547$, $p<0.05$) and internal locus of control ($r=-0.486$, $p<0.05$). This indicates that girls of this group who might attribute the outcomes to their own selves are not able to share their views or disclose themselves to others and along with that failure may be perceived as a threat, hence resulting in such negative relationship. The study done by Covington & Omelich in 1991 showcased that individuals who demonstrate fear of failure are unsure about their ability to be successful. In other researches, Openness has been positively associated to final school grades and to strategies that emphasize critical thinking (Bidjerano & Dai, 2007; Komarraju & Karau, 2005), approach to learning (Vermetten, Lodewijks, & Vermunt, 2001) and learning motivation (Tempelaar, Gijselaers, Schim Van Der Loeff, & Nijhuis, 2007).Therefore, tendency of being open increases one's self-confidence and strengthens the internal locus of control.

Students of both reserved and general category pursuing Computer Science exhibited positive correlation between internal locus of control and openness to feedback (Table 1 &2). These girls, who believe in themselves, tend to take control over their life and are sensitive and insightful about other people, are also open to the feedback from other people. The feedback might help them to understand the views of others and may pave a way for improvement and enhancement. Computer science is a technical subject and requires a lot of technical

understanding which also requires peer support. This may explain similarity of correlational findings across the categories. The nature of discipline may be resulting in such findings. Theoretical extension of this argument is provided by Nelson and Mathia (1995) who found that internal locus of control is positively related to academic achievement in college students. Other research has indicated that people with an internal locus of control receive higher tests scores and attribute their success to internal factors rather than fate, luck, or powerful others (Haas 1989; Kaiser 1975). Internal attributions of individual enhance ones efficiency of the task and help in gaining effectiveness. Computer science is much sought after subject and requires high scores at the entry point too. Thus even the reserved category girls taking control over their life are able to open themselves and take feedback from other people to empower themselves. Further a negative correlation was found between external locus by luck and perceptiveness of general category girls from Computer Science ($r=-0.46$, $p<0.05$). This means if the external locus of control (luck) is high, their perceptiveness will be low and vice versa.

Results for reserved category girls from Computer Science show a positive relationship between fear of failure with external locus by others ($r=0.492$, $p<0.05$) and external (luck) locus of control ($r=0.576$, $p<0.01$). This indicates that these girls generally have an external locus of control. These results (Table 2), portray that those reserved category girls who experience high fear of failure are more likely to attribute their success and failures on to others and fate. It is possible that even after studying in a challenging stream like Computer Science; the reserved category girls do not believe in their own potential rather behave in a fatalistic manner by being dependent on external environment including others and chance factors. This might also have led to their increased anxiety towards fear of failure that has resulted in attributing externally. This result is supported by a study on the university and professional college students hailing from illiterate deprived caste families, in which Pimpley (1987) found that they generally do not attribute their success to their own efforts and hard work; rather they refer their success to external factors such as the kindness of their teachers, mercy of God, and their good luck. This tendency encourages superstitious behaviour, perpetuation of a fatalistic outlook, ritualism, and ingratiation of their significant others. On the other hand, failure is often ascribed to oneself. These students due to the social constraints experienced may have harsh self-criticism, less favourable self-concept, and rigid standards to evaluate one's own performance. Table 2 shows significant negative relationship between external locus by luck and openness to feedback in reserved category girls from Computer Science.

General category girls from Computer Science depict a negative relationship between their fear of failure and external (luck) locus of

control (Table 1) showing an inverse relation between these two dimensions i.e. if the fear of failure is high, their dependence on luck will be low and vice versa. Previous studies indicated that the females are susceptible to feelings of low self-esteem and low self-worth regarding their personal abilities and skills, which negatively influence their feelings regarding a career in engineering or other sciences and mathematics (American Association of University Women, 2008; Papastergiou, 2008; Dawes, Horan, & Hackett, 2000). A positive correlation was found for the internal locus with perceptiveness in general category students from Computer Science (Table 1). This could mean that girls of this group, who attribute the outcomes to their own selves, tend to be careful and sensitive to others. They respect and attend to others' cues and gestures.

The results of Social Science discipline (Table 1 & 2) indicate a negative relationship between external locus by luck and perceptiveness in both categories. This indicates that when either of these two variables is high the other one would be low. For the reserved category girls pursuing Social Science a significant positive relationship was found for internal locus of control with self disclosure ($r = 0.556$, $p<0.05$) and openness to feedback ($r = 0.485$, $p<0.05$). This indicates that girls who are open to feedback and are well aware about themselves tend to showcase a greater level of confidence as they have high efficacy beliefs that makes them attribute their own selves for their actions. Research findings support the result where it was found that the effects of causal attributions on achievement strivings are mediated almost entirely through efficacy beliefs (Relich, Debus, and walker, 1986; Schunk and Gunn, 1986; Schunk and Rice, 1986).

For the general category girls studying Commerce, a positive relationship was found between fear of failure and openness to feedback dimension of personal effectiveness ($r = 0.477$, $p<0.05$) (Table 1). The general category girls from commerce who take into account others' view about them; may value others perception and therefore give immense importance to feedback in shaping their personality and have higher probability of experiencing fear due to anxiety and fear of receiving negative feedback on failing. In 1958 French found participants with high need for Achievement worked more efficiently after performance feedback. This is further supported by the research conducted by Fodor and Carver (2000) who found that, compared to subjects who did not receive feedback, those with higher need Achievement produced more creative performances in response to feedback, regardless of whether the feedback was positive or negative. Thus, we may state that individual's level of fearing failure largely depend upon the feedback they attain for their actions. Our first hypothesis was partially established as per the results obtained.

In order to analyze and understand the differences among the four disciplines, two – way ANOVA (2x4) was computed for both the reserved and general category girls. Our second hypothesis stated that there will be significant difference among the four disciplines (Social Science, Literature, Commerce and Computer Science) with respect to Fear of Failure between reserved and general category students. The two way ANOVA results with respect to fear of failure (Table 3), shows significant interaction between 'disciplines and categories'. This indicates that both the discipline and the category together cause a difference in the level of experiencing fear of failure among the undergraduate girls. On comparing the means of respective disciplines, it was found that general category girls pursuing Literature were higher on the level of fear of failure in comparison to the reserved category girls studying the same discipline. This could be due to Literature being a very vast and complex subject as there are usually lots of texts to be understood and analyzed. Also students of this discipline generally possess a creative bend of mind with minimal usage of logic. They lack certain predefined laws that raises the anxiousness of general category girls and tend to increase the level of restlessness resulting into feelings of insecurity. Thus, it is possible that the likelihood of increasing competition and changing trends in policy formulation tends to make them more restless resulting in adopting avoidance orientation towards tasks. Further, the results also indicate that the students of reserved category for the rest of the three disciplines (Social Science, Commerce and Computer Science) are higher on experiencing fear of failure in comparison to the general category girls pursuing these disciplines. The disciplines like Social Science, Commerce and Computer Science may require a specific knowledge of issues, concepts and interaction with the surroundings. The reserved category students due to the experience of marginalization at some point of life could lack the sense of confidence to prove their mark and often indulge low self efficacy beliefs about themselves and experience fear about failure and create further distance from active participation. The second hypothesis could only be proved partially.

According to the third hypothesis, there will be significant differences among the four disciplines with respect to Personal Effectiveness in reserved and general category students. However, only 'openness to feedback' dimension of personal effectiveness exhibited significant results. The results of two – way ANOVA related to 'openness to feedback' indicate that the undergraduate girls pursuing Commerce obtain the highest score towards generating feedback followed by Literature, Computer Science and Social Science. It is possible that the girls pursuing Commerce reach out towards feedback because they consider other's view as the yardstick for generating effectiveness in their behaviour. Also Commerce is a discipline which requires feedback

to support the examples which are an integral part of their curriculum. We may say that the nature of discipline also affects the psychological states of the group, however our third hypothesis is only partially proved.

The results (Table 3) for 'locus of control (internal)' highlight the significant differences between the outlook towards self reliance of undergraduate girls belonging to the two categories. The descriptive analysis depicts that general category girls possess a greater internal locus of control than reserved category girls. This could mean that general category girls were more likely to attribute their own selves for the circumstances of their lives. They believe in themselves and possess greater self-efficacy beliefs than the reserved category girls. Due to the rise in competition they may be focusing on channelizing their own abilities and actions. Their course of action largely depends upon their own actions which is somewhat unlikely in the case of reserved category girls who acquire certain benefits for upliftment from constitutional forces.

Further a significant difference is found between the two categories with respect to 'locus of control (by luck)' – as shown in table 3. On looking at the descriptive it was found that the reserved category girls are more externally oriented depending on their luck than the general category girls. In a study Agarwal (1975) also found that SC students have more external locus of control (believing in systems, luck and chance for its accomplishments) than non-schedule caste group. Through the above result the fifth and final hypothesis of the study was proved with significant difference in internal and external (luck) locus of control between the general and reserved category girls.

CONCLUSION

The findings suggest that even after six decades of independence, the reservation policies have not made much dent in changing the mind set of reserved category people especially girls. They still are looking help from outside that is evident from their external locus of control. They still lack the confidence of taking risks which became evident from their relatively higher scores on fear of failure. It may be suggested that the policies in black and white are not sufficient in empowering the marginalized lot. What is needed is an attempt to adopt diversity approach along with reservation or social justice. Psychological interventions and counselling with pragmatic outlook is the need of the times.

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Changes in marital status and its reflection in Narcissism and relationship pattern among aged men

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An attempt has been made to provide an understanding of the personality profile of elderly males belonging to different marital status in terms of certain selected psychosocial correlates. The present study probes into the fact whether or not marital status acts as an inevitable determinant in influencing the personality content in terms of relationship and narcissism of aged individuals. A total of two hundred elderly individuals (men) belonging to each group, namely, married, widower, divorcee, bachelor were assessed on the above mentioned variables by applying suitable standardized scales. Significant results were found out with respect to all the dimensions of selected variables. Profile differences among elderly personnel revealed that Married males have higher scores in healthy dependency, authority, self-sufficiency in comparison to the other counterparts namely widower, divorcee and bachelor ageds. Bachelor ageds received the higher mean magnitude in case of destructive overdependence of relationship, superiority, exhibitionism, exploitativeness, vanity, entitlement and overall narcissism than divorcee, married and widower sub samples. On the criteria of dysfunctional detachment divorced aged individuals positioned themselves at top than married, widower and bachelor counterparts. Widowers have lower scores in authority, self-sufficiency, vanity and overall narcissism than the other counterparts.

Keywords: *Psychosocial Correlates, Marital Status, Elderly Individuals.*

INTRODUCTION

The position of men in Indian society is of a complex nature. For male, his role as a major earner in the family is critical and he is likely to suffer in self-esteem if he sees himself as dependent. A man who is dependent on her son is likely to experience a sense of inadequacy in the non-traditional, urban setting (Muttagi, 1997).

Urban older males are in most advantageous position compared to females. Urban men are better educated, likely to work in organized sector, to retire with a pension-scheme and are more likely to be insured. They are also more likely to use health facilities often, have a better health status (Prakash, 1997). As men retire, they abruptly loose power and influence in public sphere. They may indeed feel less dominant. When self-concept and self-esteem suffer older men and women tend to

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respond in different ways. Men are more likely to use alcohol than women, whereas, older women are more likely than men to become depressed (NIH Consensus Development Conference, 1991).

Ageing may be understood in the context of different elderly samples like those of married, widowed, divorcee and never-married to have a better view of their differential ageing profiles, with effectiveness or ineffectiveness in certain respects. Married elderly men constitute a bulk of the elderly population. To unfurl their psyche from the personality perspective, they form a chunk of the sample in the present investigation. In fact, marriage has been defined as a more or less durable connection between male and female, lasting beyond the mere act of propagation till after birth of offspring. With family environment, marriage is seen as instrumental in fulfilling such personal needs as affection, security and maintaining life style (Nye, 1967). Love, companionship, escape from loneliness and unhappy home situation are few other reason that may constitute a person's dispositions for marriage (Bowman, 1974). Sociologists have studied the change in attitude towards marriage in the last few decades. It was found that in last ten to twenty years, individuals' attitudes have changed from viewing marriage as a sacrosanct, solemnized primarily for the good of the individual and for his personal happiness and satisfaction.

The last stage of marriage is overwhelmingly one of widowhood. In fact, widowhood constitutes a chunk of the elderly population which necessitates its inclusion in the present investigation, to reveal their psyche from mental health perspective. Widowhood is the status of person whose spouse has died and who has not remarried. Becoming a widow or widower is a process that may involve the spouses' illness to die (it is not a sudden death), the event of death and funeral and a period of grief. The effects of this process on widowed person vary considerably depending upon several factors. The society, its structure and culture and the striving spouse within it tend to influence the form and timing of death, rituals surrounding it and the roles, relations and life styles available to widow and widower. There are approximately five times more widows over the age of sixty five than there are widowers (Glick, 1979).

When a marriage falls short of the partners' expectations, few people consider it shameful or immoral for them to seek a divorce. Divorce does not carry the social stigma it once did. Yet separation is still not taken casually. The breakup of any intimate relationship is painful, especially a marriage for which both partners once held such high hopes, and especially when children are involved. Individuals in an unhappy marriage are concerned with failure, ranging from their inability to select the right mate to their inability to make the marriage work. The difference now is that people in an unhappy marriage are less likely to

accept the situation than they might have done years ago. They are more likely to recognize that the marriage will not get better by itself and that the present situation is likely to damage the personalities of both spouses and their children; and that they are more likely to do something. Some couples try professional marriage counseling. This may help them work out their difficulties and save the marriage, or it may help both the individuals to decide that separation is best for everyone and to handle it in the best way possible.

It is common knowledge and experience that never married men constitute a special human category which is different from such social categories as divorced and widower. Their life style, attitudes, behaviour patterns, purpose for savings and accumulation, patterns of spending, relation with relatives, plans and attitudes after and towards retirement, sexual needs, religious beliefs, and values are likely to be different from those who belong to married categories. The low level of happiness of the single woman is likely to be attributable either to lack of gratifications associated with marriage, or to the difficulties of living in a marriage oriented world. It is the primary arena of identity and self-realization; providing "back stage" areas for personal control and intimacy (Laslett, 1978). To the extent that marriage is successful in fulfilling these needs, the never- married may be less happy, precisely because they lack this "significant validating relationships".

The present investigation aims to study psychosocial profile of married, widower, divorcee and bachelor elderly men with respect to key variables of relationship and narcissism. The utility of the present study seems to be manifold in character for which fruitful use of the results of the present study is expected to prove worthwhile for the betterment of male population individually as well as social welfare context.

METHOD

Sample: A total number of two hundred aged men among which fifty belonging to each group namely married, widower, divorcee and bachelor aged men were selected. The subjects were selected on the basis of the following criteria:

Inclusion Criteria:

Sex: Male

Age: 50 - 60 years

Educational Level: Graduation

Working Status: Working at government offices and private sectors

Marital Status: Married / Widower / Divorcee / Bachelor

All of them were from middle class socio- economic status, belonging to the Hinduism religion and were Bengalees.

Exclusion Criteria:

Marital Status: Remarried

Working Status: Retired
Clinical Status: Presence of psychopathological symptoms.

Tools Used:

i) Information Blank: Consisting of information like name, age, sex, religion, mother tongue, marital status, education, family history, working status, personal hobby, future economic plan, and major illness.

ii) General Health Questionnaire (GHQ): by Goldberg and Hiller (1979) is used for eliciting psychiatric morbidity among the sub-samples. GHQ-28 containing 28 items is derived from factor analysis of GHQ-60 and consists of four subscales; each subscale assesses separate factors like somatic symptom, anxiety and insomnia, social dysfunction and severe depression. The split-half reliability is 0.97. Its sensitivity and specificity are 1 and 0.88 respectively.

iii) Narcissistic Personality Inventory (NPI) by Raskin and Hall (1979): It is a forty item measure that assesses narcissism as a normally distributed personality trait (Raskin and Hall 1979). The NPI distinguishes seven different aspects of narcissism, namely:

- Authority
- Self-Sufficiency
- Superiority
- Entitlement
- Exhibitionism
- Exploitativeness
- Vanity

The NPI is a self-administering test. There is no time-limit to complete it. The instructions to complete the questionnaire precede the items. Cronbach's α for internal consistency for NPI was 0.81.

iv) The Relationship Profile Test (RPT): The test has been developed by Bornstein, Languirand, Creighton and Geiselman (2001). The aim of this test is to measure the relationship profile with the help of three subscales scores namely:

- Destructive Overdependence (DO)
- Dysfunctional Detachment (DD)
- Healthy Dependency (HD).

The scale consists of thirty items. Total ratings for items 1-10 stands for destructive overdependence, total ratings for items 11-20 stands for dysfunctional detachment and total ratings for items 21-30 stands for healthy dependency. Higher score indicates higher distorted or healthy relationship on that particular domain. All three RPT subscales should show adequate reliability over 23 and 85 weeks. As psychometricians have pointed out, no single cutoff defines acceptable retest reliability, which is affected by numerous variables (e.g., interest interval, participants' characteristics, Anastasi and Urbina, 1997; Messick, 1995).

It was hypothesized that the re-test reliability co-efficient should exceed .60 in each case.

Analysis:

Scoring, Tabulations and Statistical analyses: Data for each of the questionnaires were scored following the scoring schedule for each of them accordingly. The scores were tabulated and statistical analyses were carried out that are presented in the section entitled "Results".

Method of analysis: Data analyses were done by the methods described below:

- Descriptive Statistics: Computation of mean and S.D
- Inferential Statistics: Analysis of Variance (ANOVA) and Post-hoc Tukey Test will be used.

RESULTS

Table 1: *Showing descriptive statistics, F and mean difference obtained from Post Hoc Tukey Test of selected variable namely - relationship and narcissism of married, widower, divorcee and bachelor elderly men.*

Variables	Groups	Mean	S.D	F	Combination of Groups	Mean Difference Obtained from Post Hoc Tukey Test
Destructive Overdependence	Married (N=50)	12.72	1.25	3886.810**	Married and Widower	.30
	Widower (N=50)	12.42	1.49		Married and Divorcee	.46
	Divorcee (N=50)	12.26	1.03		Married and Bachelor	22.52**
	Bachelor (N=50)	35.24	1.36		Widower and Divorcee	.16
					Widower and Bachelor	22.82**
					Divorcee and Bachelor	22.98**
Dysfunctional Detachment	Married (N=50)	14.80	1.64	871.491**	Married and Widower	9.62**
	Widower (N=50)	24.42	2.03		Married and Divorcee	16.12
	Divorcee (N=50)	30.92	2.16		Married and Bachelor	14.80**
	Bachelor (N=50)	29.60	.90		Widower and Divorcee	6.50**
					Widower and Bachelor	5.18**
					Divorcee and Bachelor	1.32**
Healthy Dependency	Married (N=50)	36.90	1.59	2012.057**	Married and Widower	19.44**
	Widower (N=50)	17.46	2.24		Married and Divorcee	23.14**
	Divorcee (N=50)	13.76	1.76		Married and Bachelor	22.98**
	Bachelor (N=50)	13.92	1.23		Widower and Divorcee	3.70**
					Widower and	3.54**

					Bachelor	
					Divorcee and Bachelor	.16
Authority	Married (N=50)	5.18	.77	133.944**	Married and Widower	2.16**
	Widower (N=50)	3.02	.25		Married and Divorcee	2.04**
	Divorcee (N=50)	3.14	.99		Married and Bachelor	.24
	Bachelor (N=50)	4.94	.55		Widower and Divorcee	.12
					Widower and Bachelor	1.92**
					Divorcee and Bachelor	1.80**
Self-sufficiency	Married (N=50)	2.88	.48	36.506**	Married and Widower	1.92**
	Widower (N=50)	.96	.67		Married and Divorcee	.56*
	Divorcee (N=50)	2.32	.88		Married and Bachelor	1.06**
	Bachelor (N=50)	1.82	1.47		Widower and Divorcee	1.36**
					Widower and Bachelor	.86**
					Divorcee and Bachelor	.50*
Superiority	Married (N=50)	2.64	.69	192.279**	Married and Widower	1.62**
	Widower (N=50)	1.02	.38		Married and Divorcee	.76**
	Divorcee (N=50)	1.88	.52		Married and Bachelor	2.02**
	Bachelor (N=50)	4.66	1.27		Widower and Divorcee	.86**
					Widower and Bachelor	3.64**
					Divorcee and Bachelor	2.73**
Exhibitionism	Married (N=50)	4.46	1.15	436.655**	Married and Widower	3.30**
	Widower (N=50)	1.16	.58		Married and Divorcee	3.62**
	Divorcee (N=50)	.84	.79		Married and Bachelor	1.90**
	Bachelor (N=50)	6.36	.98		Widower and Divorcee	.32
					Widower and Bachelor	5.20**
					Divorcee and Bachelor	5.52**
Exploitativeness	Married (N=50)	1.42	.78	82.044**	Married and Widower	.46**
	Widower (N=50)	1.88	.32		Married and Divorcee	1.12**
	Divorcee (N=50)	2.54	.54		Married and Bachelor	2.00**
	Bachelor (N=50)	3.42	.91		Widower and Divorcee	.66**
					Widower and Bachelor	1.54**
					Divorcee and	.88**

					Bachelor	
Vanity	Married (N=50)	3.00	.57	9.949**	Married and Widower	4.00
	Widower (N=50)	.94	.42		Married and Divorcee	.48**
	Divorcee (N=50)	3.74	.56		Married and Bachelor	1.00
	Bachelor (N=50)	5.30	1.11		Widower and Divorcee	.44**
					Widower and Bachelor	.14
					Divorcee and Bachelor	.58**
Entitlement	Married (N=50)	1.88	.48	318.482**	Married and Widower	2.06**
	Widower (N=50)	1.84	.37		Married and Divorcee	.74**
	Divorcee (N=50)	1.40	.64		Married and Bachelor	2.30**
	Bachelor (N=50)	1.94	.74		Widower and Divorcee	2.80**
					Widower and Bachelor	4.36**
					Divorcee and Bachelor	1.56**
Narcissism	Married (N=50)	21.46	2.46	912.450**	Married and Widower	10.64**
	Widower (N=50)	10.82	1.29		Married and Divorcee	5.60**
	Divorcee (N=50)	15.86	1.07		Married and Bachelor	7.02**
	Bachelor (N=50)	28.48	1.93		Widower and Divorcee	5.04**
					Widower and Bachelor	17.66**
					Divorcee and Bachelor	12.62**

**p<0.05 level of significance; **p<0.01 level of significance*

Table 1 describes higher mean magnitude for married aged in case of healthy dependency of relationship, authority and self-sufficiency of narcissism in comparison to the other counterparts namely widower, divorcee and bachelor aged. On the other hand bachelor aged receives the higher mean magnitude in case of destructive overdependence of relationship, superiority, exhibitionism, exploitativeness, vanity, entitlement and overall narcissism than divorcee, married and widower sub samples. On the criteria of dysfunctional detachment divorced aged positioned themselves at top than married, widower and bachelor counterparts. Widowers have lower scores in authority, self-sufficiency, vanity and overall narcissism than the other counterparts namely, married, divorcee and bachelor aged.

DISCUSSION

The total set of data was analyzed in terms of the descriptive statistics of mean and standard deviations of all the selected groups of samples. The significant differences obtained from F-test and Post–Hoc Tukey test in

many instances of the selected variables of the study satisfied the theoretical assumptions that "Aging as developmental phase" is expected to have more of problems than earlier stages of life (Patel, 1997; Jamuna, 1988).

In the present study, significant differences were found to exist between the selected groups (i.e. married, widower, divorcee and bachelor) in terms of variables like relationship, narcissism. The findings are in line with other earlier supportive studies (Patel, 1998; Kanner et.al.1981); the possible reasons or probable contradictory factors behind the obtained differences may be offered in the following fashion:

Relationship Profile:

Destructive Overdependence: Individual profile of group difference indicates that only the bachelor group had different profile in the respect from that of the other three groups, namely, widower, divorcee and married. Here aged bachelors (Mean=35.24 and S.D=1.36) had the highest score. In any social situation old bachelors may have a tendency to express a desire to maintain close ties but negative evaluation from others prevents them to develop such bondage. This inadequacy creates a kind of helplessness in their self-presentation (Bornstein and Languirand, 2003).

Considering the latter part of statistical analysis, it can be said that the status of being 'male' and being a part of conjugal life either for a short span or for long time they are being able to lead an independent life style. Though grief and bereavement exist in elderly married (Mean=12.72 and S.D=1.25), widower (Mean=12.42 and S.D=1.49) and divorcees' (Mean=12.26 and S.D=1.03) lives, they try to take into their strides their gender-stereotyped sense of masculinity.

Dysfunctional Detachment: Highest magnitudinal values on the part of elderly divorcee (Mean=30.92 and S.D=1.59) revealed that due to marital discord the committed support of the group is less. Motivational tone pinpointed the fact that they have fewer problems in personal lives and perceive others as harmful and untrustworthy and become distant from others (Bornstein and Languirand, 2003).

Elderly bachelors (Mean=29.60 and S.D=.90) basically fail to cultivate social ties and engage in adaptive affiliative behaviours (Kantor, 1993; Millon, 1996). Excessive intrapsychic conflicts regarding closeness and intimacy tend to make them separate from other counterparts. Actually, due to their temperamental instability they become detached from others (Birtchnell, 1996).

Widowers (Mean=24.42 and S.D=2.03) due to their bereavement status, always exhibit negative emotionality, which ultimately impair their quality of life and hence emotional distance has been formed in them (Caspi, 1998).

Aged married individuals (Mean=14.80 and S.D=1.64) as a result of their consistent intimate ties with the fundamental nature are found to adjust with ups and downs of their interpersonal relationships (Deci and Ryan, 1991; Argyle, 1987; Myers and Diener, 1995) which leads to the lowest detachment among them.

Healthy Dependency (HD): Dealing with group differences it was found out that married and widowers have different profiles from the other two groups, namely, divorcee and bachelors.

Highest scores on the part of aged married (Mean=36.90 and S.D=1.59) indicates that stable relationships, general life satisfactions, shared mutual interests, attitudes and values allow their partner to be comfortable with them (Snyder, Gangestad and Simpson, 1983). Basically, dependency among them seems to be achieved by flexibility, situation-appropriate support-seeking behaviour (Bornstein, 1998; Pincus and Wilson, 2001).

Widowers (Mean=17.46 and S.D=2.24) on the other pole due to their relationship scarcity have an underlying need for bondage but reality decorate their lives through black and white shades and tends to position them at the lowest point of this dimension (Bornstein, 1995,1998a; Cross, Bacon and Morris, 2000; Kobayashi, 1989).

Narcissism: Statistical analysis indicates that the four groups namely, married, widower, divorcee and bachelor males were found to have specific differences.

Aged bachelors receive the highest position (Mean=28.487 and S.D=1.93) in this dimension. Due to dominating role of 'males' in our society, this particular sample tends to develop a kind of grandiose feeling about themselves. Actually, with this weapon, they tend to closely guard their feelings of inferiority, insecurity, inadequacy, incapability and embarrassment, their awareness that they are bluffing, their doubts about themselves and their marked sensitivity to criticism (Akhtar and Thompson, 1982; Kernberg, 1975; Kohut, 1971). Not only the lack of mutual understanding with other family members and feelings of loneliness stamped them as a separate category in our society, when these individuals with high narcissistic traits see the possible threats to their personal importance, they see themselves in an unrealistically positive way (Gabriel, Critelli and Ee, 1994; John and Robins, 1994) and would rather be admired than nurtured by others (Campbell, 1999). Literature also suggests that, they may adopt a highly defensive self-regulatory style, denying negative experiences and overemphasizing positive ones (Tracy and Robins, 1994).

On other side, married elderlies' (Mean=21.46 and S.D=2.46) narcissism is associated with their useful interpersonal relationships which help them to enhance their self-concept. It is associated with attentional self-focus (Emmons, 1987). Being a part of satisfactory conjugal life, they

have a tendency to use 'I' in every unstructured and unrehearsed speech (Raskin and Shaw, 1988). Actually, the basic happiness in relationship profiles helps them to develop positive self-esteem (Raskin, Novacek and Hogan, 1991a; 1991b) and the need for uniqueness (Emmon, 1984). Literature also suggests that their self feels admired by interactive process and this ensures a sense of cohesiveness and boosts the idea that self is exceptional (Ryle and Kerr, 2002).

Elderly divorcees, (Mean=15.86 and S.D=1.07) due to emotional turning off in their interpersonal relationships, become distant and incapable of depending on others and develop a tendency of not experiencing the emotional side of relationships (Cooper, 1998; DiMaggio et.al., 2002). Not only that, such relations also create a tendency of not committing oneself to achievement of goals (Robins and Paulhus, 2001).

Last position was occupied by widowers (Mean=10.82 and S.D=1.29) in the context. Their behaviours are driven by emotions and negative beliefs (Bowlby, 1969; Fiscalini, 1994; Scannell, 2003). They always try to elicit problematic emotions in others that complacent with their own inferiorities (Safran and Muran, 2000). In reality, widower-ship invites some amount of insecurity and helplessness which ultimately scratch them emotionally at the loss of their partners.

Concluding Comments: In sum, the research project has unveiled the following information:

Married males have higher scores in:

- Healthy dependency
- Authority
- Self-sufficiency

Bachelor aged receives the higher mean magnitude in:

- Destructive overdependence
- Superiority
- Exhibitionism
- Exploitativeness
- Vanity
- Entitlement
- Overall narcissism

Divorcee ageds have higher mean magnitude in:

- Dysfunctional detachment

Widower ageds have lower scores in:

- Authority
- Self-sufficiency
- Vanity
- Overall narcissism

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Brief behaviour technology for enabling pain-free childbirth

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Pregnancy and Child Birth are important and unforgettable experience in any mother's life. Application of a special breathing technique during pregnancy and labour helps mothers to cope up with the stress relating to Child Birth. This Brief Behaviour Technology uses a special Breathing Technique that maximizes the amount of oxygen intake by the mother before and during labour. This Brief Behaviour Technology Technique is called Maximization of Oxygenation Delivery (MOD) Technique. This helps both the mother and her baby. Practicing this Behaviour Technology during pregnancy has been helpful in facilitating normal delivery with ease and with no pain in three cases. This has also helped in avoiding the Cesarean delivery.

INTRODUCTION

The present study aimed at:

- To reduce the mother's Anxiety towards the Pregnancy and Delivery.
- To facilitate the experience of child birth as pleasurable.
- To maximize the intake of Oxygen by the pregnant woman and the child in the womb.
- To help the mother and the child to have a 'Stress-Free' Child- Birth experience.

This Maximization of Oxygenation for Delivery (MOD) Technique described below can help an expectant mother and can make a significant difference in her child birth. Normal breathing involves fifteen to eighteen sets of Inhalation and Exhalation per minute. But as pregnancy advances, the above frequency reduces by the enlargement of the abdomen of the mother. This places a stress upon the normal respiration and results in reduced intake of oxygen. To facilitate and maximize the oxygen intake, the above mentioned MOD Technique can be used.

METHOD

The MOD Technique: The pregnant woman from five months of her pregnancy onwards shall sit in a comfortable relaxed position with her back, neck and head, held erect and relax oneself completely in a well aerated room, with the eyes closed. Then this simple MOD Technique shall be done in the following steps.

Step 1: To exhale through the mouth by producing a 'Hissing' sound as long as possible. The air has to escape between the tip of the tongue and the upper palate.

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Step 2: To do the same thing 6 times but reducing the duration of the exhalation shorter and shorter every time.

Step 3: To repeat the above procedure again and again for a period of ten minutes.

Inhalation takes place automatically between two exhalations without one's deliberate attempt. The above procedure is to be carried out thrice a day for ten minutes either prior to taking solid food or after two hours of taking food.

This MOD Technique helps in the expulsion of maximum amount of Carbon Dioxide from the lungs and enables in the inhalation of larger quantity of fresh air and Oxygen. The air contains 25% Oxygen. This in turn would enable better supply of Oxygen to all the cells of the mother and the baby.

Psycho-Somatic dynamics of the "MOD Technique": Some women experience stress during giving birth to a child because of their previous exposures such as:

- Coming to know about the death of a mother during child-birth.
- Observing the stressful Child- Birth experience.
- Hearing from other women about their stressful Child- Birth experience.

These above exposures result in the development of Panic Reaction to one's own pregnancy and Child- Birth. Usually this occurs in the delivery of the first child. Sometimes this will also result in the onset of Postpartum Depression or Postpartum Psychosis. Also it may develop in an unmarried girl, an aversion to sex and avoidance of marriage. In a married woman this may lead to aversion to or avoidance of sexual intercourse.

During delivery, some women because of their anxiety develop freezing of the muscles in the pelvic region. This abnormal Psycho-Somatic Dynamics seriously jeopardizes the natural, hormonal, neural and muscular mechanisms of smooth child delivery.

The cognitive, and neuro- muscular and hormonal shifts can be achieved by the use of this MOD Technique that would facilitate the normal and natural process of smooth child delivery. When the pregnant woman is asked to produce 'Hissing' sound of increasingly shorter duration, her attention shifts to her mouth and ears which engage in the above activity. Concomitantly the pelvic muscles are left to relax and the natural muscle spasm that facilitates the child-delivery, takes place effortlessly.

FINDINGS

The MOD Technique was administered to three pregnant women (two in India and one in USA) in the last one year. This technique was given and taught to these women from three months before delivery and they used it during their delivery also. They all had normal delivery and one had

given birth to a twins. All of them had experienced no stress during the labour and had reported that the child-birth was a "Pleasurable Experience".

This MOD Technique will enable smooth delivery with no pain during the labour and further the need for Cesarean section could be minimized, saving the mother from post-surgical complications and the additional expenses for surgery and hospitalization.

RECOMMENDATIONS

During labour, the labour room staff, who shall be trained well on this technique, may prompt the mother to practice this MOD Technique. This will encourage the mothers to try this technique and continue to do till the baby is being delivered. In case of women, who could not practice it the before delivery, MOD Technique can still be used during the labour and get the benefits.

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A comparative study between persons engaging in Deliberate Self Harm and Homicide in terms of manifestations of aggression and other psychological components

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The present study is an attempt to investigate and compare individuals engaging in Deliberate Self Harm (DSH) and Homicide as manifested in terms of aggression, personality dimensions, and anxiety, depression and coping styles. Two independent samples each consisting of 30 clients with age ranging from 19 – 45 years were taken from in and around Kolkata who had either engaged in DSH or Homicide. The statistical analysis of the data included mean, standard deviation and 't' test. The results indicated that there is a significant difference between individuals who engage in DSH and those who commit homicide in terms of aggression, neuroticism, openness to experience, agreeableness, depression and coping styles.

INTRODUCTION

Deliberate Self Harm (DSH) and Homicide can both be considered as two sides of the continuum of aggression, with the core essence in both being 'harmed', in the former to oneself and in the later to others. DSH is an acute non-fatal act of self-harm carried out deliberately by an individual in form of an acute episode of behavior with variable motivation. It is an act with non-fatal outcome where the individual engages in self-destructive behavior undertaken to damage or harm oneself, but not to intentionally end life. Common methods of DSH include self-cutting, self-poisoning and are characterized by no or low intention of suicide and is of low lethality. On the other hand, homicide is an act of human killing another human. Homicides that are neither justifiable nor excusable are considered crimes. Justifiable homicides are in accordance with legal obligation where the law recognizes no wrong.

Aggression in its broadest sense is behavior, or a disposition that is forceful, hostile or attacking. According to Sigmund Freud (1920) aggression stems from the powerful death wish (Thanatos) possessed by all people and is initially aimed at self-destruction but is soon redirected towards others. A second major perspective concerning aggression suggests that it stems primarily from an externally elicited drive or motive to harm others (Berkowitz, 1969, 1974; Feshbach, 1970). Dollard et al. (1939) also had put forward the frustration-aggression theory. A third and final theoretical perspective regarding the nature of aggression suggests that it can be viewed primarily as a learned form of social behavior (Bandura, 1973). Based on these causes, the nature of

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aggression essentially involves two major types of manifestations – (i) externalized which can be physical, verbal, relational, defiant, theft, vandalism and its extreme form being homicide and (ii) internalized which included speaking critically or sarcastically with the intent to hurt others or by directing anger at self.

Once aggression is defined the specific question to be asked to be asked that comes forward is that are there any specific characteristics that predisposes individuals towards or away from acts of violence? Personality seems to play an important role in determining the likelihood that specific persons will engage in assault against others or towards self. Moreover anxiety and aggression are also found to be linked. Fear and anxiety does inhibit aggression. As put forward by Berkowitz (1962) "the strength of an individual's aggressive tendencies is directly associated with the extent that he anticipates punishment or disapproval for aggression." Moreover people who experience anxiety because of moral and religious values may feel anxious to harm self or others. The next component being depression which can range from being a mental disorder to a state of mind. In its core connection to aggression, depression may either be a consequence of a certain kind of aggression or it can be a reason for a certain kind of aggression. Often depression may cause a person to aggress, especially towards self by way of contemplating or attempting suicide.

This can lead to the next question, i.e., what can be the possible coping styles of these individuals? This question can lead to the quest for a reason behind the actions of the two groups. Is it because of faulty coping mechanisms that individuals go ahead with such actions of DSH or homicide? Or which coping styles can lead to externalized aggression and which can lead to internalized aggression? In psychological terms, coping means consciously made cognitive and behavioral efforts to solve personal and interpersonal problems and seeking to master, minimize or tolerate stress or conflict. The term coping generally refers to adaptive or constructive coping strategies, however some coping strategies can be considered as maladaptive as they increase stress and are therefore non-coping.

Thus, it can be hypothesized that there will be essential differences between two populations in terms of the direction and manifestation of aggression as they both lie on opposite ends of the same continuum as well as other variables associated with aggression such as personality dimensions, anxiety, depression and coping styles. On the basis of the above background, the objectives were:

Objectives:

- To assess whether there is significant difference in manifestation of aggression among individuals who engage in DSH and who commit homicide.

- To assess whether there is significant difference in terms of personality dimensions among individuals who engage in DSH and who commit homicide.
- To assess whether there is significant difference in anxiety among individuals who engage in DSH and who commit homicide.
- To assess whether there is significant difference in the levels of depression present among the individuals who engage in DSH and who commit homicide.
- To assess whether there is significant difference in the coping styles among individuals who engage in DSH and who commit homicide.

METHOD

Sample: A total group of 60 individuals (30 in each group) from in and around Kolkata of age 19 – 45 years (male / female) were taken. The sample primarily consisted of two groups - individuals who engage in DSH and individuals who commit homicide. Criteria of selection for DSH was the frequency of self-harm two times or more and for homicide inmates with at least 1 – 8 years or more jail term and convicted for murder, rape killing and other crimes related to killing of another person were included. Purposive sampling technique has been followed for selection of sample.

Inclusion – Exclusion Criteria: All the participants were selected in consideration with the following:

- The subjects were to be free from any major medical problems.
- Subjects who were willing to give data were included.
- Subjects with psychiatric disorders like conversion disorder, major depressive disorder, schizophrenia, acute psychotic reactions, pervasive developmental disorders and mental retardation were excluded.
- Individuals who were at present severely physically ill (by using GHQ) were excluded.

Tools Used: The following tools were used for the present study:

Neo Five Factor Inventory (Form S) was developed by Paul T. Costa, Jr, Ph.D., and Robert R. Mc. Crae, Ph.D (1992). It is a self-report form consisting of 60 statements for the measurement of the big five dimensions of personality, namely neuroticism (N), extraversion (E), Openness to experience (O), agreeableness (A) and conscientiousness (C). Internal consistency coefficients of the factors range from 0.68 to 0.86.

Aggression Orientation Scale (AOS) was developed by J. Basu (2006). It is a self-administering test consisting of 76 items divided into 3 major domains namely predisposition, tendency and behavior. Tendency again has 2 sub scales – internalizing and externalizing tendency. Behavior has

3 sub scales – verbal, physical and indirect. Test-retest and split-half reliability values of subscales range from 0.60 to 0.76.

Beck Depression Inventory (BDI-II) was developed by Dr. Aoron T. Beck et al. (1996). It is a 21 question multiple-choice self-report inventory for measuring the severity of depression. Test-retest reliability coefficient was 0.93 and internal consistency coefficient was 0.91.

State-Trait Anxiety Inventory (STAI) was developed by Spielberger (1970). It is a self-report form consisting of 40 statements for measurement of the intensity of feelings of anxiety. It distinguishes between state anxiety and trait anxiety. Reliability of this scale was found to be 0.76.

Ways of Coping Questionnaire (WYAS) was developed by Susan Folkman and Richard S. Lazarus (1985). It measures coping processes and not coping styles. It helps in assessing and identifying thoughts and actions that individuals use to cope with stressful encounters of everyday living. The scales include Confrontive Coping, Distancing, Self-Controlling, Seeking Social Support, Accepting Responsibility, Escape-Avoidance, Planned Problem Solving and Positive Reappraisal. Alpha coefficient for eight different scales ranges from 0.61 to 0.79.

Procedure: With the kind permission and opinion of Hospital psychiatrist and Jail authorities the subjects of the study were selected according to the inclusion-exclusion criteria. After individual consents were taken from all the participants appropriate questionnaires with all the necessary instructions were given. After collection of data the participants were thanked for their time and participation. All the questionnaires were scored according to the scoring rules as given in the manual. Lastly, a statistical analysis of the data was conducted with the computation of mean, standard deviation and‘t’ test with the help of Statistical Package for Social Sciences 20 (SPSS 20).

RESULTS

From the above table, in the group of individuals who commit homicide, Total Aggression, Externalized Aggression, Extraversion, Agreeableness, Confrontative Coping, Distancing, Plan-full Problem Solving and Positive Reappraisal have been found to be *higher than* group of individuals who engage in DSH.

On the other hand, in the group of individuals who engage in DSH, Internalized Aggression, Neuroticism, Openness to Experience, Depression, Self-controlling have been found to be *higher than* individuals who commit homicide.

The ‘t’ values have been found to be significant for variables like Aggression (Total, Externalized and Internalized), Personality dimension (Neuroticism, Extraversion, Openness to Experience and Agreeableness), Depression and Coping Styles (Confrontative Coping, Distancing, Self-

Controlling, Plan-full Problem Solving and Positive Reappraisal) at the 0.05 level of significance. This indicates that there is a significant difference between the two groups, individuals who engage in DSH and individuals who commit Homicide with regard to the above variables at the 0.05 level of significance.

Table showing comparison between DSH (N1) and Homicide (N2) with regard to various dimensions of personality, aggression, anxiety, depression and coping styles.

Dimensions	Groups	N	Mean	SD	t value	Critical value at 0.05 level (df=58)
Total Aggression	N1	30	23.86	5.69	9.15*	2.0017
	N2	30	37.53	5.87		
Internalized Aggression	N1	30	4.1	1.12	9.15*	2.0017
	N2	30	1.4	1.10		
Externalized Aggression	N1	30	1.3	4.49	9.39*	2.0017
	N2	30	4.5	1.16		
Neuroticism	N1	30	30.37	4.42	21.79*	2.0017
	N2	30	9.03	2.84		
Extraversion	N1	30	10.23	5.79	9.69*	2.0017
	N2	30	22.06	3.14		
Openness to experience	N1	30	29.70	7.64	13.27*	2.0017
	N2	30	9.46	3.14		
Agreeableness	N1	30	11.77	4.81	7.94*	2.0017
	N2	30	19.89	3.54		
Conscientiousness	N1	30	11.00	4.50	1.55	2.0017
	N2	30	9.23	3.21		
Anxiety	N1	30	42.13	13.27	0.36	2.0017
	N2	30	43.17	5.24		
Depression	N1	30	32.13	4.97	7.16*	2.0017
	N2	30	11.30	4.42		
Confrontative Coping	N1	30	7.60	3.08	13.68*	2.0017
	N2	30	24.53	6.04		
Distancing	N1	30	8.13	3.42	3.27*	2.0017
	N2	30	10.9	3.13		
Self-controlling	N1	30	20.9	5.82	9.76*	2.0017
	N2	30	9.27	2.97		
Seeking social support	N1	30	7.97	3.46	0.56	2.0017
	N2	30	8.43	2.98		
Accepting responsibility	N1	30	7.87	3.68	1.33	2.0017
	N2	30	9.1	3.48		
Avoidance	N1	30	18.53	6.75	0.98	2.0017
	N2	30	19.93	3.96		
Plan-full problem solving	N1	30	6.93	3.19	3.26*	2.0017
	N2	30	9.4	2.63		
Positive reappraisal	N1	30	7.83	2.93	2.92*	2.0017
	N2	30	10.03	2.92		

**Significant at 0.05 level*

DISCUSSION

In today's world aggression is so commonplace that it is next to impossible almost to pass by a day without being exposed to the occurrence of any shocking violent acts. Aggression as have been seen can involve harming self or others. The important question that arises is in which cases aggression is turned outward and in which aggression is turned inwards? The findings of this study revealed a significant

difference between individuals who engage in DSH and who commit homicide in terms of manifestation of aggression. Previous studies also showed that people who engage in DSH have internalized aggression and people who commit homicide show an externalized form of aggression (Vipul Ambade, Hemant Godbole, 2007). Studies reveal that homicidal acts involve a much higher level of aggression that suicidal acts.

The next question elicits whether there are any specific characteristics that predispose individuals towards or away from acts of violence? Present study reveals that there exists a significant difference between individuals who engage in DSH and who commit homicide in terms of personality dimensions – neuroticism, extraversion, openness to experience and agreeableness. Neuroticism was found to be high in individuals who engage in DSH because they tend to experience unpleasant emotions easily and has a lower degree of emotional stability and impulse control. This is consistent with previous findings (Brown, 2009). Contrarily individuals who commit homicide are higher on extraversion because they have the inclination to act out their impulses and tend to be more thrill seeking. With regard to openness to experience people to engage in DSH have higher levels of it. This is also consistent with previous findings of Brown (2009). With regard to agreeableness similarly consistent findings were obtained. People who engage in DSH are low on this trait (Brown, 2009). This may be because they are not able to trust others easily and hence is unable to hold a compassionate relationship with others. Moreover, people with homicidal tendencies rank higher in this trait because they tend to be more agonistic, cold and non-trusting in nature.

There exists a significant difference between individuals who engage in DSH and those who commit homicide in terms of degrees of depression. Individuals in DSH group are high in this variable. This is consistent with previous research (Haw, Houston, Townsend, Hawton, 2002). Psychodynamically depression is linked to real or imagined object loss and because the lost object is regarded with a mixture of love and hate, feelings of anger are directed inward at the self. Hence, depression is found to be higher among the DSH group.

This leads to the next question that what can be the possible coping styles of these individuals? Is it because of faulty coping mechanisms that individuals go ahead with actions of homicide and self harm? (Brody & Carson, 2012). There exists a significant difference between individuals who engage in DSH and who commit suicide in terms of coping styles. The differences lie especially in confrontative coping, distancing, self-controlling, plan-full problem solving and positive reappraisal. Individuals committing homicide is high on confrontative coping and may be because of adopting this kind of coping mechanism which exacerbated by openness to experience and low impulse control,

the individual is unable to control his/her aggression which in turn leads to homicidal actions. Though there is a significant difference between the two groups in distancing, yet both scored low in this kind of coping (Horwitz et al, 2011). Both the groups are high on avoidance which is again consistent with the previous findings. Avoidance coping style is mostly used by them to deal with stressors leading to faulty behavior that is destructive and wrongful in nature. Both the groups are low on plan-full problem solving, accepting responsibility and seeking social support.

Strengths and Limitations of the Study: From the psychological point of view, this study can help to identify some significant correlates of DSH which is growing at an alarming rate among the youths of India. Moreover, a comparison between the two groups has helped to decipher the preventive measures which can help to prevent the outcomes of these two conditions.

In consideration of the limitations of the study, sample size can be said to be 'fairly modest' as all the participants were in and around Kolkata with 30 participants only in each group. Larger sample size is required for appropriate generalizations of the findings. Moreover, gender of subjects could not be matched in size because the study was conducted in a restrictive time interval. This study has mostly used self-report measures and has relied largely on quantitative methods of data collection and hence can be interpreted in a restricted manner.

CONCLUSION

On the basis of the present findings it can be concluded that there is a significant difference between individuals who engage in DSH and those who commit homicide in terms of aggression, neuroticism, openness to experience, agreeableness, depression and coping styles (confrontative, distancing, self-controlling, plan-full problem solving, positive reappraisal).

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Emotional intelligence and mental health among Raja Yoga meditation practitioners

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Raja Yoga meditation is a simple and scientific technique to elicit physical and mental relaxation response, to change one's attitude and transform lifestyle. This study is aimed to explore the difference in Emotional Intelligence and Mental Health of Raja Yoga Meditation practitioners and Non-Meditation practitioners. The research involves 30 female participants. The participants were divided into two groups i.e., Raja Yoga Meditation practitioners from the centers of Brahmakumaris, and Non-Meditation practitioners. Three sets of hypothesis were made; first, there will be a significant difference between Raja yoga meditation practitioners and non-meditation practitioners in their Emotional Intelligence; second, there will be a significant difference between Raja yoga meditation practitioners and non-meditation practitioners in their Mental Health; third, there will be a positive relationship between Emotional Intelligence and Mental Health. Through testing the two groups on Emotional Intelligence and Mental Health, this research explored the differences between Meditation practitioners and Non-meditation practitioners. 't'-test was done to find out the significance of difference between them, and Karl Pearson method was used to find out the relationship between the two variables. The results indicated that there is no significant difference between Raja Yoga Meditation practitioners and Non-Meditation practitioners in their Emotional Intelligence and Mental Health. The results further indicated a positive relationship between Emotional Intelligence and Mental Health.

INTRODUCTION

In this fast growing world the mental health and the sensitivity towards the feelings and emotions of others is deteriorating day by day. It is high time that we should start taking some action towards this issue that can help us in understanding what can be done to prevent people from falling into prey to deteriorated Mental Health and Emotional Intelligence. It is said that people practicing Meditation have better Mental Health and are better aware of others' emotions. So this research is aimed to explore whether Raja yoga meditation practitioners differ significantly in their level of Emotional Intelligence and Mental Health from that of Non-meditation practitioners or not. Researches done in this field support the statement that Meditation helps in bringing psychological well being, and reducing mental health problems among its practitioners. It also helps to gradually cultivate mindful awareness and concentration, resulting in a

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direct effect of enhancing Emotional Intelligence.

Rajayoga Meditation: Yoga is a Sanskrit word which literally means connection or link just as its antonym "Viyoga" means separation. In the spiritual sense, yoga is basically a soul-god linkage. Such a link or connection can be established through love-born mental remembrance of God in a state of soul consciousness. Raja yoga is traditionally referred to as "Ashtanga" (eight-limbed) yoga because there are eight aspects to the path to which one must attend. The eight limbs of ashtanga yoga are:

- Yama – code of conduct, self-restraint
- Niyama – religious observances, commitments to practice, such as study and devotion
- Asana – integration of mind and body through physical activity
- Pranayama– regulation of breath leading to integration of mind and body
- Pratyahara – abstraction of the senses, withdrawal of the senses of perception from their objects
- Dharana– concentration, one-pointedness of mind
- Dhyana – meditation (quiet activity that leads to samadhi)
- Samadhi – the quiet state of blissful awareness, superconscious state. Attained when yogi constantly sees Paramatma in his (jivaatma) heart.

The achievement through Raja yoga meditation is of highest spiritual excellence. It fills the yogi with super sensuous joy or bliss which is the highest and most ennobling experience. This bliss easily sublimates and elevates his mind, raises him above carnal and sensual pleasures, moulds his bad habits and erases his vicious sanskaras. It also enables him to experience deep peace and relaxation by detaching himself from the surroundings, situations and environmental control.

Mental Health: Mental health refers to the development, preservation, prevention and treatment and enhancement of total personality in all its varied aspects. It deals with individuals, groups and social institutions as interdependent systems. According to the dual factor theory of mental health, both positive and negative aspects need to be considered together and not separately. While one deals with mental disorders, their prevention, diagnosis prognosis and treatments, the other deals with positive aspects like sense of well being, satisfaction in all spheres of life, adjustment, realization of one's full potential including creativity and originality, looking forward to get support from others and later providing support to all others when and wherever required-according to one's abilities. Thus mental health is not a mere absence of illness or mental ill health. It is definitely much more than that.

Positive mental health is not a unitary concept. It consists of different, somewhat interdependent factors. A mentally healthy person may have one or more of these factors, in varied quantities. What are those

constituents? The present authors have researched various constituents since 1980 and their experiences have led to the delineation of the following important constituents of positive mental health:

- Concept of positive mental health
- Creative use of leisure
- Achievement value
- Internal locus of control
- Auto gerontology
- Yoga/ Psycho relaxation
- Psychological well-being
- Hope
- Social support
- Quality of life
- Mental efficiency
- Self-help
- Job satisfaction
- Adjustment in most, if not in all situations. Always ready to learn and readjust

The term *mental health* is generally attributed to describing a level of *cognitive or emotional well being*. Alternatively it can be used to describe an absence or presence of a mental disorder. Many people working within positive psychology or holism will use the term mental health to describe someone's individual ability to enjoy life and their ability to balance life activities and psychological resilience.

Emotional Intelligence: The ability to express and control our own emotions is important, but so is our ability to understand, interpret, and respond to the emotions of others. Imagine a world where you couldn't understand when a friend was feeling sad or when a co-worker was angry. Psychologists refer to this ability as emotional intelligence, and some experts even suggest that it can be more important than IQ.

Emotional Intelligence refers to an ability to recognize the meanings of emotions and their relationships, and to reason and problem-solve on the basis of them. Emotional intelligence is involved in the capacity to perceive emotions, assimilate emotion-related feelings, understand the information of those emotions, and manage them. People who are high in emotional intelligence have the ability to use their emotions wisely, and they appear to have a deeper understanding of their emotional lives. In addition emotional intelligence is associated with the ability to accurately read the emotions of other people, the practical knowledge of how to manage one’s own feelings and impulses, as well as deeper sensitivity to the emotional undercurrents that lie behind many social interactions.

The four branch model of emotional intelligence describes four areas of capacities or skills that collectively describe many of areas of emotional

intelligence. More specifically, this model defines emotional intelligence as involving the abilities to:

- Accurately perceive emotions in oneself and others
- Use emotions to facilitate thinking
- Understand emotional meanings, and
- Manage emotion

METHOD

Objectives:

- To study the difference between the Emotional Intelligence and Mental Health of Raja yoga Meditation practitioners and that of Non-meditation practitioners.
- To study the relationship between Emotional Intelligence and Mental Health.

Hypothesis:

- There will be a significant difference between Raja yoga meditation practitioners and Non-meditation practitioners in their Emotional intelligence.
- There will be a significant difference between Raja yoga meditation practitioners and Non-meditation practitioners in their Mental Health.
- There will be a positive relationship between Emotional Intelligence and Mental Health.

Sample: The study was conducted on a sample of 30 adult female participants, who were further divided into 2 groups each consisting of fifteen participants:

- **Raja yoga Meditation practitioners** - It consisted of fifteen brahmakumaris with atleast 5 years of experience in Raja yoga Meditation.
- **Non-Meditation practitioners** - It consisted of fifteen female participants who are not practicing any kind of meditation.

Tools: Below instruments were used for the collection of data and their overview is explained briefly

Emotional Intelligence Scale **–** Anukool Hyde, Sanjyot Pethe, and Upinder Dhar. Emotional intelligence scale (EIS-HPD). It consists of 34 items and measures emotional intelligence through ten factors- self awareness, empathy, self motivation, emotional stability, managing relation, integrity, self development, value orientation, commitment, and altruistic behavior.

Mental Health Inventory – Dr. Jagdish, Dr. A.K. Srivastava. Mental Health Inventory consists of 56 items. The present 'Mental Health Inventory'(MHI) has been designed to measure mental health of normal individuals. Though there are some scales for measuring mental health

but most of them tend to assess mental ill health rather than mental health. Lower scores on the measure of 'mental-ill health' has been supposed to indicate high mental health whereas higher scores as indicative of poor mental health. Thus only absence of mental-ill health was considered as an indicator of good mental health. Keeping in view this fact in mind, an inventory for assessing has been constructed and standardized.

RESULTS

The results rejected the first two sets of hypothesis but supported the third hypothesis that guided the empirical part of the study. It was found that the difference in the two variables between Raja yoga meditation practitioners and Non-practitioners was not significant, but there is a low positive relationship between Emotional Intelligence and Mental Health.

Table 1: *Summary table of Emotional Intelligence*

	TOTAL	MEAN	SD	SED	df	t-value
Raja yoga meditation practitioners	2064	137.6	15.00	5.4	28	1.65
Non-meditation practitioners	1930	128.66				

The calculated 't' value is smaller than the table value for 28 df, at 0.05 and 0.01 level. Hence we would accept the null hypothesis. This indicates that there is no significant difference between these two groups in their Emotional Intelligence.

Table 2: *Summary table of Mental Health*

	TOTAL	MEAN	SD	SED	df	t-value
Raja yoga meditation practitioners	2488	165.86	23.85	8.58	28	0.31
Non-meditation practitioners	2448	163.2				

The calculated 't' value is smaller than the table value for 28 df, at 0.05 and 0.01 level. Hence we would accept the null hypothesis. This indicates that there is no significant difference between these two groups in their Emotional Intelligence.

Table 3: *Summary table of Pearson 'r' or correlation*

TOTAL X (Emotional Intelligence)	TOTAL Y (Mental Health)	TOTAL X^2	TOTAL Y^2	TOTAL XY	'r'
3994	4936	538634	828130	659483	0.22

There is low but positive correlation between Emotional Intelligence and Mental Health. This means that changes in one variable will bring change in the other but of slight value.

DISCUSSION

The objectives of the study were to study the difference between Emotional Intelligence and Mental Health of Raja yoga Meditation practitioners and that of Non-meditation practitioners, and to study the relationship between Emotional Intelligence and Mental Health.

The variables chosen for the study were Emotional Intelligence, Mental Health, and Raja yoga Meditation. Emotional intelligence (EQ) is the ability to identify, use, understand, and manage emotions in positive

ways to relieve stress, communicate effectively, empathize with others, overcome challenges, and defuse conflict. Emotional intelligence impacts many different aspects of your daily life, such as the way you behave and the way you interact with others. Mental health describes a level of psychological well-being, or an absence of a mental disorder. From the perspective of 'positive psychology' or 'holism', mental health may include an individual's ability to enjoy life, and create a balance between life activities and efforts to achieve psychological resilience. Mental health can also be defined as an expression of emotions, and as signifying a successful adaptation to a range of demands. Raja Yoga Meditation is a method of relaxing, refreshing and clearing the mind and heart. It helps you look inside to rediscover and reconnect with your original, spiritual essence. Meditation enables an integration of your spiritual identity with the social and physical realities around you, restoring a functional and healthy balance between your inner and outer worlds.

From the review of literature we can see that meditation has a positive impact on the overall health of the person as we can see from the study of war veterans suffering from post-traumatic stress syndrome. The subjects were randomly assigned to either Transcendental meditation or psychotherapy. The subjects of both the groups were of similar age, background, and undergoing similar life-problems. Yet the Transcendental meditation group showed significant improvements like decreased anxiety, decreased alcohol use, and improved employment status.

Three sets of hypothesis emerged from the literature: First, There will be a significant difference between Raja yoga meditation practitioners and non-meditation practitioners in their Emotional Intelligence. Second, there will be a significant difference between Raja yoga meditation practitioners and non-meditation practitioners in their Mental Health. Third, there will be a positive relationship between Emotional Intelligence and Mental Health.

The scores on the test of Emotional Intelligence of both the groups are given in table 1. The total and mean value of non-meditation practitioners is 1930 and 128.66. The total and mean value of meditation practitioners is 2064 and 137.6. The calculated t-value is 1.65. Since our 't' value is smaller than the table value for 28 df, at 0.05 and 0.01 level, we would accept null hypothesis. This indicates that there is no significant difference between these two groups.

The scores on the test of mental health of both the groups are given in tale 2. The total and mean of non-meditation practitioners is 2448 and 163.2. The total and mean of meditation practitioners is 2488 and 165.86. The calculated 't' value is 0.31. Since this 't' value is smaller than the table value for 28 df, at 0.05 and 0.01 level, we would accept null

hypothesis and conclude that there is no significant difference between these two groups.

The scores on both the tests are shown in table 3. The total value of Emotional Intelligence is 3994, and the total value of Mental Health is 4936. The obtained value of Pearson 'r' is 0.22. This indicates a positive relationship between the above two variables, which means that changes in one variable will bring change in the other variable.

As we can see from the obtained values that the first two sets hypothesis were not supported by the results because the difference between Raja yoga meditation practitioners and Non-meditation practitioners was not significant. But we cannot deny the effectiveness of this meditation technique merely on the basis of these results because the study was conducted on a small sample of just 30 participants, and the chance factors could have also affected the results, like participants of both the groups were almost of the same level. Also the study is conducted only on female participants so the conclusions cannot be drawn about the entire population. The results showed positive, though low, correlation between these two variables. The changes in one variable will bring changes in the other as well in the same direction, i.e., if the value of one variable increases then the value of the other variable will also increase.

Since the study is conducted on a small sample, so in order to get the results that can be generalized on the larger population, it is recommended that the study should be conducted on the larger sample to yield elaborate and extensive research findings.

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Counselling Issue: HIV-TB co-infection

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Human immunodeficiency virus and tuberculosis are major challenge for public health in India. As India alone accounted of 26% of global incident cases in 2012 and has the second-largest population of HIV infected individuals in the world. There are also a high number of HIV-TB co-infected patients. There is a need for more knowledge regarding counseling issues to HIV-TB co-infection and their treatment. Health professionals and policy makers should be aware about the influence of counseling on HIV-TB co-infected patient. Research suggest that counseling might facilitate adherence, those who are on ART and in early phase of TB treatment, and belief related to side effect and pill burden should be addressed. This information to the public and health professionals may helpful to reduce TB and HIV related stigma and discrimination in Indian society.

Keywords: *HIV/AIDS, TB, Counselling*

INTRODUCTION

HIV/AIDS presents major challenges to human survival, rights and development with implications beyond the health sector. AIDS is dramatically reducing life expectancy of PLHA. HIV/AIDS begins with medical problem; this virus progressively weakens the body's immune system, and leading to various dimensional problems like individual, social, economic, psychological, spiritual etc. and ultimately ends up with death of the PLHA. It is true that the goal of this disease is nothing else but death in life. When we analyze the life situation of PLHA in our community, we find four major aspects of the life he/she loses due to this dreaded disease before death. Before death the PLHA undergoes suffering of various stages in life. With an estimated 2.5 million people living with HIV, India has the third highest burden in the world after South Africa and Nigeria. HIV/AIDS is rampant and upcoming in the whole world. India is no exception both because of illiteracy and poverty. India alone contributes 13% of total number of HIV infected persons found in world. HIV infected people can remain symptom free for many years (3-10 years). Once a person is infected with HIV virus can never be eliminated from the body. Government of India and NACO are providing free ART for HIV/AIDS from 2004 in India. ARV drugs help to bring down mortality and improve their quality of life.

There were estimated 33 million people infected with HIV in 2009 with 2.6 million new infections and 1.8 million HIV related deaths. Nearly an estimated 5 million people infected with HIV lived in Asia in 2009 and

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about 380 000 people were newly infected (UNAIDS, 2010). In India, the estimated number of HIV infections as of 2010 is 2.2 million. The distribution of HIV infection and mode of transmission varies by state. Most HIV infections in India (86% of reported AIDS cases) are due to unprotected heterosexual transmission (UNAIDS, 2008). More than 428638 people living with HIV/AIDS are accessing ART from public sector hospitals/clinics as of June 2010. There are now 342 ART Centres, 685 Link ART Centres, 10 Centres of Excellence 7 Pediatric Centres of Excellence in the country providing comprehensive ART services to the eligible people (NACO Annual report 2011-12). According to WHO (2013) There were 4.5 lakh new cases of MDR-TB worldwide in 2012. There was a 42% increase in detected cases eligible for treatment as compared to 2011. Largest increase between 2011 and 12 were in India. There were 2.7 lakh deaths caused by TB in 2012 in India. In India 2 million incident cases in 2012 that was largest number in world. India alone accounted for 26% of global cases. Out of total cases (8.6 million) 0.5 million were children and 2.9 million were women. TB is among the top three causes of death for women aged 15- 44 years. A total of 73073 HIV-TB co-infected patients were detected in 2011 (NACO, 2011).

Difference between HIV and AIDS:

HIV (is a virus)	**AIDS** (is a disease condition)
The acronym for human immunodeficiency virus. A person infected with HIV is medically known as an HIV-positive person.	***Acquired*** means neither innate nor inherited, but transmitted from one infected person to another, ***Immune*** is the body's system of defence, ***Deficiency*** means not functioning to the appropriate degree, ***Syndrome*** means a group of signs and symptoms.

HIV Spread	**HIV Does Not Spread**
• Unsafe sexual contact • Use of infected blood or product of blood • Use of HIV infected needles/instruments • During pregnancy, delivery or breast feeding from HIV positive mother to child.	• Through tear, saliva, sweat, urine • Embracing causal kissing • Hand shaking • Working together • Watching cinema • Bathing or swimming together in river • Common use of towel, bed sheet and soap • Mosquitoes bites.

Counselling: Counselling has been defined as a process of helping / enabling a person / people to solve certain interpersonal, emotional and decision-making problems. A counsellor's role is to help clients to help themselves. Counselling can be done with an individual, group, with couples or families. Counselling is a professional relationship between a

trained counsellor and a client by means which counselors help their clients to live more effectively and to cope better with their problems of living (Jones, 1983).

Counselling is:

- Specific to the needs, issues and circumstances of each individual client
- An interactive, mutually respectful collaborative process
- Goal-directed
- Oriented towards developing autonomy, self-responsibility and confidence in clients
- Sensitive to the socio-cultural context
- Eliciting information, reviewing options and developing action plans
- Inculcating coping skills
- Facilitating interpersonal interactions
- Bringing about attitudinal change

Counselling does not include:

- Telling or directing
- Giving advice
- A casual conversation
- An interrogation
- A confession
- Praying

Difference between health education and counselling:

Health education	Counselling
It is a one to many communication	It is a one on one interaction involving confidentiality, anonymity, privacy
One deals with issues is general	One has to deal with personal issues of the individual
One shares statistical information, data and analyses to show trends and dangers of (i) epidemics (ii) risky behavior.	Have to understand the individual to make an impact on specific attitude and behavior
The interaction is impersonal	The interaction can be very emotional

HIV/AIDS Counselling: HIV/AIDS counselling is a confidential interaction between PLHA and counselor aimed to enabling the PLHA to cope with stress and to take decision related to HIV infections and AIDS morbidity and mortality (WHO, 1995). HIV/AIDS counselling has objectives both prevention and care. Counselling of people with HIV infection is important because infection with HIV is life long. Besides a diagnosis of HIV infection can create an enormous psychological pressures and anxieties that can delay constructive change or worsen illness, especially as HIV epidemic has given rise to fear, lack of understanding and discrimination. Most importantly counselling also promotes behaviour change which can prevent a person from acquiring

HIV infection or transmitting it to others. HIV/AIDS counselling has two main functions: the provision of social and psychological support to those affected by HIV infection and the prevention of HIV infection and its transmission to other people (HIV/AIDS- Training Manual, NACO, 2000). In Counselling of PLHA, counselor must react empathetically to client's psychological reactions and help them solve problems. In the first few visits counsellor with a new HIV infected PLHA can show their willing to give ongoing care later can be discussed in more details at subsequent visits. HIV/AIDS counselling is not only to protect and help PLHAs, it is also protect the members of family and community as PLHAs are shown their role in preventing infections.

Aims of HIV/AIDS Counselling

- Facilitating decision to undergo HIV test
- Providing psychological, social and emotional support for preventing transmission of HIV by
  - Providing information about risk behaviours,
  - Motivating people to take good care of their health,
  - Assisting them to develop personal skills necessary for behaviour change,
  - Adopting and negotiating safe sexual practices.
- Ensuring effective use of treatment programmes by
  - Establishing treatment goals and
  - Ensuring regular follow-up.

Tuberculosis: TB is a chronic infectious disease caused by tubercle bacilli (mycobacterium tuberculosis). This disease can affects lungs and causes PTB. It can also affect intestine, Meninges bones and joints, lymph glands, skin and other tissues of the body known as extra-pulmonary TB This disease can also affects animals such as cattle known as "bovine TB" which may sometimes be communicated to man. PTB is the most common TB.

About TB:

World

- 1/3rd of the world population is infected with TB
- Estimated total cases as per recorded is 15 to 20 million.
- Yearly new cases are 7.3 million.
- Estimated total deaths are 7.3 million worldwide.
- HIV infected patients are 30 times more likely to become ill with TB than HIV negative persons.
- Strains of the bacillus resistant to one or more drug may have infected upto 50 million people.

India

- Estimated radiologically active cases are about 12.7 million
- Estimated sputum positive cases are 3.4 million.
- Estimated total deaths every year are 500000.

- Prevalence of radiologically positive cases is 15 per 1000 population.
- Prevalence of sputum positive cases is 4 per 1000 population.

Epidemiological factors of spreading of TB:

***Agent*:** Mycobacterium tuberculosis is the most responsible agent for spreading the TB mainly in human being whereas the bovine strain affect cattle and other animals.

***Sources of infection*:** Two sources are there:

***Human*:** Sputum positive tubercle bacilli patients are the main source of the infection. Their early detection is essential in any TB control programme.

***Bovine*:** This source of infection is usually present in infected milk and milk products.

***Age*:** It can occur at any age, but according to the National sample survey (1955-58) carried out in India, this disease is more prevalently found in older age groups (partially males in the age group 30 years and above) than in the younger age groups.

***Sex*:** More prevalent in males than females

***Rural and urban*:** There is same prevalence in both areas.

Social factors: TB mainly occur in malnourished people, people lived in overcrowded houses, and have poor hygienic maintenance.

Period of infectivity: It is infectious as long as the bacilli are excreted in the sputum by the human host. This may be from several months to a few years if the case is not adequately treated.

Mode of transmission:

Droplet: TB is transmitted mainly by droplet infection by an infectious case. Coughing generates the largest number of droplets.

Others way: PTB is also transmitted by inhaling the infected dust.

Incubation period: Incubation period may be weeks or months, depending upon the host-parasite relationship and the dose of infection.

Sign and Symptoms of TB:

- Cough with expectorated more than 2 weeks and not responding to usual antibiotic treatment but in HIV positive case, cough of any duration can be predicted as TB cases.
- Cough with blood in sputum (haemoptysis).
- Continuous low grade and unexplained fever.
- Pleuritic chest pain.
- Unexplained weight loss or night sweating or anorexia.
- Swelling in the neck, armpits, groin, abdomen, joints etc.

Misconception and reality about TB:

Misconception	Reality
TB happen only to poor people	TB can happen to any one
TB is a communicable disease, it spread from one person to another. So, you must faraway from the TB patients	Only PTB spread from infected person to others through coughing, sneezing. EPTB is not communicable
TB is an incurable disease	TB is curable disease, it can be cured by taking full course of ATT
Certain food items like reddish, rice are avoided in tuberculosis	Patients can take all food items
TB is a disease of the past	TB still persist in country, 20% population of India are affected by TB
DOTs is not proper treatment of TB	DOTs is the programme to treat the TB

Type of TB:

1. Pulmonary TB (EX-LUNGS)
    - Sputum positive TB
    - Sputum negative TB
2. Extra-pulmonary TB

Ex-pleura, Lymph Nodes, Intestine, Genitourinary track, Joint and Bones, Meninges of the brain.

If the patient has both pulmonary and extra-pulmonary TB the patient is classified as PTB but the site is recorded as EPTB.

Type of TB patients:

New patient: Any TB patient who has never had treatment with anti TB drugs or has taken it for less than one month is considered as a new case.

Relapse patient: Any TB patient reporting back after being declared cured or treatment completed by the treating physician and found to be smear - positive is a relapse case.

Defaulter patient: A patient who was treated for TB for a month or more from any source and returns for treatment after having defaulted (i.e not taken anti TB drugs consecutively for two months or more) and found to be smear -positive is a case of treatment after default.

Failure patient: Any patient who is smear positive at 5 months or more after starting treatment for TB is considered as failure. Failure also includes smear negative patients put on category 3rd regimen, becoming smear positive any time during treatment.

Chronic patient: A Patient who remains smear-positive after completing a re-treatment regimen for TB is a chronic case.

Others type of patient: A person who does not fit into the any of the above slots mentioned above is considered as others. Reasons for labeling a patient under this type must be specified.

Transferred in patient: A TB patient who has been received for treatment in a different Tuberculosis Unit / District, after starting treatment in another unit / District where s/he has been registered is a case of transferred in.

Tuberculosis testing:

Tuberculin testing: The tuberculin test is done by injecting intradermally 1 unit IU of PPD into the forearm. The result is read on the third day i.e. 72 hrs. The test is read as "POSITIVE" if there is swelling of at least 10mm in diameter at the site of injection, under 5mm are considered as "NEGATIVE". Those between 6 and 9 are considered as doubtful.

For PTB: Sputum test and Chest x-ray.

For EPTB: FNAC, Ultrasound, CSF (is done in the case of brain TB) and spinal x-ray is done in the case of bone TB.

Strategies for control of TB infection:

Early detection of new TB cases: The first step in a TB control programme is early detection of all "cases" in the community .The WHO defines a "case" of pulmonary tuberculosis as a person whose sputum is positive for tubercle bacilli. If the sputum smear is negative, the examination should be repeated at least twice. All cases with chronic cough and whose sputum slides are negative are referred to the District TB centre or the nearest medical institution where x-ray chest and sputum examination facilitates is available for diagnosis.

Chemotherapy: Chemotherapy has completely revolutionized the treatment of pulmonary TB. The objective of chemotherapy is to achieve "bacterial cure" rapidly. Current chemotherapy is based on multiple drugs (short-course chemotherapy) with the addition of Rifampicin and Pyrazinamide to conventional drugs i.e Streptomycin and Isoniazid. The potent regimens of short coarse chemotherapy have reduced the duration of treatment from 18 months to 6-8 months.

BCG Vaccination: BCG vaccine can be given soon after birth. The national immunization policy is to give BCG when the infant is 6weeks old along with DPT (but in different arms) and oral polio.BCG can be given directly without a prior tuberculin test to those below 20 years of age. After the age of 20 years, BCG is given only to those who are tuberculin - negative.

Health Education*:* No anti tuberculosis programme can have a lasting effect unless coupled with health education. The health education programme should be directed to motivating patients for undergoing regular treatment and follow up, disposal of sputum and cooperation with agencies administering the programme.

Treatment of HIV-TB co-infected patients

Role of DOTS Center in TB-HIV treatment: DOTS (directly observed treatment short course) is the internationally recommended strategy to ensure cure by providing the effective medicine and confirming that they are taken. DOT provider watches and helps the patient to swallow the tablets. It is done in direct observation of the DOT provider to ensure that the T.B patients receive the right drug in right doses and at the right intervals. Failure to use DOTS, in the case of HIV can lead to a rapid spread of TB, higher case fatality and more relapses. RNTCP supplies the ATT free of cost, in colour coded patient wise boxes containing the full course of treatment. In each box, there are two pouches: INTENSIVE PHASE: In this phase, each blister pack contains one day medication and CONTINUATION PHASE: Each blister pack contains one week supply of medication.

Treatment of HIV-TB co-infected pediatric patients: Each TB diagnosed child should be registered under the RNTCP and ATT is provided under direct observation as per the RNTCP policy using paediatric patient wise boxes.

Treatment of HIV-TB co-infected patients on second line ART: If the patient is on second line ART and diagnosed as having TB then the ATT regimen must be changed, because there are significant drug interaction with the protease inhibitors and Rifampicin. Unboosted PI's can't be used with Rifampicin containing regimen because in that case PI's levels are subtherapeutic. So, if the patient is on PI based regimen the Rifampicin can be replaced by Rifabutin based regimen as Rifabutin is a less potent inducer of CYP3A4 liver enzyme as compared to Rifampicin. It is equally safe and effective as Rifampicin for treatment of TB in second line ART patients. The recommended dose of Rifabutin is 150 mg QOD thrice weekly. It can cause neutropenia, leucopenia, rash, upper GI complaints, liver enzyme elevation and more rarely uveitis. It is contraindicated in patients with W.B.C <1000mm and platelet count below 5000/mm.

Multi drug resistant TB (MDR-TB):

If the tubercle bacilli are resistant to more than two drugs especially Rifampicin and Isoniazid. 3% in newly diagnosed T.B patients and 12-17% in retreated cases are found to be MDR-TB patient. Total estimated cases of MDR -TB in India is 99,000/year. Untreated MDR-TB patients can transmit their infection to another person, so that rate of MDR -TB cases can be increased per year, if it is not detected in early stage and not treated as well.

Treatment of MDR-TB depend on their diagnosis as follow:

- The patient who are diagnosed as resistance to Rifampicin.
- Any MDRTB suspected patients who are diagnosed as MDR TB or having DST and culture positive test by RNTCP.

Regimen of MDR-TB:

Treatment of MDR-TB is going on 24-27 months according to weight of patients. It continues as two phase: *Intensive phase*: upto 6-9 months having combination of six drug regimen and *Continuation phase*: upto 18 months having combination of 4 drug regimen is to be given.

XDR-TB:

Any MDR TB case whose Mycobacterium tubercle bacilli isolate Isoniazid and Rifampicin. If the patient is resistant to following drugs like levofloxacin and moxifloxacin and a second line injection anti TB like kanamycin, amikacin, capreomycin and resistant to RNTCP certified culture and DST known as XDRTB.

Impact of HIV on TB:

HIV has a pronounced effect on the development of TB disease. About a third of HIV infected individuals worldwide are co-infected with TB infection. HIV fuels the TB epidemic in several ways. HIV promotes the progression to active TB disease, both in people with recently acquired TB infection and with latent *M. tuberculosis* infection. HIV is the most powerful risk factor for reactivation of latent tuberculosis infection to active disease. HIV infected persons are more susceptible to becoming infected with TB when exposed to *M. tuberculosis*. The annual risk of developing TB disease in a PLWHA who is co-infected with *M. tuberculosis* is 5 to 15 percent Braun et al. (1991) and Narain et al. (1992). HIV increases the rate of recurrent TB disease, which may be due to either endogenous reactivation (true relapse) or exogenous re-infection Sutherland (1990). Increase in tuberculosis cases amongst the PLWHA poses an increased risk of TB transmission to the general community. An HIV infected person co-infected with *M. tuberculosis* has a 50 percent lifetime risk of developing TB disease, whereas an HIV non-infected person infected with *M. tuberculosis* has only a 10 percent risk of developing TB Cauthen et al. (1998), Telzak (1997). This is especially important in India, where it is estimated that 40 percent of the adult population is infected with *M. tuberculosis.* It is estimated that 50-60 percent of the HIV-infected persons in India will develop TB disease during their life-time.

There are four clinical stages that predict the progress of the disease (WHO, 1990):

Clinical Stage 1	**Clinical Stage 4**
• Asymptomatic infection • Persistent generalized lymphadenopathy (PGL) • Acute retroviral infection	• HIV Wasting Syndrome • PCP pneumonia • Toxoplasmosis -Brain • Cryptosporidiosis with diarrhea • Isosporiasis with diarrhea • Extrapulmonary cryptococcosis • Cytopmegaloviral disease of an
Clinical Stage 2	
• Unintentional weight loss, < 10% • Minor mucocutaneous	

manifestations • Herpes zoster, within previous 5 years • Recurrent upper respiratory tract infections **Clinical Stage 3** • Unintentional weight loss, >10% • Prolonged fever • Oral hairy leukoplakia • Oral candidiasis • Chronic diarrhea • Pulmonary tuberculosis • Severe bacterial infections • Vulvovaginal candidiasis	organ other than liver, spleen, or lymph node • Chronic Herpes simplex virus infection • Progressive Multifocal leukoencephalopathy • Candidiasis of the esophagus, trachea, bronchi, and lungs • Atypical mycobacteria infection • Non Typhoid Salmonella septicaemia • Extrapulmonary TB • Lymphoma • Kaposi Sarcoma HIV encephalopathy

Impact of TB on HIV/AIDS

- TB is one of the most common treatable infectious HIV-related disease of PLWHA in high TB burden countries like India;
- Untreated TB shortens the survival of patients with HIV infection Perneger et al. (1995).
- TB accelerates the progression of HIV, as observed, by a six- to seven-fold in the HIV viral load in TB patients Perneger et al. (1995).
- Worldwide TB is the leading cause of death in PLWHA; and
- Late TB diagnosis contributes to increased death rates in PLWHA.

Counselling on preventive issues to prevent OIs:

- Eating fresh, Clean, well cooked and balanced diet
- Drink clean and boiled water,
- Hand washing before food and after toilet use or any work done in dust/ infection,
- Avoid situations that lead to infections,
- Be vigilant for any untoward symptoms
- Do not neglect any discomfort / symptom
- Appropriate and timely immunizations all go a long way towards decreasing disease burden.
- Suitable precautions should be taken to prevent the spouse of the infected partner from acquiring the same OI.
- Maintain oral, personal, food and environmental hygiene.
- Regular health check-up
- Stress management

Counselling of the TB patients

Common OIs are TB, Pneumocystis Carini Pneumonia (PCP) and meningitis among PLHA of India. Upto 60% of PLHA develop active TB during their lifetime. TB shortens the survival, increase 7 fold in viral

load and TB is the cause of death for one out of three PLHA. The counselor can help the PLHA in prevention of Tb in this way: Informing PLHA about the risk of TB infection, symptoms and signs of TB, referred to the sputum test at DOTs PLHA with cough. Emphasizing that TB can be cured, diagnosis and treatment are free.

Cover the nose and mouth when coughing/sneezing either by using tissue/handkerchief or putting nose/mouth in the hollow of their elbow. Use tissues to contain respiratory secreations and dispose of them in the nearest garbage bin after use.

Washing of hands with soap and water after having contact with respiratory secreations or contaminated objects.

Encourage coughing persons to sit at least 3feet away from others in common waiting areas, if the space available.

Provide additional counseling on the importance of CPT in HIV disease.

CONCLUSION

The TB epidemic has been a challenge to control and, due to synergy with the HIV epidemic, creates enormous problems that need to be tackled with precision and collaboration. There are a large number of HIV and TB co-infected persons living in India - approximately about 2 million. In order to mount a more meaningful response to the co-epidemic, close collaboration needs to develop between the two programmes. Resource allocation, especially for TB control, remains low in spite of proof that DOTS has been highly successful. Strengthening collaborative efforts and consolidating gains will go a long way in controlling the TB / HIV co-epidemic.

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The menstrual problem and therapeutic interventions among tribal women

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The aim of the present study was to investigate the PMR (therapeutic) intervention. The study was conducted in urban area in district of Udaipur. A sample of 50 working women aged 20-40 years from different groups were selected randomly for the study. The random sampling technique was used for the selection of the sample. The menstruation symptom check list by Mathur and Paliwal was used to collect the data before and after the therapeutic intervention. The data were analyzed using Mean, SD and Z-test. The analysis of data showed that the Progressive muscle relaxation help an individual in attaining the deep relaxation in response to any anxiety and stress. The efficacy of PMR therapy lies in the fact that this method produce and psychological relaxation. This results not only in reducing menstrual problem experienced women but also increased interest in doing routine activities even during menstruation.

INTRODUCTION

Menstruation in an essential unavoidable biological rhythmic cyclic process which every young woman undergoes every month until menopause it is physiologically common to all women of reproductive age range throughout the world. Menstruation is one of the very important changes in the girls besides many other psycho-physical changes during adolescence. These changes are considered as the paradigm of sexual maturity among girls.

Menstruation is the outward proof that a girl is becoming and functioning properly. It is physiological phenomena to all women of reproductive age throughout the world. Millions of women experience recurrent emotional and physical symptoms with their menstrual cycles.

A menstrual survey report that 32% of the women felt their status had been diminished. The majority of these women felt a loss of self esteem and at some time believed that comparison to other time the power of their male class mates and husband had more increased in these periods. Likewise the menstrual taboo leads women too many personalities, emotional and psychometric disorders.

Although hormonal changes in some women might have some negative effects, other factors might contribute to women's emotional responses to menstruation. In some, the physical pain and discomfort of menstrual cramping can lead to psychological symptoms of anxiety and depression. The most basic premise is, that muscle tension is associated with anxiety and that an individual will find it very much comfortable when the tense

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muscles are loosened and flaccid. Any emotional tension aggravates the more menstrual pain. Once a women learns to relax herself physically and mentally, it would lose the muscles and flaccid, which will reduce the feeling of discomfort or pain during menstruation.

A woman may suffer from menstrual problem to the lack of knowledge and having irrational of faulty ideas about menstruation. Menstrual problem is one of the most common problems in the field of medicine and gynaecology. The problem of menstrual pain has been dealt by different therapeutic methods. Psychological therapies also very help to reducing the menstrual problem. Various psychological therapies like: psycho-therapy, rational emotive therapy and behaviour therapy have been successfully used in the treatment of menstrual problem. Psychotherapy is the basic plan of management. It may indeed be only the most simple guidance, information, discussion and instruction.

Progressive muscle relaxation was also found effective in reducing the menstrual problem before and after the onset of menstruation. In the progressive muscle relaxation a woman learns to relax herself physically and mentally.

Muscles are relaxed and flaccid. It ultimately reduces the feeling of discomfort or pain during menstruation and anxiety.

Objective:

1. To study the menstrual problem among tribal area women.
2. To study the effect of therapeutic intervention on menstrual problem.

METHOD

Sample: The sample was selected from tribal area of Udaipur city through purposive random sampling, comprising 50 working women, age ranging from 20-40 years.

Tools and Procedure: The menstruation symptom check list by Mathur and Paliwal was used to collect the data. Statistical analysis was carried out by application of MEAN, SD and Z-test.

Design: The study incorporated two groups. Experimental group was one which was exposed to progressive muscle relaxation intervention; Control group was that which was not given PMR intervention. The sample was assigned to the test situation before and after the PMR intervention. After collection of data 20 sample were selected for PMR intervention.

RESULTS AND DISCUSSION

The following results were obtained from the proposed hypothesis:

Table 1: *M and SD and Significance of difference between menstrual problem after intervention*

Group	Status of work	Age range	Sample size	Pre-test		Post-test	
				Mean	SD	Mean	SD
Tribal	Working	20-40	20	75.45	21.05	23**	10.17

Table 2, shows that the menstrual problem in experimental group score ranged from 20-40. The Mean score for working women was 75.45 in Pre-test whereas the mean score for Post-test was 23.

This research was undertaken to investigate the dysmenorrhoea among working women. The results indicate that mean of menstrual problem variable indicated that working women are having more intensity of menstrual problem in pre test in comparison to post test.

The sample of post test have been given the treatment of Progressive Muscle Relaxation therapy they show low intensity of menstrual problem.

The mean score of menstrual problem indicates that after PMR therapy the intensity of menstrual problem was found to be very low in post test in comparison to pre-test.

FINDINGS

After analysis of results, the following conclusions were drawn:

- Working status of women is associated with the menstrual problem findings have revealed that working women suffered more menstrual problem
- The mean change in menstrual symptom check list score in experimental group pre and post test showed that mean difference was found significant. This means that therapy was found effective in producing significant change in menstrual problem.
- The analysis of data suggested that PMR was found to be most effective method in producing desired changes pertaining to all aspects or menstrual problem.

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Cultural and treatment belief of the patients for mental health care[τ]

Dinesh Deman*

The present research paper is based on the neurotic and psychotic cases. Of 356 cases, more than half cases went to the holy individuals or holy places; these factors reflect the cultural attitudes and beliefs of the patients and their families for mental health care. Out of total respondents, nearly a half of the cases were under treatment for less than two years. Surprisingly, our respondents tried up not only on the religious treatments but mostly they used Allopathic treatment. The spending of money is depending on the age group of the respondents. Of the total respondents, more than three fourths of cases had spent the money in the age group of 20 to 40 years. The treatment belief of the respondents does not depend on the source of income, even the age group, severity and duration of illness of the respondents.

INTRODUCTION

This paper presents an exploratory analysis of the treatment belief of the patients for mental health care. The first view is to be addressed to the existing understanding of the immediate use of cultural beliefs by the patients for mental health care. Secondly, we have observed that they have only believed for the psychiatric treatment. According to Kharkwal (2007), 72.7% patients had visited traditional healers before coming for psychological help and only 27.2% patients went directly either for medical or psychological help. This shows that most of the cases have traditional belief for mental health point of view. Under the first view, going to the supernatural healer for any illness is common and when it is mental illness it is easy for people to see such symptoms as non-human or Para-human. According the 180 patients, 72.7% cases are going through supernatural healing before coming to the psychologist. And only 27% of people went to medical practitioners or psychologists after developing psychological or psychiatric symptoms. Eighty three per cent (83%) psychotic patients and 63% of neurotic patients went through the supernatural healing irrespective of rural and urban back-ground. Even among patients suffering from problems like drug addiction, alcoholism, retardation, 33.3% visited supernatural healers before visiting the psychologist (Kharkwal, 2007). But the psychiatrists have criticized about the cultural and traditional belief of the patients. In their views, it has not been playing a significant role in the treatment of the patients and considered as a myth or superstition. However, our culture permit these

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rituals and people have more belief in religion, as well as conventions which have been learnt by birth via socialization process, that's why the people have been accepting as yet cultural belief and having more believed in routine practice in the family (Deman, 2013). The reason behind it is that if some time unmarried girls go to psychiatrists for treatment, because of which she will be known to have mental illness it will be impossible to get her married.

Most of the time when unmarried girls were brought for treatment their parents requested special confidentiality. "Please do not let anybody know that our girl comes for treatment and if someone enquires us we would say you were our relative and we went to meet you." (Kharkwal, 2007). It shows that the traditional belief save the family from the stigma of mental illness. Therefore, the relative of the patients believe in superstition and take assistance from the supernatural healer i.e. Dangaria. Only a Dangaria can diagnose if the problem is supernatural. For example "hawa lagna" or "pari ki pakarh" or it is an illness (bimari). At first ninety-nine percent (99%) of the cases diagnosed by Dangaria are supernatural.

After having two or three sessions when it is confirmed by the spirits (in Dangaria) that the person in trouble is not their victim the patient is advised to take another help. It could be going to another supernatural healer or going doctor, if it is considered "Bimari" by supernatural healer (Kharkwal, 2007). It means the belief of supernatural healers have been helping for the diagnosis of the illness and providing proper advise for the treatment by the scientific methods that is for the psychiatric treatment. Follow this view only after recommended by the supernatural healers in the later stage of the illness. In my view, they are working like the action counselor or mental health educators in the community after they become unsuccessful in the treatment of the illness in the community. But in some cases they have also been playing the roles of action counselor while their visit to the healers for the treatment (Deman, 2013). According to Kharkwal (2007), sometimes patients take help from both medical and supernatural treatment and many of the patients who were regular ask for taking help from both the mental health professional and supernatural healer. The treatment provided by supernatural healers helps some patients to cope up with the stress and sometimes it is seen to cure problems like addiction, anxiety and brief psychosis. It shows that the traditional treatments are also playing a significant role to solve the basic problem of the suffering persons which is indicated that they were counseling such patients parallel to the medical treatment. So that on this basis we could say that the traditional belief or any religious treatment of the persons should not denied since the belief of these persons have behind it the counseling belief in the community which has more requirement for psychiatric treatment. And such process has been applied

by the family members in the community to avoid the stigma and fear of the suffering person.

Even the myths have been playing significant role in socialization of individual and control of human behaviour and also in understanding the socio-culture ethos and values–system of ancient and traditional societies (Pathak, 2009:200). According to Durkheim, Emil (1915) myths do not represent nature and society itself. They have a purely social origin and hence, are social products; they provide a clue for the understanding of the basic ethos of a society.

However, the myths inculcate in the personality and character of the humans the supreme value of trinity: Truth, Beauty and Goodness (Satyam, Shivam, and Sunderam). It also cultivates in the mind of the humans the virtues of righteousness, piety, service, sacrifice, fortitude and rectitude, courage and love and affection, humbleness and meekness, etc. (Pathak, 2009: 200). For example, symbols of Swastika, Elephant and Hans (Gander) represent prosperity, procreative power and knowledge. The above myriad dimensions of culture, society and civilization may be fruitful from the mental health point of view. And these treatment beliefs may be adequate in some cases but it does not mean that it is fully explicate the understanding framework of mental health care. In order to identify the existing treatment belief of the patients, an in-depth interpretative analysis of the construction of mental health care is necessary. As such our investigation constitutes the empirical core of the paper. We have raised here an important question: what is the treatment belief of the patients for mental health care? Hence, the need of this study.

METHOD

Sample: The total sample consisted of 356 patients suffering from neurotic and psychotic disorders after being diagnosed by Psychiatrist as per International Classification of Disease (ICD-10) and were being attended as the out-door patients at Psychiatric Centre-called the Mental Hospital, Jaipur. During the period of one year, the total number of cases was registered as 3384. The sample size was determined on the basis of the following formula (Yamane, 1987):

$$\text{Sample size} = \frac{N}{1+ N (\pm e) 2}$$

Where, N= Total population, e = error at the level (± 0.05).

The above formula yielded the sample size of 356 cases for the study. Of these, 264 cases were drawn from the psychotic cases viz; schizophrenia (F-20), manic depression psychosis (MDP- excitement), manic depression psychosis (MDP-depression) which comes in the category of Bipolar affective disorder (F-31) of the in-indoor department (10.5% of total patients) and 92 cases from neurotic viz.; depression (F-32), anxiety neurosis (F-41), hysteria (Dissociative conversion disorders,

F- 44), phobia (F-40), and obsession compulsive neurosis (F-42) of the out-door department (10.5% of total patients). The required information was gathered through an interview schedule on the basis of the random sample method. The number of male and female patients in our sample selected from different sub- type of neurotic and psychotic cases was 59.6 per cent and 40.4 per cent respectively which is given in Table – 1.

Table 1: *Sample size of the study*

(A)	**Psychotic (indoor patients)**	**M**	**F**	**T**	**M**	**F**	**T**	**M**	**F**	**T**
	Column	1			2			3		
I.	Schizophrenia	862	430	1292	91	45	136	10.5	10.4	10.5
II.	Manic depression (MDP- Excitement)	616	365	981	65	38	103	10.5	10.4	10.4
III.	Manic depression (MDP-Depression)	173	67	240	18	07	25	10.4	10.4	10.4
	Total	**1651**	**862**	**2513**	**174**	**90**	**264**	**10.5**	**10.5**	**10.5**
(B)	**Neurotic (outdoor patients)**	**M**	**F**	**T**	**M**	**F**	**T**	**M**	**F**	**T**
I.	Depression	160	298	458	17	32	49	10.6	10.4	10.6
II.	Anxiety Neurosis	171	115	286	18	12	30	10.5	10.4	10.4
III.	Hysteria(HCR)	21	96	124	03	10	13	10.7	10.4	10.4
IV.	Phobia	2	-	2	-	-	-	-	-	-
V.	Obsession (OCN)	1	-	1	-	-	-	-	-	-
	Total	**362**	**509**	**871**	**38**	**53**	**92**	**10.5**	**10.4**	**10.4**
	Total (A+B)	**2013**	**1371**	**3384**	**212**	**144**	**356**	**10.5**	**10.5**	**10.5**

The above sample size of the patents has been analyzed with the following objectives:

- To identify the cultural belief of the respondents and
- To analyze the treatment belief of the patients for mental health care.

RESULTS AND DISCUSSION

The results of this study are shown about the treatment belief of the patients that more than a half cases went to holy individuals or holy places and nearly a half of the female cases were used more of this method than the males since more than one third male cases only tried this method. Nearly a half of the cases visited religious places of Hindu Goddess and temples. This shows that these factors reflect the traditional attitudes and beliefs of the patients and their families which is a significant factor for the mental health care. The traditional beliefs show the prevalent illiteracy, dogma and the poverty which are evident from the money spent, the time devoted and the kind of treatment taken for mental health care.

Out of the total respondents, nearly a half of the cases remained under treatment for less than two years. Surprisingly, our respondents tried not only the religious treatment but mostly they used Allopathic treatments. However, a negligible number of the cases had received other kinds of treatment i.e. Homoeopathic and Ayurvedic treatment along with Allopathic treatments too. The treatment methods varied in relation to the period of mental disorders. Nearly a half of the cases remained under

the treatment for less than two years and the maximum cases used only Allopathic treatment. Three fifths of cases had used triple type treatment in which we have a combination of Allopathic, Homoeopathic, and the Ayurvedic treatments which remain under the treatment for 2 to 4 years but now remain under the treatment for 4 to 6 years, two fifths of cases had only used two types of treatment method i.e. the Allopathic and the Ayurvedic.

Not only the time spent on the treatment but also the amount spent is also an indicator of the type and seriousness of mental illness. The spending of the money by the respondents is depending on the age group of the respondents. Of the total respondents, more than three fourths of cases had spent the money in the age group of 20 to 40 years and one fourth of patients had also spent money beyond their means i.e. more than Rs. 2000/- per month for the mental health care.

The amount spent on the treatment and the interest in ill person's cure of course depends on the family income too. This relationship reveals that near one fifth of the middle class and one fourth of the upper class respondents were spending more money on the treatment but these respondents belong to upper lower class and middle class society. We could say in other words that the treatment ideology of the respondents did not depend on the source of income but on the age group, severity and duration of illness of the respondents.

Out of 356 respondents, 41.0 per cent (146 cases) were taken to holy individuals or holy places for the treatment. This method was used more for females than for males. Out of 212 males, 29.2 per cent males and out of 144 females, 59.0 per cent females tried this method for their cure. The religious places visited were either temples of some Hindu god (51.0%) or goddess (26.1%) or mosque (7.6%) or holy individual (7.0%) or the house of some individual believed to be possessed by some spirit (1.3%) and others (7.0%). The details are given in the Table – 2.

Table 2: *Holy Places and Individuals visited for Treatment*

Holy Place	Sex		Total Number	Percentage (% to N= 157)
	Male	Female		
Hindu goddess temple	13	28	41	26.1
Hindu god temple	24	56	80	51.0
Mosque	3	9	12	7.6
Holy individual	3	8	11	7.0
Individual possessed by spirit	-	2	2	1.3
Others	2	9	11	7.0
Grand Total	**45**	**112**	**157 ***	**100.0**

** Total are more than the numbers due to multiple responses of individuals.*

These figures reflect the traditional attitudes of the patients and their families. According to Chong (1970) and Sandhu (1970) noted that traditional healers seem to handle a bulk of hysterical and neurotic patients quite effectively. Furthermore, neurotic Illness in Asian and Pacific Regions, Carstairs (1969) pointed out that spiritual healing had

two striking advantages over conventional supposedly scientific physical treatments: firstly, the patient is not exposed to the undesirable side effects of psychotropic drugs; and secondly, it requires the participation of other persons in addition to the patient and thus helps to reintegrate the mentally ill with the rest of his community from which he has been estranged. A third advantage in our experience is the fact that traditional concepts of the causation and a etiology of mental illness (e.g. as possession phenomena) are socially and culturally acceptable and lacks the stigma of a designated "mad", "insane" or "psychotic" label when referred to a psychiatrist of mental hospital. The traditional belief shows the prevalent illiteracy and the poverty which is evident by the money spent and the time devoted to treatment. We could say in other worlds that a less educated mentally ill is more likely to seek traditional healers for mental health point of view. In my view the traditional healers have their own hierarchy of reputation and status when the patients asked for psychiatric treatment only as the last resort.

Out of 356 respondents, 52.5 per cent were under treatment for less than two years, 20.5 per cent for 2 to 4 years, 11.0 per cent for 4 to 6 years, and 16.0 per cent for more than six years. The mean ($\bar{X}$) period devoted to the treatment was 6.09 years.

Surprisingly, our respondents tried not only the religious and Allopathic treatments but also the Homoeopathic and Ayurvedic treatments too. Some had tried even the combination of two or more treatments. Out of 356 respondents, 93.0 per cent had tried only the Allopathic treatment, 2.8 per cent had tried the Allopathic and Homoeopathic treatment, 2.8 per cent had tried the Allopathic and Ayurvedic treatments, 1.4 per cent had tried the Allopathic, Homoeopathic and the Ayurvedic treatment. Thus, we find that the maximum respondents had tried only one type of treatment.

We tried to find out whether the type of treatment methods varied in relation to the period of mental disorders. Of the 331 respondents who had used only the Allopathic treatment, 55.6 per cent remained under the treatment for less than two years, 19.6 per cent for 2 to 4 years, 9.4 per cent for 4 to 6 years and 15.4 per cent for more than six years. Out of 10 respondents who had taken Allopathic and Homoeopathic treatments, 30.0 per cent were under the treatment for less than two years, 20.0 per cent for 2 to 4 years, 20.0 per cent for 4 to 6 years, and 30.0 per cent for more than 6 years. Of those 10 respondents who had taken Allopathic and Ayurvedic treatments, 30.0 per cent remained under treatment for 2 to 4 years, 40.0 per cent for 4 to 6 years, and 30.0 per cent for more than six years. Lastly, of those 5 respondents who had tried the combination of Allopathic, Homoeopathic, and the Ayurvedic treatments, 60.0 per cent remained under treatment from 2 to 4 years, and 40.0 per cent 4-6 years. Thus, we find that the respondents who remained under treatment

for less than two years had mostly used one (single) method of treatment while those who remained under treatment for a longer period had used other techniques also. The details are given in Table – 3.

Table 3: *Relationship between Length and Kind of Treatments used*

Period of Treatment in Years	Kind of Treatment under Taken				Total Cases N= 356
	Single	Double		Triple	
	Allopathic	Allopathic + Homeopathic	Allopathic + Ayurvedic	Allopathic + Homeopathic + Ayurvedic	
Below – 2	184 (55.6)	3 (30.0)	-	-	187 (52.5)
2- 4	65 (19.6)	2 (20.0)	3 (30.0)	3 (30.0)	73 (20.5)
4 – 6	31 (9.4)	2 (20.0)	4 (40.0)	2 (40.0)	39 (11.0)
More than - 6	51 (15.4)	3 (30.0)	3 (30.0)	-	57 (16.0)
Total	**331 (100.0)**	**10 (100.0)**	**10 (100.0)**	**5 (100.0)**	**356 (100.0)**

Not only the time spent but the amount spent is also an indicator of type and seriousness of mental illness. Though time and amount spent do not necessarily indicate the probability that mental illness has been cured in the patient, yet they do point out the possibility of positive effects.

Of the 212 male respondents, 24.5 per cent spent less than Rs. 500/-, 14.8 per cent between Rs. 500/- and Rs. 1,000/-, 14.3 per cent between Rs. 1,000/- and Rs. 1,500/-, 10.5 per cent between Rs. 1,500/- and Rs. 2,000/- and 24.3 per cent spent more than Rs. 2,000/-, 10.5 per cent did not spend any money and 1.0 per cent did not give response to the amount spent on treatment. Of the 144 female respondents, 11.2 per cent spent less than Rs. 500/-, 18.9 per cent between Rs. 500/- and Rs, 1,000/- , 31.5 per cent between Rs. 1,000/- and Rs. 1,500/-, 7.7 per cent between Rs. 1,500/- and Rs. 2,000/- and 27.2 per cent spent more than Rs. 2,000/- , 3.5 per cent did not spend any amount. Thus, we find that only about one-fourth of patients had spent money beyond their means.

More money was spent on the treatment of persons between 20 and 40 years of age. This is evident from the Table – 4.

Table 4: *Relationship between Money spent on Treatment and Age of the Respondents*

Money Spent (in Rupees)	Age – Group in Years					Total Cases N= 356
	Very Young	Young	Early - Middle Aged	Late – Middle Aged	Old	
	< 20	20-30	30-40	40-50	> 50	
< Rs.500	6 (16.7)	38 (20.3)	16 (19.3)	6 (13.0)	2 (50.0)	68 (19.1)
500-1000	4 (11.1)	33 (17.6)	8 (9.6)	8 (17.4)	-	53 (14.9)
1000-1500	6 (16.7)	49 (26.2)	8(9.0)	13(28.3)	-	76 (21.3)
1500-2000	1 (2.8)	20 (10.7)	5 (6.1)	7 (15.2)	-	33 (9.3)
> Rs. 2000	12 (33.3)	36 (19.2)	40 (48.2)	4 (8.7)	-	92 (25.8)
Nil	5 (13.9)	6 (3.2)	6 (7.2)	8 (17.4)	2 (50.0)	27 (7.6)
NR	2 (5.5)	5 (2.7)	-	-	-	7 (2.0)
Total	**36 (100.0)**	**187 (100.0)**	**83 (100.0)**	**46 (100.0)**	**4 (100.0)**	**356 (100.0)**

The figures show that either the families take more interest in the treatment of the young people who have to perform important roles, or

the number of mentally ill persons in age-groups beyond 40 Years is not high.

The amount spent on the treatment and the interest in ill person's cure of course depends on the family income too. The details of the family income of the respondents are given in Table – 5.

Table 5: *Relationship between Monthly Income of the Family and Money spent on the Treatment of the Patients.*

Monthly Income of the Family (in Rupees)	Category of the Patients Spending Money on Treatment							Total Cases N= 356
	Lower Class	Upper Lower Class	Middle Class	Upper Middle class	Upper Class	Nil	NR	
	< Rs. 500	Rs. 500 - 1000	Rs. 1000 - 1500	Rs. 1500 - 2000	> Rs.2000			
< 500	2 (2.9)	8 (13.8)	8 (10.7)	2 (6.1)	5 (5.4)	-	2 (100.0)	27 (7.6)
500-1000	29 (42.6)	20 (34.5)	45 (60.0)	4 (12.1)	33 (35.5)	6 (22.7)	-	137 (38.6)
1000-1500	8 (11.8)	18 (31.0)	10 (13.3)	8 (24.2)	29 (31.2)	17 (62.9)	-	90 (25.3)
1500-2000	25 (36.8)	8 (13.8)	12 (16.0)	15 (45.5)	7 (7.5)	4 (14.8)	-	71 (19.9)
> 2000	4 (5.9)	4 (6.9)	-	4 (12.1)	19 (20.4)	-	-	31 (8.7)
Total	**68 (100.0)**	**58 (100.0)**	**75 (100.0)**	**33 (100.0)**	**93 (100.0)**	**27 (100.0)**	**2 (100.0)**	**356 (100.0)**

This relationship reveals that 21.0 per cent respondents were spending amount on the treatment Rs. 1000 – 1500/- which comes under the category of middle class and 26.1 per cent respondents were spending more than Rs. 2000/- on the treatment which also comes under the category of upper class society but the family of these people has a source of income per month up to Rs. 500-1000/- and Rs. 1000- 1500/- which comes to the category of upper lower class and middle class society, which indicates that out of total cases, 17.4 per cent respondents had spent more than Rs 2000/- on the treatment whereas, these respondent's (63.8%) family belongs to the income group of upper lower class and middle class society. Where these patients have been involved by the psychiatric treatment since the rest of the respondent's incurred on the treatment according to the family income of the respondents. We could say that those patients who have been treated beyond the income of the family of the patients has no sense of medical and human service work for the management of the mental health care.

CONCLUSION

This paper has explored about various treatment belief held by the patients for mental health care. The belief of the patients is not depending on the source of income of the family but it depends on the age group, severity and duration of illness of them. That's why they had tried the Ayurvedic and Homoeopathic treatment along with Allopathic

treatment. The traditional attitudes and beliefs of the patients and their families which are a significant factor for the mental health care even some time it does not make the stigma to the patient in initial stage of the illness when the patients go to faith healers and supernatural healers for the treatment point of view. Some time the cultural belief shows the prevalent illiteracy and the poverty which is evident from the money spent, the time devoted and kind of treatment used for mental health care.

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