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CONTENTS

		Page No.
<u>Editorial</u>	Fatima Vasanth	I
17th Mary Clubwala Jadhav Endowment Lecture: Ending Corruption: How to Clean up India?	N.Vittal	1
18th Mary Clubwala Jadhav Endowment Lecture Youth and Higher Education	Cynthia Pandian	9
<u>Articles</u>		
Indicators to Assess Youth Development Initiatives of Child Fund India in the Rajgarh Project Area	Johny Islary Jagan Karthick	15
Millennium Development Goals: Our Success and Slip-Ups – An Evidence-based Review	P.K. Visvesvaran K.Madhavi	41
Quality of Life of Women Living with HIV in the Chennai Region	Radha Murugesan Udaya Mahadevan	61
Parental Warmth, Affection and Behaviour Problems Among School Students	S.Sasikala Aswini, G	79
Measurement of Organisational Culture of Higher Education Libraries in Qatar using the Competing Values Framework	S.C.Kumaresan B.S.Swaroop Rani	93

MADRAS SCHOOL OF SOCIAL WORK

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EDITORIAL

The first Volume of 2013 issue of the Journal of Madras School of Social Work (JMSSW) was a special issue on the occasion of the Diamond Jubilee Celebrations of the College. Now the second issue of 2013 is being released. The journal has grown from its infancy stage to being peer reviewed with ISSN and now as a subscribed edition. As the issues of the journal are continuously brought out and many enquiries for copies of the journals have come in, we have decided to make the journal as subscription based and the details for the same are given at the end of this issue.

It is heartening to note that the contributors of papers for this volume have made a great effort to consolidate their experiences in their specific area of interest. Two of our latest Mary Clubwala Jadhav Endowment Lectures on Ending Corruption: How to Clean up India? and Youth and Higher Education by Shri.N.Vittal and Dr.Cynthia Pandian respectively have been included in this issue. The paper by Johny Islary and Jagan Karthick traces the problems undergone by the youth of the Bhil tribe which necessitate youth development interventions. It puts forth relevant indicators to assess the youth development activities of the INGO - ChildFund in the Rajgarh project area of Madhya Pradesh. Authors P.K.Visvesvaran and K.Madhavi have made a thorough analysis on Millennium Development Goals. This paper is divided into four sections: Section A is the introduction, listing of the MDGs and a summary on achievements and slip-ups in this regard. Section B is an elaboration on the successes and setback. Section C consists of an evidence-based investigation into the causes for the setbacks and slip-ups. Section D consists of the lessons learnt and suggestions for ensuring greater success in our future efforts. The authors Radha Murugesan and Udaya Mahadevan have made a valuable contribution to understand the quality of life of women living with HIV in the Chennai Region. They have analysed various factors influencing the said quality of life. Quality of life is discussed under

four domains viz., Physical Domain, Psychological Domain, Social Domain and Environment Domain. The authors Sasikala and Aswini expose the relationship between parental warmth, affection and behaviour problems among school students from select schools of Chennai region. Today, with much pressure on the students and the need for healthy coping mechanisms, this study has done a very pertinent analysis. In the article 'Measurement of organizational culture of higher education libraries in Qatar using the competing values framework', the authors S.C.Kumaresan and B.S.Swaroop Rani have Traced to measure the average/mean culture profile of Qatar's higher education libraries.

Editorial board places on record its appreciation to all the contributors of papers. The journal is the outcome of hard work of the members of the Editorial Team. I applaud the team members of the Editorial Board for their valuable time and contribution. I specially appreciate Dr.V.Sakthi Regha and Dr.A.Enoch, Associate Editors for coordinating the Journal. I am sure that the good work will be continued forever in MSSW as I pass on the baton to my successors. My association with the journal has indeed been very enriching. I wish all the readers a fruitful reading!

DR.FATIMA VASANTH
PRINCIPAL CUM CHIEF EDITOR

**17th Mary Clubwala Jadav Endowment lecture:
“Ending Corruption How to clean up India?”**

N.Vittal

Secretary to Government of India &
Former Central Vigilance Commissioner

I feel honoured to have been called upon to deliver this Year's Mary Clubwala Jadav endowment lecture. Mary Clubwala Jadav was much splendored personality who is an eternal source of inspiration for generations of people, particularly women. She was a trailblazer in many areas and her contribution to the society lives through many institutions. The Madras School of Social work is just one of them. In the context of the life time work of Mary Clubwala Jadav, the most appropriate theme for this year, I thought would be the problem of corruption. It seems to have become a grave disease of our entire society. The dramatic effect of this disease is that our country is suffering a problem of multiple organ failure when it comes to good governance.

Just recall what has been taking place since the year 2010. This year was so notorious that it was named as the year of corruption. A series of scams and mega scams hit the nation one after the other. The mother of all scams was of course the 2G scam estimated to have caused a gargantuan loss of Rs. 1.76 lakh crores to the public exchequer. The Commonwealth Games scam was a close second. There were also scams in other sectors like sports, life insurance and the corporate sector, and, what was unique was that even sectors which were considered to be relatively free of corruption like the armed forces and the judiciary were also exposed as being not so clean. The Adarsh housing scam in Mumbai, demonstrated that even the top brass of the armed services may be involved in corruption. Judiciary was a sacred cow and the perception was that this was one of the credible organizations, of the society, but it was in 2010 when questions were raised about the integrity of the highest judicial authority like the Chief Justice of the country. Senior lawyers Prashant Bhushan and Shanti Bhushan filed a PIL in the Supreme Court in which an affidavit was filed that out of the 16 immediate past chief justices of India 8 have

been corrupt, 6 have honest and about the 2 the jury was still out. All these developments had a dramatic impact on the society and corruption became the national topic number one. The pent up anger and frustration of the citizens found expressions especially through two civil society movements led by two charismatic leaders. Anna Hazare focused on the issue of Jan Lokpal as the solutions to fight corruption and Baba Ramdev focused on the \$1.4 trillion salted

away in tax heavens by Indian who evaded tax and indulging in corruption. The year 2011 was dominated by these two social movements. In fact some have gone to the extent of saying that if 2010 was the year of corruption, 2011 was the year of the response of the civil society to the corruption scams.

2012 is described as the year of judgment because elections are due in some five major states when we will know whether corruption in the ultimate analysis matters as an issue of public concern, when it comes to elections which constitute the foundation of the democratic process of governance.

As a person who has spent 42 years in government and who also happened to be the central Vigilance Commissioner of the country from 1998 to 2002, I had to deal particularly with the issue of corruption. As an insider within government I have seen the dynamics of corruption within the government and as a retired person for more than a decade, I have been watching from outside the reactions of the society to the corruption scandals of the country. It has been the unwritten maxim of the media that bad news make good copy. The corruption scams in the last three years have been providing enormous opportunity to the media particularly the electronic media for improving their TRP and the print media to wax eloquent on how things should be corrected.

One can approach the issue of corruption from two angles, either positively or negatively, I am basically an optimist My optimism is based on the fact that whatever may be the weakness of our democracy and whatever may be the weaknesses of our society, we have an inherent capacity for survival and a capacity for making corrections in

our system. Just look at the way we have developed in the last sixty years of governing ourselves. There were people like Winston Churchill who said that our leaders were men of straw and if India became independent and allowed to govern itself it would lead to anarchy. But this tragedy has not happened. In fact, many other countries which had become independent along with us have failed to maintain the form and spirit of democracy and practice it. We have continued to maintain the democratic system and have regular elections. In fact, the Indian Elections Commission has become a model for the rest of the world.

But it is not merely the elections process. In the Constitution also aberrations when they take place have been duly corrected. Perhaps the most significant aberration was the Emergency imposed by Indira Gandhi in 1975. But major and long lasting corrections took place after elections of 1977, when Indira Gandhi and her people were decisively humiliated by a massive defeat in the elections. The Constitutional Amendments made have ensured that imposing emergency again by any future prime Minister or government is almost impossible. At the legislative level, the imposition of the President's rule was a very common feature in the past. Thanks to the growth of the regional forces and the emergence of coalition politics, it is now a day's almost impossible to invoke the President's rule in any state to suit the convenience of the ruling party at the centre. Even when an attempt for setting up a National Centre for Counter terrorism was made by the Home Ministry, recently, enormous opposition came from the states on the ground that they were not consulted and the centre was stepping on the turn which was exclusively of the states.

Perhaps the most significant in the corrections process in the series of ruling by the Supreme Court which have laid down the fundamental principles by which this country is to be governed. The Constitution is elaborate and defines the functions of different organizations for governance namely the legislature, the judiciary and the democracy. One big operational concept is the concept of basic structure of the Constitution. This is a unique contribution of the Supreme Court. While the Parliament is empowered to make any law, there is a

limitation or Lakshman rekha on this power. So the Parliament is empowered to make any law so long as the government enjoys the majority, they cannot pass any law, which goes against the basic structure of the constitution. This includes the fundamental rights of the constitution. Any law which infringes the fundamental rights is immediately struck down by the Supreme Court.

The court has also been laying down guidelines for ensuring the independence and effective functioning of different organizations. Perhaps the most significant is the Election Commissions. Thanks to the formidable, brilliant and highly energetic, Chief Election Commissioner T.N. Seshan, the Elections Commission was able to effectively perform its role as a constitutional body entrusted with the most important task of ensuring free and fair elections. The judgments of the Supreme Court in the actions taken by the Election Commission have ensured that the elections are held in free and fair manner. For example, the recent controversy about the code of conduct highlights the fact that once elections are announced, the Election Commission is supreme and it is empowered to execute its directives effectively and quickly. The attempt at making them statutory and thereby causing a delay in the process was frowned upon by the media and leaders of public opinion and the government wisely withdrew such an attempt.

Similarly in the case of Central Vigilance Commission, the Supreme Court has also laid down the guidelines so that there is no alternative but to select the right person for the post. In fact, if we want to fight corruption and ensure that current malaise in practically every organ of governance is overcome the solution is simple. We should have the right people occupying the right positions. Secondly, we should have our systems in such a way that only the right people are selected to occupy position of authority. Such a situation has been created especially for the post of Central Vigilance Commissioner thanks to two Judgments of the Supreme Court. The first is the judgment of justice Verma in the Vineet Narain case, popularly known as the Hawala Case which was pronounced on June 18, 1997 and the second one was the judgment by justice Kapadia the current Chief Justice of Supreme Court in the case of PJ Thomas who was appointed as Central Vigilance

Commissioner should be selected by a High power committee consisting of the Prime Minister, Home Minister and leader of Opposition in Lok Sabh thereby ensuring that the person selected has not only a good track record but also is perceived to be politically neutral. Further, the conditions for appointment as CVC are such that the persons selected will not have any temptation for lobbying for any post retirement sinecure. Only one term is given of 4 years for the CVC and thereafter he is barred for life from occupying any office of profit under Central government or state government or any constitutional posts like the Governor or Vice President or President of India.

The second judgment of justice Kapadia introduced the important concept of the integrity of the institution of the CVC, in addition to the integrity of the individual selected for the post of CVC.

These two judgments together have created what I would call a 2T situation. One is transparency in the qualifications required for filling any post and the second T is the introduction of the TINA factor in the selection process, i.e., There is No Alternative but to select the right person. If these two principles, can be applied right across the system of governance, to fill all key posts it will automatically ensure that corruption is eliminated.

In the time available, I can only point out that today's corruptions is because of number of factors. (i) we have a vicious cycle of corrupt neta, babu, lala, jhola and dada syndrome. Political corruption is at the root of all corruption and this leads to corrupt bureaucrats colluding with the politicians and corrupt businessmen taking advantage of crony capitalism and even the NGOs, which are supposed to be civil society organizations are found to have feet of clay. In the context of the controversy about kudankulam, the Prime Minister has pointed out how foreign funds are coming to support such agitations.

Finally, criminalization of politics has become a major issue which is very much in the open domain because in the affidavits filed by the candidates themselves bring out the fact that at least 20% of the

candidates have a criminal records. If we want to ensure that the corruption is checked we must ensure that right persons come to occupy the posts of authority. In this context, the powerful concept of integrity of institution articulated by the Supreme Court in the PJ Thomas case is very relevant. Justice Kapadia pointed out that when the questions was raised about Thomas being one of the accused in the palmolin import case which was before Supreme Court and where the Judgment had not been pronounce one could not take refuge on the principle of natural justice that everybody is innocent till proved guilty. It is one this basis that today, people who are having criminal record and cases pending against them are still elected. Justice Kapadia pointed out that the CVC as an institution to fight corruption, so for a person who is accused in a case is selected even though he might not be convicted, the possibility that he could be convicted and go to jail, compromises the integrity of CVC as an institution.

If this integrity of institution is widely practiced, it will be found that many people who are corrupt and who are occupying positions of authority will not be appointed because they will be violating the integrity of the institution. For example , if the integrity of institution is adopted for the Parliament or legislature, these bodies sanctify the constitution to make laws for the governance of the country, if criminals and potential criminals are appointed it violates the integrity of the institutions like the parliament and legislature as a law making body, so the practice can be introduced by which any person against whom case is pending in a court cannot be permitted to contest the elections till he is cleared in the court of law.

That brings us to the issue of delay in courts and that in time will have to be tackled. In that way, once the principle of this 2T is accepted and the concept of integrity of institution is adopted in practice, a virtuous cycle of chain reactions can start by which right through the system, a cleansing process can be introduced. This in turn will develop its own momentum and there is a way for the country coming out of the clutches of disease of the corruption daunting it today.

If an individual falls sick, doctors can cure him. If sickness is in

different parts of the body, there are experts for different parts of the body to cure them. If our country is having corruption and it is affecting every part of the system, then we have in our constitutional system agencies provided which can act as doctors to clean the system.

As I see there are four doctors, one of course is the judiciary, second is the Election Commission, third is the Comptroller and Auditor General of India and the fourth is the Central Vigilance Commission. If these four bodies are manned by the right people applying the 2T principle, they in turn will be able to create through their action an environment by which the entire cleansing process by applying the 2T principle throughout the system can be initiated. All honest public servants can become virtually like the fifth columnists and secret agents for good governance or like Vibhishana in Ravana's court and try to ensure that the principles of integrity and fairness and good governance are adopted.

The darkest hour is before the dawn. In fact in 1974 in Honk Kong, there was a crisis of corruption when the Police Commissioner himself was so corrupt linked with mafia and escaped with lot of money to England. In Hong Kong they set up an independent Commission against Corruption which has been able to clean up the whole place in less than two years. I wonder whether in the light of what has happened in the last three years 2010, 2011 and 2012, we will be able to initiate a process like what Hong Kong did in 1974. Ultimately, it is in our hands whether we may make use of this opportunity of mega corruption to move towards a better future. For achieving that objective we can do no better than following the advice of our old Taitreya Upanishad:

Sahana vavathu sahanam bhunarthu sahaviryam karavavahai

Tejasvina mahetha masthu maavidh visha vahai

Om shanthy shanthy shanthy!

Let us come together. Let us enjoy together. Let our intellectual strength come together. Let us avoid the twin danger of hatred and the poison of misunderstanding. That way lays progress.

**The Diamond Jubilee 18th Mary Clubwala Jadhav Endowment
Lecture:**

The Role of Higher Education in Youth Development

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Introduction

The world today comprises over 3.5 billion people under 30 years of age, of which 89.7% live in developing economies. India and China alone claim the largest share of the youth population at 704 million and 497 million respectively. This proportion of Youth in the world's population is often referred to as “the youth bulge”. I wish to quote the statement of the Secretary General of United Nations Organisation, Mr. Ban Ki Moon, in the 2011 report of United Nations Organisation – “Young people (including young women) are more than our future. They are also our present both in numbers and how they drive political and social change” This statement acknowledges that young people are considered as valuable resources, essential human resources for nation building.

The huge youth population is as much a boon as it could be a bane. It is a boon if we could harness their strength, but it would be a bane if the present state of unemployment and unemployability persists in the society. Therefore investing in the youth of the developing countries assumes tremendous significance. From being necessary, it has now become inevitable. Empowering the youth, who will be the future citizens of this world, is an issue that demands immediate attention. The context thus deems it most appropriate to address the issue of Youth Development and the role of higher Education to fulfill the same.

Opportunities Galore: Roses and thorns

Demographic patterns reveal the power of youth who far easily outnumber adult population. Opportunities, hitherto unknown to the

developing nations are now accessible to tap their potential. It is therefore necessary to enlighten them on these opportunities. Decision of the policy makers, highlighting the accessibility of higher education, skill development, work etc., will determine the level of attraction the youth show towards embracing them. A rise in the demand for post-basis education and therefore the skill for employability is a clear indicator and reflects the influential power of these decisions.

The road to success is however not as rosy as one would wish. The thorns in these roses are indeed sharp. That the youngsters in the age group of 18 to 24 struggles immensely for a smooth transition from graduation to work is a testimony to this. Consequently the unemployment rates soar to nearly 2 to 3 times greater than those of adults in the age group of 25 and above. Thus revisiting the measure adopted so far seems indispensable. The need to examine the role played by developing skills in higher education and the workplace and their impact on the transition from college to work must be taken up on a war footing.

Currents of Change: Skill Development

Prior to the industrial revolutions, skill development happened predominantly in the workplace - earned as they learned. However, such training, now part of the secondary and tertiary education, through technical and vocational education programmes have redefined skill development. In this scenario, we have churned our graduates who are theoretically sound but cannot translate theory to practice. This in a nutshell is the core of the issue.

A cell for systemic change is indispensable if we are to transform these knowledgeable but practically deficient graduates into efficient performers. Policy makers of the Higher Education must work towards refurbishing the system to include practical application even as they learn. To quote Confucius, "I hear and I forget. I see and I remember. I do and I understand." This perhaps is more relevant now than ever before.

Knowledge development: From the known to the unknown

It is not wrong to construe that the times spent in schools and colleges do include memorable and pleasurable moments. Any quantum of knowledge that is thrust from outside, evaporate in double quick time. In fact it is the joy of learning that makes one recall and reuse learning. This joyous learning to KNOW, i.e., knowledge and learning to DO, i.e., skill is a necessary in every field of education. Therefore Higher Education must aim at providing both aspects of learning – theory and practice, stimulating the learners to re-search knowledge and skill to improvise upon them.

From a society of learners to a learned society

Redefining teaching and learning has now become the watchwords of education. The percentile ratio of knowledge to be provided by the teacher as against those to be imbibed by the learner through self study and practice becomes crucial. Such an approach would create a society of learners who would make peer learning a habit rather than an exception. To achieve this, it is necessary to make the learning content learner-centered; learners can find it easier to learn from each other. Another crucial aspect is to make learning affordable. This alone ensures that knowledge and skill penetrate into interior regions, particularly the villages. Further, the approach should inculcate in the learner, an urge for lifelong learning through the concept of learning to learn. The approach ought to initiate collaboration, interaction, discussion, healthy debates among the learners. As needs of the learners vary with each other, the learning content must cater to a diverse population of students. In return, learners learn to adjust and adopt. Subsequently a society of the learned emerges producing intelligent and adoptive people capable of DOING what they KNOW. This change will help to produce and disseminate knowledge, promote strategic partnerships, facilitating communication among them and help in the emergence of a learned society.

However, a change in the systemic approach should ideally address certain specific issues that arise from various areas concerned. The role of Higher Education in the long-term contribution to knowledge

systems, to the academic professions in general and to creating a highly-skilled workforce merits serious analysis. Some of the pointers towards developing knowledge skills include addressing needs of the industry and economy which fundamentally aim at developing social, academic and professional skills.

Tripartite Skill Development

Higher Education must emphasize on three types of skills among the learners-social skills, Academic skills and Professional Skills. It is a combination of all the three that enables smooth transit from the campus to corporate.

Social Skills are necessary to interact effectively with all stake-holders and enhance inter personal relationship. Polite and courteous manners can be more rewarding and effective than mere knowledge skills, a quality sadly lacking these days. Interpersonal skills also demand rational analysis of problems. Problem solving skills refer to the ability to identify multiple solutions for a problem and choose the most appropriate to suit the people and context concerned. Developing this skill can be exacting as most soft skill classes end up as language learning contexts.

Academic Skills aim at relating knowledge to real life situations. This can be accomplished by applying learning to real time contexts through activities. This can be best implemented by establishing a strong Industry- business partnership, encouraging research that have immediate applications, emphasize training / teaching by experts in the field. Collaborative methods of teaching / learning where industrialists and other business sectors teach and students do projects for them can go a long way in developing academic and applications skill among the learners.

Professional skills are vital to enable the learners to identify their strength and weaknesses. Communications skills, supervision & management skills, planning and execution skills, innovation / creative skills, organizing and delegating skills form the crux of Professional skills. Opportunities for developing these are available within the

existing curriculum through Extension services like the NSS, NCC, Rotaract Club. Therefore much rests with the authorities to implement them rigorously. Recognizing the purpose of their learning is indispensable to set their goals. An ability to visualize them in future paves the way to reach 'there'.

Professional skills bridge personal ambitions and societal needs. Higher Education, this way, can transform a simple learner into a socially aware and conscious learner who will reciprocate to society what they received from it. It could be in terms of money, time, knowledge, social service, skills or any other form of service.

Such service mindedness moulds healthy attitude among the learners. Developing the right attitude towards self and environment is crucial for any real time success. Higher Education can emphasize the need to resolve behavioral problems and issue between self and society.

Conclusion

Identifying one's interests and passions by following one's heart needs nurturing. A liking, a desire to do will give them the fillip and a finer edge to excel in whatever they do. Fostering the skills for which one has an aptitude aids them to outshine in their subject of study and the job/work/profession they take up. Higher Education must promote the option to pursue their passion or interest.

It is therefore a matter of utmost importance that Higher Education focuses not just on providing higher knowledge to the learners, but enough opportunities to apply them in real life situations, which alone is the real test of their learning. Such an education would certainly provide a unique window of opportunity to “the youth bulge” to globally engage themselves as positive resources in creating a more sustainable just and equitable world.

**INDICATORS TO ASSESS YOUTH DEVELOPMENT
INITIATIVES OF CHILDFUND INDIA IN THE RAJGARH
PROJECT AREA**

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ABSTRACT

Indicators of assessment serve as a tool for the measurement or assessment of any activity done. Indicators help assess whether the desired results have been measured. This paper traces the problems undergone by the youth of the Bhils tribe which necessitate youth development interventions. It puts forth relevant indicators to assess the youth-development activities of the INGO - ChildFund in the Rajgarh project area of Madhya Pradesh. It further highlights the development of indicators, their process and methodology. This paper has been developed based on the authors' summer internship project and also documents the experiences of developing indicators to assess the activities of ChildFund India in Madhya Pradesh.

KEY WORDS: Youth Development initiatives, indicators, assessment.

Youth in India

As per the 2001 Census of India, the youth population (broadly in the age group of 15-24 years) accounts for 195 million of the 1,029 million of India's population. In other words, every fifth person in India belongs to the age group 15-24 years. However, not all definitions refer to only the age group of 15-24 as youth. For example, the 2003 National Youth Policy of India (Ministry of Youth Affairs and Sports, 2003) defines the youth population as those in the age group 15-29. Similarly, the UNFPA report refers to youth as those between the ages of 15-19 years.

The youth in any nation are critical for its continued economic development and demographic evolution. The youth population, which typically constitutes the entering cohort in the country's labour force, is expected to bring in freshly-learned and updated skills that will help renew and improve the country's stock of human capital. Youth also represent the age group that forms the basis of demographic renewal, as these young people form unions and begin childbearing. It may be recalled that the characteristics, concerns and challenges of urban, rural and tribal youth - though with a few commonalities - are yet quite different.

Services for the Youth – Concepts, Trends and Best Practices

“Youth services” is an umbrella term for a wide range of programs, activities and services aimed at the youth, typically defined as school-going children aged between 6 and 18 years. Youth services can be targeted at particular populations, defined by neighbourhoods or other characteristics, or available to all youth. The goals of youth services may be skill-building, networking and support-building, character development, physical health, community services, civic engagement and prevention of at-risk behaviour.

From the mid-1990s until now, the thrust of youth services has gradually changed from an emphasis on prevention of negative youth behaviour towards one of wholistic development. This new lens for viewing and developing youth services is known as the positive youth development approach. This approach is characterized by attention to youth's strengths and assets rather than their risks and deficits. These strengths can be at the individual level (such as self-esteem, leadership skills, motivation, or religiosity), the international level (such as relationships with parents or peers), or the community level (such as supportive youth-serving organisations, schools, and neighbourhoods). The positive youth development approach recognizes that successful development requires supportive elements for youth in social and environmental contexts. This approach is also distinguished by its emphasis on the potential of all youth for positive development. (Family and Youth Services Bureau, 2007).

A recent review of the available evaluation research on youth services programs convened by the National Academy of Sciences and the Institute of Medicine (Eccles and Appleton Gootman, 2002) concluded that there is consistent evidence that programs that successfully promote positive youth development tend to share eight key features, namely: (i) Physical and psychological safety, (ii) Clear and consistent structure and appreciative adult supervision, (iii) Supportive relationships, (iv) Opportunities to belong, (v) Positive social norms, (vi) Support efficacy and nurturing, (vii) Opportunities for skill-building and (viii) Integration of family, school and community efforts.

Indicators to Assess Youth Development Initiatives

According to the UNDP (2002), different types of indicators **to assess youth development initiatives** are in progress, but only three indicators - also known as result indicators - are generally used. These include (i) Situational / impact indicators, (ii) Output indicators and (iii) Outcome indicators.

- (i) **Situational / Impact Indicators:** These indicators give a broad picture of the project and show whether the developmental changes are actually occurring. This impact indicator is long-term and will relate to millennium development goals. Impact can only be measured when all the activities necessary are being carried out and it has been ascertained, after some time has passed, that certain changes have taken place in the behavior or attitude of the people involved.
- (ii) **Outcome Indicators:** Outcome indicators will be useful for the project area and the country office concerned to help them focus on the results the results and what they desire/hope to achieve in the future. These indicators assess progress against specified outcomes. Outcome here refers to all the relevant activities that are carried out under any programme objective. Outcomes are like estimated proportions and are reckoned in numbers.
- (iii) **Output Indicators:** Output indicators are reflections of the activities/outcomes. Outputs are the immediate results expected

by an organisation. They can be delivered within a short period of time. Outputs can be measured, and will be useful for project managers.

Attributes of Good Indicators

The indicators that are selected should be *specific, measurable, attainable, relevant and trackable*: in short, the acronym SMART can be used to refer to them. This can be explained further thus:

Specific: Indicators have to clearly state what is being measured with precise meaning. They should show the essence of the desired result and specify the progress towards the said result. Indicators are those which clearly specify the steps of development and spells out the work to be accomplished..

Measurable: Indicators are characters which can verify and measure the quantity of work done. Policies and programs can be modified only when these indicators show the desired change, and when such change is measurable. The validity of data plays a major role here.

Attainable: One of the criteria used is to ascertain whether these indicators are attainable or not - in other words, we can say that they have to be realistic. An indicator shows the position and status obtained after the completion of the work in progress, and is also practical.

Relevant: The relevance of the indicators to the output and outcome is most essential, and should show the desired result. It has to develop from the activities carried out to achieve the desired objective and show exactly the result of such activities.

Trackable: The availability of data is another point to be considered when selecting indicators. Data sources should be made available and traceable by the mechanism adopted for data collection. It has to be noted that the data sources are to fall within the cost of and effort involved in the project.

Statement of the Problem

ChildFund India is the only NGO working in Rajgarh, which is one of

the most backward areas in the state of Madhya Pradesh. The socio-economic conditions obtaining in the community in these villages are pathetic, and access to basic human needs is minimal. The issues of deprivation, exclusion and vulnerability, in particular, play a prominent part, adding to the woes of the people in the project area of Rajgarh. With 16 villages in the project area, ChildFund has developed various programs for the wellbeing of the community (dominated by the Bhils), especially for infants, children and youth.

The project in the Rajgarh area is on the verge of completing its first year, and various activities have been carried out throughout the year to achieve the desired outputs. As is necessary, an assessment has to be made of the activities and output so as to frame result-oriented programs and policies for youth development. Assessment is not possible without indicators which indicate the degree of efficiency and effectiveness achieved. Developing indicators is a result of creating devices for the purpose of measuring the achievements of ChildFund India's intervention in the project area. Only indicators can show the level or degree of the achievements of any program developed and implemented for the attainment of the desired output and outcome. Indicators are framed to assist management in proper functioning and also that they may be made aware of their limitations and shortcomings. However, it provides management the direction needed to record sufficient data of the various programs being implemented.

The paper is an outcome of the field work carried out by the authors in the Rajgarh Project area of Madhya Pradesh. Visits were paid to the villages in the project area for the purpose of collecting firsthand knowledge. The activities of ChildFund were closely observed and monitored for a better outlook and understanding of its core objectives. Relevant indicators are formed, based on activities and output. The indicators are developed for Project Design Document 3, specially meant for youth in the age group 15 to 24 years respectively. Thus, this paper presents the process and methodology adopted to develop customized indicators to assess the Youth Development Activities of ChildFund India among the Bhil tribes in Rajgarh area of Dhar District in Madhya Pradesh.

Research Setting

These indicators were developed to assess the youth development initiatives of ChiddFund India among the Bhil tribes in the Rajgarh area, Dhar district, Madhya Pradesh. The socio-demographic profile of the Bhil tribes in Rajgarh area is presented below.

The Bhils are listed as Adivasi residents of the states of Gujarat, Madhya Pradesh, Chhattisgarh and Maharashtra. The Bhil tribe is the third largest tribe in India. Bhil tribes are mainly found in Madhya Pradesh and are major inhabitants of Dhar District. As per Census 2001, there were 4,619,068 Bhils. The people of this tribe are known for courage, and are mainly settled in the central regions of India. It is believed that “Bhil” is derived from “billee” meaning “bow,” and the Bhils have traditionally been hunter-gatherers. The Bhils mostly speak the Bhil language and are classified as Scheduled Tribes. They are naturally highly religious and are worshippers of numerous Hindu deities. The Bhils are now mainly a community of settled farmers, with a significant minority being landless agricultural laborers.

The project area is situated on the southern border of Sardarpur tehsil in Dhar district in southern Madhya Pradesh, on the edge of the Malwa Plateau, not far from the Vindhya mountain range. It is about 15 kms from the tehsil headquarters at Sardarpur, and is bifurcated by a road that goes to Kukshi tehsil, further south. The distance from the district headquarters at Dhar is about 60 kms, and about 115kms from the divisional headquarters in Indore. Project Design Document 3 is currently working in two gram panchayats, namely Ringnod and Nayapura. Ringnod panchayat is relatively flat with deep, black cotton soil, while Nayapura panchayat (situated on the edge of the Vidhyas), and has large undulating areas and shallow soil. The average rainfall in the area is around 475 mm. The temperature varies from a minimum of 10C in winter to a maximum of 45C in summer. The forests are of a dry type with teak being the main tree, along with anjan, salai, mahua and tinas. Most of the population is dependent upon agriculture and the major crops are maize, soybean, black gram, red gram and groundnuts. The tribals also grow various kinds of millets on land that is of relatively poor quality. The main rabi crops are wheat and cotton.

The profile of the Rajgarh area is presented in Table 1.

Table No.1: Succinct of Rajgargh Area

Sl. No.	Criteria	Description
1	Project location district, block, and total no. of and names of villages	District : Dhar Block : Sardarpur Panchayat : Ringnod, Nayapura No. of : 16 villages
2	Distance from the district headquarters to the project areas	65 kms
3	Transportation (road/ rail) connectivity	Road
4	Total population: Adult (total, M, F) Adolescent (total M, F) Children under 5 (total M, F)	Total 7450 (Adult: 4185, M- 2140, F-2045) (Adolescent: 1239, M-642, F-597) (Children under 5 : 1130, M- 561, F-569)
6	Total no. of households in the project area	1168
7	Total no of enrolled children (M, F, age- wise)	702 (M- 373, F- 329)
8	Dominant religion of the community	Hindu

(Source: ChildFund India Report, 2009)

Youth Development Initiatives of Childfund India

The developmental activities of Child Fund India regarding specific target groups are spelt out in its Project Design Documents. For instance, Project Design Document 3 (PDD3) is framed for addressing the overall well-being of youth between 15-24 years old. The scope of youth welfare activities is defined in the four-fold objectives of the PDD3, as given below:

Objective 1: To increase knowledge and educate the youth (married and unmarried) about reproductive and sexual health. Women, in particular, are socio-economically marginalized and do not

actively participate in the decision-making process. Men, on the other hand, are unable to decide in favor of women. Safe motherhood and education on parenting is almost completely lacking in the area. The widespread prevalence of poor socio-economic conditions has also restricted safe deliveries. An exploitative healthcare system at institution level and the extreme poverty of the family affects, predominantly, both girls and boys. Unsafe sex with multiple partners and falling into the trap laid by unscrupulous moneylenders is very common in the area. Girls, too, do not pay attention to personal hygiene during menstruation.

Objective 2: To build community support for youth participation in school-based education and alternative learning systems. The youth of the area begin working early, while still quite young, so as to help in the repayment of loans or debts and also to better their poor economic circumstances. Escalating issues like dropping out of school, early marriages, addictions, and poor socio-economic conditions in the area push youth into unemployment.

Objective 3: To develop technical-vocational and livelihood skills of the youth in the area. The lack of education and the absence of skills are formidable constraints that stand in the way of income generation for the family. The existence of seasonal cultivation (4 months) and small agricultural land holdings dependant on rain further add to their woes. The youth migrate and take loans from moneylenders, repayable with interest at exorbitant rates of 10-12 % per month, to meet the family's expenses.

Objective 4: To increase youth participation and involvement in community governance and development processes. Distress migration, addiction to tobacco and alcoholism, unsafe sex and abortions are very common in the area. Alcoholism, too, is common among the youth and effectively reduces their capacity for work. Consequently the youth of the area are hardly involved in the work of the community, and the support structure that exists for them is almost non-existent.

Various programs and activities are being undertaken to achieve the objectives set. But the organization has not yet developed appropriate indicators which can help in assessing projects meant for youth development.

Table No. 2: PDD3: Objectives, Programs, Outcomes and Impact

Sl. No.	Project Objectives	Project Programs	Project Outcomes	Project Impact
1	<i>To increase knowledge and educate the youth (married and unmarried) about reproductive and sexual health</i>	Youth awareness program implemented	Percentage of reduction in reproduction rate and unhygienic practices	Decrease in early pregnancies and early marriages
2	<i>To build community support for youth participation in school-based education and alternative learning systems</i>	“Parental Support Program for School Retention and Completion” developed and implemented	Increase in the continuation of education among the youth	Increase education level among the youths
3	<i>To develop technical and vocational livelihood skills of the youth</i>	Arrangement of training program for the youth	Increase in the utilization of modern techniques in agriculture	Increase in employment and income in the community.
4	<i>To increase youth participation and involvement in the community governance and development process</i>	Youth capacity development for leadership, community development and governance developed and implemented	Active participation of the youth in roles and responsibilities	Changes in the community through rural development and institutions

(Source: Project Design Document, ChildFund India)

Objective of the Paper

The sole aim of this paper is to evolve assessment indicators for youth development initiatives (as per PDD3) of ChildFund India in the Rajgarh Project Area.

Rationale for Developing the Indicators

In order to ascertain the efficacy of progress and evaluate the achievements of the programs implemented, an assessment had to be made. This led to the development of SMART indicators - specific, measurable, attainable, relevant & tractable indicators that will be helpful in assessing performance results. Indicators - qualitative and quantitative - can be measured. New innovative programs can be framed using these, and modifications can be made to ensure better result-oriented activities. Devising exhaustive indicators is always a difficult task, as several changes may have taken place in the area without the knowledge of the organisation. Certain influences may be out of focus and, as a result, indicators might not come up for those in the list. But these have been developed for the sole purpose of evaluating the effectiveness of the programs instituted by ChildFund India. Management can draw, by means of these indicators, lessons from both its innovations and its mistakes. Indicators can help development workers measure (i) output, outcome and goals, (ii) assess project and staff performance, (iii) the achievement of goals, (iv) make comparisons, and (v) evolve further qualitative and quantitative indicators.

Management can use such measurements as an example for developing indicators to assess future innovative programs. It may help take the image of the brand to the next level by regular assessing its programs and activities. The formation of exhaustive assessment reports is possible with the help of devices such as indicators. These can help assess the functioning of the staff and make it feasible for them to be trained accordingly, focusing on areas that reveal shortcomings. Unproductive programs may be terminated and entry of new, effective, and innovative programs facilitated.

Research Methodology

Before developing indicators to assess the various interventions of ChildFund India vis-a-vis PDD3, the authors mapped the various programmes of ChildFund India towards the fulfillment of its four-fold objectives for youth development as presented in Table 1. Once the

activities of the NGO were mapped, both quantitative and qualitative indicators were identified. This identification of indicators was based on

(a) UNDP's guidelines for programs assessment (UNDP, 2002): UNDP's guidelines for programs assessment has been brought forward to assess developmental projects. The methodology of framing indicators is discussed and its importance highlighted. The indicators for ChildFund were developed using this document's guidelines for selecting indicators.

(b) Discussions with field personnel: The authors, during the course of their internship, had focused group discussions with the organization's field workers. In the process, information regarding implementation of various initiatives, guidelines for assessing their effectiveness, and other tacit details were procured.

(c) Visits to the various program areas: Altogether, visits to six villages under the project area of Rajgarh were made by the authors. The programs and activities in operation there were monitored for firsthand knowledge. Unstructured interviews with the villagers there and, especially, purposively identified youth groups (comprising both men and women), were conducted by the authors. This enabled the authors to gain practical insights into actual happenings in the project areas.

(d) Perusal of NGO's reports or other program assessments: The reports of the programs conducted by the organization were studied to better understand the organisational ideology and ethos behind these initiatives, and to identify metrics to measure them.

It was found that some people were unable to articulate clearly the changes brought about by the programs. The data available for a few programs are limited and, therefore, not adequate to provide an exhaustive report. Certain exact scales of measurement used for qualitative indicators cannot be taken into consideration as they engender resentment among the general public. Consequently it becomes difficult to frame SMART indicators.

Indicators for Assessment of Youth Development Initiatives of Childfund India

Indicators have been developed for each program, and activities noted down in quantitative and qualitative terms respectively, for every objective of the youth initiatives of ChildFund India.

The following section presents the list of qualitative and the quantitative indicators for every project, objective, program activity and outcome of PDD3 of ChildFund India. It may be recalled that there are four objectives of PDD3 (refer to Table 2), namely

- 1: To increase knowledge and educate the youth (married and unmarried) about reproductive and sexual health
- 2: *To build community support for youth participation in school-based education and alternative learning systems*
- 3: *To develop technical and vocational livelihood skills of the youth, and*
- 4: *To increase youth participation and involvement in the community governance and development process.*

Objective 1: To increase knowledge and educate the youth (married and unmarried) about reproductive and sexual health

Program: Youth awareness program implemented

Quantitative Indicators

Number of sessions conducted in the last year, Duration of each session

Qualitative Indicators

Method of teaching, The subject matter of the awareness program, Involvement of ground-level workers in mobilizing youth, Capability of the resource person, Interest among the youth in the activity, Level of participation of presenters in the session

Activity 1: Identify and train the youth as peer educators.*Quantitative Indicators*

Number of youth identified as peer educators, Number of topics discussed in the training session, Sex composition of participants

Qualitative Indicators

Feedback from the youth, directed towards the trainer, How far the training imparted is useful for the youth, Degree of application of the program attended, Leadership capacity of the identified youth, Kinds of selection procedures for peer educators

Activity 2: Train the youth in accordance with the life-skill training module.*Quantitative Indicators*

Average usage of condoms after training was imparted, Number of women going for regular checkups during pregnancy, Frequency of each woman reporting for medical checkups during motherhood, Percentage of increase in the usage of hospital/PHC during delivery, Increase in intake of nutritional food by pregnant women, Gap between the first and the second pregnancies, Decline in the percentage of early marriage (Before 18years of age), Decline in the infant mortality rate, Use of tablets to avoid pregnancy, Decrease in the number of early pregnancies, Decrease in the number of school dropouts due to early marriage, Number of abortions undergone in the area, Decline in the number of children per couple, Comparative increase in cleanliness and hygienic practices during and after pregnancy, Number of expectant mothers involved in livelihood activities, even in late pregnancy, Percentage decrease in the number of men pressurizing women to continue working during pregnancy, Comparison of family income and expenses for each member, Number of training programs conducted, Gender composition, Number of agendas taken up

Qualitative Indicators

Awareness about the medication used by them, Increase among girls in decision-making power, Use of proper medicines for their children during infancy, Awareness about sexually transmitted diseases and illegal sex, Application of life-skills training in routine daily activities, Level of comfort of the participants, Appropriateness of the agendas discussed, Feedback from participants, Awareness created about HIV/AIDS & high-risk behavior, Awareness created about family planning.

Activity 3: Identify CBOs and traditional leaders who will be involved in sensitization to youth issues.Quantitative Indicators

Number of like-minded & total CBOs in the area, Number of CBOs interested in working on the given topic, Involvement of panchayat leaders in the implementation of government health schemes, Number of times intimations were made by the leaders to the community, Number of problems faced in sensitizing these groups, Level of collaboration, Number of ChildFund India's activities carried out only by CBOs, Number of (sensitivity) issues taken up, Level of participation from the Government

Qualitative Indicators

CBOs at participants' level in development activity in their area, Effectiveness of the methodology used, Scope of future sensitization efforts, Recognition of such institutions in the community,

Activity 4: Build networks and linkages with line departments and other agencies.Quantitative Indicators

Number of line departments in the area, Number of NGOs addressing the same issue, Activities carried out by other

agencies, Number of meetings attended with line departments, Number of meetings held with other agencies, Number of times propaganda was made/invitations given to other agencies, Number of visits made by other agencies, Number of times information was shared between line departments and other agencies, Number of times activities were carried out together, Percentage of involvement by other agencies in supporting our activities

Qualitative Indicators

Mutual understanding/sharing of activities

Activity 5: Train young girls in the preparation of sanitary napkins.

Quantitative Indicators

Number of girls attending the training session Vs target set, Number of training sessions held, Interest on the part of the girls, in preparing sanitary napkins, Duration of each session, Number of girls who started using sanitary napkins after the training session, Increase in the level of hygienic practices among these girls

Qualitative Indicators

Opinion of the girls about the quality of training offered, Perceptions among the girls about preparing sanitary napkins, Level of training imparted, Level of communication between trainer and trainees, Percentage of interest among the girls in using sanitary napkins, Satisfaction levels expressed by the girls with regard to the training session , Attention levels of the girls during the session, Information shared with other girls, Quantum of support from the family

Activity 6: Awareness sessions with SHG and mothers/caregivers and community support structures.

Quantitative Indicators

Number of awareness sessions held among mothers and caregivers, Number of people attending each session, Number

of problems that surfaced during the session, Percentage of communication with mothers and caregivers, Number of sessions held in the PD hearth regarding the topic, Communications shared with community support structures to enlighten them about Govt schemes, Level of increase in the number of people attending the sessions, Number of topics discussed

Qualitative Indicators

Knowledge of the topic before the session and after, Involvement of the group during the session, Decline in misconceptions regarding health issues after the session, Signs of improvement among the beneficiaries, Increase in a change of attitude, Level of community support for such training, Methods of communication and their effectiveness

Impact Quantitative Indicators

Representation from the youth in village development councils and the panchayat

Qualitative Indicators

Development activities from the youth in sexual health and reproduction

Objective 2: To build community support for youth participation in school-based education and alternative learning systems.

Program:

“Parental Support Program for School Retention and Completion” developed and implemented

Quantitative Indicators

Number of school dropouts in the area, Decline in the percentage of dropouts, Number of parents supporting the program, Number of parents regularly attending the program, Regularity on the part of students in attending class, Level of

performance of students after the program, Number of parents willing to send their children back to school, Decline in the incidence of manual labour-related work among the youth, Number of youth completing the course, Number of students interested in attending alternative learning systems, Number of activities imparted, Diversity of activities, Number of alternative learning systems implemented

Qualitative Indicators

Willingness on the part of students to continue their studies, Increase in awareness about the benefits of education, Change in parental attitudes, Extent of support from the school, Coverage of villages

Activity 1: Organize motivational camps to increase school retention rates.

Quantitative Indicators

Number of people attending the camps, Comparison of retention rates, Percentage of dropouts in the area, Comparison of dropout rates between girls and boys, Regularity of the youth in attending school, Level of change in people's attitudes to education, Total number of counseling sessions held, Frequency of the number of youths in each session

Qualitative Indicators

Effectiveness of motivational camps, Level of clear communication in the camps, Attachment on the part of fieldworkers to camp attendees, Participation levels among people in the camps, Perceptions among youths about these camps

Activity 2: Organize counselling classes for the youth

Quantitative Indicators

Comparison of the number of boys and girls attending the sessions, Extent of manual labour-related work done by the youth, Number of youths involved in different alternative

learning systems, Total attended against target set in each counselling session, Number of follow-ups done after each counselling session

Qualitative Indicators

Counsellor's attachment to the youth, Degree of interest among the youth in attending classes, Level of active participation among the youth in alternative learning systems, Level of confidence among the youth after each session

Activity 3: Provide additional coaching/remedial/computer classes.

Quantitative Indicators

Number of students attending the course against target set, Number of coaching classes held, Number of sessions held in the last year, Opinion of students about the course, Number of students attending class regularly, Number of students completing the course successfully

Qualitative Indicators

Level of knowledge of computers before attending the course, Level of knowledge of computers after attending the course, Willingness on the part of the student to take up additional courses, Practical applicability of the course attended, Quality level of the course/up gradation of the course

Activity 4: Organize classes to prepare for the public exams.

Quantitative Indicators

Number of students appearing for the public exams, Number of students equipped with study materials provided for the exam, Number of classes taken per month during the training program, Percentage of support received from the school, Increase or decrease in the number of students opting for extra coaching or tuitions, Number of students performing well after the public exam preparatory course, Number of students attending class regularly

Qualitative Indicators

Performance level of students (Average, Medium, High),
Involvement on the part of students preparing for the exam,
Percentage of students performing well in mock tests, Opinion
of students about difficult areas in all subjects

Impact: Increase the level of education among the youth.

Objective 3: To develop technical and vocational livelihood skills of youth.

Activity 1: Identify potential youth for exposure visit.

Quantitative Indicators

Frequency of visits in a year, Number of exposures to skill-development courses, Number of youth attending skill-development course after these visits, Gender composition in training programs, Number of youth who practically applied their learning of exposure visit

Qualitative Indicators

Level of learning of the youth during the visits, Satisfaction among the youth during the visits, Relevance of the exposure visit

Activity 2: Implement orientation-cum-training program for the youth on improved agriculture and allied services

Quantitative Indicators

Total number of programs, Duration of each program, Total number of the youth who attended as against the target set, Topics covered within the purview of each program, Number of demonstrations shown in the program, Level of income-generation of the family through agriculture, Diversity of exposure visits, Utilization of improved seeds among the youth, Increase or decrease in the quantum of dependency on agriculture for livelihood in the area

Qualitative Indicators

Degree of engagement of the youth in labour-related work, Improvement in the quality of life among people dependent on

agriculture, How is it reducing migration?, Growing interest in agriculture, Feedback from participants

Impact: Increase in employment and income in the community

Objective 4: *To increase youth participation and involvement in the community governance and development process.*

Program: “Youth Capacity Development for Leadership, Community Development and Governance” developed and implemented

Quantitative Indicators

Number of youth in the area, Number of youth interested in participating in the program, Percentage of educated youth participating in area development programs, Number of programs conducted, Percentage of youth participating in leadership roles, Roles and responsibilities displayed by the youth, Number of innovative actions and ideas developed and implemented by the youth, Number of such activities: leadership, community development and governance

Qualitative Indicators

Involvement of the youth in community development activities, Awareness among the youth of government programs and schemes, Awareness of the panchayati raj, Knowledge of panchayat structures, rules and regulations, Information on upcoming government schemes and programs, Increase in the capacity of decision-making skills among the youth for area development, Diversity of activities, Coverage of villages

Activity 1: Form, and strengthen, youth clubs

Quantitative Indicators

Number of youth clubs formed, Number of literate and illiterate youth in the clubs, Number of youth clubs performing well, Identifying youths with better skills and talents than the rest, Average involvement of each youth in different activities, Percentage of youths interested in joining the clubs, Number of youths following the principles of the club, Percentage of youth demonstrating their presence during activities, Number of meetings held, Number of youths who migrated from the area

after forming the club, Number of married and unmarried youth, Number of problems faced by the youth while carrying out activities, Percentage of support from the area in forming the club, Percentage of changes that happened in the area after forming the youth club, Number of youth clubs that were strengthened, Percentage of active members in each club, Percentage of issues they place before the clubs

Qualitative Indicators

Level of functioning of the clubs, Coherence of the clubs, Involvement of the youth in selecting topics to be worked on

Activity 2: Implement capacity-building programs in youth clubs

Quantitative Indicators

Number of programs held for capacity-building, Number of youths attending the program, Agendas of different programs, Number of programs held in various villages, Number of youths displaying their talents in the program, Degree of utilization and practice of training in their daily lives, Number of youth clubs using available resources, Number of the youth present in panchayat meetings, Regularity of the youth in attending the program, Percentage of communication between the panchayat and youth clubs

Qualitative Indicators

Effectiveness of each program, Support received from the area, Proactive participation of the youth in village development activities, Interaction between youth clubs

Activity 3: Conduct follow-up monthly meetings with the youth who participated in the training program

Quantitative Indicators

Number of meetings held, Number of youths attending meetings regularly, Frequency of follow-ups with youths, Number of times the youth were able to recollect the contents of the training program at meetings held thereafter, Percentage of involvement of the youth club in the community

Qualitative Indicators

Feedback on the training program, Suggestions from the youth

for the implementation of new activities, Problems faced by the youth in implementing the training program, Delegation of authority for upcoming activities

Activity 4:

Implement capacity-building of youth club members

Quantitative Indicators

Number of youths showcasing their talents in the program, Percentage of utilization and practice of training in their daily life, Number of youths present in the panchayat meeting, Regularity of the youth in attending the program, Percentage of communication with peer members, Changes effected in the community through rural development and institutional involvement

Qualitative Indicators

Proactive participation of the youth in village development activities

Discussion

Indicators were developed to keep track of the usefulness of the various youth development initiatives put in motion by the organisation. While framing indicators, careful attention was paid to ascertain precisely the expectations of each activity and its impact. In a developing country like India, the focus has always been on mobilizing the community in rural and urban areas. While indicators are only meant to indicate: they cannot provide solutions or suggestions. Indicators can furnish, for any kind of development, the exact picture of the impact and outcomes of the schemes and programs being implemented. The analytical framework adopted to develop these indicators can also be used in framing indicators for other programs. The indicators give a holistic view of the functioning of the PDD programs.

Limitations

The limitations of this listing of indicators to assess youth development initiatives are owing to (i) the quality of responses from beneficiaries in certain project areas, (ii) the inherent nuances of each programme, and

so on. Further, a number of indicators for several ethical and sensitive issues may not be accepted by the community at large, as they may be of a conflicting nature. Besides, these indicators have not been tested yet, though they can be used for assessing other projects of a similar nature. Interested organizations can use these and thereby comprehend the effectiveness of each indicator.

Recommendations

The usefulness of indicators can be ensured only when proper and sufficient data are available. Management can keep a detailed report on ongoing activities to make the said data meaningful. Data relating to qualitative improvement cannot be recorded, so it is best that the beneficiaries concerned be kept in touch with and regularly informed about relevant developments. The tacit information collected may be mapped and stored in a meaningful framework to serve as a repository for qualitative data. A data bank on the outcomes and outputs of the various activities in operation can be prepared and used for further study, in a meaningful way, as and when required. ChildFund India, Rajgarh cluster, is operational in five project areas. Hence, performance (measured against various indicators in different project areas) can be analyzed by means of this research and adequate measures accordingly be taken. The performance thus measured reveals the priority given by all the people concerned to different activities. This will facilitate the framing of need-based and innovative programs in different project areas. Also, future researchers / field workers in the organisation can test the applicability of these indicators so that they can be standardised and made available for use in similar projects.

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Appendix

CHILDFUND INDIA AND ITS INTERVENTIONS

ChildFund India, which is part of ChildFund International, has been declared the most respected and non-sectarian organisation working for the overall well-being of children across the world. ChildFund started its operations in India in 1951 with its headquarters in Bangalore. At present, it works in 14 states and 1 union territory with a population of 1 million covered, and includes 1618 communities. The core goals of ChildFund are: *Healthy and secure infants, educated and confident children, and skilled and involved youth. Innovative programs set in motion by ChildFund India include the following:*

- Addressing the problem of child labour in the glass and bangle industry in Firozabad district of Uttar Pradesh through a comprehensive child-sponsorship program called Disha Children's Program;
- Setting up positive deviance hearths - serving 1,00,000 children less than 5 years of age through a community-based nutrition program - in all project areas, including Rajgarh in Madhya Pradesh;
- Supporting 724 children infected and affected with HIV/AIDS in

the rural areas of Kakinada town of East Godavari in Andhra Pradesh;

- Providing children with the psycho-social support they need through child resource centers in the project areas of Madhya Pradesh;
- i) Forming youth clubs, ii) helping children with the process of self-development, iii) thinking up solutions, and iv) acting to implement them - in all project areas, including Madhya Pradesh;
- Spreading awareness about HIV/AIDS and their prevention (with the objective of reaching out to high-risk groups and vulnerable communities in rural areas), with information on sexually-transmitted infections, HIV prevention and risk reduction, and
- Rehabilitating 960 devadasis spread over 73 villages in Belgaum district of Karnataka through the Comprehensive Social Education and Positive Engagement Program. (Source: www.childfundindia.org)

MILLENNIUM DEVELOPMENT GOALS: OUR SUCCESSES AND SLIP-UPS – AN EVIDENCE-BASED REVIEW

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ABSTRACT

Impediments are concrete and objective factors that slow down our march toward success. Imponderables are also impediments, but are often shrouded in mystery and puzzlement. They are harder to explain or explain away. An example of an impediment is the popular resistance to polio vaccination that surfaced in Nigeria in 2003. Closer home, quite recently, something happened in West Bengal that could have shaken people's faith in the safety of vaccination. A mix up of vaccines resulted in the children receiving them being hospitalized (The Hindu, 2013). An imponderable is why the Government of India chose to devote just a few lines to the Millennium Development Goals (MDGs) in its 3-volume Eleventh Plan Document.

Disparities and Divides: Within the country, the SCs/STs are lagging behind others in terms of income, access to health facilities, Infant Mortality Rate (IMR) and Maternal Mortality Rate (MMR), literacy, school education and related issues. Also, some states lag behind others. These are impediments that must be tackled.

Organizational Issues: Not everything is all right with our health system. In the Government's own words, there are disparities and inequities that must be set right.

Allocation of Funds: At the moment, our budget allocations seem to be skewed and not designed to serve the interests of the poor and needy. A great deal of economic and fiscal acumen, political cooperation and political will seem necessary to set these anomalies right.

Soundness of Database: A sound, coherent and reliable database is necessary for the planning and successful achievement of the MDGs.

Inter-relatedness of Issues: The provision of sanitary facilities is absolutely essential for girls' education, and for the reduction of MMR and IMR, to name just a few. In a nation where half the

people still use open spaces as water closet, the MDGs are sure to remain a far cry.

Conclusion: The sooner we come to grips with the organizational, planning, allocation of funds, interrelatedness and sound database issues, the faster will be our progress towards MDGs.

Millennium Development Goals: Our Successes and Slip-ups: An Evidence-based Review

This write-up is divided into four sections: Section A is the introduction, listing of the MDGs and a summary of our achievements and slip-ups in this regard. Section B is an elaboration on the successes and setbacks. Section C consists of an evidence-based investigation into the causes for the setbacks and slip-ups. Section D consists of the lessons learnt and suggestions for ensuring greater success in our future efforts.

Certain observations made in the article are elaborated upon in a couple of appendices to the main write-up.

It should be mentioned here that these themes, inevitably, overlap. For example, poverty levels find a place in Section B. The same factor is featured in C also as a variable that affects other factors.

Section A

Introduction:

The developing nations have undertaken a solemn pledge to accomplish the following tasks by the year 2015. These are known as the Millennium Development Goals (MDGs). They are:

- 1. Eradicate extreme poverty and hunger.**
- 2. Achieve universal primary education.**

3. **Promote gender equality and empower women.**
4. **Reduce child mortality rates.**
5. **Improve maternal health.**
6. **Combat HIV/AIDS, malaria & other diseases.**
7. **Ensure environmental sustainability.**
8. **Develop a global partnership for development.**

How close we are to the above goals can be seen from the following chart. (Main source: The 11th Plan Document, Government of India)

	MDG	Present Status (Selected Information)
1.	Eradication of Extreme Poverty	India's HDI Rank is 122. Food Security Bill passed. Rural Employment Guarantee Programme being implemented.
2.	Universal Primary Education	Boys 96.9% Girls 89.9%
3.	Gender Equality and Empowerment	Reservation of seats for women in parliament - pending.
4.	Reduce Child Mortality	i. 10 th Plan target 45 per 1000 live births Achievement: 58/1000 ii. India fails to cut infant mortality rate. Only Tamil Nadu and Kerala are likely to achieve the National Goal. (The Times of India, 2012). Eleventh Plan Target (IMR) 28/1000 by 2012. Achievement: 42/1000 (UNICEF)
5.	Improve Maternal Health	MMR: 10 th Plan target 2 per 1000 live births Achievement: 3/1000.
6.	Combat HIV/ AIDS, malaria etc.	i. Malaria: 3 million cases in 1996; in 2005. ii. Early oral ART effective in reducing transmission of HIV. Only 1.5% of the children who need this get it (OPD).
7.	Ensure Environmental Sustainability	50% of people in India still defecate in the open. Almost 50% of households have no toilets (Census 2011, The Hindu, 2012).
8.	Global Partnership	E.g. The Bill and Melinda Gates Foundation help in tackling HIV and in the construction of toilets.

The Tamil Nadu Scenario: UNICEF Report:

1. 45% of children in Tamil Nadu are underweight.
2. Diarrhoea, pneumonia and malaria are the main causes for child deaths.
3. Mothers' undernourishment during pregnancy and children's own malnourishment are to blame.
4. ICDS is not as effective today as it used to be. (Source: Deccan Chronicle 26.09.2012 p.5)

Many ICDS centres do not have toilets (The Hindu, 2013). What's more, children's stunted growth is directly related not only to malnutrition but also to people defecating in the open. It is probable that the air and water pollution resulting from the same adversely affects the child's health and well-being (The Hindu, 2013).

The main focus of this paper will be upon education, poverty, sanitation, IMR and MMR.

'Impediments' refer to concrete, visible factors that stand in the way of achieving the Millennium Development Goals (MDGs) – such as, for example, non-acceptance by some groups of polio vaccination owing to apprehensions, real or contrived, spontaneous or engineered by vested interests - as happened in certain African countries. Quite recently, in our own country, children fell ill because of the wrong vaccine being administered to them (The Hindu, 17.9.13, p.13). And 'imponderables' are factors and their causes, not quite visible to the naked eye, to which this paper will return in due course.

The present write-up seeks to throw light on factors that impede the achievement of the above objectives. It is based on information gathered from secondary sources, chief among them, the Government of India's Eleventh Plan, the Official Plan Document (OPD).

Also, items of information relevant to the topics have been selected from the four major English dailies of Chennai. These are indeed numerous, but there is no reason to doubt their accuracy or authenticity, since all are based on data supplied by the Government of

India and its agencies, international organizations and reputed NGOs. Some of these are listed below:

1. The Registrar General of India
2. National Sample Survey
3. The Planning Commission of India
4. Government Officials such as the Health and Family Welfare Secretary
5. Indian Council of Medical Research
6. WHO and UNICEF
7. Centre for Global Health Research, Toronto, Canada
8. The Lancet (UK), and
9. National Family Health Survey

The very fact that governmental authorities have not challenged or refuted any of these data published by the newspapers indicates that they pass muster.

Section B

Details of our Successes and Setbacks:

Supply of Drinking Water: As per the Govt. of India's own assessment, as of 2004, a large proportion of our urban population does have access to water supply. Its adequacy and equitability in terms of distribution are, however, questionable. The per capita availability ranges from 58 per cent to 73 per cent of the norm in the bigger towns, but slums and squatter settlements suffer from deprivation of a more severe and serious kind.

Access to Sanitation: As per 2001 data, just a little over one-third of our entire population has access to a hygienic toilet, or any toilet at all. In rural areas, usage drops drastically to as little as one-fifth of the population. Another impediment is that a fifth of all newly-constructed toilets are not being used (Eleventh Plan, 2008). (Incidentally, the authors of this article, during the course of their study, came across a public toilet constructed in a low-income community (within the city of Chennai) that had been converted into a virtual shrine for worship

with images and icons of Hindu gods and goddesses placed inside it, replete with the customary flowers and scented sticks thrown in with the general purpose of discouraging the public from putting this place to the use for which it was originally meant.)

Facilities in Rural Homes: No drinking water, electricity or sanitation in 20 per cent of rural homes (India Rural Development Report 2012-13, as reported in TOI, 27.9.13). (More in Section C.)

Sanitation and Education – the Link: Girl-friendly toilets, with guaranteed privacy and a never-failing water supply, are essential if female students are to stay on at school and complete their education without let or hindrance. Therefore, when the Union Rural Development Minister announced that three States and a Union Territory had almost achieved the goal of providing toilets to all of their schools, it was heart-warming news. Ten more states, he said, would achieve this target “shortly.” However, the total coverage would be to the tune of 54 per cent only, it was learnt. The Minister gave a lengthy list of other states and Union Territories where progress was not up to the mark. This is unfortunate because, without access to a decent toilet at the school, girl students would feel ill-at-ease, to say the least, and might even be inclined to discontinue their studies prematurely (The Hindu, 2008). Nearly half all schools in Tamil Nadu do not have toilets (The Times of India, 2012). Indeed, it has been estimated that 443 million school days are lost every year due to poor hygiene and sanitation – that is, due to morbidity from water-borne diseases, girls absenting themselves because of menses and the like. Sixty per cent of all girls withdraw prematurely from school before completing their education, owing to a lack of adequate toilet facilities at the school (The Hindu, 2009). As far as individual dwellings are concerned, the Government gives a subsidy of Rs.2200/- to each household for the construction of a latrine. Despite this, as already mentioned, there is resistance from the public to the construction of hygienic toilet facilities, with some even going to court to obtain stay orders (The Hindu, 2008). In one particular case, the learned judge found it necessary to make an elaborate reference to the importance given by our ancient civilization to hygienic toilets and the sewage system - which made them models and objects of envy to others -, and refused to

issue an order to stay the construction of a public toilet in a dalit colony (The Times of India, 2010). The Government subsidy in this regard is in the shape of reimbursement of the cost incurred. The initial investment has to be made by the household concerned, which it is unable to do (The Times of India, 2010). Is a one hundred per cent subsidy possible? Yes, it is – but only if we reconsidered our priorities and put first things first. Kalpana Sharma says that one half of India defecates in the open. The Government wants to get these 600 million people to start using toilets by 2012. That means construction of millions of toilets on a war footing - not to mention the change of heart and of cultural practices that such a revolution will necessitate (The Hindu, 2008).

Intriguing Variations: More cases of, and more deaths from, diarrhoeal disease are reported in Andhra Pradesh, Karnataka and West Bengal than elsewhere. The incidence of typhoid presents a curious scenario: Jammu and Kashmir reported 42,000 cases in 2006, but no deaths; Karnataka had nearly 1 lakh cases with just 5 deaths. But Jharkand had only 5000 cases, although nearly 400 had died. Tamil Nadu reported 37,000 cases, but no fatalities. The reasons for these intriguing variations within the nation have yet to be investigated.

More examples of troublesome variations are cited below:

Kerala's life expectancy is 10 years more than that of Madhya Pradesh and Assam. IMR in Madhya Pradesh and Uttar Pradesh is more than 4 times that of Kerala. Crude death rates in some states are only half the rate reported by other states. These facts represent a great variation in access to, and availability of, healthcare, says the OPD.

The Scheduled Castes and Scheduled Tribes are found to be lagging behind the rest of the population, which fact may retard our progress in regard to the MDGs. For example, the school dropout rates are higher for this group, especially among girls, the difference being 6 to 7 percentage points from class 1 to class 10 (Eleventh Plan, 2008). A similar variation is seen in regard to population below the poverty line, once again the difference ranging from 9 (rural) to 14 (urban) percentage points (Eleventh Plan, 2008). The Scheduled Tribes group is still worse off, with their literacy rate lagging behind the general

population by 16 to 19 percentage points. The dropout rate is higher by 17 percentage points (Eleventh Plan, 2008).

Infant mortality rate (rural) among SCs and STs is 8 to 16 points higher than among others. The under-five mortality rate is 20 to 31 percentage points higher. School dropout rates among STs is 11 (boys) to 17 (girls) per cent higher. Thus the impediment here seems to be the community factor, and it points to the very real need to redouble our efforts to bring these groups in line with the rest of society.

Poverty Reduction: The percentage of population below the poverty line had come down from 36% in 1993-94 to 28% in 2004-05. However, the decline is not proportionate to the growth in GDP, while the Scheduled Tribes, going from 320 to 302 million – a drop of 6% only – had shown no change.

Further, there has been no upward revision of poverty line criteria since 1973-74. Therefore, it is all the more disappointing that the proportion of poor people has not declined appreciably since.

Using one other indicator of deprivation, the National Family Health Survey reveals that nearly half the children (in the 0-3 years age group or 46%, to be precise) suffered from malnutrition in 2005-06 – almost no drop from the 1998 estimate of 47%, which is, without doubt, a distressing trend (OPD, Volume I, p.i).

The Poverty situation – the Latest

In 2012, the Planning Commission had determined that an income less than Rs.22.43 in the rural areas and Rs.28.65 in the urban areas was Below Poverty Line (BPL) and, as per this criterion, poverty had declined from 7.3 per cent in 2009-10 to 29.8 per cent, compared to 2004-05 (The Times of India, 2012).

In the following year, namely 2013, adopting the criterion that anyone earning Rs.27.20 or less is BPL, it is estimated by the Planning Commission that 1 in 5 Indians (20 per cent) falls into this category. Compared to 2004-05, the poverty situation has considerably improved in the following 5 states: Goa, Kerala, Himachal Pradesh, Punjab and Pondicherry, but had improved only marginally in the following 5:

Chattisgarh, Jharkhand, Manipur, Andhra Pradesh and Bihar (The Times of India, 2013).

As recently as in 2012, the Planning Commission reported that poverty increased in 4 states (Nagaland, Manipur, Assam and Meghalaya), and there was an increase in the absolute number of the poor in Bihar, Uttar Pradesh and Chattisgarh (The Times of India, 2012). Thus, any growth that we have achieved is uneven.

Infant and Child Deaths:

The Registrar General of India reports that 14 lakh infants died in India in 2005 from avoidable causes like pneumonia, diarrhoea, premature birth, low birth weight, delivery infections, trauma and suffocation during the delivery. Altogether, 23 lakh children below 5 years of age died that year.

The situation was no better in 2008, when the Planning Commission reported that 2.5 million children die in India *every year*, the boys to girls ratio being 2:3. India has the highest number of neonatal deaths in the world. India has the largest percentage of Vitamin A- deficient children. Only 42 per cent of Indian households have access to piped water (NFHS). Childhood anaemia has risen to 79 per cent. In Bihar it has gone up by 7 per cent, due to food insecurity, poor breastfeeding practices and lack of complementary feeding (according to the Planning Commission.) In India, the great divide between the rich and the poor is ever-widening, says Ramya Kannan. A recent international survey shows that India's position is a lowly 135 among 176 countries in terms of child health. India's neighbours – namely, Sri Lanka, Nepal and Bangladesh - have fared much better in this regard (The Hindu, 2013).

Children and HIV/AIDS:

A recent International Labour Organization (ILO) study revealed that children of HIV-infected parents face severe discrimination and acute economic hardships. Children orphaned by AIDS, especially girls, tend to take up shady and disreputable occupations. In India, 70,000 children are in urgent need of anti-retro-viral treatment, but only 1.5 per cent or 1048 are receiving this life-saving therapy (Eleventh Plan, 2008).

The Grimmiest Picture: Maternal Deaths

Out of the 5 lakh women who die in the world every year due to pregnancy-related reasons, 1.25 lakh deaths (25 per cent of the world's maternal mortality) took place in this country (The Hindu, 2008).

The maternal mortality situation in the country should be a cause for worry to the MDG planners, especially in view of the healthcare system that has “collapsed.” As of now, more than half of all child births take place outside the hospital, without professional assistance. This is a serious threat to the lives both of the mother and child, not the least because the major causes for maternal deaths are anaemia and haemorrhage, grave medical conditions that can be handled only by trained personnel available in a clinical setup (Basavanthappa, 2008).

The disturbing news is that female anaemia has reached new highs in recent periods, affecting children as well. This is a reflection of poor nourishment, which is the lot of many women in this country. Add to this the denial of access to medical facilities, and the picture becomes complete in all its grimness. No wonder, then, that the MMR rate has hit the ceiling in Assam (409), MP (498), Uttaranchal (517), and UP, which takes the cake with a whopping 707.

Human Development Index: India's position among the world's nations, in terms of its Human Development Index (HDI), gives us food for thought. For the year 2010, HDI had three dimensions and four indicators. The former were: health, education and living standards. And the latter were: life expectancy, per capita income, and years of schooling so far and expected years of schooling (Deccan Chronicle, 2010). If gender inequality is accepted as a criterion, India slips to the 122nd position. Bangladesh and Pakistan are better off in regard to life expectancy. India's position on income has looked up, but it still lags behind Bangladesh and Pakistan in the education and health sectors.

India's development has not been rated by UNDP as “very high” or “high,” but only as “medium.” Still, it is a mystery why it lags behind Bangladesh, which is placed in the “low development” category. Is it that we have not utilized our resources properly and efficiently, while poorer nations have scored over us handsomely in this regard? The

mean years of schooling is only 4.4, compared to the global figure of 7.4 (a whopping 41% shortfall). Expected years of schooling, on the other hand, is 10.3, which is substantially lower than the global average of 12.3 – the shortfall amounting to over 16 per cent (The Hindu, Editorial, 2010). The Right to Education Act has to be implemented in a vigorous fashion. The resistance to the Act that has risen from some quarters is an impediment that has to be overcome (The Times of India, 2011).

Hanging Fire: Many programmes intended to tackle child malnutrition have been planned, but there is considerable delay in launching them. Health and nutrition education for mothers will play a pivotal role in this programme, which will benefit 8 states. It was meant to be launched in July 2010, but delayed due to apprehensions about approval for the budget, which is to the tune of Rs.90 crores. It will be implemented in the fourth phase of the Integrated Child Development Scheme (New Indian Express, 2011). The delay should cause concern to MDG enthusiasts.

Having thrown light on the set-backs, slip-ups and shortfalls we will, in the next section, look into the probable reasons for the same.

Section C

Evidence-based Investigation into the Causes of MDGs – Setbacks

After perusing the official 11th Plan document, and especially after going through the information supplied regarding the health and disease situation in the country, one is bewildered and befuddled by the understatements found therein.

TB is often called the number one killer in this country while lung infection takes the number two place (Source: Ministry of Health). But as per the official 11th Plan document, there were hardly 3,500 deaths in the year 2006 from Acute Respiratory Infection (ARI).

Interestingly, the OPD comes out with the startling finding that accidents and injuries claim no less than 8,50,000 lives every year in this country – almost two deaths every minute. The Govt. of India says that state-run hospitals are ill-equipped to deal with such emergencies,

besides being poorly managed and overworked (OPD, Vol II, p.102). This is one more piece of evidence that suggests that our hospitals are in a sorry state and cannot be relied upon to save lives – a setback to our MDG aspirations.

1. Inadequate Budget Allocation: This is not the author's own allegation or conclusion, but is something that is stated with astounding candour in the official plan document. (Eleventh Plan, Volume II, p.203). Speaking of BFC (budget for children), it states that meeting the MDGs with respect to children has been stymied by inadequate funds – just 3.10 per cent of the total budget has been allocated towards this end, and the actual expenditure incurred has been only 2.42 per cent – and this for one-third of our population! For health, the allocation has been a paltry 0.41 per cent. Therefore it is not quite surprising that almost 4 lakh children succumb to diarrhoea every year, with the rota virus claiming the most lives in this regard (WHO-UNICEF, 2009). In India, we are yet to introduce vaccination against the rota virus, the cost of which could be as high as Rs.1000/-. On 14th May 2013, the Government of India announced that a low-cost rota virus vaccine had been produced and would be pressed into service soon at a cost of \$1 (Rs.65 or so) per shot. This is good news, since it could save the lives of at least 1 lakh newly born every year. (The Internet – see under Ref).

2. Unmet Basic Needs: A major impediment to national health and hygiene is non-availability of adequate and safe water supply. The shortfall has been made public, ironically, by none other than the Government of India itself. This is an MDG goal that has to be met by arrangements made on a war footing. The current shortfall is to the tune of 25 per cent (rural). The urban situation too is “far from satisfactory,” as per the Government's own admission. The second major hurdle experienced by our population is a lack of access to hygienic toilets.

Drinking water and toilets, it goes without saying, are basic requirements for a healthy life. Without them, the assurance of a balanced diet for everyone will mean little. In other words, among

the MDGs there are a few that will have to be targeted on a priority basis, since the fulfilment of the others depends squarely on these.

Mega Impediment: Information on the mother of all impediments comes from the most unexpected quarters. It goes like this:

The public health care system in rural areas...is in a shambles. Extreme inequalities and disparities persist. This (situation) places the burden on the poor, particularly women, scheduled castes and tribes. Iniquitous disparities among states is a glaring reality. (paraphrased) (Eleventh Plan, 2008).

This statement has been made by none other than the Govt. of India itself in its OPD (Official Plan Document). With stunning candour, it has admitted that the rural health setup in India is in ruins – at least, it was upto 2005 and, possibly, 2008. Now the cat is out of the bag. We know now why the achievement of the MDGs is a distant dream. It may be added here that, as early as in 2006, the World Health Organization had pointed out that the ratio of primary health care workers to the population was the lowest in our country, just 3 for every 10,000 of the general populace (Hindu, 2006).

Echoing the above fact, Jairam Ramesh, Union Rural Development Minister, has gone on record as saying that the public healthcare system in the country has “collapsed.” Further, 70 per cent of the expenditure on health is met from private sources, thus increasing the rural citizens' debt burden. It is the single most important reason for indebtedness in rural areas, the minister revealed (The Times of India, 2012).

This is one more instance of the link between health and the economy: lacuna in one leads to manifold problems in the other.

3. **Disparities and Divides:** By *disparities* we mean the differential rates of poverty, IMR, MMR and such other problems in different states of the Indian Union, pointed out in the previous section. By *divides* we mean the differing rates of these phenomena among various groups such as the SCs/STs *within* the same states. For one thing, these differential rates tend to lower the national averages of

these phenomena. For another, they point to the absence of inclusive growth.

The Central Rural Development Ministry's Survey (2012-13): There are wide disparities among different states in regard to the availability of power, water and toilets in rural homes. For example, Tamil Nadu ranks the lowest when it comes to the availability of all three facilities together in the same unit.

As far as poverty is concerned, among the SCs and STs respectively, 42 per cent and 47 per cent are poor, compared to only 28 per cent among the rest.

Another 28 per cent of rural people could not avail medical treatment, owing to poverty. The proportion goes up to more than one-third among the SCs/STs (The Times of India, 2013).

4. **The Inter-relatedness of Crucial Variables:** It was pointed out earlier how school sanitation and attendance of girl students are interlinked. Without the former, the latter would suffer. It was also mentioned, in an earlier section, how the absence of a sound healthcare system drives villagers to seek private treatment, resulting in their becoming paupers. And it goes without saying that in the absence of adequate and safe water supply people's health, especially children's, is imperilled. In other words, there is no alternative to all-round growth.
5. **Some Nagging Doubts about the Database:** In a country in which nearly 4 lakh children die every year from diarrhoea, as reported by the WHO-UNICEF, it is incongruous to note that the Planning Commission declares that only about 3000 persons died due to that cause in 2006. The Planning Commission has no explanation to offer, however (p.182, Volume II Eleventh Plan). Similarly, when 2 persons succumb to Tuberculosis (TB) every 3 minutes (The Times of India, 2005), the Planning Commission reports that only about 7000 died from TB in the same year. (Ibid).

An official and weighty document like the OPD can hardly afford to dispense what appear to be gross underestimates, without a word of explanation or clarification.

Woe unto the MDGs, if they are going to be implemented on the basis of such shaky groundwork!

Section D

Conclusions and Suggestions:

1. MDGs-wise, much has been achieved: for example, poverty is declining, food security and employment guarantees have entered the scene. All these bode well for people's health, education and general well-being. But much remains to be done.
2. Inadequate fund allocation is a worrisome theme. One wonders why it is that when one has sufficient funds - actually an astronomical sum - for regular DA hikes for the better-off sections who constitute a tiny percentage of our population (see Appendix Tables I and II), we are tight-fisted when it comes to health and education for 30 per cent of our population, namely children below 14 years of age! What is being set aside for them is a pittance. Unless this anomaly is set right, progress in terms of realization of the MDGs will be painfully slow.
3. A sound healthcare system is the mainstay of the MDG's health objectives. So, when the Government of India itself has thrown up its hands in despair and said that it is all but dead, there is little hope indeed. Let the planners concerned identify the lacunae and weak points that exist – is it the lack of committed staff? Supplies like medicines not reaching the clinics in time? Or are the staff overworked and underpaid? What really ails the system? Government ministers and planners should tell us what is being done to breathe life back into the system.
4. Health, sanitation, education, poverty and many other phenomena are closely linked together. Therefore, unless all of them are tackled simultaneously and satisfactorily, the MDGs cannot be reached in the near future.
5. Wanted - A Sound Database: The Planning Commission should have a separate cell, if there isn't one already, to ensure

statistical accuracy and consistency of the data that they use and dispense to others. The nation looks to the Planning Commission for reliable data. The Planning Commission, with all the resources at its command – an army of trained personnel and an arsenal of state-of-the-art, sophisticated equipment - should cross-verify and supply internally consistent data, especially those pertaining to the nature and volume of problems afflicting people. Lapses in this regard are sure to cast a shadow over MDG – related efforts.

In sum, no piece-meal approach but a multi-pronged one would seem imperative.

The failure to achieve the Millennium Development Goals within the stipulated time could be laid at the doors of organizational impasse, skewed allocation of funds and uneven socio-economic development. By addressing these issues fair and square, we can indeed hope to achieve the set goals at least by the end of the 12th Five Year Plan. Also, it will be helpful if trained social workers are involved at all stages of official and private efforts at achieving the MDGs – the planning, execution and evaluation phases, as the professional training that these workers undergo equips them for the effective performance of all these tasks.

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Appendix I

MDGs and the OPD

One would expect the MDGs to be incorporated into the national planning process, and its progress explained fully and coherently in the Official Plan Document, which is published in three volumes and constitutes 1000-odd pages. Unfortunately, that is not the case. The information on the MDGs is scanty and, further, not to be found all in one place. It is found on five different pages (173, 184, 203, 205 of volume II and 136 of volume III) that one can locate only after a laborious page-by-page search. The MDGs are mentioned under “glossaries” in volume two, but without an index or page number. Certainly the OPD is not user-friendly, as far as the low-down on the MDGs is concerned.

Appendix II

Wanted: A Second Look at DA

More funds should be allocated for child welfare schemes like the ICDS, since many of its centres lack infrastructural facilities like toilets and storage space. Huge sums are being doled out to government servants, who form a miniscule proportion of the general population, as DA, No less a person than the then Prime Minister of India, P.V. Narasimha Rao, finding that a sum of Rs.40,000 crores was being allocated only for DA during the 8th Plan, threw up his hands in despair and exclaimed, “Gosh, no planning will prosper at this rate!” (GOI, 1993).

Hence it is suggested that a cap be laid on DA payments, and the funds thus salvaged directed towards the accomplishment of the MDG tasks. Of course, there may be other ways of getting additional funds too.

Appendix Tables:

Among other things, the following three tables illustrate the skewed allocation of resources that shocked a former Prime Minister of India. Tables A 1 and A 2 deal with DA and Salaries – the lion's share - respectively. Table A 3 shows that what is left for the poor children of our country is little better than chicken feed.

Appendix Table 1: D.A. and Salaries for Central Government Employees and Pensioners

Sl. No.	Head	Crores (Rupees)	% of Population Covered
1.*	Dearness Allowance (8 th Plan)	40,000	Less than 1
2.*	Rural Development (8 th Plan)	30,000	50%
3.**	Total Salary + Pension (2010-11)	55,000	p.a.Less than 1

*Source: For the Success of the 8th Plan, Government of India

** Source: The Times of India, 16.09.2010, p.8

Appendix Table 2 : Tamil Nadu Budget Allocation 2010 – 2011: Salaries*

Sl. No.	Details	Salaries and Pensions for Govt. Staff Rs./Crores	% of TamilNadu Population Covered
1.	Amount	34,000	2%
2.	% in Total Budget	50%	

*Source: The Times of India, 25.09.2010, p.7

3 : Tamil Nadu State Budget Allocation for Nutritious Meal Programme 2010 – 2011*

No. of children covered	69,000,00 (69 lakhs)
Budget allocation	Rs.377 crores
Available funds, per capita (Derived)	Rs.500 to 600 p.a. (\$8 to \$9)

*Source: The Times of India, 25.09.2010, p.7

QUALITY OF LIFE OF WOMEN LIVING WITH HIV IN THE CHENNAI REGION

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ABSTRACT

There was once a time, not too long ago, when HIV/AIDS was considered a terminal illness. Now, however, thanks to major advances in drug (ART) therapy, it has become no more than a chronic illness, as those infected are able to live longer with continuous medication. This has, consequently, extended the life expectancy of persons living with HIV/AIDS (PLWHA). Like any other illness, a HIV-infected person can expect to survive for many years with the help of medication and a good diet. However, the quality of life has now emerged as a significant measure of health outcomes. Since it is a stigmatized disease, HIV-infected people often fear to reveal their status and avail adequate treatment on time. Discrimination and avoidance are two common issues. Support from family and friends is minimal. In spite of massive improvements in medical aid over time, due to social reasons, people living with HIV suffered poor health and social standing. Though several awareness programs have been initiated, and network agencies are working tirelessly to ensure the wellbeing of this group, a life of quality has yet to be ensured for this particular group of people. This study is an attempt to determine the quality of life of HIV-positive women, and a look at other factors which influence the said quality of life, which are deliberated through primary sources of data.

Key words: HIV, Quality of life

Introduction

It is estimated that around 34 million people, all over the world, live with HIV/AIDS. The proportion of **women**, worldwide, **living with HIV has remained steady at 50%** (UNAID 2010). WHO estimates affirm that women account for almost half of all newly-infected adults and, globally, there are approximately 15.7 million women living with HIV. It has been 25 years since HIV made its first appearance in India. With an expected 23.9 lakh people living with HIV in the country, the epidemic is slowing down, with a 50% decrease in new HIV infections. AIDS still remains as a stigmatized disease that denies its carriers acceptance and evokes fear, preventing people from accessing treatment or openly accepting their HIV status. In India, 40% of all adults who become infected with HIV are women.

Although women, apparently, seem to suffer a minimal risk of contracting the HIV virus - because it is not common to have more than one spouse in a lifetime - a huge number of women are yet put at risk, with the threat of HIV illness, as a direct result of their husband's illicit sexual relationships outside of marriage. It has been estimated that 90% of women living with HIV in Asia have been infected either by their husband or long-term partner.

The risk of acquiring HIV/AIDS is significantly greater for women than it is for men, for various reasons. The first reason is biological. Women's biological vulnerability is increased as a direct result of their subordinate social status. The social constraints imposed by gender prevent women from getting access to invaluable information pertaining to sexual and reproductive health. An additional risk factor for HIV infection is the incidence of other sexually transmitted infections. Most of the time, unfortunately, women are more asymptomatic than men. Constrained by fear and shame, they almost never seek treatment. Further, cultural taboos prevent discussion of sex in schools and institutions of higher learning. The idea that women only have sex for reproductive purposes, as well as to satisfy men's needs, prevents them from actively entering into negotiations with their partners.

Impact of HIV on Women

The consequences of the AIDS epidemic on women are alarming: being the family's prime caregiver, a woman's right to health is either neglected or denied. This happens to her either of her own volition or due to sheer ignorance on her part. It is the attitude of the woman that largely determines what happens to her: she is at pains to care for everybody – while, at the same time, ignoring her own requirements and needs - which, in turn, affects her health and nutritional status. When a person is diagnosed with HIV/AIDS, the task of nursing the said person is usually carried out by the woman of the house. This is, usually, in addition to the regular chores that women carry out, as a matter of course, within the household.

Women affected with HIV/AIDS face discrimination and isolation, not only due to the stigma associated with the disease, but also as a consequence of existing gender inequality and marginalization. In most cases, women get infected due to contact often not entirely within their control. Infection from one's spouse is unavoidable, and this factor thereby pushes women to become victims of HIV. Due to their particularly vulnerable standing both in the family and the community at large, women are often denied access to treatment and, worse, made to feel guilty for having acquired the infection in the first place. Abandonment and rejection are common problems faced by HIV-affected women. Discrimination, poverty, gender-based violence, the patriarchal system, a conservative culture and traditional norms, and the general attitude towards parenthood are significant factors that fuel the epidemic.

Statement of the Problem

In India, HIV infection has engulfed all parts of the country - irrespective of caste, creed, gender, and/or socio-economic status. It is no longer a problem affecting only a specific group displaying high-risk behaviours rather, it is a major socio-economic problem. HIV is an issue that has serious implications for social sciences. It has critical ramifications in dimensions affecting social sciences. The people most

affected by the disease are those in the age group between 20-49 years, and this has important social and demographic consequences. Since the disease affects individuals while still quite young, it has a great impact on major events in the cycle of life, such as the formation of a family unit, prospective employment, and participation in national development. The spread of the disease is associated with deviant behavior like extramarital sex, prostitution, drug use, homosexuality, and so on - hence HIV transmission is a sensitive and emotionally-charged issue that needs to be carefully studied. The disease has a problem that is unique to itself: one of a targeted audience, and the other of discrimination – e.g. stigmatization and commercial sex work, which need to be understood from a psycho-social perspective.

The prevailing health standards of a country reflect the social, economic, political and moral wellbeing of its ordinary citizens. The economic and social growth of a society and/or a country are directly dependant on the health of its constituents. Healthy living conditions and access to quality healthcare for all citizens are not only basic human rights but also essential prerequisites for social and economic development.

It has been observed that there has been a steady increase in expenditure on HIV from 2003 onwards. Presently, India spends around 5% of its total health budget on HIV and AIDS. According to a report by the World Bank, by 2020, India will have to spend 7% of its health budget on AIDS alone, if the rising tide of the epidemic is not stopped. This puts further strain on the struggling health sector which - apart from HIV and AIDS - faces a growing multitude of health challenges that include malaria, diabetes, heart disease and cancer. It is quite clear that the prevalence of HIV and AIDS will have a catastrophic effect on the lives of millions of Indians in the years to come. Therefore, it is vital to have intervention studies that look at the issue from various perspectives. Understanding the quality of life of HIV-positive women is essential for any analysis of risk, prevention, and treatment. Hence, an attempt has been made to study both the status of health and review the quality of life of HIV-positive women.

Research Methodology

The study was conducted with the help of a non-governmental organization at the Tambaram area of Chennai. This NGO concentrates on creating awareness among women on issues concerning HIV/AIDS. It also offers rehabilitation and counseling services for women living with HIV. The population of the study comprised women infected with HIV/AIDS who were attending programs organized by the said NGO. Using ethical guidelines prescribed for HIV/AIDS-related studies, the researcher included only those women who were willing to be part of the study. In this manner, 204 women of the 512 who attended the NGO's programs volunteered to be participants for the study. After obtaining informed consent, the researcher conducted structured interviews with all 204 women during the period July – Sep 2011. A descriptive –diagnostic design was adopted for the study. Both primary and secondary sources of data were used.

Tools of Data Collection

The tools of data collection were decided upon, keeping the objectives of the study in mind. Interviews were scheduled to collect relevant information on the demographic and socio-economic background of the respondents. In order to assess the perceived quality of life of the patient, the multiculturally-tested, standardized scale 'WHOQOL – BREF' (the World Health Organization Quality of Life scale) was used in the study. The WHOQOL-BREF is based on a four-domain structure: physical health, psychological health/wellbeing, social relationships, and the environment. (WHOQOL - 1996).

The scale in question is a generic instrument that can be used in a general population to assess a wide range of domains applicable to a variety of states of health, conditions and diseases. Cronbach's were acceptable (>0.7) for domains 1, 2 and 4 i.e. physical health 0.82, psychological 0.81, environment 0.80, but marginal for social relationships 0.68. Please refer to Indian studies S. M. Skevington, et.al (2003), S. Saxena, et al (1998).

Results

Demographic Details

The study group comprised 204 HIV-positive women whose average age was 33.3 yrs (SD 4.6), with ages ranging from a minimum of 22 yrs to a maximum of 45 yrs. Of the 204 respondents, 95.6% of the women belonged to the age group 20-40 yrs, which has important social and demographic implications, particularly in view of the fact that they are potential participants in national development. This age structure is very similar to the profile of HIV-infected individuals in the country (NACO 2007), observed in other studies also (A. C. Gielen, K. A. et al, 2001). 4.4% of the women belonged to the age group 40 - plus. Of the 204 women studied, it was found that 65% lived in urban areas and 35% in urban fringes.

The Quality of Life

There was once a time, not too long ago, when HIV/AIDS was considered a terminal illness. Now, however, thanks to major advances in drug (ART) therapy, it has become no more than a chronic illness, as those infected are able to live longer with continuous medication. This has, consequently, extended the life expectancy of persons living with HIV/AIDS (PLWHA). Like any other illness, the HIV-infected person can expect to survive for many years with the help of medication and a good diet. But the quality of life has now emerged as a significant measure of health outcomes. This study is an attempt to determine the quality of life of HIV-positive women, and a look at other factors which influence the said quality of life, which are deliberated through primary sources of data.

Table No. 1:**Quality of Life (QOL) Score in All Four Domains and the Overall Quality of Life**

QOL Rate	Overall QOL		Domain-1		Domain-2		Domain-3		Domain-4	
	Frequency		F	%	F	%	F	%	F	%
	F	%	F	%	F	%	F	%	F	%
Very poor	9	4.4	2	1	1	0.5	6	2.9	0	0
Poor	41	20.1	58	28.4	45	22.1	62	30.4	39	19.1
Neither good nor poor	68	33.3	79	38.7	83	40.7	84	41.2	83	40.7
Good	82	40.2	56	27.5	68	33.3	44	21.6	75	36.8
Very good	4	2	9	4.4	7	3.4	8	3.9	7	3.4
Total	204	100	204	100	204	100	204	100	204	100

F= Frequency

Domain 1 = Physical Domain

Domain 2 = Psychological Domain

Domain 3 = Social Domain

Domain 4 = Environmental Domain

The Quality of Life – The Physical Domain:

Physical health plays a major role in the quality of life of a person. When a person is physically fit, he is able to participate fully in activities that help the family grow and develop. Hence physical health is a key factor that determines an individual's quality of life. In order to ascertain the role of the physical domain on the quality of life, data from the study was analyzed, which revealed that 39% of the respondents had a physical disability of some sort but were yet able to manage routine household chores despite their ailment. 29% felt that physical disability hindered their normal routine, and the frequent absenteeism it occasioned affected their income, which in turn impacted their quality of life. 32% did not have major physical problems.

The Psychological Domain and the Quality of Life:

The second domain taken for analysis was psychological, with variables comprising 6 questions ranging from enjoyment of a full, meaningful life, the ability to concentrate, the acceptance of one's bodily appearance, satisfaction with self, and any negative feelings experienced like depression, anxiety etc. A descriptive data analysis revealed that around 23% had psychological problems, while 41% stated that they felt neither good nor bad. Around 36% stated that they, psychologically speaking, felt good about themselves.

Social Relationships and the Quality of Life:

People need to have a sense of belonging and acceptance, they need to love and be loved. In the absence of such feelings of belonging, individuals become susceptible to loneliness, anxiety, and depression. When an individual is unable to relate to self and others, physically and emotionally, the quality of life is certain to be affected. Hence social relationships play a major role in assisting an individual's recovery from illness to good health - and if certain individuals fail to recover, they will (at the very least) experience the secure feeling of being in the presence of people who care about them. The study, therefore, intends to examine the social relationships of HIV-positive women.

The third domain had 3 questions related to social relationships. The analysis from the collected data revealed that 33% did not enjoy good social support; 41% felt that social support was neither good nor bad, and 26% of the respondents reported that they received good social support from their friends and personal relationships. The respondents stated that they received emotional support from their mothers (24%) and functional support from sisters (7.4%).

The Environment and the Quality of Life:

The environment plays a major role in determining the status of one's health. 8 questions, therefore, were focused on the environment. The women were assessed on the following parameters: whether they had a safe residence, a healthy physical environment, the opportunity to enjoy leisure activities, adequate money, conditions obtaining in their locality, access to health services, transport facilities, and so on.

The researcher found that the majority of respondents - 64% - lived in urban slums. The reason for their settling down in these slums was the sheer affordability of the housing available therein. Since they worked in the unorganized sector, or as coolies, their income only permitted them to choose to live in urban slums. As far as the overall environment was concerned, 19% of the 204 respondents studied expressed unhappiness but felt they had no real choice in the matter. As a consequence of their low incomes, they were forced to stay in a particular place with little or no facilities. 41% took the mid position, declaring that they were neither happy nor unhappy, while around 40% felt that they had a good environment all around.

Quality of Life and Other Variables:

The quality of an individual's life is determined, not merely by the state of his/her general health, but also on certain socio-economic and psychosocial factors that have a role to play. HIV has currently become more chronic in nature than it was, largely due to the introduction of antiretroviral therapy. Various bodies of research have shown that HIV patients experience a decline in the quality of life due to factors other than the progressive nature of the disease at every stage, and their own debilitating physical condition. Taking into consideration such factors, as well as the influence they exert, helps to address the multidimensional issues related to the quality of life in these patients.

The Type of Family and the Quality of Life:

The first factor taken for analysis was the type of family and its place in the quality of life of the respondents. A χ^2 test was conducted to identify the association between the nature of the family and the quality of life. Test results ($\chi^2= 19.452$) and (P value $<.003$) revealed that there was an association between the type of family and the quality of life. Respondents living with their families expressed satisfaction with the quality of life, which they declared to be good. On the other hand, families headed by women expressed general dissatisfaction with the quality of life, which they declared to be poor. Such families headed by women are burdened with dual responsibilities: they take care of their children and meet the demands of the family, coupled with severe physical disability and minimal social support.

Table No. 2: Type of Family and Quality of Life

QOL	Type of family				Total
	Nuclear	Joint	Families headed by Women	women living alone	
Poor	11	2	33	4	50
	15.9%	10.5%	32.7%	26.7%	24.5%
Moderate	19	6	34	9	68
	27.5%	31.6%	33.7%	60.0%	33.3%
Good	39	11	34	2	86
	56.5%	57.9%	33.7%	13.3%	42.2%
Total	69	19	101	15	204
	100.0%	100.0%	100.0%	100.0%	100.0%

$X^2 = 19.452$, $df = 6$, $p \text{ value} = <.003$

Marital Status and the Quality of Life:

The next factor to be considered was marital status and the degree to which it affects the quality of life enjoyed by the respondents concerned. It was discovered that respondents who had a happy marriage experienced great closeness as a couple, and this naturally spilled over into the family unit and, in turn, enhanced the quality of their relationships within their social circle. In order to establish the premise, X^2 test was carried out. The results revealed that there was an association between marital status and the quality of life. ($X^2 = 11.693$, $p \text{ value} < .02$)

Table No. 3: Marital Status and Quality of Life

QOL	Marital status			Total
	Married	Widow	Separated	
Poor	11	25	14	50
	15.1%	26.3%	38.9%	24.5%
Moderate	22	33	13	68
	30.1%	34.7%	36.1%	33.3%
Good	40	37	9	86
	54.8%	38.9%	25.0%	42.2%
Total	73	95	36	204
	100.0%	100.0%	100.0%	100.0%

$X^2 = 11.693$, $df = 4$, $p \text{ value} = < 0.020$

The Presence of HIV-infected Children and the Quality of Life of the Respondents:

The next variable tested was the presence of HIV-infected children and the quality of life of the respondents concerned. The quality of life of an individual can be greatly influenced by the presence of children. People who have HIV-infected children may constantly worry about the wellbeing of their children and feel guilty at the same time, because they have been instrumental in spreading the disease to their children. The presence of infected children in the family has strong repercussions on the quality of life enjoyed by the family. The study aimed to find out whether an association existed between the quality of life and the presence of infected children. The table below (Table No 4) indicates that there is a strong association between these two variables. $X^2 = 22.736$ and $P \text{ value} < .001$

Table No. 4: Presence of Infected Child and Quality of Life

QOL	Presence of infected child		Total
	No	Yes	
Poor	33	17	50
	25.0%	23.6%	24.5%
Moderate	30	38	68
	22.7%	52.8%	33.3%
Good	69	17	86
	52.3%	23.6%	42.2%
Total	132	72	204
	100.0%	100.0%	100.0%

$X^2 = 21.736$, $df = 2$, $P \text{ value} = < 0.0001$

Infected Family Members and the Quality of Life:

The number of infected family members, similarly, has a great bearing on the quality of life of the respondents. The larger the number of infected people in the family, the greater the expenses incurred towards medical care. Frequent (and recurring) illness in the family increases the existing workload of women who have already suffered the health consequences of being HIV-positive. Since the woman is, unquestionably, the sole caretaker of the entire family, having more people with HIV infection around can have dangerous consequences. Frequent illness in the family means that huge sums of money are being

spent in seeking medical care. Supporting and caring for family causes women to neglect, in the end, their own health. Due to recurrent illness, the family's wage-earners may abstain from work, which seriously impacts the family's financial standing, and leads to a downward fiscal spiral. This, in turn, affects the tenuous fabric of the family's social relationships. Unnecessary quarrels result and, as a natural consequence, depression may set in.

The table below (No 5) indicates the association that exists between the presence of a number of infected persons and the quality of life. The test results revealed that there was a statistically significant association between the quality of life and the relative numbers involved: that of fewer infected family members or none at all. (P. value < .037)

Table No. 5 : Number of Infected Family Members and Quality of Life

QOL	Number of Infected Family Members				Total
	Nil	One	Two	> 2	
Poor	24	17	6	3	50
	28.9%	23.6%	21.4%	14.3%	24.5%
Moderate	21	23	10	14	68
	25.3%	31.9%	35.7%	66.7%	33.3%
Good	38	32	12	4	86
	45.8%	44.4%	42.9%	19.0%	42.2%
Total	83	72	28	21	204
	100.0%	100.0%	100.0%	100.0%	100.0%

$X^2 = 13.393$, $df=6$, P value = <0.037

Table No. 6 Income of the Respondents and Quality of Life

QOL	Income of the Respondents			Total
	Nil	Less than Rs. 2500	More than Rs. 2500	
Poor	10	23	17	50
	27.0%	40.4%	15.5%	24.5%
Moderate	16	9	43	68
	43.2%	15.8%	39.1%	33.3%
Good	11	25	50	86
	29.7%	43.9%	45.5%	42.2%
Total	37	57	110	204
	100.0%	100.0%	100.0%	100.0%

$X^2 = 18.737$, $df = 4$, p value = < 0.001

Income Levels and the Quality of Life:

It is found that the size of respondents' income plays a major role in building confidence, self-esteem and social acceptance, as well as giving them a sense of independence and empowerment. In this particular study, the majority (82%) of the respondents were working women, and they expressed the belief that money plays a major role in deciding the quality of one's life.

In order to determine whether an association existed between income earned and the quality of life, a χ^2 test was conducted. Test results revealed that there was an association between the two. (Table No 6) χ^2 value was 18.737 and (P value $<.001$.) Similarly, a positive association was noted between total family income and the quality of life: $\chi^2 = 14.017$ and P value < 0.007 . (Table No 7). So then, the finding that income and the quality of life have an indubitable relationship supports the fundamental cause theory on health inequalities, the SES theory expounded by Link and Phelan (1995).

Table No. 7 : Family income and Quality of Life

QOL	Family Income			Total
	Rs. 3000 and less	Rs. 3001 - 5000	Above Rs. 5000	
Poor	26	16	8	50
	30.2%	26.2%	14.0%	24.5%
Moderate	34	20	14	68
	39.5%	32.8%	24.6%	33.3%
Good	26	25	35	86
	30.2%	41.0%	61.4%	42.2%
	86	61	57	204
	100.0%	100.0%	100.0%	100.0%

$\chi^2 = 14.017$, d f 4, p value = < 0.007

The Stages of HIV Stages and the Quality of Life:

The different stages of HIV have a great bearing on the quality of life of the patient. Each stage indicates how far the disease has progressed. Unluckily, the uniqueness of this particular illness lies in the fact that

the patient can never hope to get back to leading a normal life. Once the disease has progressed considerably, health deteriorates correspondingly. Hence there is a clearly established correlation between the different stages of HIV and the quality of life. In order to determine if this variable - HIV status and the quality of life is true, a statistical test was administered. The results revealed that there was an association between the different stages of HIV and the quality of life of the respondents: χ^2 result was 21.729, and P value = <.0001

Table No. 8 : HIV Stages and Quality of Life

QOL	HIV stage			Total
	I Stage	II Stage	III Stage	
Poor	9	16	25	50
	17.3%	17.6%	41.0%	24.5%
Moderate	11	37	20	68
	21.2%	40.7%	32.8%	33.3%
Good	32	38	16	86
	61.5%	41.8%	26.2%	42.2%
Total	52	91	61	204
	100.0%	100.0%	100.0%	100.0%

$\chi^2 = 21.729$, d f 4, p value = <0.0001

Stage I = **Asymptomatic**

Stage II = **Symptomatic**

Stage III = **AID converted**

The Duration of HIV Status and the Quality of Life:

HIV progresses over a period of time, with the time and severity varying from person to person. The longer the duration of the disease, the greater its detrimental influence on the quality of life of the patient. A χ^2 test was computed. The results revealed that there was an association between the number of years that patients had lived with the disease and the quality of life. (Table No 9). $\chi^2=9.267$ and P value <.01

Table No.9: No. of Years Classification and Quality of Life

QOL	No. of Years Classification		Total
	1-5 yrs	6 and above yrs	
Poor	29	21	50
	23.4%	26.3%	24.5%
Moderate	51	17	68
	41.1%	21.3%	33.3%
Good	44	42	86
	35.5%	52.5%	42.2%
Total	124	80	204
	100.0%	100.0%	100.0%

$\chi^2 = 9.267$, $df = 2$, $p \text{ value} = <0.010$

The study infers that the most important variables which decide the quality of life of HIV- positive women are the following: marital status, women living within the support of the family fold, a good personal income along with a decent combined family income, the presence of non-infected children and family members, the stage at which HIV has affected respondents and, finally, the number of years that respondents have lived with HIV.

Conclusion

From the empirical study, the following findings have been brought to light;

- 40% perceived that the quality of their life was good, 32% had good physical health, 36% had a good standing in terms of psychological wellbeing, 26% had good social support and 40% had a good environment to live in..
- The study identified a few variables which determine the quality of life of HIV-positive women. Those variables are: marital status (living with the husband), the type of family (women living within the family fold with supportive

members), good family income, the presence of healthy children and non-infected family members, the stage of HIV at which the respondents find themselves and, finally, the duration that respondents have lived with HIV.

Suggestions and Recommendations

- The findings of the study have revealed that the majority of HIV positive women do not enjoy a good life - a life of quality - as a direct result of their illness. Further, due to the prolonged nature of the illness, HIV-positive women are unable to take up any form of hazardous employment readily available in the unorganized sector. Most of these women have to fend for themselves as they do not have any kind of family support. Given these pitiable circumstances, it is imperative that the government intervenes and organizes income-generation programs for such vulnerable women. Jobs that involve sub-contract work - such as managing shops in temple premises under government administration, housekeeping services in government hospitals, and operating lifts in government offices, to name only a few - can be provided to HIV-positive women.
- The family plays a major role in determining the quality of life. Hence, awareness should be created, through the media, about the great need to safeguard family ties.
- Women patients from households headed by women face a genuine problem when they come to referral centers for treatment: they are unable to bring their children along with them. Due to the stigma from society that is all-pervasive, and also the lack of support, they are unable to leave their children with relatives or neighbors. This is an important reason that explains why women stop the treatment scheduled for them. This is a problem that can be overcome if short-stay homes (managed by NGOs) take care of the children when the mother is away, receiving treatment. Such short-stay homes can also

provide free accommodation to HIV-positive women and their children who need transit shelter. There is an urgent requirement for such a service.

- In order to reduce the risk of HIV, men should, of necessity, be included in all future risk-reduction programs.

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PARENTAL WARMTH, AFFECTION AND BEHAVIOUR PROBLEMS AMONG SCHOOL STUDENTS

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ABSTRACT

There can scarcely be any doubt that today; students are pressurized on three fronts: school, parents, and society. This could lead to poor psychological well-being among them, as is evident from the ever-increasing spate of suicides occurring among India's youth. In order to meet these challenges, parents need to act as a source of unfailing support and encouragement for school-going students. Hence, the present study intends to identify the relationship of parental warmth and affection with behaviour problems of school students. It also aims to identify the influence of gender, grade and mothers' occupational status on behaviour problems among school students. An ex post facto research design was used for the study, and a convenience sampling procedure to collect data. The total sample comprises 99 students studying in Standards (Stds) 8, 9, 10 and 11. Of the total number of students, 53 were boys and 46 girls. The Parental Acceptance-Rejection Questionnaire was used to assess parental warmth and affection. The Strengths and Difficulties Questionnaire was used to assess behaviour problems. Pearson's Correlation was used to test the relationship in question, and a t-test was used to ascertain the difference in behaviour problems based on gender, grade and mothers' occupational status. The findings revealed that parental warmth and affection as negatively related to behaviour problems among school students. It was also found that there were no differences in behaviour problems based on gender and mothers' occupational status. However, students from Standards 8 and 9 were found to have relatively more behaviour problems than those in Standards 10 and 11. The findings were discussed, based on the importance of parenting during adolescence.

Keywords: Parental Warmth and affection, Behaviour Problems, Emotional Problems, Adolescents,

Introduction

Adolescence is a transitional stage of physical and mental human development, generally occurring between puberty and legal adulthood, but largely characterized as beginning and ending with the teen years. The end of adolescence and beginning of adulthood varies from country to country and by function and, furthermore, within even a single nation-state or culture there can be different ages at which an individual is considered to be (both chronologically and legally) mature enough to be entrusted by society with certain tasks. Adolescence is usually characterized by increased independence, permitted by parents or legal guardians, as well as decreased supervision on the part of said parents or legal guardians, quite contrary to the pre-adolescence stage. It is characterized by a number of cognitive, emotional, physical and attitudinal changes, which can be both a cause of conflict on one hand and positive personality development on the other. The environment obtaining at home and the relationship shared with parents are crucial factors that determine the behaviour of, and choices made by, adolescents. Adolescents who enjoy a good relationship with their parents are less likely to engage in various forms of risky behaviour such as smoking, drinking and fighting. Adolescents, who are more flexible than younger children, yet appear to be more hostile and rigid when compared to adults.

Emotional problems, also dominant during this period, include overeating, excessive drowsiness, a persistent obsession with appearance, and signs of emotional distress. Emotional problems often tend to affect school work. Worry about oneself one's family circumstances, and so on, makes it difficult to concentrate. Pressure to do well and pass exams may stem from parents or teachers, but adolescents usually want to do well and will push themselves to do so. Excessive nagging can be counter-productive. Exams are an important factor - however, if they are the sole driving force in a student's life, general unhappiness may result. Further, parents often feel they have lost control of or fail to wield any influence over their child. Adolescents want their parents to be clear and consistent with regard to

rules and boundaries yet, at the same time, may resent restrictions on their growing freedom and ability to decide for themselves. Emotional problems eventually result in behavioural problems, psychological distress, poor psychological well being, etc.

A majority of people manifest some degree of behavioural problems throughout their lives. Fortunately, not all people suffer from severe behavioural problems. Some people suffer from severe, sometimes even innate, behavioural problems; others show problems that are more or less related to the environment or to key life events. Sometimes children display a wide range of behaviour which creates problems for parents, family and society. Behaviour problems include anxiety, depression/withdrawal, somatic complaints, attention problems, social problems, thought problems, rule-breaking behaviour and aggressive behaviour (Achenbach, 1991), but Goodman (1999) has classified behavior problems into emotional symptoms, problems with conduct, hyperactivity/ inattention and peer problems. These problems are chiefly caused by a failure to adjust to the external environment, as well as the presence of internal conflicts (Dutta, 1985). A behaviour problem can be defined as an abnormality - of emotion, behaviour or relationship - that is sufficiently severe and persistent enough to handicap the child in his/her social or personal functioning, or to cause acute distress to the child, his/ her parents or to the community at large (Dutta, 1985). Mohanraj (2006) reported 24% to be the prevalence rate of depression among adolescents in Chennai, India. It is important to apprehend that all children go through periods of behavioural and emotional disturbances in the process of growth and development. Dhoundiyal and Venkatesh (2009) reported problems with personal conduct as the primary problem among children, followed by problems in peer relations, prosocial behavior and emotional symptoms.

These behavioural problems are caused by multiple factors; no single event can be attributed as a cause for this condition. The causes for behavioural problems in children could be any of the following: negative parental attitudes, an inadequacy in the environment at home in the family, the influence of social relationships, the influence of mass media, the influence of social change, the presence of mental or

physical illness, or being differently abled. One important causal factor of behavioural problems includes parental warmth and affection or a lack thereof. Just as the family influences the child, the broader culture prevailing influences the parents too (Crystal, Chen & Foligni, 1994). Parental attitudes and behaviour are guided and prescribed by socialization goals appropriate to their culture (Chen, Liu, & Li, 2000). Socialization goals vary across cultures, according to the specific qualities and outcomes in children that are valued and emphasized. These socialization values affect parenting practices, and these practices may, in turn, lead to certain types of problems being suppressed or promoted. Based on ecological factors, for example, researchers have predicted that the Chinese emphasis on social order and harmony in interpersonal relationships would facilitate the development of psychological problems related to over-controlled behaviour, specifically, of depressed moods, anxiety, and somatization (Chen, Liu, & Li, 2000).

Parental warmth and pressure may play causal roles in the development of anxiety and depression in adolescents. It is possible that the causal process may work in both of those directions and, over time, a circular process may develop in which parental behaviour affects adolescent well-being *and, consequently*, adolescent functioning affects parenting. It is apparent that parental warmth, affection, and positive involvement have been positively associated with healthy emotional, social, and behavioural adjustments in their children. Ecological theory uses a person-process-context model that suggests that individuals are influenced at multiple levels: the level of their own individual characteristics, the family level, and the cultural level (Bronfenbrenner, 1979). Family characteristics such as conflict and a lack of cohesiveness have been shown to be associated with depression and anxiety in children. Parent-child interaction constitutes an important context that may elicit and sustain a child's social and behavioural problems (Chen, Rubin, & Li, 1997; Chen, Rubin, Li & Shek, 1996).

Kazarian, Moghnie and Martin (2010) reported parental warmth scores as positively related to subjective happiness ratings, and parental overall rejection (and specific rejection) scores as negatively related to the same. Eiden, Colder, Edwards and Leonard (2009)

stated that low maternal warmth/sensitivity directed towards children aged two years was reported as predictive of lower child self-regulation in children aged three. Kim (2008) reported that a low degree of perceived maternal and paternal warmth was positively related to adolescents' overall poor psychological adjustment, and almost all of its associated attributes. Suchman, Decoste and Luthar (2007) supported the theoretical stance that parental limit-setting and autonomy support, as well as nurturance and involvement, are important factors, respectively, in children's behavioural and psychological adjustment. These findings emphasize the importance of parenting influences on the extent of behavioural problems in children.

Behavioural problems are among the most common issues that parents have with children. Parents need to understand the reason for their children's behavioural problems so as to be able to effectively help and support them in alleviating such problems. Parental warmth and affection play a key role in helping attenuate behavioural problems in adolescents. Therefore, this study aims to explicate parental warmth and affection as the sole explanatory factor responsible for behavioural problems in adolescent students, since human behaviour cannot merely be explained away by simply resorting to easy platitudes. However, this study attempts to add to the existing body of literature that deals with the influence of parental warmth and affection on behavioural problems in school students.

Objectives

1. To observe the relationship between parental warmth and affection, and the behavioural problems of school students,
2. To identify gender differences in behavioural problems, parental warmth and affection of school students, and
3. To detect the influence of gender and mothers' occupations on the behavioural problems of school students

Hypotheses

1. Parental warmth and affection would be significantly negatively related to the behavioural problems of school students..
2. Boys and girls would not differ significantly in behavioural problems.

3. Boys and girls would not show significant differences in their perception of parental warmth and affection.
4. Grade would not significantly influence the behaviour problems of school students.
5. Mothers' occupations would not significantly influence behavioural problems of school students.

Method of Investigation

Description of the sample

An ex post facto research design was used in this study, and a convenience sampling procedure used to collect data. The sample comprised 99 school-going students. The sample chosen for the study was from Stds 8, 9, 10 & 11 of matriculation schools in the city of Chennai. The schools and the sample chosen were based on convenience. The selected schools were co- educational institutions from which 53 boys and 46 girls were chosen. The mean age of the sample was 14.3 years.

Tools used

1. Parental Acceptance-Rejection Questionnaire (Rohner, 1984): Parental warmth and affection were measured using the Parental Acceptance-Rejection Questionnaire (Rohner, 1984). The PARQ is a self-reporting questionnaire that asks children to reflect on the way their parents treat them, assessing their parents' behaviour in terms of four subscales: (a) perceived warmth and affection, (b) perceived hostility and aggression, (c) perceived indifference and neglect, (d) perceived undifferentiated rejection. Among these four dimensions, only the perceived warmth and affection dimension is used in this study.
2. Strengths and Difficulties Questionnaire (Goodman, 1999): The Strengths and Difficulties Questionnaire (SDQ) developed by Goodman (1999) is used to assess the behaviour problems and prosocial behaviour of an individual. Goodman had, in his study, produced adequate evidence for the concurrent and predictive validity of the SDQ. The SDQ has three forms: the self-report form, which is filled in by the adolescent, and two other forms

(filled in by either a parent or teacher). The present study uses only the self-report form. The dimensions of the tool are; emotional symptoms, problems with conduct, hyperactivity/inattention, peer relationship problems and prosocial behavior. Among these five dimensions, the first four assess those difficulties which are specifically named as behavior problems. Since the objective of the current study was to identify the influence of the independent variable on behavior problems, only the first four dimensions were used.

Administration Procedure

Prior permission was obtained, from Principals of several schools in the city of Chennai. Both questionnaires were then distributed to students chosen for the study, after a rapport had been established and the purpose of the study communicated to them. Precise instructions were given to the respondents who were asked not to skip a single item. They were also assured that their responses would be kept confidential. Every respondent was personally provided with questionnaires, which were collected when completed.

Statistical Analysis Used

The statistical methods used for the study were Pearson's Product Moment Correlation and Independent Sample t-test. Pearson's Product Moment Correlation was used to establish the relationship between parental warmth and affection and behavioural problems. An independent sample t-test was used to determine the influence of gender, grade and mothers' occupations on behavioural problems among school students.

Results and discussion

Table No.1 : Relationship between parental warmth and affection and behavioural problems of school students

Variables	n	Mean	SD	r
Parental warmth and affection	99	63.72	7.32	-.237 *
Behavioural problems	99	18.60	5.01	

*Significant at 0.05 level

Table 1 indicates that the r value is -.237, which is significant at .05 level. This shows that there was an inverse relationship between

parental warmth and affection and behaviour problems. Therefore, it can be inferred that individuals who have experienced better parental warmth and affection tend to have fewer behaviour problems. Hence the hypothesis which stated that parental warmth and affection would be significantly negatively related to behavioural problems of school students is accepted.

Table No.2 : Gender differences in behaviour problems of school students

Variables	Gender	n	Mean	S.D	t
Behavioural problems	Boys	53	18.69	4.58	238 NS
	Girls	46	18.48	5.50	

NS Not Significant

Table 2 indicates that t value is .238, which is not significant at any level. It shows that there was no difference, between boys and girls, in the behavioural problems faced. It reveals that both genders have similar levels of behavioural problems. Therefore, the null hypothesis which stated that boys and girls would not significantly differ in behavioural problems is accepted.

Table No.3 : Gender differences in parental warmth and affection of school students

Variables	Gender	n	Mean	S.D	t
Parental warmth and affection	Boys	53	62.17	7.64	2.30*
	Girls	46	65.5	6.57	

*Significant at .05 level

Table 3 indicates t value is 2.30, which is significant at .05 level. It shows that gender differences do exist in the degree of parental warmth and affection. It reveals that boys and girls differ in their perceptions of parental warmth and affection. Thus, it can be inferred from the mean value that girls perceived they received more parental warmth and affection than did boys. Hence, the null hypothesis which stated that boys and girls would not significantly differ in their perceptions of parental warmth and affection is rejected and an alternative hypothesis accepted.

Table No.4 : Grade differences in behavioural problems of school students

Variables	Grade	n	Mean	S.D	t
Behavioural problems	8 & 9	56	19.48	4.38	2.04*
	10 & 11	43	17.44	5.56	

*Significant at .05 level

Table 4 indicates that t value is 2.04, which is significant at .05 level. It shows that there was a difference in behavioural problems among students studying in different grades. Therefore, it can be inferred from the mean value that students studying in Stds 8 and 9 had more behavioural problems than those in Stds 10 and 11. Hence the null hypothesis which stated that grade would not significantly influence the behaviour problems of school students is rejected and an alternative hypothesis accepted.

Table No.5 : Difference showing the influence of mother's occupational status on behavioural problems

Variables	Mothers' occupations	n	Mean	S.D	t
Behavioural problems	Non-working	63	18.14	5.02	.97NS
	Working	36	19.39	4.94	

NS-Not Significant

Table 5 indicates that the t value is .97, which is not significant at any level. It shows that there was no difference between school students who have working mothers and those who have non-working mothers. Hence the null hypothesis which stated that mothers' occupations would not significantly influence behavioural problems of school students is accepted.

Discussion

The present study has found that that parental warmth and affection, and behavioural problems in students, are negatively related to each other. This indicates that when parental warmth and affection increase, behavioural problems tend to decrease, which results in the lesser likelihood of behavioural problems surfacing among adolescents. The

present finding is supported by earlier studies, where it was reported that parental warmth and affection predict lower incidence of psychological maladjustment in adolescents, which is the ultimate cause of behavioural problems (Baumrind, 1991; Rohner, 1986). Chen, Rubin and Li (1995) also reported a negative relationship between parental warmth and emotional adjustment. When adolescents feel secure and loved by their parents, that affection encourages them, in turn, to continue to have a good relationship with their parents. Further, when they are supported by their parents, they find it easy to share their problems with them. This could, in all probability, be the reason for the negative relationship between parental warmth and affection and behavioural problems.

It is also found that there are no major differences between boys and girls when it comes to the kind of behavioural problems both face. In today's scenario, women's emancipation has made girls feel good about themselves and on par with boys, which instils in them high levels of confidence. Moreover, girls and boys today compete equally in all fields, with no discrimination whatsoever. Further, irrespective of gender, both boys and girls are exposed to the media and this exposure has, unquestionably, engendered a rise in instances of violent behaviour. In addition, in the majority of families studied, there are fewer than three children - due to which, possibly, equal focus and attention are devoted to both boys and girls, which also could be the reason for the incidence of similar levels of behaviour problems. However, girls are found to perceive that they received more parental warmth and affection than did boys. This can be attributed to the fact that girls are, almost always, emotionally more attached to their parents and have little difficulty expressing love and affection for them. In turn, they perceive warmth and affection being reciprocated by their parents. Therefore, girls could have perceived more parental warmth and affection than boys did.

A difference is found in behaviour problems, based on the grade in which the students are in. In the present study, it is found that students in Stds 8 and 9 tend to have more behavioural problems than those in Stds 10 and 11. This may perhaps be explained by the fact that students in

Stds 10 and 11 receive special parental care because of (the far-reaching impact, on their future, of the marks secured by them in) their public examinations. Further, they also tend to be rather more mature than middle school students. Right through the entire course of Stds 10 and 11, they tend to focus all of their attention on the immediate future and career, and thus end up concentrating more on studies so as to realize their career goals. As a result of this focus, students in Stds 10 and 11 are found to have relatively fewer behavioural problems than those in Stds 8 and 9.

The occupations of mothers have not influenced behavioural problems faced by school students. This can be attributed to the fact that both nonworking mothers and working mothers may not vary in the degree of affection and care they give their children. Given the exigencies of the present education system, students are pressurized not only to study and excel in school, but also give their best at institutes which offer coaching classes as a result, quite naturally, they get to spend very little time with their parents. Working and non- working mothers could spend only the same amount of time with their children. Therefore, the degree of parental monitoring and involvement is found to be similar among adolescents, regardless of whether the mothers in question are working or non-working. Hence, the mothers' occupations have not, in any way, influenced the behavioural problems of school students.

Conclusion

The present study has identified the influence of parental warmth and affection on the behavioural problems of school students. The results revealed that parental warmth and affection was negatively related to behavioural problems. This study emphasizes the importance of firm and warm parenting, which helps in raising physically, mentally and emotionally healthy adolescents. With regard to gender differences, girls were found to have perceived more parental warmth and affection than boys did, whereas there was no gender difference when it came to behavioural problems. Further, students studying in Stds 8 and 9 had more behavioural problems than those in Stds 10 and 11. Finally, behavioural problems were found to be similar for both students with working mothers and those with non-working mothers.

Limitations of the study

1. The sample selected for the study was not adequate to represent the entire school population.
2. Fathers' education, family income and other demographic factors were not considered in this study.

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MEASUREMENT OF ORGANIZATIONAL CULTURE OF HIGHER EDUCATION LIBRARIES IN QATAR USING THE COMPETING VALUES FRAMEWORK

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ABSTRACT

This paper presents the results of a study of 20 higher education libraries in Qatar. The purpose of the study is to identify the organizational culture existing in these libraries which are grouped under three categories, based on their affiliations. The study is based on wider research conducted by the authors to determine the relationships that exist between organizational culture and knowledge management in Qatar's higher education libraries. A total of 122 library employees, serving in different positions, were surveyed. This paper aims to measure the average/mean culture profile of Qatar's higher education libraries. The findings of this study suggest that although these libraries have a mixed culture, Clan culture seems to have a dominant presence in the majority of Qatar's higher education libraries.

Key Words: Organizational Culture, Competing Values Framework, Knowledge Management, Higher Education, Qatar

Introduction to Organizational Culture

Culture is a powerful and decisive force that shapes our thinking and the way we lead our lives. Schein (2010) describes culture as one of the extremely powerful and stable forces operating in organizations, and

one that has been linked to a variety of measures of organizational success. He also argues that the fundamental concept of culture is the set of basic assumptions that people share regarding such things as human nature, social relationships, and relationships among social institutions and their environment. He further says that these assumptions are abstract, unconscious and taken for granted (Schein, 1985, 1990).

Edgar Schein (2010) defines culture as *"a pattern of shared basic assumptions learned by a group as it solved its problems of external adaptation and internal integration, which has worked well enough to be considered valid and, therefore, to be taught to new members as the correct way to perceive, think and feel in relation to those problems."*

Organizational culture is unique to every organization and one of the extremely difficult things to change. Although there is no single definition to describe organizational culture, management experts agree that they are represented by a variety of terms (Howard, 1998). Some of them are Cultural Values (Sheridan, 1992), Management Climate (Sager & Johnston, 1989), Management Processes (DeCottis & Summers, 1987), Management Style (Zaffane, 1994) and Vision (Charlton & Tharenou, 1994).

Dimensions of Organizational Culture:

Over the last three decades, researchers have proposed various dimensions and attributes of organizational culture. Sathe (1983), Schein (1985), and Kotter and Heskett (1992) are among the few who supported cultural strength and congruence as the main cultural dimensions of importance. Gordon (1985) identified eleven dimensions of culture: clarity & direction, organizational reach, integration, top management contact, encouragement of individual initiative, conflict resolution, performance clarity, performance emphasis, action orientation, compensation and human resource development. Hofstede (1998) focused on dysfunctional dimensions of

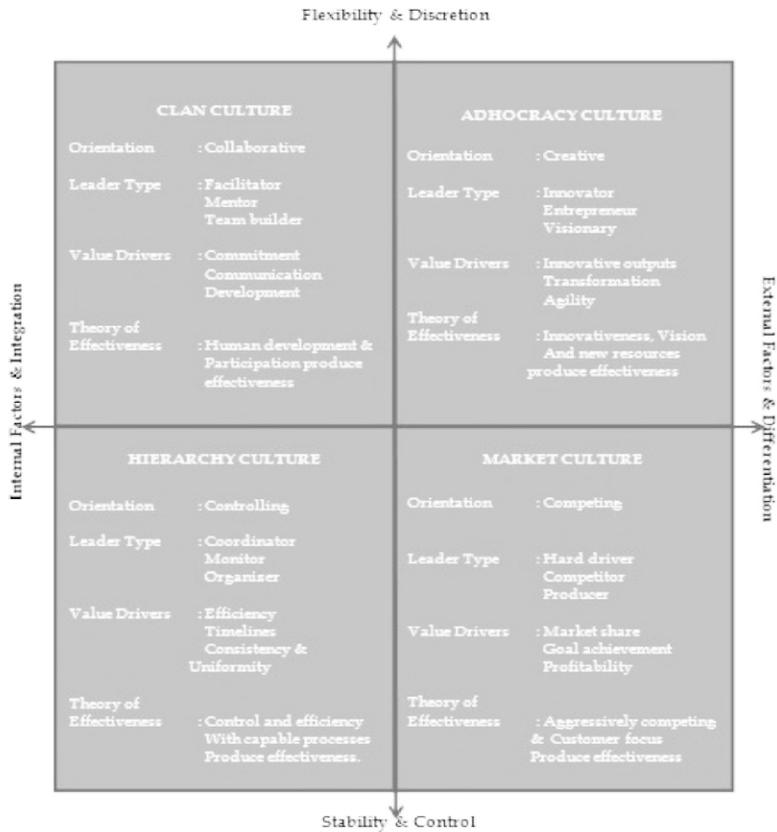
culture, including paranoid, avoidant, charismatic, bureaucratic and politicized dimensions.

Organizational Culture is extremely broad and inclusive in scope, and that is the reason why there were so many dimensions that had been proposed and researched upon. Therefore, no one framework is comprehensive and can be said to be right while others are considered wrong. It should, rather, be able to integrate and organize the majority of these dimensions, and that is the reason why the Competing Values Framework (CVF) (Quinn & Rohrbaugh, 1983) has become so popular among researchers. This framework was developed after extensive research on the major indicators of successful and effective organizations. Quinn and Rohrbaugh (1983) analyzed a list of thirty-nine indicators considered to be instrumental for organizational effectiveness proposed by Campbell, Brownas, Peterson and Dunnette (1974). The CVF had two dimensions. It uses six items that integrate almost all aspects of the earlier dimensions that were proposed. They are Dominant Characteristics, Organizational Leadership, Management of Employees, Organizational Glue, Strategic Emphases, and Criteria of Success.

The Competing Values Framework:

The Competing Values Framework is based on two dimensions one dimension differentiates effectiveness criteria that emphasize flexibility, discretion and dynamism from stability, order and control, while the other dimension differentiates effectiveness criteria that emphasize an internal orientation, integration and unity from criteria that emphasize an external orientation. According to Cameron and Quinn (2011), these two dimensions together form four quadrants, each representing a distinct set of organizational effectiveness indicators. These indicators represent what people value about the organization's performance and define what is seen as valuable and relevant. In other words, these four clusters of criteria define the core values on which judgments about organizations are made (Cameron & Quinn, 2011).

Figure I: Organizational Culture Profile



Adapted from Cameron & Quinn (2011)

Each quadrant in the figure above highlights the core values that are opposite to the values on the other end. The upper left quadrant (CLAN) identifies values that emphasize an internal, organic focus, whereas the lower right quadrant (MARKET) identifies values that emphasize an external, control focus. Similarly, the upper right quadrant (ADHOCRACY) identifies values that emphasize an external, organic focus while the lower left quadrant (HIERARCHY) emphasizes internal, control values. It is due to the nature of these competing or opposite values in each quadrant that the name “Competing Values Framework” was given to this model (Cameron & Quinn, 2011).

To summarise, each of these culture types, as described by Cameron & Quinn (2011), can be described as:

- **Clan culture** (internal focus and flexible) - A friendly workplace where leaders act like father figures.
- **Adhocracy culture** (external focus and flexible) - A dynamic workplace with leaders that stimulate innovation.
- **Market culture** (external focus and controlled) - A competitive workplace with leaders like hard drivers.
- **Hierarchy culture (internal focus and controlled)** - A structured and formalized workplace where managers act like coordinators.

Statement of the Problem & Field of Study

Organizational effectiveness is affected by the organizational culture existing within an organization, and organizational culture is shaped by the people working in them (Cameron & Quinn, 2011). Higher education libraries in Qatar have a large expatriate population and there are frequent changes in the number of employees working in different positions. Hence it is important to study the culture types that exist within libraries functioning in each university/institution for effective management and strategic decision making. The Competing Values Framework has been used in the research study since it allows the inherent contradictions playing out in organizations to emerge. It blends the idea that organizations are faced with competing actions between which they constantly need to make choices so as to foster organizational effectiveness.

The field of study includes all higher education libraries - such as those in universities, institutions and research centers - that are run by private, quasi-government and government organizations in Qatar.

Objectives & Rationale of the Study

The primary objective of the study is to identify and measure organizational culture types that exist in higher education libraries in Qatar using the Competing Values Framework. The rationale of this study is based on the fact that it will generate valuable information on culture types prevailing in higher education libraries in Qatar and thus

help library managers and directors take strategic decisions and implement planning. It will help them better understand the level of employees' commitment and satisfaction, which is absolutely vital to organizational effectiveness. Strategic interventions can be put in place to ensure that employees are happy, and continue to remain so.

Review of Literature

The literature on organizational culture published over the last twenty-five years is immensely voluminous and varied. It has remained a highly researched topic and seems to continue to draw considerable attention (Martin, 2002). Social anthropologists introduced the term 'culture' to describe and understand 'primitive' societies (Kotter and Heskett, 1992). Over the years, it has been examined within organizational settings initially as “corporate” or “organizational culture.” The term was used to explain - by emphasizing the existence of a highly motivated workforce with shared core values, beliefs and assumptions - why Japanese organizations were superior to American ones (Denison, 1984; Furnham and Gunter, 1993). Likewise, Hofstede (1980) claimed that culture justifies the economic supremacy of certain countries over others.

Subsequently, researchers developed various models to study and identify organizational culture: among them, the Competing Values Framework (CVF) has been used widely around the world and has remained one of the most successful models to date (Garman, 2006). Kwan and Walker (2004) noted that the Competing Values Framework has become the dominant model in the quantitative research on organizational culture. Numerous empirical studies have been published testing the validity and reliability of the CVF and Organizational Culture Assessment Instrument (OCAI) (Yu & Wu, 2009). Denison and Mishra (1995) used case studies and survey data to explore the relationship between organizational culture and effectiveness. The results provided evidence for the existence of four cultural traits in the Theoretical Model of Culture Traits. The dimensions and implications of the Theoretical Model of Culture Traits coincided with their counterparts in the CVF, thus validating the CVF as a powerful measure of organizational culture. Cameron and Quinn

(2011) themselves conducted innumerable case studies to analyse the organizational culture obtaining in various corporates, industries and companies in different countries around the world, and found it to be significantly accurate. However, there is no literature currently available to suggest that this model has been used to study the organizational culture prevailing in libraries anywhere in the world, let alone Qatar. In hindsight, this is a significant gap that exists in the evidence base; and hence the researchers used the CVF to study the organizational culture in higher education libraries in Qatar. The current paper fills the crucial gap in the existing literature by presenting the results of the study.

Research Methodology

The study used a descriptive, quantitative research design. The population of this study consisted of employees in libraries of higher education institutions in Qatar, including all post-higher secondary colleges, research institutions and universities. There were 20 of these at the time of this survey (<http://www.qnl.qa/find-answers/other-libraries>), with a total of 195 employees working in these libraries. This figure was ascertained from the feedback, received by the researchers from the library directors, to a mail asking for the same. However, there were no responses from three universities/institutions and they were, consequently, dropped from the survey. Five universities/institutions had a only single librarian each and hence were also dropped from this survey, restricting the sample size to 187 employees from 12 higher education libraries.

These 12 libraries are, based on their affiliations, grouped into three categories, viz. the Qatar Foundation, Government and Private. This piece of research aims to determine the average culture type in operation at the libraries in each of these three categories.

Data collection was aimed at getting a comprehensive view of the culture type prevailing in the libraries. The Organizational Culture Assessment Instrument (OCAI) (Cameron & Quinn, 1999) that has been used in this study is based on the Competing Values Framework which, in turn, is used for validating and measuring six key items of

organizational culture. The OCAI has four descriptive statements under each of the six items (each statement representing one of the four culture types), representing each of the quadrants in the framework. The OCAI allows us to diagnose organizational culture type, strength and congruence. According to Cameron & Quinn (2011), the instrument has been used in innumerable research across the world in different industries and its reliability and validity so well established that there is, therefore, no necessity for the researchers to do the same. It is also a public-domain document and, consequently, no permission was necessary for utilizing this instrument.

In order to respond to the statements in the instrument, the respondents need to divide 100 points among the four alternatives under each item (see Table I), depending on the extent to which each alternative is similar to their own library (Cameron & Quinn, 2011). Nonetheless, the sum of all four statements under each item should be exactly 100. A higher number of points is to be awarded to the statement that is most similar to one's library, and a lower number to those statements that are less similar or totally irrelevant. Points can vary from 0 to 100, depending on the assessment of the level of similarity of the statements to one's library.

Table No.1: Sample of the Survey Instrument

	1. Dominant Characteristics	100
A	My organization is a very personal place. It is like an extended family. People seem to share a lot of themselves.	
B	My organization is a very dynamic and entrepreneurial place. People are willing to stick their necks out and take risks.	
C	My organization is very result oriented. A major concern is with getting the job done. People are very competitive and achievement oriented.	
D	My organizations a very controlled and structured place. Formal procedures generally govern what people do.	

An electronic questionnaire, comprising the personal data sheet and Organizational Culture Assessment Instrument (OCAI), was designed

on the web-based internet surveying solutions provider Surveymomkey.com and sent to all 187 employees by e-mail in October 2013. They were given adequate time to respond - one month, till November 2013. They were also despatched weekly reminders. A total of 122 responses were received from 12 libraries at a return rate of 65%. Electronic mail was chosen over the traditional paper-based questionnaire as it is easier for participants to answer in such a format and revert to the researchers immediately. By completing the OCAI, employees provided a picture of what they believed were the fundamental assumptions on which their libraries operated and the values that characterized them.

Scoring the Organizational Cultural Assessment Instrument

The responses to all 24 statements from the six items were grouped according to the individual employee's library and the mid values (median) found in the scores given by them. For example, if 10 employees responded from the same library, they were grouped together and the median in the scores for each statement found. Since respondents gave different values - based on their own assumptions - for the statements in question,, the mid value or median found was representative of their responses. The median were then averaged to construct a culture profile of that particular library. Similarly, the median for statements 1A, 2A, 3A, 4A, 5A and 6A were found and tabulated separately. The same was repeated for the other alternatives - B, C & D - and tabulated. Thereafter, all 'A' responses were added and the average found. The same was done for all B, C & D values as well, as shown in the table in the appendix. The average values, given in Table II, were used for constructing the culture profile of the libraries, according to the groups into which they were assigned.

Plotting & Constructing an Organizational Culture Profile

From the tabulated values given in the appendix, the average scores for each of the alternatives A, B, C and D, were plotted along diagonal lines in the four quadrants in the forms as shown in the figures below.

1. The score for alternative A represents 'Clan' culture, and was plotted on the diagonal line extending upward in the top-left quadrant of the form.
2. The score for alternative B represents 'Adhocracy' culture, and was plotted on the diagonal line extending upward in the upper-right quadrant.
3. The score for alternative C represents 'Market' culture, and was plotted on the diagonal line extending downward into the bottom-right quadrant.
4. The score for alternative D represents 'Hierarchy' culture, and was plotted on the diagonal line extending downward into the bottom-left quadrant.

Once the scores had been plotted in each quadrant, they were connected to form a four-sided figure in order to create an organizational culture profile of the library as it existed when the survey was conducted. The profile identifies the dominant cultures that were prevalent in higher education libraries in Qatar. The culture profile may be done individually - of each of the universities/institutions - or they can be grouped, and the average culture profile identified (Cameron & Quinn, 2011). In this paper, the organization culture profile has been constructed for libraries grouped under three categories, based on their affiliations: the Qatar Foundation, and Government and Private Universities. In keeping with the need to respect the private nature of the information obtained, culture profiles for individual libraries have not been done in this study; instead, the average culture profile for each of the three categories has been constructed.

Interpreting the Culture Profiles

The quadrant in which the scores are the highest indicates the culture that tends to be emphasized most highly in the representing library. It identifies the basic assumptions, styles and values that predominate the library. The strength of the culture is determined by the scores awarded to each culture, and how far the figure stretches in one quadrant.

Research Findings and Inferences

Table No.2 : Culture Profile of Libraries Based on Category

C	CT	Libraries												Avg
		1	2	3	4	5	6	7	8	9	10	11	12	
Qatar Foundation	C	50	45	39	34	29	29	31	45	30	-	-	-	37
	A	19	21	22	23	28	18	26	27	22	-	-	-	23
	M	13	13	14	20	29	21	17	14	21	-	-	-	18
	H	19	17	18	26	19	33	25	12	25				22
Private	C	-	-	-	-	-	-	-	-	-	-	47	38	43
	A	-	-	-	-	-	-	-	-	-	-	27	24	26
	M	-	-	-	-	-	-	-	-	-	-	13	19	16
	H	-	-	-	-	-	-	-	-	-	-	9	21	15
Government	C	-	-	-	-	-	-	-	-	-	13	-	-	13
	A	-	-	-	-	-	-	-	-	-	10	-	-	10
	M	-	-	-	-	-	-	-	-	-	16	-	-	16
	H	-	-	-	-	-	-	-	-	-	58	-	-	58
All Libraries	C	50	45	39	34	29	29	31	45	30	13	47	38	36
	A	19	21	22	23	28	18	26	27	22	10	27	24	22
	M	13	13	14	20	29	21	18	14	21	16	13	19	18
	H	19	17	18	26	19	33	25	12	25	58	9	21	24

C = Category

CT = Culture Type

C = Clan

A = Adhocracy

M = Market

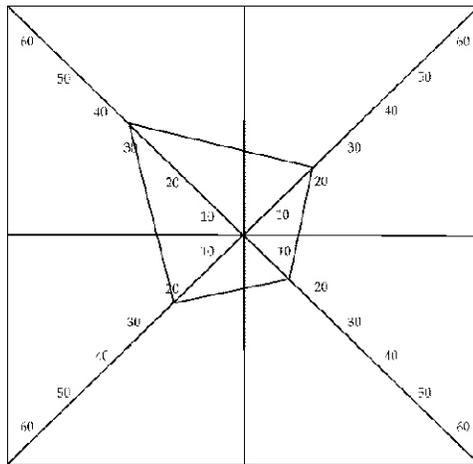
H = Hierarchy

Table 2 represents the values of the libraries, grouped according to their categories, as described in the previous section. The values in the 'Average' column are the average of each culture type for all libraries in their respective groups. The last category in the table is the values of all three groups combined or the values of all 12 libraries that had responded. The values in the 'Average' column for this category are the average for all higher education libraries in Qatar, and this value is used for constructing the average culture profile of higher education libraries in the country.

A close look at the average values in the table reveals that the values for

Clan culture type are higher for libraries in the group 'Private Universities/Institutions.' It can also be noted that Clan and Adhocracy values are higher, when compared to Hierarchy and Market values, which means that libraries in this group have a culture type dominated by Clan and Adhocracy. According to Cameron & Quinn (2011), organizations with these two dominant cultures are quite successful and progressive in nature, and their employees quite content, both with respect to the leadership and the organization. The values of libraries in the group 'Qatar Foundation' are higher for Clan and Hierarchy culture types, which means that although there is a greater quantum of freedom in these libraries, they also, quite often, stick to the rules. The lone library from the government group has higher values for the Hierarchy culture type, compared to other cultural types, which implies that it follows rules strictly. However, the average value of all these libraries combined is higher for Clan culture, followed by Hierarchy.

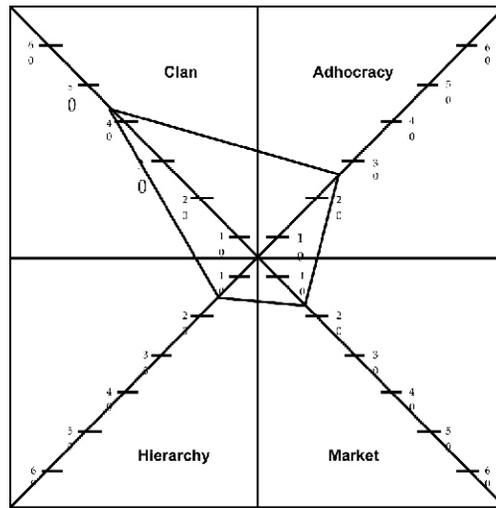
Figure 2: Culture Profile of University/Institution libraries in Qatar Foundation



The figure in the form stretches slightly more in the upper-left quadrant when compared to other quadrants, which means that Clan culture is dominant in the libraries of Universities/Institutions within the Qatar Foundation. Adhocracy culture also displays a prominent presence, since it racks up the second highest value after Clan culture, which underscores the existence of an Adhocracy culture type also in the

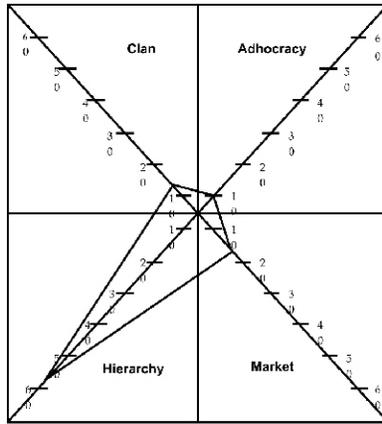
libraries. It can be inferred from the figure that, apart from being a highly friendly place to work in, with people sharing a lot of information about themselves, it is also a dynamic, entrepreneurial and creative workplace. The leadership in these libraries is considered to comprise innovators, risk-takers and, in addition, mentors. The library encourages individual initiative and freedom.

Figure 3: Culture Profile of Private University/Institution Libraries



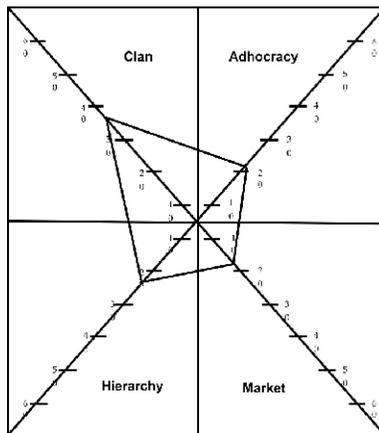
The figure above suggests that Clan culture is significantly predominant in libraries in Private Universities/Institutions that are outside the ambit of the Qatar Foundation. However, these libraries also have a considerable Adhocracy culture type presence and a significantly lower Hierarchy and Market culture type presence. This means that libraries in these universities are highly friendly places to work in, with people sharing a lot of information about themselves. The lower values for Hierarchy culture imply that the work environment is not highly formal, structured and rule-based but rather informal and friendly. They are also dynamic and creative places to work in, where people tend to take a lot of risks and go out of their way to help one other. The leadership in these libraries is considered to comprise mentors and, sometimes, even parent figures. A lot of emphases are given to teamwork, participation and consensus.

Figure 4: Culture Profile of Government Universities/Institutions



The figure above has stretched extensively towards the lower-left quadrant in the Hierarchy culture type. This suggests that a Hierarchy culture has a predominant presence in libraries of government-run universities and institutions in Qatar. The values for this quadrant are significantly high, which means that they are highly formal and structured places to work in. Procedures govern what people do, and the leadership in these libraries comprises coordinators and organizers who have efficiency in mind. Ensuring the smooth running of the library is their primary concern, while the long-term concern is stability and performance with efficient and smooth operations. Success is defined in terms of dependable delivery of services.

Figure 5: Average Culture Profile of Higher Education Libraries in Qatar



The figure above manifests the average culture type for all 12 higher education libraries that were studied in this piece of research. The figure stretches in the upper-left quadrant, which means that Clan culture is predominant, when compared to other culture types in higher education libraries in Qatar. Hierarchy and Adhocracy culture also have a prominent presence, since they rack up the second highest value after Clan culture. It means that the qualities of the two culture types are also evident in these libraries. It can be said that, apart from being highly friendly places to work in, where people share a lot about themselves, they are also dynamic, entrepreneurial and creative places to work in. The presence of a Hierarchy culture type implies that the rule book also plays a significant role in many of these libraries. The leadership in these libraries is considered to comprise innovators, risk-takers, mentors and coordinators as well. These libraries encourage individual initiative and freedom. It can also be inferred from the above figure, that there exists a mixed culture type with Clan culture being dominant, alongside a significant presence of Hierarchy and Adhocracy cultures in higher education libraries in Qatar. Cameron & Quinn (2011) state that these two culture types, Clan and Adhocracy, are ideal for promoting knowledge-sharing and management, while Market and Hierarchy are impediments.

Discussion & Implications of the Study

Cameron and Quinn (2011) argue that if there is one key ingredient for organizational success that is less tangible and blatant, but more powerful than any other, then that ingredient is Organizational Culture. Numerous studies that were conducted and published suggest that there exists a positive relationship between the dimensions of organizational culture and organizational effectiveness. The implications of this study will be far-reaching and help library administrators identify, understand, facilitate and manage organizational culture. It will also help them adopt effective ways of diagnosing and changing culture with a view to enhancing performance. Since culture is a significantly important factor in the long-term effectiveness of organizations, it is imperative that library

administrators are able to measure key dimensions of organizational culture and develop a strategy for changing or enhancing it. The bottom line is that any change introduced without understanding the culture of an organization will be ineffective and will not yield the desired results.

Suggestions

This study has focused only on measuring organizational culture types and described what it means to have a particular culture prevailing in higher education libraries. However, further research can focus on the reasons behind the presence of a particular culture type and the factors that influence such a presence. The researchers focused only on existing culture types and asked employees for their responses in this regard, while employee expectations with regard to what culture type they envisaged were not included as part of this study. Perhaps further research may be conducted so as to determine the nature of employees' expectations, and other models used such as the one suggested by Gupta and Govindarajan (2000) to identify factors that influence organizational culture.

The results of this study will help the authorities in universities and institutions of higher learning to understand culture types in their libraries and take appropriate decisions. Library directors could use this study to understand what their colleagues think about their leadership style and, further, what they think about the working conditions in the libraries. Decisions can be taken accordingly to beget course corrections, if necessary. Conducting a survey of this sort at timely intervals could help the authorities understand how far they have progressed as an organization and the degree to which their policies have impacted their employees.

Conclusion

Organizational culture plays an important role in determining the success and failure of any organization, company, industry or entity. There are various factors that influence culture formation in organizations, as well as sub-cultures among different groups or departments within organizations. Therefore, it is a huge challenge for the leadership to identify culture types and determine what contributes

to the formation of those cultures, and respond appropriately in due course. This study should be helpful for the leadership in higher education libraries in Qatar to perceive existing culture types and generate strategic decisions and planning accordingly.

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Appendix - Tabulated values from responses received

		Qatar Foundation									Govt	Private	
	OCAI	L1	L2	L3	L4	L5	L6	L7	L8	L9	L10	L11	L12
Clan	1A	55	50	40	38	30	35	35	43	30	10	50	38
	2A	50	40	40	30	20	25	30	45	23	10	45	33
	3A	53	40	40	35	25	25	30	43	33	10	45	40
	4A	55	50	40	35	70	40	30	48	33	15	50	40
	5A	53	50	45	33	20	25	30	50	33	15	50	38
	6A	33	40	30	33	10	25	30	40	28	15	40	38
	Sum	298	270	235	204	175	175	185	269	180	75	280	227
	AVG	50	45	39	34	29	29	31	45	30	13	47	38
Market	1B	30	20	20	25	15	20	25	30	25	10	30	30
	2B	20	20	20	23	30	10	25	28	20	10	28	25
	3B	25	30	30	28	25	20	30	30	23	10	33	28
	4B	10	20	20	15	20	15	20	20	20	10	20	20
	5B	20	25	20	25	35	20	30	28	23	10	30	25
	6B	8	10	20	20	40	20	25	23	20	10	23	18
	Sum	113	125	130	136	165	105	155	159	131	60	164	146
	AVG	19	21	22	23	28	18	26	27	22	10	27	24
Adhocracy	1C	10	15	20	20	40	10	10	18	20	15	10	18
	2C	5	10	15	20	30	30	20	15	20	20	13	20
	3C	10	10	10	18	25	15	15	10	20	10	13	15
	4C	8	10	10	20	5	20	15	18	20	10	13	15
	5C	10	10	10	18	35	20	15	10	20	10	10	15
	6C	35	25	20	25	40	30	25	15	25	30	18	28
	Sum	78	80	85	121	175	125	100	86	125	95	77	111
	AVG	13	13	14	20	29	21	17	14	21	16	13	19
Hierarchy	1D	5	10	10	20	15	35	25	8	20	55	5	13
	2D	25	20	10	25	20	40	25	10	33	60	5	25
	3D	13	15	15	23	25	35	20	10	25	65	10	23
	4D	28	15	35	35	5	30	35	18	23	60	10	20
	5D	18	20	15	28	10	30	20	10	23	65	10	20
	6D	25	20	25	23	40	25	25	18	25	40	13	23
	Sum	113	100	110	154	115	195	150	74	149	345	53	124
	AVG	19	17	18	26	19	33	25	12	25	58	9	21