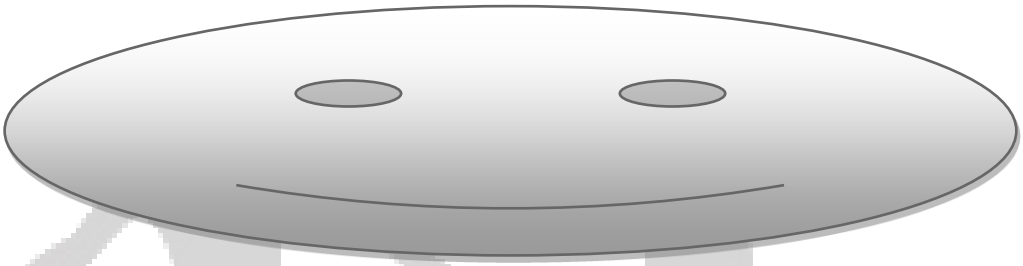
My Relay with Sochara



MENTOR: A S MOHAMMAD

Kamlesh Sahu

SOCHARA Fellow

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CHAPTER.1

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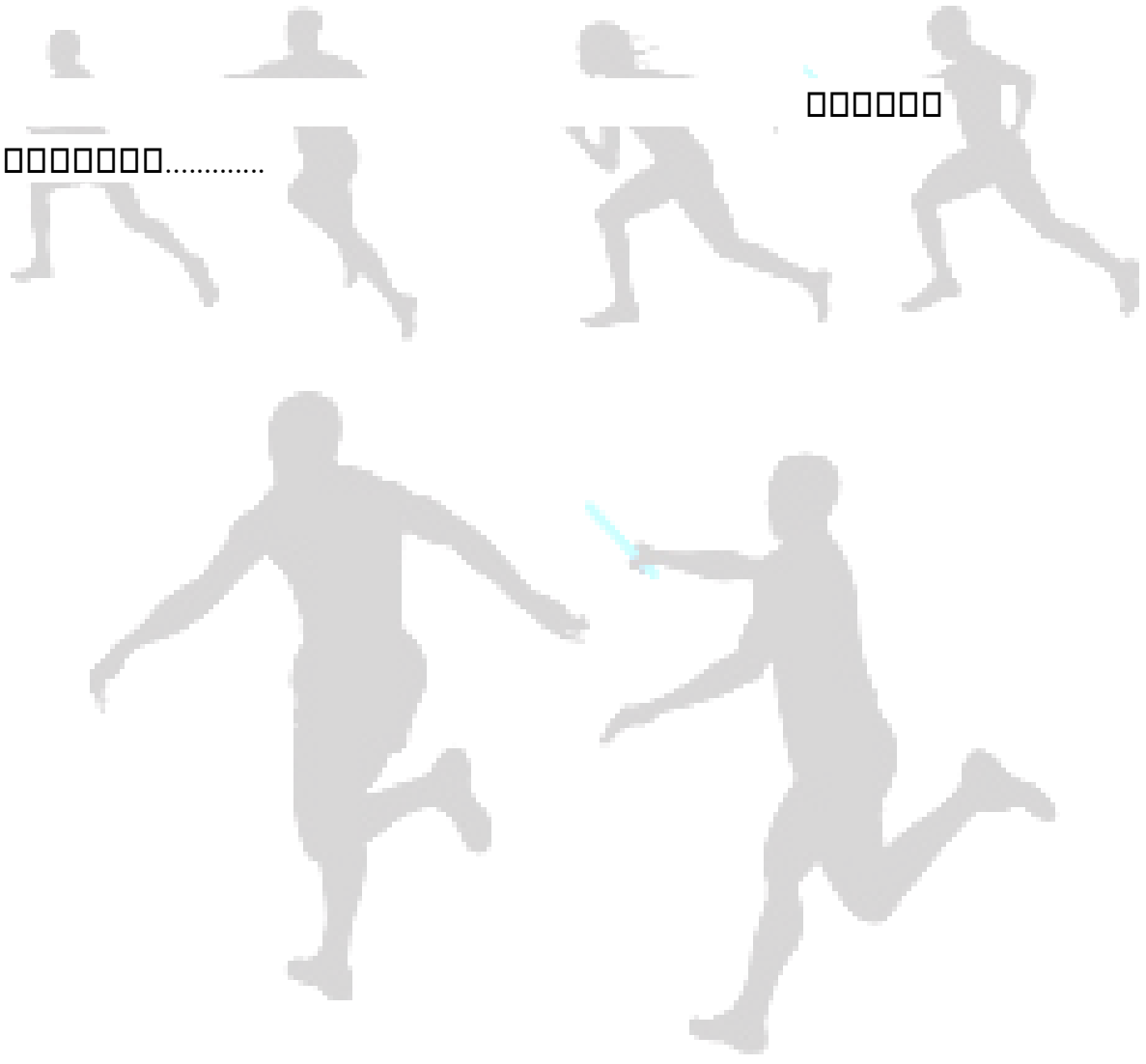

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1.3 My learning objectives in fellowship programme:-

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1.5 Learning from collective sessions

- Health, community and community health.
- Mantal health in social
- Community building and development.
- Public health and different of community health.
- Paradigm shift model

- Primary health care and basic principle of community participant.
- Social exclusion and marginalization.
- System and soft system methodology
- Social determinants of health.
- Sanitation
- Globalization
- Environmental health
- Research work with community

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• **ALMA ATA DECLARATION** □□ □□□□□□□ 1978 □□□ International Conference on Primary Health Care □□ meeting □□ □□□□□ □□□□ □□ □□□□ □□□□ □□□ □□□□□ □□□ □□□□□□ □□□ primary health □□ □□□□□□□ □□ □□□□□ □□□□ □□ □□□ □□ !

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• Primary health care □□ primary health center □□ □□□□□ □□ □□□□□□ □□ □□□□ □□ □□□□ primary health center □□ □□ □□□□ □□□□ □□□□□□□□ □□ □□□□□□□□□□ □□□□□□□ □□□□□ □□ □□□ □□□□ □□ □□□ □□□□ □□ □□□□□□ □□!

Health facilities – prevention of economic diseases, nutrition foods, education, water and sanitation, immunization, treatment, child and maternal health and drugs facility

• **Health for all** and **health human right** □□ □□□ world health organization, □□□□ □□ □□□□□ □□□□ □□□□□□ □□ □□ □□□□□□ □□□□ □□ □□□□□ □□□ □□□ □□ □□□□□□□ □□□□□ □□□□□□ □□ □□ □□□!

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• Health for all □□ □□□□□□ □□ □□□ □□□□□□□ □□□ □□□□ □□□ □□ □□□□□ □□□□□□□ □□□□ □□ □□□ □□□ □□□□ □□ □□□ □ □□ □□□□ □□□□□□□ □□ □□□□ □□□ □□□□□ □□□□ □□ □□□ □□□□ □□ □□□□□□□ □□□□ □□□□ PHC □□ □□□□□□ □□□ □□□□□□□ □□□□ □□ □□ □□□ □□ □□ □□□□ □□□□□□□ □□□□ □□□□□□ □□ □□□ “Health for all” □□ □□□□□□□ □□□□ □□ □□□□ □□!

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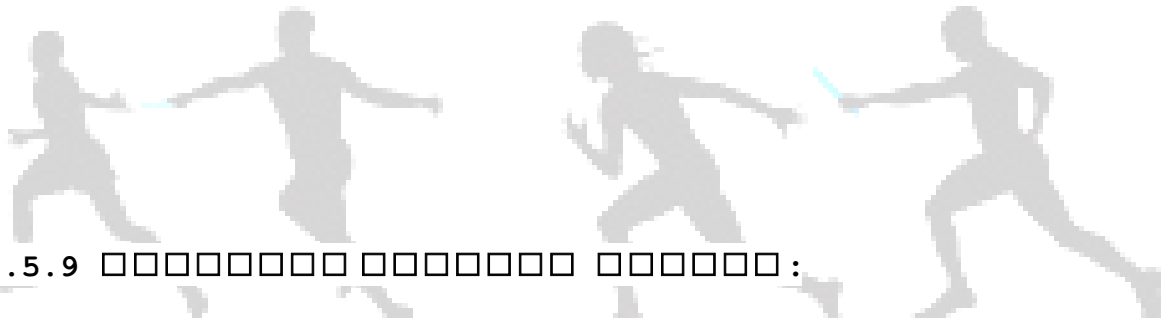

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1.5.10.1 Primary health care : □□□□□□□□ □□□□□□ □□□□ □□ □□□□□ □□□□ □□□□□□□ □□□□□ □□ □□□□□□□ □□□□ □□ □□□□□□ □□ □□ □□□□ □□ □□□ □□□□□□□□ □□□□□□□ □□□□□□ □□□□□ □□ □□□□□□□□ □□□□□□ □□□□ □□ □□□□□□ □□□□□□□□ □□□□□□□ □□□□□□ □□ □□ □□□□□□ □□□ □□ □□ □□□□□□□ □□□□□□ □□□□□□□□ □□□□□□□ □□□□□□ □□ □□□□ □□□□ □□ □□□□□ □□ □□□□□ □□□□ □□□□ □□

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- Prevention of economical disease
- Nutrition
- Education
- Water and sanitation
- Maternal and child health
- Immunization
- Treatment
- drug

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- participation
- Intersectoral coordination
- Equitable distribution
- Community Decentralisation
- Appropriate technology

1.5.10.2 Secondary health care : □□ □□□□□□□□ □□□□□□ □□□□ □□ □□□ □□ □□□ □□□□ □□ □□ □□□□□ □□□□□□□ □□ □□□□ □□ □□ □□□□□□□ □□□□□ □□□□□□ □□□□ □□ □□□□ □□□□□□□ □□□□ □□ □□□□□□□□□□ □□ □□□□ □□□□□□□□□□ □□□ □□ □□ □□□□□□□□ □□□□□□ □□□□ □□ □□□ □□□□ □□□□□ □□ □□□□□□□ □□□□□ □□□□□□ □□□□ □□□□ □□

1.5.10.3 Tertiary health care : □□ □□ □□□□□□ □□□□ □□ □□□ □□ □□□□ □□ □□□□□ □□□□□□□ □□□□□□□ □□□□□□ □□□□ □□□□ □□ □□ □□□□□□□ □□□□□□□ □□□□□□□□□□ □□ □□□□□□□□□□ □□□□ □□ □□□□□□□ □□ □□□□□□ □□□□ □□ □□□ □□ □□□□□□□□□□ □□□□□ □□ □□□□ □□□□ □□ □□□□ □□ □□□□□□□□□ □□ □□□□□□ □□□□□□□ □□□□ □□ □□□□ □□□□ □□□□ □□□□ □□□□□ □□ □□□□□ □□□□ □□□□ □□

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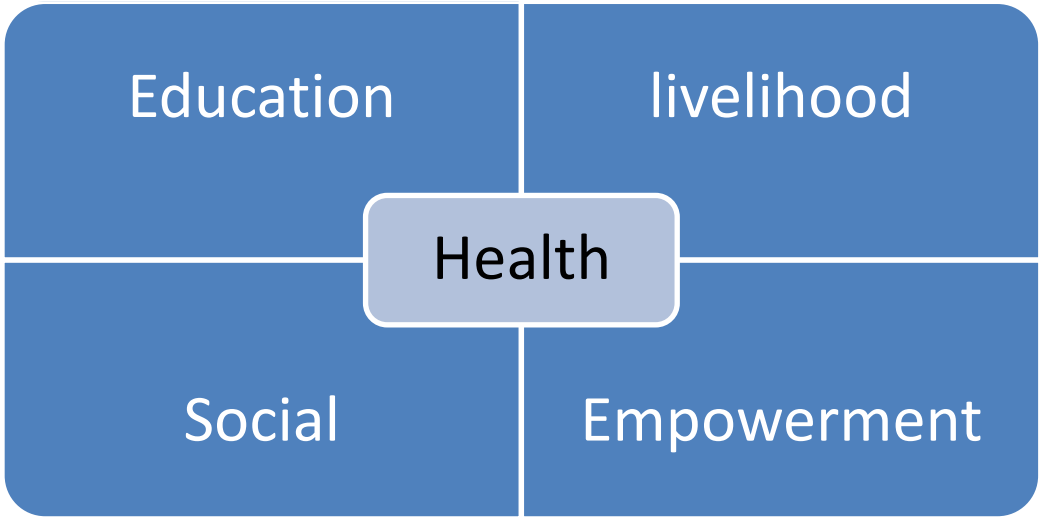
- **Several mental disorder**

- **Common mental disorder**
- **Epilepsy**
- **Mental retardation**

Community based rehabilitation (CBR) matrix



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1.5.13 Community building and development

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1.5.15 Paradigm shift model of health:

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Medical model **Individual** **Patient** **Disease** **Providing** **Drugs technology processor**	**Social model** **Community** **People** **Health** **Enabling** **knowledge social processor**

1.5.16 Environment

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1.5.17 Social determinants of health:

Age: [illegible]

Gander: [illegible]

Environment: [illegible]

Education: [illegible]

Water : [illegible]

Health Fecilities: [illegible]

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1.5.18 Disease:

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1.5.19 Communication and health

Communication □□□□ □□ □□□□□□□ □□ □□□□ □□ □□ □□□□□□□□□□ □□□□□□ □□□□ □□ □□ □□ □□□ □□□□□□□□□ □□ □□□□□□ □□ □□□□ □□□□□□□ □□ □□, □□□□□□, □□□□ □□ □□□□□□ □□ □□□ □□ □□□ □□ □□□ □□ "□□ □□□□ □□□□□□□□□ □□ □□□□ □□ □□ □□□ □□□□□□□ □□ □□□□ □□□□ □□□□□ □□□□□□□ □□ □□□□ □□ □□□ □□□□□□ □□ □□□ □□□□ □□ □□ □□□□□□ □□ □□ □□ □□□□□ □□□□□□□ □□ □□□□ □□ □□□□ □□□□□□□ □□ □□□□ □□ □□□□□□ □□ □□□ □□ □□□ □□□□ □□□ □□□ □□□ □□ □□□ □□□□ □□□ □□□ □□□□ □□□ □□ □□□□□ □□" □□ □□□□□□ □□ □□□□□□□□□□ □□ □□□□□□□ □□□□□□ □□□ □□ □□□□ □□□□ □□□□ □□ □□□□□□□ □□□□□□□□□□ □□ □□□ □□ □□□□□□□ □□□□□□□□□ □□□□□□□ □□ □□□□ □□□□□□ □□ □□ □□□□ □□□□ □ □□□□□□□□□□ □□ □□□ □□□ □□□□ □□□□□□□□□□ □□□□□□ □□□□□□ □□ □□□□□□ □□ □□ □□□□ □□□ □□□□□□□ □□□□□□□□□□ □□ □□□□ □□□□ □□ □□□□ □□ □□□□□□□ □□□□□□□□□ □□□□□□ □□ □□□□□□ □□□□ □□ □□ □□ □□□□□□□ □□ □□ □□□□□□□ □□□ □□□ □□□□ □□ □□□□□□□□□□ □□ □□ □□□□□□ □□□ □□ □□□□□□□□□ □□ □□□□□ □□

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1.5.19 Occupation health:

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1.6 Organization and institution exposure visits

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1.6.2 DOTS (Directly Observed Treatment Short Course) centre

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1.6.3 National tuberculosis institute, Bangalore

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1.6.4 Bhoomi Habba Festival

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1.6.5 APD (Association of People with Disability)

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1.6.6.FRLHT (Foundation for Revitalization of Local Health Traditions)

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1.6.7 Community calibration, (Koramangala block 1)

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1.6.8 SOCHARA alumni meet

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1.6.9 Reshma’s workshop (mantal health)

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1.6.10 Sochara Silver jubeeli

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1.6.10.1 AGRICULTURE AND FOOD: □□ □□□□ □□□ □□ □□□□ □□□□ □□ □□□□□□□ □□ □□□□ □□ □□□□□□□ □□□ □□□□ □□ □□□ □□ □□□□□□□ □□□ □□□□□□ □□ □□□ □□□ □□ □□□□□□ □□□ □□ □□ □□□□□□□ □□□□ □□□□□□ □□ □□□□ □□□ □□ □□□ □□□□□ □ □□□ □□□□, □□□□□□□ □□ □□□□□ □□ □□□ □□□□□□ □□□□, □□□□□□ □□□ □□ □□□□□□ □□□, □□□ □□ □□□□□ □□□□□ □□□□ □□□□□□□ □□ □□□□ □□□□□□□ □□ □□□ □□□□□□□ □□ □□□ □□□ □□□□, □□□□ □□□□□□□ □□□ □□ □□□ □□ □□□ □□□□□□ □□ □□□ □□□□□ □□□ □□□ □□□□ □□ □□ □□ □□ □□□□□ □□ □□□!

1.6.10.2 I.T.D. (INFORMATION TECHNIQUE DEVELOPMENT): □□ □□□□□□□ □□□ □□□□ □□□□□ □□ □□□□□ □□□□□ □□□□□ □□ □□□□□□ □□□□□□ □□ □□□□ □□□□□ □□□□□□ □□ □□□□□ □□ □□□□ □□□□ □□ □□□□□ □□ □□□ □□□ □□□□ □□ □□□□□□□ □□□□ □□ □□□□ □□ □□□□ □□□□ □□□□ □□ □□□ □□□ □□ □□□ □□ □□ □□□□ □□□□□ □□ □□□□□ □□ □□□□ □□□□□ □□□□ □□□□ □□□□□□□ □□ □□□□ □□ □□□□□ □□□□ S.M.S. □□ □□□□□□□ □□□□□ □□ □□□□ □□□□ □□

1.6.11 Baptist hospital (Urban slum)

Bapthis [illegible]

1.6.12 Meeting with E.P. Menon

E.P.Mainan [illegible]

meeting with E.P. Menon

1.6.13 Chitrakala Parishad

Chtrakala parishad □□ □□□□ □□ □□□ □□□□□ □□ □□□□□ □□□□ □□ □□□□ □□□□□□□ □□ □□□□ □□□ □□□□□□□ □□ □□□□□□□ □□ □□ □□ □□□ □□□ □□ □□□□□□□□ □□□□□ □□ □□ □□□□□□□ □□□ □□□□□□□□, □□ □□ □□ □□ □□□□□□, □□□□□□□ □□□□□□ □□ □□□□□□□□ □□□□ □□□□ □□□□□□□ □□ □□□□□□□□□ □□□ □□□ □□□ □□! □□□□ □□ □□□□□□□ □□□□□□□ □□ □□□□ □□□ □□□□ □□□□□ □□ □□□□ □□! □□□□ □□ □□□□□ □□□ □□□□□ □□ □□□ □□□ □□□□□ □□□□□□□ □□□□□□□ □□ □□□□□□ □□ □□□□□ □□ □□□□□ □□, □□□□ □□□□□□□ □□ □□□□ □□ □□□□□□□ □□ □□□□□□□ □□ □□ □□□□ □□ □□□□□□□□ □□ □□□ □□□ □□□ □□! □□ □□□□ □□ □□□ □□□□□ □□ □□□ □□ □□ □□□□ □□ □□□□□□□ □□ □□□□□□ □□□ □□ □□□□ □□ □□□□ □□□□ □□ □□□□□□ □□ □□□□ □□ □□□ □□ □□□□□□ □□ □□□□□ □□ □□□ □□□□ □□ □□□□□□□ □□ □□□□□ □□□□ □□ □□□ □□ □□□□□□□□□□ □□ □□□□□ □□□ □□□ □□ □□□□ □□ □□□□ □□□ , □□□□□□ , □□□□ □□□□(□□□□□□□□□ □□ □□□□□□□) □□ □□□□ □□ □□□□□□ □□ □□ □□ □□□□□□□ □□ □□□□□ □□□ □□□ □□!

chitrakala parishad

1.6.14 GRACE (BBMP and other ORG)

[illegible]

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GRACE (west managment)

1.7 Reflection

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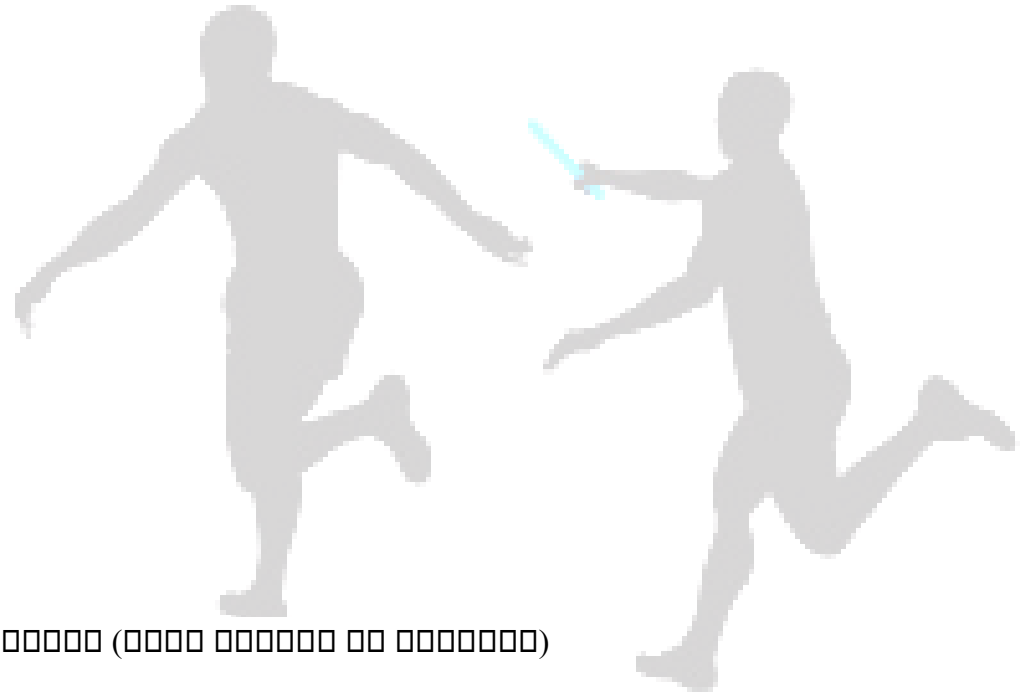
Chaptar-2

1. Information of Bhopal
2. Muskan Oraganization



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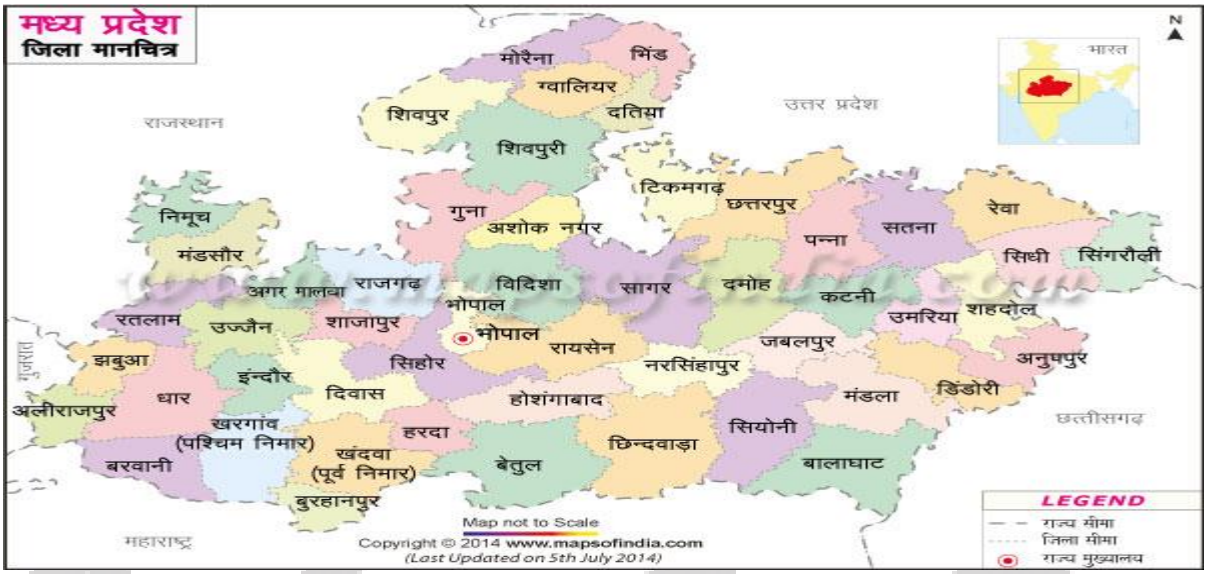

A. Basic Indicators of the Bhopal

S. No	Indicator	Year	Bhopal	Source

1	Population	2011	23,68,145	Census of India
2	Male	2011	12,39,378	Census of India
3	Female	2011	11,28,767	Census of India
4	Growth Rate (%)	2011	28.46%	Census of India
5	Rural Population	2011	4,53,806	Census of India
6	Urban Population	2011	19,14,339	Census of India
7	Child population (0-6 years)	2011	2,93,294	Census of India
8	Child population (0-6 years) to total Population	2011	12.38%	Census of India
9	Sex ratio (Females per 1000 males)	2011	911	Census of India
10	Sex Ratio at Birth, Total	2010-11	912	Annual Health Survey
11	Sex Ratio at Birth, Rural	2010-11	825	Annual Health Survey
12	Sex Ratio at Birth, Urban	2010-11	934	Annual Health Survey
13	Child sex ratio (0-6 years; girls per 1000 boys)	2011	916	Census of India
14	Percentage share of district population	2011	3.3	Census of India
15	Literacy Rate, Total	2011	82.26	Census of India
16	Literacy Rate, Male	2011	87.44	Census of India
17	Literacy Rate, Female	2011	76.57	Census of India
18	Gross Enrolment Ratio	2009-10	113.4	DISE
19	Crude Birth Rate, Total	2010-11	19.2	Annual Health Survey
20	Crude Birth Rate, Rural	2010-11	24.9	Annual Health Survey
21	Crude Birth Rate, Urban	2010-11	18.3	Annual Health Survey
22	Crude Death Rate, Total	2010-11	5.8	Annual Health Survey
23	Crude Death Rate, Rural	2010-11	7.6	Annual Health Survey

Sno.	health facilities	Bhopal	m.p.
1	Distric hospital	1 ¼ (250 bed)	48
2	Civil hospital	2	54

3	C.H.C.	3	278
4	P.H.C.	10	1142
5	Sub health center	63	8834
6	Family welfare cnter	6	73
7	Urban health post	8	80
8	Civil dispensary	18	92

Sorce: health services, satpura bhavan bhopal,20011

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I Education Camp (Gandhi naagar Choraha)

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2.7.1 DEMOGRAPHICS DETEAILS OF GOUTAM NAGAR

Total population : 500	Male : 330	Boys : 120
Households : 80	Female : 270	Girls : 80

2.7.2 GEOGRAPHICAL:

2.8.3 INFRASTRUCTURE:

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2.8.6 COMMUNITY CULTURE, FORMAL AND INFORMAL

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2.9.7 EXISTING GROUP

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2.9.9 EXISTING INSTITUTION

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2.9.10 ECONOMICS IN COMMUNITY

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2.9.11 UNDERSTANDING AND DESCRIBING A COMMUNITY

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2.9.12 GOVERNMENT /POLITICS

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2.9.13 Livelihood :

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2.9.14 Education :

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Chapter 3

FILD PLACEMENT

- MUSKAN ORGANIZATION
- GOUTAM NAGAR COMMUNITY

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Balvadi Kendra, Goutam nagar

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मरीजों से मिलने का समय
सुबह - 7 से 8 बजे तक
दोपहर - 3 से 4 बजे तक
रात में - 7 से 8 बजे तक
वार्ड में भर्ती मरीज के साथ केवल एक ही सहायक रहे। एक से अधिक सहायक आई.पी.डी. पंजीयन काउंटर से राशि रु. 25/- का पास प्राप्त कर ही प्रवेश करे।
पोषण-पुनर्वास केन्द्रो के संचालन हेतु वित्तीय दिशा-निर्देश
आंगनवाड़ी कार्यकर्ताओं व आशा कार्यकर्ताओं को प्रोत्साहन राशि तभी दी जावेगी जब वे स्व
बच्चे को लेकर आएंगे।
आंगनवाड़ी कार्यकर्ताओं व आशा कार्यकर्ताओं और माताओं के लिए मजदूरी क्षतिपूर्ति भत
भुगतान राशि ई-ट्रांसफर/एकाउंट पेयी चेक द्वारा किया जाएगा।
क्र. गतिविधि का विवरण यूनिट राशि कुल राशि
1. बच्चों के परिवहन-लाने व ले जाने के लिए 100/- 100/-
2. आशा कार्यकर्ताओं हेतु प्रोत्साहन राशि 100/- 100/-
3. गंभीर कुपोषित बच्चे के भोजन हेतु 50 प्रतिदिन (अधिक 14 भर्ती दिवस के) 700/-
4. माताओं के लिए मजदूरी क्षतिपूर्ति भत्ता 70 प्रतिदिन (अधिक 14 भर्ती दिवस के) 980/-
कुल राशि 1680/-
प्रथम फलाअम हेतु वित्तीय प्रावधान
1. बच्चों के परिवहन-लाने व ले जाने के लिए 100/- 400/-
2. आशा कार्यकर्ताओं हेतु प्रोत्साहन राशि 100/- 400/-
3. गंभीर कुपोषित बच्चे के भोजन हेतु 30/- 120/-
4. माताओं के लिए मजदूरी क्षतिपूर्ति भत्ता 70/- 280/-
5. अन्य व्यय (जैसे साग-सब्जी-लकड़ी, गिलकी, टमाटर - 10/-
मुर्गाकली / मंडवाकली आदि के बीजों के पैकेट वितरण हेतु)
कुल राशि 1212 -


NUTRITION REHABILITATION CENTER
Management of Severely Acute Malnourished Children
पोषण पुनर्वास केन्द्र
unicef
कृमि से मुक्ती, बच्चों को शक्ति
10 फरवरी 2015
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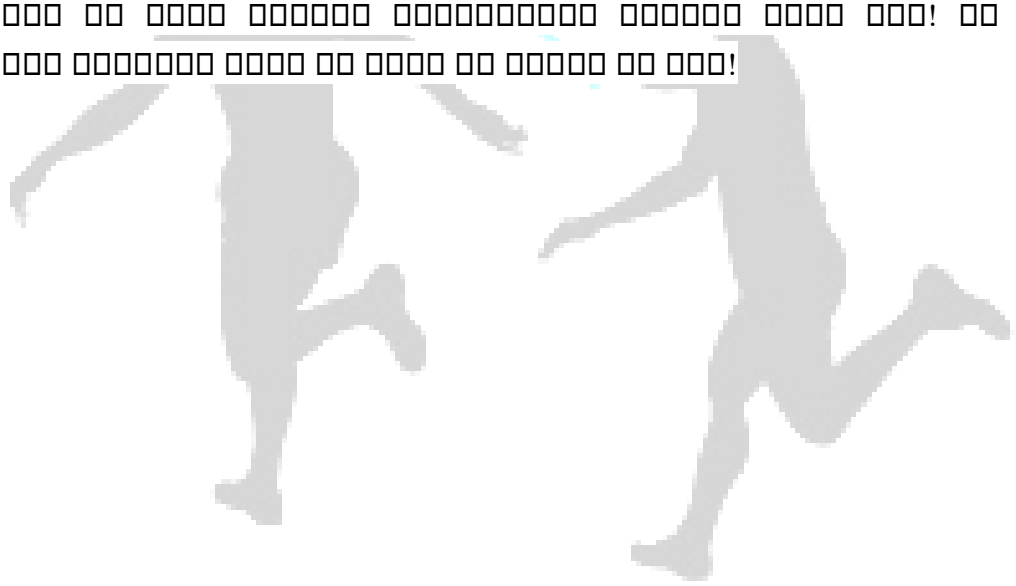

4.0 RESEARCH STUDY

4.1 TITLE OF THE STUDY

"A study of psycho-social effect on adolescent children their parental alcohol abuse in slum community in Bhopal in Madhya Pradesh"

Name of Mentor : Dr.AS Mohammad

Principal investigator: kamlesh sahu

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Site contact details (address/ phone no of place where research will take)

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4.2 BACKGROUND

India is a fastest growing economy in the world and from last twenty years the number of cities increased. The size, population of cities increased every year, Bhopal is a capital of Madhya Pradesh and it has 375 slums (Registered) in and outside of city area. The condition of slums in Bhopal is very bad there is not proper housing, water & sanitation facilities, electricity etc. These living conditions affect the life of residents of the area and most of the residents belongs from low income group. They are involved in various trades like domestic house worker, car painter, mason, rag picker etc. Most of residents in Goutam Nagar belongs rag-picking occupation. Their adolescent children aged between 9-19 years, boys and girls are going for rag picking and some stay in home and work there. Their parents consume alcohol regularly inside and outside home and after that they fight with others and in the family also. This problem affects adolescent's psychosocial condition and it affect them emotionally and physically. The parents are not aware about their responsibilities towards family and community.

4.3 INTRODUCTION

Definitions:

Adolescent:

- The World Health Organization (WHO) defines adolescents as those people between 10 and 19 years of age. Adolescence is often divided into early (10–13 years), middle (14–16 years) and late (17–19years) adolescence [1]
- Other overlapping terms used in this report are youth (defined by the United Nations as 15–24 years) and young people (10–24 years), a term used by WHO and others to combine adolescents and Of course, a 10-year-old is very different from a 19-year-old.[1]
- Psycho-social: Psycho-social health involving both psychological and social aspects of one's life, and relating the social conditions to mental and emotional health.[2]

Alcoholic:

- Alcoholics are obsessed with alcohol and cannot control how much they consume, even if it is causing serious problems at home, work, and financially.[3]

Alcohol abuse

Alcohol abuse generally refers to people who do not display the characteristics of alcoholism, but still have a problem with it - they are not as dependent on alcohol as an alcoholic is; they have not yet completely lost their control over its consumption.[3]

4.4 REVIEW OF LITERATURE:

- The study was conducted on 3,220 adults in Sehore district, using the Alcohol Use Disorders Identification Test 2.8% of adults with Alcohol Use Disorder (AUD) sought treatment for problems with drinking,23.9% people with AUD spoke about drinking to their spouse/partner or a friend.4
- Substance and alcohol abuse can have deleterious effects not only on the individual user but on immediate family members as well, especially children.
- Alcohol abuse is significantly associated with suicide and violence. Alcohol is the most significant health concern communities because of very high rates of alcohol dependence and abuse; up to 80 percent of suicides and 60 percent of violent acts are a result of alcohol abuse in Native American communities.[5]
- Another research conducted on Sambalpur Slum area, Odisha. They surveyed 502 adolescent (297 male and 205 female) 218 (43.4%) admitted to substance abuse with overall males abusing more 147 (49.5%) than females 71 (34.6%). In the age between16-19 highest numbers are found of substance abuse. In this research they found that 14.7 % are taking alcohol.[6]

4.5 **AIM OF THE STUDY:**

"To identify the psycho-social effects on adolescence due to parental alcohol abuse"

Objectives:

- To understand psychological impact on adolescent behavior due to parental alcohol abuse.
- To understand social impact on adolescent behavior due to parental alcohol abuse.
- To identify the coping mechanism of adolescent due to parental alcohol abuse.

Variables:

Independent variable: parental alcohol abuse

Dependent variable: Emotional and psychosocial behavior of adolescent

4.6 METHODOLOGY:

I have used the Qualitative method and Quantity method in a study of **"**A study of psycho-social effect on adolescent children their parental alcohol abuse in slum community in Bhopal in Madhya Pradesh"

4.6.1 Study Design:

Cross sectional research design, by adopting in-depth interview technique using in-depth interview guide. And I have also used the strength and difficulties questionnaire to study the psychosocial effect due to parental alcohol abuse. The strength and difficulties questionnaire consists of 25 items comprise 5 scales of 5 items. It is

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4.6.2 Study Area:

Gautam Nagar slum community in Bhopal, Madhya Pradesh in India

4.6.3 Sample selection and size:

Sample size for assessment the 29 adolescents boys and girls.were randomly selected aged 10-19 years.

Who were willing to be a respondent was included in the study.

The sample selection for in-depth interview is based on the purposive sampling-10 adolescent children of Goutam Nagar slum community but could collect only 6 adolescent children in this study. Because I went many adolescent children in my study and during this study I had some challenges like the festival. And other challenges like of my health.

4.6.4 Data Collection Technique and tool

I did In-depth interview and survey for research study. I collected 6 adolescent children for In-depth Interview Guideline and used the "scoring the strengths & difficulties questionnaire" given by **National institute of mantel health neuron sciences** for Age 4-17 year (NIMHANS). They have used in a research study "**Assessment of self-reported Emotional and Behavioral difficulties Among Pre-University College Student in Bangalore, India"**[7] in 2011. I had done 29 adolescent responder surveys on Emotional problem scale, conduct problem scale, hyperactive problem scale, peer problem scale and pro-social scale.

Tool for Qualitative

I have developed standard for qualitative during taking interview I did recording of the full interview of each responder adolescent boys and girls and asked for acceptation. After acceptance only, I started interview with field notes and audio recording on cell phone.

Tool for quantitative:

Strengths and Difficulties Questionnaire (SDQ)[7]

The Strengths and Difficulties Questionnaire (SDQ) is a brief behavioral screening questionnaire about 4-19 year olds. It exists in several versions to meet the needs of researchers, clinicians and educationalists. Each version includes between one and three of the following components:[7]

1. Emotional symptoms (5 items)
2. Conduct problems (5 items)
3. Hyperactively (5 items)
4. Peer relationship problems (5 items)

5. Pro-social behavior (5 items)

The strength and difficulties questionnaire consists of 25 items comprise 5 scales of 5 items. It is usually easiest to score all 5 scales. 'Somewhat true' is always scored as 1, but the scoring of 'Not True' and 'Certainly True' varies with the item, as shown below scale by scale. For each of the 5 scales the score can range from 0 to 10 if all items were completed. These scores can be scaled up pro-rata if at least 3 items were completed, e.g. a score of 4 based on 3 completed items can be scaled up to a score of 7 (6.67 rounded up) for 5 items.

This Strengths and Difficulties Questionnaire (SDQ) was developed in the year **1997** by "**Robert goodman"** from London, united kingdom. They have used 2001 the **Reliability**

was 62.

Last time this S&DQ are essentially used by **National institute of mantel health neuron sciences** and some their partner institute of Karnataka and Tamil Nadu Stats in India. their research study was "Assessment of Self-Reported Emotional and Behavioral Difficulties Among Pre-University College Student in Bangalore, India"

4.6.5 Data analysis:

The data was collected through in-depth interviews and was manually analyzed using the principles of the data collection software and excel software. Santander questionnaire had used to know about the psychosocial problems to Alcohol affect

4.6.6 Ethical Consideration

Risks and Benefits:-

a. What are the potential risks to the respondents? Consider social and emotional risks as well as more obvious physical risks.

- No risks are anticipated for the participants, but sometime emotional and parental risk come forward

b. What are the compensations for unexpected risks?

- No unexpected risks are foreseen

c. What are the potential benefits to the respondents?

- This study doesn't have any immediate benefits for the respondent; however, the study will help identify various psychosocial issues in the slum. The field placement organization will be implementing new programme for the adolescents to improve their lifestyle

4.6.7 Consent:-

a. How will consent be obtained from respondents? Will there be a written explanation of the study? How will risks and benefits be explained?

- Oral or written informed consent (Annexure 1) will be obtained after explaining the intention of the study and providing a participant information sheet (Annexure 3) in local language.

b. How will it be made clear that respondents are under no compulsion to participate and may withdraw at any time without jeopardizing any service delivery or their relationship with the researcher?

- If there is any risk identified during the study it will be addressed, Every respondent will be free to withdraw anytime during the study and this right will be informed to each and every respondent. On the withdrawal, any personal data collected during the study will be erased to protect the confidentiality.

c. What data will be collected on those who refuse consent?

- None

4.6.8 Confidentiality:-

Confidentiality is a right of every respondent and it will be protected during the study and after the study, all data will be encrypted as anonymous at the researcher level and codes will be used to identify the different respondents. Identity will not be disclosed to anyone including research supervisor and organization.

4.6.9 Dissemination:-

1. The research finding will be translated and shared with the respondent, other respondent and my field placement organization (muskan org) Bhopal.

2. The findings will help be further dissemination and circulated to SOCHARA ,Bangalore in India.

4.7 RESEARCH FINDINGS

The age of the children who were interviewed in Gautam Nagar is 10 to 19 years of age. They have mental and social issues. The study done in relation to this is through the use of "Scoring the Strengths & Difficulties Questionnaire" and in-depth interview. I have understood the psychosocial effect on the children through "Scoring the Strengths & Difficulties Questionnaire" and In-depth interview. The survey has been conducted on 29 adolescent children (15 boys and 14 girls) and in depth interview has been conducted on 6 children (3 boys and 3 girls).

4.7.1 Findings to the in-depth interview

During the In-depth interview, I understood that almost all boys and girls were suffering due their parents taking alcohol. These children used some coping mechanism for self. They had psychological and social problems.

4.7.1.1 Alcohol consumption:

Parents of many children consume alcohol in excess; they drink at home or within the settlement. Some mothers drink on occasion of festivals. Some parents drink in the morning before leaving for work and in the evening they come back after drinking. They drink whenever they want. A boy told that he also felt like drinking and another boy said he seldom drinks.

"Ve to kabhi bhi sharab pee lete hai, jab unke paas pese hote hai"

"mere mammy or papa dono hi sharab ko peete hai, kbhi kbhi to ve jyada hi pee lete hai "

4.7.1.2 Effect to alcohol:

Parents: Because of drinking they become weak and also get ill. After consuming alcohol they fight and often get beating from family members. Due to excess use of alcohol they become useless and often lie down in the filth.

"Mere papa daru ki kar kam nhi kar pate hia or so jate hai, unka sara kam mujhe hi karna padhta hai"

Family: Their family gets affected due to alcoholism, a boy told that as many parents fights after drinking, small issue becomes big and some time they don't even get food at home. They also have less money because they spent most of their money on alcohol, they spend around 50-60 rupees in a day, when they don't have money they borrow. Money lenders ask for their money back and fights when they don't get it back.

"kbhi kbhi papa paise nhi late or khoob daru pee kar ate hai"

Community: Half of children said that their families often indulge in quarrel with neighbors and other community people due to alcohol consumption; their parents get beaten and often get blame for theft.

"mammy jab daru pee kar kisi ko bhala bura bolti hai to ve log hamse bhi ladayi karne a jate hai"

"kbhi kabhi papa ki vajha se ghar par ladhne bhi a jate ahi"

4.7.2 Consequences:

Psychological	**Social**
➢ Physical violence ➢ Headache ➢ feeling Stress ➢ Fear ➢ Disappointed ➢ crying ➢ Uncomfortable ➢ Tension ➢ Disturbed Sleep ➢ Worried ➢ Emotional ➢ Want to run away from home	➢ Compelled to do household work ➢ Food is not available to eat ➢ They too drink (imitation) ➢ Less/no care & affection **Coping mechanism** ➢ Go out from home ➢ Go to other family members ➢ Ignorance

4.7.2.1 Psychological effect on adolescent children:

Physical violence

Almost in every house, children are being physically abused and because of that they suffer with musculoskeletal problems, their parents often use stick, and house hold things to beat them. One boy said his parents have beaten him so badly that he had started bleeding. Their parents also beat each other.

"Mere papa mujhe bhi marte hai or……. mami se paise mangate hai vo to hath paav kisi bhi saman ki mar dete hai '

"Mummy ne muhe ek din chammach ki mari thi to mere khoon a giya,fir me ghar se nanai ke paas chala gaya"

Headache

Many children get headache due to alcohol fume, their parents shout and use abusive language which also cause headache.

"Mera jab sir dard hota hai to me to mathe par kapda band kar so jati hu unki sharab ki badhboo se mera matha dukta hai"

Feeling stress

Many children feel stress, some children can't understand the feeling of stress and remain annoyed and often release their anger on younger ones.

"Papa mammy ki vajaha se aaj kal mai chid-chidi ho gayi hu or har kisi se kuch bhi bone lag jati hu bina vajaha se"

Sleep disturbance

Maximum children have sleeplessness, some girls said their parents often quarrel and shout uselessly.

"Papa rat ko jyada pee lete hai, or annd-sannd tej tej bolte hai or gane gate hai to me to rat bhar so bhi nhi pati hu"

Fear

All children afraid of their father more than mother, girls face this problem more than boys.

"Me to mar khatti rahti hu…….ab mai kyakaru, mujhe to bahut dr lagta hai papa se….."

Disappointment

All children have some or the other kind of disappointment which also affect their thinking ability, they feel disappointment even while being home.

"Bhaiya mujhe kuch bhi accha nahi lagta hai to mai choto ko bhi mar deta hu gusse me".

Crying

Most of the children feel like crying because of beating and scolding they get at home.

"Sharab peekar ve mujhe jabarjasi hi marte hai to me roti rahti hu par ve chup bhi nhi karte"

Uncomfortable

More than half children do not want to live with their parents, they said their parents trouble them too much after drinking alcohol.

"Jab mummy daru pee leti hai to ganda ganda bolti hai, mujhe ghar me accha nahi lagta hai"

Tension

Most of the children said they are worried about their parents because they consume alcohol during day also and they are afraid of accident of their parents, they are worried if any quarrel became big. One Girl said she is afraid that his father might kill her mother because he beats her with extreme anger.

"Tension bani rahti hai, kab tak mai yah sab jhelti rahungi" "jab papa mummy ko marte hai to tension bani rahti hai ki jyada kamti na ho jaye"

4.7.3 Social effect on adolescent children

Comments by Community

People comments on children about their parental deeds, girls get affected more than boys.

"ha na bhaiya, log bolte hai na…….mujhe to bura lagta hai…. gussa a jata he ki unse hi kaho kyun vo daru peete hai?"

Compelled to do household work

All parents give too much work to their children. Girls said that they are not able to go to school because of too much work and they have to do complete work without any help.

"mujhe ghar ka sabhi kaam karti rahti hu nahi to mammi marti hai or kahti hai ghoomti rahegi din bhar"

No food

Sometime children don't get food in the family and because of this fight do not eat properly and children sleep crying.

"kbhi kbhi to mami daru pi leti hai or khana bhi nahi banati"

"Me to ladayi ke kaaran kabhi roti bhi nahi khati"

Less/no care and affection

All children said their parents don't care about them when they cry, fall ill or go away.

"mere papa-mamai ko koi bhi parvah nahi hoti chahe muhje kuch bhi ho jaye'

They too drink (imitation)

Because their parents drink at home, some children feel like drinking, one boy seldom drinks, one boy said he had drunk once.

'ek bar mene dosto ke sath peeche baitha kar pee thi "

4.8 Coping mechanism

Go out from home

Most of the children want to go out when their parents quarrel after drinking alcohol, some children go out and sleep anywhere. Some girls also want to run away but they are afraid.

"vo jyada karte hai to ghar se nikal jata hu or ek bar to me rat bhar thele par sota raha'

Go to other family member

When father or mother comes home drunk, only few children go to other family members for safety. They do discuss it with them.

"Bhaiya vo jab marte hai na, to me apni nani ke pas chali jati hu"

Ignore the situation

Some children said “when my father is beating me then I have ignore the situation”.

“Me dhyan nahi deti apna kam karti rahti hu’

4.8 Findings in Survey-

Demographics Details:

Gender wise table in Goutam Nagar slum in Bhopal

Gender	Frequency	Percent
Adolescent Girls	14	48.30%
Adolescent boys	15	51.70%
Total	29	100.00%

Table.1

This table give details about participants during the use of standardize scale. The survey had 48.3 % girls and 51.7% boys.(Table.1)

Age GroupWise Table in Goutam Nagar slum in Bhopal:

Adolescent Age group	Frequency	Percent
Early adolescents	5	17.24%
middle adolescents	15	51.73%
late adolescents	9	31.03%
Total	29	100%

Table.2

Age group distribution of the respondents is as follows- early adolescent is 17.24%, late adolescents, 31.03 % and middle adolescent 51.73%. Most respondents are middle adolescents. (Table.2)

Psychological status of respondents in various domains in Goutam Nagar slum in Bhopal

Status / domains	Emotional Problem	Conduct Problem	Hyperactivity	Peer Problem	Pro-social
Abnormal	10(34.1)	22(72.4)	7(24.10)	14(51.7)	4(13.8)
Border line	6(20.7)	4(17.2)	1(3.40)	8(24.1)	3(10.3)
Normal	13(44.8)	3(10.3)	21(72.4)	7(34.1)	22(75.2)
Total	29	29	29	29	29

Table.3

According to table shown above, most of the respondents in abnormal status have conduct problem and peer problem. They have conduct problem 72.4 % and peer problem 51.7 %. In emotional problem 34.1% , hyperactivity 24.10% and pro-social 13.8 % lot of children are normal.

Border line status shows that children have emotional problem 20 %, conduct problem 17.2%, hyperactivity 3.40%, peer problem 24.1% and are pro-social 10.3%.

Normal line status shows children have emotional problem 44.8 %, conduct problem 10.3%, hyperactivity 72.4%, peer problem 34.1% and are pro-social 75.2%.

To conclude, the respondents mostly have conduct problem and are the least hyperactive. (table.3)

Age group and psychological status of adolescent respondents in goutam nagar slum in Bhopal.

Emotional Problem Score	Early Adolescence	Middle Adolescence	Late Adolescence	Grand Total
Abnormal	3(10.3%	4(13.8%)	3(10.3%	10(34.5%
Border Line	2(6.9%	1(3.4%)	3(10.3%	6(20.7%
Normal	0(0.0%	10(34.5%)	3(10.3%	13(44.8%
Grand Total	**5**(17.2%)	**15**(51.7%)	**9**(31.0%)	**29**
conduct problem score	**Early Adolescence**	**Middle Adolescence**	**Late Adolescence**	**Grand Total**
Abnormal	5(17.2%	12(41.4%)	5(17.2%	22(75.9%

Border Line	0.0%	1(3.4%)	3(10.3%	4(13.8%
Normal	0.0%	2(6.9%)	1(3.4%	3(10.3%
Grand Total	**5(**17.2%**)**	**15(**51.7%)	**9(**31.0%**)**	**29**
Hyperactive problem Score	**Early Adolescence**	**Middle Adolescence**	**Late Adolescence**	**Grand Total**
Abnormal	0.0%	5(17.2%	2(6.9%	7(24.1%
Border Line	0.0%	0.0%	1(3.4%	1(3.4%
Normal	5(17.2%	10(34.5%	6(20.7%	21(72.4%
Grand Total	**5**	**15**	**9**	**29**
Peer Problem score	**Early Adolescence**	**Middle Adolescence**	**Late Adolescence**	**Grand Total**
Abnormal	3(10.3%	4(13.8%	7(24.1%	14(48.3%
Border Line	1(3.4%	6(20.7%	1(3.4%	8(27.6%
Normal	1(3.4%	5(17.2%	1(3.4%	7(24.1%
Grand Total	**5**	**15**	**9**	**29**
Pro-social Score	**Early Adolescence**	**Middle Adolescence**	**Late Adolescence**	**Grand Total**
Abnormal	0.0%	2(6.9%	2(6.9%	4(13.8
Border Line	1(3.4%	1(3.4%	1(3.4%	3(3.3%
Normal	4(13.8%	12(41.4%	6(20.7%	22(75.9%
Grand Total	**5**	**15**	**9**	**29**

Table.4

This table shows the particular status of psychological domains with respondent's age groups. In this table, as mentioned earlier, hyperactivity, peer problems, and pro-social domains are less compared to conduct problem score. In conduct domain, the middle age group has abnormal statues 41.4%, border line has 3.4%, and normal has 6.9%. In conduct domain again, middle adolescent group is 51.7% out of the 29 respondents, early adolescent group is 31.0% and late adolescent is 17.2%.

Children in late adolescence have more Peer problems and the table shows percentages as- early adolescent is 10.3%, middle adolescent 13.7% and last adolescent is 24%. (table.4)

Gender and psychological domains discrimination of the responders in Goutam nagar, Bhopal

Emotional problem	Girls	Boys	Grand Total	girls	male	Grand Total
Abnormal	4	6	10	13.8%	20.7%	34.5%
Border Line	3	3	6	10.3%	10.3%	20.7%
Normal	7	6	13	24.1%	20.7%	44.8%
Grand Total	14	15	29	48.3%	51.7%	100.0%
Conduct problem	**Girls**	**Boys**	**Grand Total**	girls	male	Grand Total
Abnormal	10	12	22	34.5%	41.4%	75.9%
Border Line	2	2	4	6.9%	6.9%	13.8%
Normal	2	1	3	6.9%	3.4%	10.3%
Grand Total	**14**	**15**	**29**	48.3%	51.7%	100.0%
Hyperactive problem	**Girls**	**Boys**	**Grand Total**	girls	male	Grand Total
Abnormal		7	7	0.0%	24.1%	24.1%
Border Line	1		1	3.4%	0.0%	3.4%
Normal	13	8	21	44.8%	27.6%	72.4%
Grand Total	**14**	**15**	**29**	48.3%	51.7%	100.0%
Peer problem	**Girls**	**Boys**	**Grand Total**	girls	male	Grand Total
Abnormal	7	7	14	24.1%	24.1%	48.3%
Border Line	3	5	8	10.3%	17.2%	27.6%
Normal	4	3	7	13.8%	10.3%	24.1%
Grand Total	**14**	**15**	**29**	48.3%	51.7%	100.0%
Pro-social problem	**Girls**	**Boys**	**Grand Total**	girls	male	Grand Total
Abnormal	2	2	4	6.9%	6.9%	13.8%
Border Line	1	2	3	3.4%	6.9%	10.3%
Normal	11	11	22	37.9%	37.9%	75.9%
Grand Total	**14**	**15**	**29**	48.3%	51.7%	100.0%

Table.5

This table is showing is how many girls or boys have abnormal status, border line status, normal status and base on the Emotional problem, conduct problem hyperactive problem peer problem and whether are pro-social .

In Emotional problem domain 13.8% girls and 20.7% boys have the abnormal status, 10.3% girls and 10.3% boys have border line status and 24% girls and 20% boys have normal status out of 29 responders.

In conduct problem domain 34.5% girls and 42.4% boys have abnormal status, 10% girls and 10% boys have border line status and 6.9% girls, boys 3.4% have normal status out of 29adolescent.

In hyperactive problem domain, 0.0% girls and 24.1% boys have abnormal status and 3.4% girls, 0.0% boys have border line status and 44.8% girls, 27.6% boys have normal status out of 29adolescent.

In peer problem domain, 24.1% girls and 24.1% boys have abnormal status, 10.7% girls, 17.1% boys have border line status and 13.8% girls, 10.3% boys have normal status out of 29adolescent.

In prosocial domain 5.9 % of girls and 5.9% boys have abnormal status, 3.4% girls and 5.9% boys have border line status, 37.9% girls and 37.9% boys have normal status out of 29adolescent.(table.5)

4.9 DISCUSSION

Most of the slum people are rag pickers and earn up to 200 rupees in a day. They are uneducated and ignorant. They are children are also uneducated and working with them. They also do lot of house hold work. These children are getting psychological and social problems. During in-depth interview I found that the parents drink in excess and at any time. They spent portion of their income on alcohol and fight with family and neighbors The sample size has almost 48% girls and 52% boys. Most of the children are in the middle adolescent age. The survey shows children have more abnormality in various domains. Conduct problem and peer problem are special areas. Children are normal in pro-social and hyperactive domain. Almost 34% children have emotional problems.

In-depth interviews we found that fear, disappointment, crying, tension, stress, and worry affects then a lot. During the analysis I saw less than half children have emotional problems. During in-depth interview children also mentioned that they indulge in physical violence like beating younger ones and getting angry almost three –fourth of the children have conduct problems in the analysis. Hyperactivity is found in very less children. Peer problem is found in almost fifty present of the children.

Similarly it was found that almost 3/4th children are pro-social. During the in-depth interview I found that same children have social problems like being teased by the community, house hold workload, absence of food , love and affection. According to the analysis very few children have emotional problems and they cry, share with others when disappointed. Middle adolescent children have maximum conduct (41.4%) problem. Again very few children are hyperactive .but in middle adolescent almost (33%) are hyperactive. Almost children of all age group have peer problems. Children in late adolescent have more peer problems

The analyses showed that both boys and girls have psychological issues in adolescent age. It is seen that boys are more hyperactive then girls. Both boys and girls have conduct problem, similarly both girls and boys have peer problems also. Anyhow both boys and girls are pro-social. Bringing together, the in-depth interview and the survey shows that, there are psycho-social effects on children of parents with alcohol abuse in Goutam nagar community. One child has tried alcohol also in past.

All most adolescent Children have different kind of coping mechanism to deal with parents under alcohol abuse. Some girls go to other family members to avoid parent under alcohol abuse. They share their problem with them and try finding solution. Some boys go to out of home when there is a drunken parent in the house they are out during the night and are unsafe of them have no choice but to ignore the situation in the home. Children recommend that their parents should not drink and government should provide counseling to the parents. There is no counselor or elder in the community to help these children. Children do not have any religious connection also. Government should support these children by providing care and counseling.

4.10 CONCLUSION:

This research study is done to understand the psycho-social effect on adolescent children due to parental alcohol abuse. Most of the children have Conduct and Peer Problems. They children fight with their brother and sister. Maximum number of respondents is from middle adolescent age group. Children face fear, disappointment and sadness when their parents get drunk. They have some Emotional issues but more boys were found to get Hyperactive. Both boys and girls were found to have conduct and peer problems. There may be other factors for this psycho-social status of Adolescent children but I have focused on parental alcohol abuse and done the study. Most the time children are unable to do anything when their parents are drunk so they have emotional issues like, fear, stress and tension. Some time they touch to the other family members or neighbors.

4.11RECOMMENDATION:

During this research study I have found it’s happening the psycho-social effect on the adolescent children due to alcohol abuse by their parents in Goutam nagar community. They have no Idea for go out this alcoholic situation of the home. But some children are using coping but not much effective. Someone and two organizations is working there on health and Education. They should be take this issue of adolescent children and do some action in slum communities of Bhopal.after this research study I have

4.12 References:

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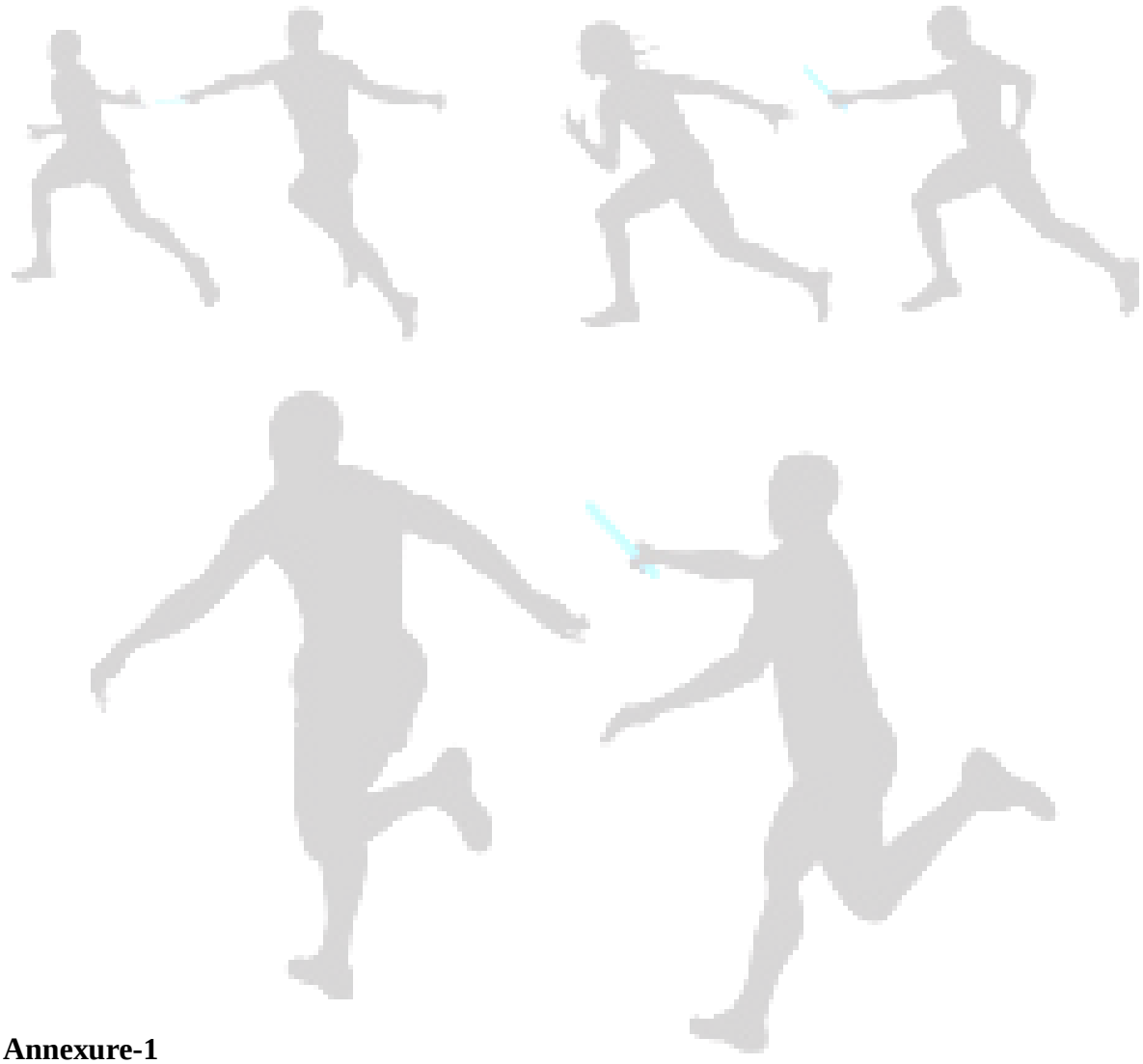

Annexure-1

For in-depth interview questions

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Annexure-2

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Annexure-3

CERTIFICATE OF CONSENT

"A study of psycho-social effect on adolescent children their parental alcohol abuse in slum community in Bhopal in Madhya Pradesh"

Name of the researcher: kamlesh Sahu

Name of the Institution: SOCHARA, Bangalore.

I have been invited to take part in the study about health care seeking behavior. I understand that it involves me taking part in a interview. I have been explained the purpose and procedure of the study. I have been informed that no risk is involved in taking part in the study and that there will not be any direct benefits for me. I understand that the information I will provide is confidential and will not be disclosed to any other party or in any reports that could lead to my identification. I also have been informed that the data from study can be used for preparing reports and that reports will not contain my name or identification characteristics. I am aware of the fact that I can opt out of the study at any time without having to give any reason. I have been provided with the name and contact details of the researcher whom I can contact.

I have read the foregoing information, or it has been read to me. I have had the opportunity to ask questions about it and any questions I have been asked have been answered to my satisfaction. I consent voluntarily to be a participant in this study.

Name of Participant_____

Signature of Participant _____

Date _____ **Thumb print of participant**

If illiterate

I have witnessed the accurate reading of the consent form to the potential participant, and the individual has had the opportunity to ask questions. I confirm that the individual has given consent freely.

Name of witness_____

Signature of witness_____

Date _____

<u>Statement by the researcher/person taking consent</u>

I have accurately read out the information sheet to the potential participant, and to the best of my

ability made sure that the participant understands that his/her participation in the study is voluntary and that he/she can choose not to take part in the study. I have explained all the elements including the nature, purpose, possible risks and benefits of the above study as described in the consent document to the participant. I have also explained the participant about the confidentiality of information collected.

I confirm that the participant was given an opportunity to ask questions about the study, and all the questions asked by the participant have been answered correctly and to the best of my ability. I confirm that the individual has not been coerced into giving consent, and the consent has been given freely and voluntarily.

A copy of this consent form has been provided to the participant.

Name of Researcher_____

Signature of Researcher_____

Date _____

Annexure-4

PARTICIPANT INFORMATION SHEET

Dear Participant,

I am kamlesh sahu. I am doing my fellowship programme in Public Health Learning Programme, SOCHARA, Bangalore. Thank you for your time and willingness to hear and read

about the research I intend to do. This note provides an explanation of the nature of the research. This study will be done as part of my fulfillment of the Fellowship program requirement. This consent form may contain words that you do not understand. If there is anything you need clarity on, please feel free to ask me. At the end of this information sheet you will find my contact details.

TITLE OF THE STUDY

"A study of psycho-social effect on adolescent children their parental alcohol abuse in slum community in Bhopal in Madhya Pradesh".

PURPOSE OF THE STUDY

The purpose of this study is to find out the difficulties faced by adolescent children from their parental alcohol abuse of slum community in Bhopal, thy are many straggling on our social and psychology problems

DESCRIPTION OF THE STUDY

The study will be based on individual interview that are expected to last about 45 minutes. I will be asking you information on your facilities at the slum community and access, utilization of health services. If you do not wish to answer any of the questions included in the survey, you may skip them and move on to the next question.

RISKS AND BENEFITS:

There are no risks involved in taking part in the study. You do not have to answer any question if you feel the question(s) are too personal or if talking about them makes you uncomfortable. There will be no direct benefits for you but your participation will help improve the understanding of barriers in accessing health services.

CONFIDENTIALITY

I have taken all the necessary steps to maintain confidentiality of the information collected. The information that we collect from this research project will be kept private. The study supervisor dr. shivani tanejawill have access to the information collected. I will not reveal your name or any identifying characteristics to any other party and also will not include them in the final report.

VOLUNTARY PARTICIPATION AND WITHDRAWAL

Your participation in this study is entirely voluntary and should you wish to withdraw from the study at any time you may do so without giving reasons.

CONSENT

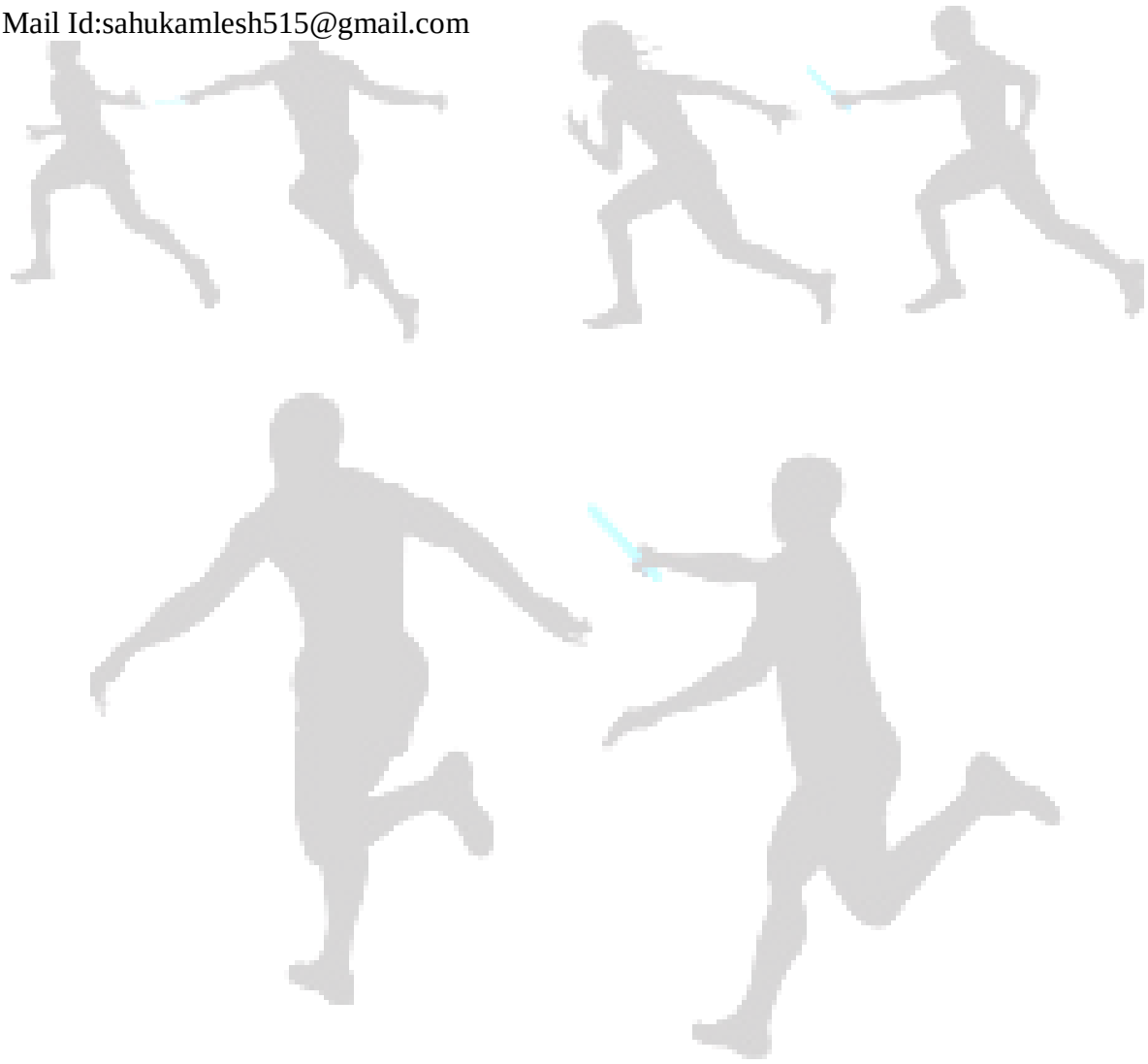
Your consent is required for your participation in the study. You can decide to participate or not.

CONTACT DETAILS:

Kamlesh Sahu (SOCHARA fellow)

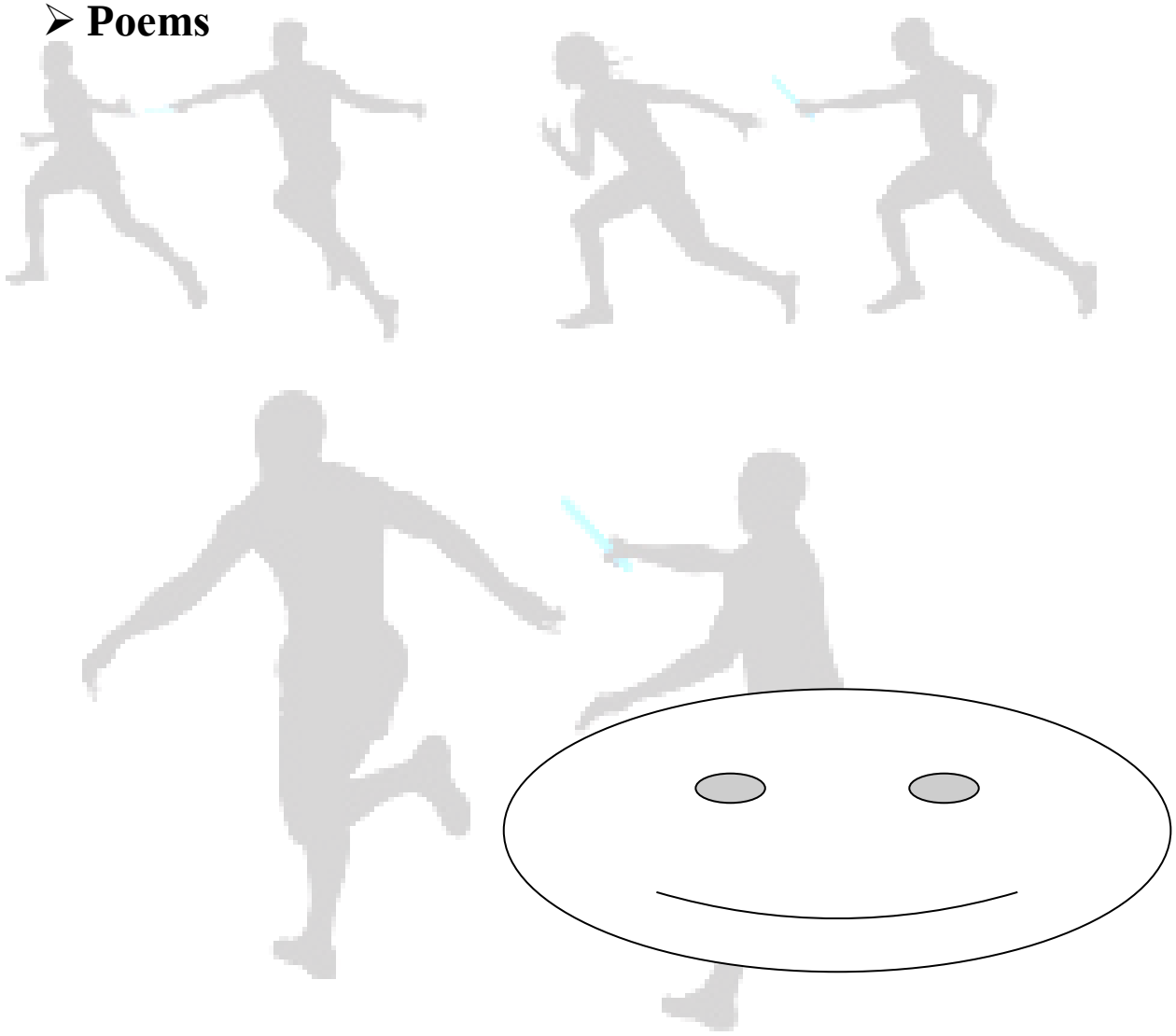
Contact Detail: 07697273360

Mail Id:sahukamlesh515@gmail.com



Chapter 5

- **Book reading**
- **Photography**
- **Poems**



4.1 BOOK READING

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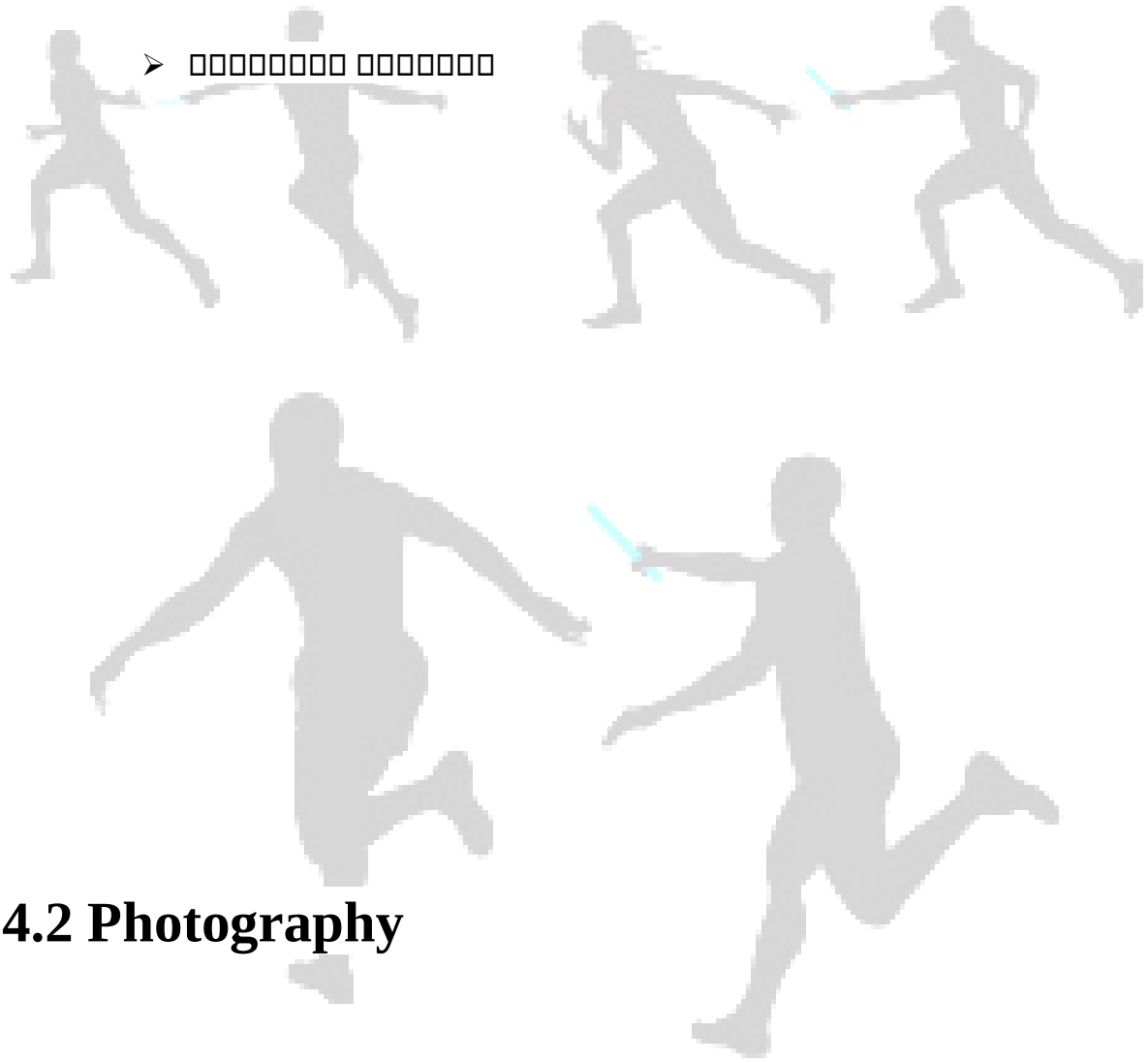

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sochara
Annual Alumni Meeting
SOCHARA-SOPHEA

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Immunization

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Physical Aspects

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Community life

Egg shop in goutam nagar

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A Complete Housing Solutions
MY SWEET HOME
PROPERTY CONSULTANT

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Sahu Kamlesh, fellow of SOCHARA
Madhya Pradesh

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