is closed during the summer vacation for a month and in December for ten days.

Intake Procedure.—Children below 16 can be referred to this Clinic for treatment. The parent or guardian (whoever brings the child to the Clinic) is seen by the social worker first. The case is accepted for treatment at the Child Guidance Clinic, and provided the parent is willing to co-operate in the treatment. When the case cannot be accepted for treatment the Clinic gives diagnostic service, and makes recommendations as to where the client may secure further help. For example, though a mentally defective child is not accepted for treatment, mental defect is diagnosed and the parent is given guidance as to the care and education of the child.

Treatment Methods.—The patient attends the Clinic once or twice a week. He is allowed to play in any play-room he likes. He is introduced to other children with whom he may play if he wishes. His play is carefully observed and recorded. Such free play enables the child to express his conflicts and tensions and this self-expression has diagnostic as well as therapeutic value. Most children when they first come to the Clinic appear timid and too inhibited to play freely. They have to be assured that it is quite permissible to play with any material in the Clinic and to draw or make whatever they please.

After a child becomes familiar with the play material, and the clinical setting, he is interviewed by the Psychiatrist or the Psychologist. Direct treatment of the child is carried on chiefly through play and interviews with the child. Drug therapy is being tried on a few cases.

While the child is being treated at the Clinic, the social worker sees his parents, interpreting the child's problem to them in an effort to improve the parent-child relationship. Sometimes, she has to find the child a proper school or a boarding home which may answer his needs in a more constructive way than his home.

Review of the cases referred to the Clinic from June, 1948 to May, 1949.

Nature of Problem		No.	*Result.*
Referred for Mental defect	..	37	These cases were diagnosed, and the parents were given guidance as to the care and education of the child.
Deaf-Mutes	..	6	Not accepted for treatment
Attempted suicide	..	1	
Speech disorders	..	5	
Delinquency	..	5	
Tremor of hand	..	2	
Lack of interest in studies	..	2	Could not come for treatment
Refusal to eat	..	1	or
Excessive shyness	..	1	Discontinued it.
Neurosis	..	2	
Sleep walking	..	1	
Total	..	20	
Primary behaviour disorders.			
Delinquency	..	4	Improved
Stealing	..	2	Partial improvement
Truancy	..	1	Improved
Stealing	..	1	Improved
Delinquency	..	1	No improvement
Lying	..	1	No improvement
Total	..	10	

Review of the cases referred to the Clinic from June, 1948 to May, 1949.—contd.

Psychosomatic disorders.			
Stammering	..	1	No improvement in the symptom, but improvement in the personality.
Stammering	..	1	Improvement.
Speech defect	..	1	Not much improvement.
Bed wetting *	..	17	One improved, another improved partially while there was no improvement in any of the rest.
Total	..	20	
Psychosis			
No. of cases	..	2	Not accepted for treatment.
Miscellaneous			
Personality disorder	..	1	Partial improvement.
Wanted a letter of recommendation to Boarding School	..	2	Not admitted for treatment.

*Ephedrine therapy was tried on these 17 cases of bedwetting children as follows:

One grain tablet of ephedrine was administered to each patient daily between 5 and 7 P.M.; this was done for a month. The patient was instructed not to drink water after the evening meal, but was required to pass urine before going to bed. A record of the child's bedwetting was kept carefully not only for the month of treatment but of successive months.

Of the 17 patients selected for this experiment, only one had both parents. However, he went to a boarding school, and came home during vacation. The other 16 were from a Children's Home (for destitute children), 12 girls and 4 boys. The patients ranged in age from 5 years to 15 years. Only one patient was cured by this treatment. He was a six year old boy from the Orphanage. A seven year old girl from the same institution showed partial improvement.

Review of the cases referred to the Clinic from June, 1948 to May, 1949.—contd.

Cases coming for consultation only		
Stealing	..	1
Frequency of micturition	..	1
Involvement of family quarrels with neighbours	..	1
Nervousness	..	1
Stealing and fears	..	1
Speech defect	..	2
Lack of interest in life	..	1
Total	..	8
Total no. of cases admitted	..	126

observing him at play in the playroom provided in the Clinic.

Quite often, he makes use of the psychological tests to obtain a better picture of his mental developments and his personality adjustments. The Psychiatrist tries to probe into his emotional life to gain insight from still another direction into the cause underlying the child's problems.

Having studied the child independently, these specialists together discuss the case child from their respective points of view and then plan a treatment programme. Usually the treatment consists of play for the child in the the Clinic and interviews with the parents and the child. Sometimes it may also necessitate a change in the child's environment.

Such a treatment calls for active co-operation on the part of the parent.

The Child Guidance Clinic of the Tata Institute of Social Sciences.—This Clinic was founded in 1937. It was then the first of its kind in the whole of India. The child guidance movement originated in the U.S.A. where the first Child Guidance clinic was founded in 1920. From there the movement has spread to other countries including India.

In 1937, when the Child Guidance Clinic of the Tata Institute of Social Sciences was founded it was located at the Health Visitors' Institute, New Nagpada Road, Byculla, Bombay. However, during the riots in 1946-47 it became inaccessible to the clients, and its work came to a standstill. Therefore, in June 1947, it was transferred to the Bai Jerbai Wadia Hospital for Children, Parel, Bombay. The change has been very beneficial to the Clinic. The present location is pleasant and cheerful, and the hospital authorities are very co-operative in every way, frequently giving our patients at the Child Guidance Clinic such medical tests as may be necessary.

Staff.—The Clinic consists of the following staff:

Mrs. Kamala Bhoota, M.A., Ph.D. (Michigan) *Supervisor and Psychologist.*

K. R. Masani, M.R.C.S. (Eng.), L.R.C.P., D.P.M. (Lond.) *Consultant Psychiatrist.*

N. S. Vahia, M.D. (Bom.) *Psychiatrist.*

Mrs. Indira Renu, B.A. (Madras), B.T. (Mysore), Dip. S.S.A. (T.I.S.S.) *Psychiatrist Social Worker.*

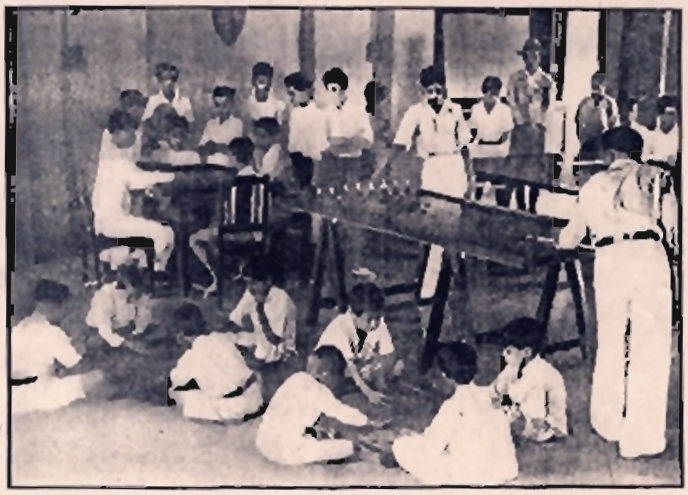
Dr. Miss G. R. Banerjee, B.A., (Hons.) (Calcutta), M.A. (Benares), D. Phil. (Allahabad), Dip. S.S.A. (T.I.S.S.), M.A. (Chicago), *Consultant.*

Material Equipment.—The Child Guidance Clinic is located in the out-patient department of the hospital. On Clinic days, the hospital holds its medical out-door clinic elsewhere so that their regular rooms may be used by the Child Guidance Clinic.

The space thus allotted includes two rooms for individual interviews, three play-rooms and one room for records, equipment, and for the use of student social workers. All play equipment and furniture are arranged just before clinic hours. One play-room is equipped for sand and water play while the other play-room is given over to doll play or play with toy animals. The third play-room is furnished with a long child-size table and chairs; here children can work with crayons, paints, clay or chalk. Often the out-door space is used for group play and group therapy.

Clinic Hours.—The Clinic hours are from 4.30 P.M. to 6.30 P.M. on Tuesdays and Fridays. The children are observed during this time by the psychologist and psychiatrist while the social case worker sees the parent. She also visits the child's family at home from time to time. Any psychological testing that may be required is done outside the clinic hours by appointment. A fee is charged for mental testing. The Clinic

THE SCOPE OF SOCIAL SERVICE—III



"Through our recreation facilities, we as one agency, try in our own way to meet this challenge."

SOCIAL WORK with CHILDREN

How Promoting Their Well-Being Means Fighting a Host of Endangering Factors

By CLIFFORD MANSHARDT

In this third article Dr. Clifford Manshardt refers to the all-embracing "Children's Charter" in America and points out that children everywhere are in need of the highest standards of care. Conditions in Bombay are described and the need for trained workers in all the branches of the service is stressed.

A FEW years ago President Hoover's White House Conference on Child Health and Protection drew up what might be called "A Children's Charter" for the children of America.

It pledged itself to attempt to secure for every American child a foundation of spiritual and moral training; a respect for his individual personality; the security of a loving home, or for the child who must receive foster care, the nearest substitute for home training.

Adequate preparation for a safe birth, through proper pre-natal and natal care of the mother is taken into account; health protection through childhood; decent housing conditions and home environment; a sanitary, well-equipped, well-lighted and well-ventilated school, safe from hazards. Protections against physical and moral dangers; proper recreation facilities; an education which prepares for life; the right to grow up in a family with an adequate standard of living; protection against the evils of child labour; protection against accidents; and preparation for parenthood, homemaking and the rights of citizenship.

For every physically or mentally handicapped child, the Conference pledged itself to apply such resources as will early discover and diagnose the handicap, provide care and treatment, and train the child so that he may become a social asset rather than a liability; and for every child in conflict with society, the right to be dealt with intelligently, not as an outcast, but as society's charge—to be restored as soon as possible to the normal stream of life.

• • •

Ideal But Necessary

"A PRETTY big order," you may say, "and terribly idealistic." Yes, it is a big order, and it is idealistic. Or you may use the expression which I hear so often: "That's quite all right for America, but this is India." To which I would reply, "Yes, this is India. But certainly an Indian child is of no less value than an American child, and we should hold up for our children the highest possible standards."

While social work for children in its broadest sense is as inclusive as "The Children's Charter," embracing all activities directed to promote the well-being of children; in its narrower meaning the field of child welfare is generally restricted to work for such children as are handicapped socially, physically, mentally or emotionally.

It was not so many years ago when, if an employed father suddenly died, leaving behind him a widow and a family of small children without any means of support, that the children were hurried off to an orphanage as a matter of course. But today the orphanage is generally the last resort. When prolonged sickness, unemployment, accidents or premature death cause the break-up of the family, every effort is made to provide each deserving family with sufficient income to remain together and to maintain the home.

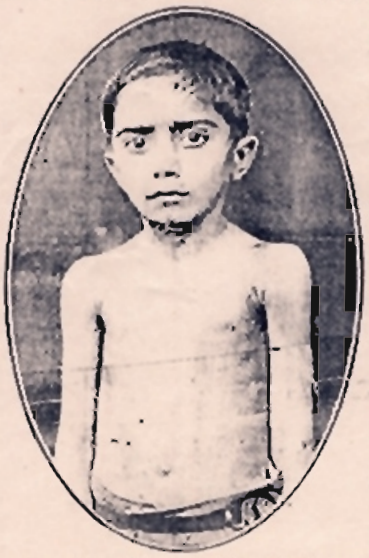
Failing this, the attempt is made to place the children in foster homes which will approximate as nearly as possible to the previous family life—or in some cases even improve upon it. But child welfare work does not stop here. The modern social worker makes every effort to eliminate those factors which are contributing to family disorganization.

• • •

Prevention First

EVERY new gain in public health which extends the working-span of the father or mother tends to lessen child dependency. Every precaution taken to prevent industrial or street accidents is a similar gain. Every plan to stabilize employment or to extend the principle of unemployment insurance, thereby allowing the family breadwinner to bear his own burdens, is a step toward the protection of children. Relief, when necessary. But first of all, intelligent prevention.

At any time one may see children upon the streets of Bombay who are suffering because their parents or guardians fail to give them proper care. We see child beggars; youngsters living by their wits; children being exploited by unscrupulous elders; and children exposed to immorality and immoral associations.



"An Indian child is of no less value than an American child".—*Photos, Author.*

Let me just take you for a ten-minute walk in the general area of the Nagpada Neighbourhood House. Here in this alleyway is a group of young Jewish boys, all of whom should be in school, gambling with pice. There in the gully, at a washing-place just outside of a foul latrine are a dozen naked youngsters, playing in the mud caused by waste water and human elimination. Yonder goes a tea shop chokra, not more than ten years old, carrying cups of tea into a brothel.

Lying on the pavement are two boys sound asleep—probably resting after a night of prowling in the vice district. Glance into this one-room home, where three small children are in the charge of a nine-year old girl, while both mother and father are working in the mill.

At the corner a number of young boys are polishing boots or selling racing forms. Just in front of the police station is a bearded old man, leading two young children by the hand—the children trained to render the most unnatural piercing cries, in order to wring coins from sympathetic citizens.

• • •

Too Vast for One Agency

THROUGH our nursery school for children of working mothers, our clubs, recreation facilities and our home visitation, we as one agency, try in our own way to meet this challenge, but the problem is too vast for one agency alone.

Since the inauguration of the Children Act, conditions in Bombay have undoubtedly improved. But the limited force of trained workers cannot possibly investigate all cases of neglect and bring all parents who are shirking their parental responsibilities to book.

There is a pressing need for trained case workers who will go into homes which are failing in their obligation to their children and deal with the causes of parental neglect. It is obviously unfair to assume that all such parents are callous and willingly harming their children. People must eat, and when fathers cannot provide food, the mother and often the children must help.

(Continued on Page 47.)

THE SCOPE OF SOCIAL SERVICE—II.

SOCIAL WORK with FAMILIES

Getting at the Root of the Matter by Planned Relief

By CLIFFORD MANSHARDT

In its own interests, society must stand ready to assist threatened families, and this the second article in our series shows that though money helps, material aid must be supplemented by training and thought. The modern family-case worker now realises that the causes of disruption in the family are due to psychological no less than financial factors and he acts accordingly.

"The new idea of family relief is to help the family needing help to function as a normal family among other families."

SOME days ago a man came into my office seeking employment. He seemed to be carrying the proverbial "chip on his shoulder." He was sullen and disgruntled, claiming that everyone was against him. He had had several temporary jobs but had not been able to hold them. He was in a nervous state and highly irritable. For a time it seemed as if he were prepared to fight me or anyone else in my office.

After a long conversation I succeeded in calming the man down and discovered that he was solely responsible for the care of a sick wife. There were no children or relatives in the home and no servants. The man had been trying to perform his duties in the mill, but his mind was on his wife at home and he was unable to concentrate on his work.

He was disturbed many times during the night by the care which his wife required, and was badly in need of sleep. Loss of sleep and worry, combined, produced the inevitable result. The man's work suffered, and his inefficiency and general irritable manner marked him as one of the first to be retrenched.

• • •

Restoring The Family

THE simple thing to do in that case was to give the man a note for employment and get rid of him. But it did not require much intelligence to foresee that the old cycle would continue to operate. Hence we undertook the more difficult task of attempting to restore the family. We visited the home and arranged for the hospitalization of the wife. We arranged for her after-care during the period of convalescence.

We arranged for the payment of back rent and for the recovery of certain essential household articles from the pawnshop. We provided facilities for the man to secure proper meals. These things accomplished, we began to talk about employment, and when work was finally secured, there was every reason to believe that this time the job would be permanent.

The case just cited is from Bombay. Now let me present one from the actual records of a New York Family Welfare Agency as reported in the *New York Herald Tribune*. It reads:

• • •

Left To Father's Care

"DAVID Miller was a foundling child brought [illegible] information. At fourteen he was turned out to earn his own living. He managed somehow to maintain himself and after several years to marry and establish a home.

Six years ago his wife developed an abscess at the base of her spine, and after five years of suffering died in child-birth, leaving the new baby girl, Janet, another six-year old girl Martha, and two boys, 10 and 12, for David Miller to care for alone. The hospital staff was reluctant to let him take Baby Janet home, but he was determined to keep his children together and his home intact.

"He has a part-time job paying twenty-nine dollars a month and occasional odd jobs, so that the bare necessities are nearly provided for. But he has been constantly haunted by the fear that some medical or government agency might try to take his children away from him. So he has struggled for nearly two years without asking for advice or help from anyone, washing and ironing clothes at night.

"He tries to get some sleep in the daytime and then by 11-00 p.m., when he has the children all in bed, he starts out in the night to walk four miles to his work at the city ash dump. He tries to get home soon after daylight to get his children breakfast.

• • • •

Fear Of Social Agencies

"WITH it all, he has found time to be an unusual comrade to his boys, warning them constantly not to get into trouble because they haven't any mother, and when a man has his children to take care of himself, they have to be extra careful or the government will put them away.

"Finally the vice situation in his neighbourhood and his anxiety over his inability to keep careful watch over his 'girl children' outweighed his fear of social agencies, and with great hesitancy and caution he came to the Family Welfare Society. 'It's not just money I need' . . . . was the way he worded that first touching request for help."

The social worker reporting the case added the comment, "It is obvious that no mere relief grant is going to meet David Miller's need. Somebody, that knows how has got to figure out in detail just what is the best way for Mr. Miller to keep his children . . . . and keep them in safety. We are convinced that such an unusually fine relationship between a man and his children should at all odds be preserved."

• • •

The Easy Slide Down

AND now back again to Bombay. Every week scores of unemployed men come to our office. How familiar the story: first a reduction, and the hope that work will again be secured within the month. Failure to secure work; a less confident air; increasing signs of nervousness.

The break-up of the home and the moving to cheaper quarters. Perhaps the wife and children return to her parents. Frayed edges; shabbiness; and a feeling of furtiveness. Hopelessness; despair; young men looking old. The tragedy of unemployment!

One can advise these men to "cheer up" and "all will turn out well." One can, but the words stick in one's throat. It takes more than words to restore shattered morale. Some one must take hold and help carry the burden. Some one must help to plan: to rouse a defeated man from acquiescence to action. The burden of this job falls on the family social worker.

Family social work has long since passed the stage of simply giving alms. In every society there are people who are not functioning to the full extent of their capacities. In every city wholesome family life is threatened by maladjustments resulting from illness—both physical and mental, unemployment, bad environmental conditions, vicious habits and numerous other disrupting influences.

• • •

Indiscriminate Charity

THE old idea of family relief was to attempt to provide food, clothing or shelter for those in need. Before relief was actually organized, each individual gave according to his own whims or desires, in a purely indiscriminate fashion. One can still see a survival of this type of giving in modern Bombay.

When charity organization societies appeared upon the scene, the attempt was made to control giving, "to make relief hard" as the saying went, and thus to prevent pauperization.

This stage was an improvement over the first, but it reaches its absurdity when managers of relief funds pass out small doles to needy applicants, thus forcing the recipient to approach still other agencies in the role of a beggar, instead of limiting their case intake and helping at least some families to re-establish and rehabilitate themselves.

The modern tendency is to give planned relief, in accordance with scientific budgets and a definite programme, worked out through mutual consultation with the receiver.

"The tragedy of unemployment"—Fleetus, Author.

The pictures illustrating this article do not represent actual scenes, persons or conditions described but are intended merely to give "atmosphere".

Mentally Defective Children

Need for Child Guidance Clinics And Occupation Centres

By MRS. R. P. MASANI.

Times of India
Feb 26, 1936

One of the important questions considered at the Conference of Women recently held in Bombay, was that of provision for the care of mentally defective children. Twenty years ago, there was a crying need for an institution for protecting children. Today, when Bombay has done her bit for the care of some of its destitute and neglected children and when the delinquent children are also receiving attention, nothing has yet been done for children suffering from various types of mental disorder. Shall we be honest with ourselves and confess that so far we have been guilty of neglecting if not altogether ignoring such unfortunate children? How frightfully forgetful of our duties we have been that there is not a single institution throughout the Presidency where such children could at least be housed and fed, if not treated scientifically!

WHAT LONDON DOES

Just think of what other progressive cities in the world are doing in that direction. To take the instance of London alone, there are in that city 37 day schools and 2 Homes for mentally defective children, run by the London County Council alone. Besides, there are several child guidance clinics where the work of diagnosis and correction of behaviour, disorders and educational difficulties in children and adolescents is done.

The London Child Guidance Clinic in the north of London is intended to serve two functions: (1) the treatment of children and, (2) the training of students. The treatment section adopts the simplest and the most rapid procedure compatible with efficient treatment, while the training centre, though following similar methods, keeps a record in minute details so that the teachers could adequately discuss the cases with students. During its five years' career it has dealt with no less than 1,900 cases. Almost half these children have been well adjusted and half of the remaining, partially adjusted. Only a few remain unimproved. Treatment to children is often given at home.

It was a pleasure to note that the parents entered whole-heartedly into the spirit of the treatment and seemed only too willing to follow the instructions of the clinic. By a series of lectures and visits to parents they are now made to realize that the work of reshaping the lives of maladjusted children, so as to put them on the high road to normal existence, is a work of national value and importance.

OCCUPATION CENTRES

If we cannot immediately run such a clinic in our city, we might at least start occupation centres. Such centres are conducted all over London by the County Council and they do not entail much expenditure nor need the service of experts. For example, when a centre was needed for Islington, the London County Council appointed an organizer and a teacher and the help of a worker was secured from a guide company. When I visited the centre, there were 26 children of different types occupied with different kinds of handicraft. They were taught to read and write and gymnastics and music also formed part of their time table. This Centre was open for half the day only. The guide took the children from home to school. The occupation of hands creates a freedom of thought and ideas. Much attention is paid therefore to children when they play.

The Boys' centre at Hackney had 30 boys on the roll. Some of them under the instructions and help of a carpentry teacher had turned out beautiful articles. The directress was a qualified doctor of medicine and music and a psychiatrist, and yet worked in an honorary capacity for full time and was responsible for the entire work of the centre. These institutions do not claim to have brought about much improvement in the children's mental condition, but the care and observation and the guidance are of material value to the children. The fact of their being occupied is as important to them as it is pleasing to their guardians.

BOMBAY EXPERIENCE

A similar class was started in Bombay about two years ago at the Byramji Jeejeebhoy Home of the Society for the Protection of Children in Western India. Experience of this class has shown that children have benefited by the special training given to them under the direction of a psychiatrist. Within a few months of its inception the children showed signs of improvement. The erstwhile dull boy's face began to shine with intelligence. The maniac, who used to cut to pieces all that she could lay hand on, gradually gave up the pastime. The girl who always used to shriek and attack others began to be quieter day by day. This little girl seemed happier, that boy livelier, and so it has gone on from day to day.

The need for such work is realized by all and emphasised by the Committee recently appointed by Government, but it appears that owing to financial difficulties, this urgent need, like several others, still remains to be satisfied. Government may take years to set on foot a project for establishing a Home for the mentally defective children of the Presidency. Shall we sit till then with folded hands and let so many of our children grow into abnormal beings and useless and suffering citizens, when the remedy lies near at hand and when there are examples of western countries to guide us in this matter? Those who feel acutely that something must now be done for such children can make a good beginning by starting about half a dozen such centres.

SUBNORMAL SCHOOL CHILDREN

The Bombay Municipal Corporation and the Schools Committee should take up this question seriously and make a beginning by starting at least one such centre for the children attending Municipal schools. Dr. Moodie, Director of the London Child Guidance Clinic addressing a Conference in 1934, indicated how many maladjusted children there were in every school in London. Such children hamper the progress of the normal children, and left to themselves and for want of individual attention, they drag on from one form to another, developing further complexes meanwhile. It is high time authorities of public and proprietory schools and parents who could afford to do so co-operate and start some clinics in Bombay. This reminds us of the dearth of trained workers amongst us.

It is, however, very gratifying that with great foresight that trustees of the Sir Dorab Tata Fund have endowed a Graduate School of Social Work, in which provision has been made for training workers in this important branch of social service. Within a few years, therefore, we may hope to secure trained workers for such occupation centres. A well-known psychologist once said in a broadcast talk, which I heard when in London, that the problems of civilization are essentially the problems of childhood. In its efforts to adjust the groping child mind to life and to make useful citizens of difficult or abnormal boys and girls, child guidance clinics are doing the work of civilization. Will civilized Bombay still remain backward in respect of this important social obligation?

Childhood Delinquency And Insanity

CURE FROM VISITING TEACHER

Urge To City To Adopt This Method

The following is an extract of an address delivered under the auspices of the Society for the Protection of Children in Western India, Bombay, by Dr. Clifford Manshardt, Director of the Sir Dorabji Tata Graduate School of Social Work, last Monday evening:—

The initial stage in practically every form of social work is relief, rather than prevention. Thus we give alms to beggars before it occurs to us to attempt to deal seriously with the causes of poverty. We organise dispensaries and hospitals for the cure of the sick, but give relatively little attention to the prevention of disease. We build jails for our criminals and practically ignore the environmental factors which contribute to the making of criminals. We fill our mental hospitals with the insane and do virtually nothing to prevent breakdown.

It is not that we are callous; it is simply that it has never occurred to large numbers of us that poverty, sickness, delinquency and insanity can, to a considerable degree, be prevented.

The Child Guidance Movement, of which the Visiting Teacher Movement is a part, is a direct outgrowth of the growing concern among social leaders in the increase of juvenile delinquency and crime and in the ever-increasing number of people who are being admitted to, or who should be admitted to, our mental hospitals.

DANGER SIGNALS

In every school room there are children [illegible] to the practised eye, represent danger signals. Thus there are children who are irregular in attendance, who are extremely nervous, who are retarded in their work, excessively shy, unduly forward, who lie, steal, have temper tantrums present sex difficulties and numerous other disturbing problems.

Such manifestations may be due to numerous reasons. A common difficulty, for example, such as backwardness in scholarship, may have its root in previous irregular school attendance, because of sickness or home conditions; in lack of parental interest; in the parents assigning the child a status of inferiority by continually dwelling upon his failures—at the same time generally dwelling upon the brilliance of some other family member; some mental defect inherent in the child; or in various other causes.

On the other hand, a single cause may manifest itself in various ways. Thus a child who is subject to too severe discipline within the home may find satisfaction without the home in defying authority, in lying, in stealing, in playing truant, or seeking by various acts of misbehaviour to assert his freedom.

The ordinary school teacher regards children such as these as "mean," or "incorrigible," or simply as "problems." She knows that something is wrong, but she seldom knows why the child behaves as it does, or what can be done about it.

HER CONTRIBUTION

It is here that the Visiting Teacher makes her contribution. The Visiting Teacher is an expert social worker attached to the staff of the school system. Her role is the [illegible] of helping the pu[illegible]ties

make for maladjustment.

The Visiting Teacher is the connecting link between the home and the school. The regular [illegible] sees the child in the classroom and there her contact with him ceases. The Visiting Teacher not only observes the child in the classroom, but also follows the case into the home, seeking to discover the causes of the classroom difficulty.

Let us for a moment be specific. Trouble-maker in the room. He is larger and older than the other children in his standard, but seems to show no interest in his lessons. He is unable to read but his major interest seems to be in playing tricks and amusing the smaller members of the class. His classroom teacher is definitely worried. The boy is making no progress himself and is preventing others from making progress.

The classroom teacher refers the case to the Visiting Teacher. The Visiting Teacher goes to the home and discovers that the early schooling of the boy was hindered by long absences because of sickness. As a result the boy never learned to read properly [illegible] placed in a class with much younger children because of this deficiency. The boy feels the humiliation keenly, but tries to hide his true feeling by his efforts at humour. Because he cannot read, he has come to the conclusion that he is naturally dull and cannot learn. Consequently he does not try. The situation is not helped by the fact that the boy's sister, though younger, is two grades ahead of her brother. Nor does the family attitude help. The family regard the boy as a failure and the boy accepts the diagnosis.

"DESIRE TO SUCCEED"

The Visiting Teacher recognizes that reading is the key to the situation. She explains the home situation to the classrom teacher and the school situation to the parents and enlists their co-operation. Home and school co-operate in teaching the 13 year-old boy to read. The Visiting Teacher is ever at hand to encourage the boy, to praise his progress, and to create in him the desire to succeed.

The patience of the classroom teacher, the help of the mother, and the encouragement of the Visiting Teacher begin to produce results. By the end of the term the boy has advanced to the fourth reader and is attempting to read library books. At the end of the year he is placed in a class with children more nearly his own age. His behaviour difficulties vanish, he comes to believe in himself, and a potential social misfit is reclaimed.

"LEARNING HOW TO LIVE"

The Visiting Teacher Movement is a recognition of the principle that education is not only learning, but learning how to live. A child spends a certain amount of time each day in the school. He spends another number of hours in the home, [illegible] environment, while the parents know little, if anything, about what is happening in the school. The Visiting Teacher attempts to [illegible] by making contacts with both school and home.

As a member of the school system the Visiting Teacher has cases referred to her by the classroom teacher. But parents may also refer cases to her of their own initiative.

Upon receiving the initial information, as any other case worker, sets about to collect all available information, preliminary to diagnosis and working out a tentative treatment procedure.

She consults the school records for all recorded information regarding the progress and conduct of the child within the school.

She consults the classroom teacher to obtain her point of view and receive whatever light she may be able to throw upon the problem.

She consults the home to find out the attitude of the parents toward the child, to study home conditions, and to discover what elements in the home environment may be hindering the child's normal development.

She makes friends with the child, talking with him freely and observing him in the classroom and at play. She seeks to discover his interests, his likes and dislikes, his hopes and his fears, his ideals and his ambitions.

PLAN OF TREATMENT

On the basis of this information she seeks to map out a plan of treatment, which will utilise the favourable factors, minimise the unfavourable factors, and help the child to realise that which is his right—a normal, wholesome childhood.

By nature of her training the Visiting Teacher is both teacher and social worker. Perhaps the simple cases which I have used as illustrations may have given the impression that the task of the Visiting Teacher is simply that of the friendly visitor. In reality it is much more. The Visiting Teacher must not only be familiar with educational procedure, but also have a thorough grounding in social case work particularly in its [illegible] psychology and psychiatry.

ORIGIN IN AMERICA

The Visiting Teacher movement had its beginning in America in 1906. To-day there are visiting teachers in over 100 American cities. In some cases the Visiting Teacher is simply a glorified attendance officer, but in most instances she is understood and she is regarded as an indispensable element in the progressive school system.

Bombay City has taken the lead in India in many important civic projects. The Bombay School System to-day enrols thousands of students. Though no study has been made of the subject, our city school must contain a very large number of children who are retarded, misfits and behaviour problems. If the educational experience in other cities is any criterion there must be a tremendous human wastage within our system. It would be an easy optimist who would contend that the introduction of visiting teacher work would be general cure-all [illegible] mental troubles. It would not. But it [illegible] in other cities teaches anything it does teach that the work of the visiting teacher is a step towards the solution of these important problems and of particular value because it is preventive.

If the city of Bombay were to give a lead to India in this matter, I am sure our experiment would be watched carefully by other cities and make a vital contribution to our national welfare.

CHILDHOOD PROBLEM
Co-ordinated Approach To Subject

The first attempt in India to use the co-ordinated joint approach of psychiatry, psychology and social work to the behaviour problems of childhood is being made by the child guidance clinic recently opened in connection with the Sir Dorabji Tata Graduate School of Social Work, according to Dr. Clifford Manshardt, Director of the School.

The types of problems studied by the clinic are those which indicate a lack of adjustment between the child and his environment, as revealed by his behaviour in the home, the school or in the community. Cases involving mental defects are, however, not treated by the clinic as they do not permit of concrete, constructive and continuous treatment.

Dr. Manshardt states that the clinic also aims at obtaining a new appreciation of the needs and difficulties of developing childhood in India.—*Associated Press.*

Bombay Chronicle

Nov. 27, 1937

Child Guidance Clinic's Work

BOMBAY, Nov. 25.

The first attempt in India to use the co-ordinated joint approach of psychiatry, psychology, and social work to the behaviour problems of childhood is being made by the child guidance clinic recently opened in connection with the Sir Dorabji Tata Graduate School of Social Work, according to Dr. Clifford Manshardt, Director of the School.

The Clinic has been started to study and treat the whole child in order to correct the basic factors causing symptoms on unsatisfactory habits, troublesome personality traits or difficult behaviour, by striking at the very root of mental disease, delinquency and other forms of social inadequacy and failure.

The types of problems studied by the clinic are those which indicate a lack of adjustment between the child and his environment, as revealed by his behaviour in the home, the school or in the community. Cases involving mental defects are, however, if treated by the Clinic as they do not permit concrete, constructive and continuous treatment, which the Clinic is interested in providing and securing.

Dr. Manshardt states that the Clinic is also aiming at obtaining a new appreciation of the needs and difficulties of developing childhood in India.—A.P.

Tackling Problems Of Childhood

Aim Of Guidance Clinic

The Evening News
June 29, 1937.

SPEAKING at the opening assembly of the Sir Dorabji Tata Graduate School of Social Work, Bombay, Dr. K. R. Masani, who has recently been appointed as lecturer in Psychiatry in the School, discussed the relation of the Child Guidance Clinic to the behaviour problems of childhood.

The Child Guidance Clinic is an attempt to bring together the various resources of the community with a view to applying scientific methods to the study and treatment of problem children of average intelligence. It serves the need of children suffering from all kinds of personality and behaviour deviations.

Although any rigid classification of behaviour difficulties would be both artificial and misleading, for purposes of convenience the problems may be divided into four categories:

Personality deviations, such as moodiness, depression, shyness, seclusiveness, day dreaming, lack of concentration, nervousness.

Behaviour deviations, such as stealing, lying, sex offences, running away from home, aggressiveness, bullying, violence to others.

Temper tantrums, nail biting, skin picking, fidgets, stammering.

Intellectual difficulties, such as general backwardness at school or backwardness in special subjects.

It is unusual to find a child brought to the clinic for a single difficulty. It is rather, exceptional to find a child who does not exhibit several of the deviations mentioned above.

The children who are brought to the clinic are generally children, whose behaviour, parents and teachers, magistrates and doctors, have attempted to alter for months and sometimes years, without any effect. This fact must be borne in mind when assessing the results of the clinic. On the other hand, the clinic can secure results where parents fail, because the clinic is in the position to bring the resources of modern scientific research to bear upon the problem.

MENTAL PROCESSES

It was Freud who demonstrated in a striking fashion the cardinal role of unconscious mental processes in the production of neurotic illness and showed also how impulses which lay buried in the depth of the mind, and of which the individual was not at all conscious, exerted their influence in a subtle way upon his character and conduct. The symptom had meaning for each individual, in the sense that it represented a substitute gratification, albeit of a distorted kind, for impulses which were kept out of consciousness and barred direct expression. It is the carrying over of this fundamental concept of unconscious mental processes and their vital influence upon the conscious life and behaviour, into the field of psychology, that has enriched our understanding of the causation of behaviour problems in children.

The reason then why the clinic succeeds when parents and others so often fail is that any given behaviour disorder is the outcome of mental conflict, involving impulses which are unconscious, of which the child is unaware.

At the same time, it is wrong to leave the impression that in the case of every problem child it is necessary to explore thoroughly his unconscious mind before anything in the nature of eradication of undesirable behaviour can take place. Frequent as is the relation between unconscious impulse and overt behaviour, it would be a great mistake to believe that this relation is of paramount importance in every individual case. Gross physical disorders and more subtle disturbances of physiological functions may also contribute to distorted behaviour.

Times of India
June 30, 1937.

Tackling Problems Of Childhood

AIM OF GUIDANCE CLINIC

Speaking at the opening assembly of the Sir Dorabji Tata Graduate School of Social Work, Bombay, Dr. K. R. Masani, who has recently been appointed lecturer in Psychiatry in the School, discussed the relation of the Child Guidance Clinic to the behaviour problems of childhood.

The Child Guidance Clinic, he said, was an attempt to bring together the various resources of the community with a view to applying scientific methods to the study and treatment of problem children of average intelligence. It served the need of children suffering from all kinds of personality and behaviour deviations.

Although any rigid classification of behaviour difficulties would be both artificial and misleading, for purposes of convenience the problems might be divided into four categories:

Personality deviations, such as moodiness, depression, shyness, seclusiveness, day dreaming, lack of concentration, nervousness.

Behaviour deviations, such as stealing, lying, running away from home, aggressiveness, bullying, violence to others.

Temper tantrums, nail biting, skin picking, fidgets, stammering.

Intellectual difficulties, such as general backwardness at school or backwardness in special subjects.

It was unusual to find a child brought to the clinic for a single difficulty. It was rather, exceptional to find a child who did not exhibit several of the deviations mentioned above.

The children who were brought to the clinic were those whose behaviour, parents and teachers, magistrates and doctors, had attempted to alter for months and sometimes years, without any effect. This fact must be borne in mind when assessing the results of the clinic. On the other hand, the clinic could secure results where parents failed, because the clinic was in the position to bring the resources of modern scientific research to bear upon the problem.

The reason why the clinic succeeded when parents and others so often failed was that any given behaviour disorder was the outcome of mental conflict, involving impulses which were unconscious, of which the child was unaware.

Evening News, December 13, 1939

CHILD GUIDANCE CLINICS

To The Editor of "The E. N. of India."

Sir,—Your paper of December 9 publishes a letter by Mr. J. H. Trivedi lamenting the lack of Child Guidance Clinics in Bombay.

May I bring forward the fact that Bombay already owns a Child Guidance clinic for the last 3 years nearly.

The Sir Dorabji Tata Graduate School of Social Work has been running this clinic since 1937. It is situated in the Health Visitor's Institute Building at the New Nagpada Road and runs on every Wednesday and Friday between 5 p.m. and 7 p.m.

It is being patronised both by parents and public agencies. Children are referred to it by parents and from a number of other sources, some of the prominent amongst them being—the Juvenile Court, the Children's Aid Home, the B. J. Home for Protection of Children in Western India, the Salvation Army, the League of Mercy Home, principals of various schools, Hospitals such as the B. J. Hospital for Children and the J. J. Hospital and so on.

Children with behaviour disorders, personality disorders, disorders in scholastic achievements due to emotional disturbances, children suffering from physical symptoms based on emotional factors are accepted here for treatment. It is freely accessible to all.

Last December it was represente in the exhibition organised durin the All India Educational Conf rence and information was supplie about it to the visitors.

Dr. K. R. Masani, the directo of the Clinic, has also been speakin in various conferences and it being brought before the public more and more. This year too t Clinic has organised the Child Gu dance section in the "Child in t Home" exhibition at the Town Ha

Those who are interested in Chi Guidance work may better visit t stall in the exhibition and the clir too on working days.

LADRI NATH.

Bombay, December 10.

Evening News, December 16, 1939

WORK OF CHILD GUIDANCE CLINICS IN BOMBAY

DETECTING CAUSE OF DELINQUENCY

THE fourth Children Act and Borstal after-care conference was held in Bombay. About 150 delegates attended the conference. Mr. D. A. Dhruva, the Backward Class officer, presided.

In his inaugural address, the Chairman pointed out that the present conference marked a distinct development over the previous ones as Government had sanctioned the attendance of District Magistrates from areas where the whole children act is now in operation, police officers and juvenile court clerks in addition to magistrates.

Government were now giving earnest consideration to the establishment of a cadre of Probation Officers as Government servants and the extension of the Act to adults.

Mr. D. Symington, District Magistrate of Sholapur and late Backward Class officer, then read a paper on "The Probation Officer and his relationship with the Juvenile Court." He emphasised the need of brevity and simplicity in the proceedings of the juvenile courts and the omission of all unnecessary and lengthy formalities.

Papers dealing with after-care of children were read at the conference.

GUIDANCE CLINICS

Dr. K. Masani, Director of the Bombay Guidance Clinic, spoke on the "Relationship of Probation Officer and Child Guidance Clinic." Dr. Masani pointed out that the real function of a probation officer was not just routine surveillance but something much deeper, which involved character reformation.

This could not be secured unless the real cause of delinquency was detected and removed. Delinquent conduct was merely the symptom of hidden mental conflict in the large majority of cases.

Unsatisfied emotional needs in a child were the root causes of many different forms of delinquent conduct. The child guidance clinic in Bombay was equipped and staffed for the observation and psychological treatment of difficult cases but in mofussil areas where no such assistance was forthcoming in probation work, it was possible to locate some of the root causes of mental conflict in children, which sets up bullying, lying, theft or truancy, etc.

The speaker outlined some of these root causes of mental conflict.

ABSENCE OF LOVE

Absence of love was a common cause in the cases of illegitimate or orphan children. On the other hand over indulgence was frequently conducive of later delinquent conduct. Undue domination of a child by an over strict parent was another extreme. The motives of such parents were good but the result of such treatment was generally seen in a reaction against all authority.

Definite ill-treatment of a child might include nagging, taunting as well as mere beating. Many parents restricted the movements of their children unduly and over protection is a cause of misbehaviour. Children aged between 6 and 10 years should be given some freedom and small children should be allowed to get thoroughly dirty at a set time in the day.

Inconsistent discipline is another root cause as the child secures no standard of conduct and unreasonable punishment may set up conflict. Again, parents sometimes treat their children with a lack of courtesy. It is essential for the happy development of a child that he should be loved by both parents and that nothing should be done to make him infer that he is less loved in the family circle than any other family member.

The conference also discussed the possibility of certain children being given a second chance on probation; the need of careful discrimination in dealing with cases of uncontrollable children, and the need of moving Government for the speedy establishment of a certified school on a cottage basis catering for the needs of unruly girls belonging to the Children Act and Borstal age groups.

Times, Jany 26, 1938.

The Child in India. Edited by Clifford Manshardt (D. B. Taraporevala Sons & Co., Bombay, Rs. 4.)

This is a symposium commemorating the coming of age of the Society for the Protection of Children in Western India. "Of all kinds of social service there is none more important than the protection of children and none more worthy to be performed" writes Lord Brabourne in an introduction to the volume; that realization, Mr. R. P. Masani explains in a prefatory article, was the mainspring of the Society's inception 20 years ago. The twentieth century, it has been said, is the century of the discovery of the child; since the World War a new evaluation has come in infant education. The importance of pre-school education is stressed in an informative article by Mr. J. M. Kumarppa, and Mrs. A. E. Harper describes the changing objectives in Indian schools in their efforts to keep pace with the world movement of education. Mr. Clifford Manshardt contributes two articles on "The Dependent Child" and "The Delinquent Child"; other useful contributions include Mr. K. R. Masani's "Behaviour Problems of Childhood" and Mr. Behram H. Mehta's "Recreation and Play".

Child Welfare Gazette
15-2-38

The Cause of the Children

THE CHILD IN INDIA. Edited by Clifford Manshardt.

Taraporevala, Bombay. Price Rs. 4.

Only a few weeks ago we commented on a Symposium edited by Mr. Manshardt regarding the progress of Social Developments in Bombay Presidency: the present volume is also a Symposium, commemorating the coming of age of the Society for the Protection of Children in Western India. His Excellency the Governor of Bombay has written a Foreword to this volume, in which he shows what can be achieved by steady and selfless work such as the Society has done and is doing in Bombay.

Perhaps there is no more important branch of social service than the care and protection of children. A neglected child is admittedly a bad bargain for the State. From a merely mercenary point of view, therefore, the protection of children is worth while, and it is in this aspect that the State, as a soulless institution, is necessarily most interested. The humanitarian aspect appeals more to those who voluntarily engage themselves in this work, persons who see first of all the pitifulness and the injustice of the situation of neglected children, persons who realise most keenly that, in the very nature of things, a neglected child, having had no opportunity to learn to distinguish between good and evil, cannot be condemned, persons who realise that it is up to them as members of society to right, so far as they can, a wrong which society has done.

The various chapters in this Symposium are contributed by the people who have been most intimately connected with the various activities of the Society. The two contributions by the Editor, "The Dependent Child," and "The Delinquent Child," ought to be studied by all who have the cause of the children of this country at heart.

IS HE A NORMAL OR DELINQUENT CHILD?—It is difficult to judge by externals alone, says Dr. Manshardt, because deep below the surface there are currents of individual mental processes which should also be taken into account in judging delinquency.

JUVENILE DELINQUENCY—I

THE DELINQUENT CHILD

By CLIFFORD MANSHARDT

(Director, The Sir Dorabji Tata Graduate School of Social Work, Bombay.)

In tracing the sources of juvenile delinquency, more stress has usually been laid on environment than on the subjective aspect, and our contributor suggests in this, the first article of a short series, that a serious attempt should be made to deal with the inner thoughts, feelings and attitudes of the delinquent child.

"CALL a dog by a bad name and hang him."

"Stigmatise a child as a delinquent and ostracise him."

How the human mind rejoices in labels! When once we have called a child "bad," "unruly," "incorrigible," "delinquent," we seem to feel that we have registered genuine progress. Descriptions of behaviour are not without their value, but classification by itself is not of much help in aiding us to determine the reasons for the behaviour. And it is the reasons which are the heart of the delinquency problem.

Time was, not so long ago, when we heard of a "criminal type." The criminal was regarded as a born criminal, exhibiting certain well-marked features of degeneracy. But once the theory was submitted to scientific analysis it was found that the relationship between physical characteristics and crime was so slight as to be practically non-existent.

Other students have emphasized the physical environment, finding the roots of delinquency in geographic or climatic conditions; while still other schools of thought have talked in terms of bad housing, poverty, evil companions and various unfavourable social factors.

* * *

Mental Processes Studied

AN advance was registered when the quest shifted from the external circumstances of the offender to a study of his mental processes, even though the immediate result was the theory that all criminals are mentally abnormal. Since this was before the days of mental testing, the criterion of mental deficiency was a sort of general impression gained by the investigator. But, unfortunately, the exponents of this theory did not apply their tests to a non-delinquent control group and so there was no way of really proving whether the intelligence of the criminal was actually inferior to that of the general public.

When the World War provided the opportunity for giving recognized mental tests to a general cross-section of American young manhood, as found in the draft army, a rude awakening was experienced. Hitherto it had been assumed that the "mental age" of the normal adult was 16 years. Since large numbers of criminals fell below this average it was assumed that the major part of the criminal group was mentally deficient, and the conclusion was immediately drawn that mental deficiency was the cause of crime. Imagine then the consternation when the tests disclosed that the average "mental age" of the army recruits was between 13 and 14 years.

Judging the army group by the same standards already applied to the criminal group meant that almost five per cent. of this cross-section of American youth must be regarded as mentally deficient. This is not the place to enter into a discussion of the reliability of the mental tests as used at that time, but the conclusion was clear that if the same proportion of alleged mental deficiency prevailed outside the criminal group as within it, then mental deficiency could no longer be regarded as the cause of crime.

The "criminal type" theory has now been abandoned, as has the quest for any specific cause of delinquency. We know now that delinquency is of multiple causation, and that any scientific study of the problem must take into consideration a host of factors which distinguish one delinquent personality from another.

Each individual is born with a certain psychophysical equipment. He is at once acted upon by his environment and reacts to his environment. Individual and environment; each influences the other—it is a continuous process, and out of the situation as a whole emerges the quality of conduct or misconduct.

If delinquency is not inherited, and the delinquent is not a type—who, then, is the delinquent child? Wherein does he differ from other children? Since juvenile delinquency is unknown to common law, we must turn to statutory law for its definition. Statutes differ in different countries and in the different provinces of India, but there is a certain general similarity running through all definitions of juvenile delinquency.

* * *

Who Is A Delinquent?

A "CHILD" is generally defined as a person under 14, and a "young person" as one between 14 and 16. A delinquent child is one who is charged with an offence; is wayward or incorrigible; has no home or visible means of subsistence; frequents the company of any reputed thief or prostitute; knowingly visits a gambling place or house of ill fame; wanders about the streets at night; absents himself from home without the permission of his parents or guardian; uses vile or indecent language; is immoral; or habitually absents himself from school. The definitions of delinquency differ in their inclusiveness, for that which is regarded as delinquency in one area is considered as dependency or neglect in another. Thus about three-fourths of the Bombay Children Act, for example, deals with offences against children and young persons, and their prevention, while only a quarter of the Act is concerned with delinquent children.

A composite picture of the delinquent child, drawn up from delinquency statistics in many areas, would reveal him to be a boy of about 13 years of age, or a girl of about 14 years of age—with about five delinquent boys for every delinquent girl. Though the mean age at which the delinquent boy first appeared before the court is around 13, his actual delinquency probably began at a much earlier age, for a child is rarely apprehended until he has engaged in delinquency for a considerable period of time. In fact it is not uncommon for delinquency to begin at the age of eight or even younger.

* * *

Destitution And Theft

THE offences for which the children are brought before the court bear a considerable resemblance whether in Calcutta or Chicago. The category generally includes stealing or attempted stealing, habitual absence from school, running away, incorrigibility, sex misconduct, injury or attempted injury to person, acts of carelessness or mischief, vagrancy, begging, disorderly conduct and petty misdemeanours. The majority of the cases appearing before the Juvenile Court in Bombay are cases of destitution, with theft as the second important factor. Destitution and theft accounted for 70 per cent. of the cases before the Bombay Court in the ten-year period 1927-1937. The overwhelming majority of the cases appearing before the Madras Juvenile Court in 1936 were also cases of destitution and theft.

While the delinquent child is generally charged before the court with a specific offence, delinquency is seldom an isolated instance of misbehaviour. Thus the boy who is charged with stealing is very often apt to be a truant, a runaway, unmanageable, or a sex offender as well. In western countries, habitual absence from school is almost university the preliminary to more serious delinquency.

* * *

Group Escapades

IT is interesting to note that in the majority of cases the delinquent child has companions who are also delinquent. Delinquency may be due either to the direct suggestions of companions, or it may be simply a group escapade, in which the members of the group indulge in unpremeditated acts, which they would never have engaged in singly.

It is generally assumed that the delinquent child comes from a poverty-stricken home and a most unfavourable social environment. As a matter of fact, however, delinquents can well be divided into three main groups. There are those who come from good homes, where the parents are co-operative, and are competent themselves to deal with the situation; there are those from homes where parents are co-operative, but are incapable of dealing with the situation without the aid of the Court and its workers; and there are those from homes where the parents are decidedly un-co-operative and have little interest in the child and his problems. The quality of family life is of much more importance than the economic situation of the family.

Of all the causative factors contributing to delinquency, such as environmental factors, physical conditions or psychological conditions, I think we can safely say that—apart from uncontrollable factors, such as mental defect—the early home life of the child is the most important element in the delinquency picture. The great major drives of mankind are the wishes for security, response, recognition and new experience. When continual quarrels between the father and mother cause the child to feel insecure within the home; when he does not find there the love to which he as a child is normally entitled; when he is continually repressed, until he develops a feeling of inferiority; when his natural feelings of curiosity are stifled—it can only be expected that the thwarting of these fundamental desires will often result in an emotional disturbance. Denied the right to normal expression within the home, the child seeks to discover satisfying substitute behaviour outside the home, and too often this substitute behaviour takes the form of delinquency.

It is this subjective aspect which makes the delinquency problem so difficult. And it is to this subjective aspect that our Indian Juvenile Courts have as yet paid no little attention. Until a serious attempt is made to deal with the inner thoughts, feelings and attitudes of the delinquent child, we are simply playing with surface things and will make little definite progress. It may well be that the recent opening of the Child Guidance Clinic in connection with the Sir Dorabji Tata Graduate School of Social Work will open a new chapter in the treatment of the delinquent child in India.

UNFAVOURABLE SOCIAL ENVIRONMENT, as seems to be the lot of these needy yet smiling children, does not necessarily lead to delinquency. Delinquents come from good homes also.—*Photos, Author.*

The photos on this page have been merely used to illustrate the article by emphasising the author's arguments. They do not represent delinquent children.—Ed. I. W.

YOUTHFUL DELINQUENCY—II

How Juvenile Courts Work

DISCOVERING THE BACKGROUND in which a delinquent child ordinarily lives, moves and plays, and which may have a close bearing on the child's delinquent tendencies, is one of the functions of a juvenile court. Where the child leads a rather isolated existence, his mentality develops differently from that of a gregarious child.—*Photo, Author.*

By CLIFFORD MANSHARDT

(Director, The Sir Dorabji Tata Graduate School of Social Work, Bombay).

In this article, Dr. Manshardt explains how the procedure adopted in a juvenile court necessarily differs from that of an ordinary criminal court. In many juvenile courts it is customary to have a woman to act as referee in the hearing and disposal of cases. A prominent place is also given to the probation officer who keeps a friendly contact with the child and his parents. He should be well qualified, because on him rests the responsibility of redirecting the emotional life of the child into normal channels. The writer makes a plea for the introduction of trained probation officers as a step towards improving the efficiency of juvenile courts in India.

THE Juvenile Court is a recognition of the principle that the child who gets [illegible] from the adult offender and should be dealt with in a different manner. As far back as the tenth century Athelstane enacted that "men should slay none younger than a fifteen winters' man," and provided that "If his kindred will not take him, nor be surety for him, then swear he as the bishop shall teach him that he will shun all evil, and let him be in bondage for his price. And if after that he steal, let men slay him or hang him, as they did to his elders."

In the Year Books of Edward I it is recorded that "judgment for burglary was spared to a boy of twelve years." But in the 17th and 18th centuries this principle was lost sight of, and it was not until the beginning of the present century that the child in need of court protection and guidance really came into his own.

The first serious attempt to modify court procedure as it related to children was a law passed in Illinois (U. S. A.), in July, 1899. Previous to this time, children were detained in the same police stations and jails as adults—and even alongside adults. They were tried in the same courts, and if found guilty, were sent to the same prisons. It was a disgraceful procedure—young children of tender years thrown into the presence of hardened and degraded criminals, and too often learning from them, not only the elements, but also advanced instruction in crime.

• • •

The State In Role Of Parent

THE juvenile court came into being to prevent children from being treated as criminals. In juvenile court theory the State stands in the place of a parent to the child, protecting him from the exploitation of adults and guiding him if he has chanced to slip. Whereas in the criminal court there is a single standard of justice which must be applied to all, in the juvenile court each child is dealt with as an individual case. It is assumed that there is no clash in interest between the welfare of the child and that of the State—rather, the welfare of the State is dependent in large measure upon its success in dealing with its children.

As far as possible all criminal terminology is eliminated from the juvenile court. Thus, instead of a complaint being made against a person charged with committing a crime, in juvenile court procedure a petition is filed in behalf of the child alleged to have committed an offence. In the criminal court, two contending parties are in conflict, and an endeavour is made to produce sufficient evidence to prove the accused guilty of the crime with which he is charged. But in the juvenile court the State, as the protector of the child, endeavours to discover through an informal hearing—as opposed to formal trial—why the child behaved as he did and what form of treatment (not punishment) may be best [illegible] in his particular situation. The criminal [illegible] the responsibility for discovering the social history of the child and based its treatment upon a careful study of the social factors involved.

• • •

Varying Age Limits

THE age limit for the jurisdiction of the juvenile court varies. In about one-third of the American states, the jurisdiction of the court is confined to children under 16; in another third to children under 17; and in the remaining third to children under 18. In England the jurisdiction of the juvenile court extends to the age of 16, as it does also in the various provinces of India in which a Children Act is in operation. In both England and India it is assumed that a child under eight has not yet reached the age of responsibility and therefore cannot be "guilty of any offence."

When a child is apprehended, or a petition is filed in his behalf, he is if possible given into the care of his parents until the date of his hearing. If the safety of the child demands, or if he has no parents or relatives to whom he can be entrusted, he is placed in a detention home or remand home until the hearing can be held. The best procedure is to use the remand home as little as possible and to make the period of detention as short as possible. It is a doubtful credit to any protective society to present in its annual report a large number of cases held for detention or to report extended periods of detention. In an efficient juvenile court, both the number of children detained and the number of detention days will be reduced to a minimum.

Wherever possible the juvenile court is separated from adult courts. If for any reason the juvenile court and adult courts must be held in the same building, the attempt is generally made to have the juvenile hearings on different days or at different hours from the adult hearings.

• • •

Choice Of Magistrate

THE magistrate in charge of the juvenile court is specially designated for his task. He should be a man not only with legal knowledge, but also equipped with social insight and imagination. Whereas the magistrate in the criminal court must apply the criminal code to the case under consideration, the magistrate in the juvenile court has much more latitude. The ideal magistrate would be one with legal training, social training, a sound psychological background and would be equipped with imagination, a sense of humour, a large fund of common sense and a keen love for children. Since ideal magistrates are rarely found, the common practice is to transfer an available magistrate, with more or less aptitude for his task, to the juvenile court, with the hope that he will acquire a technique through actual practice.

In the preceding article I pointed out that one of the major causes of delinquency is the emotional disturbance arising from the thwarting of fundamental desires. If this is true, and I believe it is, it is rather difficult to see how a magistrate with no knowledge of mental hygiene is really equipped for his task. It is easy to send a child to a correctional institution or a certified school, but it is an open question whether that process will actually adjust the child to his environment and prevent further behaviour difficulties.

• • •

Women Referees

IN many juvenile courts it is the practice to associate a woman with the presiding magistrate to act as referee and assist in the hearing and disposition of cases. It is felt that in cases involving girls a woman can enter much more sympathetically into the issues involved than can a male magistrate.

The procedure of the juvenile court is very informal. In contrast to the familiar court room set-up—with the presiding judge occupying an elevated position, the jury box and the clash of contending lawyers—the children's court is extremely simple. A table and a few chairs comprise the essential equipment. There are no seats for spectators, for spectators are not desired in the court. It is felt that a child's difficulties should not be paraded before a sensation-seeking public. While newspaper reporters may be admitted to the court, it is forbidden to publish any details of children's court cases which would give any clue to the identity of any child concerned in the proceedings.

In the best juvenile courts no attempt is made to pile up evidence against the child. The child is simply asked to tell his own story in his own way. Every attempt is made to avoid confusing him. Preliminary to the hearing it is the duty of the probation officer attached to the court to discover all possible information regarding the child's early history and present background. The probation officer, though an officer of the court, stands before the court in the child's behalf.

(Please Turn to Page 76)

Preventing Juvenile Delinquency

PREVENTION IS BETTER THAN CURE—IN JUVENILE DELINQUENCY AS ELSEWHERE. BUT THOUGH DESIRABLE, IT MAY NOT BE IMMEDIATELY POSSIBLE, AS THE EVIL SPRINGS FROM MANY CAUSES. YET A BEGINNING CAN BE MADE BY DISCARDING GENERALISATIONS IN FAVOUR OF POINTED RESEARCH REGARDING THE INDIAN CHILD IN HIS PARTICULAR ENVIRONMENT.

By Clifford Manshardt

(Director, The Sir Dorabji Tata Graduate School of Social Work, Bombay.)

ALTHOUGH any forward-looking society will organise itself to care for its delinquent children through a system of juvenile courts, trained probation officers and progressive correctional institutions, it will not feel that in providing these facilities it has solved its problem of delinquency, for the real test of the social vision of the community is the effectiveness of its programme of prevention.

And right at the outset let me say that there is no blanket programme of prevention which can be applied to every situation. As I have already pointed out in my preceding articles, many factors enter into the making of the delinquent child; hence a preventive programme must be one which can be adapted to the needs of the individual.

• • •

Study Indian Child In India

DESPITE the psychological researches which have been carried out since the beginning of the century, we still know far too little about human behaviour. We place too much reliance upon assumptions and generalizations. The first element in any programme of delinquency prevention should be an effort on the part of those interested in child welfare to acquaint themselves with current thinking in this field, and for those with the ability and facilities for research, to study the Indian child in his Indian environment. While no immediate results might be apparent, the foundations must be laid now for future advance.

The approach to delinquency prevention must be two-sided. There must be a clear recognition of the mental and emotional factors involved, and there must be an equally clear recognition of the social determinants. There is of course no clear line of demarcation between the two—the delinquency situation must be viewed as a whole—but nevertheless, for practical purposes, we may make this distinction.

The preventive programme really begins before the child is born. While the State, as at present organized, is not in a position to do much to control the child's heredity, it can prevent the marriage of mental defectives, or at least undertake their sterilization, and can—as it has already done through the Sarda Act—raise the age of marriage, in order that the child may have a better physical heritage.

• • •

Maladjustment In Home

SINCE all studies of delinquency point to maladjustment in the home as a major contributing factor, it is obvious that education for parenthood and parent education should be regarded as an important prophylactic. The schools and colleges are supposed to train our youth for life, but they—with a very few exceptions—entirely neglect training for life's most important experience, the experience of parenthood. In America and Europe there is a definite move to correct this deficiency by adult education classes for parents, in which capable leaders discuss the every-day problems confronting the parents in the home—both the relations of parents to children and to each other. These classes are meeting with an excellent response and ministering to a definitely felt need.

Very few fathers and mothers consciously desire to create wrong attitudes in their children. But quarrelling, nagging, too-severe or too lax discipline, favouritism, spoiling, ignoring and the like all have their effect upon the growing child. Unless the parent actually knows this fact, and has some idea of how to approach his family situation, he often unconsciously helps to create situations which result in emotional disturbances and even in overt anti-social behaviour.

• • •

Early Habit Training

ALTHOUGH the child's formal education usually begins at the age of six, it is in the pre-school period that the foundations for most of life's habits are laid. The nursery school, with its emphasis upon habit training, is a recognition of this fact, while an increasing literature is appearing upon the training of the pre-school child. Wrong habits of eating, sleeping, elimination and play; childhood fears, temper tantrums and conflicts, have a direct bearing upon the appearance of delinquency at a later period. It is much simpler to help the child to establish correct habits of action than to attempt to recondition faulty ones.

In practically every reported study of delinquency, a large proportion of the delinquents express themselves as having a decided aversion to school. Since the school represents society's attempt to train the child in social living, the failure of the school to capture the interest of these young delinquents should call forth serious thought. In an attempt to run all children through the same mould, we forget that in every school system there are children of special abilities or of less than normal intelligence who cannot be regimented. For the former group, the conventional school with its rigid system of grading is so easy as to be uninteresting and to present no intellectual challenge. The superior child is bored, begins to dawdle, to get into mischief, or even to stay away from school. The child who is of less than normal intelligence finds the work so difficult that he gets discouraged and too often attempts to compensate for his classroom failure by seeking recognition in other fields—most commonly some form of delinquent behaviour.

• • •

Guidance And Recreation

OTHER preventive measures associated with the schools are child guidance clinics, visiting teachers and periodical medical examinations of school children. In a previous article I have referred to the child guidance clinic as a handmaid of the juvenile court, as it endeavours to outline a treatment programme for the young delinquent. But if the behaviour difficulty is referred to the clinic at its earliest manifestation, there is a reasonable expectation that the child will not appear before the court. An alert visiting teacher can do much, both in observing symptoms and referring cases to the clinic, and in securing the co-operation of school and home in those cases which are not sufficiently complicated to require the services of a skilled psychiatrist. Through periodical medical examination of school children, defects of sight and hearing, as well as functional disorders may be discovered, which, if not corrected, may well interfere with the child's school work, leading to the well-known delinquency cycle of truancy, lying and stealing.

AN "ABSORBING" OCCUPATION—Plenty of recreation of the right type diverts misdirected leisure into healthy, and normal activity. A plan of juvenile delinquency prevention must give adequate recreational facilities for all children in congested urban areas.—*Photos, Author.*

ADULTS IN THE MAKING—It is in the pre-school period that the foundations are laid for most of life's habits. Suitable guidance is therefore highly necessary at that stage, and the emphasis which nursery schools lay on habit-training is a step in the right direction.

Since delinquency is largely a result of misdirected leisure, a plan of prevention must provide for out-of-school and out-of-work recreation facilities. Practically every large city has its system of parks and playgrounds, but in our Indian cities far too few playgrounds are found in the most congested areas. The value of a playground is not only that it provides a space for games, but also that—if properly conducted—it provides the community with a leadership which can be a great influence for good among the boys and girls.

During his leisure hours the city child may almost be said to live in the streets. If no playgrounds are available, then trained directors of recreation should be posted to those congested areas where children congregate, to guide them in their games, and wherever practicable, to take the lead in having certain streets closed to traffic at certain hours of the day for play purposes. The cost of maintaining a corps of trained play supervisors is nothing when compared to the cost of caring for delinquent children in institutions. Play cannot solve the delinquency problem, but it has a recognized place in every programme of crime prevention.

• • •

Devotion To An Ideal

A CAREFUL study has recently been made endeavouring to discover why one child in a family is delinquent, while another child in the same family and almost the same age as the delinquent, brought up in the same environment and under the same general conditions, is not delinquent. Of course various factors enter into the matter, but in a surprising number of instances the non-delinquent child attributed his course of conduct to his devotion to a set of ideals or to a person whom he held up as an ideal and whom he did not wish to disappoint by any unworthy behaviour. In other words, this study reveals that a considerable amount of socially acceptable conduct can be directly attributed to character education. It is not enough that a child in the school should be taught conventional "goodness." Character education in its best sense implies allegiance to an ideal that passes beyond the conventional and demands the reinterpretation and revision of the conventional.

Conventional morality concerns itself for the most part with negative personal goodness. But social morality goes further. If the family is at the heart of the delinquency problem, then the energies of society must be devoted to the preservation of the family. This means, among other things, the promotion of economic security for the family by providing a living wage and making every effort for the stabilization of employment. It means protecting the family against accidents and against disease, which result in so much suspension of employment, loss of income and family breakdown. It means the protection of youth in industry and a programme of vocational adjustment. It means a genuine interest in housing and in carefully conceived programmes of slum clearance.

The prevention of delinquency is thus seen to be a common problem, a task calling for the co-operative endeavour of all agencies interested in the public welfare. In a city like Bombay we have scores of organizations and charitable funds for communal amelioration. Surely the protection of our children is an appeal which should cut across communal lines and enlist united effort.

satisfaction.

HOSPITAL SCHOOLS AS AID TO CURE

Hence Governments of various countries of the world, including India, are trying their best to create greater facilities for the care and education of their little ones. But these facilities are available only to the normal and the ablebodied. A large number of the handicapped to whom school life or play life is denied, is not receiving enough attention.

These include the hospitalised children who are well enough to learn mental tasks as well as some manual skills, but whose illness requires them to spend several months or years in a hospital. They lie in bed, with little or nothing to occupy them, being cut off from the joys and adventures of their school and social life. They are deprived of the stimulating opportunities of learning, which affects their emotional and intellectual growth.

Our hospitals have achieved a fairly high degree of medical and surgical efficiency. While they attempt to cure the child physically its mental and emotional well-being is ignored. This overlooks a very significant principle. An individual functions or grows as a whole. There is evidence to show that if a patient can be kept cheerful and occupied with some creative work, his recovery is greatly facilitated.

Learning activity has a great therapeutic value. Therefore, like others, those sick children who are able to undergo educational discipline should also be given opportunities to grow mentally. Hence the great need for an educational programme in every hospital for children.

The first attempt to meet that

Bharat Jyoti 21st Oct 1951

ed for bone T. B., and the other cases of deformity. The patients in each ward, boys and girls, range from two to fifteen years. The T. B. patients stay in the hopital for about one to four years, while those with bone deformities remain for lesser periods. Each ward has about 16 patients.

The teaching programme is conducted every working day from 10 a.m. to 4 p.m.

The children are taught reading, writing, and arithmetic and are also given some general information about current events and the outside world. In the afternoon, they learn handicrafts, such as crocheting, knitting, making articles from paper, cloth and the like.

Other types of creative work include making picture albums by cutting pictures from old magazines, moulding clay to any shape they like, painting and drawing pictures from crayons and playing with picture books.

MUSIC

In addition to education and art work, the child patients are taught music and songs. Provision is also made for games, such as, dominoes, snakes and ladders and the like. The very young ones are given such playthings as dolls, blocks and other toys. Although this educational project is at present under the direct supervision of the Tata Institute, the Bombay Government are financing it and the Inspector of Schools pays periodical visits of inspection to the hospital school.

The equipment consists of school books, specially suited to the needs of each child patient, story books in different languages, toys, play blocks, school supplies like paper for writing, drawing pictures and making al-ns, wool, assorted colour paper ls, chalks and the like. Spe-l decks are also needed as he patients are required n their backs.

n of teachers suited schools has to be

desirable aptitudes, self-confidence and responsibility in them.

A RAY OF HOPE

Before this scheme was put into operation here early in 1949, the child patients used to lie listlessly in their beds. They had nothing to look forward to but the hospital routine.

Now all that has changed. These young patients have today a gleam in their eyes. Each morning they start with happy anticipation of new creative experience.

Paying a visit to the hospital in March 1950, Mr. B. G. Kher, Chief Minister of Bombay, said: "When I last visited this hospital I was overcome by the misery which each bed represented. The work done during the brief period of one year is marvellous and the programme has not only contributed to the educational well-being of the children, but also has infused in them joy and a new interest in life."

THE EMPHASIS

Any educational programme for handicapped children should not emphasise scholastic achievement alone. It should rather be designed to encourage self-expression and joyful participation. The project should also include entertainment for the child patients. For instance, in the present experiment, a cinema show is arranged every month. Also some child dancers are invited to give a performance now and then.

There are many hospitals in the country which have a section for children. Many of these child patients such as, T. B. and orthopaedic patients, are required to spend months and years in bed.

It is essential that some kind of educational and activity programme be organised in all children's hospitals, so that the child patients, while under treatment for their physical ailments, are not cut off from the normal stream of life.

Child patients enjoy reading during leisure hour

HOSPITAL IS NOT A MERE REPAIR SHOP

SOCIAL WORKER HELPS IN PHYSICAL RECOVERY

Hospital social service is a branch of professional social work and is oriented to medicine. It has arisen to fill gaps in the application of medical treatment to the patient.

With our growing knowledge of man in his social aspects, it has become increasingly evident that various professions should co-operate with medicine to make medical care adequate.

It has now become obvious that although scientific discoveries may continuously advance medical treatment, the most expert care may be of little use if the social and emotional components involved in an illness are ignored.

Thus the need arises for studying the patient, not as a specimen presenting a pathological heart or lung condition, but as a human being, who is a distinct personality reacting in its social, emotional and somatic aspects.

With specialisation coming into the medical field there is a drift away from the family physician who was generally familiar with the patient as a person. He knew the personality and the background of his patient and, therefore, could see how these affected his diseased condition.

NO PERSONAL TOUCH

Today, however, since more and more hospitals are being established to give better medical aid to the sick, the medical profession has to deal with patients away from their home environment and relatives. This in itself may accentuate the emotional problems of the patient, while it also prevents the physician from knowing him as a total person.

By
Dr. (Miss) G. R. Banerjee
Press Club, Tata Institute of Social Sciences.

As the specialist has a vast amount of work in the field of his specialisation, he is obliged to hand over certain aspects of his patient's problems to some other individual who is specially trained to handle them. This means a division of responsibility between the doctor and the medical social worker with their respective concentration upon the medical and psycho-social aspects of illness.

Medico social plan requires joint consultation between the doctor and the medical social worker.

Thus the need arises for creating a department of social service in the hospital, like the X-ray department, surgical department or gynaecology department, to enhance the value of medical care.

SOCIAL WORKER

The functions of the social worker in a hospital are multifarious. Generally the value of the social worker is recognised for her ability to acquire financial aid for the patients because she keeps in close touch with such community resources as trust and charities of which neither doctors nor patients may be aware.

Apart from securing financial aid for the patient and his family when necessary, the social worker renders other services to them. She helps the patient to accept the diagnosis and medical recommendations. It may be mentioned here that physicians and surgeons are often baffled by the reaction of patients to their diagnosis and plan of treatment. They may come across a mother who refuses to agree to a surgical operation for her child even when it may be the best and the only method of cure; or a T.B. patient may refuse to undergo sanatorium treatment in spite of a warning as to the serious consequences of neglecting the disease in its early stages.

The trained medical social worker understands the dynamics of human behaviour, and she knows also the technique of interviewing.

When through case work technique, as it is called, she helps the patient to realise and express the reasons why he feels the way he does, an attitude of objectivity and reasonableness usually results. When the patient is released from his emotional tension by providing an opportunity to express his partially repressed feelings to somebody who understands and accepts him non-judgmentally, he may be helped to relieve his anxieties and get a sense of support which increases his ability to act upon his problem.

INTERVIEW

A carefully planned interview in most instances helps the patient to give up his irrational attitude so commonly found in those who are in distress, accept the reality of his situation, and act accordingly. The reaction of the patient, however psychoneurotic it may seem to us, is in essence a reaction to some conflict or fear motivated largely by subsconscious psychological processes of which the patient is totally unaware. Planning an interview in such a way as to bring to light significant factors is a service which can only be rendered by a trained medical social worker.

After the patient has accepted the diagnosis, it is the duty of the social worker to see that there are no obstacles in carrying out the treatment. If there are complications in the domestic relations that come in the way of his treatment, the social worker deals with them. As the needs of the patient cannot be separated from those of his family, it is essential to remember that he cannot be put in a hospital with any expectation of recovery if there are others dependent upon him whose needs

So, apart from helping the patient to adjust himself to his illness, the social worker also helps the family to adapt itself to the new situation caused by the illness. By working with the patient and his family, the social worker lessens his anxieties and enables him to complete his medical treatment.

She sees that he does not sign out against medical advice. During the period of hospitalisation, she tries to engender a spirit of cheerfulness in the patient and to assist him in overcoming his homesickness and boredom of long treatment. All this helps him in recovery.

AFTER DISCHARGE

The medical social worker works with the patient not only at the point of diagnosis and during the period of hospitalisation, but also long after his discharge. So long as he is in the hospital, it is comparatively easy to follow the prescribed regimen. When he is discharged, he may find himself to be a man apart if he continues to live as he lived in an institution. He has to adapt himself to the family and the latter to him.

If lasting advantage is to be gained from the treatment given in a hospital, we must have a proper plan for the care of the patient after discharge. He may need re-adjustment to his home or to some new kind of employment.

A social worker can assist him in securing a job better suited to his physical condition, and help him in getting reconciled to this change and work towards his rehabilitation so that the hospital

100

Can Family Planning Solve All Problems?

TO a people like Indians, crushed under limitless number of vexing problems, any new plan purporting to be a panacea has small attraction. Latest in the list of such cure-alls is family planning. The supporters of family planning claim it would combat many of our hydra-headed problems and usher in a millennium.

They maintain that its adoption would raise the standard of living, eradicate ill health and disease, remove slums, solve the food problem, control the population pressure—nay, would ultimately eliminate even war. Mighty things indeed! So at last they have got at the root of all troubles and have evolved a potent instrument to save humanity!

By
K. V. SRIDHARAN
Press Club, Tata Institute of Social Sciences

But the commonest problem that is invariably found associated with family planning is that of population control. Whether it be an article a booklet, a speech or a resolution at a conference, we find "family planning" appearing in juxtaposition with "population control" Well, their logic is very simple. The standard of living of our countrymen is incredibly low; large masses suffer from malnutrition; slums are on the increase; food supply is unable to keep pace with national requirements. And now the conclusion is irresistible—India is overpopulated. And what other remedy can there be but family planning? What a clear analysis.

SET PATTERN

This being their conclusion, their case for family planning usually takes a set pattern. They start with painting a ghastly picture of poverty-stricken and disease-ridden people; then trace the root causes in the unchecked multiplication of children and end up with the prescription of Family Planning as the surest solution of all those ills.

But this is the outcome of either confused thinking or wilful misrepresentation. The deliberate association of population control with family planning is not at all calculated to advance the cause of the new technique; on the contrary, it will unnecessarily entangle its advocates in a whirlpool of controversies.

They will have to first decide whether India is overpopulated and then deal with other aspects of this multi-faceted problem.

There are certain basic principles we have to bear in mind while discussing the issue of overpopulation. Neither the size of the population nor the amount of the food produced by itself can be a dependable index for overpopulation. Nor can we maintain that a country is overpopulated simply because the standard of living of its people is very low. The population of a country cannot be considered in abstraction. That is common sense. It has to be viewed always in relation to its natural resources—at present exploited and to be exploited in future. Similarly, the sex composition of the population, the predominance of different age groups, its quality, etc., have a definite bearing on the problem. So is occupational pattern, a reorganisation of which often alters the scales.

IMPORTANT FACTOR

But the most important single factor that determines the problem of overpopulation is the type of Government and the nature of the country's economy. China under Chiang Kai-shek was considered overpopulated; yet today the same China under Mao Tse-tung, with probably an increased number, never even mentions population as a problem. Therefore, in the ultimate analysis, matters like: who controls and owns the capital? for what purpose is it employed, who actually controls the State? etc., are the factors that decide such issues as overpopulation, low standard of living etc.

If, on the other hand, the bogey of overpopulation hindering the country's progress is raised, a student of Social Sciences will have to say that that bogey is intended just to cover the incompetence or unwillingness of the masters to change the 'status quo.' Population is only a scapegoat.

What then is all this family planning about? What does it aim to achieve? Well, its sphere of activity, as is evident from its very name, is the family. Family planning is an important family welfare factor.

THE SIZE

Proceeding on the basis of the fundamental principle that the size of a family is not a matter of chance nor is it preordained but is a matter to be determined by the husband and the wife, and that the size of the family is of grave importance. Family planning aspires to adopt such measures as would create consciously the pattern of a family wherein life would not be a miserable burden to all of its members, but conducive to the full development of their personalities.

It is not the purpose of this article to decide whether artificial and mechanical devices must be pushed in to the service, or self-control should be preferred; whether sterilization is good or abortion better; or whether other artificial methods should be used. Family planning is an effort directed towards 'spacing' children and "regulating' their number.

Such a planned spacing of pregnancy and limiting the number of children is done in the interests and welfare of the family, particularly in the interest of the health of the mother and the children.

A DRAIN

Maternal mortality due to child birth rises; the father is compelled to spend more and the family runs into debts; the result is anxiety and worry to all the members. These leave their inevitable effects on the children.

More children put more claims on the limited income of the family. Consequently, their health and education are affected; recreational facilities for them are not properly provided; and what is most important, the children will not get sufficient parental care, guidance and love, so indispensable for their stable and healthy personality development. Moreover, the strain on the mother due to continuous childbirth often makes her a mental and physical wreck and she adopts an attitude of unwantedness towards the child. Thus, problem-parents create problem-environment, which in its turn makes the child a problem-child, physically handicapped and emotionally maladjusted.

VICIOUS CIRCLE

This undoubtedly is the plight of a large majority of our ignorant and poor families. And it is this vicious circle that family planning attempts to break. If this is understood, then there will be no need for giving vain promises. Let it [illegible] that family planning effective is by no means unimportant.

I said a real Camel for WINTER! Not this!

There is another aspect to the problem. Family planning to succeed should get ready acceptance by the public. As we all know, this would be easily done if the objectives set before the individual are less ambiguous and such that they can easily be grasped and comprehended. For this, one has to talk to the common man and woman in a language which they can understand.

Clubbing together of family planning and population control on the contrary, makes the goal more remote, less direct; more obscure and less comprehensive. Malthus and Vogt would convey no sense to the common man.

EMPHASIS

Emphasis should be always on the individual and the family. This is very essential because family planning presupposes a certain [illegible] against overenthusiasm about the potentialities of family planning. Family planning does not obviate the need for hard work, training to become intelligent, efficient and disciplined, the need to produce more wealth in order to raise the standard of living; nor does it absolve the State from its duty to plan the utilisation of the country's resources on a just and equitable basis.

It only removes unnecessary and avoidable burden which sap the vitality and enthusiasm of the members of a family, especially the mother and the child; helps the parents to devote more resources and more time to bring up their children in a decent and healthy atmosphere, thereby improving the quality of all the members. Family planning is not an Alladin's Lamp which could solve all the difficulties in a split of a second. It is only a method to ensure a healthy and happy family, the corner stone of [illegible] edifice.

Bharat Jyoti
November 2 nd 1952

12

Rehabilitating The Physically Handicapped

SOME OBSERVATIONS

By R. M. SHUKLA
Press Club, Tata Institute of Social Sciences.

The physically handicapped are those who suffer from organic disabilities which are protracted and which interfere with normal living. Disability of any organ might produce a physical handicap, but those most frequently responsible are the bony, muscular, sensory, circulatory and respiratory systems

There is yet no common agreement or accepted definition even among industrial physicians as to the exact connotation of the term. The widely varying standards for employment in industries of different types, and in different plants within a single industry, act to classify as "handicapped" many individuals who would readily be accepted in other industries or in some plants within the same industry.

In those plants that do not have pre-employment physical examinations, the only applicants classed as handicapped, would be those with obvious impairment, while those having hidden disabilities would be considered normal.

One of the many definitions that almost reaches the ideal is: "A Physical handicap is a difference possessed by some persons, which, though limiting physically need not limit vocationally".

Placement

A disability is sufficiently limiting to constitute a problem in placement of it, (1) requires the person to modify or change his occupation, (2) makes it more difficult to secure employer acceptance for suitable employment, (3) requires special consideration to prevent the undertaking of work likely to aggravate the disability or jeopardise the health or endanger the safety of the worker, or of others. As generally understood, the term is applied to such conditions as missing or defective hands, arms, or legs or blindness. Usually secondary thoughts include conditions such as heart disease, tuberculosis and epilepsy.

The great majority of disabled persons have far more ability than disability. From the stand point of industrial usefulness, only a small percentage is really classifiable as vocationally hadicapped. They are handicapped for some jobs, to be sure, but only a few jobs require all abilities of a worker. They are no longer handicapped when placed in jobs having requirements that they can meet.

In fact some handicaps can be turned into assets by the development of compensatory skills or by learning a new vocation. Some persons, however, are so seriously disabled that they are unemployable.

Vastness

Disabilities are caured mainly by accidents within or without the industry, or by disabling diseases. The extent of the problem in our country can be imagined by having a glance at the figure of yearly industrial accidents. According to the Labour statistics published by the Labour Bureau of the Ministry of Labour, Government of India, some 4,000 workers are permanently disabled every year. Permanent total disablement causes a life long handicap.

Barring such cases in which the employer might himself rehabilitate the worker out of sheer humanity, there is no legal binding on him to do so, except the Workmen's Compensation Act, according to which he pays the disabled person certain amount of money depending on the nature of disability. The newly enforced Employee's State Insurance Act in 1948 also promises only to pay compensation for disablement, but nothing has been mentioned as to the rehabilitation of the impaired worker.

It is, therefore, natural that quite a large number of our workers become compulsorily unemployed; and as their own concern refuses to employ them, it is almost impossible for them to seek employment in a new concern. These persons consequently, turn beggars or take to professions of the under world, and hence become a positive drain on or danger to the society.

Man-Power Lost

The question is whether this immense man-power has been lost to us merely because of a certain disability. And the answer comes from the results of various surveys conducted in the United States whose findings can be summed up in the following.

"In a survey of more than 100 employers made by the Office of Vocational Rehabilitation, Federal Security Agency, the following results were reported:

Percentage of Employers Reporting

Subject	Labour for handicapped	same in both groups	Higher for handicapped
Absenteeism	55	40	5
Labour Turnover	88	10	1
Accident Rate	57	41	2
Productivity	10	66	24

Employers of handicapped workers (from a study of the U. S. Civil Service Commission) commented as follows:—

"We find that from a production stand point the quality and quantity produced by these people are better than those of normal people..... the handicapped has proved his worth through efficient production, good conduct, perseverance, loyalty, and regular attendance. Employment of the physically handicapped has proved so valuable that special companies have been held to recruit them.

"Not only are the handicapped persons doing a fine job, but they are, in many cases, doing it better than unhandicapped workers doing the same type of work. The experiment of employment of them has been so successful all around, that more of them are being taken on whenever they apply, not out of sympathy and not because the company is being forced into it, but because it has demonstrated that, when the individual is suited to the job, a blind worker can stand up to any competition and show his heels to normal workers on many scores."

Principles

The State, the employers and the respective trade unions, should see to the rehabilitation of the physically handicapped. As far as possible, the concern in which the worker gets handicapped should be morally bound to employ the person in a suitable job. If no such department exists in that concern, he should be informed by the Directorate-General of Resettlement and Employment as to where he should apply for a suitable placement.

Vocational Rehabilitation is a process or series of steps which, when completed, enables a disabled person to fill a job in which he can compete successfully with able bodied workers upon his ability rather than upon charity or sympathy, at an equal wage, and with equal possibilities of advancement.

The process of rehabilitation is individual in character because of varying degrees of disability, education, age, capacity, energy, spirit and determination. Each case presents its own problems and requires its own solution. However, expert guidance by trained counsellors is of extreme importance. Of all the fundamental principles of rehabilitation, the most important one is that the worker must be of working age.

Summing Up

The other principles which must not be lost sight of can be summed up in the following lines:

(1) The worker should have the ability to accomplish the task efficiently, i.e., to be able to meet the physical demands of the job.

(2) The worker should not be a hazard to himself; e.g., the blind man at work on a dangerous unguarded machine, the epileptic on a ladder.

(3) The worker must not jeopardise the safety of others, e.g., the bus driver with the kind of heart disease that is likely to result in sudden death; the worker subject to fainting speels handling a gas torch.

(4) The job should not aggravate the disability of the worker e.g. the worker with arrested tuberculosis exposed to silica dust; the individual with skin disease exposed to skin irritants.

Taking number 1 item into consideration, it is highly essential that a suitable job should be found out for the person. It should be done after a thorough testing and Vocational preparation of the handicapped. Thus a square hole has to be found out for a square peg. This, in turn, necessitates well organised training centres for the disabled persons exclusively, where competent instructors should be provided.

These instructors should desirably be trained in some institution which should be meant exclusively for this purpose. Similar work is being done by the Directorate-General of Resettlement and Employment for the able bodied ex-servicemen and refugees, and if this is also tackled on the same lines, this crucial problem will surely be amicably solved.

29

TATA

VOLUME VII
NO. 12

Monthly Bulletin

DECEMBER
1952

Child Guidance Clinic

The child guidance movement was started in America about 1920 when the first clinic was established with a view to guiding parents in dealing with children who were maladjusted to their environment. Such clinics were expected to give expert help and guidance to parents in matters of growth and development of their problem children who showed symptoms of maladjustment. Gradually the clinics realised that the parents were sometimes the causative factors in the problems of their children. It was then that the concept of the parent-child relationship came into prominence and child guidance clinics emphasised the need to study both the child and its parents in their mutual relationship for the effective treatment of the behaviour and personality disorders of the child.

With the advancement of psychology and psychiatry, there has evolved the modern concept of mental health which is the foundation of good citizenship. If a child is to grow into a mentally healthy and well balanced person, he must get parental affection and care as well as enjoy the sense of security of a normal household. Failing these, children develop several symptoms of maladjustment such as jealousy, truancy, stealing, lying, destructiveness, hatred or fear. These are the signs that the children are emotionally disturbed and that their mental health is unsound.

The Child Guidance Clinic of the Tata Institute of Social Sciences, Bombay, takes the modern approach of child guidance and formulates a treatment programme to ensure the normal mental health of the child. It has a staff of specialists consisting of a psychologist, a psychiatrist, social case work consultant and a psychiatric social worker, who work in co-operation as a team for the treatment of the problem child. The Clinic treats a wide variety of ailments such as habit, behaviour and personality disorders. The habit problems usually include thumb-sucking, nail-biting, bed-wetting etc. Among the behaviour disorders may be mentioned stealing, lying, truancy and other scholastic maladjustments. The personality problems are generally evidenced by shyness, anxiety, fear, over-dependence and aggression to list only a few.

The Clinic regards each problem as only a symptom which has some cause or multiplicity of causes. It acts, therefore, as a community agency in which expert knowledge and advice of specialists are available. The psychologist studies the child by observing him at play in the playroom of the Clinic and often uses psychological tests to obtain a better picture of his mental development and personality adjustment. The psychiatrist tries to probe into the

THE TIMES OF INDIA

THE TIMES OF INDIA, TUESDAY, NOVEMBER 12, 1985

Shovels replace begging bowls

BOMBAY, November 10 (PTI): A novel method of rehabilitating beggars, by engaging them to raise a low budget garden has been adopted in the Tata Institute of Social Sciences (TISS) complex at Chembur.

The arduous work in the garden was being done by several batches of inmates detained at the Beggars' home for males, near here, noted criminologist and supervisor of the programme, Prof. J. J. Panakal said.

Prof. Panakal said many of them have been absorbed by the TISS as gardners and canteen employees and have been steady in their jobs with no inclination to return to begging on the streets.

The cost of planting and maintaining a green campus, like the one at TISS is lower in the long run compared to that of a formal and decorative garden with excessive day-to-day demands on labour, water and manure, and is an exemplary lesson advantageously applicable to other educational institutions and industrial establishments in the country, he added.

143

CRIME AND THE COMMUNITY

Harnessing A City's Resources To Check Juvenile Delinquency

By Dr. CLIFFORD MANSHARDT

In crime as in disease, prevention is better than cure and the following examples of successful work in this direction should dispel the notion that a boy should break into jail before the community can do anything about it.

IN writing of "Crime and the Community", I wish at the outset to make clear that I am not referring to "community" in the narrow sense of the word, as we so often use it in India, but in the larger sense of the total social environment in which the individual lives. In other words, the title "Crime and the Community" refers to the responsibility which we as citizens have for crime.

There comes a time in the life of every child when his needs are no longer satisfied completely by his home and school interests, or by his work interests. He craves wider contacts and adventure and seeks to satisfy these cravings in the larger group—generally the neighbourhood in which he lives.

This neighbourhood is an adult creation and what the child finds there is an adult responsibility. It may be slums, narrow alley-ways, filth, gambling houses, houses of prostitution and lurid amusements. It may be adequate dwellings, broad streets, cleanliness, proper facilities for supervised play and wholesome recreation. The neighbourhood may have a tradition of vice and crime, or it may be noted for its high ideals and worthy achievements.

Whatever it is, the situation is doubly important because the child approaches the community with an immature sense of judgment. He is unable to distinguish the dangers lurking behind some of the things which attract him most.

Bombay Experiment

DOWN in the Nagpada section of Bombay, we in the Nagpada Neighbourhood House, as one agency, have for 12 years been endeavouring to build up a bulwark between our children and crime. We have taken boys and girls off the streets and provided them with wholesome opportunities for play and recreation. We have sought to provide worthwhile leisure-time activities for adults. We have attempted to strengthen family life and to enlist the co-operation of all men of ideals in a common programme of community betterment. We have made considerable progress, but that which we are doing should be duplicated in hundreds of other centres in India.

In the United States, in recent years, a movement has sprung up known by the very terrifying name of the Community Co-ordinating Council Movement, which in plain English means the community in action against crime.

The movement starts with the proposition that the finished criminal is generally the end-product of a long process of development, which has its beginnings in childhood. The attack on the roots of crime must, therefore begin in childhood.

Preventive Forces

SINCE the problem is too vast to be tackled with by any single agency, the movement seeks to organise all the preventive forces in the community into a well-planned, co-ordinated community programme. This programme involves the home, the school, religious agencies, welfare agencies, recreational groups, the police, juvenile courts, child guidance clinics, public health agencies, etc.

Let us take an example of the Council at work, as reported from Los Angeles, California. The object of the Los Angeles Council is to co-ordinate the law enforcement and social resources of the community in the interests of youth. Law enforcement officers, social workers and community leaders, who had never known each other prior to the organization of the Council, now meet together regularly to discuss common problems.

Thousands of children stand on the brink of trouble. Too often nothing is done until it is too late. The Council attempts to deal with such cases before trouble really breaks out.

Tactful Police Aid

THE telephone rings in the office of the local police station and the man at the other end of the wire asks for the Officer-in-Charge. "Inspector," he says, "there is a boy in this neighbourhood who is headed for trouble. He's not really a bad boy, but he will be in serious trouble soon unless some one takes him in hand."

The Inspector's natural question is, "But what about his parents? Can they not handle him?"

"That's just the trouble," comes the reply. "They don't seem to understand the lad, or perhaps they don't care. They allow him to be out at all hours and he's making friends with the wrong kind of fellows. I have two sons of my own and we are very fond of this boy and don't want to see him get into trouble."

"What about the school?" asks the Inspector.

Good In School

"WELL, there again there are difficulties. I called the school this morning and they said both his grades and conduct were good, so they could do nothing.

"The probation officers of the juvenile court cannot do anything because as yet the boy has committed no delinquent act. I appreciate their position, but tell me, does a boy have to break into jail before the community will do anything about it?

"A friend of mine told me about the Co-ordinating Council and I said I would get in touch with you. I certainly don't want to harm this boy by bringing him to the attention of the police, but he needs help and attention at once. I certainly will help you in any way I can."

"All right," says the Inspector, "let me have his address and we will see what can be done."

And so the machinery is set in motion to release the resources of the community in the service of this boy. Plenty of children receive intelligent help after they have appeared in the juvenile court, but the aim of the Community Council is to adjust such cases before the child ever gets to Court.

Example For India

ALTHOUGH an illustration of the Council in action might be drawn from almost any section of Los Angeles, the one which follows is of interest because it points out what could just as well be done in any city in India. The particular section of the city to which I refer was one which had long been neglected and which had a very high rate of delinquency.

The Committee made a study of the area which revealed poor homes, poverty, low standards of family life, a discouraged adult population and many other disintegrating factors. There were no playgrounds in the section and the only recreation of the children was found in the streets.

An abandoned building was found in the heart of the district and a meeting of the Council was called in this building. Plaster hung from the walls, windows were broken, the floor creaked, but a space was cleared and representatives of men's clubs, women's clubs, the Corporation, the police, the juvenile court and others, came together to discuss the situation.

Quick Action

ACTION quickly followed. The Rotary Club accepted responsibility for turning the main hall into a gymnasium. Another club took the back room and put in a craft shop and shower baths. Other groups accepted responsibility for fixing up quarters for the Boy Scouts and Girl Scouts.

Everyone took a hand and soon the place was entirely transformed and ready for use.

The Neighbourhood Centre has met with astonishing success. Gangs no longer loaf on the street corners. Instead of committing mischief and dodging the police, 5,000 boys now use the Centre every month. A community is being re-born.

The task was too big for any single group, but the result is a splendid example of what can be done when people really want to work together.

Is there any reason why Bombay, or any other city in India, could not duplicate this experience?

Healthy Incentive

IN another community the committee found itself faced by the problem of 1,200 boys who had been arrested for various minor offences. Difficult as it may seem, a detailed playground programme was worked out with every single boy. At the end of a given period the boys who had done especially well were to be rewarded by a special camping trip arranged by the juvenile police officer of the district. When the time came, 570 boys had qualified for the camp, and with the co-operation of the transportation company and other agencies the trip was arranged without costing the boys an anna. The police officer of the district now finds his work cut in less than half

Raising the Good Citizen

Need for Education in Marriage and Family Life

By J. M. KUMARAPPA, M. A., S. T. B., Ph. D.
(Professor of Social Economy in the Tata Graduate School of Social Work, Bombay)

In recent years we have heard much about training for citizenship as a major objective in education. Is not training for family life even more important? Can we have the one without the other? Has not the time come to train leaders and teachers to give instruction on marriage and family life?

THE family functions both as society's approved agency for the propagation of the race and as its most important vehicle for the transference of cultural heritage from one generation to another. It serves also as the best training ground for the business of responsible living because of the close emotional and social relationships which exist between the child and its parents. Its biological, social and educational functions are so significant to human welfare that, though some foretell its extinction in view of its present instability, no substitute has yet been found for this basic social institution. To be sure, the family is passing through a period of transition; but much of its disorganization, as it finds expression in divorce, in escape from responsibility and in the revolt of youth, is inherent in the present day conception of marriage and the family. The modern manifestations of social organization are all but aspects of our changing civilization. And the family, being a part and parcel of an organic evolution, is also undergoing change in keeping with the transition of society as a whole.

While sweeping cultural changes are shaking the very foundations of our family life, it is imperative to take steps to improve the family by checking its disorganization at its source. This can best be done not by legislation but through education. In the past when the family conformed to a fixed pattern, consistent with the social conditions and governing ideas of a relatively unchanging society, the need of educational aid from organizations outside the home was not felt. But we are now living in an age when social changes are rapid and radical; therefore the family must needs seek aid for its effective functioning from outside sources.

Educational aid for marriage and family life must begin with the child. Since he spends the most impressionable years of his life in the home under the protection and guidance of his parents, it is they who first shape his ruling ideas, habits and attitudes with regard to others and towards current social problems. In the home his first conceptions of marriage and the relationship of family members to each other and to social groups are also formed. It is clear therefore that the first line of defence against destructive attitudes is the home. Inasmuch as an ideal home life is contagious in its influence, boys and girls tend later to follow the example set up by their parents. Hence it is the duty of parents not only to make home life intensely interesting and full of educative experiences to their children but also face frankly and honestly all facts relating to their sex life. Furthermore, the home should provide recreational contacts between parents and children, and then extend such contacts by making them mix with other children of both sexes. Activities such as picnics, excursions, indoor games and so on should be utilized for shaping their social attitudes. Through such and other means, parents should lead them to accept sex differences as basic to the enrichment of life, and reject the double standard of morality and the principle of sex inequality.

PARENT EDUCATION IN AMERICA

If the home is to cultivate in the child a correct conception of marriage and an appreciation of family life, parents must necessarily be enlightened on the problems of family life and child guidance. Though parent education is not an easy matter, America, more than any other country, has made the greatest headway in this direction. Extensive schemes of education for family living have already become an integral part of American culture. Talks to home-makers and parents over the radio are commonplace to-day, and they reach millions of listeners. Syndicated columns of advice to parents are a regular feature of most daily and weekly papers. Articles on family and parental problems are scattered through the pages of the best periodicals, and they also form a regular feature of magazines addressed to rural readers. The women's journals give much space to problems of child training and family life. In addition to these, there are more than ten periodicals, with nation-wide circulation, specially devoted to child-parents relationship, home-making and family life. Leaflets and pamphlets containing information and advice on marriage and family life are widely distributed throughout the country.

Moreover, the Parent Education Movement, which is a leading avenue of mass education for the family, operates through nursery schools and Parent-Teacher Associations. The National Congress of Parents and Teachers promotes child study groups all over the country. Fathers and mothers who are its members number over a million and a half. Child study groups are also promoted by women's clubs, the American Association of University women and a few other agencies. Thus America, with the growing appreciation of the need for specific preparation for marriage and family life, has already begun to put through an extensive programme of parent education to help parents not only to solve their own personal problems in family relations but also to provide a wholesome home environment for the child.

When the child becomes a youth, the school should take over the responsibility of providing formal education regarding marriage and family life. In the field of family relations, young people need to understand the psychological and physiological facts of sex difference and be wisely guided to meet problems of sex relations. The manner in which such information is given will strongly influence attitudes towards marriage and family life. Our young people have little or no information regarding these matters. If they secure

For more—

any information at all, it is usually from cheap newspapers, magazines, novels, cinemas and street conversations. While they need to learn that in a wholesome relationship love must be blended with respect, with unselfish devotion and with the sharing of responsibilities, these agencies unfortunately over-emphasize the sensual pleasures of sex and treat family maladjustments with cynicism and contempt. To counteract the effects of such unwholesome influences, appreciation of what marriage and the family may be at their best is needed.

SOCIALIZING YOUTHS' ATTITUDES AND ASPIRATIONS

Hence, the school should assume the responsibility of not only giving instruction in factual knowledge but socializing the attitudes and aspirations of youth. In order to meet this situation, hundreds of American schools have, during the last few years, added to their traditional curricula some courses on marriage, family and child care. The content of preparental education includes appropriate aspects of the following: The development of a well-adjusted personality; physiology, psychology and social hygiene; family relations and attitudes; home management; family life; emotional and social standards of conduct, choice of mate, love and its expression; the desirability of permanence and faithfulness in marriage; adjustments of personality in marriage with emphasis on those factors leading to marital success and suggestions as to how to avoid failure; problems of companionship in marriage; parent-child relationship; relationship between parents and children and so forth.

Similarly, our schools must assume this important function of giving pupils to understand their own physical and emotional development as well as the fundamental factors which influence family well-being such as health, religion, finance, aesthetic appreciation and so on. It must also provide opportunities for pupils of both sexes to mix freely with each other. Co-education is becoming increasingly popular but little advance has been made in providing facilities for boys and girls to work together on common projects. The school should encourage mixed social life and develop in the pupil good taste, sound standards of social conduct and proper attitude in respect of married life. In view of the social changes which are affecting the stability of the family, it is necessary to set up a scheme of constructive and positive training in this direction with special emphasis upon ethics and family ideals.

EDUCATING TO SERVE OTHERS

At the college stage the student should be instructed on family life as a preparation not only for his own marriage but also to be of service to those in trouble. In the United States, students themselves are asking for such instruction. In response to this demand, some colleges have organized an inter-departmental course on family in which several instructors participate. Such a course, it is hoped, would give the student the point of view and knowledge of professors in several fields such as sociology, psychology, economics, hygiene, biology and ethics. In other colleges, where there is no inter-departmental course, topics relating to the family are emphasized in the subjects taught by the different departments.

A few years ago, Cecil E. Haworth undertook a study of education for marriage and family life provided by American colleges. He examined the catalogues of 403 of the 665 member institutions in the Association of American Colleges, and found that 225 colleges offered 234 courses which, in part or in whole, dealt with preparation for marriage and family life. By departments the courses offered were as follows: Sociology, 168; home economics, 38; religion, 4; psychology, 1; zoology, 1; general, 2. Later Mr. Haworth sent questionnaires to the instructors of the 234 courses, of which 105 answered. In the 105 courses reported, he found that the number of those with at least one class hour devoted to a special topic was as follows: divorce, 97; personal adjustments in marriage, 96; history of marriage, 96; eugenics, 90; legal aspects, 88; career for married women, 82; courtship, 74; child care, 68; recreation in the home, 66; religion in the home, 60. From ten to thirty per cent of the courses devoted one or more hours to such topics as engagements, weddings, honeymoon, pregnancy, deviation of sex life, sex physiology and other problems drawn from the general field of social hygiene.

To prepare teachers and leaders in this field, professional training is offered in the graduate schools of California, Cincinnati, Columbia, Cornell, Iowa, Minnesota and Toronto Universities as well as in the Merrill-Palmer School in Detroit. These institutions built up their courses during the period 1926–1934 with the assistance of 122 national fellowships in parent education. Many teachers colleges have also added special courses on marriage and the family to their training programme. Significant work is being done in the State Teachers Colleges of Arizona, Pennsylvania, Kansas and some others.

INDIFFERENCE OF INDIAN AUTHORITIES

Why should not the University in India appoint a correlation committee representing those departments which have a bearing on the family, to draw up a course or courses on marriage and the family? We have been altogether unmindful of the pressing need for a sort of professional course for family life. In recent years we have heard much about training for citizenship as a major objective in education. Is not training for family life even more important? Can we have the one without the other? Has not the time come to train leaders and teachers to give instruction on marriage and family life? While this need is pressing, our educational institutions are indifferent and unresponsive. Even the training of teachers in our country is too narrow, too specialized and too academic. If our teachers are to be entrusted with the responsibility of giving instruction on family life and marriage, the teachers college should provide them with special training. Candidates should be men who command a wide range of biological, psychological and sociological facts regarding family life. They should have broad understanding of human nature, wide sympathies and ability to work and live with others. Some attempt must be made by the University and the Teachers College to prepare leaders for this important task of promoting family welfare.

Education for marriage and family life must also be made a part of the mass adult education movement. Those who cannot be reached through educational institutions must be reached through the sources which commonly serve this group as media of its knowledge, namely, the press, the cinema and the radio. In the United States some of the best newspapers and periodicals invite articles from competent writers on topics bearing on the family and feature them. In India some of the leading papers and weeklies have Women's Page and Home Section; greater use must be made of these as media of education for marriage and family life.

—and more Spitfires

THE CINEMA AND RADIO AS MEDIA

Another means of mass education is the cinema, and it should be fully employed for this purpose. If the motion picture screen really sets about showing young people normal and wholesome marriage and family life with the same efficiency with which the enemy side of these relations has in the past been often exploited, much progress can be achieved in mass education on better family relations. Recent Indian films on social topics have already shown great promise of usefulness; we hope to further encouraging development in picturing better marital relationships and modernized family ideals.

Likewise, the radio offers great opportunity for family education. But this medium has not been used so far for this purpose. To achieve satisfactory results, it is not enough to give single talks or a short series of talks on family problems. A regular day-to-day programme must be built up to educate young people in this important vocation. In addition, libraries, both private and public, must have on open shelves a well selected set of books on marriage and family life. Very valuable and useful books on these subjects, written by expert social scientists, are now on the market, and libraries must make them available to their readers.

In a changing society, the causes of matrimonial failure and family maladjustment are legion. It is not only sexual incompatibility that destroys marriage but also differences in upbringing, in beliefs, ideals and habits. Personality differences of various sorts, differences over money matters, differing points of view regarding the rights and obligations of marriage, regarding birth control or the rearing of children are often the beginnings of disputes which culminate in the disorganization of the family. Society cannot exist half free and half slave. A rational consideration of sex and its equality by both men and women, and a clearing away of the debris, which supernatural taboo, antiquated religious ideas and worn out customs have accumulated, will contribute much to the stability of the family. If the future is to be assured, young people should be given adequate knowledge not only of sex matters but also of the hazards of family life and of the means of their solution.