

‘Padhai Ka Maza’- Impact on Health and Well Being of Vulnerable Youth in Delhi

Megha Gupta

*Masters of Science, Development Communication and Extension, Lady Irwin College, Delhi University
E-mail: megha119gupta@gmail.com*

Abstract—*Drug abuse is not only the predominant social problem but one of the most difficult public health challenges for India. Around 20 million children are becoming addicts yearly in India. Society for Promotion of Youth and Masses (SPYM) runs a 90 day treatment program of the ‘Juvenile Justice Board for drug addict youth in conflict with law’ and has initiated an innovative Padhai Ka Maza (PKM) project for them. The present study was undertaken to gain in-depth understanding of the different aspects of this project in rehabilitation of the drug addict youth and its impact on their lives.*

1. INTRODUCTION

Development of any nation needs multipronged strategies to curb its inherent social issues and substance abuse is one of such predominant social problem acting as a major barrier in the path of development and public health at national level. Among all countries in the world, India has highest proportion of younger age groups and is home to approximately 60 million population which is younger than 25 years of age [1]. The very basic, yet the most critical concern that is facing the youth of India today is related to education. Lack of proper education and skills lead to unemployment. World Development Report 2013 highlights that 9% of males and 11% females aged between 15 to 24 years are unemployed [2]. This unemployment results in disappointment and unproductive youth develop frustration and start searching for alternatives as escape routes from these problems [3].

The incidence of drug abuse among children and adolescents is increasingly higher than the general population. Twenty million children a year and nearly 55,000 children become tobacco addicts daily in India [4]. At the national level, drug addiction and abuse is intrinsically linked with racketeering, violence, terrorism, illegal money transfers, conspiracy and corruption. There are several factors that lead Indian youth towards the trap of drugs. Some of these may be curiosity, influence of peer groups, and desire to overcome fatigue, depression, lack of affection, easy availability, lack of medical supervision and family support, and lack of follow-up program [5]. Heroin, Cannabis, and other Indian-produced pharmaceutical drugs are the most frequently abused drugs throughout the country. Some commonly found drugs across regional states in India are Cannabis, Cocaine, Heroin,

Amphetamines, Ecstasy, Tobacco, Nicotine, and Injectable drugs (intravenous) [6].

Drug addiction has deterrent effects on health of well being of a person. Some of the health effects are short breathing capacity because of blockage in lungs, sensitive teethes, gums and throat, pain in spine and muscles, weak eyes and ears, loss of hair, dull and scaly skin, risk of kidney and heart failure and weak immunity. Other deterrent effects on well being have direct impact on sociology and psychology of a person. The person develops negative approach towards the family members and relatives, their career and studies and disrespect for opposite sex. Addiction cocoons the addicts in his or her own fantasy world and there is no point of contact with reality and actuality. Human mind is wrecked by drug addiction making it weak and fickle. It becomes increasingly unpredictable and incapable of maintaining balance in relationship with family, friends and society. It becomes prey to the myths and fantasies which remain with it until drug taking is given up all together [7].

Drug rehabilitation refers to the processes of medical or psychotherapeutic treatment, for dependency on psychoactive substances. The complete treatment includes medication for depression or other neurobehavioral disorders [8]. New Delhi has many de-addiction centers which host de-addiction drives and awareness programs to educate the masses and spread awareness regarding the ill effects of drug addiction. One of the well known organization is Society for Promotion of Youth and Masses, a national organization, that was established in 1986 and is working in the areas of health: Drugs, HIV-AIDS, and Juveniles and for marginalized population’s socio-economic development.

2. SIGNIFICANCE OF THE STUDY

The study ‘*Padhai Ka Maza*’- An Innovative Project for Vulnerable Youth- A Study of Youth in *Sahyog* Center, Delhi” endeavored to create awareness about the issue in the general public and by identifying and analysing the factors that led most significant change perceived by the youth because of their participation in the PKM Project. It also attempts to identify the role of innovative PKM Project in

enhancing skills of vulnerable youth and to seek multi-stakeholder perspectives to understand how innovative projects can be made sustainable. This will help in building the good models of de-addiction services promoting health and well being of vulnerable youth in capital city of India with a scope to generalize it from micro to macro level.

3. METHODOLOGY

The study uses the cross-sectional approach to understand the effects of the PKM Project on youth currently enrolled as well as alumnae of the project, i.e. those who had earlier participated in the project will be included to get holistic insights about the program. The locale was Society for Promotion of Youth and Masses (S.P.Y.M) rehabilitation center located at Adharshila Observation Home, SewaKutir Complex GTB Nagar Delhi.

Sample

To seek multi-stakeholder perspectives to understand how innovative projects can be made sustainable, non probability purposive sampling technique was used. For the study, the sample was comprised of youth, program staff and volunteers who interned in the program. In order to gain in-depth understanding a mixed method approach was adopted. For the study, three different methods of primary data collection was used which were the Most Significant Change (MSC) Technique, semi-structured interviews and video recordings.

Data Collection

For Most Significant Change Technique, a total of 122 stories were collected from different groups of stakeholders followed by “story enrichment process”. It included a second round of one-to-one discussion with the story narrator to clarify points mentioned in the story to understand the process of change in detailed and better manner.

The video recording took place in the form of pre-video and post-video with randomly selected 7 boys. Pre-video recording was done within 5 days of their admission in the center and then post-video recording was done when there were less than 5 days from their date of release from the center. Through this technique, analysis for interpretations about the differences in pre and post videos was accomplished.

Semi-structured interview was conducted with program development, planning and implementation staff designated under PKM project in order to supplement understanding of the scenario further from their perspective. Through this, their perception and experiences of this project were captured.

Data Analysis

The significant change stories were analyzed by developing a framework to interpret various aspects emerged in the stories. The analysis was done at two different levels- Meta-Analysis and Content Analysis. Meta-analysis was a quantitative analysis of the stories which provided insights about the

system of collection of stories, the issues addressed in the stories both positive as well as negative and the persons recognized in the stories. Content analysis of the stories provided a deeper understanding about the change factors in terms of context factors, process factors and impact factors.

The videos were analyzed to understand the key aspects about any change in communication skills, confidence and health of the boys getting admitted in the center. Various factors emerged were broadly classified as: Verbal Aspects and Non-Verbal Aspects of communication. The content analysis of videos was done under three major categories; one was orientation of content as whether the boys talked about any positive aspect or the negative aspect; second was the issue discussed by the boys and third was the level of discussion as they talked about their own-self, family, friends, program staff, volunteers, and peers in the center. Verbal cues were categorized into 5 distinctive aspects based on Zeuschener and Devito's classification [9]. These are loudness/volume, speed, pitch, clarity and pronunciation. All these 5 skills were provided with scores as the score provided for most preferred level of these skills was 3, 2 was provided to moderate preference and 1 to the least preferred level. While, the non-verbal cues were analyzed in terms of body language. The body language was divided into some main positive and negative aspects. The positives aspects were assertiveness, confidence, alertness, emotional control, open, relaxed and trustworthy. While negative aspects included aggression, bored, closed, deceptive, defensive, dominant and submissive. Body language cues showed by the speaker scored as 1 and those body language cues which were absent scored as 0.

4. FINDINGS AND DISCUSSIONS

The S.P.Y.M. de-addiction center offers a 90 days residential de-addiction and rehabilitation program for adolescent (13-18 years old) drug addict boys in conflict with law. It is run under the Ministry of Women and Child Development, Government of India.

A total of 627 boys participated in the PKM project during the period October 2012 – December 2014. Data showed that boys got admitted were mostly between the age group of 15-18 years having used drugs for the first time between 10-18 years mainly because of peer pressure and dysfunctional families. Nearly one third boys had not been to school while another two third boys had been to school but got relapsed into illiteracy due to effects of drug intakes on the mental health of the drug abusers. Cannabis and Opium were the most commonly abused drugs including half of them were multi drug users. Indulging in anti-social activities like theft followed by robbery and murder were the main source of sustaining drug dependency. An amount of Rs.100- 500 per day was required by most of them while some were spending Rs.500- 1500 per day for drug dependency. Nearly half of them had been abusing drugs between 7-24 months while some had history of substance abuse for 37 months. Most of

them belonged to lower income families with monthly income of rupees 5,000-10,000. In most of their families, parents were illiterate and had drug history. More than half of them were living with their peer group or were vagabonds and only one third lived with their families.

Mixed analysis of stories and semi-structured interviews built critical understanding about the bad effects of abusing drugs on the health of vulnerable youth both for a short as well as long span of time. The analysis revealed after effects of various drugs on the physical and mental health of the boys. They mentioned that cannabis, cocaine, heroin and amphetamines were the most commonly abused drugs by them in their past.

The conversations revealed that the effects of drugs may vary from person to person depending on the strength of the drug and height, weight and age of the abuser. They explained that the immediate effects of these drugs were feeling happy, energetic, over confident and alert, sometimes babble, laugh more than usual and can do anything. The physiological effects were reduced appetite, increased body temperature, blood pressure and heart rate, red eyes and sweating. Other effects included a feeling of wellbeing, relief from pain, fast physical and psychological dependence, sometimes nausea and vomiting, sleepiness, loss of balance and loss of concentration. On the other hand, prolonged use and excessive doses of these drugs may lead to also feel anxious, irritable, and suffer from panic attacks, strong psychological dependence, convulsions, seizures, strokes, cerebral hemorrhage or heart failure and even death. All these drugs severely affect the health and well being of the abuser and build a cocoon of drug addiction that lead the person to death before time.

The quantitative data build a base for understanding the background profile and effects of drugs on vulnerable youth got admitted in the center for drug rehabilitation as a part of their 90 days treatment. With such a background, it is very challenging to handle these adolescent boys as they are undisciplined and have low aspirations. The drug treatment and rehabilitation process becomes difficult and non-sustainable because majority of them are school dropouts who relapse into illiteracy and do not have vocational skills to engage themselves in productive and economic activities. Thus, while they need a treatment and rehabilitation program, it is equally important for them to become functionally literate for sustainable development.

The program PKM project includes several activities such as games, art and craft, literacy and library activities, first-aid and vocational training, yoga and meditation, counseling and *Bal-Panchayat* (children's' courts) which forms an integral part of the rehabilitation program. The programme helps them in understanding the social and environmental dynamics of the world around them and makes them more open to the people in their surroundings. This also helped them in breaking their trap of self centeredness and makes them develop a sense of

belongingness about the program, its staff, peers in the center, and family and friends outside the center.

The pre and post positive non-verbal score of the boys were 15 and 36 respectively and negative nonverbal scores were 19 and 6 respectively. On an average basis, the positive pre and post verbal scores were 2.1 and 5.1 respectively which showed significant increase of 3 scores from pre to post videos while on an average the negative pre and post verbal scores 2.7 and 0.8 respectively, showed significant decrease of 1.9 points. Post programme interventions, boys were more open, attentive, and confident as well as relaxed. Along with this they were not confused or threatened in terms of what would happen to them next. There was a significant change in their physical health due to proper food intake. They revealed that many a times they had no money left for food in the past as the priority is given to buying drugs. There was a huge compulsory reliance on drugs in their lives predominantly. But after their admission in the center they felt a positive change in their health, memory, and energy. They expressed a strong will not to take drugs for rest of their lives.

Analysis of both pre and post videos in frame of verbal and nonverbal aspects of communication indicates that there is a significant positive shift in their communication skills and confidence. Post videos revealed that they had broadened their frame of mind and were able to relate themselves with positive orientations of life. They realized the importance of family members in their life and were able to differentiate between right and wrong phenomena in the social world. They were able to share their experiences and learning and convinced to apply them in their future lives. All these factors helped them to understand the concept of well being and its importance to maintain drugs free life and act as a responsible citizen of the society.

The analysis of 122 MSC stories explained the process of change in their lives. Most of the stories highlighted that there was significant change in the health and well being of the boys due to PKM interventions.

Findings from MSC Technique revealed that the PKM project was able to satisfy all the characteristics of an innovation-relative advantage, compatibility, logical relevance, trial ability and observability. In successful running of the project, there was a great role of key influencers (programme staff) who acted as motivators, path guiders and supporters for them. It also gave an account of how habits, thinking patterns, skills and attitudes of the vulnerable youth changed after taking an active participation in the PKM project. These positive elements have been termed in the US 4-H program as "protective factors" that promote healthy behavior and decrease risky behavior [10]. The main four elements were belongingness, mastery, independence and generosity.

5. CONCLUSION

Youth especially drug using adolescents need a nourishing, supportive and protective environment during their treatment and rehabilitation so that they can come out of the 3 months period as empowered confident adolescents with life skills to face the world outside. If opportunities are offered in environments planned intentionally to be positive, they will pick up the positive qualities that prepare them not only to resist peer pressure to avoid drug addiction, but also to grow into responsible adults. Health and well being of the vulnerable youth population and their families is being affected in multiple ways of physiological, psychological and social interface. Hence the future research is warranted on exploring and builds understanding of the needs of the vulnerable youth population and programmes should design specific to meet their needs. That is how we can enhance their overall health and well being to develop them as productive and responsible citizens of the country.

6. ACKNOWLEDGEMENT

The author would like to express sincere gratitude to the guide, Professor Dr. Archana Kumar, Associate Professor, Department of Development Communication and Extension, Lady Irwin College, Dr. Rajesh Kumar (Director of SPYM), Dr. Mridula Seth (Project in charge at SPYM) for the continuous support, motivation, enthusiasm, immense knowledge, insightful comments and their cooperation during the research.

REFERENCES

- [1] Census of India 2011. (n.d.). Retrieved from [http://censusindia.gov.in/\(S\(znaaaw45waqc0q255pgv0h55\)\)/Census_And_You/age_structure_and_marital_status.aspx](http://censusindia.gov.in/(S(znaaaw45waqc0q255pgv0h55))/Census_And_You/age_structure_and_marital_status.aspx).
- [2] National Youth Policy 2014. Ministry of Youth Affairs & Sports. (n.d.). Retrieved from http://www.youthpolicy.org/national/India_2014_National_Youth_Policy.pdf.
- [3] Kaur, R. (2013). Problems faced by youth in India. Retrieved from <http://www.mapsofindia.com/my-india/india/problems-faced-by-youth-in-india>.
- [4] Ministry Of Women And Child Development Report: Working group on development of children for the Eleventh Five Year Plan (2007-12). Retrieved from <http://wcd.nic.in/>.
- [5] Sharma, S., & Lal, R. (2011). Volatile substance misuse among street children in India: A preliminary report. *Substance use & misuse*, 46(sup1), 46-49.
- [6] Srivastava, A. Pal, HR. Divedi, SN, et al (2003). National household survey of drug abuse in India. Report submitted to the Indian Ministry of Social Justice and Empowerment and the United Nations Office for Drugs and Crime.
- [7] Kapur, T. (1985). *Drug epidemic among Indian youth: a study of drug addicts*. India: Mittal Publications.
- [8] Bandura, A. (1999). A sociocognitive analysis of substance abuse: An agentic perspective. *Psychological Science*, 10(3), 214-217.
- [9] DeVito, J. A. (1999). *Essentials of human communication*. Longman.
- [10] Werner, E. E. (1993). Risk, resilience, and recovery: Perspectives from the Kauai Longitudinal Study. *Development and psychopathology*, 5(04), 503-515.