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SOCIAL DEFENCE

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SOCIAL DEFENCE is a half-yearly journal giving a view of the policies and programmes in the field of Social Defence. Broadly, it deals with Senior Citizens Care, Drug Abuse Prevention and other Social Defence Issues viz Beggary Prevention and Transgender Persons Welfare.

The Editor welcomes contributions from individuals, agencies, and organizations in the social defence field. Innovative articles based on Social Defence research and studies are given special preference. Contributors will be paid for their accepted articles as per the norms. Please address to:

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डॉ. वीरेन्द्र कुमार
DR. VIRENDRA KUMAR

Message

I am delighted to extend my heartfelt congratulations to the National Institute of Social Defence on bringing up the National Journal on Social Defence. This journal is a commendable initiative that showcases our commitment to addressing critical societal issues and promoting social justice and empowerment throughout the nation.

The subjects covered in this journal – Drug Abuse, care of Senior Citizens, Beggary Prevention and Transgender Welfare – represent some of the most pressing challenges that our society faces today. The profound impact of these issues on the lives of individuals and communities necessitates a comprehensive understanding, continuous research and effective policies and programs for social upliftment.

The efforts of the NISD in compiling and disseminating valuable insights and knowledge through this journal are truly worthy. The research and articles included in the journal will undoubtedly serve as a vital resource for policymakers, social workers, scholars, and all stakeholders engaged in the field of Social Defence. It will pay a pivotal role in shaping evidence-based policies and strategies to address these issues more effectively. It is through such collective efforts that we can aspire to create a more inclusive, compassionate and equitable society.

I would also like to acknowledge the dedication and hard work of the authors, researchers, and the entire team at the National Institute of Social Defence for their efforts in producing this comprehensive journal.

I encourage all concerned stakeholders to make the best use of the insights provided in this journal and collaborate in our collective mission to build a society that empowers all its citizens. Let us rededicate ourselves to the cause of social defence and the noble ideals of justice and empowerment.

Once again, my heartiest congratulations to the National Institute of Social Defence for this remarkable achievement. I look forward to the continued collaboration in our endeavour to create a just and inclusive society.

(Dr. Virendra Kumar)

Saurabh Garg

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MESSAGE

It is with great pride and anticipation that the National Journal on Social Defence Issues has been brought out by the National Institute of Social Defence aimed at highlighting some of the critical facets related to the marginalized and vulnerable segments of the society.

This journal delves deep into issues that often remain in the shadows, shedding light on the vital matters of elderly care, transgender welfare, Drug Abuse Prevention, and the alleviation of beggary. These topics are not isolatedconcerns and resolving issues related to these areas are necessary as we move towards a Developed India.

The articles in this journal are a collection of scholarly contributions, empirical studies, and practical insights that transcend disciplinary boundaries. The authors, each an expert in their respective fields, provide a nuanced exploration on these issues, underpinned by rigorous research and a keen understanding of the complex dynamics at play.

Elderly care, in an aging society, has emerged as a challenge that demands innovative solutions and compassionate approaches. Drug abuse prevention, as a matter of public health and social stability, requires a concerted effort that encompasses education, policy, and rehabilitation. Transgender welfare, has gained due attention, and this journal underscores the imperative of ensuring equal rights and dignified lives for all individuals. Lastly, the issue of beggary, intertwined with poverty and social exclusion, callsfor holistic interventions that address root causes and provide pathways to sustainable livelihoods.

I extend my heartfelt gratitude to the National Institute of Social Defence who have initiated this journal and to all those who have contributed in the presentation of this journal. I hope this journal will serve as a wellspring of knowledge and inspiration for all who seek to better our society.

Place: Delhi

(Saurabh Garg)

Date: 16/10/23

Surendra Singh

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MESSAGE

I am pleased to share that the National Institute of Social Defence is publishing the National Journal on Social Defence Issues. This publication stands as a testament to our unwavering commitment to comprehensively address the pressing challenges that our diverse society faces in the realm of social defence.

India is a nation that thrives on unity in diversity with its rich cultures, traditions, and demographics. However, this diversity also brings to the fore a multitude of social issues that demand our collective attention, understanding, and action. This journal serves as a vital platform to delve into four critical domains of Social Defence: Elderly care, Transgender welfare, Drug Abuse Prevention, and Beggary Prevention.

This journal serves as an avenue for dialogue, a repository of knowledge, and a call to action. It invites readers to engage with the complex issues at hand and to become catalysts for change within their communities. By nurturing empathy, understanding, and collaboration, we can collectively weave a safety net that protects the most vulnerable groups such as transgender persons, senior citizens, persons engaged in beggary, and drug addicts.

I extend my warm regards to the researchers, practitioners, and all who have contributed their expertise to this journal. The articles presented here are the result of their research, compassionate advocacy, and shared dedication to fortify the pillars of our society.

I hope this journal will prove as an intellectual journey for its readers and they will approach these pages with an open heart and a resolute spirit. By grappling with the complexities of elderly care, transgender welfare, drug abuse prevention, and beggary, we move closer to building an inclusive, just, and secure society for every Indian.

I am also hopeful that this compilation inspires meaningful dialogue, informed action, and lasting change in the realm of social defence.

Place: Delhi
Date: 18.10.2023

(**Surendra Singh**)

Radhika Chakravarthy B
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MESSAGE

It is with great pleasure and a profound sense of responsibility that I extend my warmest greetings to all the esteemed readers of the National Institute of Social Defence (NISD) Journal. In the tapestry of our society, the threads of compassion, empathy, and social justice are interwoven to create a fabric that supports the vulnerable and uplifts the marginalized. It is in this spirit that we come together to explore the multifaceted issues of Social Defence, which range from welfare to victims of substance abuse, senior citizen care, transgender persons and people involved in the act of begging.

Our Nation's commitment to social welfare and inclusivity finds expression through the conscientious efforts of institutions like NISD, under the aegis of the Ministry of Social Justice and Empowerment, Government of India. The NISD Journal serves as a beacon, illuminating the path towards a more compassionate and equitable society. By delving into the pages of this journal, readers embark on a journey of understanding, enlightenment, and empowerment.

Nasha Mukt Bharat Abhiyaan, the drug abuse prevention initiative of the Government, embodies our collective resolve to combat one of the most pressing challenge of drug use with the active participation of all stakeholders like youth, women and community. Senior citizen care stands as a testament to our respect for the wisdom and experience of our seniors, while initiatives focused on Transgender Persons welfare symbolize our dedication to embracing diversity and promoting inclusivity.

In our pursuit of Social Defence, knowledge and awareness are our most potent weapons. This journal serves as a reservoir of knowledge, bridging the gap between research and practice, theory and application. By disseminating scholarly articles, research findings, and best practices, the NISD Journal empowers readers with the information needed to make informed decisions and implement effective solutions.

I would like to express my heartfelt appreciation to the policymakers, dedicated scholars, researchers, practitioners who contribute to this journal. Your relentless pursuit of excellence and your commitment to social welfare are truly inspiring. I encourage all readers to engage deeply with the articles presented here, to question, to learn, and to apply this knowledge in the service of our society.

Let us remember that our actions today shape the future of generations to come. Let us work together, hand in hand, to build a society where every individual is valued, protected, and empowered. May the insights shared in this journal guide us towards a future where social justice prevails, and every citizen can lead a life of dignity and fulfilment.

Thank you for your unwavering dedication to the cause of Social Defence. Together, we can create a world that is compassionate, inclusive, and equitable.

Place: New Delhi

Date :

(Radhika Chakravarthy)

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FOREWORD

In a constantly evolving society, it is of utmost importance to confront the urgent issues affecting our communities. The National Journal on Social Defence aims to bring attention to critical subjects such as drug abuse prevention, senior citizen care, welfare of transgender and beggary prevention. Through an exploration of these topics, this journal seeks to deepen our understanding of the challenges we face and explore innovative solutions in order to create a safer and more inclusive society.

Substance abuse is a pervasive issue impacting individuals, families, and communities nationwide. This section of the journal will delve into successful prevention strategies, effective treatment approaches, and relevant policy implications to contribute to a comprehensive grasp of this complex problem. Another essential area requiring our attention is Senior Citizen Care. Given our aging population, ensuring the well-being and dignity of our senior citizens is imperative. This section of the journal will explore various aspects of elderly care, encompassing healthcare services, social support systems, and age-friendly environments. By highlighting innovative caregiving models and sharing best practices, we aim to promote a society that highly values and supports its older members.

Transgender Persons welfare is yet another pressing topic that warrants our attention and empathy. Transgender persons continue to encounter discrimination, prejudice, and limited access to essential services. Through this journal, we aspire to raise awareness about the challenges facing the transgender community and advocate for their rights and welfare. By presenting insightful articles, research findings, and policy recommendations, we aim to contribute to a more inclusive and affirming society for everyone. Finally, addressing beggary requires collective efforts. This edition explores innovative approaches to tackle beggary prevention, including social welfare programs, vocational training, and community engagement. By sharing successful initiatives and lessons learned, Journal aims to develop effective strategies to combat this social issue.

This Journal is dedicated to fostering dialogue and knowledge exchange on these critical issues. The National Institute of Social Defence (NISD) extends its gratitude to the authors, researchers, and contributors who have shared their valuable insights and experiences. Their contributions have enriched this edition and will undoubtedly contribute to a more informed and compassionate society.

We hope that this edition of the National Journal on Social Defence will serve as a catalyst for change, inspiring meaningful actions and policies aimed at addressing the challenges of beggary prevention, drug abuse prevention, transgender welfare, and elderly care.

Place: New Delhi

Date: 17.10.2023

(Dr. R. Giriraj)

Management of Social Justice Programs

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Social justice is the cornerstone of a democratic society, ensuring equal opportunities, fair treatment, and equitable distribution of resources among its citizens. In a country as diverseas India, social justice programs play a crucial role in addressing historical disparities and empowering marginalized communities. The Ministry of Social Justice and Empowerment, Government of India, is at the forefront of formulating and implementing these programs to build an inclusive and progressive nation. This article delves into the concept of social justice,the elements it comprises, reasons for existing inequalities, the Indian constitutional framework supporting it, existing legislations, ongoing programs, monitoring mechanisms, social audit, and the role of stakeholders in promoting social justice.

The management of social justice programs is a complex and critical undertaking that requires a holistic approach to address systemic inequalities and promote social change. Effective management practices play a pivotal role in ensuring the success and sustainability of such initiatives. The key components and principles involved in the management of social justice programs are (i) Needs Assessment and Planning (ii) Stakeholder Collaboration (iii) Resource Management (iv) Monitoring, Evaluation, and Accountability (v) Inclusivity and Participation (vi) Capacity Building.

Concept of Social Justice

Social justice encompasses the fair allocation of resources, opportunities, and privileges in a society to ensure that all individuals have access to basic needs and rights regardless of their socio-economic background, caste, religion, gender, or any other identity marker. It seeks to eliminate discrimination and foster inclusivity, thus promoting a more harmonious and egalitarian society.

Dr. B.R. Ambedkar, the principal architect of the Indian Constitution and a prominent leader of the vulnerable community, had a profound and influential vision regarding social justice. Throughout his life, he fought tirelessly to eradicate social inequalities and discrimination prevalent in Indian society. Dr. Ambedkar emphasized the importance of equality before the law and equal civil rights for all citizens. He believed that every individual,regardless of their caste, creed, or gender, should be treated with respect and dignity, and theirfundamental rights must be protected. He encouraged a scientific and rational approach to societal issues and advocated for evidence-based policy-making. His legacy remains a source of inspiration for marginalized communities. His idea of social justice was deeply rooted in the principles of equality, empowerment, and inclusion.

Equity theory, also known as equity theory of motivation, was proposed by J. Stacy Adams in1963. At the heart of social justice programs lies the pursuit of equity and fairness. Equity theory focuses

on the perceptions of fairness among individuals where officials need to consider how resources, opportunities, and benefits are distributed within the program to ensure that all stakeholders perceive the process as equitable.

Elements of Social Justice

Equal Access: Ensuring equal access to education, healthcare, employment, housing, and other essential services for all individuals, irrespective of their background.

Affirmative Action: Implementing affirmative action policies to address historical disadvantages faced by certain marginalized groups and promote their social and economic upliftment.

Empowerment: Providing opportunities for skill development, capacity building, and entrepreneurship to enable marginalized communities to become self-reliant and economically empowered.

Representation: Ensuring adequate representation of marginalized groups in decision-making bodies and public institutions to address their specific needs and concerns.

Social Awareness: Creating awareness and sensitization among the general public to promote a more compassionate and empathetic society.

Redistribution of Resources: Social justice advocates for the equitable distribution of resources and wealth in society. This includes progressive taxation, social welfare programs, and poverty alleviation schemes to bridge the gap between the rich and the poorand reduce socio-economic disparities.

Human Rights and Dignity: Social justice upholds the principles of human rights, treating every individual with dignity, respect, and fairness. It strives to protect and promote the rights of vulnerable groups, ensuring that they are not subject to discrimination, exploitation, or oppression

Inclusive Policies: Social justice calls for the design and implementation of policies that consider the diverse needs and challenges faced by different sections of society. Inclusive policies ensure that the voices of marginalized communities are heard, and their concerns are addressed in the decision-making process.

Reason for Inequalities

Inequalities in society arise due to historical prejudices, discriminatory practices, and unequal distribution of resources. Factors like caste-based discrimination, economic disparities, lack of access to education and healthcare, and gender bias contribute to these inequalities. Social justice programs aim to bridge these gaps and foster a level playing field for all citizens.

Important Constitutional Provisions Relevant for the Department of Social Justice

The Indian Constitution, in its commitment to achieving social justice, incorporates various provisions and principles:

Article 14: State shall not deny to any person equality before the law or the equal protection of the laws within the territory of India.

Article 15: Prohibits discrimination based on religion, race, caste, sex, or place of birth.

Article 16: Ensures equal opportunities in public employment.

Article 17: Abolishes "Untouchability" and its practice in any form.

Part IV of Indian Constitution lays down certain ''Directive Principles of State Policy" which though not enforceable by any court, are nevertheless fundamental in the governance of the country. It mandates the State to promote social justice by providing adequate means of livelihood, distributing resources, and protecting the weaker sections. Article 38, 41, 46 and 47in Part IV of the Constitution are especially relevant to the work of the Department of Social Justice and Empowerment (DoSJE).

Functions of Department of Social Justice and Empowerment

The mandate of the Department is empowerment of the socially, educationally and economically marginalized sections of the society including (i) Scheduled Castes (ii) Other Backward Classes (iii) Senior Citizens (iv) Victims of Alcoholism and Substance Abuse (v)Transgender Persons (vi) Persons engaged in the act of begging (vii) De-notified and Nomadic Tribes (DNTs) (viii) Economically Backward Classes (EBCs) (ix) Economically Weaker Section (EWS) and (x) Sanitation workers.

With the aim of achieving the mandate stated above, the Department is making significant transformations in response to an accelerating rate of change in social, political, and economic landscape. The Strategic Management processes through its structured and focusedapproach are playing a vital role in the successful implementation of schemes and programs run by the Ministry.

In order to enhance the efficiency, effectiveness, and impact of initiatives undertaken,and ultimately contributing to the empowerment and welfare of marginalized communities in India, the Strategic Planning is at the core of the implementation strategy. The Ministry is constantly defining clear and specific goals for various social justice programs/schemes/policies and ensuring that the objectives are well-defined, measurable, achievable, relevant, and time-bound (SMART). By identifying priorities and potential trade- offs, officials at the Ministry are allocating and managing resources efficiently where they assess that the interventions will have the most significant impact, maximizing the effectiveness of the programs/schemes.

The Department is engaged in development and updation of legislation, policies and guidelines at the national level for the effective implementation of Department's objectives. The Department of Social Justice and Empowerment is responsible for implementing various acts and laws to promote social justice. Some key legislations include (i) The Scheduled Castes and Scheduled Tribes (Prevention of Atrocities) Act, 1989 (ii) The Protection of Civil Rights Act, 1955 (iii) Maintenance and Welfare of Parents and Senior Citizens Act, 2007 (iv) Prohibition of Employment as Manual Scavengers and their Rehabilitation Act, 2013 (v) The Transgender Persons (Protection of Rights) Act, 2019. The National Policy for Older Persons,1999 is also administered by the Department.

The Department through its various programs of educational, economic and social development, aims at the empowerment of the disadvantaged and marginalized sections of thesociety namely Schedule Castes, Other Backward Classes (OBCs), Senior Citizens, victims ofalcoholism and drug abuse, transgender persons, persons engaged in the act of begging etc. It implements various flagship programs to promote social justice which are given below:

(i) Pradhan Mantri Dakshta Aur Kushalta Sampann Hitgrahi Yojana (PM-DAKSH)

(ii) National Action for Mechanized Sanitation Ecosystem (NAMASTE)

(iii) Pradhan Mantri Anusuchit Jaati Abhyuday Yojana

(iv) Residential Education for Students in High Schools in Targeted Areas for SCs (SHRESHTA)

(v) Post Matric Scholarship for SCs

(vi) National Helpline Against Atrocities (NHAA) of SCs/STs- [Toll Free Helpline Number-14566]

(vii) PM Young Achievers Scholarship Award Scheme for Vibrant India (PM-YASASVI) for OBC, EBC and DNT students

(viii) Scholarship for Higher Education for Young Achievers Scheme (SHREYAS) for OBCs and EBCs

(ix) Atal Vayo Abhyuday Yojana (AVYAY)

(x) National Helpline for Senior Citizens – 14567 Elderline

(xi) Venture Capital Fund (VCF) for SCs and OBCs

(xii) Ambedkar Social Innovation Incubation Mission (ASIIM)

(xiii) National Action Plan for Drug Demand Reduction (NAPDDR)

(xiv) National Toll-Free Helpline for Drug Abusers- 14446

(xv) Support for Marginalized Individuals for Livelihood and Enterprise (SMILE)

The National Institute of Social Defence (NISD), an autonomous organization under the Ministry, is the nodal Training Institute for interventions in the area of Social Defence. NISD is at forefront of driving transformative programs to uplift vulnerable and marginalizedcommunities, promote social justice, and ensure the empowerment of all citizens. The Instituteis mainly involved in conducting awareness and training programs pertaining to care of SeniorCitizens, Drug Abuse Preventions, Transgender Persons Welfare, Beggary Prevention, etc. in collaboration with SLCAs, RRTCs, NGOs, Schools, Colleges, Universities, Police Academies, SIRDs and other institutions/organizations.

Monitoring Mechanism

The Departmentof Social Justice and Empowerment implements its various schemes through (i) State Governments/UT Administrations (ii) Non-Governmental Organizations (iii) its own organizations viz National Institutes, Corporations etc. Financial assistance is provided to the implementing agencies for programmes mean for various target groups of the Department. Concessional loans are also made available to members of target groups for income generatingactivities through the National Finance and Development Corporations. The Department and its corporations have developed the mechanisms for monitoring the progress of schemes/ programmes being implemented through various agencies. Various initiatives are undertaken by the Department of SJ&E for monitoring the progress and implementation of various schemes and programmes:

➢ Performance of the schemes is monitored through quarterly/annual progress reports furnished by State Governments/UT Administrations.

➢ Department of SJ&E in consultation with NIC has put in place a system for online submission of proposals of NGOs by State Governments to this Department in respect of the schemes of Grant-in-Aid to voluntary organizations.

- Financial and physical performance is reviewed with Program Divisions regularly to ensurethat the allocations provided are fully utilized in accordance with norms.
- Selected high priority schemes are monitored at the level of Minister (SJ&E) regularly.
- Department of SJ&E also organizes conferences with State Social Welfare Ministers and State Welfare Secretaries wherein all the schemes of the Department of SJ&E are reviewed.States/UTs are also advised to strengthen their monitoring mechanism. In addition to this,video conferences are also held periodically.

Programme Monitoring Unit (PMU)

The Ministry of Social Justice and Empowerment (MSJ&E) is the nodal department of Government of India for the overall policy, planning and coordination of programs/ schemes for the development and welfare of marginalized and vulnerable groups. Under MSJ&E there are many schemes designed and implemented through various Central/ State Govt. Departments/ other implementing agencies which need to be monitored and evaluated time totime.

For the designated purpose, the PMU has been constituted and the State Coordinators appointed go to the field and give the Ministry feedback on the ways schemes are being implemented for ensuring efficient implementation. They are stationed at National Institute of Social Defence (NISD), New Delhi and are expected to widely travel to the States/UTs.

Social Audit

The Department of Social Justice and Empowerment, GoI has also introduced the social auditfor its schemes through its special scheme called "Information, Monitoring, Evaluation and Social Audit (I-MESA). The National Resource Cell for Social Audit of DSJE (NRCSA-DSJE) has been set up at the Centre for Social Audit. NRCSA-DSJE oversees the social audit units in States. The National Institute of Social Defence (NISD) is responsible for coordinating the Social Audits of Schemes under DoSJE in coordination with Social Audit Units established at State Level.

NISD with the mandate to drive the agenda set by the Ministry of Social Justice andEmpowerment would help the Social Audit Units (SAU) of States in translating socialaccountability policy into practice. The NRCSA-DSJE works as a technical resource agency to the SAUs and States on behalf of the Ministry in order to improve the service delivery under different schemes by Social Audit interventions.

Role of Stakeholders

Promoting social justice requires a collective effort involving various stakeholders, includingthe government, civil society organizations, private sector, academia, and the general public. Collaboration and coordination among these stakeholders are essential to address the diverseneeds of marginalized communities and develop sustainable solutions.

1. **Government Agencies and Departments**: Different government agencies and departments at the central, state, and local levels are involved in the implementation process. They are responsible for executing the policies and schemes formulated by the MoSJE. These agencies are responsible for disbursing funds, monitoring progress, and

ensuring that the benefits reach the intended beneficiaries.

2. **Non-Governmental Organizations (NGOs):** NGOs play a significant role in the implementation of social justice and empowerment schemes. They often work as partners with the government to extend the reach of the programs and ensure effective service delivery at the grassroots level. NGOs can provide valuable insights, expertise,and on-ground support in identifying and assisting beneficiaries.

3. **Beneficiaries and Target Groups:** The beneficiaries and target groups are at the coreof any social justice and empowerment scheme. These could include marginalized communities, persons with disabilities, senior citizens, victims of abuse, and other vulnerable sections of society. Their active participation and feedback during the implementation process are crucial for its success and to ensure that the schemes address their specific needs and challenges

4. **Civil Society:** Civil society organizations and advocacy groups play a critical role in creating awareness about the schemes and advocating for the rights and welfare of marginalized communities. They can act as watchdogs to monitor the implementation and provide feedback to the government for necessary improvements.

5. **Academic and Research Institutions:** Academic and research institutions contribute to the implementation process by conducting studies, evaluations, andimpact assessments of the schemes. Their research can provide valuable insights to fine-tune existing policies and design new initiatives.

6. **Financial Institutions and Banks:** Financial institutions and banks are involved in the disbursement of funds for various schemes and programs. They facilitate the financial transactions and ensure that the financial benefits reach the beneficiaries in a timely and transparent manner.

7. **Media and Communication Channels:** Media plays a crucial role in disseminating information about the schemes and programs to the public. By creating awareness, themedia can help in increasing participation and support for the schemes, as well as hold the government accountable for the effective implementation.

8. **International Organizations and Donors:** In some cases, international organizationsand donors may collaborate with the MoSJE to support the implementation of certain schemes or provide technical assistance. Their expertise and resources can enhance thesuccess and impact of the initiatives.

Conclusion

Social justice programs are the cornerstone of a just and inclusive society, and the Ministry ofSocial Justice and Empowerment, Government of India, plays a pivotal role in driving these initiatives. By upholding the principles of equality, inclusivity, and empowerment, these programs are empowering marginalized communities and fostering a more equitable India.

However, continuous efforts, Strategic Planning, Active Stakeholder Engagement, Resource-Optimization, Long-term Sustainability are vital to achieving the desired outcomes and creating a society where everyone has an equal opportunity to thrive.

At the end it is pertinent to note that building partnerships and collaborative networks to leverage the collective expertise and resources, fosters a more comprehensive and holistic approach in mitigating social injustices prevailing in the society.

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Substance Abuse Prevention Among Students in Educational Institutions in India - Policy Challenges and Future Actions

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Abstract

Substance abuse is a major public health threat that challenges the wellbeing across the globe. Though the problem is in the top of the list that needs immediate remedy, it took generations to understand the functioning and neurobiology of the brain affecting the individual's self-control. Fortunately, with help of the collaborative initiatives of Central and State Government, we have made considerable progress in recent years to critically prevent substance abuse from initiation, assessment of early identification, degree and patterns of usage to promote early intervention. Adolescents and Early adults are particularly vulnerable to substance use due to the governing factors such as impulsivity, peer pressure, media influence, fun seeking and experimenting personality characteristics that steer initiation and trial of substance use. Although, not all adolescents who initiate alcohol or drugs end up in substance use disorder their engagement with substance use led to life threatening risky behaviours provoking public health and juvenile matter of convention. The present article brings in an analytical review of Pattern and Prevalence of substance abuse, risk factors involved in usage, extent and trends of usage portrayed in the form of situational analysis as lessons from India. The paper also touches upon the magnitude of the substance use impactful on burdening individual, families, communities and health care system devastating as a critical nations challenge. However considerable Evidence- based practice on prevention, treatment and recovery policies and programs really do work in addressing this social challenge. Proactive preventive measures institutional levels by the Central, State, Government and autonomous organisations as a collaborative initiative can reduce substance usage at early years (schools and colleges), over dose, death and dependence thereby reduce the economic and health care burden of the nation. The review helps to foster opportunities to collide substance use treatment and health care systems merged into a fusion of harmonious system so that they can address a person's overall health, rather than a substance misuse or a physical health condition alone or in isolation. This article brings the reader public to build a hope that substance abuse, misuse and addiction are solvable problems we can initiate intervention based on individualised tailored recovery needs and catalyse action on the crisis. The paper takes comprehensive look at the problem, bringing together the best available evidence on the adverse health consequences our goal through this paper is to share our emphasis to equip healthcare providers, communities, policy makers, law enforcement and other with a growing body of evidence,

the tools and the information that are needed to plunge into action to address this growing epidemic among the youth.

Keywords

Drug initiation, Addiction, Early adulthood, Risk behaviours, Life skills, Recovery policies, Proactive preventive measures, Evidence- based policy.

Introduction

Substance misuse problem is serious public health and development problem across the globe, irrespective of society, people and family causing devastating health consequences on the individual. Prominently substance abuse among adolescents is a serious concern as it affects the critical development of children catering to significant bio-psycho-social changes the alters neurobiological functions underlying these brain functions and are responsible for complex developmental processes also may predispose adolescents to get into substance use, develop substance abuse disorders there by affected by potential life threatening, serious and long lasting substance – related adverse consequence (Gray & Squeglia , 2018). Substance abuse among adolescent's ranges from experimentation to severe substance use (Levy, 2022). The initiation of substance use not only threats the health wellbeing of the adolescent but puts them in the risk of hazardous short-term impacts like accidents, mental health addiction disorders, under achievement in schools, drop outs, higher rates of addiction and decreased productivity. Although the adolescents may be less likely to usage their like impulsivity, novels seeking behaviour, insolent attitude trigger the adolescents to explore the fondness to trial the usage of substance like alcohol, tobacco, marijuana, cocaine and other substance (Skidmore, et al,2016) Today, irrespective of culture and context the extending western culture and media portray drinking as acceptable, fashionable, or even a healthful social fashion appliance to manage stress, sadness or mental health symptoms. Also, parents who smoke and having peers and role models who smoke are other risk factors often tempt and influence the adolescents to initiate tobacco at a very young early age.

Several studies underscore those 13 to 18 years as an age range indicating high prevalence, due to its unique bio – psycho – social context. It is essential to focus on characterizing adolescent substance use patterns, prevalence factors involved, magnitude and menace of the problem to proactively succeed with systematic assessment, assimilation of usage and effectual treatment intervention, there by disseminate Evidence- based prevention to pioneer with early prevention intervention that imparts education on awareness on long term defecting consequences of addiction and usage of other substances. The provocation does not only lay off with only raising awareness but also sensitising individuals and communities around but to sharpen mislaid responsibilities of each and every citizen in foiling our future citizens to build a healthy nation, hence it is imperative to strengthen comprehensive action and collaboration to achieve the aim of a global society free of substance abuse and addiction. In this research all articles related to substance abuse among adolescents focusing on patters and prevalence, current trends, prevention initiatives, intervention efficacies were investigated the articles were chosen from academic medical journals, research periodicals, manuals and the google scholar. This study aims to explore studies on drug use among school going adolescence and youth by exploring articles published in the recent decennium. These articles suggest that currently drug use is

relatively high in the adolescent and effective group of the society, which requires particular attention, prompt and immediate intervention

Magnitude and Extent of substance abuse in India

The epidemic of substance abuse in adolescent is escalating at an alarming rate in India. India being a land of cultural diversity irrespective of traditional social norms and belief system the results of modernisation , ramification of western culture , changing cultural values, fierce competition in the fields of education and employment , growing financial burden on families and declining supportive bonds between parents and children in this transitional age trigger the vulnerable age group towards first experimentation of various substance especially that are easily available like tobacco , coolip , cannabis and alcohol. According to the United Nations office on drugs and crime World Health Organization. (2018) survey on drug use among the general population, the extent of drug use among youngsters remains higher than that of older people, majority of researches suggest that early (12- 14 years old) to late (15 – 17 years) adolescence is a critical risk period for the initial experimentation and 18 – 25 years is considered to be the peak period. According to ministry of social justice and empowerment recently released report the magnitude of substance use is 16 crore people (14.6 %) between the age of 10 to 75 years are current user of alcohol and out of them, 5- 2% are alcohol dependents, about 3.1 crore individuals (2.8 %) are cannabis users, and 72 lakhs (0. 66%) people suffer from cannabis problem. Over all opioid users 2.06% and nearly 0.55 % (60 lakh) require treatment services / health.1.18 crore, (1.08 %) are current users of sedatives, 1. 7 % of children and adolescents are inhalants users. It is estimated that about 8.5 lakh people are injecting drugs PWID – people who inject drugs(National survey on extent and pattern of substance use in India ,2019).Responsiveness to seriousness of similar multi – faceted threat in the country needs a sustainable national action plan on regulating hosts of service , including the awareness propagation ,counselling, treatment and economic deprivation like street children , child labourers , juvenile delinquents, teens who acquire the habit of drug abuse by role modelling their parents who are addicts of drug abuse and other emotional and behavioural challenges at home.

Adverse physical, mental and social health of substance abuse among adolescents

The effects of substance abuse among adolescents disturbs the psychological health of adolescents whose prolonged use gives rise to addiction disorders (Arora et al, 2010). The continuous and steady use of alcohol leads to major behaviour changes observed, including mood disorders, personality disorders, anti- social traits and suicidal tendency. Tobacco and the nicotine usage disturb the synapses, the developing brain impairing the functions of the parts intricated in learning and attention problems in adolescents (Arria et al, 2008). smoking at an early age of brain development is susceptible to damage and degenerative disorders that impact the cognitive and social functioning of the substance use disorders intricate poor school performance ,high risk impulsive behaviour(drunken driving , fighting , unwanted sexual urges) , poor problem solving abilities and poor self-esteem in current trends of tobacco usage among youth there are different form of tobacco like smokeless tobacco which can be chewed (chewing tobacco) placed between the lower lip and the gum (dipping tobacco ,or dip) or inhaled into the nose (snuff). Stimulants, narcotics are the next most commonly misused prescription medication followed by tranquilizers and sedatives (Johnston et al, 2005) though

usage trends of prescription drugs are uncommon in India. Drug addiction, also called substance use disorder is known to Cause devastating adverse long-term effects on the user as it affects a function brains and behaviour and leads to in ability to control of the self (Baskin&Sommers,2006). Drug addiction usually initiates with experimental use of a recreational drug in social situations and then become an addiction, the risk of addiction and how fast one becomes addicted varies by drug attempt to quit drug use may cause intense cravings and may be very hard of recovery substance use can lead to short and long-term negative health effects ranging from moderate to severe.(CDC,2020) Psychotropic drug such as alcohol tobacco, cocaine, heroin, hallucinogens inhalants, nicotine are the chemical components that affect the mind and the body. Short tern physical effects include the hypothermia, nausea and vomiting, decreased appetite, blood pressure, heart attack stroke etc long tern physical effects include heart diseases, stroke, liver disease pancreatitis, digestive problems, cancer of breast, mouth, throat, oesophagus liver, colon, and rectum, weakened immune system etc. Pneumonia, fatal overdose, collapsed nutrition are some of the allied effects of substance abuse. (Borsari et al, 2007) The long-lasting effects depend on diverse factors, including the substance, the amount and how long it was consumed (Case & Deaton, 2015).

Table: 1 Uses and possible health effects of substance abuse

	School Children	**College Student**	**Young Adults**
Short term consequences of use and health effects	1. Memory and concentration 2. Breathing problem 3. Loss of attention 4. Lack of concentration 5. Absenteeism 6. School dropping out (Bhatia,2007)	1. Injuries & risky behaviour 2. Impulsivity 3. Slurred speech 4. Impaired judgement 5. Emotional volatility 6. Changes in mood & behaviour (Skidmore.2016)	1. Aggression 2. Frustration 3. Drowsiness 4. Visual distortions 5. Impaired memory 6. Inappropriate Sexual behaviour 7. Reduced inhibitions (CDC,2019)
Long term consequences of use and health effects	1. Difficulty in thinking 2. Reduced cognitive function 3. Impaired coordination 4. Depression 5. Low an academic performance 6. Juvenile delinquency	1. A high tolerance 2. Change in mood leading to mood disorder 3. Muscle injury 4. Weakened immune system 5. Interference with personal relationships	1. Cardio vascular problem 2. Irregular heart beat 3. Stroke 4. High blood pressure 5. Risk of cancer 6. Death due to over dose
Withdrawal symptom	1. Fatigue 2. Tractability 3. Loss of appetite 4. Physical and emotional weakness 5. Fear	1. Rapid heartrate 2. Anxiety & nervousness 3. Insomnia 4. Hallucinations 5. Severe confusion	1. Tremor offhand and other body parts 2. Head ache 3. Delirium 4. Agitations 5. Jumpiness and shakiness

[Source: NIDA, 2016]

Long term substance use disorder may affect a person's memory, behaviour, learning consciousness and concentration depending upon the drug and usage of substance lead to feeling of euphoria, reduced anxiety, irritability, withdrawals, depression leading to long term mental effects like insomnia, mood problems, confusion, paranoia, hallucination delusions, mental health problems.(Chatterjee et al,1996) In addition, substance use disorder from illegal opioids is a large public health problem that can lead to overdose and death. The adverse effects of substance abuse do not stop with physical and mental but also social, family and legal problems, posing a complex treat of insolvency among individuals, their family and society. (Chen et al, 1995) The substance abuse includes the emotional burden (anger, frustration, anxiety, fear, worry depression, shame, guilt and embarrassment) economic burden such as money problems, debt, loss of job or reliance on public assistance. Relationship distress or dissatisfaction, family instability, child neglect, ultimately leading to a psychiatric illness are other social problems associated with addiction. Substance use disorders including housing instability, homelessness, criminal, behaviours (rape, transmission of HIV). unemployment or dependence on welfare component of comprehensive treatment for substance use disorder include a continuum of professional addiction and related services beginning from assessment, detoxification, rehabilitation, counselling and therapy, continuing care substance use monitoring medications, case management, and mutual support groups can help overcome the social burden and juvenile delinquents and there by improve the social wellbeing (Arria et al, 2010)

A collaborative prevention approach to preclude risky behaviours

Intervention programmes for substance abuse should begin with a proper routine screening of drug use among adolescent in the school by strict examination of availability , circulation and selling with in the groups with a systematic investigation by a national and state agency in order to assess the prevalence, availability of the drug is the preliminary step towards primary prevention later it is recommended to have a two pronged approach that cater to both the prevention and treatment of drug abuse prevention programs should focus on addressing initiation of drug usage aimed at early identification(Arora et al,2010) . The targets of this prevention programs are adolescents at younger age groups, focusing on before the use of age of initiation effective enforcement of substance abuse policies like tobacco control act and prohibition of sale of cigarette ban near schools can efficiently curt access of these products among adolescents(Arria et al,2008) Parents and teachers can be the major contributors to such prevention programmes in collaboration with district level governmental and non – government agencies(Baskin&Sommers,2006). Regular parental monitoring, supervision and enhanced child parent communications can act as preventive measure towards substance abuse effective parent training with family skill building and structured family therapy can prevent illicit drug use and other behavioural that provoke risky and hazardous impact upon the society. (Bhatia & Jiloha, 2008)

Purpose, focus and format of Prevention policies

The collaborative team to address the world-wide menace demanding serious concern adversely affecting the physical and socio- economic well-being of its citizens requires the self-individuals, families, community, members, educators, health care professionals, public policy makers and research who are wilfully involved in seeking effective sustainable solutions to the problems created by alcohol and other substances(Borsari et al,2007) The aim of the awareness campaigns will be in improving public cognizance of substance abuse problems, reducing discrimination and social taboos related to substance use disorders. foregoing between what is known to reduce substance misuse at

different levels and propagation of effective positive message through effective programs, policies and strategies at Central , State and Community levels, understanding the immediate need for capacity building programs to develop a optimistic view in approaching the problem among high risk populations, expanding the health care system to deliver evidence based treatment for deaddiction and quitting, integrating financing and health care cost to facilitate easy access and affordability of care for deaddiction, engaging collaboration of stakeholders at multiple level in reducing substance use problems and protecting the health of all individual across life span.(Case& Deaton,2015) The program objectives will address upon, what are the high risk, unpredictable health & social impacts of substance abuse in the district? What key social, political and economic factors that influence these behaviours? What are the social problems as an effect of substance use? Why do people change dramatically after the consumption due to its alterations in the neurobiology of the brain? What are effective strategies to prevent early initiation of substance abuse? What constitutes effective treatment? How to recover the individuals who are being addicted to substance abuse disorders and sustain recovery. (The Surgeon General's Report on Alcohol, Drugs, and Health, 2016)

Table 2: Role of multi stakeholder's participation in prevention initiatives

Key Participants	List of roles in prevention and control measures
Individual level	1. Avoid temptation and peer pressure 2. Seek psychological help during mental illness 3. Strengthen life skills such as assertiveness 4. Examine the risk factors 5. Keep a well-balanced life 6. Develop a positive outlook over life 7. Maintaining social and interpersonal relations
Parents (family)	1. Model good behaviour 2. Positive drug free role model 3. Know children's friends to reduce harmed influences 4. Create positive environment 5. Monitor the activities
Teacher (school)	1. Set rigid rules and control easy availability 2. Prevent ignorance among student on hazards of usage 3. Frequent investigation on circulation of substance 4. Early reporting of drug usage to parents & police 5. Distribution of warning information around the campus 6. Guidance and Counselling
Healthcare (physicians, cessation clinics)	1. Render the cessation service available & accessible 2. Propagate the hazards of substance abuse 3. Information dissemination 4. Form support groups of users 5. Improve infrastructure to treat the addicted users. 6. Promote regular follow-up

Government & community organisations	1. Establish youth helplines 2. Improve street light and supervision in public areas 3. Provide workshops to educate parents 4. Develop directories of drug and alcohol service 5. Award micrograms for grassroot level initiatives 6. Provide skill training in peer refusal & decision making 7. Establish mentor programs for youth 8. Educate the public and high-risk groups.
Law enforcement agencies	1. Provide information on drug & gang related activities 2. Establish rewards programs for drug arrest 3. Provide information about levels of police surveillance and enforcement 4. Establish neighbourhood watch programs 5. Increase crack down on merchants who sell drugs to minors 6. Community education in monitoring drug and gang related activities
Media	1. Provide information about the availability of peer support groups 2. Involve youth in creating and producing campaigns on preventing substance abuse 3. Publicize exemplary citizen efforts to presents substance abuse 4. Support prohibiting tobacco and alcohol bill boards 5. Publicize community score card on substance abuse 6. Broad cast community forums on substance abuse 7. Support local / tele series / web series supporting prevention efforts
Other higher educational institution intrigued in substance abuse	1. To plan, organise and implement awareness cum capacity building training programs 2. To claim accord for minor and major research projects 3. To implicate curriculum revision 4. To immerse in academic publications to involve collaboration, pricy initiatives, and strengthen scope 5. To build networking to delight knowledge sharing 6. To seek advocacy and nodal support to enhance campaigning

[Source: National Institute on Drug Abuse, 2012: http://www.drugabuse.gov]

Multicomponent interventions and is outcome measures

Highlighted with the most prevailing burden , and harmful effects of substance abuse in children and adolescents , it is essential only the effective intervention and delivery platforms on enhancing social skills , problem solving skills and self-confidence are identified can be the most effective master plan for early identification & prevention (WHO, 2015) .School based interventions including educational approaches based on social competence and social influence approaches indicated consist protective effects in preventing drug abuse (Waller & Beeriness , 2010) Though not very effective family /community based interventions appears to be effective when it is emphasised on active parental involvement and parenting (Borne ,2007). Web based interventions including the internet interventions for smoking preventions for smoking cessations are found to be promising involving encouragement of support groups through social media (Tait & Christensen ,2010, Sandman & John,

2012) Individual – targeted interventions including mentoring, counselling or psychotherapy to treat alcohol and substance abuse problems appeared to be effective as a treatment for adolescent's substance abuse. (Thomas et al, 2011; Rongione & Broglie, 2009; Waldron & Turner, 2008). cognitive behavioural therapy along with the combination of treatment strategies including Motivational interventions , Contingency management strategies and Relapse prevention and related intervention with a focus on functional analysis proved efficacy and enhancement of control towards addictive nature (Mchigh & Otto , 2010).However there is a lack of rigorous data evaluating the sustainability and long term effectiveness of substance abuse programs targeting adolescents hence it is imperative to encourage more evidence based research studies to prevent and manage substance abuse among adolescents (Das et al , 2016)

Table: 3 substance abuse and prevention methods

Tiers of Prevention	Policy and Plan of action
Primary	Taxation on tobacco related products limited advertising age restriction enhance social skills like assertiveness, personal and community resilience, adolescent risk reduction, rational preaching of prevention strategies, judicious prescribing
Secondary	Reduction of social taboo and stigma understanding of chronically of substance abuse screening of tobacco use, Assessment & treatment, Effective referral, Ensure student well ness
Tertiary	Tobacco cessation, Engagement of addicts in recreational activities Encouraging support groups, involving family-based approaches Participate in patient education, consider mental & physical health with, appropriate management, Enhance community collaborations.

[SOURCE NIDA,2016]

Legal provisions in relation to substance abuse and selling of narcotics:

In India, consuming, cultivation, buying and selling or dealing knowingly or unknowingly is examined to be as a criminal offence and there is also severe punishments catering to huge monetary penalty as well as sentence to jail according to the Narcotics and Psychotropic Substance Act,1985 that was enacted with uncompromising strict provisions to curb this menace this comprehensive strategy was formulated and came into practice to bring about overall reduction in the use of drugs that has been evolved in assistance with several governmental agencies and NGO's in order to strengthen education, counselling, treatment and recovery through informative and awareness

Table: 4 laws governing substance abuse in India

SECTION	PUNISHMENT	INDICATION
Section 8	Jail / prosecution	Prohibition of cultivation of tobacco related plants except scientific & medical purpose
Section 15	Jail / fine	Prohibition of production, possession and transportation

Section 17	Imprisonment / fine	Prohibition of manufacturing Possession, selling, trading transporting opium related substance
Section 18	Fine / jail imprisonment	Outlawing through cultivation of tobacco substance depending on possession of quantity
Section 19	Fine/Imprisonment	Any cultivator licensed to cultivate the opium poppy on account of the Central Government who embezzles or otherwise illegally disposes of the opium.
Section 20	Imprisonment with respect to quantity	Prohibition of cultivation of cannabin's plant
Section 21	Arrest and prosecution as per law	Banning of manufacturing selling and possessing any banned products as per law
Section 22	Sentence to jail and punishment	Members contravening any legal provisions or any rule or any order of the law under psychotropic substance
Section 23	Sentence to imprisonment based on quantity	Prohibition of importing exporting of transhipment of any narcotics drugs
Section 24	Sentence to jail and punishment based on the law enforced	Deference of dealing with narcotics and psychotropic drugs or contravenes section 12 without the permission of control government
Section 26	Fine / jail	Procures the banned substance without document or without licencing procedures
Section 27	Imprisonment / fine	Consumption of narcotic drugs like cocaine, morphine
Section 30	Rigorous imprisonment	Violation of section 19, 24, and 27
Section 43	Seizing and appropriate punishment	Right of the officer of NCB to take immediate action
Section 38	Liable to punishment	Offence committed by company for being deemed to be guilty are responsible for the act.

[Source: The Narcotic Drugs and Psychotropic Substances Act, 1985]

In India, the handling of narcotics is considered to be a criminal act and are accountable for liability therefore it is very difficult to procure bail and the officers are given equal powers irrespective of cadets if they feel suspicion they have the power to arrest the person involved in drugs or is a drug peddler as the government thought that power full law enforcement is the only way to menace this problem strict prohibitions are made, to stop the drug use.(The Narcotic Drugs and Psychotropic Substances Act, 1985)

Table 5:   **prescription of COPTA Act, 2003**

Provision	Amendments
Sec ,4	Prohibition of smoking in public places (educational institutions, restaurants, malls bus stops, work place, etc)
Sec ,5	Ban of all forms of direct and indirect advertisements of tobacco products
Sec ,6	Prohibition of sales to minors (tobacco product) cannot be sold to or by children less than 18 years of age and cannot be sold with in a radium of 100 yards of any educational institutions.
Sec ,7	Regulation of health warnings in tobacco product packs English and one more Indian language are to be used for health warning on tobacco packs pictorial health warning are also to be included Smoking in public places was banned under COTPA on 2nd October (i.e.) Gandhi Jayanthi, 2008 For advertisement of tobacco production, on the first conviction, the punishment shall be up to 2 years in imprisonment or with fine extended to Rs.5000

[Source; COTPA – 2003]

Implications and future directions

Using a multitiered, school -based interventions that incorporate assessment, prevention and response to toxic stress in a better way such as school connectedness, parental involvement, coping diversely towards the academic stress can be an effective roadmap towards prevention programs of substance abuse in order to figure out with the global problem. Among adolescents expanding access to effective, evidence-based treatments for early users, prevention and policies are essential to reduce substance abuse and the prevailing health and social problems caused by substance use and disorders (Cranford et al, 2009). Although the prevention programs cannot address the chronic, severe impairments among the addictors, Prevention education, regular monitoring, social learnings through and strict legal sanctions may reduce the risk among the young populations (Dhital et al, 2001). Programs involving parents, schools, health effective communities, social service organisation should be involved in propagating comprehensive coalitions that are to be sustainable solution. Also, prevention programs should be addressed in Such a way that highlight the common risks and protective factors that influence the most common health threats affecting the youth community. (Eisenberg &Wechsler, 2003) Central and State funding incentives to conduct research and to identity the efficacy of the programs for prevention, policy enhancement and quality of life needs to be improved. Historically the drug addicts are labelled and socially excluded individuals of the society now it is essential to integrate substance use disorder treatment in to main stream health care to improve the quality of treatment service and respect the dignity of the substance abusers therefore policies to improve supportive service should be designed to treat addictions as personality or character disorders.(Ford et al,2008) It is the critical responsibility of the state governments to make screening, diagnosis, treatment and reckoned on the treatment adherence to prevent the deictics being the pathetic and lame models of the flourishing society. (Gray & Squeglia, 2018).

Policy and practice relevance

The goals of the policy makers and key stakeholders have historically been reduction of substance abuse (Haug et al, 2011). Currently, it is need for the policy implementation, particularly at the state level are most awaited for better integrated and collaborative care for substance use disorders states

should be given advocacy power to hand on meticulous punishment to prohibit the selling of substance and narcotics among the general public. State licencing and financing policies should be designed to better in entitize programs that offer the full continuum of care (residential, outpatient, continuing care, and recovery supports) the general school curriculum of students should be imparted with lessons that emphasize and educate the children about the severity of substance use disorders and competence of required course on addition should be added. Beyond all, the associations of clinical professional's multi-stakeholders, community workers, healthcare professionals should continue to provide continuing supportive education and training course for already engaged in the field of practice (Koob et al, 1997). Enhanced federal communication will promote public understanding to foster the message on individual rights to appropriate care and service to reduce usage and prevalence. Five decades ago, the field of research have focussed on the basic, epidemiology prevalence of the substance, now it is the tribute of the scientific research to examine the current trends and patterns involved in usage and eliminate the long-held stereotypes and treatment options. However, this body of knowledge provides a firm foundation for developing effective prevention, early intervention, treatment and recovery strategies to achieve the vision of "substance free nation "by building social responsibility among its citizens. (Sacks et al,2015)

Suggestions and scope of future research

Today we are in a revolution shift with growing health reforms and advance in technology playing a crucial role in building towards an effective public health-based model facilitating proactive initiatives that can uphold the efforts for ensuring health, safety and wellbeing of individuals and communities across the country here are some of the suggestions to confront substance abuse.

1. At individual level, it is essential to reach out it the problem exists beyond shame, guilt, fear of expose or recrimination breaking the silence around the issue that paves way for preventing the future adverse consequences.
2. Individual should be supportive rather being judgmental in having a negative attitude to promote open and healthy discussions between the user family and health care professional to seek a conducive solution
3. Supportive environment around the user such as changing relationships, accepting or living environment can ease the transition and promote the quitting procedures
4. As a community it is essential to be compassionate extending warmth and support to help the user overcome the challenge and maintain recovery
5. Educators and academic institutions should understand the fact that schools represent one of the effective channels for influencing substance abuse hence investment has to be made in prevention programs to address risk factors to initiate substance abuse due to early aggression, academic failure and school drop out
6. It is the imperative role of the teachers, professors and school counsellors to teach accurate up- to – date scientific information about alcohol and drugs to educate students about the strong enforcement of underage drinking laws and discourages sales of tobacco products.
7. Team of health care professionals with in health care delivery system including doctors, nurse, speciality treatment providers, professional, such as social workers, psychology, public, health, nursing medicine, pharmacy should collaborate and involve in prevention, treatment and recovery.
8. Private sector industries and commerce of manufacturing companies should understand and demonstrate social responsibility by taking measure to avoid and prevent the misuse of their

products through effective communication. The private sector should collaborate with federal initiative to reduce overdoses, death and dependence

9. The criminal Justice and Juvenile Justice system should be sensitive to the vulnerable populations in addressing substance use related health issues across the community. Police department should support the state federal initiatives to extent prevention initiatives, treatment agency and recovery among community organisation

10. Effective implementation of drug courts by creating alternative to arrest and lock up substituting incarceration into treatment can build successful model for substance abuse prevention

11. Researchers should conduct high-quality research that adheres on implementable, sustainable solutions to address most crucial global problem.

12. Focused research to address the significant research gap can help overcome complex challenges by promoting necessitate sustainable implementation of evidence-based interventions and to develop protective measures.

Conclusion

Despite the fact that substance abuse identified as a major public health and developmental crisis across generations across the globe, we still witness substantial asperity to deal with it efficaciously (Volkow etal,2014; Thapa et al,2002; Stahre et al,2014; Waldron,2008). Given the high prevalence of substance use among college students and school going adolescents effective and judicial prevention and intervention programs are clearly needed. Although numerous programs exist that are instituted by national agency that reflect their best interest to Armor the socio-economic and well-being of the country, it is essential that each one of us as pledged citizens should effectively involve in enlighten the adolescence by headlining the risk factors and generate norms of inculcation of principles and rightness among adolescence by overcoming the social limitations (White, 2015; Wei et al, 2010; Weber, 2008).

Multicomponent interventions have shown strong results (Sheldon , 1990) risk reduction programs such as the individual level interventions focused on cognitive behavioural skills and brief motivational interview can be efficacious, also prevention program incorporating numerous additional components ,such as general life skills can reduce the allurement among the adolescents to overcome the attraction towards usage further the self-discipline and self-monitoring of the individuals is the most essential component to keep themselves in self-control of over usage and over dose .Significant effective changes have been reported when the parents and teachers are effectively involved in the prevention strategies like everlasting continued assessment of substance usage along with rigid monitoring system can assimilate alcohol refusal among the initial user's fraternity and celebrities' pledges regularly broadcasting on media can change the attitude among youth(Sacks et al,2015;Slutske,2005;Rammohan et al,2002;Pieterse et al,2012).

Educational training programs comprising assertiveness training, life balance skills, relaxation techniques and psycho education regarding pacing and setting limits can help the user battle the stressful life situation and become resilient. Along with the general population addressing the substance use in specific population add rationale to the policy intervention campaign it is the most fundamental that the interventions including population level policies, focused programs, behavioural therapies, medication and social services should address the subgroup addressing age gender, racial,

ethnic and culture specific. Additionally, the policymakers should apprehend that there is individual differences in response to typical prevention, treatment and recovery support interventions is common throughout – health care hence the intervention may be personalized standardized based on individual protocols. Finally, the public health system should collude with the health care systems to promote recovery support service to identity the specific needs.

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Psychosocial Care Training Programme for Staff Working in The Old Age Homes

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Introduction

Specific health problems which are observed among the elderly population staying in the old age homes are heart diseases, dermatological illness, gastritis, orthopaedic disorders, chronic obstructive pulmonary disease (COPD), diabetes mellitus and hypertension, thyroid functioning related disorders, urinary tract infection, cataract or vision problems, hearing problems and other problems (Shivarudraiah, Ammapattian, Antony, & Thangaraju, 2021).

According to the population census 2011, there are almost 104 million elderly aged sixty years and above in India; 51 million males and 53 million females. The disability rate was 51.8 per 1,000 for the elderly and 84.1 per 1,000 for the 80-plus population compared to 22.1 per 1,000 for the general population (Government of India, 2016).

The success of any old age home will depend upon the type of staff managing it. The staff should be interested in the welfare of the aged and a fair amount of knowledge on aging associated health, mental and social problems. Another major concern is the poor staff ratio to the inmates. Ideally, it should be a minimum of one staff to be involved in taking care of ten inmates. However, this ratio is not maintained in many homes, and an adequate number of nursing staff also not present (Thomas, 2018).

The institutions' staff being the primary caregivers to the elderly, can ensure that the mental health issues are addressed. Therefore, they need knowledge of geriatric mental health, psychosocial needs, care services for the elderly, and ways of providing individualized psychosocial care and support for senior citizens in old age homes. Inadequate staff and limited learning opportunities for available staff are other significant issues in all old age homes, directly linked to the quality of caregiving (Johnson, Madan, & Pottkett, 2018).

Symptoms of depression, anxiety, insomnia, somatization, and late-onset psychosis are commonly seen more in elderly living in old age homes than those who are living with their family members.

Loneliness, isolation, neglect, insecurity, and poor health-seeking behaviour are also reported in this population. Among this sub-population of the elderly, loneliness is more common, especially in widows, members of tribal communities, migrants, and members of economically weaker families in the urban area. Financial insecurity and dependence are significant reasons for elder abuse and institutionalization. Social activities and interactions were found low in old age homes. Compared to the elderly living in the community. Although mental health problems were commonly reported, utilization of mental health services was reported low. Accessibility and availability of mental health services were the major barriers to seeking help poor (Indu, Remadevi, Philip, & Mathew, 2018).

Lack of awareness and trained human resources pose a significant threat to integrated geriatric mental health services. Only through multi-sectoral collaboration, this service gap can be addressed. (Prakash & Kukreti, 2013). The staff working in the old age homes are the primary caregivers of the elderly living in such homes. Therefore, they need to undergo training on psychosocial issues and interventions which can help them to provide basic psychosocial care at old age homes. For achieving the aim as mentioned above, the training programme can be designed to enhance mental health literacy, knowledge about the needs of the elderly, and psychosocial interventions for the elderly. Comprehensive psychosocial care services are not available in many old age homes. As a result, many of the elderly do not receive individualized psychosocial care and support.

Methodology
Aim
- ➢ The aim of the study is to assess the efficacy of psychosocial care training programme for the staff working in old age homes

Objectives:
- ➢ To study the profile of old age homes and staff

- ➢ To assess the awareness on geriatric mental health among staff working in old age homes.

- ➢ To study the knowledge on geriatric mental health and psychosocial interventions among the staff working in old age homes after the training programme.

Operational definitions

Psychosocial care: Psychosocial care is concerned with addressing issues related to psychological, social, legal, and familial and interpersonal problems of the residents staying in such old age homes.
Old age home: A home or institution where residents live and receive care, when they cannot live at their respective homes or look after themselves.
Old age home staff: All the staff employed in an old age home with the responsibility of taking care of the health of the residents will be considered as the old age home staff.
Residents: Residents are those individuals who have attained the age of 60 years and are residents of in old age homes.

Hypotheses:
- ➢ Training programme will enhance the knowledge on geriatric mental health among the staff working in old age homes.

> ➤ Training programme on psychosocial care for staff working in old age homes will improve the knowledge on the psychosocial interventions.

Research design: Quasi experimental design of pre-post design study without control group will be followed.

Population: Bengaluru urban district has 80 old age homes (and altogether has approximately 1000 staff) which include Health workers, Assistants, office staff and administrators.

Tools for data collection

The Mary Starke Harper Aging Knowledge Exam (MSHAKE) scale (Santo-Novak, Duncan, Grissom, & Powers, 2001)

This tool measures the staff's knowledge of geriatric mental health. The 25-items were developed by a team of North American geriatric and mental health experts to assess aged care workers' basic mental health knowledge, including normal aging, dementia, and mental illness. There are true or false responses to the scale items, with a score of 1 for the response of 'true' and a score of 2 for the response 'false.' The scores for all the items are summed, with a possible range of 25–50. The reliability of this scale from the standardised alpha of pre-test is 0.7206 and post-test is 0.7084. This scale is in the public domain.

Checklist to Assess the knowledge on the Psychosocial Intervention among the staff working in old age home

The researcher prepared a structured checklist and validated it by five experts to assess the knowledge on psychosocial intervention among the staff working in old age homes. This checklist will used to measure the level of understanding of the staff's knowledge on aging, psychosocial intervention, welfare legislation, schemes, and support services. The 30 items yes or no responses to the checklist items, with a score of 1 for the response of 'yes' and a 0 for the response 'no.'

Checklist to Assess Self-efficacy of Staff Working in Old Age Home

A checklist was prepared by the researcher and validated by five experts to check the efficacy of the training programme. The checklist will used only during post-assessment to assess the self-efficacy of staff working in old age homes in providing psychosocial care services. They responded to ten statements on a five-point scale from strongly disagree-1, disagree-2, neither agree nor disagree-3, Agree-4, and strongly agree-5.

Method for data collection

Initially, a structured interview schedule will be use to study the profile of five old age homes. Following this, knowledge of geriatric mental health and knowledge of psychosocial interventions among staff working in the selected old age homes were assessed using with MSHAKE scale and checklist.

A three-day training programme will organise for the selected staff to enhance their knowledge on geriatric mental health and psychosocial interventions. The list of topics covered under this programme is mentioned above under the subheading of the outline of the psychosocial care training

programme in this chapter. Soon after the training program, post-assessment one has been carried out, and after two months of the training programme, post-assessment two has been carried out using pre-assessment tools. Self-efficacy of the staff has been assessed at two time-points, immediately after the training programme and after two months of the programme.

Data analysis

Descriptive statistics such as mean, standard deviation, frequency, and percentage will use to present descriptive data. Repeated measure ANOVA (RM ANOVA) will use to find significant differences in the mean of the Mary Starke Harper Aging Knowledge Exam (MSHAKE) score and checklist score to examine the efficacy of the programme. Pairwise comparisons were done with the RM ANOVA test, and Paired t-test will use to find significant differences in the mean score of self-efficacies between two-time points. All the analyses will be done using R software.

List of chapters and contents of Psychosocial care Training Programme Module

Chapter -1 Aging: Which includes an introduction, knowledge of aging, types of aging, myths and misconceptions about aging, problems of the aged in India, and points to remember**.**
Chapter-2 Health Care Needs of Elderly: Topics include physical problems often experienced by the elderly such as brief notes with case vignettes such as

- Gastritis
- Arthritis or other orthopaedic problems
- Chronic obstructive pulmonary disease (COPD)
- Diabetes Miletus
- Hypertension
- Thyroid
- Heart problems
- Constipation
- Skin diseases
- Auditory problems
- Urinary tract infection
- Epilepsy

Chapter -3 Common Mental Health and Social Problems among Older Population: These include common mental problems expressed in the key informant interview from the old age homes.

- Loneliness
- Depression
- Anxiety
- Mild cognitive impairment/Dementia
- Schizophrenia

Social problems identified in the interview from the old age homes residents are as followed:

- Lack of Social Support from Family
- Lack of caregiver
- No Support system

Chapter -4 Psychosocial Interventions: Communication skill, supportive counselling skills, skills to express empathy, skills to conduct recreation activities for the elderly and relaxation training techniques

Chapter -5 Orientation on Legislations, Welfare schemes, and support centres: **R**ights of elderly persons, the maintenance and welfare of parents and senior citizens act 2007, a monthly pension scheme for elderly, Sandhya Suraksha scheme, health schemes of elderly, provisions for shelters, tax benefits and helpline for senior citizens.

Table:1 The outline of the Psychosocial care Training Programme Module

Chapter	Content	Methodology	Session duration
1- Aging	Understanding Aging Understanding Myths and misconceptions about aging	Storytelling Quiz	45 minutes 45 minutes
2- Health Care Needs of Elderly	Physical problems	Group discussion and activities	45minutes
3- Common Mental Health and Social Problems of Older Population	Common Mental problems Social problems	Group Discussion and activities	45minutes
4- Psychosocial Interventions	Communication skill Skills to express empathy Skill to Unconditional positive regard and acceptance Ability to be Genuine Ability to structure Activities of Daily Living Skills to organise Recreational activities Relaxation Techniques Identification of Referral needs Rights of elderly persons	Roleplay Group Discussion Games Demonstration Yoga, Breathing exercise, Meditation	300 minutes (ten-session)
5- Orientation on Welfare Legislations, schemes, and support centres	Welfare Legislations, Scheme, Support Centres and helpline	Presentation	90 minutes

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A Qualitative Exploration of The Transgender Students' Experiences in Higher Education Institutions in Delhi

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Abstract

The term transgender is applied in gender studies to refer to any person whose own sense of gender does not match with the gender assigned to them at birth and who may express gender in non-traditional ways. Transgender is an umbrella term used to refer to any person who does not affirm to the gender stereotype. People of non-normative gender identities have an established presence in mythology in India. Transgender Indians therefore live a somewhat paradoxical reality; where they form a unique and substantial part of the historical, cultural and social fabric, yet are stigmatized, excluded and discriminated against in many aspects of their lives. The present study provided a context for understanding the experiences of transgender students in higher education institutions in Delhi. The study included interviews with transgender students to better understand what it is like to be a transgender student and the challenges faced by them. The purpose was also to devise strategies for mainstreaming them in Higher Education Institutions based on the suggestions of the transgender students.

Keywords: Transgender students, Challenges, Issues, Higher Education Institutions, Mainstreaming

Introduction

According to the Transgender Persons (Protection of Rights) Act 2019 "transgender person means a person whose gender does not match with the gender assigned to that person at birth and includes trans-man or trans-woman (whether or not such person has undergone Sex Reassignment Surgery or hormone therapy or laser therapy or such other therapy), person with intersex variations, genderqueer and person having such socio-cultural identities as kinner, hijra, aravani and jogta". 'Transgender' does not include sexual orientation or physical sex characteristics but is in fact a less clinical term which pertains to gender identity and gender expression. Thus, transgender people encompass those people whose identity and behaviour do not adhere to the stereotypical gender norms.

In India, there are a wide range of transgender related identities which includes the Hijras, Aravanis, Kothis, Jogtas/ Jogappas and Shiv Shaktis. Transgender people especially Hijras have been visible on auspicious occasions such as marriage and birth of a child in the family. They are considered to bring fortune and luck and their blessings are sought during significant celebrations in Indian Families. Despite this belief, this is the most traumatized and discriminated community.

The Vedas, puranas, epics and various texts indicated people as belonging to the third gender in pre-modern India. In the past, they were treated with great respect. The character of Hijras also held special role in Hindu scriptures and epics such as Ramayana and Mahabharata.

The pre-colonial times saw hijras working in wealthy families and enjoyed a safe life. Hijras often mention their prominent role in the times of Mughal period. The hijras enjoyed the inheritance rights such as revenue shares from the Maratha regime however with the British taking over the Maratha territory from 1871 onwards, the hijras were forced into the urban underworld, and began prostitution and begging. It was in the colonial times that they were subject to harassment and were subsequently criminalized under the Criminal Tribes Act 1871. The colonial literature identified the first Hindi and Urdu term for eunuchs as hijras which became the indicator for eunuchs in colonial record.

The era of British colonization during 1850s led to the ridiculation and oppression of hijras under Criminal Tribes Act 1871 for the recording of criminal tribes and eunuchs along with sec 377 of the IPC to criminalise sexual acts not falling in the ambit of nature of procreation. Rellis (2008) cited in the paper that Article 26 of the Criminal Tribes Act 1871 restricted the Hijras from dressing like women in public places, it also restricted their dance and performances in open spaces.

Post-Colonial times see the representation of Hijra based on lineage and their appeal for basic rights as a sexual minority. Hijras are covered under an umbrella term of the transgender who are distinct from another familiar group in India known as Kothi (Koti) who are supposed to be men who assume feminine role in MSM.

Hijras have close knit ties formalised through a ritual called reet. The social exclusion and marginalization of the Hijras at an early age without any family support and acceptance coerces them to join the Hijra community through a guru-chela system under seven different gharanas (clans). In Mumbai every clan has a Nayak who is a senior Hijra having chelas (disciples)under his guidance. Every guru is a mentor as well as a disciple functioning under the guidance of a senior hijra. The structure of gharana is different in different states.

Post-Colonial and Post-Modern times witnessed the coming together of NGOs, CBOs, Media, government agencies and institutions towards sensitization and programs for the welfare of sexual minorities.

In the light of landmark judgment dated 15.4.2014 passed by the Supreme Court of India to consider transgender as third gender, Higher Education Varsities also invited applications from the transgender students by incorporating third gender as an option in its application forms.

In its move to foster academic benefits to transgender students, UGC also issued a notification in January 2015 directing all the higher education institutions and varsities to provide transgender friendly resources such as separate washrooms, scholarships and create a trans-inclusive academic environment. UGC also encouraged academicians, committee experts and researchers to carry meaningful and ethnographic research to understand the challenges faced by the transgender students. Over the years there has been an increase in the number of students who identify themselves as

transgender but they are ignored and are battling with their identity issues (Beemyn, 2003; Carter, 2000; Lees, 1998). In the light of the increase in number of transgender students, this study aims to provide a context for understanding the experiences of gender variant students in higher education institutions in Delhi. The study included interviews with transgender students to better understand what it is like to be a transgender student.

Transgender youth have become more visible in the last decade but remain one of the most under-researched populations on college campuses and have largely been ignored in the higher education literature. The present study aims to understand the experience of transgender students in Higher Education Institutions in Delhi and hence provides a context for understanding the experiences of gender variant students in higher education institutions in Delhi. Transgender students face a number of issues and challenges in the college campuses and also in access to Higher Education that non-transgender students do not. They experience severe stigmatization, discrimination and marginalization in many aspects of their lives including at higher varsities. The said research work explored the experiences, challenges and needs of this specific student group.

According to Schneider (2010), there are very few studies on the experience of transgender college students and the literature which is available reflects a lack of resources and support for these students across the country. Most higher education institutions provided little trans-specific resources and services. With the increase in the number of transgender students and activism regarding this population, the diversity would continue to grow in the years to come and there is an acute need for facilitation of gender identity and expression in higher education.
There is a dearth of research available on this community.

Objectives

India is still in its state of infancy when it comes to the rights of transgender population and there is a long road ahead to formulate all- inclusive educational policies. Transgender youth have become more visible in the last decade but remain one of the most under-researched populations on college campuses and have largely been ignored in the higher education literature.

The qualitative experience of college students who identify themselves as transgender, an analysis of the support services required by them and an account of the best practices for this population are missing from the literature. With the increase in the number of transgender students and activism regarding this population, the diversity would continue to grow in the years to come and there is an acute need for facilitation of gender identity and expression in higher education. This calls for empirical research to uncover the issues faced by this student specific community. The main objectives of the study are listed below:

➢ To explore the issues and challenges faced by transgender students in access to higher education Institutions in Delhi.
➢ To understand the experience and challenges faced by transgender students within the college campuses in Delhi.
➢ To suggest suitable measures for mainstreaming transgender community in Higher Education Institutions and devise modalities for the inclusion of transgender students in education varsities.

Literature Review:

According to Indian Census 2011, there are around 4.9 lakh transgender in the country. Census data also revealed that this community has low literacy levels, just 46 per cent transgender are literate, compared to 74 per cent literacy in the general population. This community comes under the category of "disadvantaged group" defined by the Right to Education Act (RTE). It means these students will be eligible for 25 per cent reservation under the economically weaker section (EWS) and disadvantaged student's category for admission.

Over the years there has been an increase in the number of students who identify themselves as transgender but they are ignored and are battling with their identity issues (Beemyn, 2003; Carter, 2000; Lees, 1998).Although a few colleges have policies which are trans inclusive, but still a number of higher education institutions are unaware of the challenges and problems faced by the transgender students (Beemyn, et al., 2005) and there is little understanding of how this group experiences college (Bilodeau, 2005).

There is scant literature available on transgender students (Sanlo, 1998; Sanlo, Rankin &Schoenberg, 2002) and also, they are often clubbed with Lesbian, Gay and Bisexual (LGB) students in studies on counselling and psychology (Dispenza et al; 2012). In the studies which had LGBT in their titles it was found that the transgender experience was excluded. Attributing the findings of such studies to the transgender group in such cases may be erroneous as the experience of transgender students will differ from the LGB group. College is often the place where transgender students question their gender identify especially when they are away from their parents and friends for the first time (Lees, 1998).

Shim & Perez (2018) in their research work supported that there is a need for policies that assist and uphold the establishment of structurally inclusive campuses to fully benefit students from their diversity related experiences.

The transgender community is highly marginalized in Indian context. They often are deprived of their basic human rights and are subject to violence in day-to-day life. This creates barriers to attain education, social entitlements and any fundamental rights as citizens of this country. When it comes to education it is often argued that many transgender students are drop outs from school as they are easy targets of discrimination, violence and at times there is no accessibility at all to educational institutions. Additionally, the Transgender communities are deprived of employment rights and a majority of them turn to underground economy such as sex work, begging. The health needs of the community are also not met adequately as there is lack of provisioning of health services, discrimination at health care facilities. To make situation worse, they are deprived of basic housing facility, ostracized by families leaving them homeless.

The UNAIDS research undertaken in 2014 revealed that 65% to 85% of transgender people experienced verbal abuse, 25% to 45% faced physical abuse and almost 20% were sexually abused. The Los Angeles Transgender Health Study has also shown that overall, 80% transgender people were verbally abused and nearly 50% of them faced physical abuse. Many of them experienced abuses from childhood to life-long as compared to general population.

Review of relevant literature brings to light that many college campuses and higher education institutions have failed to address the requirement of transgender students in the area of education, healthcare, bathrooms, locker rooms, residential facilities on the campus and support services. Such trans-exclusive practices not only create an environment of discomfort for transgender students in colleges but also spread a message that the college authorities are ignorant about this population and do not care about their academic success and program completion (Beemyn, 2005).

It was also brought to light that although most of the student affairs professionals on campuses were acquainted with the sexual identity struggle and dilemmas of the GLB students, they were less aware of the gender identity struggle of the transgender students (McKinney 2005). Many college campuses and higher education institutions had failed to address the requirement of transgender students in the area of education, healthcare, bathrooms, locker rooms, residential facilities on the campus and support services.

Singh, Meng, & Hansen (2013) also conducted qualitative research with a sample of 18 transgender students to examine the resilience strategies used by the transgender youth in an academic setting. Four themes emerged from the semi-structured interviews conducted by them which are listed below: Firstly, transgender affirming language whereby the transgender youth approached the faculties and staff for the correct usage of pronouns. Secondly training regarding transgender and gender identity issues. Participants believed that educators played a vital role in the career advancement of students and hence should be aware of transgender concerns. Similarly, gender confirming students should also be sensitized to make the campus transgender friendly. Thirdly there should be transgender inclusive policy and arrangements such as gender-neutral washrooms, dorms, athletic space and legal assistance.
Society is indifferent to any legal progression. Transgender people in the country are barely seen in any public or private professional setting and are treated as outcasts. In light of the above the undertaken research is significant research and first of its own kind to explore the problems faced by transgender students in access to education and on college premises.

Research Methodology

The research was qualitative in nature and deployed an exploratory approach to understand the experience of the transgender students. This study involved interviews with transgender students in Delhi to better understand what it is like to be a transgender student. The database of community - based organizations and NGOs were identified and they were approached to identify those transgender students who were studying or were aspiring to study in Higher Education Varsities. Contacts were also explored to reach out to colleges and Universities in Delhi to identify transgender students for interview. Since University of Delhi has a transgender resource centre (TRC)under the aegis of Department of Adult, Continuing Education and Extension and the TRC also had a database of transgender students, they were approached and request was made for an interview for an academic purpose. Snowball technique was also deployed where the transgender students connected the research team with other students and aspirants from the community too.

Total 25 transgender students agreed to an interview. The semi-structured in-depth interview was conducted to understand the challenges and issues faced by the transgender students in Higher Education Institutions. The interview questionnaire included questions such as their demographics like age, gender identification, qualification and open -ended questions about the challenges faced by

them, support received from higher education institutions, suggestions by the transgender community for their mainstreaming into higher education institutions. Each interview ranged from 45 minutes to 90 minutes. The interviews were conducted in person, were tape recorded with the consent of the interviewee and were further transcribed.

Analysis and Findings

All interviews were recorded with the consent of the interviewee and were translated in English and transcribed by the authors. 10 transgender students were interviewed in the local Hindi dialect as per their convenience while the rest 15 were in English.

The collated documents were independently coded by both the researchers in an interpretive manner, followed by interactions to establish the main themes until convergence was reached.

Out of 25 transgender students, 10 were transman and 15 were transwoman aged between 18 years to 26 years.

Major challenges that were identified in the research are listed below:

Discrimination in Colleges: The transgender students interviewed reported that they were discriminated in some way or the other. The cisgender students avoided them and did not freely talk with them during class breaks and lunch timings. They also mentioned that they were looked upon differently by the academic staff due to lack of sensitization about their gender identity.

Bullying in colleges: Transgender students interview reported that they were bullied in college campuses by their fellow classmates. They were called names such as chhakka, hijra and other derogatory remarks. A few excerpts from the interview are as below:

"People know kinnars like hijras and I could see that the remarks for hijras were the same for me by my classmates".

Lack of Sensitivity: People are not aware about the issues and challenges faced by the transgender students and there is lack of sensitivity in the academic staff and cisgender people across the society. People do not understand that everyone is different and stereotype in all aspects.

Access to rest rooms: This was the most common problem faced by the transgender students. They face difficulty in access to the washroom. There is absence of unisex washrooms in college premises and most of them mentioned that they could not use the restroom of their choice and that they were mostly harassed in washrooms too.

Some excerpts from the interview are cited below:

"So my department is on the first floor and I always have to make sure if the boys washroom is vacant and then only enter, otherwise I have to walk all the way to the basement's washroom and that's very humiliating for me. I want to have a gender-neutral washroom for every gender so that we don't feel humiliated because I feel that people are growing now a days and are getting aware as a gender".

Lack of courses on gender sensitization: There is a lack of courses on gender sensitization. Most people are not aware about gender identity and that there can be gender variant people too. There is lack of sufficient study material regarding gender issues in colleges and libraries. Also, schools and

colleges do not pay much heed to discuss gender identity and sexual orientation. Usually, education is more about norms and not about respecting differences amongst people.

Absence of counsellors and adequate health care facilities in educational institutions: There is lack of adequate medical facilities in higher education varsities when it comes to transgender students. There is absence of trained counsellors who can understand the concerns and trauma of transgender students. Transgender students may be struggling with lot of confusion regarding their gender identity and may suffer from depression and trauma. They need guidance and counselling regarding transitioning, sex-reassignment surgery or counselling regarding navigating the process.

Lack of financial resources to support education: There is a lack of financial resources to support education. Usually, transgender people do not receive much support from their family members too and are often abandoned. 88% of transgender students reported that they could not complete education due to lack of financial support. They had to leave homes due to non- supportive parents and were forced into part time jobs, sex and begging to support themselves.

Lack of information and awareness about education opportunities: The transgender students also shared that they lack information about education opportunities available in higher education institutions and also about the career opportunities that fits their aptitude and can enhance the employment opportunities.

Recommendations for Mainstreaming transgender students in Higher Education

Varsities: The paper shares the information about challenges faced by the transgender community. The community has been struggling for education, employment and a social status in the society and country. The transgender students also shared about the consideration to be made by policy makers and academic administrators to mainstream them in higher education. Following recommendations are made to make the education system and the society more trans- friendly:

Reservations: There should be reservation in both education and employment to give them access to both education and employment which at present they are deprived of.

Subsidization of fees: There is a need to subsidize the fees for transgender students. Due to non-cooperation from family members many a times they find it very difficult to support their education and continue with academic progress.

Availability of admission counsellors: Many a times the aspiring transgender students are not aware of the courses available at universities and there is a need for admission counsellors who can support and guide them regarding admission process and courses.

Gender Sensitization: Colleges and Higher Education Institutions should take adequate initiatives for organizing workshops and training programs for the sensitization amongst all students and academic staff regarding gender issues.
Access to washrooms: This was a major challenge identified by the transgender students and there should be availability of unisex washrooms so that the transgender students do not have to struggle to use the washroom of their choice.

Skill Building: More emphasis should be given on vocational training and skill building to enable the community to be self- reliant. Training them on areas where they could be interested such as computers, designing, arts crafts, cooking, handloom can enable them to start their own ventures.

Conclusion

The findings of the study are quite relevant for policy formulation and incorporation of non-discriminatory policies. Since in India there is serious lack of consideration and inclusion of this excluded group, it would enable the management of Higher Education Institutions and policy makers to understand the requirement of transgender students and incorporate policies for facilitating their education and quality of life.

Authors recommend that policies should be formulated at higher education level to provide them a safe environment so that they can be included in higher education varsities.

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The Impact of Covid-19 On Suicide Ideation Among the Elderly

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Abstract

Background: The effects of the coronavirus disease 2019 (COVID-19) pandemic on suicide among older persons and suggests methods for a comprehensive strategy to avoid suicide. There was connection between the rise in suicide rates among this population and the worries, concerns, isolation, loneliness and fears associated with COVID-19.
Aim: This is aim to examine the connections between elderly people's suicide and its potentially detrimental effects of COVID-19 on older people' risk of depression and suicide.
Conclusion: Because of social isolation and a lack of emotional support from friends, family, and relatives, the COVID-19 crises' psychological repercussions might raise the risk of suicide in Elderly.
Key Words: COVID-19, Pandemic, Ageism, Psychological, Suicidal Ideation, Vulnerabilities, loneliness, etc.

Introduction: Suicide deaths among Elderly occur at an alarming rate. This tragic phenomenon is more prevalent in elderly men, especially those over the age of 80, especially when they are dealing with diseases like chronic pain and dependency on others, but it may also happen when they are lonely, feel abandoned, or have lost their sense of purpose in life. All of these issues are risk factors for suicide; some of them may be managed and their effects reduced, while others can just be too much for people and their families to handle.

Pandemics like the Covid-19 have been described as having significant psychological effects in addition to the physical consequences in death rates, among which anxiety, panic, adjustment problems, depression, chronic stress, and sleeplessness are some of the main symptoms. The primary issues raised were feelings of vulnerability, loneliness, and anxiety, which were made worse by the requirement of social isolation. Many people lived alone since their children had left the home, and younger family members were reluctant to visit.

Global Aging, Longevity and Suicide: Globally, suicide rates have decreased, while health care availability and quality have both increased. However, elderly adults continue to have the highest suicide rates in the world. Suicide rates often rise steadily with age, especially among men, and this pattern may persist even among ultra-centenarians. Globally, there were 16.17 elderly suicides per 100,000 people in the age range of 50 to 69 and 27.45 elderly suicides per 100,000 people in the age range of 70 or older in 2017.

Loneliness and Social Isolation- Psychological Consequences: In older persons, loneliness and social isolation are all too prevalent and frequently co-occur. Social isolation is characterized by the volume and regularity of one's social interactions, as opposed to loneliness, which pertains to subjective sensations. According to a widely recognized definition, social isolation is an objective condition that reflects people's social contexts and interactional patterns, whereas loneliness is described as the subjective sense of being alone. According to studies, social isolation and loneliness have diverse effects on health yet both might have negative effects through both common and unique mechanisms.

The COVID-19 pandemic's perceived social isolation has had a remarkable worldwide impact and serious psychological repercussions. Numerous factors have the potential to have an impact on people's mental health, including lifestyle changes, feelings of loneliness, job losses, financial hardship, and sadness over the loss of loved ones. It is crucial to provide exact and clear information about the issue and how to handle it in an uncertain environment.

Social isolation and loneliness are linked ideas that frequently coexist; isolation can cause loneliness, and vice versa. In recent years, loneliness has become a social problem. It has been connected to melancholy, anger, and an obsession with negative self-thoughts, as well as a 26% increased chance of dying young. According to research, this is an issue that has been becoming worse in developed nations, affecting around one-third of the population overall and 1 in 12 individuals severely. Additionally, it seems that everyone is equally at risk of loneliness and that socioeconomic class and money are not protective factors.

Suicidal Ideation in Elderly: The most effective way to stop further attempted and completed suicides is to identify and treat suicidal ideation as soon as it arises. Suicidal thoughts, plans, and attempts are typically viewed as the prodrome for later suicide. There is evidence that social crisis is linked to an increase in an ageing society's suicide rate. For instance, during the SARS pandemic in Hong Kong in 2003, the rate of suicide among older individuals saw a significant upturn from a prior decreasing trend. Older individuals have been disproportionately impacted by the COVID-19 pandemic since the outbreak because they make up a disproportionate number of COVID-19 hospitalized patients and have a higher risk of developing serious complications and a higher mortality rate.

The pandemic containment measures have made Elderly even more vulnerable; for instance, physical separation and restrictions on social interactions increased the risk of loneliness and social isolation, and the lockdown and suspension of public transportation made it more difficult for Elderly to access healthcare. As a result, there are growing worries about older persons' mental health issues, suicide ideation, and actions during the COVID-19 epidemic. On the other hand, research on suicidal thoughts in general populations of many nations has been considerable. The prevalence of suicide thoughts is lower in older persons than in younger adults, according to previous research, which is a consistent result. However, imply that psychological crisis intervention services are less important for suicidal older persons since, in contrast to younger adults, It is more likely that Elderly will commit suicide using instantly deadly means with greater forethought and determination.

The COVID-19 epidemic can be contained thanks in large part to psychological crisis intervention. Evidence suggests that the majority of suicidal individuals do not seek assistance, with a lack of perceived need for therapy serving as one of the main obstacles. It is equally vital to look at both

suicidal thoughts and mental health help-seeking behaviours among suicidal older individuals in order to support the design and development of suitable mental health services for older persons throughout the pandemic. Sadly, there is a dearth of information on the pandemic's suicidal older persons' habits towards seeking mental health assistance. During the COVID-19 epidemic, this study looked at the prevalence and correlates of suicide thoughts among older persons, as well as how these individuals evaluated their need for mental health treatment and how they went about getting it.

Ageism and COVID-19 Pandemic: In every country, the COVID-19 pandemic continues to have a significant negative impact on older persons in terms of their physical, psychological, and social well-being. More than 80% of the COVID-19-related deaths during the first wave of the pandemic were in long-term care institutions which has had a particularly negative impact on residents (Royal Society of Canada, 2020). Significant media attention, official communications, and academic study were all sparked by the outbreak. Public discourse has the ability to reshape societal representations, establish norms and expectations that affect human experience (e.g., media coverage, government communication). It is crucial to look at how older persons were affected by the public debate that followed the COVID-19 outbreak. Research conducted before the epidemic showed that views and preconceptions about older people are promoted both consciously and unconsciously in public discourse.

The Pan American Health Organization (PAHO, 2020) stated in 2020 that the health systems in the Caribbean and Latin America were not meeting the requirements of older people and that service delivery in these regions needed to be adjusted, particularly in light of the COVID-19 epidemic. While everyone is at risk of contracting COVID-19, the likelihood of older people developing severe disease after infection is much higher, with those over 80 years old dying at five, *the average rate.* A United Nations Report highlights

"The Impact of COVID-19 on Older Persons" suggests that this may be due to underlying conditions, which affect 66 per cent of those aged 70 and over. The majority of COVID fatalities in the Americas occur in adults 70 years and older, followed by those between 60 and 69 years old"

According to Ward et al. (2020), Elderly may be particularly prone to suicide in a pandemic context with social lockdown due to a larger perception of social isolation, physical distance, and loss of customary social opportunities, as well as a higher risk of anxiety and sadness (Santini et al 2020). These writers argue that cultural references may be the cause of older people's unfavourable impressions and emotional pain.

Age-Related Vulnerabilities: Numerous social, psychological, and environmental risks are associated with ageing. Elderly are more susceptible to the effects of a national crisis like a pandemic because of decreased sensory awareness, physical impairment, chronic medical conditions, and socioeconomic constraints, according to extensive research on the long-term effects of disasters on their physical well-being. The resource hypothesis contends that aged people's reduced socioeconomic level and diminished functional capabilities make them less likely to recover quickly. Similar to this, the exposure hypothesis contends that because older persons have a harder time recognizing triggers or warning signs, they are more likely to feel deprived as a result of their losses.

Conclusion: It is believed that both risk and protective factors are important determinants and contribute significantly to the prevention of suicide. Suicidal thoughts and suicide may be influenced by, among other things, the psychological effects on relationships and a fear of social isolation.

Although a causal relationship between loneliness, fear, and anxiety sensations and a spike in suicidal rates is difficult to prove, these emotions might serve as a trigger for suicidal thinking and suicide.

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