

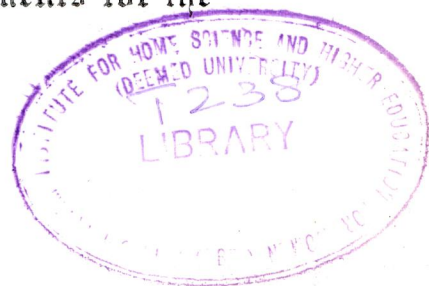
Functioning of Family Counselling Centre as Perceived by its Beneficiaries

By

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Introduction

INTRODUCTION

"Marriages are made in the Heaven,
Broken in Homes and Rebuilt in
Counselling Centres"

- National Institute of
Public Co-operation and
Child Development

A family is a group of persons related to each other by blood, marriage, or adoption and constituting a social system whose structure is specified by familial positions and whose basic societal function is replacement (Robert, 1984).

In today's fast moving and complex civilisation, more and more people in families and individuals are facing crisis situation in their day-today lives. Arimpoor (1992) exhorts that the changing patterns in society, families and individuals behaviour; changing family functions - transmission of culture and relationship between adults and between parents and children; changing role of women drive for egalitarianism in employment and education, conversion of joint families and extended families into nuclear families are some of the factors which affect the families' function.

Sarala (1983) from her study with the women in New Delhi reveals that every fortnight a bride in the capital (Delhi) loses her life and in a week three others complain of harassment because they did not bring sufficient dowry. Subramanyam's (1989) study brings to light that children had left their homes to escape from intolerable home situations. They had unsatisfactory interpersonal relationship with their family members.

According to Malhotra(1991), the beginning of 1980's witnessed a spurt of dowry deaths and violence against women. Hussain (1985) reported that the complex structure and functioning of our society has proved to be too taxing for individual's adjustive capacities with the demands of the environment.

Nelson (1982) said that human suffering can be mitigated if timely assistance is provided to individuals to help adjust themselves better and resolve their problems before they reach explosive proportions. However, they need a place- a home away from home-where they look for solace,

guidance, counselling, solution and reintegration into the mainstream of life.

It was against this background that the Central Social Welfare Board formed Voluntary Action Bureaux in every state, and helped voluntary agencies to start family counselling centres which offer professional services to those in problems situations (Malhotra, 1991).

According to Mascarenhas (1989) counselling is helping a normal person who is unhappy or anxious. The major objective of all counselling is to help individuals become self-directed and to adjust themselves efficiently to the demands of a better and meaningful life (Rao, 1987).

Smith (1988) views that in counselling individuals are provided assistance to enhance their personal, social, emotional and intellectual development. Therefore, the counsellor's services are preventive, developmental and therapeutic in nature. According to Mohideen (1988) there are three types of counselling namely - supportive which provides emotional support, educative which enhances sharing concepts to stimulate thinking and understanding and reconstructive which enables the beneficiary to work on deep personality changes.

Verma (1986) pointed out that apart from counselling the family counselling centre also provide services like short stay facility, free legal aid, vocational training and police assistance etc. and settlement of cases out of court. According to Mohideen (1988) successful counselling depends on how the counsellee co-operates and how the counsellor evinces sincerity and honesty. In the words of Rogers (1982) "effective counselling consists of a definite structured permissive relationship which allows the client to gain an understanding of himself to a degree which enables him to take positive steps in the light of his new orientation".

Malhotra (1991) said that the Voluntary Action Bureau at the centre monitors the progress of the family counselling centres and Voluntary Action Bureaux in the states and guidance is provided to them as and when required. The counsellors in the state Bureaux and the field officers of the Board pay periodic visits to the Family Counselling Centres and provide them guidance in the implementation of the scheme. The sub-committee of the family counselling centre reviews the work of the family counselling centre. Quarterly, half-yearly and

annual reports are sent to the State Social Welfare Board and Central Social Welfare Board, specifying the nature of the problems and how they were tackled (Jain, 1989).

Now there are 208 Family Counselling Centres in India. Any programme needs to be evaluated in terms of its functions, if changes will have to be made for its effective functioning. This study aims to know the functioning of Family Counselling Centre as perceived by its beneficiaries. The main objective of this study is to elicit the views of the beneficiaries of the Family Counselling Centres in terms of benefits gained, difficulties encountered and suggestions for future.

Review of Literature

II REVIEW OF LITERATURE

The literature related to this study on "Functioning of Family Counselling Centre as Perceived by its Beneficiaries" are reviewed under the following headings"

1. Meaning of Counselling
2. Goals of Counselling
3. Purpose and Objectives of the Family Counselling Centres
4. The functioning of the Family Counselling Centres
5. Types of Problems Met by the Beneficiaries of the FCCs.
6. Status of Counselling in India

Meaning of Counselling

According to Willey and Andrew (1985) "Counselling is a mutual learning process". It involves two individuals - one seeking help and the other a professionally trained person helping the first to orient and direct himself towards a goal which leads to maximum development and growth in his environment.

Ohlsen (1984) writes "Counselling is accepting, trusting and safe relationship in which clients learn to discuss openly what worries and upsets them to define precise behaviour goals, to acquire the essential social skills and to develop the courage and self-confidence to implement desired new behaviour".

Hann and Maclean (1985) define "Counselling as a process which takes place in a one - to - one relationship between an individual beset by problems with which he cannot cope alone and a professional worker whose training and experience have qualified him to help others reach solutions to various types of personal difficulties. In the words of Dave (1984) "Counselling is a scientific process of assistance extended by an expert in an individual solution to a needy person".

2. Goals of Counselling

Individuals have wide - ranging expectations regarding counselling. They expect counselling to enable them to face their problems, find solutions for them, help improve themselves, and so on. The

expectations of different individuals vary significantly. What specific expectations a client has depends on several factors such as clients seeking external assistance to find solutions to their problems. Others strive to solve their problems primarily through self-improvement (Carole, 1985).

Narramore and Clyde (1987) view that individuals expect counselling to significantly better their life patterns and help them, adjust to changing situations.

Schneiders and Alexander (1981) reported that the expectations from the FCCs of students, parents, teachers and administrators overlap. All are concerned with the improvement of academic performance and reduction in tension in addition to other things. What is most significant in practically all cases is that they are impatient and want immediate solutions to their problems.

Counselling can help those who are prepared to help themselves and those who want to be helped, but

it cannot change human nature magically (Small, 1982). Zastrow et al., (1984) reported that counselling, properly appreciated and understood, would help dispel most of the false expectations and foster healthy attitudes towards counselling in society, which in turn would help in the efficient functioning of counselling. The goal of counselling is to help individuals overcome their immediate problems and also to equip them to meet future problems (Rao, 1987).

According to Mascarenhas (1989) the goals of counselling are:

- To provide a supportive, accepting and emphatic relationship so as to help the person feel comfortable in seeking help and not feel that it is wrong to have a problem.
- To help reduce the level of anxiety a person has when confronted with a stressful situation
- To help the person accept responsibility for his problem and deal with it

- To enable the person to explore possible approaches in dealing with his problems and equip him to cope with any future problems he may encounter

- To help build a sense of worth, significance and security so that the person may be able to adjust and adopt himself effectively to his day to day living

While Wolpe (1980) feels that the goal of counselling is to relieve the suffering and disability of the clients. Shoben (1985) views it as personal development. According to Rogers (1982) an important outcome of counselling is that the client feels less anxious about the possibility of achieving his goals. Rogers (1983) further holds that counselling produces a change in personality organisation and behaviour, both of which are relatively permanent.

Mueller (1982) views that the "Promotion and development of feeling of being liked, sharing with, receiving and giving interaction rewards from other human beings is the legitimate goal of counselling."

Blocher (1980) adds two other goals. The first, according to him, is counselling should maximize individual freedom to choose and act within the conditions imposed by the environment. The other goal is that counselling should increase the effectiveness of the individual responses evolved by the environment.

3. Purpose and Objectives of Family Counselling Centres

According to Arimpoor (1992) the purpose of the family counselling centres are:

- Enhancement of the quality of the life, through adaptive balance between human-beings and their ecological environment.
- To strengthen and supplement family life where particular needs have been identified.
- To provide rehabilitative when the individuals or family's adaptive capacities are weakend or lacking.

- To prepare individuals and families for meeting a spectrum of developmental life tasks through services aimed at preventing problems and crisis strengthening family coping skills and developing accessible resource networks.

According to Prasantham (1988) the objectives of the Family Counselling centre are as follows:

- To provide services to battered, exploited, women with physical and emotional problems and women from lower socio-economic families.

- To prevent children from exploitation and to provide services to abused children, delinquents, school drop-outs, slow learners, children with phobias and children with behavioural problems.

- To help youth with role-conflicts, alcoholic and drug abuse, sexual problems, marital adjustments, ambiguities in taking up a career etc.

- To prepare young girls and boys for the biological changes occurring during puberty and to prepare their parents to manage the adolescent problems.

Family Therapy

The Genogram has become a basic tool in many family therapy approaches. A genogram is pictorial chart of the people involved in a three generational relationship system which marks marriages, births, deaths, geographical location and illnesses. All significant physical social and psychological dysfunctions may be added to it (Guerin, 1989).

According to Arimpoor (1992) Genogram is used to examine relationships in the extended family complex. The genogram is the first step for a therapist to take in understanding his or her own family as well as families in treatment. Once the genogram has been developed and understood counselling them becomes easier.

There seems to be relatively few research studies on the efficacy of family therapy, and those which have been conducted are generally lacking in sophistication. Some studies are based on clinical estimates of improvement with no independent measures and no control groups. For example Kaffmann (1978)

reports that only 29 families out of 90 were found suitable by him for short-term family therapy (lasting 10 sessions). Of the 29 families, 10 were rated as showing total symptomatic improvement and 15 as showing considerable or moderate improvement, three were unchanged, none was worse and one discontinued treatment. The overall rate, therefore was 86 per cent moderately or totally improved.

Marital Therapy

Marital Therapy can be defined as a form of depth treatment which not only deals with the intrapsychia dynamics of each spouse but also examines the interlocking nature of the marital bond (Ghorpade, 1988).

Marital partners should be treated together, partly because when a marriage is a serious trouble, the likelihood of divorce is greater if the partners go to two different therapists or if only one goes for therapy (Whitaker and Miller, 1980).

Divorce Therapy

This is a relatively new therapeutic approach which is designed to help partners disengage from their

relationship with a minimum of destructiveness to self, the mate and the children and with the freedom to form a new relationship. The emotional turmoil surrounding such issues as child custody, visitation rights and division of property are better handled in a therapeutic rather than a legal atmosphere. Its use is growing rapidly because of the rising rate of divorces in most of the countries (Minuchin, 1983).

There are many cases in which one of the spouses finds it difficult to live with the other spouse. It may be because of adultery, cruelty, desertion for a continuous period and unsoundness of mind (Chari, 1987). The Dowry Cell might tackle issues like return of Stridhana properties and reunion of families (Arimpoor, 1992).

Psychotherapy

According to Desai (1981) psychotherapy is a situation designed to make it possible for a client to learn to be close to another person without getting hurt. The therapist permits the client to use him to learn how to be intimate but he does not make reciprocal demands of a personal character such as

those involved in friendship or marriage, for those would be too threatening to the client. The therapist may make formal demands but not personal ones.

Rehabilitation

The rehabilitation of drug addicts is another basic approach which involves not only therapy but also re-adjustment to a normal life and social re-integration (Bhatnagar,1987).

In a sample of 195 boys, Loeber and Schmaling (1983) found that boys who engaged in both overt anti-social behaviours (fighting) and covert anti-social behaviours (e.g. stealing and drug use) came from families with the greatest disturbance in child rearing practices. According to Sain (1990) play grounds, library facilities, excursion, dramatic and other co-curricular activities, provision of health service and sex education, guidance and counselling units, science, history and geography clubs, social service, N.C.C, sports, dance and music are some of the activities the teachers can organise to channelise the energy of adolescents. The active

involvement in these activities keeps them away from the drugs and addicts.

In the De-addiction centre family therapy and group therapy play a crucial role in keeping addicts drug free. From April 1989 to March 1990 the readdiction centre in Gujarat provided 909 group counselling and 10,434 individual counselling (Patel, 1990).

A study of 100 addicts treated at Delhi Police "Navjyoti" de-addiction clinics reveals that 20 per cent of the addicts are below 20 years, 34 per cent in the 20 and 24 age years group and 36 per cent in the 25 to 29 years group. Ten per cent illiterate and 82 per cent were graduates (NIPCCD, 1988).

Due to sexual deprivation, usually man starts to drink. It may be due to premature ejaculation, inability to perform in sex, partners problems such as frigidity and vaginism. If he take treatment for alcohol without curing sexual problems, he will be unable to stop drinking (Ganesan, 1985).

Education and Vocational Training for Women

The Central Social Welfare Board introduced a plan scheme entitled "Condensed courses of Education for Adult women" in 1958 - 59 during the second plan period. Later during the Fifth Plan period, a component or vocational training was introduced into this programme with the added aim of equipping the women folk with employment seeking / self employment capability.

Under this composite scheme assistance is provided to voluntary welfare institutions which have some experience in conducting educational/training programmes in addition to their normal welfare activities. For admission in a course, a voluntary organisation invites applications from socially handicapped and other deserving needy women (Kapoor, 1990).

Rao (1987) views that most of the problems dealt with by counsellors are concerned with making educational and vocational choices. Vocational guidance is related to giving detailed and essential career information concerning different vocational

avenues, limitations and prospects of vocational development.

Professional Preparation and Training for Counselling

For making the counsellors professionally competent, suitable training programmes have to be evolved and implemented (Rao, 1987).

There have been several attempts to classify the important competencies necessary for an effective counsellor. Menne (1975) identified 132 competencies through an open-ended questionnaire with counsellors and therapists. Lechowicz and Gazda (1975) conducted a survey of opinions of experienced counsellors to identify counsellor competencies and training objectives.

Jones and Dasyton (1977) reported that a major goal of the counselling programme was the improvement of the pre-and in-service training. Prior to 1980, there was no specialized formal preparation in counselling and guidance. Since 1980, selected trainees with a relevant degree (e.g. psychology) undergo a one year training programme in counselling and guidance services (Mansour, 1981).

5. Types of Problems met by the Beneficiaries of the FCCs

1. Marital problems

- a. Adjustment to a mate
- b. In-law conflicts
- c. Sexual conflicts
- d. Wife beating and battering
- e. Alcoholism
- f. Dowry
- g. Divorce
- h. Extra marital relationship, Bigamy and prostitution

2. Economic Problems and

3. Psychological Problems

1. Marital Problems

a. Adjustment to a mate:

According to Hurlock (1990), a woman for example, whose childhood home life was that of a typical nuclear family may and very likely will find it difficult to adjust to the conditions and problems that arise when she marries a man from a joint or an elongated family background.

Glick (1981) reported that people who marry during their thirties or in middle age frequently require a longer time for adjustments and the end result is often not as satisfactory as in the case of those who marry earlier. However, those who marry in their teens or early twenties tend to make the poorest adjustments of all as shown by the high divorce rate among those who married at these ages.

Gilbert (1982) found that well adjusted couples have more similar values than those who are poorly adjusted. Hassett (1983) views each mate has a definite concept of the role a husband and wife should play. When role expectations are not fulfilled, conflict and poor adjustments result.

According to Glenn et al., (1983) a husband and wife who have the habit of not expressing affection will have difficulty in establishing a warm and close relationship because each interprets the other's behaviour as an indication of "not caring".

b. In-law adjustments:

With marriage every adult acquires a whole new set of relatives - the in-laws. These are people of different ages ranging from babies to the elderly,

who often have different interests and values and sometimes markedly different educational, cultural and social backgrounds. Both spouses must learn to adjust to their in-laws if they are to avoid frictional relationships with their spouses

Burke (1982)

Renne (1980) reported that the in-law trouble is especially serious during the early years of marriage and is one of the most causes of marital breakup during the first year. Polit (1984) views that in-law trouble is more serious in families where there are no children or only a few children than in large families, where the in-law is often welcome.

c. Sexual Adjustments:

One of the major adjustment problems in marriage is sexual adjustment. Chilman (1984) reported that for women, sexual adjustments tend to be more difficult to make and the end results less satisfactory than for men.

Rubin (1986) has explained why women find sexual adjustments especially difficult: "Socialized from infancy to inhibit and repress their sexuality, women cannot switch to uninhibited enjoyment as the changing culture of their husbands dictate".

d. Wife beating and battering:

According to Kohli (1985) the gravity of beating or causing hurt is considered on the gravity of the offence. Slapping of a wife or beating her with a weapon such as stick, an iron rod or any sharp edged thing for causing hurt is assessed for offence in accordance with the gravity and intention to hurt by the offender. Parker and Schumacher (1983) defined wife abuse or battering as a "Symptom complex of violence in which a woman has, at any time, received deliberate, severe and repeated demonstrable injury from her husband.

While wife abuse was initially considered to be a problem of the lower socio-economic classes (Goode, 1971), research now demonstrates that wife abuse crosses all socio-economic strata (Straus, 1986). Powered by the feminist movement, recognition of the pervasiveness of wife abuse has led to stronger legal

support for the rights of abused women and programs designed to help the abused wife (Costantino 1980; Nichols 1976; Mcshane, 1979).

Straus et al., (1980) provided strong documentation for their view that wife beating is part of the way of life for American families. They also noted, however, that violence between husband and wife is not a one-way street. While husbands perform almost all types of violent acts more often than wives do, wives are more likely than husbands to kick or hit with objects. They concluded that wives are victimized by violence in the family to a much greater extent than husbands, and consequently should be the focus of remedial efforts.

Another interesting study conducted in a village in Punjab by Amarjit (1986) has shown that wife beating is not confined to the lower segments of the society. Though it is more frequent and severe among them, frustration due to economic hardships, drinking and interference by in-laws precipitate conjugal violence which is directly against the wife because she is physically weak, economically dependent and

socially enjoys low status but the wives do not identify the basic reason. These wives feel that their husbands are normal when sober but become mean and violent animals under the influence of liquor. The male respondents treated wife beating as instrumental violence.

Each year in the United States, 3 to 4 million women are beaten in their homes by their husbands or ex-husbands, boy friends or lovers. This includes approximately 1.8 million women living in couples and a third of the 6 million or so women who are separated or divorced. Another 3 to 4 million women have been beaten in the past and remain in abusive relationships (Straus et al., 1980).

Battered women divorce frequently, seek counselling and report their attacks and injuries to friends, relatives, police, physicians, and social-workers apparently without evoking much concern (Nielsen et al., 1979). Renvoize (1978) views that another largely untested psychological theory is that family violence is transmitted intergenerationally, from battered children who become battered or battering adults.

Stark et al., (1979) exhorts that battering is the most frequent precipitating cause of female suicide attempts when family conflicts are present and probably precipitates depression and general hostility. Martin and Brenner (1977) reported that battering can be linked to business cycle to class, to cultural differences, to race, and to stages in the life-cycle.

Studies show that abuse increases slightly with income, that it is as common in wealthy as in poor communities and that middle and working class parents use force equally (Harris 1979; Flicraft 1977; Walker 1980). Lachman (1988) believes that **b**attering peaks when economic and family pressures coincide (for example the birth of the second child).

Physically more powerful than women, men are trained to use force while women are taught to passively accept their status as male property (Martin 1977; Abrams 1978). Carlson and Bonnie (1979) studied a sample of 101 women who asked for assistance. The data include:source of referral, marital status, race, age, education, employment, alcohol and drug abuse, previous actions taken and incidence of assault. The author concludes that

financial and interpersonal stresses lead to domestic violence more often than intra-psychic factors.

Higgins and John (1980) in the United States of Canada interviews with 20 counsellors who work with violent spouses and their victims suggest, there are two phases in the sessions: The initial phase, in which the clients ventilate their feelings, and the second phase in which they choose alternatives for action. The weakest feature of wife abuse counselling is the small number of men requesting help.

e. Alcoholism:

The most recent figure for annual cost to the world of drug abuse is US 300,000,000,000 three hundred thousand million dollars (Jiloha, 1990).

As a report says, Delhi University has 33 per cent drug addicts whereas one fourth of population of Allahabad University students have been reported to be drug-addicts. Students studying in colleges of Bombay frequently use drugs and they mostly belong to rich and influential class or are staying in hostels (Sain, 1990).

A report of survey of heroin abuse in Manipur South District conducted by a team of ~~doctors~~ reveals that about 67 per cent of the addicts were high school students and 28 per cent were college students and six per cent were employees. The study showed that a majority of the addicts were christian tribals with a highly permissive and westernised socio-cultural background (NIPPCD, 1990).

According to Jayachandran (1990) the drug user considers himself as a person with drug problem and not as one with a psycho-social problem. But the psychotherapeutic approach lays emphasis on personality development, process of adaptation, adjustmental problems and the interaction of environment.

The teacher should respect and recognise the personality of the students because a student who is neglected both at home and school develops the feeling of worthlessness, inferiority, lack of belonging and consequent insecurity, all paving the way for neurosis, dlinquency and drug addiction (Sain, 1990).

According to Sharma (1990) the temptation to use drugs may also be influenced by family members or close relatives. The best way to fight drug use is to begin preventive efforts before children start drugs or take to smoking.

In the course of the last few years the media has been playing a cardinal role in creating awareness about the long-term hazards of drug abuse. The major break through in this regard has also been made by Doordarshan. Apart from Doordarshan, All India Radio has also been broadcasting talks, discussions, skits and the like, highlighting the grave consequences of drug abuse (Patel, 1990).

Radhakrishnan (1988) views that apart from physical treatment the person needs mental and moral support. He needs psychotherapy. He must be counselled to start believing in himself once again so that he is gradually but completely rehabilitated.

f. Dowry

A major cause of domestic tension for many of the women were the constant demand to get more money from their parents. The dowry that they had brought was

considered insufficient, specially in those cases where the in-laws later discovered that they were richer than they had thought (Mehta, 1985).

During the year 1985, a special cell exclusively for dealing with dowry harassment cases came into existence at district level. In the city of Madras, dowry cell was formed with effect from 2nd September 1985. The cell receives petitions from the victims directly or presented on their behalf (Arimpoor, 1992).

g. Divorce

Marriage traditionally regarded as a life long family bond is now crumbling fast (Sahai, 1985).

According to an estimate in 1987, there are as many as 65 lakhs divorce cases pending in District Courts all over the country. The number of cases pending in High court is 1.5 lakhs. From the experiences and the data of "Marriage reconciliation Board in Delhi", it is found that most of the divorce cases came from the middle class (Dixit, 1989).

H. Extra Marital Relationship, Bigamy and
Destitution:

Bigamy is the type of marriage in which one man marries two women. Apart from the wife, man having relationship with some women is known as extra marital relationship (Mukhi, 1982).

A large group of destitute women are widows and deserted women who have no means of support for themselves or for their children. They swell the ranks of beggars and are exploited for immoral traffic. The Department of Social Welfare has estimated that about one lakh women, in the age group 20 to 44 years join the ranks of destitutes every year (Datta, 1988).

2. Economical Problems

Hurlock (1990) views that an economic status below the expectations of either or both mates is a hazard to good marital adjustments, especially when the family is large and money worries are constant.

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According to Arimpoor (1992) marital adjustments are also threatened when the woman has chosen her husband because she believed that he could help her rise above her status. Pearlin (1985) reported that when the socio-economic status of the wife's family is higher than that of the husband's family or vice versa, it can and often does cause friction not only between husband and wife but also with in-laws.

According to Mueller and Booth (1987) if a husband is unable to provide his wife and family with the material possessions they want, they may feel resentful of him, and a frictional attitude develops. Sloane and Nord (1987) views that many wives faced with financial problem, take job to provide the family with material possessions. Many husbands object to this because they feel that others will think they are unable to provide for their families as well as husbands of non-working wives do. Some times the arguments over money lead to divorce. A counsellor can help them to resolve money problems through open communication, shared decision-making and planning ahead (Arimpoor, 1992).

3. Psychological Problems:

The success with which adults adjust to the problems of adult life has an effect on their self-concept and through them, on their personalities. The more successfully they adjust, the more favourable their self-concepts will be and the more self-confidence, assurance, and poise they will have (Mathes, 1982).

One of the major problems many adults face is personal attractiveness and the role it plays in vocational, social and marital life. Feelings of inadequacy are the usual accompaniments of failures in adjustment. Under such conditions, adults tend to be anxious, dissatisfied and unhappy. This is often expressed in suicidal tendencies (Berscheid, 1984)

6. Status of Counselling in India:

Counselling is not a novel institution in the Indian context. The first counsellor was Lord Krishna himself and Bhagavad Gita embodies the finest principles of counselling for people of all lands, all ages and of all times. The Gita explains how Arjuna, whose mind was in great conflict, was helped to overcome this conflict through an insight into himself. The conflict was resolved through self-understanding (Rao, 1987).

Now, in the changing society an overview of the stages of development would show that each stage has its own unique problem and consequently the need for services varies according to age epochs. No single unit or agency can provide all type of guidance and counselling to all type of problems (Abrol, 1991).

In India, guidance and counselling services are being provided through child guidance clinics/centres school counselling schemes and community based programmes being implemented by Governmental and non-governmental agencies. A survey conducted by NIPCCD estimates that there are about 89 child guidance centres in the country. All the clinics are providing counselling services and majority is engaged in psychological assessment and medical treatment (NIPCCD, 1991).

When the early guidance movement which was pragmatic in its outlook, developed into a powerful counselling movement, the importance and need for a sound theory came to be actually felt. Therefore, the attention of counsellors was naturally drawn. The different approaches adopted by guidance workers and counsellors have led to different approaches to counselling (Keller et al., 1981).

By the end of 1990 as many as 114 family counselling centres were sanctioned in the states and union Territories. Since the inception of the programme of Voluntary Action Bureau (Family Counselling Centres). The board has spent over Rs.136 lakhs over Rs.37 lakhs on the Bureaux and over Rs.99 lakhs on the centres (Malhotra, 1991).

Guidance and Counselling services in India are very scanty. In this context, the role of Family Counselling Centres under the sponsorship of the CSWB is significant. Studies are needed to assess its efficacy and strengthen its weak links.

Methodology

III METHODOLOGY

"The functioning of the Family Counselling Centre as perceived by its beneficiaries" is presented under the following headings:

- A. Selection of the Area
- B. Selection of the Sample
- C. Selection of the Tool
- D. Conducting the Study and
- E. Analysing of the Data

A. Selection of the Area:

In order to study the perceptions of the beneficiaries on the functioning of Family Counselling Centre, five Family Counselling Centres were selected from the three cities namely Madras (3), Madurai (1), Coimbatore (1) which are aided by the Central Social Welfare Board. The names and addresses of the selected Family Counselling Centres are:

- i. Punjab Association,
170-172, Peters Road,
Royapettah,
Madras-600 014.

- ii. Voluntary Action Bureaux,
Tamil Nadu Social Welfare Board,
485, Anna Salai.
Nandanam, Madras-600 035.
- iii. Women's Indian Association,
No.29, Ayyasamy Street,
Nehru Nagar,
Chromepet, Madras-600 044.
- iv. Madurai Institute of Social Work,
9, Alagar Kovil Road,
Madurai-625 002.
- v. Young Women's Christian Association,
Mano-Shanthi,
Family Counselling Centre,
Avinashi Road,
Coimbatore-641 018.

B. Selection of the Sample:

The sample comprised of the beneficiaries of the Family Counselling Centres. Hundred samples were selected randomly from five family Counselling Centres.

Twenty beneficiaries were selected from Punjab Association, ten from Voluntary Action Bureaux, twenty from Women's Indian Association, seventeen from Madurai Institute of Social Work, thirty three from Young Women's Christian Association who were attending the family counselling centre since January 1991 were selected for the study.

Through the counsellors, the beneficiaries were contacted on telephone and through letters. They were asked to come to the Family Counselling Centre on different dates for direct personal interview.

C. Selection of the Tool:

In order to assess the Functioning of Family Counselling Centre as perceived by the beneficiaries the investigator used an interview schedule. According to Gupta (1990), there is face-to-face contact with the persons from whom the information is to be obtained in the interview method. The interviewer is able to ask questions pertaining to the survey and collected desired information of original character. The advantages of personal interview are:

- Response is more encouraging as most people are willing to supply information when approached personally.
- The information obtained by this method is likely to be accurate.

The interview schedule used for this purpose is presented in Appendix I. This interview schedule included the background information of the beneficiaries, problems met by them, type of services received from the Family Counselling Centre, benefits accrued, further services they desired from the Family Counselling Centre, their views on visiting the Family Counselling Centre, desire to have continuous contact with the Family Counselling Centre, their attitude towards effectiveness of the Family Counselling Centre and their opinion about the general administration of the Family Counselling Centre.

D. Conducting the Study:

A pilot study was conducted with ten samples to find out the suitability of the tool to the beneficiaries. It was found that the beneficiaries were able to answer all the questions framed, without any difficulty. After getting the permission from the Secretary and Counsellors the investigator created a rapport with the beneficiaries and interviewed them.

E. Analysis of the Data:

The collected data was consolidated, organised and analysed in terms of income, type of family and occupational status of the beneficiaries.

Results and Discussion

IV RESULTS AND DISCUSSION

The results of the study on "Functioning of Family Counselling Centre as perceived by its beneficiaries" are discussed under the following headings:

A. Background Information of the Beneficiaries of the FCCs.

B. Beneficiaries' Opinion on the Family Counselling Centres

A. Background Information of the Beneficiaries of the FCCs:

The direct, personal, interview of the investigator with the beneficiaries revealed the background information of the beneficiaries and this was essential to comprehend their perceptions regarding the FCCs.

Table I indicates the background information of the beneficiaries of the FCCs.

TABLE I
BACKGROUND INFORMATION OF THE BENEFICIARIES
OF THE FCCs

S.No	Details	N - 100
1.	Sex:	
	Female	81
	Male	19
2.	Age in years:	
	15 - 20	11
	21 - 25	12
	26 - 30	31
	31 - 35	18
	36 - 40	13
	Above 40	15
3.	Religion:	
	Hindu	89
	Christian	8
	Muslim	3
4.	Type of family:	
	Joint	42
	Nuclear	58

S.No	Details	N - 100
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5. Educational qualification of the beneficiary:

Illiterate	6
Primary school completed	20
Higher secondary completed	57
Graduate	10
Post-graduate	7

6. Occupation:

Unemployed	53
Employed	47

7. Family Income:

Low income (below Rs.2000)	44
Lower middle income (Rs.2001 - 5000)	43
Upper middle income (Above Rs.5000)	13

8. Marital Status:

Male

Married	14
Unmarried	5

Female

Married	72
Unmarried	9

Out of hundred beneficiaries, 81 per cent were women and 19 per cent were men beneficiaries. Eleven per cent of the beneficiaries were between the age of 15 - 20 years, 12 per cent were between 21 - 25 years, 31 per cent between 31 - 35 years, 13 per cent were between 36 - 40 years and 15 per cent were above 40 years. One third of the beneficiaries belonged to the age ranged from 26 - 30 years, perhaps a vulnerable period to assert oneself amidst varied family problems. Among the hundred beneficiaries, 89 per cent of them belonged to Hindus; eight percent were christians and three per cent were Muslims.

Less than 50 per cent of the beneficiaries (42 per cent) were living in joint families and 58 per cent hailed from nuclear families. As for education, six per cent of the beneficiaries were illiterates, 20 per cent had education upto primary school, 57 per cent had completed Higher Secondary Education, 10 per cent were graduates and seven per cent were post-graduates.

While fifty three per cent of the beneficiaries were employed, 47 per cent were unemployed among the selected hundred beneficiaries.

It was found that 14 per cent of the male beneficiaries were married and five per cent were unmarried, among the 19 per cent male beneficiaries. Among the 81 per cent women beneficiaries 72 per cent were married and nine per cent were unmarried.

The background information of the beneficiaries of the FCCs obviously shows that women were attending the FCCs more when compared to men. This shows that women had more problems than men or it could be perhaps due to intolerable atrocities afflicted on women. It could be seen from Table I that among the beneficiaries more of those who had completed primary (20 per cent) and higher secondary completed (57 per cent) appear to have drawn help from the FCC than those of graduates, post-graduates and illiterates.

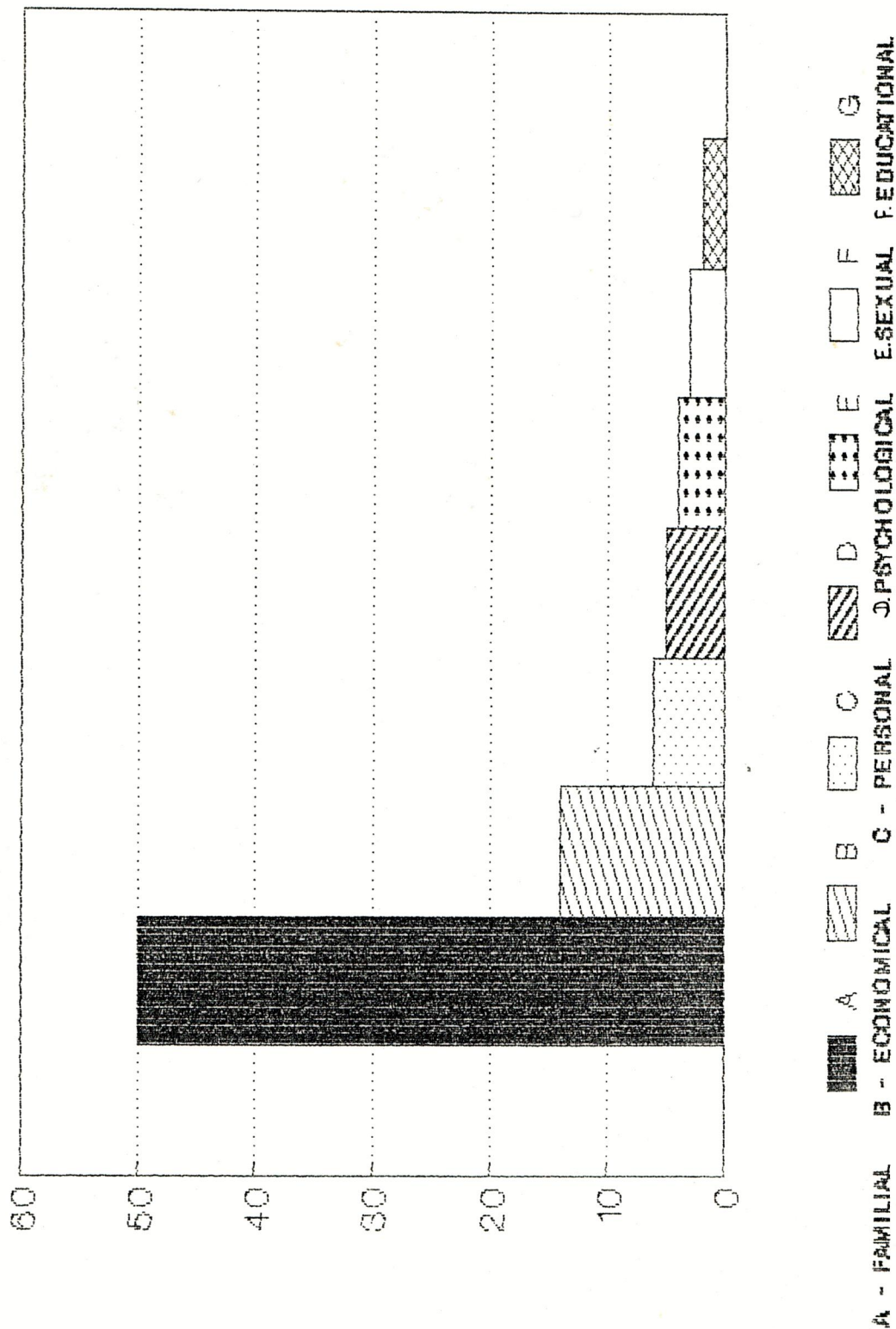
A higher number of the beneficiaries, (44 per cent) belonged to low income families, and to lower middle income families (43 per cent). The rest hailed from upper middle income families

(13 per cent). This may mean perhaps the low income and lower middle income groups faced more problems and sought help ofr resolving them. It is seen from the table that more married women (72 per cent) and men (14 per cent) attended the Family Counselling Centre than the unmarried women and men. Obviously the complexity of interaction between husband and wife would have subjected the married tomore problems than in the case of unmarried.

Problems of the beneficiaries:

Table II indicates the types of problems of the beneficiaries. (Fig. I)

TYPES OF PROBLEMS



G. SOCIAL

FIGURE . I

TABLE II
TYPE\$ OF PROBLEMS

S.No.	Types of Problems	N-100	%
1.	Familial	50	50
	a. Extramarital relation- ship/Bigamy	16	32
	b. Suspicion/Adjustment between spouses	14	28
	c. Desertion/Separation	6	12
	d. Illtreatment/harassment	5	10
	e. Dowry	4	8
	f. Wife beating/battering	3	6
	g. Alcoholism/drug addiction	2	4
2.	Economical	17	17
3.	Personal	11	11
4.	Psychological	10	10
5.	Sexual	6	6
6.	Educational	3	3
7.	Social	3	3

Highest number of beneficiaries (50 per cent) had familial problems. Among the beneficiaries, who had familial problems 60 per cent had extra-marital relationship, bigamy, suspicion and problems related to adjustment between spouses. Less number of the beneficiaries had dowry (four per cent), wife beating/battering and problems related to alcoholism. Seventeen per cent of them had economical problems, 11 per cent had personal problems, 10 per cent had psychological problems, six per cent had sexual problems and three per cent of them had educational and social problems each.

From the table it is clear that, most of the beneficiaries came to the Family Counselling Centre to resolve familial problems. Next to familial problems, economical, personal and psychological problems were greater in number. Less number of beneficiaries had sexual, social and educational problems compared to other problems.

Table III shows that the types of problems in relation to socio-economic status, occupational status and type of family of the beneficiaries.

TABLE III

TYPES OF PROBLEMS IN RELATION TO VARIABLES

Types of problems	Employed		Unemployed		Low income		Middle income			Nuclear		Joint	
	N-47	%	N-53	%	N-44	%	N-56	%	%	N-58	%	N-42	%
1. Familial	32	68	18	34	16	36	34	61		24	41	26	62
2. Economical	8	18	9	17	14	32	3	5		12	21	5	12
3. Personal	3	6	8	15	4	9	7	13		8	14	3	7
4. Psychological	2	4	8	15	3	7	7	13		7	12	3	7
5. Sexual	2	4	4	7	2	1	2	5		8	3	5	3
6. Social	-	-	3	6	3	7	-	-		1	2	2	5
7. Educational	-	-	3	6	3	7	-	-		3	5	-	-

Table III shows that among the employed beneficiaries, 68 per cent of them had familial problems, 18 per cent had economical, six per cent had personal, four per cent of them had psychological and sexual problems each. Among the employed none of them had social or educational problems. Among the unemployed beneficiaries, 34 per cent of them had familial problems followed by 17 per cent of them who had economical problems, 15 per cent of them had personal, psychological problems each, less than 10 per cent of them had sexual, social, educational problems.

From Table III it is clear, among the low income families, 36 per cent had familial problems, 32 per cent had economical problems. Those who suffered personal, psychological, social, educational problems were below 10 per cent. Among the middle income families, 61 per cent had familial problems, 13 per cent had psychological and personal problems each, eight per cent of them had sexual problems and only five per cent of them had economical problems. Among the middle income families none of them had social or educational problems.

Among the nuclear families, 41 per cent of the beneficiaries had familial and 21 per cent had economical problems. Less than 20 per cent of them had other kinds of problems. Sixty two per cent among those who belonged to joint families faced familial problems.

This study reveals that employed beneficiaries had greater familial problems than unemployed ones. Joint families came to the Family Counselling Centre more to reconcile with family problems than the nuclear families. Unemployed had more number of psychological, personal, sexual, social and educational problems than the employed. Among the low income group the economical, social, and educational problems were higher whereas in the middle income group none of the beneficiary had social and educational problems, but they had greater psychological, personal and sexual problems than the low income families. Among the middle income families, the familial problems were more than the low income families. Among the nuclear families, economical, psychological, personal and educational problems were more when compared to the joint families, which had greater number (62 per cent) of familial problems.

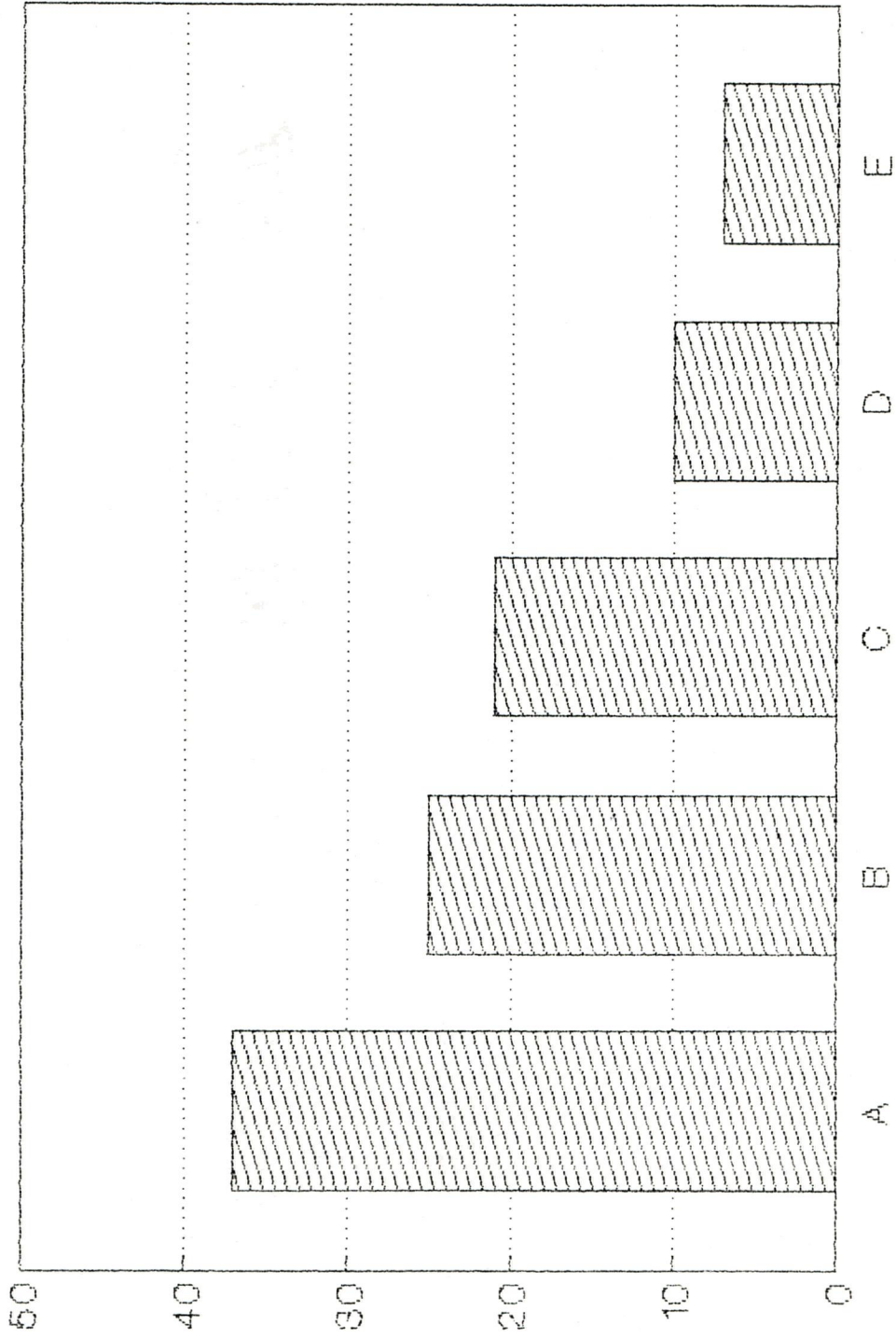
Table IV indicates the sources of information through which the beneficiaries knew about the Family Counselling Centre. (Fig.II)

TABLE IV
SOURCES OF INFORMATION ABOUT THE FCCs

S.No. Sources of information about the FCCs	N - 100
1. Friends/Relatives	37
2. Officials and phamplets	25
3. Newspaper/Advertisement	21
4. Door to door campaigns and meetings	10
5. Cinema slides and posters	7

Table IV shows that among the hundred samples 37 per cent had obtained information about the Family Counselling Centre through friends and relatives, 25 per cent through officials and phamplets, 21 per cent through newspaper and advertisement, 10 per cent of them had acquired the information through door to door campaigns and meetings, seven per cent of them aware of the Family Counselling Centre through cinema slides and posters.

SOURCES OF INFORMATION ABOUT THE FCC



A - FRIENDS/RELATIVES B - OFFICIALS/PHAMPLETS C - NEWSPAPERS/ADVERTISEMENT
D - DOOR TO DOOR CAMPAIGNS/MEETINGS E - CINEMASLIDES/POSTERS

FIGURE II

Table V indicates the activities of the Family Counselling Centre, which the beneficiaries were aware of.

TABLE V
AWARENESS OF THE BENEFICIARIES ABOUT THE
ACTIVITIES OF FCC

S.No	Activities	N - 100
1.	Counselling	99
2.	Free legal aid and police assistance	61
3.	Psychological treatment	28
4.	Vocational training and job placement	18
5.	Institutional placement	16

Table V reveals that 99 per cent of the beneficiaries were aware that Counselling is provided by the Family Counselling Centre, 61 per cent of the beneficiaries had the knowledge about the free legal aid and police assistance given by them, 28 per cent knew that they provided psychological treatment and support. Less than 20 per cent knew that they provided vocational training and job opportunities, 16 per cent had comprehended that the Family Counselling Centre make arrangements for institutional placements like educational

facilities for children and hostel and home facilities for destitute women and for the aged respectively.

It is learnt that around 40 per cent of the selected beneficiaries did not have any knowledge about vocational training, job placement, institutional placement and psychological treatment which are also the activities of the Family Counselling Centre apart from Counselling and free legal aid. So, the services of the Family Counselling Centres need to be propagated effectively and efficiently through popular mass media.

Types of Services offered by the FCCs:

Table VI shows the types of services offered by the beneficiaries from the Family Counselling Centre. (Plate 1)

TABLE VI
TYPES OF SERVICES OFFERED BY THE FCCs

S.No.	Services offered	N - 100
1.	Counselling	83
2.	Free legal aid	29
3.	Psychological treatment	14
4.	Employment	12
5.	Short stay facility	12
6.	Police assistance	10
7.	Got back dowry	5
8.	Vocational training	4
9.	Admission in School	2
10.	Got maintenance from their husband	2
11.	Accidental compensation	1
12.	Loan arrangement	1
13.	Marriage arrangement	1

Table VI shows that among the hundred beneficiaries, a big majority (83%) received Counselling, 29 per cent had obtained free legal aid, 14 per cent had psychological treatment, 12 per cent had been placed in various jobs, short stay facilities each, 10 per cent received police assistance,

THE COUNSELLORS COUNSELLING THE CLIENT



PLATE I

five per cent of the women beneficiaries got back their dowry with the help of dowry cell and the Family Counselling Centre, four per cent received vocational training from the Family Counselling Centre, two per cent had received admission in school and maintenance each, only one had received service like accident compensation, loan arrangement for starting a small scale industry, and fixed an alliance for marriage.

From the Table VI it is clear that Counselling, free legal aid, psychological treatment, employment short stay facility, police assistance were the important services of the Family Counselling Centre. Getting back the dowry articles and money, vocational training, admission in school, maintenance, accident compensation, loan arrangement, marriage arrangement, undertaken by the Family Counselling Centres were reported by less than five per cent of the beneficiaries.

Table VII indicates the officer from whom the beneficiaries received the services.

TABLE VII
PERSON OFFERING THE SERVICES AND
PLACE OF COUNSELLING

S.No.	Person offering the services and place of counselling	Beneficiaries N - 100
OFFICER:		
1.	The Counsellors	83
2.	The social worker	12
3.	The Dowry cell officer	5
PLACE:		
1.	The Family Counselling Centre	94
2.	Vocational training centre and beneficiaries home	6

Table VII reveals that mainly the Counsellor had been interacting and discussing with the beneficiaries, followed by the social workers and Dowry Cell officer. Ninety four per cent of the selected beneficiaries were counselled in the family Counselling Centre itself and only six per cent were counselled in the vocational training centre or in their homes.

Table VIII indicates the frequency of visits of the beneficiaries.

TABLE VIII
FREQUENCY OF VISITS OF THE BENEFICIARIES TO THE FCC

	Daily		Weekly once		Monthly twice		Monthly once		Total N
	N	%	N	%	N	%	N	%	
Employed	3	6	18	38	19	41	7	15	47
Unemployed	9	17	20	38	21	39	3	6	53
Low income	12	27	16	35	14	33	2	5	44
Middle income	4	7	18	32	26	47	8	14	56
Joint	12	29	10	23	16	38	4	10	42
Nuclear	6	10	20	35	29	50	3	5	58

Table VIII shows that regarding occupational status of the beneficiaries, 12 per cent of the beneficiaries had visited the Family Counselling Centre daily, 38 per cent visited weekly once, 40 per cent visited monthly twice, and 10 per cent visited once in a month. Among the employed beneficiaries six per cent visited the Counselling Centre daily, 38 per cent weekly once, 41 per cent monthly twice, and 15 per cent visited once

in a month. Among the unemployed, 17 per cent visited daily, 38 per cent weekly once, 39 per cent monthly twice and six per cent visited once in a month.

Income wise, it was found that 16 per cent of the beneficiaries had visited the Family Counselling Centre daily, 34 per cent visited weekly once, 40 per cent visited monthly twice, 10 per cent visited once in a month. Among the low income families, 27 per cent visited daily, 35 per cent weekly once, 33 per cent monthly twice, only five per cent visited once in a month. Among the middle income beneficiaries, seven per cent visited daily, 32 per cent weekly once, 47 per cent monthly twice, 14 per cent visited once in a month.

According to the type of family 18 per cent visited the Family Counselling Centre daily, 30 per cent weekly once, 45 per cent monthly twice, only seven per cent visited once in a month. Among the joint families, 29 per cent visited daily, 23 per cent weekly once, 38 per cent monthly twice, only 10 per cent visited once in a month. Among the nuclear families, 10 per cent visited daily, 35 per cent weekly once, 50 per cent monthly twice, only five per cent visited once in a month.

This study reveals that the unemployed had visited the FCC more often than the employed. Perhaps their problems were severe than the employed beneficiaries. Income wise, it was found that the low income families had visited more often the Family Counselling Centre than the middle income families. Beneficiaries from joint families had visited the Family Counselling Centre more often than those of the nuclear families. It appears that the beneficiaries of the low income, enemployed, and those from joint families are pre surized to find solution to the problems and hence pay frequent visits to the FCC for help. From the table it is clear that most of the beneficiaries of the Family Couselling Centre had visited weekly once or monthly twice.

Table IX indicates the duration of visiting period in relation to socio-economic status occupational status and type of family. (Fig. III)

DURATION OF VISITS OF THE BENEFECIARIES

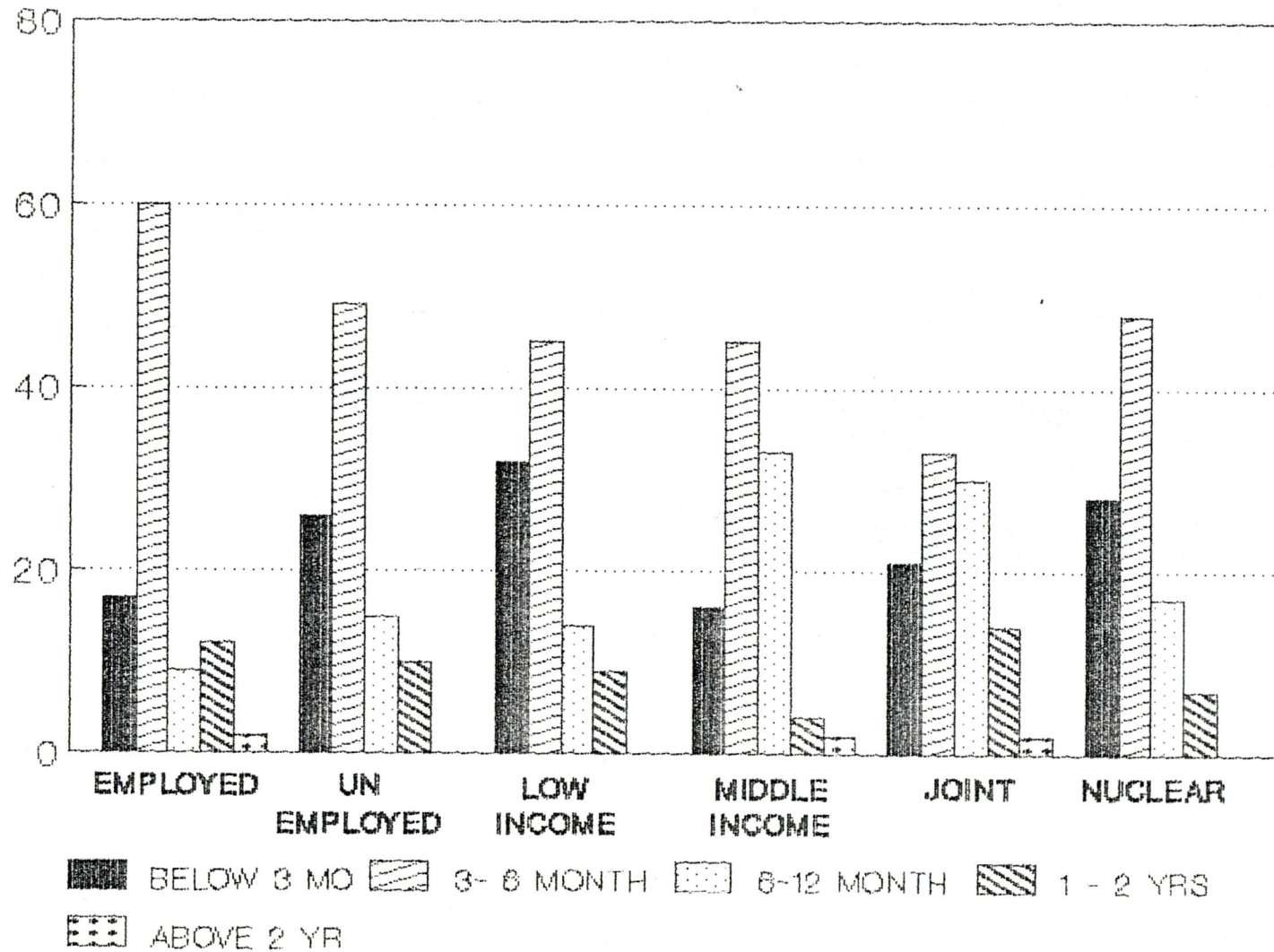


FIGURE · III

TABLE IX
DURATION OF VISITS
OF THE BENEFICIARIES

	Below 3 months		3-6 months		6-12 months		1-2 months		Above 2 years		Total N
	N	%	N	%	N	%	N	%	N	%	
	Employed	8	17	28	60	4	9	6	12	1	
Unemployed	14	26	26	49	8	15	5	10	-	-	53
Low income	14	32	20	45	6	14	4	9	-	-	44
Middle income	9	16	25	45	19	33	2	4	1	2	56
Joint	9	21	14	33	12	30	6	14	1	2	42
Nuclear	16	28	28	48	10	17	4	7	-	-	58

From the above table it is obvious that unemployed, members from middle income, joint families had been utilising the services of the Family Counselling Centre for a longer period than the rest of the categories in the table.

Considering the occupational status, 22 per cent of the beneficiaries' problems had been solved within three months. Fifty four per cent beneficiaries'

problems were solved within 3-6 months. Twelve per cent, within 6-12 months, 11 per cent within 1-2 years and only one per cent beneficiary problem took two years to solve.

Income wise, 23 per cent beneficiaries problems were solved within three months, 45 per cent beneficiaries problem took 3-6 months, problems were solved within 6-12 months, six per cent were solved their problems within 1-2 years through the Family Counselling Centre and only one extent two years to solve her problem. According to type of family 25 per cent of the beneficiaries came to the Family Counselling Centre for three months to solve their problems. Forty two per cent of the beneficiaries' problems were solved within 3-6 months, 22 per cent within 6-12 months, 10 per cent within 1-2 years and only one per cent came to the Family Counselling Centre upto two years to solve her problem.

Table X indicates the extent of overcoming problems through the FCCs.

TABLE X
EXTENT OF OVERCOMING PROBLEMS
THROUGH THE FCCs

S.No	Solved the problem	N - 100
1.	Fully	68
2.	Partially	21
3.	Not at all solved	11

From the above table it is clear that among the hundred beneficiaries 68 per cent of the beneficiaries had been solved their problems fully, 21 per cent of them had solved their problems partially and 11 per cent of them have not at all solved their problems.

When asked about the other services desired by the beneficiaries, they answered expressing three services as in table below (Plate-II).

THE INVESTIGATOR INTERVIEWING THE BENEFICIARY OF THE FCC



PLATE II

TABLE XI
FURTHER SERVICES DESIRED FROM THE FCCs

	Job placement		Better psychological treatment		Vocational Training		Total N
	N	%	N	%	N	%	
Employed	7	15	28	60	12	25	47
Unemployed	38	72	7	13	8	15	53
Low income	30	68	4	9	10	23	44
Middle income	7	13	34	61	15	26	56
Joint	14	33	10	24	18	43	42
Nuclear	16	28	24	41	18	31	58

A sizable number (68%) of the low income families and the unemployed (72%) liked to be placed in a better job as they were unemployed and under employed.

The beneficiaries who were employed (60%) and those belonging to middle income (61%) opined that the FCC must offer better psychological treatment. On an average one third of the beneficiaries liked vocational training to be offered by the FCCs.

Motivation to attend the FCC:

Of the total respondents, 88 per cent were motivated by their family members and friends. However, 12 per cent were discouraged not to have consultancies with the FCCs.

Benefits gained from the Family Counselling Centre:

Table XII indicates the benefits the beneficiaries gained from the Family Counselling Centre.

TABLE XII
BENEFITS GAINED FROM THE FCC

S.No.	Benefits gained from the FCC	N - 100
1.	Encouraged to live	36
2.	Feel relaxed and independent	31
3.	Self-confident	24
4.	Happy to find solution for problems	9

Table XII shows that out of hundred beneficiaries, 36 per cent felt encouraged to live after visiting the Family Counselling Centre, 31 per cent felt

relaxed and independent, 24 per cent gained self-confidence and nine per cent felt happy to find solutions for their problem after visiting the Family Counselling Centre. There seems to be remarkable gains at least to one third of the beneficiaries due to their attendance to the FCC.

Table XIII reveals the beneficiaries desire to have contact with the Family Counselling Centre.

TABLE XIII
FUTURE CONTACT WITH THE FCC

Future contact with the FCC	N - 100
Like to contact	70
No idea	30

Seventy per cent of the beneficiaries liked to have contact with the FCCs in future for guidance and job placement. The remaining did not have any idea to contact the Family Counselling Centre in future.

Table XIV indicates the beneficiaries' assessment of the Family Counselling Centre.

TABLE XIV
BENEFICIARIES' ASSESSMENT OF THE FCCs

S.No.	Beneficiaries' assessment of the FCCs	Agree N - 100
1.	Plays an effective role in Family Welfare	96
2.	Helps to reduce the number of social crimes like divorce, dowry, death etc.	88
3.	Motivates youth towards building proper future plans	94
4.	Reduces the tension of modern world	84

Table XIV denotes that out of hundred respondents 96 per cent appreciated that the Family Counselling Centre plays an effective role in Family Welfare. It helps to reduce the number of social crimes like divorce, dowry, death etc., as expressed by 88 per cent. Ninety four per cent stressed that it should motivate youth towards building proper future plans. Eighty four per cent remarked that it reduces the tension of modern world.

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This study reveals that out of hundred beneficiaries 90 per cent had favourable attitudes towards the Family Counselling Centre.

Beneficiaries opinion on the Family Counselling Centres:

Table XV indicates the beneficiaries opinion about the functioning of the FCC.

TABLE XV
BENEFICIARIES OPINION ABOUT THE FUNCTIONING
OF THE FCC

S. Beneficiaries' opinion about the No administration of the FCC	N - 100
<hr style="border-top: 1px dashed black;"/>	
I 1. Efficient	69
2. Smooth	22
3. No idea	9
II Suggestions:	
1. Establish FCCs in rural areas to have healthy family relationship	93
2. Propagate their functions widely	97
3. Educate the public to understand the causes of social problems	96

Out of the total hundred beneficiaries, 69 per cent of the beneficiaries' opined that the general administration of the Family Counselling ~~centre~~ was effective, it was smooth for 22 per cent and nine per cent of the beneficiaries had no idea about the general administration of the Family Counselling Centre. Ninety three per cent agreed that it should be established in rural areas to have health family relationship. Ninety seven per cent emphasized that the Family Counselling Centre should propagate their functions widely. Ninety six per cent agreed that it should educate the public to understand the causes of social crimes.

Difficulties Encountered:

If a client attends the Family Counselling Centre to solve her problem, the counsellors contact the other party by sending letters or by doing home visits for discussing the problem with the partner. The counsellors found some of them not responding adequately. So, the counsellors are left with no other hope/action. This was the problem encountered by the 23 clients of the Family Counselling Centre.

Summary and Conclusion

V SUMMARY AND CONCLUSION

This investigation entitled "Functioning of Family Counselling Centre as perceived by its beneficiaries" was done with hundred beneficiaries who had been attending the FCCs. The main objective of this study was to elicit the views of the beneficiaries of the Family Counselling Centres in terms of benefits gained, difficulties encountered and suggestions for future.

In order to assess the perceptions of the beneficiaries on the functioning of the FCC, the investigator used an interview schedule. This interview schedule included the background information of the beneficiaries, problems met by them, type of services received from the Family Counselling Centre, benefits accrued, further services desired from the Family Counselling Centre, their views on visiting the Family Counselling Centre, desire to have continuous contact with the Family Counselling Centre, their opinions on the effectiveness of the Family Counselling Centre and the general administration of the Family Counselling Centre.

The findings of this study are highlighted as follows:

1. Majority of the beneficiaries (81 per cent) of the Family Counselling Centre were found to be women.
2. Most of the beneficiaries were between the age group of 25-35 years and the majority (86 per cent) were married.
3. Familial problems were predominant among the respondents attending the FCC (50 per cent).
4. All most all the selected samples were aware of the services such as Counselling (99 per cent), free legal aid and police assistance (61 per cent) rendered by the Family Counselling Centre. But they were least aware of the other services like vocational training (18 per cent), institutional placement (16 per cent), psychological treatment (28 per cent).
5. The unemployed had more personal (15 per cent), psychological (15 per cent), economical (17 per cent) and sexual problems (7 per cent) when compared to the employed respondents.

6. Middle income families encountered more of personal (13 per cent), psychological (13 per cent), familial (61 per cent), and sexual problems (5 per cent) than the low income families which had problems related to economical (32 per cent) and educational issues (7 per cent).
7. Joint families accounted for a greater percentage of familial problems (62 per cent) whereas nuclear families had a higher percentage of personal (14 per cent) and psychological problems (12 per cent).
8. The beneficiaries were found to have received assistance from the Family Counselling Centre in the areas of Counselling (83 per cent), free legal aid (29 per cent), police assistance (10 per cent), psychological treatment (14 per cent), employment (12 per cent), shelter (12 per cent) and vocational training (4 per cent).
9. Unemployed individuals (53 per cent) and people from joint (42 per cent) and middle income group (56 per cent) had sought the help of the Family Counselling Centre for a longer period of time than other groups of beneficiaries.

10. Majority of the beneficiaries (89 per cent) were satisfied with the services they received from the Family Counselling Centre. Their attitude towards the Family Counselling Centre was favourable and positive.
11. Seventy per cent of the beneficiaries liked to have continuous contact with the Family Counselling Centre in future.
12. A greater percentage of the beneficiaries (91 per cent) were of the positive opinion about the general administration of the Family Counselling Centre.

Based on these findings the following recommendations are made:

1. Publicity about the Family Counselling Centres can be made through mass media and advertisement to propogate effectively their functions far and wide.
2. The Family Counselling Centres should be established in rural areas too.
3. Awareness programmes on the functions and services of the Family Counselling Centres can be organised.

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Appendix

APPENDIX I

INTERVIEW SCHEDULE TO ELICIT INFORMATION FROM THE
BENEFICIARIES OF THE FAMILY COUNSELLING CENTRE

1. Name of the Beneficiary

2. Date of the Interview

3. Sex:

Male

Female

4. Age in years

5. Address

6. Religion:

a. Hindu

b. Christian

c. Muslim

d. Others

7. Mother Tongue

8. _____

Type of the family Number of members in the family

a. Joint

b. Nuclear

9. Educational Qualification

- a. Illiterate
- b. Primary School Completed
- c. Higher Secondary Completed
- d. Graduate
- e. Post graduate

10. Household Information (including the respondents)

S.No	Name of the members	Age	Sex	Relation ship to the respondents	Educational qualification	Occupation	Income	Other sources	Total income per month	Marital status
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11. List the problems you have:

Personal

Specify the problem

Social

Familial

Economical

Educational

Psychological

Any other

12. How did you come to know about the family

Counselling centre?

1. Friends/Relatives
2. Radio
3. T.V.
4. Newspapers/Advertisement
5. Officials
6. Pamphlets
7. Door to door campaigns
8. Meetings
9. Cinema slides
10. Posters

13. List the activities of the centre (Which you are aware of)

14. What type of services you received?

Types of services	By whom	Place	Problem	Duration	frequency of attending	satisfied	Dissatisfied	Reasons
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15. What more services would you like to have from the family counselling centre,

Services Desired	Reasons	Source of help suggested
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16. How do you feel about visiting the family counselling centre?

- a. Self confident
- b. Encouraged
- c. Feel relaxed
- d. Independent
- e. Happy
- f. Any other

17. What benefits have you received?

18. Did you obtain any Employment and income generation services from the family counselling centre?

Yes or No

If Yes,

Type of Income generation	Availability of raw materials	Availability of credit resources	Scope for expansion	Returns adequate or not	Source of Training	Dura tion place	Training cost	Technical upgradation Yes No
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19. Other's suggestions regarding your consultancy
with the family counselling centre?

Suggestions Family members Others/Friends Colleagues

Motivated

Discouraged

20. Your last visit to the family counselling centre?

21. Have you visited any other centre ?

Yes

No

If yes, specify,

22. Do you like to contact family counselling centre
in future?

Yes

No

Reasons:

23. Have you communicated about the services of the family counselling centre to others?

	Family Members	Friends	Colleagues
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Yes

No

24. If yes, have they approached family counselling centre?

Yes

No

Reasons

25.

Beneficiaries attitude towards Family Counselling centre	Agree	Disagree
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a. Plays an effective role in Family Welfare

b. Helps to reduce the number of social, crimes like divorce, dowry, death etc

c. Should be established in rural areas to have healthy family relationship.

Beneficiaries attitude towards
family counselling centre

Agree

Disagree

- d. Should propagate their functions each nook and corner of India
- e. Should educate the public to understand the causes of social problems
- f. Should motivate youth towards building proper future plans
- g. Reduces the tension of modern world

26. Your opinion about the general administration of the family counselling centre:

- a. Efficient
- b. Smooth
- c. No idea
- d. Inefficient