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Dr. Saif-ur-Rehman Saif Abbasi

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Factors Affecting Slum Dwellers' Children Education in Islamabad

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ABSTRACT

This study examines the factors affecting education of slum children due to their socio-economic status. State of slum children's education in urban areas is different as compared to rural areas as it is perceived in the view of increasing facilities in cities. Children face discrimination based on ethnicity and financial status in their schools. Lack of basic services like water supply, gas and proper sewerage system has caused not only hindrance in the formal education of slum children but also forced them to adopt such way of earnings that will lead them towards delinquency. Data was collected from 210 respondents through simple random sampling. Findings depicted that educational condition of urban slum children was worse than the children living in rural areas. The study suggests that provision of basic services and sound criteria for admission of slum children would raise literacy rate in slum urban areas of Pakistan.

Keywords: Slum Dwellers, Socio-economic Status, Islamabad

INTRODUCTION

The perception of quality education in urban areas leads many to believe that migrants can get better educational opportunities for their children at urban destination (UNDP, 2009). A child living in urban setting has been perceived to have better educational outcomes than a child living in rural setting. This particularly has been linked to the term 'urban advantage' where urban settings are facilitated with more services such as schools and recreational places. Therefore, children are considered to have more access to these services in urban areas (National Research Council, 2003). This is amongst the leading factors causing rapid urbanization in many developing countries despite the fact that these countries do not have sufficient infrastructure, particularly education and employment opportunities, in the growing urban areas (Butt, 1996).

There are many reasons behind the unavailability of appropriate

infrastructure and social services that remain unexplored in urban areas. Furthermore, there is no reliable data available regarding the status of urban settlements. In Asian countries, most of the local governments are unequipped physically, politically administratively and fiscally to tackle the problems of providing the basic infrastructure services to their people. Meanwhile, it is noted that the present rapid growth of urban population occurs in urban slums, squatter settlements and poor urban neighborhood (Ngware *at el.*, 2009). For instance, in India, populations of the slums are nearly a quarter of the overall population in metropolitan cities (Tooley & Dixon, 2007). The persistent growth of these settlements has affected the infrastructure of cities as administration has failed in providing facilities to the slum dwellers. Mostly, poor are denied with basic necessities and services such as education, shelter, safe water, acceptable sanitation and so on (Yeung, 1991). In addition, numerous researches argued that household conditions of slum dwellers are not favorable for their children to use their single-roomed house for study. For example, Mugisha (2006) stated that household conditions of slums are not conducive for children's homework.

Child labor is more prevalent in slum areas as compared to rural areas and urban non-slum residential areas. Children work for longer hours and their working environment keep them away from school. Research explained that the school going children who work after school till late night; give them insufficient rest to be productive at school the next day (Mugisha, 2004). Poverty or low income badly affects the quality and quantity of education that children can receive (e.g. Alderman *et al.*, 1997; Behrman & Knowles, 1999). Excessive literature on elementary education about children's access to education, specifically in slums areas, reveals that poorer children are prone to be excluded from schooling (UNESCO, 2005). The cost of education put burden on families of low income households. For instance, in India, access to education is not only linked with the social status of parents but there has been decreasing trend with respect to education opportunities

(Bholotra, 2007; Zamora, 2010; Borooath & Iyer, 2005; Govinda, 2011; Kingdon, 2007; Rustagi, 2009). According to the surveys conducted in Delhi, the factors preventing children from education in slums include caste, religion, gender and socio-economic status of their children (Tsujita, 2013). Illiteracy of the parents is another cause of being over age of slum children for admission in school. This is primarily because children are admitted to school later than the declared official age for admission. The second-most common reason for never attending schools among the slum children is parental misunderstanding about the age-admittance policies properly because slum parents tend to be unaware, unavailable or unable to apply for the admission of their children during a specific and short period of time. Parents also face delay in getting birth certificate or an alternative proof of identification which is mandatory for admission to any government school (Tsujita, 2013). These factors are the forces abstaining slum children to enroll or continue school.

On the other hand, the schools that serve the slum dwellers are mainly private and non-formal. These schools are without proper staff, classrooms and scholastic material. Schools can hardly attract qualified staff to teach in slum schools because of hardships associated with teaching in slum schools. It is rather difficult for many teachers to teach slum children who are exposed to social evils (Berhe, 1999). Personality of children are shaped firstly by the parental impressions and secondly by the close cultural set up of the community. Social, economic and occupational position of parents living in slums put enduring effects on formal and informal education of slum children. For example, In Kenyan slums, it is investigated that children's access to education decreases with increase in their ages (Mugisha, 2006).

STATUS OF EDUCATION IN PAKISTANI URBAN SLUMS

Rapid urbanization and migration to cities put more adverse effects on living conditions and particularly on education of the slum children. Level of urbanization is one of the highest among the Asian and South Asian

countries, except for Malaysia. Over the last few decades, cities have emerged as the major form of human settlement in both developing and developed countries. Some cities are growing much more rapidly because of rural-to-urban migration than others. As the cities in Pakistan vary considerably in size and there is a concentration of urban population in large cities. More than half of the total urban population of the country lives in eight urban agglomerations: Karachi, Lahore, Faisalabad, Rawalpindi, Multan, Hyderabad, Gujranwala and Peshawar (Rashid, 2006). Between 2000 and 2005, these cities grew at the rate around 3 percent per annum, and it is projected that this growth rate will continue for the next eight to nine years. By 2015, it is estimated that the population of Karachi will exceed 15 million while Lahore and Faisalabad will cross eight million and three million respectively (Statistics Division of Pakistan, 1951-1998).

At least one in every three city dwellers in Pakistan lives in a slum due to rapid urbanization and population. Many migrants do not get job with amenities in formal sector. Informal sector provides employment to most migrants and they move to squatter colonies. Resultantly, slums have emerged in urban localities. In the Asia-Pacific region, the urban population in slums is from 15 percent in Singapore to over 50% in Bombay and Delhi. In Pakistan, in terms of the proportion in Katchi Abadis (informal settlements) varies between 35 and 50 percent. The growth of these 'Abadis' in the two mega cities, Karachi and Lahore, has particularly been massive. In the former, these Abadis increased from 212 in 1958 to more than 500 presently. In Lahore, there are more than 300 Katchi Abadis, while in Faisalabad, at least 40 percent of population lives in these Abadis. Growth of cities is closely linked with migration, although, the contribution of natural increase is, in general, higher than migration. The analysis of the 1998 population census data reveals that about a quarter of the population of both Karachi and Lahore consists of migrants, whereas in Multan, the migrants' share in the total population is 19 percent. Sixty percent of Islamabad's population consists of migrants (Arif, Hamid & Shahnaz, 2009).

It is generally believed that Katchi Abadis (Slums) emerged in Pakistan for

the first time in 1947 as settlements of Indian refugees. Later in 1960s increasing industrialization and urbanization accentuated the situation with refugees and rural migration increasing illiteracy and insanitary living environment in slums. There were 2,460 identified Kachi Abadis among them 2,184 were to be regularized having a population of 5.10 million living over an area of 36,022 acres in Pakistan. For instance, in Islamabad, the capital city of Pakistan, there was 11 Abadis identified for regularization during initial surveys but the number of total Kachi Abadis is increasing day by day and has reached to thirty four in number. The phenomenon of unplanned urban slums (*Kachi Abadis*) has been on an unprecedented rise in Pakistan over the past 3-4 decades. This increase is a direct consequence of population growth, rural urban migration and no provision of built houses/serviced plots for the low-income. The deterioration of old urban settlements has further aggravated the issue (Akhter Hamed Khan Resource Center, 2010). Resultantly, More than half of city dwellers have been living in heavily overcrowded housing conditions. Emerging slums and squalor in urban areas and shanty towns have further decreased the standard of living of urban dwellers (Butt, 1996).

The living conditions in the slums have also decreased the inclination of slum children towards education. The poor migrant people from rural areas face tough challenges to meet their basic needs as they are compelled to live in unsanitary condition in slums. Due to living together in multi-ethnic people in slums from different areas, they are mostly found fighting each other on minor issues of children. Children's social development in the absence of parents at home pushes slum children more in abnormal social environment of slum. Where deviant behavior is accepted and tolerated by slum dwellers, dual earning life style of poor couple is said to be major cause of abnormal socialization of children. It brings more dangerous effects on children from slum culture. Thus, it has increased the drop out of children from schools keeping literacy rate low in slums (Meedeha, 2009).

Historically education development has not been properly addressed in

Pakistan. The overall literacy rate of 53% (65% for males and 40% for females in 2004), demands proper attention to address the problem of low literacy. Net primary enrolment ratio was 46% in 1990-91 and is expected to reach 58% by 2005-06. The literacy rate and net primary enrolment are low not only as absolutes but also in comparison with other countries in the same development bracket (Pakistan Millennium Development Goals Report, 2004). Around 40% of Karachi's estimated 10,000,000 persons spend their lives in 400 slums faced with poverty, lack of education, contaminated environment, political instability, ethnic violence, and drug running. Government services are split and directed toward large hospitals, and not capable to meet the needs of the poor (Bryant, 1993).

The existing literature suggests that parental economic wealth, educational level and living conditions in the slums can limit educational achievement of the children. With the slight difference in the subculture of the slums, same situation of the children's education exists in slums of Pakistan. The situation is worsening with the rapid urbanization and increase of population in cities. This paper, therefore, focuses on slum children, household characteristics to investigate the factors causing hindrance in getting education.

METHODS

The universe of my study was limited to Islamabad city. Data for the study was collected from the six slums of Islamabad by using interview schedule. Sample of the study comprised of 210 respondents. Researcher randomly selected 35 male respondents having children of school going age from each selected *Kachi Abadi* in sectors F-6/2, G-7/2, F-7/4, G-7/1, G-7/3, and G-8/1 Islamabad. The respondents of the present research were males who were married and having children of school going age and excluded the unmarried and those married males who did not have children of school going age (4-18 years). Females were not included as the sample in the present study.

The unit of analysis of the present research was the married male having children of school going age from six slums: *Charles Hansa Colony, Around 48 Quarters, Tent /Faisal Colony, Around 66 Quarters, France Colony and*

Around 100 Quarters in Islamabad. Quantitative research method was used to conduct this study. To obtain relevant information from respondents, interview schedule was developed. Interview schedule was brief outline of the topics covering the personal information of the respondents, their family background, education and their working conditions. In the present research the data was analyzed with the help of statistical package for social sciences (SPSS).

FINDINGS

Table 1 depicts the age of the respondents. Majority of the respondents 97 (46.2%) were in the age group of 36-40 years while 62 (29.5%) respondents were in the age group of 31-35 years. There were 21 (10 %) of the respondents who were in the age group of 41 or above and only 4 (1.9%) respondents were in the age group of 20-25 years. Significant majority of the respondents 196 (93.3%) were married while 10 (4.8%) of the respondents were widower and only 4 (1.9%) of the respondents were divorced or separated. Education of the parents plays vital role in the family life. There were 93 (44.3%) respondents who were uneducated while 44 (21%) respondents did get primary level of education and 39 (18.6%) respondents had middle level of education. As per the occupation of the respondents, 41.9% of the respondents told that their occupation was government job while 44.8% of the respondents had private job and 11% of the respondents were laborers. There were only 2.4% of the respondents who were street vendor. Little less than half of the respondents 102 (48.6%) had family income between Rs. 15001-20000 while 28.1% of the respondents had Rs. 10001-15000 family income. On the contrary, significant majority of the respondents 151 (71.9%) had monthly family expenditures between Rs. 10001-15000 and 39 (18.6%) of the respondents told that their monthly family expenditures were up to Rs. 5000-10000. The data suggests that majority of the respondents could hardly save from their monthly income as their expenditures were more than as much as were their income. Respondents were struggling to fulfill their household needs rather than education of their children.

Table 1: *Socio-demographic characteristics of respondents*

Variable	Frequency	Percentage
Age		
20-25	4	1.9
26-30	26	12.4
31-35	62	29.5
36-40	97	46.2
41 and above	21	10.0
Total	210	100.0
Marital Status		
Currently married	196	93.3
Widower	10	4.8
Divorced /Separated	4	1.9
Total	210	100.0
Qualification		
Primary	44	21.0
Middle	39	18.6
Matric	17	8.1
Intermediate	17	8.1
Uneducated	93	44.3
Total	210	100.0
Occupation		
Govt.Job	88	41.9
Private Job	94	44.8
Laborer	23	11.0
Street Vendor	5	2.4
Total	210	100.0
Monthly Family Income		
5000 -10000	14	6.7
10001 -15000	59	28.1
15001 -20000	102	48.6
20001 -25000	35	16.7
Total	210	100.0
Monthly Family Expenditures		
5000 -10000	39	18.6
10001-15000	151	71.9
15001 -20000	20	9.5
Total	210	100.0
Availability of Services		
Water supply	5	2.4
Electricity	48	22.9
Sewerage System, Electricity, And Gas	52	24.7
Natural Gas ,Sewerage System, And Electricity	24	11.4
Electricity And Sewerage System	81	38.6
Total	210	100.0

According to the available services in houses of the respondents, 2.4% of the respondents said that they were having water supply while 5% of the respondents were having natural gas in their houses and 22.9% of the respondents were having electricity in their houses. Almost one fourth (24.7%) of the respondents who were having water supply, sewerage system, electricity, and natural gas supply while 11.4 % of the respondents were having natural gas, sewerage system, and electricity and 38.6% of the respondents were having electricity and sewerage system in their houses.

Table 2: *Gender wise distribution of school going children*

Gend	Number of School Going Children	Frequency	Percent
Male	Up to 3	140	66.
	More than 3	3	1.
Female	Up to 3	31	14.7
	More than 3	36	17.
Total		210	100.0

Table 2 describes the gender wise distribution of school going children. Majority of the respondents 140 (66.7 %) respondents told that they had up to 3 male school going children and only 3 (1.5%) of the respondents had more than 3 male school going children. As per the number of female children, 31 (14.7%) respondents had up to 3 female school going children and 36 (17.1%) respondents had more that 3 female school going children. Slum dwellers had low majority of male school going children and these children were engaged in working with their fathers in early age which distracts their attention from studies. On the contrary, the percentage of female school going children is less as compared to males because their education has been given less importance with respect to the cultural beliefs.

Table 3: Family residence, admission problems and reasons for dissatisfaction

Variable	Frequency	Percentage
Family System		
Nuclear	177	84.3
Joint	28	13.3
Extended	5	2.4
Total	210	100.0
Area of Residence before Coming to Slum		
Rural	171	81.4
Urban	39	18.6
Total	210	100.0
Problems in School Admission		
Discrimination	70	34.2
Identification of resident	139	65.8
Total	210	100.0
Reasons of Dissatisfaction		
peer group	159	74.6
Satisfied respondents	31	15.3
Lack of attention from respondents	13	6.2
Burden of work	7	4.9
Total	210	100.0

Table 3 describes that more than two third of the sampled population 177 (84.3%) responded that they did belong to nuclear family system while 28 (13.3%) respondents were from joint family system and only 5 (2.4%) respondents had extended family system. This clearly indicates that high majority of the slum dwellers were living in nuclear family system. Urbanization has not only affected their lifestyle but has impacted family structure. Living in nuclear family system in urban slums puts more economic pressure on all family members including children.

Table 3 also describes the area of residence of the respondents before coming to the slums. 171 (81.4%) respondents said that they belonged to rural areas while before coming to the slums and 39 (18.6%) respondents did belong to

urban areas. Thus, it indicates the rapid flow of migration of people from rural to urban areas.

Discrimination is one of the major reasons of low literacy rate in slum. There were 70 (34.2%) respondents who had been facing problems of discrimination while getting admission in schools for their children while 139 (65.8%) respondents were facing the problem of residential identification for getting admission. Most of the slum dwellers were facing problem of residential identification. These people are living in slum and squatters without any legal documents, so, they cannot fulfill the required documents for admission of their children. Majority of parents feel difficulty in understanding the schedules for admission. Discrimination based on their living in slums is another reason as barrier for education of their children.

Table further indicates the opinion of the respondents about dissatisfaction on school performance of their children. There were 15.3% of the respondents said that they were not satisfied about the school performance of their children due to peer group of their children while 6.2% parents were not satisfied due to the lack of attention and 4.9% parents were not satisfied due to the burden of work and lack of time for their children to study. There were 74.6% of the respondents who were satisfied about school performance. Majority of the respondents were satisfied about the school performance of their children but these were those parents whose children were in third or four class in school but as the children grows in age their parents got dissatisfied because of their poor school performance. As the children got more exposure of slum environment and had to engage in work with their parents which leave no more energy for slum children to perform better in schools.

Table 4: *Situation of Schools in Slums*

Variable	Agree	Disagree
School have proper infrastructure	9.7 % (18)	90.3 % (191)
Teachers attend classes regularly	14.4 % (31)	85.6 % (179)
Teachers give lectures according to time table	43.5 % (90)	56.5 % (130)
Teachers enforce students to take tuitions	65.7%(139)	34.3% (71)
There is availability of Toilets	11.7 % (23)	88.3 % (187)
There is availability of Clean Drinking water in School Buildings	21.4 % (44)	78.6 % (166)
School Environment is Hygienic	16.8 % (33)	84.2 % (177)
Reasons of Lower Academic Performance of Slums Students		
Poor diet	50.6 % (107)	49.4 % (103)
Peer influence	94.7 % (199)	5.3 % (11)
Shortage of teaching learning material	89.6 % (186)	10.4 % (24)
Psychological problems	36.9 % (75)	63.1 % (135)
Sickness	91.5 % (193)	8.5 % (17)
Distraction in Class by noise from surroundings of school.	97.7 % (205)	2.3 % (5)
Untrained teachers	65.7 % (136)	34.3 % (74)

Table 4 describes the situation of schools in slums. As per the infrastructure of school in slums only 18 (9.7%) of the respondents agreed that school has proper infrastructure while 191 (90.3%) of the respondents disagreed that school in slum has proper infrastructure. It is evident from the data that slum dwellers knew about the absence of school infrastructure. Shortage of school infrastructure was another cause of loss of interest in studies for slum children. Majority of the respondents 179 (85.6%) were disagreed while 31

(14.4%) of them agreed that teachers attend school regularly. Irregularity of teachers in school in slum shows the less interest of teachers in their profession and it also gave the slum children such a thought that attendance in school was not important. There were 90 (43.5%) respondents who agreed that teachers gave lectures according to time table while more than half of the respondents 130 (56.5%) disagreed with such notion. It indicates that quality of education in slums was badly effected by the lecture of the teachers out of time table.

A significant majority of the respondents 139 (65.7%) agreed that teachers in slum schools enforced students to take tuitions after school. It shows that management of the school in slum was poor and teachers were more interested in earning money by taking tuitions from slum children which put more financial burden on the parents of the school going slum children. Moreover, 187 (88.3%) respondents disagreed with the availability of toilets in slum schools while only 23 (11.7%) respondents of the total sampled population agreed that toilets are available in schools. Unavailability of toilet in school indicates that basic components regarding infrastructure of school was not available and environment in school was not hygienic which caused

SICKNESS OF THE CHILDREN

More than two third of the total sampled population 166 (78.6%) disagreed with the availability of clean drinking water in slum area schools while there were 44 (21.4%) respondents who agreed that clean drinking water is available in the schools. In addition, there were majority of the respondents 177 (63.1%) disagreed that the environment of the school is hygiene while 33 (16.8%) respondents agreed with such notion. It is evident from the data that environment in schools was not conducive in terms of infrastructure and hygienic. Unhygienic situation of the school affects the health of the children which leads to poor academic performance.

Second part of the table describes about the reasons of lower academic

performance of slums students. More than half of the respondents 107 (50.6%) agreed while 103 (49.4%) disagreed that poor diet was the reason of lower academic performance of slums students. Significant majority of the respondents 199 (94.7%) agreed that peer influence was the reason behind the poor academic performance of their children while only 11 (5.3%) respondents were disagreed with peer influence on the academic performance of slum children. Moreover, shortage of teaching and learning material in the schools also causes poor academic performance of slum children. Majority of the respondents 186 (89.6%) agreed that shortage of teaching learning material caused poor academic performance while 24 (10.4%) disagreed with such notion. As per the data, slum schools were without enough teaching and learning material which was causing poor academic performance of the students.

Majority of the respondents 135 (63.1%) disagreed that psychological problems were the reason of poor academic performance while 75 (36.9%) respondents of the sampled population agreed that psychological problems affected the academic performance of slum children. Significant majority of the respondents 193 (91.5%) agreed that frequent sickness of their children was the reason of poor academic performance while 17 (8.5%) respondents were disagreed with it. It reveals that children were suffering from different health problems that caused poor academic performance and low literacy rate in slums. In addition, majority of the respondents 205 (97.7%) agreed that distraction in class from surrounding noises was the reason of poor academic performance of slum children while only 5 (2.3%) respondents opposed with such notion. It indicates that slums located in congested and noisy environment which directly or indirectly affected the academic performance of slum children.

Academic performance of the students is also based on untrained teachers in schools in slum. According to data, majority of the respondents 136 (65.7%) agreed that untrained teachers in slum area schools was the reason of poor

academic performance of the students while more than one third of the respondents 74 (34.3%) disagreed with such notion. As per the data, it is clear that, among others, reason of high dropout rate and declining trend in enrollment of slum children in schools is untrained teachers.

CONCLUSION

Majority of slum dwellers are in private jobs as sanitary workers. They have migrated from rural areas to slums. They are living in very unhygienic conditions in small houses comprising one room. The residents of these slums (*kachi abadis*) are lacking the basic facilities i.e. sewerage system, water supply, and natural gas supply. Children after school spent most of their time in collecting woods and fetching water.

Parents and children usually fall ill. People of slum have low income. They cannot spare money for sudden medical treatment. The drug business and its usage are normal in slum areas. Parents consider the social environment of slum very threatening for sending their daughters alone to school. The culture of the slum affects the studies of the children. The slum dwellers face discrimination for getting admission in school for their children and are underestimated to afford the expenses of school going children.

School authorities demand residence identification documents/certificates for school admission of their children. Slum dwellers do not have property documents of their houses. As, the literacy rate of slum dwellers is very low. So, parents do not have enough awareness about the importance of inquiry about school performance of their children. Parents asked for free books, availability of tuition centers for dropped out children and financial assistance for the education of their children.

SUGGESTIONS

- The basic aim of the research is to add into new knowledge for the solution of the problems that caused low literacy rate in urban slum. Ownership rights of the property should be given to the slum dwellers.

- Concerned authorities must take steps to stop drug business in slum and they should take necessary measures for eradication of drug business.
- Police authorities should focus on criminal groups in slums. Police should not apprehend the irrelevant persons for their investigations.
- Government and NGOs should establish literacy centers in slums. There should be provision of books and financial assistance for the education of their children.
- There should be occasional free medical camps with the collaboration of public sector and NGOs for diseases.
- The infrastructure facilities such as sewerage, water supply, drainage, electricity and gas should be provided in the slums and *Katchi Abadis* using a matching grants technique.
- Public participation and community empowerment should be ensured in all upgrading programmes at the stage of planning as well as implementation of various improvement projects.
- Income generation and poverty alleviation programmes should be a part of all improvement programmes.
- There should be established skill development centers to empower slum women to lead life with respect which allows them to spend suitable time with their children.
- There should be recognition of the needs of the coming migrant from the rural and other areas to slums and housing schemes should be made accordingly to avoid arousing problems.

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Content Analysis of Depiction of Femininity in Folklore (Riddles) in Rural Society of Punjab, Pakistan

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ABSTRACT

This research was carried out to analyze the feminine image depicted through Punjabi folklore (riddles) in rural society of Punjab, in which roles of women were constructed through depiction of feminine images. A qualitative method of research was used to analyze the riddles through content analysis. The sample size consisted of twenty respondents, out of which, ten were men and ten were women who used to pose riddles. The non probability purposive convenient sampling technique was used to approach the targeted sample. Riddles reveal a great deal about the societal attitudes towards feminine image and forming the individuals' identity. The analysis of riddles portrayed a clear picture of feminine roles in the rural society of Punjab. As far as women's stereotypical images were concerned they are portrayed as care givers and submissive beings. Women were portrayed as restricted to the domestic chores.

Keywords: Femininity, Folklore, Rural Society of Punjab.

INTRODUCTION

The present study aimed to identify the gender images depicted in riddles posed by women and men of the rural areas. It was assumed that stereotypical images were depicted through riddles. By these riddles, gender roles has been analyzed in which women are seen as submissive, obedient and caregivers whereas the men are considered to be the breadwinners, prominent and strong. This study mainly consists of collection and documentation of riddles.

“Folklore” has two parts; first is 'folk' which means common people and 'lore' means the knowledge or tradition. Folklore is the tradition of common

people and it is also a source to express the culture. It helps to understand the past and also often helps to shape the present. Folklore is then an important oral tradition transmitted by “word of mouth” and a great source of learning in specific culture that starts from the birth of child in the form of lullabies. Through lullabies, folk stories, proverbs as well as riddles the norms, values, traditions and customs of the specific culture are transmitted and internalized by the person that guide them how to spend life within a specific cultural boundaries. Thus, folklore plays a significant role to express the culture in which riddles are one of the important components in transmission of culture from one generation to another as oral tradition (Quddus, 1992).

Oral tradition is one of the oldest forms of art in any society that transmitted their values, belief and norms through communication, that's why two third of the world's population prefer verbal communication (Kalim, 1978). Quddus (1992) discussed in his research that, Punjabi is traditional language of Pakistan (Punjab) which is spoken since Middle age. The first written Punjabi sample was found in 13th century, which was short verse of Baba Farid Shakar Ganj. By the 16th century, Peeloo; a poet has notable contribution in Punjabi literature, who was also the writer of Mirza Sahiban. In Pakistan, folklores mostly prevail in Punjab.

Folklores serve as the source of both entertainment as well as socialization, where gender roles and images are depicted. Socially accepted roles of the men and women are explained through folklores. These roles and duties are gradually changed with passage of time but still these roles are practiced in any form in the world. Gender images created by folksongs can therefore reveal a great deal about the societal attitudes toward gender (Mahan, 1978).

According to Messenger (1960), riddles are part of folklore so through folklores, cultures and traditions are transferred from one generation to another. Riddles inculcate the culture and proper behavior of life in a child. Interesting sessions and repetition of asking riddles mostly make the children to memorize those riddles and after that they repeat it with their friends and

other people. A research by Tempest (2001) found that riddles are type of folklores that are used to convey the stereotypical messages. These stereotypes are also gender related and these riddles are mostly categorized between boys and girls, sons and daughters.

Green and Pepicello (1984) discussed in the research that the main role of riddle is socialization of younger generation, that know about the items of daily routine like name of crops help to know about it, then their season of harvesting and using of that crops, these information are internalized through riddle. Riddles helped children to learn about gender roles and duties, their characteristic, culture and tradition according to which they spend their life.

METHODS

The present study utilized qualitative approach in order to find out the feminine images depicted through riddles with an investigative viewpoint and content analysis of data was done. In order to collect the riddles, interviews were taken from both male and female respondents who use to prose riddles. The locale of the study was village “Nathiya Gulbaz” situated in the Chakwal district. The sample of the study comprised twenty rural persons, out of which ten were women and ten were men, who posed riddles which depict masculine images. Purposive sampling technique was employed to select the sample.

The participants were briefly informed about the nature and purpose of the study. Moreover they were also informed about the confidentiality of the information given by them at the start of research. For the present study, one hundred and twenty five riddles were collected from the village Nathiya Gulbaz of district Chakwal in a proper setting through interview in order to achieve objectives of the study. For analysis, twenty four riddles were selected to be analyzed that depicts feminine images and roles. This technique was applied for the analysis of riddles and to take out the meanings from them.

CONTENT ANALYSIS OF RIDDLES

Men posed two riddles which depicted women as home oriented. They depicted women as performing household chores, because society assigned them this role. In ancient times women performed only domestic chores. The riddles posed by men are as follows;

☆ اتنی پختی جیرے جتنے دندنا کھیندی ناپیندی کردی سارے کم (دراختی)

Itni panitni jeerey jitney dand na khendi na peendi kerdi saare kam.

She is small having small teethes
She performs every task, without drinking and eating.

The riddle associated girls with household activities. This showed the positive point of girls that they were active, worked all day and performed every task related to household. Sometimes she didn't care about her diet but actively performed domestic chores. The puzzle was about sickle which is small and sharp and it works rapidly, so a girl was related with it. Moreover, men rarely admired female's task, "because mostly male respondents considered women as free and not valued their domestic chores". Society always linked women with household tasks.

☆ سربدی فقیرنی گھر گھر پھرے (جھاڑو)

Sar budi faqeerni ghar ghar phirey

She is beggar, wander in every house

In this riddle there is negative connotation attached with women. Femininity was assimilated with beggary. It was a riddle of broom, which was connected with women because in every house women performed this task of mobbing or cleaning. Women also showed themselves as responsible of doing domestic chores through their riddles. Because from child hood it was

inculcated in them that as female they had to work in homes. So they made riddles on their roles which are as follows:

☆ نی ناری البیدہ ڈٹھا
نہ ناری جل وچ رہندہ
☆ مت کڑ کنبہ ہوئے
☆ چھی کال کڑ چھی
(لسی، بکھن، مدھانی)

*Ni naari alunda dhadhana naari jal wich rehnda
Machi kaal Karachi mat karkumba hovey.*

Listen woman, it falls from the top
And lives in water (butter milk)
Check it whether; it is a fish or crab.

This riddle depicted women performing domestic chore. In this women were given instructions and guide limits about how to make butter milk and butter because at that time women used to made eatables at home.

☆ آروی ڈانگاں پاروی ڈانگاں
☆ وچ کھلوتی گاں
☆ سنگوں نپ کے جھوٹا دتا کرے ڈاں ڈاں (پچی)

*Aar vi daangan paar vi daangan wich khaloti gaa
Singo nup k jhoota deo kere daan daan.*

There are long sticks here and across
Between them there is a cow
It moo's when swing that from its horn

In this riddle, grinding machine was assimilated with cow because women in rural society used to look after pet animals. Through the example of cow here women guide girls the process of how to grind wheat with grinding mill. Because at that times women used to grind wheat at home. So this activity was associated with women.

(تر بھوڑی)

☆ دو آردیاں دو پار دیاں دھیاں وڈے سردار دیاں
☆ اچی ماڑی کڈن کشیدہ سوئیاں ول ول مار دیاں

*Do aar dian do paar dian dhiyan wadey sardar dian
Uchi mari kadan kasheeda suiyan wal wal mardian.*

Two from one side and two from other side
Daughters of feudal are doing embroidery.

In this riddle embroidery was associated with women; either they were daughters of feudal or poor farmer they had to perform these tasks. So this job was also considered as women's domain.

(جھاڑو)

☆ نکی جی پدی پد پد کردی ہر گھر چوں لد پئی میلدی

Nikki jai pididi pid pid kerdi saare ghar cho lid pai maildi.

Small girl is very active
She cleans the house.

In this riddle, women instructed their girls that cleaning is also their task which they need to perform. But they had to perform their work actively, because lazy girls are not liked by society. There were many riddles which depicted women negatively. Moreover, it showed harmful and quarreling nature of women. Both women and men through their puzzles portrayed women in negative roles. For negative portrayal of women, following riddles were posed by men:

(جوں)

☆ نکی جی کڑی راجے دی پگ لا چھڑی

Nikki jai kuri raajey di pag la churi.

Little girl disgrace king.

In this riddle a little girl put off the turban of king. The riddle showed that

females considered as family honor, so if she did some bad activity then it would be disgraceful for male members of that family e.g. for father or brother.

☆ زانایاں چال چلتوں دہیاڑی بچھاویں ڈرن راتی ندیاں ترن
(چالاک عورت)

Zanania chaal chalarn dhiyari pichawey daren raati naddian taran.

Women do conspiracies
In noon they scare of shade
But at night they dive through lake.

This puzzle also portrayed women as clever, who did conspiracies and acted as they were innocent. This showed that women acted as simple in front of people but they were not innocent in real. This negative connotation of conspiracy and cleverness is always attached with women.

☆ کھانڈی پینڈی منہ کندھول
(چچہ)

Khandi peendi mu kand wal.

She eats and drinks
But put her face towards wall

Through this riddle men showed that women never remained happy in any situation, they always remained displeased with their male counterpart. Either the puzzle was about spoon (chamcha not chamchi) but men associated it with women because cooking is done by women in domestic sphere.

☆ رڑے میدان وچ بڈھی وال کھارے بیٹھی
(جھاڑی)

Rarey medan wich buddi waal khalarey bethi.
Older women with scattered hair
In barren ground.

Both men and women posed the riddle of bush. Through this riddle it was depicted that outside place is for men, because indoor sphere is for women. In this puzzle women portrayed shattered in outer place because public sphere was only for men. So women cannot survive outside the home. It showed the dominance of men in outer world.

(کام چور)

☆ لت گھسنا سہساں سکھی تکی رہساں

Lut ghussuna sehsan sukhi tiki rehsan.

I tolerate beating
But remain calm.

It was depicted that women were stubborn while they bear beating but didn't do work. In this riddle, women were showed as work shirker or indolent. Indirectly it was showed that if girls didn't work they were beaten. These riddles posed by men portrayed women negatively. As respondents said that they used riddles as advice. So through these puzzles they tried to make the children understand indirectly that either they didn't mind and become clear about how to act according to their sex.

The following riddles were posed by women, who also portrayed themselves negatively. Following riddles were posed by women:

(سست اور چالاک لڑکی)

☆ صائبہ دیاں سہیلیاں کج مکھیاں تے کج پیلیاں

Sahiba dian sahelian kuj makhian te kuj pelian.

Sahiba's friends, some are flies and some are ants.

In this riddle girls were personified as ants and flies. This means some girls are active or clever and some are slack. It showed that when women gathered they do conspiracies and learns clever activities from each other. This riddle was also used to to show the cleverness of women.

(قینچی)

☆ لعنت پایوڈی نوں جس وکھ کرایا دواں نوں

Laanat payo waddi nu jis wakh keraya dowan nu.

Curse on elder women, who separated both of them.

This riddle showed that women were root of every dispute. The riddle was about scissors and linked it with femininity which is sharp and cut the things. But women sew clothes thus it also showed the females role. Women also accepted the fact, hence depicted in puzzle that even if a woman was elder but she did quarrel and separated both of them. Therefore quarreling nature was always attached with females.

For the marriage of girls, only women posed riddles. In our society marriage is always associated with girls. They are considered incomplete without marriage. Following riddles were said by women:

(ڈولی)

☆ سدا کڑی نوں ویانٹر چلے چار پندراں دے منڈے

Sada kuri nu wayarn chale chaar pindran de munde.

Four sons are going to do
Marriage of their sister

☆ پنج بھراڈولی چائی جٹیا بندیاں یرے تگائی

(روٹی)

لوکڑا ہی تپنے آلی کب تو بعد دو جی دی واری

*Punj bhara doli chai jatian bandian parey tagai
Lo karahi tapne aali hik ti bad doji di wari.*

Five brothers picked up palanquin
They moved it away
The pan become hot
After it, there is turn of next.

In these riddles it was depicted that, brothers were going to do the marriage of their sister, because they had the responsibility of their sister's marriage. As marriage is considered important element of girl's life. It showed dependency of women on men. Marriage also shows that parent's house is not permanent place for women, one day they have to leave it. The riddles were about palanquin and wheat bread and both are connected with femininity.

Beauty is the main characteristic of female personality. So both males and females posed riddles in which they admired beauty of women or depicted women as beautiful. Following riddles were said by men.

The following riddles were posed by women:

☆ ہری سی من بھری سی نو لکھا موتی جڑی سی
راجہ جی دے باغ وچ دو شالہ اوڑے کھڑی سی
(مکئی کی چھلی)

*Herri si mun bhari si nolakha moti jari si
Raja gi de baagh wich doshaala ohrey khari si.*

It was green
Wearing pearl necklace costing nine laces
In Raja's garden
She wears dopatta.

☆ نکلی جی کڑی پراندہ پاٹری (سوئی دھاگہ)

Nikki jai kuri paranda pa turi.

Small girl is going,
Who went with paranda.

☆ آئی گلابو گئی گلابو جاندی گئی نہ ڈھٹی
تیلے وانگڑ پتلی پتا سے وانگڑ مٹھی
(نیند)

*Aay Gulabo gai Gulabo jandi gain a dhidhi
Teeley wangur patli pataasey wanger mithi.*

Came Gulabo, went Gulabo
No one seen her, when she was going
Smart like straw
Sweet like candy

☆ اپچی اڈی آلی تے چٹی ساڑھی آلی اسان نہ مارو اے ہے پچیاں آلی (لہسن)

Uchi adi aali tey chitti saari aali issan na marro ay hai bachian aali.

Wear long heel and white saari
Don't beat her
She had children.

☆ نکلی جی ٹوئی ہاراں نال پروئی (تندور)

Nikki jai toi haaran naal paroi

Small like hole
Decorated with necklaces

☆ کھباں والی والاں والی پری
تے ناں میرا گل دھرنی
تے آٹھیانی پیسی بھرنی
(چھلی، سٹا)

*Khabban wali waalan wali pari tey naa mera Gul Dharni
Ay bhujarat buji na tey athiyani paisi bharni.*

Fairy with feather
And long hair
My name is Gul Dharni
If you don't answer this riddle
Then you should give me 50 paisa.

These riddles also depicted that women did preparations or decorated themselves in order to look beautiful, because beauty is part of their personality. Long hairs are used to describe female beauty and it showed that women are the one who had long hair which were shown through thread and needle, its association is always with females because women do stitching of

clothes.. These riddles also depicted that females used necklaces in order to decorate themselves. They were also depicted as wearing long heels and saari to look beautiful, the answer of the riddle was garlic which is related with women as it is kitchen item which has always association with females. Dopatta is also a sign of femininity and used by women to enhance their beauty. In one riddle woman was also associated with fairy, which had feather and long hair. The significance of this is because fairies showed as having all characteristics of beautiful women such as fair complexion, long hair, decorated with jewelry, wearing heel and white dress and most importantly slim body. Slender body of women was also depicted through one riddle, in which woman was assimilated with straw, which showed the body image of women, that women should look smart. Because if she is smart then there will be her acceptability in society, and likeness by everyone like sweet or candy. Because in riddle Gulabo was assimilated with straw and candy as she was smart and everybody liked her because of her smartness.

DISCUSSION

The present study aimed to identify the feminine images depicted in riddles posed by women and men of the rural areas. It was assumed that stereotypical images are depicted through riddles. The study aims to analyze all those feminine roles in which women were portrayed as care givers and submissive beings and they were portrayed as restricted to the domestic chores. The analysis was done through categorization of riddles. The twenty four riddles were selected as sample for the analysis that depicts feminine images and roles. The sample represented the real picture of feminine images in the village area.

Content analysis showed that the riddles which were posed by men and women portrayed women as home oriented, beauty image and involved in indoor activities. They showed both positive and negative images of women through their riddles. Women also considered that men are the one who are able to do the jobs because their bodies are perfect for doing jobs.

The content analysis further depicted that riddles stated by some of the respondents depicted the stereotypical roles of women. These riddles also showed the work domain for women. The research also found that folklores are the most important tool of socialization as these are sometimes used as stereotypes. Different kinds of stereotypical roles are being presented through folklores. Riddles are type of folklores used to convey messages. These riddles are mostly categorized between boys and girls, sons and daughters (Tempest, 2001). Folk-lore plays an important role in shaping our identity as it emerged from cultural norms and values.

CONCLUSION

It is concluded that in rural areas of Punjab feminine roles and images are shown through riddles. In the rural community of Punjab the roles which are assigned to women depicts the submissive and inferior position of women in our society. The study showed that Punjabi riddles portrayed stereotypical images of women in which women are depicted as home oriented, dependent, beauty object, caregivers and submissive, mostly seen that in domestic sphere they have to depend on their male family members financially and socially.

Riddles are also used to socialize children and a source of entertainment as well. These are used as game to pass the spare time in ancient period. Through them children are educated about their sex roles indirectly. But now this oral tradition has come to an end due to urbanization. This was the social activity but now people live in cities and they don't have time to sit together and they are also not much social as well.

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Stigmatization of Tuberculosis Patients in Rawalpindi

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ABSTRACT

Tuberculosis patients not only face medical problems but they usually have to face economic and social problems as well. This study was conducted to gain better understanding of the attitude and social consequences of disease and gender wise social stigma attached to the tuberculosis. The study was carried out in two Government Tuberculosis Centers in Rawalpindi city. The sample of 100 patients including both genders was drawn. Findings indicated that stigma attached to tuberculosis forced people to discriminate the patient. They showed negative attitude which caused mental stress and lead to psychological problems. Women with TB did face more problems as they fail to perform their duties the way they used to perform prior to their disease. Family support and encouragement is essential to defeat TB and to restore proper health.

Keywords: Tuberculosis, Stigma, Social Status, Isolation.

INTRODUCTION

Stigma has been defined as an "attribute that is deeply discrediting, where enacted stigma refers to episodes of discrimination against people on the grounds of social unacceptability or inferiority and felt stigma is based on a deep sense of inferiority and refers to an oppressive fear of enacted stigma" (Goffman, 1968). Stigmatization of TB patients is not new phenomena. There is widely recorded literature to show that why and how this disease has been extremely stigmatized in the history. At present TB patients mostly suffer from double stigma (Waisbord, 2005).

Tuberculosis remains to be a significant public health challenge in Pakistan. According to report of World Health Organization, 0.413 million TB patients were registered in 2010 and Pakistan moved up to 6th in the list of countries

having highest number of TB patients in the world. So, the country's escalating TB burden is increasing at a high rate. It is estimated that every year in Pakistan 420,000 new cases of TB appeared. The sum of expiries triggered by TB in Pakistan is around 48,000 per year (The Express Tribune, 2011).

TB stigma is so strong that the patients and their families usually hide about the disease from other people. It (stigma attached to TB) affects the diagnosis, treatment and experiences of infected people. It results in shame and fear about the disclosure of disease. Most commonly observed form of stigma relates as labeled by Goffman 'abominations of the body' which are gossip and name calling. We can name it verbal form of stigma (Goffman, 1963). Remarks are mainly incited to TB patients because of their physical weakness especially loss in weight. Another commonly observed form of stigma due to TB is social exclusion. In many cases people do not visit the affected household. Friends and relatives usually avoid TB patients. Their avoidance could have many reasons including the fear of getting disease transmitted, moral and social judgments about TB.

Numerous qualitative researches (Jaramillo, 1998; Rubel & Garro, 1992) report that community members and health care workers identified TB stigma as an obstacle to quick diagnosis of the illness. Persons having TB and their health-care providers correspondingly ascertain TB stigma as a reason of non-completion of treatment (Jackson, 1997; Sumartojo, 1993). TB stigma has furthermore been elevated for instance a potential hurdle to home-based direct observational therapy (DOT), assumed that the company of TB health care workers might mark an individual as infested (Ngamvithayapong, 2001; Dick, 1996). Vulnerable groups and infested persons in TB stigma causing diagnostic postponement that can result into treatment defaulter.

RATIONALE OF STUDY

The study was aimed in order to gain a better understanding of the attitude

and social consequences of Tuber Culosis (TB) and gender wise social stigma attached to the tuberculosis. The extent of research has linked tuberculosis with the socio-economic problems in the context of Pakistan that will help in strengthening sociological research. It will lead towards incorporating awareness of social and economic issues into TB control policies. It is a significant attempt to understand the social impact of TB on patients, their families and community. The study was based on a medical sociological approach which emphasizes that the study and knowledge of social and economic factors is also needed to understand the phenomenon better.

METHODS

Two TB care centers; Government TB Hospital Rawalpindi and Dr. Syed Mohammed Hussain Government TB Sanatorium Murree were selected for the current research. In-depth interview technique was employed for the collection of data. Interview guide was developed in the light of research objectives. The sample of 100 patients was taken for the purpose of collecting desired data with purposive sampling technique. These included both male and female patients from different age groups, cultures and classes.

RESULTS AND DISCUSSION

Gender

Gender is an important factor to understand the social and psychological impacts of tuberculosis. Literature suggests that females are relatively more exposed to psychological issues while males are more exposed to socio-economic issues. Out of the total sampled population, male respondents were 53 percent while female respondents were 47 percent. Researchers have testified that sex differences in incidence rates originate in 10 to 16 years of age and remain higher afterwards for males as compared to females. Once patient infected with TB, females in reproductive age are vulnerable to emergent TB infection more than the males of the similar age group. The

patients admitted in the hospitals faced more economic problems as they were unable to continue their jobs. Women were mostly worried about their domestic lives and children. The problem was more prevalent in patients who had nuclear families.

Age

Age is another major factor to study the Tuberculosis. Shukla (2008) found that the most common age in which people develop TB is between age group of 15-54 years which are the most productive years of one's life. The present study indicates that a large proportion of the respondents (71%) were in the age group of 15-45 which shows that people mostly develop TB in young age. Majority of the patients admitted in hospital were in the age group of 15-25 years. This is the most productive age in terms of academic and professional life.

TB in children is usually ignored because magnitude of the problem has often taken lightly. Children are less expected to pose an infection to others more often in places where resources are infrequent. Tuberculosis affected children physically. The age in which TB affects an individual mostly is regarded as most productive age in term of economic and social activities.

Education

Factors including demographic, socioeconomic and lifestyle are very significant to study as TB does not only affect these factors but is also affected by these. In present study 35 percent respondents, containing both genders were illiterate, while 51% of the respondents were under metric, which evidently shows that educational level affects the spread of tuberculosis. Tuberculosis and illiteracy are attentively allied. It doubles the possibility of developing Tuberculosis. People do not take precautionary measures due to unawareness and it also creates hindrance in the ruling out of disease. It does not only show their educational level but indirectly indicates their social status.

Marital Status

More than half of the respondents (55%) were married while 33% of the respondents were unmarried and 11 percent were widowed. There were only one percent of respondents who was divorced. Ali *et al.* (2013) in their study found that TB is more frequently develop in married respondents. The majority of the respondents in Samli sanatorium hospital were married. They were unable to fulfill their responsibilities due to long term disease and stay at hospital which directly affected their families and domestic life.

Family Type

There were 48% of the respondents who lived in nuclear family system while 34 percent respondents lived in joint family system and 18% lived in extended family system. The percentages regarding type of families of admitted patients were 44% as nuclear family system, 40% as joint family system and 16% as extended family system respectively while for outdoor patients this ratio was 52% as nuclear, 28% as joint and 20% as extended family system respectively. The above data shows a very small difference between the prevalence of tuberculosis in nuclear and other kinds of family systems. This makes the researcher understand that the extended and joint family system has relatively more impact on the tuberculosis.

Certain congested environments in which poor joint and extended families live, they are more probable to develop and transmit tuberculosis. Similar findings were made by Ali *et al.* (2013) that 57.32% subjects lived in joint family system while a relatively low number of respondent 42.68% of the respondents had nuclear family.

Occupation

In Pakistani society income generation is mostly considered as the dominion of males. But if slightly analyzed it can be expounded that this is a common perception which prevails in our society. There are many income producing activities that are utterly performed by females but these are not acknowledged as prime source of income rather are taken as tributary and

informal contribution by the female folks.

Only 56% of the respondents of the study were employed. A variety of employment was found in these 65% of the respondents. Among these 26 percent were skilled laborers including drivers, masons, electricians, mechanics etc. who after TB either lost their work or find it difficult to work due to severity of their illness. About 13% of the respondents had self-business of small level like general stores and grocery store. The respondents serving in different departments of Government of Pakistan were 17%. In women patients most were employed in textile, garment and allied occupations. The data shows that tuberculosis was relatively higher in the laborers than other kind of occupation because of poor socio economic conditions and malnutrition. Malnutrition, undernourishment and tuberculosis considerably tend to interact with each other. Malnutrition often leads to secondary immune deficiency that raises the host's susceptibility to infection.

Family Income

The frequency distribution of the respondents regarding their family income represents that majority of the respondents (80%) had an average income of 5-25 thousands per month which clearly shows that poverty has a strong link with tuberculosis. Most of the infected people infected belonged to less income families. In majority cases respondent was the individual bread winner in his/her home and TB has pushed them in more financial stress. Tuberculosis (TB) is acknowledged to affect financially underprivileged sections of the society. As low income results in malnutrition, overcrowded housing and poor living conditions which add the risk of tuberculosis. In addition, poor diet among patients may be a risk for the revival of tuberculosis.

IMPACTS OF TUBERCULOSIS

Reaction after Diagnosing TB

The diagnosis of TB results in divergent reactions not only came from the patients but from their families as well. In this study, most of the respondents said that they were worried and stressed to know about being a TB patient. On the contrary, there were very less respondents who were frightened of their disease and its circumstances. There were few respondents who had a normal reaction because they knew that TB is a curable disease.

“I was not only afraid of losing my job but who will take care of my children and family was also the question that strikes me again and again and left I panic.”

Discarding TB patients from their jobs especially those who work at homes or in private sector or on daily basis like factory or workshop is a common practice in our society. Marriage or related problems are usually faced by TB patients.

“Many relatives told my mother-in-law and fiancé to break this engagement and leave me as I have acquired TB. She will certainly not get healthy and when after marriage you have children they will have TB also, they predicted.”

“I was frightened of TB since I could spread that to my children. I am old now, and if I die it will not be much problem but if my children die then it will be a problem. I supposed so and was terrified of this illness.”

The main reason underlying these reactions is the misconception and stigma attached to tuberculosis and the discrimination against TB patients in society. This behavior sustains throughout treatment, even among those patients who are undoubtedly advised that they pose no threat to their family.

Reaction of People

When diagnosed with TB, patients face many reactions and attitudes of people. These reactions can either be sympathetic and encouraging or it can be hateful and disgusting. Majority of the interviewed respondents

experienced negative attitude of people. It included scorned attitude, avoidance and discrimination. Like other transmissible diseases, such as HIV/AIDS and leprosy, TB is also associated with stigma and discrimination. These have a massive effect on victims. That effect is sensed at home, in work place, institutions and in the community.

"Neighbors close to my home and my colleagues know about my disease. They behave normally like they used to do. Their attitude is unchanged by only knowing that I am infected with such disease."

Respondents who were students, either at school, college or university, stated that they had not experienced any discrimination from teachers and classmates. Nevertheless, students tended to hide their disease from teachers and school fellows.

Fear of People

A high proportion of the respondents reported that they did not feel uncomfortable in social gatherings while many respondents were afraid to meet people. The behavior of people and attitude with TB patients lessen the confidence of TB patients, they begin to fear people and confine themselves to their home.

"I was afraid of people thinking what they might have understood, and feeling frightened of their changed behavior towards me, as no one meet with me, have food with me or even talk in a worthy manner."

Embarrassment of Disease

Despite being treatable, TB is still a stigmatized ailment. TB patients have suffered, among others, due to its clinical signs, society's bias, embarrassing circumstances, and even self-discrimination. Many TB patients more often feel embarrassed and ashamed about having TB disease. Respondents were asked whether they feel embarrassed on being a TB patient. Many respondents reported that they do not feel embarrassed because of the experiencing behavior of people. Some TB patients more often found it

difficult to tell others about their disease because they felt embarrassed and ashamed in result of people's attitude.

“Tuberculosis is problematic, as people incline to avoid you and try to have a distance. People are fearful. When I go to work, my coworkers suspiciously gaze me.”

Informing Others about their Disease

TB patients do not likely to inform others about their disease as they are afraid of people's reaction. TB patients do not inform others about their disease which makes the diagnosis and treatment difficult and increase the risk of infection.

“If somebody exceptional is there to whom I need to tell then I convey that I am having TB, if not then why to tell everybody? If they know they may possibly hate me.”

“No one in my friends or neighbors knows about my disease. I didn't tell them. I don't have trust them. They do backstabbing and make a slight topic bigger that is why I have not shared with them.”

The study shows that many patients avoided informing their family, friends and coworkers about their being infected with TB. The main reason figured out by different respondents was the fear of changed behavior of people around them. Same results were stated in a study of TB patients in Bangladesh, when several TB patients interviewed stated that they purposefully did not disclose to people that they had TB or evaded people as they believed it might frightened them (Newell *et al.*, 2009).

Social Isolation

TB patients are usually isolated in most of the cases to reduce the risk of infection. A relatively high number of the respondents said that they had been socially isolated after diagnosed with TB. In these isolated people most were elderly.

“My grandchildren do not play with me anymore. Their parents have restricted them of coming close to me.”

The primary effects of stigma and discrimination allied with TB in developing states are social isolation of TB patients, both within and out of family where the patient may be evaded by past contacts, friends and associates and in the family where the person may be enforced to sleep and take food alone. Women were more likely to suffer with this stigma and discrimination.

“When I was diagnosed with TB, the very first thing my husband did was shifting in children's room. I sleep alone and use separate utensils.”

While in some families having more knowledge about the spread of TB, patients did not face such problems at least at the end of their family. Many people told that they follow the instructions of doctors to avoid infection.

Social Contacts with Other Family Members

Avoiding TB patients is a common practice because of the infectious nature of the disease. When it was asked about their social contacts with other family members, many respondents told that their relationship with family members had been confined due to illness. Nevertheless, many respondents had normal relations with family members. It was also found in the study that elderly and women were more vulnerable to this but with more knowledge of disease this situation has changed to some extent.

"In my home everyone knows about my disease and that I am having treatment. They don't sense anything wrong. They don't hate me somewhat they take extra care of me."

Restriction of Contacts with Friends

A number of respondents said that their contact with friends had been limited while relatively high number of the respondents did not experience any change in relationship with their friends. The respondents who faced this change were mostly admitted in hospital. Respondents were also not able to share their friends' sorrows and pleasures that affected their friendship somehow.

“My friends who I work with are aware of my disease. They asked me not to hide my status. They help me as far as possible.”

When it was put forward that friends changed their attitude to a person having TB, the reply was that no such change had been noticed in the behavior of close friends.

Attending Family Gatherings

A relatively high number of the respondents did not attend family gathering. Stigma attached to TB and fear of getting infection transmitted made people to avoid TB patients. Majority of the hospital admitted respondents were not attended the family gatherings. Numerous researchers report that TB patients isolate themselves from rest of the family and other people to avoid the embarrassing and awkward situations due to TB stigmatization.

This study reported that the attitude of people had forced TB patients to confine them to their home. Slightly different results were found in a study of Nepal, it was reported that patients evade social interactions since they wanted to protect others from TB spread otherwise subsequently others are not able to evade interacting with them (Newell *et al.*, 2009).

These concerns about discriminating TB patients may arise from past relics from the time when TB remained far more challenging to cure, combined with inadequate understanding about disease. Some respondents did not attend family gatherings because they are either admitted in hospital or are too ill to go anywhere. The others avoid gatherings because of the negative attitude of people yet many respondents told that people do not invite them in such gatherings.

TB patients usually cut off themselves from their families and friends predominantly from children, due to the fear of spreading the disease. This self-discrimination continues during the course of treatment.

“At my cousin's marriage I noticed relatives avoiding and neglected me. Though they did not say anything but their behavior was changed. I decided not to visit any relative until I complete my treatment.”

Relatives' Attitude

Though initially families were more supportive, tenderhearted and caring when patients were sick, but with the passage of time, the stress grew. Caregivers of the patients got more stressed with time. The pressure enforced by disease became more apparent in third and fourth months of TB treatment with caretakers getting exhausted, household resources proving inadequate and with emergence of other priorities.

Severity of Illness

Social and psychological support from family and society can help patients to tolerate the unpleasant and extensive treatment by which consequently treatment affects. Patients responded that they felt encouraged and motivated when they had the support from their families and relatives while the negative attitude raised mental pressure and feelings of heavy heart which affect their treatment negatively. They thought to leave their treatment incomplete. Avoidance, neglecting, blaming, cussing and anathematizing patients suffering from a chronic or over a long time period disease is commonly observed especially when the person is already marginalized in family and society.

EFFECTS OF TB ON BEHAVIOR OF PATIENTS

The changed behavior was not only the result of exhausted illness period but also of the mental pressure, economic stress, fear of future effect of disease that might include falling in prey of poverty, decreased status in family and society, marital problems and difficulties in employment. There was a slight difference between the responses of admitted and non-admitted patients. Hospital admitted patients did face this change at high level because they were not only facing isolation but they also had no social and psychological

support of family.

In a study conducted in Brazil about common characteristics of TB patients' sexuality in São Paulo State, adverse feelings for instance fear, shame, prejudice, isolation, as well as disapproval were stated by maximum number of the respondent (Bertazzone, 2000). The long duration of treatment, changed behavior of family members and friends accompanied with economic burden affect TB patients psychologically and change their behavior. This behavior change is very important factor that might affect the patient's thinking of this illness and treatment. It was studied that respondents with positive thoughts and behavior were more satisfied with their treatment and were improving more quickly.

Anxiety

A greater amount of psychiatric ill health like denial, desperateness about life, anxiety, tension and feeling ignored by family, friends, coworkers and rest of society are common in TB patients. Eram *et al.* (2006) stated that majority of patients' first reaction to the identification of TB was considered adverse. The anxiety in respondents was not a mere result of physical illness but was an outcome of the psychological pressures they were facing. Tuberculosis is curable yet it is so highly stigmatized that it results in worry and depression not only for the patients but also for their family members. Many patients told that infectious nature of TB disease made them anxious.

Depression

Many TB patients feel deserted and have phases when they sense depressed. Patients feel depressed, lonely and worry regarding their future and family concerns. The present study aligned with a UK research recounted high level of depression in addition to anxiety amongst patients on diagnostic stage of TB (Kruijshaar *et al.*, 2010).

A majority of out-door patients did not have depression. In contrast, the admitted patients were experiencing this dilemma in great ratio. There were

patients who did not face such situations as their stay in hospital was of less time duration. The depression in patients was due to the long and time consuming treatment. It is not easy to take such long treatment especially when they were under financial strain. The admitted patients were worried about their families, females felt depressed due to impact and effect of their disease on their children. Those patients who were too ill to take care of their children properly were facing more problems.

Difference in Status

TB patients face change in their status especially when they are unable to earn or when women are unable to perform their household chores. Women experience this change more often. The male respondents told that economic dependency on family was the main reason of this change in status. While the reason for women behind this change were their prior status in family. Females who already were taken inferior and were facing discrimination felt this decrease more obviously. Failing to perform household chores and matrimonial issues were underlying causes of decrease of female status after diagnosis of TB.

The status that TB patient possessed in the family greatly influenced the response of family members towards that patient. A male patient, particularly being head of the family, was mostly well supported and treated with respect. Regardless of the illness, his position in family was rarely questioned. A female, on the contrary, was left with lack of care and support (Johansson, 2000).

Family Support

Worthy sustenance and care are considered as getting compulsory devotion and support in everyday routine, financial help, ethical care and inspiration for quick recovery. It was observed during the study that patients, who were having economic and emotional support and encouragement of family were more satisfied and had a higher rate of recovery. The patient's perspective

about the medication period advanced; if treatment was completed or disrupted appeared to be of considerable significance (Johansson et al. 1999; Johansson, 2000). The study also found that the value and the status ascertain to family members was significantly reliant on prevalent gender norms in a community.

Comparison of Gender

When respondents were asked to give their opinion about the social problems of women affected with TB, respondents said that women with TB face more social problems as compared to men those who differed in opinion were few and they stated men and women equally face these problems.

“In our society all responsibilities go to females no one criticizes a man. Our people can't overlook even the very slight mistakes of womenfolk; nevertheless they relentlessly disregard the immense faults of males.”

Balasubramanian found in their study that females in south India sensed TB stigma more intensely as compared to men. Connolly *et al.*, (1996) stated that TB is a main source of preventable suffering then demise in womenfolk. The social and economic effects of TB stigma vary in male and female. Men are more anxious about the influence of TB stigma on their economic and financial prospects, which may contain losing job and reduction in income. Though TB stigma also disturbs their economic status, womenfolk incline to be more worried about the adversely impact that TB stigma will have on their marital prospects or that their families will turn away from them. According to the respondents, women with TB face more social problems because of negative and careless attitude of family. For many respondents low social status of women is the main cause behind this stigmatization.

“It's not about being a TB patient particularly, they treat you contrarily (badly) for the reason that you are girl.”

Experiential records (Johansson, 2000) showed that men folk, regardless of their sickness, were supported besides respectably treated by family. Moreover, Liefoghe *et al.* (1995) stated that females were divorced as of TB

disease in Pakistan. In addition, Nair *et al.* (1997) recounted from India that females were anxious about refusal by partners, harassment by in-laws besides reduced probabilities of wedding, if unmarried.

Problem in Marriage

Many respondents were afraid of missing their chance of marriage including both males and female. On the topic, a male respondent mentioned his confidence that;

“I don't even think that any female will reject to espouse me for the reason of my suffering from TB.”

Single females often find it problematic to get marry because of perception by probable spouses and in-laws. On the contrary, wedding matters are considered extremely perplexed with gender concerns. Baral *et al.* (2007) found matrimony and work can become problematic if people evade or not communicate about the disease with others. Newell *et al.*, (2009) mentioned in their study that marriage can be delayed due to the length of treatment period.

Relationship with Spouse

TB diagnosis is considered to affect the relationship of patients with his/her spouse. Many respondents said that their relation with spouse did not change while there were cases in which respondents faced changes in the attitude of their spouse. Women with TB face this problem more often as compared to males. According to Psychologist, level of relationship with spouse is supposed to be very much influential on physical and mental health. Female respondents stated less caring behavior and biased treatment at hubby's family whereas males get both physical and emotional support from wife. Stigma ran to discernment and delayed the sustenance and care mechanism.

“Feeling neglected from your life partner is worse feeling especially when you need his care and attention”.

It was reported by various respondent that the psychological support, care and affection from their life partner has contributed in their treatment.

Marriage Being Impaired Due to TB

Divorce or separation is not common and improbable to happen as an outcome of TB. It is considered to be threatened when the marriage is recent or not accepted particularly by the hubby's family (Newell *et al.*, 2009).

“My mother said 'you have married an ill girl?'. They (my family) knew that TB is curable yet they pressurized me to divorce my wife because I married against their consent.”

“I don't know what my future will bring. I am afraid of my husband's attitude. I miss my son he is too young to live without mother. Even if he was afraid of the disease he could have told me and we would take precautions to avoid infection but he did not wait.”

DISCUSSION

TB patients face a significant change in the attitude of people and behaviour of their families. Public awareness is required to change people's mind set. People must be educated about the spread and effects of disease; they must be educated to treat TB patients with love and affection. Health education for masses is highly recommended in combating tuberculosis. People should be educated about the prevalence, spread and effects of TB through different campaigns. Organizing public awareness events, developing partnership with schools and colleges, celebrating world TB day, and using print and electronic media can be highly effective. Women are more vulnerable to this reaction because they are already thought inferior in cultural practices. Tuberculosis controls programs ought to be profound to the restrictions females are confronted with in accessing medical facilities, empowering females not only commencing rather completing treatment. Patients with TB face anxiety and get depressed more often. Counselling of patients and their family members are important for treatment. Facilities of psychological treatment and counselling of patients must be provided in health units and tuberculosis care centres. Stigma attached to TB makes patients' social life difficult. TB patients face problems in finding life partner while the situation

gets worse in case of females. Problems are created in marital affairs. The encouragement and support of family is very important for fighting the disease. In many cases, family gives support but most of the time it is only financial support but patients need care, attention and psychological support as well. Counselling facilities should be provided at hospitals for both patients and their families.

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Right-brained People and Psychotic Tendencies

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ABSTRACT

The research is being conducted to examine the Social and inter-personal behaviour of Right-brained creative people and their tendencies toward psychosis. In this research, one hundred and twenty post graduate and M.Phil students were selected for data collection by employing simple random sampling technique. They were tested through Right-brain & Left-brain assessment tools to differentiate between Right-brained and Left-brained people and then were included in further research process. Correlational analysis of results indicates that Right-brained people have significantly higher tendency towards Psychosis, given that most (86%) of the Right-brained people were found prone to psychotic tendencies, as compared to the Left-brained who showed only 55% ratio of these tendencies in results.

Keywords: Right-brained, Left-brained, Creativity, Psychosis, Psychotic Tendencies

INTRODUCTION

We may hear people describe themselves as strictly "right-brained" or "left-brained," with the left-brainers bragging about their math skills and the right-brainers touting their creativity. That's because the brain is divided down the middle into two hemispheres, with each half performing a fairly distinct set of operations. Much of what is known about brain function is owed to Roger Sperry, whose experiments examined the way human brain's hemispheres operate both independently and in concerned with each other. The two hemispheres communicate information, such as sensory observations, to each other through the thick corpus callosum that connects them. Both hemispheres exhibit strong, but not complete, bilateral symmetry in both structure and function. The brain's right hemisphere controls the muscles on the left side of the body, while the left hemisphere controls the muscles on the

right side of the body. Our Left hemisphere is responsible for our right eye blink and vice versa. Because of this criss-cross wiring, damage to one side of the brain affects the opposite side of the body. In general, the left hemisphere is dominant in language processing, what we hear and handling most of the duties of speaking. It's also in charge of carrying out logic and exact mathematical computations, Logic, critical thinking, numbers, reasoning. When we need to retrieve a fact, our left brain extracts it from our memory.

The right hemisphere is mainly in charge of spatial abilities, face recognition and processing music. It performs some math, but only rough estimations and comparisons. The brain's right side also helps us to comprehend visual imagery and make sense of what we see. It plays a role in expressing and reading emotions, colour, and intuition and particularly in interpreting context and a person's tone and is best at expressive and creative tasks.

RIGHT-BRAIN CREATIVITY AND PSYCHOSIS

Right brain has a direct link toward “Creativity” and “Innovation”. The main functions of right brain include; making new patterns, concentrating on the holistic meaning and imagery memory (also helps in Fantasy). So, researches shows a clear and strong relation between Right hemispheres and creativity. People like Artist, Poet, Painters, Writer, Scientist, Mathematician, Musician, Dancer and Architect are considered mostly Right brained. A few from the long list of such accomplished scientists and artists like Pablo Picasso, Rembrandt Van Run, Walt Disney, Leonardo da Vinci, Thomas Edison, Louis Pasteur, Alexander Graham Bell, Vincent Van Gogh, Ernest Hemmingway and Albert Einstein are one of those who mark the history of mankind with their rare essence of Creativity.

If we go for biographies of these people, we will come to know that every gifted person has to pay the price, equal to his/her worth. These people have had problems wit mood, persecution, social alienation, psychological trauma, substance abuse, high stress and other such environmental factors which are associated with developing and perhaps causing mental illness.

Many famous historical figures gifted with creative talents may have been affected by bipolar disorder. Ludwig van Beethoven, Virginia Woolf, Ernest Hemingway, Isaac Newton, Judy Garland and Robert Schumann were the people whose lives have been researched to discover signs of mood disorder. In many instances, creativity and psychopathology share some common traits, such as a tendency for "thinking outside the box," flights of ideas, speeding up of thoughts and heightened perception of visual, auditory and somatic stimuli. Van Gogh, who famously chopped off part of his left ear during a bout of depression, was a sufferer - along with the brilliant Russian dancer Vaclav Nijinsky, Nobel prize-winning mathematician John Nash who also had a life-long struggle with schizophrenia. Mood disorders were identified in such famous writers and artists as Ernest Hemingway, who shot himself after electroconvulsive treatment and Virginia Woolf, who drowned herself when she felt a depressive episode coming on, composer Robert Schumann, who died in a mental institution and even the famed visual artist Michelangelo.

Another study involving more than one million people, conducted by Swedish researchers at the Karolinska Institute, reported a number of correlations between creative occupations and mental illnesses. Writers had a higher risk of anxiety and bipolar disorders, schizophrenia, unipolar depression, and substance abuse, and were almost twice as likely as the general population to kill themselves. Dancers and photographers were also more likely to have bipolar disorder. However, as a group, those in the creative professions were more likely to have a close relative with a disorder, including anorexia and, to some extent, autism, and the Journal of Psychiatric Research reports. According to psychologist Robert Epstein, PhD, creativity can be obstructed through stress.

EARLY TRACES AND HISTORY

The association between bipolar disorder and creativity first appeared in literature in the 1970s, but the idea of a link between "madness" and "genius" is much older, dating back at least to the time of Aristotle. Greek

philosophers, those who wrote about the creative process emphasized that creativity involves a regression to more primitive mental processes, that to be creative requires a willingness to cross and re-cross the lines between rational and irrational thought. Plato said that creativity is a "divine madness...a gift from the gods."

The Ancient Greeks believed that creativity came from the gods, and in particular the Muses, the mythical personifications of the arts and science, and the nine daughters of Zeus, the king of the gods. The idea of a complete work of art emerging without conscious thought or effort was reinforced by the views of the Romantic era. As a Roman poet Seneca once said "there is no great genius without a tincture of madness. One of Shakespeare's characters says, "The lunatic, the lover and the poet are of imagination all compact," and Marcel Proust said, "Everything great in the world is created by neurotics. They have composed our masterpieces, but we don't consider what they have cost their creators in sleepless nights, and worst of all, fear of death."

In this century the clinical literature, particularly the psychoanalytic writing, is full of theories about the relationship between creativity and emotional illness (Feldman, 1989; Greenacre, 1957; Jamison, 1993; Lowenfeld, 1941; Niederland, 1976; Panter, Panter, Virshup & Virshup, 1995; Pickford, 1981; Richards, 1981; Rothenberg, 1990). A long-held view in psychiatry is that artistic endeavours heal the artist, whose work is then healing to others. It is important to note that the studies tend to focus on a subpopulation of artists in particular: writers, poets, and visual artists.

A study by psychologist J. Philippe Rushton found creativity to correlate with intelligence and psychotics. Another study found creativity to be greater in 'schizo-typal' than in either normal or schizophrenic individuals. While divergent thinking was associated with bilateral activation of the prefrontal cortex, schizo-typal individuals were found to have much greater activation of their *right* prefrontal cortex. Three recent studies by Mark Batey and Adrian Furnham have demonstrated the relationships between schizo-typal

and hypo manic personality and several different measures of creativity. Particularly strong links have been identified between creativity and mood disorders.

Another study involving more than one million people, conducted by Swedish researchers at the Karolinska Institute, reported a number of correlations between creative occupations and mental illnesses. Writers had a higher risk of anxiety and bipolar disorders, schizophrenia, unipolar depression, and substance abuse, and were almost twice as likely as the general population to kill themselves. Jamison's (1993) work suggests that periods of creative productivity are preceded by an elevated mood. It is as if certain types of moods open up thought, allowing for greater creativity. She stated that depressions may have an important cognitive influence on the creative process.

BIOLOGICAL FACTORS

Psychologists have discovered that creative people have a gene in common which is also linked to psychosis and depression. They believe that the findings could explain why "geniuses" like Vincent van Gogh and Sylvia Plath displayed such destructive behaviour. The gene, which is called neuregulin 1, plays a role in brain development but its variant of it is also associated with mental illnesses like schizophrenia and bipolar disorder.

Researchers from Semmelweis University in Hungary recruited a group of volunteers, and they were scored based on the originality and flexibility of their answers. Volunteers with the specific variant of this gene were more likely to have higher score on the creativity assessment.

In summary, there is evidence of a link between creativity and abnormal tendencies, including Psychosis, especially within the subpopulation of writers, poets, and visual artists. There is a higher incidence of creatively gifted people among certain mental disorders than in the general population. So, it is being predicted that Right-brained people are more prone to psychotic tendencies than Left-brain People.

METHODS

The research was conducted to study and examine the social, inter-personal and behavioural aspect of Right-brained people, in which relation with their family, friends, general approach toward life, reality and social norms have been asked and most of all the relation between Right-brained, creativity and psychosis and schizophrenia has been studied. It was predicted that Right-brained people and their tendencies toward psychosis and Schizophrenia are more significant than Left-brained people. As Right-brained people have prominent feature of art, creativity and imagination in their personality so the research was being conducted in two renowned Art Institutes "College of art and design and National College of arts." First, students (Male, Female) from Master's and M. Phil of the same institutes were randomly selected and they were tested through an assessment tool to determine their category in which they fall, either Right-brained or Left-brained. For the sake of defining their category, 'Right brain and Left brain Test' was applied on them. On the basis of their result, 60 Right-brained people and 60 Left-brained people were selected for further research process and sample of the sixty (n-60) students were included in survey and research. They have been given the likert scale questionnaire, which consist of 30 questions. Each question was given with 5 options to be chosen such as Never, Little, Sometimes, Often, Every time. Each question was the indication of the tendencies of different psychotic feature such as delusion of grandiose, delusion of Persecution, mood disorder, suicidal ideations, depressive episodes etc. The data has been compiled afterward and then different statistical methods were applied to find out the final results and to draw inferences of different co-relational findings.

ANALYSIS AND DISCUSSION

Table 1: *Demographic characteristics of respondents*

	Demography	N (%)
1	Gender	
	Male	50 (42)
	Female	70 (58)
2	age	
	21-23	18 (15)
	23-25	76 (63)
	25-27	26 (21)
3	Institute	
	Collage of art and design Punjab University	39 (65)
	National Collage of Arts	21 (35)
4	Level	
	Master	18 (30)
	M.F.A	38 (63)
	M.phill	4 (7)

Table 1 depicts the demographic characteristics of the respondents. Out of the total sampled population, 70 (58%) were females and 50 (42%) were males. The reason of women ratio is greater because studies show that more women are Right-brained than men, so there are probably more chances for women to be selected for this study. The study is aligned with Ned Herrmann's book "The Creative Brain". A major study by Kevin Ho, undertaken as part of his doctoral dissertation clearly shows that women are significantly more right brained than men. Majority of the respondents 76 (63%) were in the age group of 23-25 years. because they all were post graduate students and that is the usual age for post graduate level in Pakistan. Most of the respondents did belong to College of Arts and Design, University of the Punjab.

Table 2: *Distribution of responses of right-brained People*

Sr.No	Questions	Yes (%)	No (%)
1	Do you feel detached from your close relations, your friends and family?	48 (80)	12 (20)
2	Do you don't find people worth talking to?	35 (58)	25 (42)
3	Do you have those thoughts that nobody can relate to/understand?	51 (85)	9 (15)
4	Do you do self talk and self laugh?	54 (90)	6 (10)
5	How often people do underestimate or take advantage of you or your talented?	27 (45)	33 (55)
6	How often you feel alien in your surrounding?	47 (78)	13 (22)
7	How often people around you get jealous of your talent?	23 (38)	37 (62)
8	How often you have emotional problem that nobody can understand?	57 (95)	3 (5)
9	Do you have mood problems?	55 (92)	5 (8)
10	Do you have emotional complexities?	51 (85)	9 (15)
11	Do your emotional intensity cause depressive Mood or self harm for you?	46 (77)	14 (23)
17	How often you feel overwhelmed by your creativity so it can lead you wherever it wants?	50 (83)	10 (17)
18	Do you feel yourself 'chosen one' or a revolutionary person?	35 (58)	25 (42)
19	How often you feel alien in your surrounding?	57 (95)	3 (5)
20	Do you feel that 'being alien' can help you to understand this world or to invent/create better?	54 (90)	6 (10)
21	Do you feel that this world has become so worthless to live anymore?	39 (65)	21 (35)
22	Do you believe in your fantasies as a reality and their chances to come true?	46 (77)	14 (23)
23	Do you have to think beyond the real existed world and have odd/unfamiliar sensations?	28 (47)	32 (53)
24	Do you break norms and create disturbance in for society/surrounding?	31 (52)	29 (48)
25	Do you tag yourself as 'Abnormal' ?	53 (88)	7 (12)

The first and most prominent feature which can lead a person to psychosis is isolation, withdrawal and detachment from his/her surroundings including loss of interest in peers. Significant majority of the respondents 48(80%) of Right-brained people feel detached from their close relation like family and friends. The study aligned with the research namely; “social isolation enhances morphological changes in the neonatal ventral hippocampus lesion rat model of psychosis”. Study reported that 58% of Right-brained people don't find people worth talking at all around them. An early Warning Signs of Psychosis is; change in thought pattern including disorganized thinking, Preoccupations/paranoid thinking and weak contact with reality. Result shows their tendency of self-talk and self-laugh is significantly prominent as 90 % of the Right-brain people are frequently engaged in it and according to studies, Suspiciousness/uneasiness with others and spending a lot more time alone than usual are the early traces of Psychosis, as 78 % of them feel alien in their surroundings. Psychosis has a clear relation with Mood Disturbance and emotional complexities. According to Krabbendam, (2005) development of depressed mood predicts onset of psychotic disorder in

individuals who report hallucinatory experiences. In addition, more than 87 % of Right-brained people agreed that they do have mood swings and emotional complexities, and they often feel depressed. There were 77 % of the Right-brained has shown Delusion of Grandiosity in their result which is an essential feature of Psychotic tendencies and schizophrenia. Studies indicate that suicidal behaviour, suicidal ideation and hopelessness are first-episode of psychosis. Nordentoft have studied that patients with first-episode psychosis comprise a high-risk group in terms of suicide. According to our findings 65 % of Right-brained people are prone to Suicidal ideations and relative tendencies of self-harm. Significant majority of the respondents (88%) openly tagged themselves as abnormal and deviant from the norms. This differentiate them from any other Psychotic patients because they are somehow fully aware about the behavioural deviancy in their behaviour, because findings shows that their instinct of 'think outside the box' cause them to deviate that's why 83 % of them feel overwhelmed by their creativity and they think it can lead them wherever it wants.

Responses and results indicate that psychotic and anti-social tendencies are miner in left-brain people as compared to right-brained. Only 20% of left brained are feeling detached from family, and close relation. Their anti-social tendencies are less than 15% as compare to right brained people who possessed a ratio of 65% in this regard. Less than 15% suffered with emotional intensity and its related problem. Only 12% of left-brained are prone to suicidal tendencies, as compared to right-brained people where suicidal tendency rate has reached 65%. The only positive relationship can be seen in the result where more than 50 % of the people believe on their fantasy and waiting for a chance to make them true.

Table 3: *Responses of Left brained people*

Sr.No	Questions	Yes (%)	No (%)
1	Do you feel detached from your close relations, your friends and family?	12 (20)	48 (80)
2	Do you don't find people worth talking to?	9 (15)	51 (85)
3	Do you have those thoughts that nobody can relate to/understand?	6 (10)	54 (90)
4	Do you do self talk and self laugh?	25 (42)	35 (58)
5	How often people do underestimate or take advantage of you or your talented?	21 (35)	39 (65)
6	How often you feel alien in your surrounding?	9 (15)	51 (85)
7	How often people around you get jealous of your talent?	25 (42)	35 (58)
8	How often you have emotional problem that nobody can understand?	14 (23)	46 (77)
9	Do you have mood problems?	10 (17)	50 (83)
10	Do you have emotional complexities?	13 (22)	47 (78)
11	Do your emotional intensity cause depressive Mood or self harm for you?	3 (5)	57 (95)
17	How often you feel overwhelmed by your creativity so it can lead you wherever it wants?	6 (10)	54 (90)
18	Do you feel yourself 'chosen one' or a revolutionary person?	3 (5)	57 (95)
19	How often you feel alien in your surrounding?	5 (8)	55 (92)
20	Do you feel that 'being alien' can help you to understand this world or to invent/create better?	14 (23)	46 (77)
21	Do you feel that this world has become so worthless to live anymore?	7 (12)	53 (88)
22	Do you believe in your fantasies as a reality and their chances to come true?	32 (53)	28 (47)
23	Do you have to think beyond the real existed world and have odd/unfamiliar sensations?	29 (48)	31 (52)
24	Do you break norms and create disturbance in for society/surrounding?	37 (62)	23 (38)
25	Do you tag yourself as 'Abnormal' ?	33 (55)	27 (45)

Table 4: *Responses toward psychosis*

	Classification	Yes (%)	No (%)
1	Right-brained People	52 (86)	8 (14)
2	Left-brained people	33 (55)	17 (79)
3	Right-brained women	39 (91)	4 (9)
4	Left-brained women	19 (70)	8 (30)
5	Right-braind men	13 (76)	4 (24)
6	Left-brained men	15 (45)	18 (55)

As the result documents, 86 % of the right-brained people have shown their tendency toward Psychosis and mental disturbance more significantly as compare to the second part of the result of Left brain people, where only 33% of the Left brain people are prone to psychotic tendencies. The positive relation with psychosis is more prominent in Female participant in both Category of Right and Left brain. The result revealed that 91% of Right brain and 76% of Left brain women are more prone to psychotic tendencies. A major study by Kevin Ho, undertaken as part of his doctoral dissertation clearly shows that women are significantly more right brained than men. The

second finding shows the Herrmann thinking preferences, in which Ho's studied that women scored an average of 79.1% compared with men at 73.9%. On the measure of people skills and in Ho's study women scored an average of 74.9% compared with men at 55.5%.

CONCLUSION

The findings depict a clear relation between Right-brained people and psychotic tendencies. Almost 86% of the Right-brained people were found more prone to psychosis and other mental and mood disturbances including emotional detachment, suicidal ideal, grandiose, persecutory behaviour and flight of ideas. On the other hand, only 55% of the Left-brained people showed a positive link with psychosis by their collective responses. They were least concerned with the emotional problems, worthlessness and emotional detachment. They are more social, interactive and open. Especially the responses of female participants were interesting and surprising throughout. As findings suggested that in both, Right-brained and Left-brained people, female participants prominently score higher on psychotic tendencies scale as compared to men.

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Articles

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Right-brained People and Psychotic Tendencies

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