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Email : editorhhecu@gmail.com
Website : hhe.cugujarat.ac.in

We are happy to announce the publication of an International Journal of research in education entitled: ***Horizons of Holistic Education*** with International Standard Serial Number (ISSN). You are invited to send your original research papers and research articles for the publication in ***Horizons of Holistic Education*.**

The Journal of *Horizons of Holistic Education* (HHE), published by the Children's University, is an International quarterly Interdisciplinary Journal which covers topics related to holistic development of children. HHE covers all the areas which deal with the children, such as Child education, Child psychology and Panchkosh development of children, children's literature and so on. It also includes intellectual efforts encompassing Sociology, Vedic Science, Medicine, Psychology, Drawing, Music, History, Geography, Home Science, Philosophy, Economics, Commerce and Literature concerned with Children. The researches based on such topics shall be given priority.

Aim and Scope — an International journal of ***Horizons of Holistic Education***(quarterly) aims to publish original research papers, related to the theory and practice of various disciplines of Humanities. We invite you to contribute your fulllength research papers, short communications and Review articles and Articles concerned with holistic modern development in the area of liberal sciences pertaining to the children's studies.

FROM THE VICE CHANCELLOR'S DESK

National Education Policy- (NEP) 2020 has given us a new pathway to restructure and bring reformation in the present education system. In Bharat Varsh there has been two other policies for the education. Implicit biases operate at a non-conscious level and tend to affect minority and/or marginalized groups more and inhibit their growth in society. Long-standing biases, tend to establish prejudices amongst even the most liberal communities and also operate in academic institutions. In particular, biases within academia are likely to negatively impact the career progression of particular groups. For example, research administered in Western countries, which are typically viewed as liberal has shown discrimination against faculty based on characteristics such as gender, race, and age. Considering student evaluations, White and male lecturers tend to receive higher scores and are believed to have greater command over their subject compared to lecturers who are female and from minority races. Looking ahead, technology is set to play a crucial role in providing education, with emerging technologies such as Virtual and Augmented Reality being used, where instructors and students are represented by virtual avatars. It is therefore also essential to understand how avatars as instructors are perceived by students, and if these well-documented biases carry over to virtual characters as well.

Standards in education, worldwide, are not new; they are often tied up in education reform as well as testing and accountability (Sleeter, 2012). As more skilled jobs require a college degree or some sort of postsecondary certification, in the U.S., "college readiness" has become a ubiquitous phrase (McCaughy & Venzia, 2015). To provide context, in Texas College and Career Readiness standards (CCRS) are meant to define how "ready" students are to begin their careers after secondary school (grade 12) or embark on postsecondary pathways. College and Career Readiness (CCR) has become part of reform discussions and standards creation, both nationally with the Common Core State Standards (CCSS) and with some state standards, such as Texas' College and Career Readiness Standards (Educational Policy Improvement Center, 2009). Standards and accountability systems are decades-old concepts, and they routinely serve as sorting mechanisms for students and schools globally, though they are unique to particular areas.

The NEP 2020 has done well by loudly recognizing the challenges faced by gendered categories, minorities and children with special needs. It has also done well in terms of proposing a series of laudable steps including education SEZs to address the structural challenges of education in inaccessible regions. Yet, the new policy errs on multiple fronts. While it may have proposed a new category by clubling many socio-economic groups for administrative efficiency and better allocation of resources, it does injustice to these historic categories such as Dalits and Adivasis. By doing this, it fails to acknowledge the unique sets of challenges faced by these groups. Similarly, its silence on affirmative action for certain categories can throw up multiple challenges at the time of implementation. To cut the long story short, the roadmap proposed to promote equity and inclusion for special categories is paved with potholes.

Horizons of Holistic Education is the academic journal that offers the writers and readers, scholars and teachers the new dimensions to be explored in the lives of every individual. The festive season of the Diwali bring happiness and joy to all our stakeholders.

Regards,

Dr. Harshad A. Patel
Vice Chancellor
Children's University

FROM THE CHIEF EDITOR'S DESK

Horizons of Holistic Education journal is the journal of education. HHE it is fondly known for its quality. National Education Policy-2020 is propagated as the bench mark in present era. While the policy does lay emphasis on gender sensitization, what needs more attention is the curriculum. The component of sex education needs to be carefully added and be made a mandatory part of the teaching-learning process

The National Education Policy (NEP) 2020 envisages equitable and inclusive education for all, with special focus on children and youth, especially girls, from socially and economically disadvantaged groups. The policy's focus is important because despite effort to educate women, the dropout rate for girls is still high after secondary education. The enrolment ratio too dips at the secondary and higher secondary levels. Among many reasons, the onset of menstruation and the lack of availability of hygienic toilets are responsible for girls leaving school without completing education.

The NEP 2020 intends to meet this challenge through its Gender Inclusion Fund (GIF). The fund will be used to provide quality education to all students. Hopefully, it will also be used to ensure facilities ---- secured and hygienic toilets ---- would definitely be a part of GIF's infrastructural checklist. Besides toilets, hostel facilities for girl students have been recommended by NEP. This would be welcome in those areas where students have to travel long distances to reach school.

NEP 2020 appears to have recognized the fact that female students are disadvantaged in additional ways and so in the four Socio-Economically Disadvantaged Groups (SEDGs) that have been identified within this policy, females form at least half of each of these groups. The policy hopes to locate specific social causes such as gender stereotyping and customs and beliefs that have perpetuated the unequal treatment meted out to girls, including their education. It is hoped that issues specific to girl students and the other marginalized genders do not get diluted after having been co-opted within SEDGs.

NEP 2020 aims to address the issue of gender inequity in recruitment of teachers in rural areas. The policy hopes to adopt new methods that will ensure that merit and qualifications are taken into consideration and that women teachers are provided appropriate forums for recruitment. It is a fact that sound teacher training is imperative for quality education.

The policy has underlined the necessity for teachers and facilitators like Anganwadi workers to undergo proper training to counsel the families of girl students. This inclusion of the family for counseling is significant as the gap between an educated girl child and her uneducated family leads to a different set of problems.

India has witnessed visible improvement in education especially with regard to education infrastructure and student's enrollment in the recent years. In particular, the Right to Education Act 2009 has successfully managed to increase enrolment in the upper primary level (Class 6-8). Nationally, between 2009– 2016 the number of students in the upper primary level increased by 19.4 percent. Implementations of schemes of sanitation and safety have also helped sustain this enrollment in the country. The Census 2011 recorded literacy of women at 65.5 percent, for Muslims it had raised to 68.5 per cent and for

Schedule Caste communities it had climbed to around 66 percent. Despite significant improvements in many crucial areas, Indian education systems continue to grapple with challenges of inequity and exclusion. Access to quality school education is still a dream for most rural population and the vulnerable and marginalized groups. This is even more acute in the higher education sector.

The National Educational Policy (NEP), 2020 attempts to address the growing inequality and inequity plaguing country's education system today. Among others, the NEP 2020 recognizes high dropout rates among socio-economic strata and vulnerable minorities. More importantly, there is recognition of barriers that lead to inefficient resource allocations such as small school campuses and causes for lesser participation of the girl child in rural areas. It also recognizes the unmet educational needs of children living in geographically difficult regions. The analysis piece takes a quick tour of key recommendations on inclusive education and records some of the key challenges that the NEP has to take head on.

Regards,

Dr. Jignesh B. Patel
Chief Editor,
Horizons of Holistic Education

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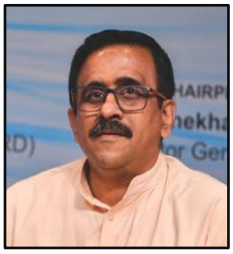

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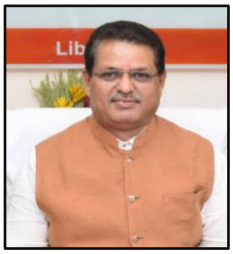

Prof. Shashi Kant Sharma
Professor,
Department of Journalism and Mass Communication,
Himachal Pradesh University, Shimla, PIN 171 0050
Ph:- 91-177-2833731, Telephone:- 91-177-2833731
Email:- shashikanthpu@gmail.com

Editorial Board (In Alphabetical Order)

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Complex Carbohydrates and Gestational Diabetes Control without Insulin

MONIKA R. MER, (Registered Dietician)

B.Sc. (Food & Nutrition), PGDD,
M.Sc. (Home Science), Ph.D., (Pursuing)

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ABSTRACT

Gestational diabetes (GDM) is hyperglycemia that is recognized for the first time during pregnancy. GDM is associated with a wide range of short- and long-term adverse health consequences for both mother and offspring. Historically, insulin has been the therapeutic agent of choice for controlling hyperglycemia in pregnant women. However, difficulty in medication administration with multiple daily injections, the potential for hypoglycemia, and increase in appetite and weight make this therapeutic option cumbersome for many pregnant patients. We want to present an overview of the lifestyle adjustments that can be advised in the management of GDM in this research. The diet for women with GDM should include enough macronutrients and micronutrients to promote the foetus' development while also limiting postprandial glucose excursions and encouraging normal maternal gestational weight gain. Carbohydrate consumption determines blood glucose excursions and hyperglycemic episodes. Nutritional counseling should thus concentrate on the kind, quantity, and distribution of carbohydrates in the diet. So, in this article, we tried to study the treatment of gestational diabetes without the use of insulin. Continued research is needed to understand and develop tools to facilitate patient adherence to treatment goals, individualize interventions and improve outcomes.

Keywords: Diabetes, Insulin, Carbohydrates, Diet, Nutrients.

Introduction

Gestational Diabetes is a type of diabetes that only pregnant women are susceptible to developing. Gestational, in reality, refers to the time of pregnancy. Gestational diabetes

occurs when a pregnant woman develops diabetes or hyperglycemia for the first time. Gestational diabetes mellitus (abbreviated GDM) is the medical term for this condition. Gestational diabetes can only be explained with a basic understanding of diabetes. The complications of gestational diabetes might be catastrophic if they are not managed. If you have gestational diabetes, the best method to ensure a safe pregnancy is to adhere to your doctor's treatment plan.

If gestational diabetes is not addressed, it might cause major health complications. If you have gestational diabetes, the best method to ensure a safe pregnancy is to adhere to your doctor's treatment plan.

Recall that gestational diabetes is unique to pregnant women. There are many physical changes that occur during pregnancy. Pregnancy, in this situation, had an effect on your metabolism. During pregnancy, your insulin is unable to complete its job. Your cells can't use the sugar in your blood because your body can't move it out of your blood and into them.

Epidemiology and Pathophysiology of Gestational Diabetes

Epidemiology

In different locations of India, the prevalence of gestational diabetes has been observed to range from 3.8 percent to 17.9 percent. Because of the huge range of living situations, socioeconomic levels, and dietary habits in India, it is impossible to forecast any standard prevalence levels of GDM. The American Diabetes Association (ADA), the International Association of Diabetes and Pregnancy Study Group (IADPSG), and the Diabetes in Pregnancy Study Group of India (DIPSI) have all suggested that GDM screening be made mandatory. In India, where diabetes is highly common, the chances of discovering preexisting diabetes with screening are fairly high. Despite the high incidence of GDM in Indian women, pregnant women are not routinely screened for the disease as part of the standard prenatal care.

Pathophysiology

In pregnancy, insulin resistance begins to build as early as the second trimester and continues to rise into the third trimester. Insulin sensitivity decreases by about 50 percent in late pregnancy. Placental hormones, which have been shown to reduce insulin sensitivity, are also a major factor to insulin resistance. Post-delivery changes in insulin resistance suggest a role

for placental hormones in the process. These hormones are produced by the placental lactogen (formerly known as human placental lactogen) and are bound and released by HCS (HCS, formerly known as human placental lactogen). HCS increases insulin production in the foetus and reduces glucose uptake in the mother's peripheral tissues. Insulin resistance can be caused by an increase in hormone synthesis when the placenta grows in size during pregnancy. Normal pregnancies in non-diabetic women compensate for the loss of glucose tolerance by increasing beta cell size through first and second phase insulin responses. This extra insulin secretory potential is lacking in women, which leads to GDM. GDM-related beta-cell failure can fall into one of three categories: One or more of the following: Autoimmune, monogenic, or occurring on a background of insulin resistance (as is most common).

Reason for Avoidance of Insulin

There are several hormones that inhibit insulin from acting properly in the placenta, the system of capillaries that carries nutrition, blood, and water from mother to foetus. It's known as insulin resistance. In order to maintain a normal metabolic rate, the placenta's hormones must be overcome by three times the normal quantity of insulin.

A healthy blood sugar level for most women is maintained by the additional insulin produced by the pancreas. It's very uncommon for 5% of pregnant women to have blood sugar levels that are too high even with the extra insulin they receive. Gestational diabetes or elevated blood sugar occurs throughout the second and third trimesters of pregnancy. In order to detect the effects of insulin resistance on your body, testing for gestational diabetes is typically performed between the 24th and 28th weeks of pregnancy.

Effects of Gestational Diabetes

Gestational diabetes can cause a variety of health issues, including the following. If you have gestational diabetes, it does not mean that you will experience any of these issues at all.

- Babies with macrosomia have larger than average bodies. Large-bodied babies can be damaged during natural delivery and may need to be delivered via caesarean section if it is the only option. In these babies, the most common problem is shoulder dystocia.
- When a baby's blood sugar is too low, it's called hypoglycemia. As soon as possible,

you may need to begin nursing to provide the baby's body with the glucose it needs. If you are unable to begin feedings, the baby may need to receive glucose through a thin, plastic tube inserted into his or her arm.

- Babies with jaundice have a yellowish appearance to their skin and white areas of their eyes. The baby's jaundice isn't a big deal if it's taken care of properly.

- a condition in which a baby has difficulty breathing, known as respiratory distress syndrome (RDS). RDS may necessitate the use of oxygen or other breathing aids for the baby.

- This could induce twitching or cramping in the baby's muscles if the baby has low levels of calcium and magnesium in their blood. Taking calcium and magnesium supplements can help alleviate the symptoms of this disease.

Relation among Carbohydrates, Glycaemic Index, and Glycaemic Load

Although carbohydrates are an important source of energy, they have a higher PPG than other macronutrients. Because an increase in PPG has been linked to a diet high in CHO [55 percent], it is advisable to limit CHO consumption in GDM. However, limiting CHO intake is not required to reduce PPG. PPG excessive increases can be prevented by slowing down the digestion and absorption of CHO. In addition to the total amount of CHOs, the type of CHO has an impact on blood glucose levels.. When it comes to digestibility and absorption, the length of CHO polymers may play a role.

In order to understand the impact of different foods on glycaemic response, glycaemic index (GI) and glycaemic load (GL) are used. Consuming CHO-containing meals results in an alteration of PPG, which causes the GR. When we talk about "available CHO," we're talking about how much CHO gets digested, absorbed, and used by the body. Glycaemic index (GI) is the proportion of the Glycaemic Response (GR) caused by 50 grammes of food with 50 grammes of glucose (CHO) (generally glucose or white wheat bread). High GI meals, such as rice and potatoes, cause a rapid rise in glycaemia, which then lowers quickly. Because they include CHOs that take longer to break down, fruits and dairy are termed low-glycemic index foods (LGI). These foods are considered high-glycemic index (GI) foods, which means that they contain a lot of carbohydrates that are quickly processed and digested. In contrast, LGI meals are digested and processed more slowly, with a GI 55. As a result, GI is a standardised

measure of GR, defined by a measured amount of CHO, and it is compared to a reference diet. In addition, it can serve as a gauge for the quality of CHO. The GL is an indicator of both the quality and quantity of CHO. When the GI is multiplied by the amount of accessible CHO in the food, the GL is determined (GL = GI x available CHO/food). It is simple to compare the glycemic load of various foods, meals, and diets using their GL values. For the first time, the term "GI" was used to describe a soldier. GI tables based on the reference approach produced by the International Organization for Standardization (ISO) are still in use. In addition to being used to classify and compare single items, GI is now being used to classify and compare mixed meals and complete diets. It is true that the weighted average of the GI of each food in a meal or diet is calculated, taking into account the quantity of CHO in it, in clinical studies and in clinical settings.

Figure 1: Diet chart for Gestational Diabetes patients

A further way to gauge the nutritional value of food is to look at the amount of nondigestible dietary fibre (DF), a plant-based CHO. Fruits, vegetables, and legumes all contain DF, which is a water-soluble substance. Soluble DF slows digestion, reduces PPG absorption, and lowers cholesterol intake. Wholegrain bread and cereals include insoluble DF, as do nuts and wholegrain bread. Potato and rice are rich in resistant starch. Reducing the metabolic activity of DF and resistant starch is impossible.

Role of Dietary Carbohydrates in GDM

Both the mother and the foetus require 175 grammes of dietary carbohydrates (CHO) per day, including 28 grammes of dietary fibre. It is generally known that dietary CHO have the biggest impact on blood glucose levels, which is why women with GDM should pay extra attention to the amount and type of CHO they consume. A wide range of dietary carbohydrates (CHO) have varying impacts on blood glucose levels and other physiological reactions. Dietary sugars such as sucrose and glucose are quickly digested and absorbed in the small intestine, resulting in a spike in blood glucose levels

that can be dangerous. In some cases, the structure of dietary CHO makes them difficult or impossible to digest, and this results in a smaller or delayed rise in blood glucose levels (e.g., low glycemic index, LGI). In the small and large intestines, nondigestible CHO components (fibre) can give physiological benefits such as stimulation of incretin synthesis, energy source for colonic bacteria, and regular bowel motions.

Increased glucose transport to the foetus is associated with greater postprandial glucose responses, according to early studies. Hyperglycemia is also substantially associated with newborn size and/or obesity. Studies have also shown that the overall amount of CHO or the type of CHO. ingested might have a significant impact on the maternal glucose responses. When sucrose and maltodextrin are replaced with more slowly digestible CHO in animal models of gestational diabetes, the detrimental effects of high-GI sucrose and maltodextrin on the pathophysiology of GDM can be reversed (i.e., isomaltulose and resistant maltodextrins). This means that in order to optimise maternal fasting and postprandial glucose levels during gestational diabetes mellitus (GDM), current dietary recommendations propose either restricting CHO intake or substituting HGI CHO with slower-digesting alternatives.

Nutritional strategies for avoiding gestational diabetes mellitus (GDM) have been studied. It is common for pregnant women to combine increased physical activity with calorie restriction by reducing or modifying the kind of CHO consumed in order to reduce or halt weight gain. There is a wide range of research and conclusions that have been drawn from it. Pregnant women who were overweight or obese were randomly assigned to either routine care or an intensive lifestyle intervention that included guidance to minimize intake of refined CHO in the LIMIT trial before 20 weeks of gestation, with over 2000 participants. LGA, RDS, and length of hospital stay were all lower in babies whose mothers participated in the intensive lifestyle intervention. A study of 139 women at high risk of GDM found that those who followed a low-GI diet required less insulin to maintain normal blood sugar levels ($p = 0.007$).

Requirements and Distribution of Nutrients during Pregnancy

Although there is no universal consensus on the exact calorie requirements during the three trimesters, a separate estimate of daily energy requirements during pregnancy is based on trimesters. Women with GDM, like those with NGTP, may have a wide range of total energy requirements, hence each patient should be weighed often during pregnancy.

Table 1: Additional daily calorie requirements during pregnancy

Trimester	NNR	IOM
1st Trimester	1103 kcal	0 kcal
2nd Trimester	329 kcal	340 kcal
3rd Trimester	537 kcal	452 kcal

Table 2: Recommendation of specific micronutrients in pregnancy

Micronutrient	NNR	IOM
Folic acid, µg/day	500	600
25-Hydroxyvitamin D, µg/day	10	5
Calcium, mg/day	900	1000
Iron, mg/day	40	27

Meal Frequency and Carbohydrate Distribution

To avoid excessive food consumption at the same time, a daily meal frequency of three main meals and two–three short meals or snacks is advised to avoid significant amounts of carbohydrate and, thus, lower the postprandial blood glucose seen in Figure 1.

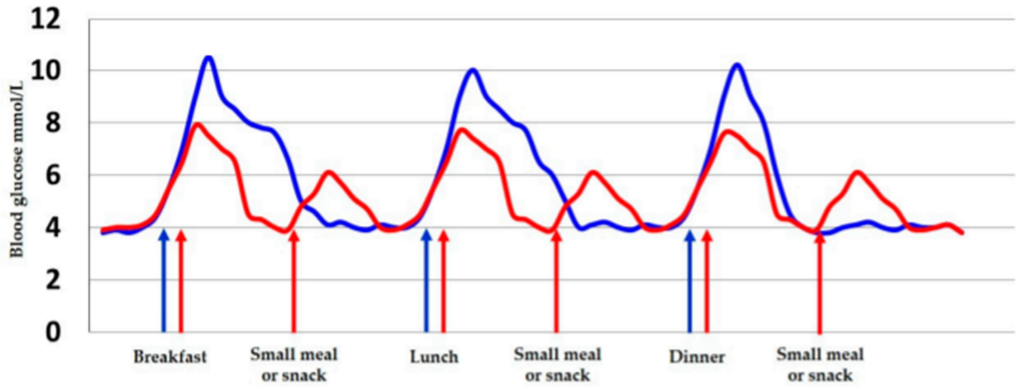

Figure 2: The blood glucose levels according to different strategies for daily food intake. Blue curve illustrates the normal meal pattern and red curve illustrates meal pattern in women with gestational diabetes mellitus (GDM) to avoid excessive blood glucose fluctuations and to preserve the planned number of calories to be ingested. Blue arrows: Three main meals. Red arrows: three main meals and three snacks.

Treatment for Gestational Diabetes with Help of Proper Diet

The goal of gestational diabetes treatment is to keep blood glucose levels in pregnant women who don't have the disease at the same level as those who don't. Special food planning and organised physical activity are always part of the therapy, as are daily blood glucose monitoring and insulin shots.

The American Diabetes Association recommends the following objectives for women who acquire gestational diabetes during pregnancy if you're measuring your blood glucose. For each person, more or less severe glycemic targets may be suitable.

- Before a meal (preprandial): 95 mg/dl or less
- One hour after a meal (postprandial): 140 mg/dl or less
- Two hours after a meal (postprandial): 120 mg/dl or less

If you've been diagnosed with gestational diabetes, you'll need assistance from your doctor, nurse educator, and other members of your health care team to adjust your treatment as necessary. For you, the expectant woman, good therapy reduces the danger of a caesarean section birth, which may be necessary in the case of particularly big newborns.

Following your treatment plan will ensure a successful pregnancy and birth, as well as assist your baby avoid future health problems.

Dietary Guidelines for gestational diabetes

It's critical to see a qualified dietician have your diet evaluated. The quantity of carbs you require at meals and snacks will be calculated by the nutritionist. You'll also learn how to keep track of carbs.

The following are some food suggestions to help you maintain a healthy blood sugar level:

Each day, divide your diet into three meals and two or three snacks.

When you eat too much at once, your blood sugar levels might skyrocket. It is critical that you do not miss meals. You have higher nutritional demands during pregnancy, and your baby requires a well-balanced diet.

Consume enough amounts of starch.

It's crucial not to eat too many starchy meals since they ultimately transform into glucose. Starch, on

the other hand, should be provided in every meal. One cup of total carbohydrate each meal, or two slices of bread, is a fair quantity.

One cup of milk at a time should be consumed.

Milk is a nutritious food that is high in calcium. Milk, on the other hand, is a liquid carbohydrate, and drinking too much at once might cause your blood sugar to spike.

Fruit servings should be limited.

Fruit is a nutritious food, yet it contains a lot of natural sugars. One to three servings of fruit per day are permissible, but only one at a time. One very little piece of fruit, half of a big piece of fruit, or around a one-half cup of mixed fruit is a portion of fruit. Fruit that has been bottled in syrup should not be consumed.

Breakfast is crucial.

Because of regular hormone swings, blood sugar regulation might be challenging in the morning.

Refined cereals, fruits, and even milk may be difficult to digest in the morning. You should not consume these meals for breakfast if your post-breakfast blood sugar level rises too significantly after eating them. Breakfasts that include carbs and protein are generally the most well tolerated.

Fruit juice should be avoided.

A glass of juice necessitates the use of numerous fruits. Juice is a rich carbohydrate source. Juice may swiftly elevate blood sugar levels due to its liquid nature.

Limit your intake of sweets and desserts.

Carbohydrates are commonly found in cakes, cookies, sweets, and pastries. These meals frequently contain a lot of fat and provide relatively little nutrients. Also, stay away from any sugar-sweetened drinks including conventional sodas.

Stay away from added sugars

Add no sugar, honey, or syrup to your meals.

Conclusion

Obstetricians, gynecologists, dietitians, pediatricians, cardiovascular specialists, nephrologists, ophthalmologists, and nursing personnel all play a role in the care of gestational diabetes.

Obstetricians and endocrinologists are still grappling with how to best treat GDM. So one can treat it with proper nutritional diet according to requirement of their body.

Dietary counselling should be delivered to all women with GDM by a professional dietician, as it is the cornerstone of GDM therapy. The influence of nutrition on blood glucose is critical for reducing difficulties later in life, such as delivery issues, caesarean section, LGA-babies, and type 2 diabetes. The lady should be given instructions on how to build a diversified diet and avoid hyperglycemia. Carbohydrate consumption should be prioritized since the type, quantity, and distribution of carbohydrate are all critical factors in postprandial blood glucose levels.

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Causes and Preventions for Juvenile Delinquency In India

Roli Gupta & Prof. H. B. Patel
Research Scholar, School of Education, Central University of Gujarat
Dean, School of Education, Central University of Gujarat

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ABSTRACT

Juvenile delinquency is considered as one of the serious social problems in India and the rise in juvenile cases is a major concern.Juvenile Delinquency is considered as a criminal activity which is carried out by a person who is under the age of 18 years. The activities and actions carried out by a juvenile which seem to be harmful for a society is regarded as the juvenile child. The mindset among the youngsters of our nation must be timely curbed so that it doesn't make them habitual criminals in their future life. The children need to be stopped from becoming juveniles from the very beginning. The children are considered as the assets and wealth of the nation and they should be given proper education, proper care and a good environment which can inculcate good traits in them. A proper care from parents and teachers are basic preventive measures which will prevent children from becoming delinquent.The current study discusses in detail the concept of Juvenile Delinquency. It also discusses the Juvenile crime rate from 1995–2021. The article concludes by elaborating the Causes/Factors of Juvenile Delinquency and also the various Preventive measures to prevent Juvenile Delinquency among the children.

Keywords: Juvenile Delinquency, National Crime Records Bureau (NCRB), Crime, Law, India

Introduction

Children are considered as the future of our nation, and it becomes the responsibility of each and every member of a society to ensure they have a safe and friendly environment where

they can live happily (Belwal & Belwal, 2016).The children deserve a healthy environment which can make them civilized citizens who are physically fit, mentally conscious, and socially active. It becomes the duty of a society to provide equal opportunity to all the children which can prevent children from becoming delinquent (Lamb, 2018).The Delinquent behaviour among juvenile children's has taken serious formswhich provides us a sign of an unhealthy society. The deviant behaviour among children has affected our societies to a great extent and it is a wakeup call for those who are going to be affected by it (Ansari).

Juvenile Delinquency is considered as a criminal activity which is carried out by a person who is under the age of 18 years (Phogat, 2017; Chandolu, 2015). It is committing of offences or criminals acts by minors. These activities does not fall under the category of 'crimes' as they would have been for adults. These kinds of crimes committed by minors or juveniles are called as "delinquent acts"(Belwal & Belwal, 2016). There are various reason behind delinquency and some of the reason as highlighted by Roshini & Sreelatha (2018) in their study are "Poverty, Drug Abuse, Anti-social Peer Group, Easy accessibility of guns, Abusive guardians, Single-parent kid, Nuclear Family, Family Violence, Child sexual mishandle and Role of Media. The researcher further claims that in India, poverty and impact of social media are the two factors that guide adolescents towards criminal acts.

Juvenile in Conflict with Law in India

Haveripet (2013) in their research study highlight the juvenile delinquency crimes from 1995-2005 and the study reveals that 1995 to 2005, a total number of 146,262 cases of juveniles crime under IPC were reported (Fig 1.1). Chaudhary & Chakraborty (2019) in their research study reveals that the Compound Annual Growth Rate (CAGR) for various types of crimes under Juvenile Delinquency has been recorded as 3.35%. The rape being committed by juveniles has been increased by 7.14% (Fig 1.3). In the year 2012, a total number of 35,465 juveniles were held under IPC (Belwal & Belwal, 2016). During the year 2014, 2015 & 2016, a total number of 38455, 34533 and 35849 cases were registered against juveniles in various states of India. The highest number of cases were reported from Delhi (44.6%), Madya Pradesh (24.5%), Chandigarh (24&), Chhattisgarh (19.4%), Maharashtra (17.5%), Puducherry (15.3%), Mizoram (14.3%), Sikkim (13.5 %), Haryana (12.8%), ArunachalPradesh (12.1%), Tamil Nadu (11%), Himachal Pradesh (9.4%), Telangana (8.9%), A& NIsland (8.6%), Meghalaya(8.4%). Also in 2014, 2015 and 2016, 38455, 34533 and 35849 cases were registered in Haryana against Juveniles (Bhardwaj & Neeraj, 2021).

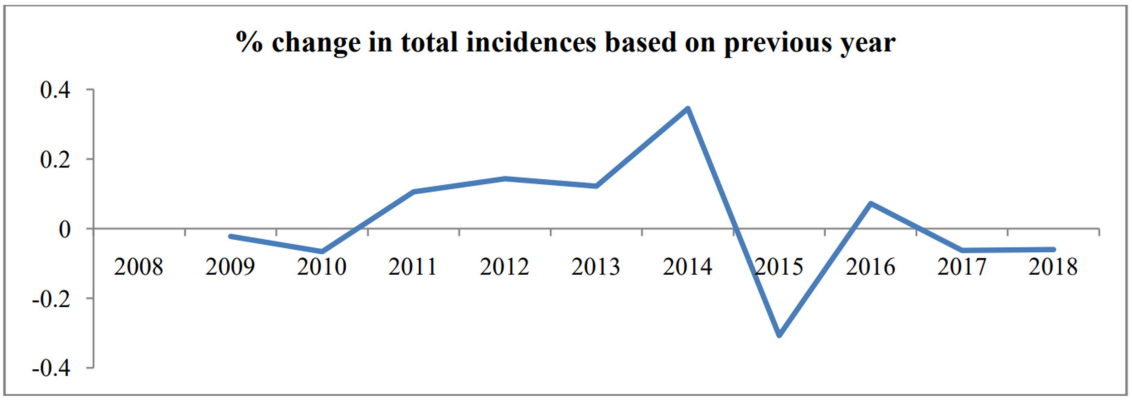
"The National Crime Records Bureau (NCRB)" 2018 report reveals that in 2018, a total number of 31,591 cases were reported and 38256 juveniles were arrested in India. The maximum number of incidents were reported from Maharashtra (31,591 cases), Madhya Pradesh (5,232 cases) and Delhi (2,727 cases). The report also reveals that a total number of 29,024 incidences were registered under IPC and 2567 under SLL. Further, all India rate of juveniles Delinquency was 7.1 in 2018 (per one lakh population). The UT of Delhi reported highest rate (48.7 per one lakh of population) followed by Chandigarh (34.3), and Chhattisgarh (19.0). As far as the metropolitan cities are concerned, the highest incidents of juvenile crimes were reported from Delhi (2,388 cases), Mumbai (863 cases), and Chennai (502 cases) (Hazarika & Goswami, 2020).

The Snapshots of States/UTs for Crime in India – 2021 report was released by "National Crime Records Bureau". The report highlighted the number of crimes being committed. In India, a total of 60,96,310 crimes were registered in the year 2021. This includes 36,63,360 Indian Penal Code crimes and 24,32,950 Special & Local Law (SLL) crimes. "The crime rate registered per lakh population declined from 487.8 in 2020 to 445.9 in 2021". During 2021, a total number of 31,170 cases have been registered against the Juveniles. It depicts an increase of 4.7% over the year 2020. The crime rate also witnessed an increase from 6.7 in 2020 to 7.0 in 2021. Among 31,170 cases, atleast 37,444 juveniles were apprehended. Out of 37,444 apprehended juveniles, 32,654 were apprehended under IPC and 4790 juveniles were apprehended under SLL. It was also found that the juveniles apprehended under IPC and SLL belonged to the age group of 16-18 years of age (Crime in India – 2021).

Fig 1.1: Incidence of Juvenile Crimes under IPC from 1995-2005

Sl. No	Year	Incidence of		Percentage of Juvenile Crimes To Total Crimes	Estimated Mid-Year Population * (In Lakh)	Rate (Incidence of Crime per Lakh Population)
		Juvenile Crimes	Total Cognizable Crimes			
1	2	3	4	5	6	7
1	1995	9766	1695696	0.60	9160	1.1
2	1996	10024	1709576	0.60	9319	1.1
3	1997	7909	1719820	0.50	9552	0.8
4	1998	9352	1778815	0.50	9709	1.0
5	1999	8888	1764629	0.50	9866	0.9
6	2000	9267	1771084	0.50	10021	0.9
7	2001 @	16509	1769308	0.90	10270	1.6
8	2002	18560	1780330	1.00	10506	1.8
9	2003	17819	1716120	1.00	10682	1.7
10	2004	19229	1832015	1.00	10856	1.8
11	2005	18939	1822602	1.00	10028	1.7

(Haveript, 2013)



(*Hazarika & Goswami, 2020*)

Fig 1.3: CAGR of Various crimes under Juvenile Delinquency (2010-2015)

Year	Rape	Kidnapping & abduction	Dacoity	Robbery	Burglary	Theft	Total Cognizable Crimes
2010	**858**	**524**	**97**	**551**	**2271**	**4930**	**22740**
2011	**1149**	**760**	**134**	**639**	**2609**	**5320**	**25125**
2012	**1175**	**789**	**174**	**767**	**2625**	**5528**	**27936**
2013	**1884**	**1121**	**160**	**904**	**2860**	**6386**	**31725**
2014	**1989**	**1455**	**182**	**1024**	**2546**	**6717**	**33526**
2015	**1688**	**1630**	**193**	**1358**	**2605**	**6046**	**31396**
CAGR	7.14*	**10.3****	**5.44***	**7.78****	**0.90**	**2.32***	3.35**

(*Chaudhary & Chakraborty, 2019*)

Causes/Factors of Juvenile Delinquency

Haveripet (2013) in his study highlighted various reason and causes of for Juvenile Delinquency. The researcher claims that there is no particular reason for juvenile delinquency, but a variety of reasons are response for it. The researcher identifies 04 primary risk factors like "Individual, family, mental health and substance abuse" which can identify young people who are inclined towards delinquent activities. Kohli & Mittal (2019) in their study claims that there exists various cause of Juvenile Delinquency like "Bad company, adolescent instability and impulses,early sex experience, mentalconflicts,extreme social suggestibility, love of adventure, motion picture, school dissatisfaction, poor recreation, street life,vocational dissatisfaction,sudden impulse, and physical conditions of all sorts." The researchers also highlight two main factors like Social ad Personality factors as a cause for juvenile delinquency. Under Social factors, the researchers highlight various other factors like "Broken Homes, Poverty, Companions and Gangs and Beggary. Similarly, under

personal or individual factors, the researcher discuss various other reasons like "Mental Deficiency in Delinquency and Emotional Problems of the Individual". Reeta & Singh (2020) in their study highlighted various causes which influence juvenile delinquency like "broken family, Social causes, Financial problem in family, Psychological problems in family, Peer group influence and Illicit drug use".

Chowdhury et al. (2012) reveals in their study that majority of the juveniles are not getting their basic needs fulfilled from their families which ultimately forces them to involve in criminal activities. A majority of delinquents 43.33% live in slum areas where the environment is not appropriate for socialization. Also,the residential areas of delinquents is not crime free andin 36.84% of these areas, the incidents likemurder and hijackingare taking place. Further, among the 66.67% families had conflict and quarrel and atleast 30% juveniles noticed that due to lack of good relation, their parents quarrelled. Mishra & Biswal (2018) discussed various attributes which lead to delinquency. These attributes include "social factors like family influence, economic background, bad neighbourhood, deviant peer andeducational failure". Similarly, Kumar (2020) also highlights various factors like "Bad company, Adolescent instability and impulses, Early sex experience, Mental conflicts, Extreme social suggestibility, Love of adventure, Motion picture, School dissatisfaction, Poor recreation, Street life, Vocational dissatisfaction, Sudden impels and Physical conditions of all sorts". The researcher discussed in detail various "social factors and socio-economic or environment factors". The social factors include broken homes, poverty, delinquency areas, companions & gangs and Beggary. The socio-economic or environment factors include school dissatisfaction, films and pornographic literature and deep-seated inner desires. Singh & Kiran (2012) also discuss various causes of juvenile delinquency. These causes include family, economic problem in family, psychological problems in family. Peer group influence and drug use. The study also claims that a strong parent child relation can decrease the delinquent behaviour among children.

The existing literatures on causes of delinquency reveal that there is not a single factor or cause for delinquency among children. Infect there are various causes and factors that contribute towards delinquency. Overall, the condition of family, economic status of families, broken homes, influence of peer group etc. are the causes and factors which contribute towards delinquency.

Prevention of Juvenile Delinquency

The cases of Juvenile Delinquency are increasing at an alarming rate. There is urgent need for taking steps to prevent children from becoming delinquent. The education of children start from their home, and it becomes the responsibility of parents to keep an eye on the activities of the children. Imparting education among children, providing better guidance are also preventive measures which contribute towards good personality among children. The education of parents, family counselling, youth mentoring, educational support are some prevention service which restricts children in getting involved in criminal or antisocial activities (Mathur, 2020). The family interventions are considered as one of the best method to tackle the juvenile delinquency. The parents need to be taught how to behave with their children by organizing various educational and awareness programs. The parents should talk to their children regarding various behaviour issues. The mind of children need to keep refreshed by providing them various extra-curricular activities like dance, music, painting, sports, and marital arts (Rayavarapu, 2021). There is need of establishing recreational facilities and services for young people. Other than recreational facilities and services, special programmes like rehabilitation schemes should be started for youth which helps them in avoiding the stress (Sandeep, 2021). The present youth can also be prevented by providing them various economic opportunities, better education, and professional training. The youth need to be provided with assistances schemes for establishing their businesses (Tripathi, 2016). The delinquent children need to be observed by their parents as well as teachers. Their behaviour pattern and the influence of peer group will also help in preventing them from becoming delinquent children. While focusing on these areas, these is also a need to promote the mental health of the children (Sivakami & Prabhu, 2019).

Conclusion

The cases of delinquency are rising very fast, and its prevention is necessary so the future crimes can be stooped. The delinquent children mainly come from those families where the problem among the relationship lies. Poor financial condition, poor guidance and counselling, poor parental attention are also some reason for arousing delinquency among the children. There is an immediate need to aware our societies about this problem. The workshops and awareness programmes on delinquency can help the societies to understand this problem. The children mainly learn from their surroundings, and it is important that the surrounding need to be good for the children. The parents need to provide due care in developing their children and need to ensure that children are brough up in a good and proper atmosphere.

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A Study of Mental Health of Rural Adolescents

Nibedita Bhowmik & Dr. Shilpa S. Popat
Research Scholar & Assistant Professor
Centre for Studies & Research in Education, School of Education
Central University of Gujarat

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ABSTRACT

Mental health is one of the most important aspects of adolescents' lives. One's mental health is determined by how well they process information. Better mental health is linked to education because it allows people to make more choice, which ultimately give them more control over their lives. The aim and objective of the current study was to explore the level of mental health among adolescents in reference to gender, standard (XI & XII) and parental education. The study is a cross-sectional survey which was conducted on 82 adolescent students studying in XI and XII classes. The data was collected by using the standardized research instrument "The Mental Health Battery" developed by Arun Kumar Singh and Alpana Sen Gupta. The collected data was analyzed through Percentage Analysis and statistical test't' and ANOVA. The study reveals that a significance difference was found in mental health of boys and girls adolescent students. On the other side significant difference was found in mental health among XI and XII standard adolescent students. But no influence of parental education was found in mental health of adolescent students.

Keywords: Mental Health, Adolescents, Educational attainment

Introduction

There are 1.2 billion people aged 10-19 years at present who have mental health issues and India is considered home to these adolescents where around 243 million adolescents have

more issues than any other country (UNICEF, 2012). As individuals transition from childhood to adolescence is an important developmental period. The success of this transition and building a foundation for healthy and productive adulthood depends on ensuring that adolescents receive the assistance they need in every area of their lives, including mental health. To ensuring the new changes of adolescence education is the crucial weapon. In this stage adolescent mainly suffering mental health problem, more than 13 percent of adolescents aged 10-19 lives with diagnosed mental disorder as defined by the world Health Organization. The life of adolescents is surrounded by various problems which include academic stress, peer pressure, and emotional and hormonal changes. They can live a mentally stable life by possessing various social and emotional skills. One's thinking process, feelings and ability to observe a situation are all significantly influenced by their mental health. A person having proper mental health enjoys their lives and copes with the challenges by using their experiences, technique, and skills as per the situations. Education enables people to make better decisions, which make them feel more in control of their lives. On the other hand lack of resilience and control associated with low education level and that affected not only the individuals but also the family. It follows that education is linked to greater mental health. Formal education has an eminent impact that raises learner's awareness about themselves and their families' psychological development and well being (Feinstein, Sabates, Anderson, Sorhaindo, & Hammond, 2006). Education which is connected to general knowledge, logic, emotional self regulation and interpersonal skills, is one of the protective factors against mental health issues. The education system teaches people to use their minds: learning thinking, reasoning and even solving problems are mental exercises that may stimulate the central nervous system in the same way that physical activities stimulate the body. (Ross & Wu, 1995). In this sense, embodied mental capabilities are conceptually comparable to fitness and coordination, well established component of health and well-being. (Hahn, & Truman, 2015).

The gap between those with a college degree, those with a high school degree or some college and those with less than a high school degree widens as people get older, suggesting that the effects of education are felt across the lifespan and that have cumulative effects on mental health and well being over time. As studies tend to focus on the education level of mothers or well educated parents, it is unclear whether education is equally important for a child's mental health.

Adolescents' mental health is influenced greatly by their family socio economic status, including their family income, parents' education level etc. Basic education is an integral part of being healthy (Hahn, & Truman, 2015). Mental health problem is the most important and burning issues in the adolescents in present scenario. Parental influence on children's mental health during childhood is larger than it is during adolescence, which has been associated with elements like parental educational level (Sonego, Llácer, Galán, & Simón, 2012). Aside from adolescents spending less time with parents than children, parental influence and control diminish as they grow older. Furthermore, peer groups have a significant impact on the mental health of teenagers throughout adolescence. Mental health problems among children aged 12 to 15 were not influenced by the educational status of their parents.

Literature Review

Dhuria, et al. (2009) studied the mental health status of senior secondary school children. The findings showed that 113 individuals (24%) had scored 16 or more the cut of score, which indicates that they had mental health 'morbidity'. Boys and girls respectively had scored higher than 16 or 16 in 68(28.5%) and 45(20.5%) cases, indicating that there were some problems in mental health, and they need additional evaluation. Sonego, Llacer, Galan, and Simon (2013) in their study found a significant correlation between parental education and the mental health of the children as reported by their parents. The result also indicated that this is stronger than the other associated variable like family income and social classes. Assari (2018) found that parental socio economic status, particularly parental education, had a general protective effect by lowering the likelihood of poor mental health. Mikkanon, Remes, Moustgaard and Martikainen (2020) their findings imply that parental educational level and adolescents health issues are both significant but primarily independent predictors of educational attainment. These factors do not appear to be connected in a meaningful way, with low parental educational levels causing health issues and lower educational attainment. Maheswari, Chaturvedi, and Gupta (2020) also found below-average mental well-being in two third (36.7%) of adolescent girls, whereas (62.2%) are an average level and only 1% have in the above average level of mental well-being. This is also positively correlated with cohesion, acceptance, caring, expressiveness, independence, active recreational orientation, and organization of the dimensions of family environment in different significant levels among adolescent girls. Fakhrunnisak and Patria (2022) indicate that parents' educational attainment and their offspring's mental health are related, but they distinguish between various connections depending on the gender of the parents and offspring. From this

investigation, the researcher highlighted that while a mother's education does not have a lasting impact on her children's happiness. A father education has a long term impact on the happiness of his children. The impact of a father's education over time on his daughter's depressed symptoms is another significant finding. Last but not least, the different effects a mother's education has on her children. To improve adolescents' health parents should strike a balance between their personal and professional lives, boost their awareness of parent child connection, spend more time with their child, and have more parent child interactions.

Objectives

1. To study the mental health level of adolescent boys and girls students.
2. To study the mental health level of adolescent students of class XI and XII standard.
3. To study the influence of parental education on mental health level of adolescent students.

Hypothesis

1. There is no significant difference between mean score of mental health level of adolescent boys and girls students.
2. There is no significant difference between mean score of mental health level of adolescent students of class XI and XII standard.
3. There is no significant influence of parental education on mental health level of adolescent students.

Methodology

The present study was cross-sectional survey method where the data is collected from the students of XI and XII standards studying in West Bengal Council of Higher Secondary Education (WBCHSE) schools. The data was collected in face-to-face mode.

Sample

The sample of the study consisted of 82 adolescents aged 15-18 years. The majority of respondents were girls 45, and boys 37. The researcher collected data using a random sampling technique.

Tool

A standardized tool on "Mental Health Battery" developed by Arun Kumar Singh and Alpana Sen Gupta was used to collect the data for the current study. The tool has 06 dimensions having a total of 130 items.

Procedure for data analysis

The scoring for the questionnaire was made on the basis of the responses of the participants'. Their mental health levels were calculated with the response they have given. The researcher used percentage analysis for arriving at the findings of the study.

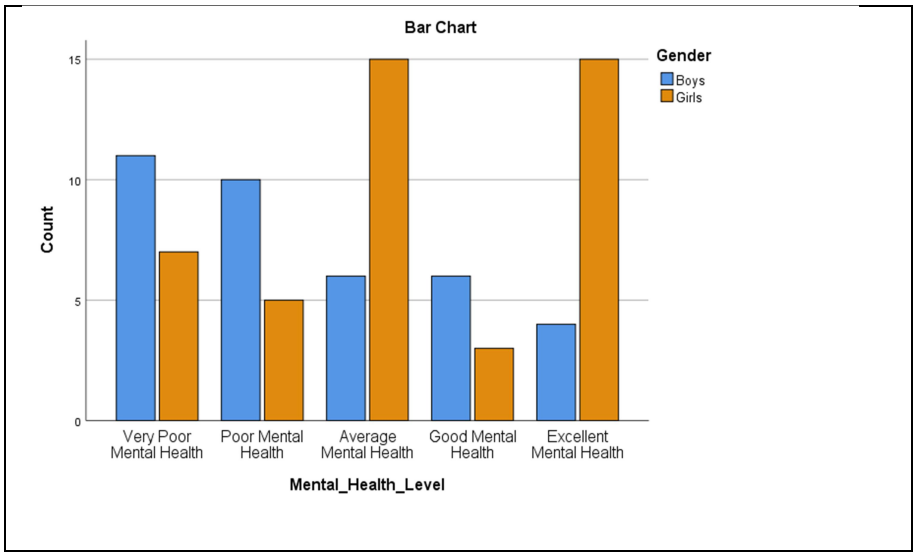
Results

Table 1.1: Mental Health Level of Adolescent Boys and Girls students

Mental Health Level		Gender		Total
		Boys	Girls	
Very Poor Mental Health	Count	11	7	18
	Percentage within Gender	29.7%	15.6%	22.0%
Poor Mental Health	Count	10	5	15
	Percentage within Gender	27.0%	11.1%	18.3%
Average Mental Health	Count	6	15	21
	Percentage within Gender	16.2%	33.3%	25.6%
Good Mental Health	Count	6	3	9
	Percentage within Gender	16.2%	6.7%	11.0%
Excellent Mental Health	Count	4	15	19
	Percentage within Gender	10.8%	33.3%	23.2%
Total	Count	37	45	82
	Percentage within Gender	100.0%	100.0%	100.0%

The table 1.1 reveals the mental health level of boys and girls. From table 1.1, it was revealed that 23% adolescents possess excellent mental health level in which 10.8% are boys and 33.3% are girls. Overall 11.0% adolescents possessed good mental health which included 16.2% boys and 6.7% girls. Around 25.6% adolescents possess average mental health which includes 16.2% adolescent boys and 33.3% adolescent girls. Around 18.3% adolescents possessed poor mental health which included 27.0% boys and 11.1% girls.

Furthermore, 22.0% adolescents fall in very poor mental health which includes 29.7% boys and 15.6% girls.



A Bar Chart of Mental Health Level of Adolescent Boys and Girls students

Table 1.2:Gender Differences

	Gender	N	Mean	Std. Deviation	Std. Error Mean
Mental Health Level	Boys	37	2.5135	1.36670	.22468
	Girls	45	3.3111	1.44320	.21514

Table 1.3: Mental Health Level of Adolescent Boys and Girls Students

		Levene's Test for Equality of Variance		t-test for Equality of Means						
									95% Confidence Interval of the Difference	
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	Lower	Upper
Mental Health Level	Equal variances assumed	.065	.800	-2.550	80	.013	-.79760	.31275	-1.41999	-.17520
	Equal variances not assumed			-2.564	78.373	.012	-.79760	.31108	-1.41686	-.17834

The hypothesis there is no significant difference between mean score of mental health level of adolescent boys and girls students. From the table 1.3 it is evident that the t-value is 2.55 which is significant at 0.05 level with df =80. It showed that the mean score of mental health level of adolescent boys and girls students differ significantly. Thus the hypothesis is rejected. Further the mean score of mental health level of adolescent girls' students is 3.31, which is significantly higher than that of boys' students whose mean score of mental health is 2.51.Then, it mayconclude that adolescent girls' students have better mental health than boys' students.

Table 1.4: Differences in Standard (XI & XII)

	Standard	N	Mean	Std. Deviation	Std. Error Mean
Mental Health Level	XI	54	2.6481	1.40293	.19091
	XII	28	3.5357	1.40059	.26469

Table 1.5: Mental Health Level of adolescent students of class XI and XII standard

		Levene's Test for Equality of Variance		t-test for Equality of Means						
									95% Confidence Interval of the Difference	
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	Lower	Upper
Mental Health Level	Equal variances assumed	.007	.935	-2.718	80	.008	-.88757	.32653	-1.53738	-.23775
	Equal variances not assumed			-2.720	54.840	.009	-.88757	.32635	-1.54164	-.23350

There is no significant difference between mean score of mental health level of adolescent students of class XI and XII standard. From the table 1.5 it is evident that the t-value is 2.72 which is significant at 0.05 level with df =80. It showed that the mean score of mental health level of adolescent students of class XI and XII standard differ significantly. Thus the hypothesis is rejected. Further the mean score of mental health level of adolescent students of standard XII is, 3.54, which is significantly higher than that of XI standard students whose

mean score of mental health is 2.65.Then, it mayconclude that adolescent students from XII standard scored better mental health than XI standard students.

Table 1.6: Parental Education and Mental Health Level of Adolescent Students

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	1.070	2	.535	.248	.781
Within Groups	170.735	79	2.161		
Total	171.805	81			

From table 1.6 it can be seen that the F- Value of .248 is not significant. It shows that the mean score of mental health level of adolescent students belonging in different parental education background did not differ significantly. So there is no significant influence of parental education on mental health level of adolescent students. Thus, the null hypothesis that there is no significant influence of parental education on mental health level of adolescent students is not rejected. It may therefore, be said that mental health level of adolescent students was found to be independent of different parental education background.

Conclusion

The study provided an initial understanding about adolescent students' mental health. The findings show that adolescents have a clear notion of mental health. The findings of the studies' can be used to create focused initiatives that improve mental health by nurturing and taking proper help and care to attain a good level of mental health.

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National Education Policy 2020: Exploring avenues related to Employability Skills and Skill based learning Programme

Dr. Brijen Patel
Assistant professor of Economics
Department of Economics
Government Arts and Science College, Bavla
Ahmedabad

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ABSTRACT

The paper is an attempt to review the National Education Policy 2020 in context of exploring different avenues related to imparting Employability Skills and Skill Based Learning Programmes. It mainly focuses on the issues explicitly associated with developing skilled human workforce to meet the demands of various firms and industries. Programmes like, Vocational Education, the role of National Skill Development Council (NSDC), Sector Skills Councils (SSCs), Bachelor of Vocation (B.Voc.) and Community Colleges (CCs) are discussed. It further attempts to examine what NEP 2020 proposes for skill based higher Education in order to understand the proposed education system. Lastly, some suggestions are proposed for its effective implementation towards achieving its objectives.

Key Words: Skill Development, Employment Skills, Vocational Education, Skills based higher Education programmes

Introduction

The National Education Policy 2020 of India has a challenge and henceforward goal to lift the country as a developed country by supporting developmental requirements according to 4th goal of United Nations "Sustainable Development Goals" (SDGs), which focus to "ensure inclusive and equitable quality education and promote lifelong learning opportunities for all" by 2030.

India has faith in that through NEP-2020, it can achieve this goal at least by 2040 with equitable access to better education to everyone irrespective of social and economic background. With a great vision to provide higher education to every citizen of the country with ethics and values to transform the country as an equitable and vibrant knowledge society and global knowledge superpower by improving the quality of education at all stage by creating a new ideal education system (Aithal P. S. and Aithal Shubhrajyotsna, 2020).

The employability skills can be defined as the core skills that are required to make an individual employable in different sectors. Employers should be required technical skills and soft skills to be possessed by individuals in order to be more equipped to carry out their duties more effectively. They also need to acquire some professional skills to be successful in the work place. These are also considered as transferable skills because you can apply them to a job in any industry. (Aier Sungjemmenla and Joseph Sunny, 2022).

It is evident that most of the countries have made their economic progress by enabling the vocational and skill capabilities of their youths. The skill development and enhancing the proficiency levels by imparting trainings has helped these nations to develop a large talent pool that has further contributed towards the national economic development. Many studies emphasized that there is a high correlation between vocational education and per capita income. The various study reports have exposed that vocational education appears to affect per capita income and employment positively. Keep these studies in mind; we need to rethink about the present education system adopted in higher educational institutions in our country. In present education system, Employability of our youth is missing. The industries and firms are always preferred highly talented and skilled youth to transmit their duties more effectively and profitably. The question is that, Are our educational institutions able to produce really skilled youth who have concrete employment potential? Except a few higher educational institutions, all other institutions are not carrying out for developing the expected skills, competencies among the youth for the employability.

The 21st Century has witnessed growing interests in skill development in emerging economies. Democratic countries like India want to create a knowledge economy with a special emphasis on sustainable growth in service and industry sectors. There are sketchy evidences of Indian

engineering students who have been unable to secure employment due to curriculum gaps between colleges and industries. Creative analytical and leadership skills do not match with industry's expectations. Thus, Vocational Education plays a vital role in bridging the skills gap of fresh graduates. Creative, analytical and leadership skills do not match with industry's expectations. Thus, tertiary institutions play a vital role in bridging the skills gap of fresh graduates (Blom and Saeki, 2011).

In our country, we have thousands of graduates passing out every year from various streams. According to the survey of Economic Forum, about 25 per cent of these graduates possess skills required for employment. To facilitate the vocational education in India, Vocational Courses being introduced through a diversifying process at Higher Education Levels (Kothari Commission Report, 1966). In 1986, the Education policy also stressed on vocationalisation of education and secondary and higher educational levels by introducing Socially Useful Productive Work (SUPW) as a separate subject. The New Education Policy of 2020 has strongly emphasised on bringing vocational education into the mainstream education besides introducing Lok Vidya.

The University Grants Commission has introduced some initiatives i.e. Bachelor of Vocational (B.Voc.) and Community Colleges programme for skill development in higher educational institutions. After completing the graduation, Candidates will have an additional vocational skill along with their degree. This will make them more job-worthy. Further, UGC has to expand its Knowledge Acquisition and Up gradation of Skilled Human Abilities and Livelihood(KAUSHAL) into all recognized higher educational institutions. Higher education policy has to change in accordance with new vistas of job opportunities. There is also an urgent need to motivate the students in educational institutions for entrepreneurship (Sibi K. J., 2020).

Objectives

The objective of present paper is to understand the National Education Policy 2020 of India. The paper reviewed the various avenues related to Employability Skills and Skill based learning Programmes introduced by Government of India. This includes the following specific objectives.

- To understand the Vocational Education and Skill Development in India.

- To examined the schemes Bachelor of Vocation and Community Colleges introduced by UGC.
- To understand the Role of NSDC and PMKVY for skill Development and Employability.

Vocational Education in India

Vocational Education provides student a broader perspective which goes beyond bookish knowledge and helps them use the hands on skills as a part of learning process. The main advantage of Vocational courses is that to it gives employment opportunities to the graduates who cannot fit into the conventional education system. If Vocational Courses are implemented effectively, they can provide skilled labour to various industries. The structure of these courses comprises more of practical training and very few contact classes which covers the theory part only (Sharma Jyoti, 2018).

National Curriculum Framework, 2005 stated that vocational educational can be effectively implemented outside the limits of conventional school education system. The same can be imparted with the help of various Polytechnic Institutes, Industrial Training Institutes and Community Colleges. The program was carried forward through National Vocational Education Qualification Framework (NVEQF) in 2012 and continued with NSQF (National Skill Qualification Framework) in 2014. Simultaneously, he NSDC (National Skill Development Council) framed the National Occupational Standards (NOSs) to scale the employable skills. It has given a proper platform to implement the suggestions stated in NEP 2020.

The New Education Policy (2020) on Vocational Education and Skill Development

The Union Cabinet of India approved the New Education Policy on 29th July, 2020. The Policy proposes to produce highly skilled workforce by stressing on hands-on skill based education right from the elementary level. The NEP 2020 envisions imparting 21st century and employability skills with no compromise on quality, says its draft panel head, ISRO chief K. Kasturirangan. The Policy, with emphases on life skills such as communications, teamwork, cooperation and resilience as one of its fundamental principle can be a revolutionary step in

making the youths of India skilled, employable and self-reliant which would in turn rejuvenate the nation.

Dr.VedPrakash, former chairman of UGC states the importance of vocational education in the light of NEP 2020. He states that the vocational education will continue to grow in demand and popularity. As per the NEP 2020, the education as a whole will concentrate more on development of skills and being justified to all levels of society and will be inclusive of education as well as hands0on training. The core objective of implementing the vocational programme is to offer interest in a particular field. This would lead to employment on large scale in various sectors. It will help in reducing the unrest and frustration amongst youth which mainly arises due to unemployment. The ultimately aim of education is to imparting skills and not only literacy and gaining knowledge. Further he stated that, the skills acquired should be of international standards and could be used worldwide. A country like India has two main advantages i.e., massive human resources, especially in the form of youth and constantly growing economy and industries due to liberal global business policies (Dr.VedPrakash, 2020 – The Daily Guardian).

Employability of graduates is a major concern for the country. The problem of unemployment is quite serious as India is the second-highest country which has a young population. Around 41 per cent population is of 15-19 years of age group. The Government of India introduced the first program, Skill India Development Mission with the collaboration of public & private sector in July 2015. The programme, implemented Work Integrated Training Programme. It was the first ever program introduced in the field of education in India. The main focus of the programme was to impart job-specific skills amongst graduate. The programme incorporated "Earn While You Learn" concept where the students could earn stipend when they were working in the industry as a part of the degree programme. (Kedar P., Deshpande A., and Khanolkar V. 2022).

Although, the best part of vocational programmes, it has been found by various research studies that the curriculum and the training modules of the present vocational courses are out-dated, inadequate and lacking relevance. Furthermore, the negative perception of deeming vocational courses as inferior to the main stream education still dominates the mind-set of the people. Thus, both students and parents do not consider vocational courses as a viable option in many cases

because of the stigma that comes along with it. In order to fully benefit from the demographic dividend that India enjoys at this time, the need of the hour is for the country to completely revamp and redesign the vocational courses to make it fresh and relevant (Aithal P. S. and Aithal Shubhrajyotsna, 2020).

Skill-based Initiatives taken in Higher Education in India

The 12th Five Year Plan Document of the Planning Commission laid a special emphasis on expansion of skill-based programmes in higher education. It recommends setting up of Community Colleges (CC) to serve multiple needs including following things:

(i) Career oriented education and skills to students interested in directly entering the workforce.
(ii) Training and education programmes for local employers.
(iii) High-touch remedial education for secondary school graduates not ready to enroll in traditional colleges, giving them a path to transfer to three or four year institutions.
(iv) General interest courses to the community for personal development and interest.

It also states that, Community Colleges (CC) will be located to facilitate easy access to underprivileged students and such colleges could either be established as affiliated colleges of universities or as entirely autonomous institutions. Government of India, in pursuance of the decision of Cabinet Committee on Skill Development in its meeting held on 19th December, 2013 issued a notification for National Skills Qualifications Framework (NSQF). Under the National Skill Development Corporation (NSDC), many Sector Skill Councils (SSCs) representing respective industries have/are being established. One of the mandates of Sector Skill Councils is to develop Qualification Packs (QPs) / National Occupational Standards (NOSs) for various job roles in their respective sectors. It is important to embed the competencies required for specific job roles in the higher education system for creating employable graduates. National Skills Qualifications Framework (NSQF) organizes qualifications according to a series of knowledge, skills and aptitude. National Occupational Standards (NOS) define the measurable performance outcomes required from an individual engaged in a particular task. They list down what an individual performing that task should know and also are able to do. These Standards can form the benchmarks for various education and training programmes to match with the job

requirements. Just as each job role may require the performance of a number of tasks, the combination of NOSs corresponding to these tasks from the Qualification Pack (QP) for that job role. The NPSs and QPs for each job role corresponding to each level of the NSQF are being formulated by the respective Sector Skill Councils (SSCs) set up by NSDC with industry leadership. The Curriculum, Which is based on NOSs and QPs, would thus automatically comply with NSQF (Sachan N. 2016).

National Policies for Skill Development

1. **National Skill Development Corporation:**
   National Skill Development Corporation has identified several skills to be developed for the industrial demands such as Information Technology, Entertainment and Media, Health Care, Security, Retail Tourism etc.
2. **National Skills Qualification Framework (NSQF):**
   The NSQF is a competency based framework that organizes all qualifications according to a series of level of knowledge, skill and aptitude. These levels, graded from one to ten, are defined in terms of learning outcomes which the learner must possess regardless of whether they are obtained through formal, non-formal or informal learning. NSQF in India was notified on 27th December, 2013.
3. **Scheme of Community Colleges:**
   The Community Colleges scheme is to offer low cost high quality education locally, that encompasses both traditional skill development as well as traditional coursework, thereby providing opportunities to the learners to move directly to employment sector or to move to Higher Education sector. It offers a flexible and open education system which also caters to community based life-long learning needs. It has a synergetic relationship between Community, Community Colleges and the Job market. The CCs offers knowledge-skill mixed programmes of different durations depending on the need of local industry leading to a certification at various levels of NSQF starting from Certificates to Advanced Diploma Level.
4. **Scheme of Bachelor of Vocation Degree (B.Voc.) Programme:**
   The UGC has launched scheme on skill development based higher education as part of university / collegiate education, leading to Bachelor of Vocation (B.Voc.) Degree with

multiple exits such as Diploma / Advanced Diploma and the Degree under the NSQF. It mainly focused on universities and colleges providing undergraduate studies which would also incorporate specific job roles and their National Occupational Standards along with broad based general education. UGC has launched a scheme on skills development based higher education as part of college/university education, leading to Bachelor of Vocation (B.Voc.) degree with multiple exits such as Diploma/Advanced Diploma under the NSQF.

Suggestions

- The Government has to put numerous efforts across the skill ecosystem under "Skill India Mission".
- The NEP – 2020 has to maintain the high correlation between Vocational Education with General Education.
- To introduce more number of Vocational Courses in colleges and universities.
- Vocational Courses should be given equivalent weightage as that of traditional courses.
- Need to organize the awareness programmes to change the general perception towards vocational studies.
- Need to collaboration with IITs, Polytechnics, Industries, Hospitals, Agriculture Farms, Local articians, and NGOs for netter skill training.
- Integrating new technologies in VET for preparing students for Industry Revolution 4.0
- Linking CSR to Skill India movement to attract investment from private sector for sector-specific skilling and creating an attractive policy so that educational institutions can tie up directly with industry partners for skilling in relevant sectors in association with respective Sector Skill Councils.
- The Government has to put numerous efforts across the skill ecosystem under "Skill India Mission".

Conclusion

The New Education Policy proposes complete revamp of the current education system thereby making it more relevant to the demands of ever evolving jobs and skills landscape of the

21st century. The new policy proposes a holistic system of education with emphasis on elements such as reduction of curriculum content and freedom of choosing personalized curriculum can enable the students to choose content according to their skills and interest. This freedom of choice can ultimately prepare the students for their future career as the focus in education will be solely directed towards their life's aspirations. Focus on creativity learning, collaborative learning, critical thinking, experiential and exploratory learning etc. as the teaching learning method will help shift students' learning style from rote memorization to a more activity based and conceptual learning. Innovative policies such as internship programs in middle stages, multilingualism, digital literacy, coding, introduction of subject like artificial intelligence, formative assessment etc. can be an answer to the vision of making the student's future ready through need and skill based education.

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