



“ Two Trajectories ” A Promise of Reform and Ashaaram Pattern



Rahul Hajare*

Indian Council of Medical Research, Vinayaka Mission University, India

***Corresponding author:** Rahul Hajare, Indian Council of Medical Research, Batch-2007-12 Vinayaka Mission University India, New Delhi, India,
Email: rahulhajare@rediffmail.com

Submission: 01 May, 2018; **Published:** May 10, 2018

Abstract

The working of social and economic institutions, inequality is also a product of the way political institutions work. Government has known to serve the interest of economics elites and this most often works to the detriment of common people. This refers to the article “Two trajectories” A Promise of reform and Ashaaram Pattern, what others do. A molar leadership deficit, our political leaders choose not to speak on certain issues. But they are forgetting that they have a molar responsibility towards domestic violence testing among divorced women begins privately manage pharmaceutical intuition associated to slums occupied area in Pune University, India. The horrific incidence in kathua and unnao has shown us the ugliest side of the country’s politician. The right procedure is not followed for the enquiry of the domestic violence and his contention by government police. The term intimate partner violence is often used synonymously with domestic abuse or domestic violence, but it specifically refers to violence occurring within a couple relationships (i.e., marriage, non-cohabitating intimate partners). To these, the World Health Organization (WHO) adds controlling behaviours as a form of abuse. Intimate partner violence has been observed in opposite and same-sex relationships, and in the former instance by both men against women and women against men.

The high risk of experiencing domestic violence among divorced women in pharmacy institution in India who associated in slum occupied underscores the need for effective, instructional-based and standard behaviour culturally primary prevention. To inform such domestic violence primary prevention strategies for this population, author herein aimed to identify correlates of domestic violence testing in divorce women. Utilizing a cross-sectional design, potential correlates of domestic violence experience were explored among a geographically-clustered random sample of speak up few known women recently-divorce women residing in private pharmacy institution in slums in Pune, India. In domestic violence testing was associated with less educational attainment by the participant’s, less satisfaction of the job with the respect they earn, if not given” at the time of college hours, poorer living of life style, unhealthy food and conflict skills, and greater acknowledgement of domestic violence occurrence in college and friends. These connection suggest strategies that could be incorporated into future domestic violence early prevention interventions for this vulnerable population (i.e. promoting completion of formal education of men alongside women, migration causes of institution harassment, abuse language, more personal, skills, and challenging norms surrounding domestic violence add or before inspect the pharmacy institution.

Introduction

Women who have experienced intimate violence disease are at greater risk for physical and mental health problems including posttraumatic stress disorder (PTSD) and dependency. Most women get a severe stroke and the impact of all may compound these costs. Researchers have reported that women with these experiences are more difficult to treat; many do not access treatment and those who do, frequently do not stay because of difficulty maintaining helping relationships. However, these women’s perspective has not been previously studied in close monitoring in privately manage pharmaceutical institution [1,2]. The purpose of this study is to describe the experience of seeking help for divorcées women dependency by Indian pharmaceutical institution to avoid the present violence.

Women with dependency with a history of depression want help however the health and social services do not always recognize their calls for help or their symptoms of distress. Dependency thickens and stiffens walls, which can inhibit quality of life and will power, confidence. Perception of alcohol use among well-Educated employees of pharmacy institution before and after the office hour in slums Pune Suburban has conflict. Little is known about how the overall employment conditions in a country impact the likelihood of employment of privately running out pharmacy institution in Pune University India [3,4]. Correlation of intimate domestic violence has aware of physical, sexual, psychological abuse, and control perpetrated against an intimate condition, is reported and prevalent globally accepted. Approximately one third

of divorcee women reporting physical and/or *abuse by their head of the department during their office hour. Not only is an abuse word a violation of human rights that often results in physical injury. Divorcee women who experience domestic violence have higher odds of depression (measure face reading , body sacred, appearance, lower standards of dress, anxiety and other mental health disorders [5,6], true principal health, burn out stages and gynaecologic morbidity, rashes, sores, or lesions in the mouth or nose, or under the skin among other chronic disease states which is not known. Additionally, their children suffer from greater morbidity and mortality.

In India, although national estimates suggest decreasing frequency, one in three women still report having been abused by their head of the department during their lifetime. Further, this figure is likely an underestimate of the abuse women suffer post-marriage with little hesitation, as it did not survey violence perpetration by the in-law or other members who believes traditional cultural draws. Divorcee women who reside in privately manage pharmacy institution in pune university India's slums are among those at greatest risk of domestic violence. While the disparate figures between slum- and non-slum occupied communities may be in sum art factual due to shame-induced underreporting in higher income communities, factors that drive increased domestic violence perpetration and compel women to remain in abusive relationships are likely disproportionately greater in slum communities. Women in slum communities may be more likely to experience domestic violence because their reporting officers and related to inadequate finances, crowding, and poor sanitation, discrimination, and subordination, reside in communities where normalization and acceptance of Domestic violence is greater, alcohol use is greater, perception has not known, have weakened support systems that do not allow them to develop and exercise positive coping mechanisms, no longer yoga knowledge, weaken immunity profile [7]. Further, in Pune slum communities, at the time of appointment, many women transition from unclear to join the intuitions (no appointment letter produce to employee) and newly enter the slums from surrounding rural areas; thus, the differences in upbringing within the couple may also influence illegal expectations and prompt conflict. Further, divorcee women residing in slums may be more likely to stay in abusive relationships because of poorer knowledge, skill and phycological and mental unawareness to support services, NGO's, organisation head dependency systems, stronger perceptions of hopelessness and surrender, and residence in environments where domestic violence and other forms of violence occurs with frequency and acceptance. The risk imposed by these factors is compounded by local sanctions that encourage divorcee women to weaken ties with natal family members and their community post-marriage, that limit the time the couple spends together alone to develop their relationship both pre- and post-marriage, and external pressure on the couple (i.e. fertility). Thus, domestic violence prevention for women residing in slum communities requires a culturally-educated, community-educated approach that recognizes the structural factors of slum environments pharmaceutical institutions that shape domestic

violence risk. Further, given the high domestic violence burden and limited and saturated support resources, focus in resource-limited sittings should be on primary prevention.

National evidence suggests that almost two-thirds of divorcee women who report domestic violence, state the abuse had begun within the first two years of job, underscoring the need for such prevention efforts to occur pre- or immediately post-marriage. To date, few studies have examined risk factors for domestic violence experience among women residing in slum communities in India. Those who have, identified the following risk factors: age, low educational attainment of self and spouse, young age of marriage, having a legal versus illegal, additional dowry request from marital family, employment, employment status, residence in a joint family, renting versus owning one's residence, fewer class rooms in the institution and shared rooms, accepting attitudes toward women beating, shorter duration of marriage, and women alcohol dependency cannot ignore. And although causal directionality could not be established, one cross-sectional study among slum-dwelling women found participation in social groups and vocational training to be associated with domestic violence experience, perhaps because participation challenges social norms. Of note, none of these studies specifically examined correlates of violence in early stage, critical for primary domestic violence prevention. As part of formative work that led to the development of an intervention for the primary prevention of domestic violence for newly-wed couples residing in Pune slums, we aimed to explore correlates of domestic violence experience among recently-married women.

Methods

This study was considering it is fundamental characteristics and importance of present situation and instruction at all levels of our educational systems, from pre-primary to graduate.

Study design

The study was conducted in Pune university pharmacy institutions, the second largest city in the western state of Maharashtra, India. According to most recent data from world university ranking. The study employed a cross-sectional design, wherein semi-structured interviews were conducted during the academic year 2016-2018. Interviews were conducted one-on-one in privately by trained female study staff in Marathi. Participant recruitment and enrolment. To be eligible for the study, participants had to be: 1) a divorcee woman over 18 years of age, 2) recently divorce, 3) in a first marriage, 4) in a second marriage.

Data collection

Sample has collected to speak up methodology and data was selected using a muster name and item semi-structured questionnaire administered one-on-one in private by a trained female study team member.

Participant and study team safety. The study protocol was developed using the guidance of the AICTE and safety recommendations for research on violence against women.

Discussion

This study is the first to report correlates of domestic violence experience in early marriage among women residing in slums linkage private pharmaceutical institutions in pune university, India. We identified nine key potential domestic violence correlates: Teachers are not allowed to give physical punishment to the students. If seen strict action will be taken. During assembly nobody will be allowed to enter the school, the teacher should stand behind the respective classes. No P.F will be deducted from teacher salary i-e compulsory. Defence of unqualified pharmaceutical confidentiality that must be stop Mobile phone should be kept in the office while signing the attendance register and collect it while leaving the school. Performed such other duties as may be not prescribed. No personal work is allowed during school time. Fourth Saturday of the month is holiday. Poor transportation facility.

Research Funding

This study was purely unfunded and was conducted as an empirical study for use in cloud services and the development of teachers for the purpose of the health management and the improvement of regional medical care.

Acknowledgment

This study has been guided by under supervision and guidance of Renowned Laboratory Scientist Respected Dr. Ramesh Paranjape' Retd. Director and Scientist 'G' National AIDS Research Institute India. I express my sincere gratitude towards Respected Sir' for

motivation and being great knowledge source for this research. This work was supported by Award Number R.S.S.M./447/2017 Rastriya Samta Swatantra Manch. The content is solely the responsibility of the authors and does not necessarily represent the official views of the Rastriya Samta Swatantra Manch. Thanks go to grammar teacher who reviewed the manuscript grammar.

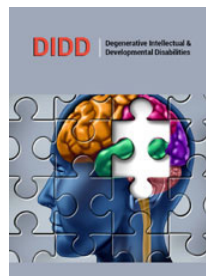
References

1. Rahul H (2018) There is no cure for the cancer of stupidity. *Organic & Medicinal Chem IJ* 5(1): 555655
2. Rahul H (2018) Why no more apes evolving into humans. *Res Med Eng Sci* 4(4): RMES.000595
3. Hajare R, Rajkumar Shete (2017) Process from biosafety working style to accreditation trends driving self-financed private pharmacy institution in remote areas individuals in india. *J Tradit Med Clin Natur* 6: 230.
4. Rahul Hajare (2018) The biosafety against privately managed pharmacy institution in Savitribai Phule Pune University is not such a simple shot. *Int J Nep & Uro Dis* 2(2): 6-7
5. Rahul Hajare (2017) Live and Let live: acceptance of learning disability of people living with co-educational pharmaceutical institute self-financed and privately managed remote areas in india where stigma and discrimination persist. *Current Opinions in Neurological Science*: 1(6): 311-313.
6. Rahul Hajare (2018) The True principal health and investigation of the high burnout stages experienced by professors working in pharmacy institutions. *An Important Study* 1(2): 66-72.
7. Rahul Hajare (2018) Regulation of pharmacy council of india and assessment of quality life among single mother-by-choice residing in slums linkage Pharmaceutical Instituions in Pune, India.

 Creative Commons Attribution 4.0 International License

For possible submissions Click Here

[Submit Article](#)



Degenerative Intellectual & Developmental Disabilities

Benefits of Publishing with us

- High-level peer review and editorial services
- Freely accessible online immediately upon publication
- Authors retain the copyright to their work
- Licensing it under a Creative Commons license
- Visibility through different online platforms