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PROLOGUE

We, the members of the Editorial Board, are happy to release the 22nd Volume (No. 2) of the Journal. We have successfully completed 22nd years of service to the academic community and professionals. We are happy to bring to the notice of the contributors and the readers that we have been trying to maintain the quality of the journal by way of rigorous reviews by our peer reviewers' team. Furtherance to this, we are happy to claim that this is not a commercial journal. We do not charge anything for publication of articles. Though we have been facing the financial crisis as regards to the printing and circulation cost, we have not compromised and never thought of making it as a business. We are thankful to our individual and institutional subscribers for their support and cooperation.

I am thankful to the members of the Advisory Board and the Editorial Board for their guidance. I am also thankful to our contributors, peer reviewers, printers and the individual and institutional contributors for their continuous support for bringing out this journal for the last 22 years. I am also thankful to our previous Guest Editors and the Guest Editor of the current issue, Dr. Lakshmana G., Associate Professor, Central University of Karnataka for his hard work in bringing the current issue.

The forthcoming issue of the journal is dedicated to the Indianization of Social Work Education that will be edited by Dr. Bishnu Mohan Dash, Associate Professor, IGNOU, New Delhi. The academic fraternity of social work and the professional social workers are requested to make their significant contribution.

We expect the same cooperation and the support from all the stakeholders of this professional journal in the coming years.

Dr. B .T. Lawani
Editor-in-Chief

Editorial

The present issue is the outcome of scholarly contributions by academicians, research scholars, and field practitioners. Articles are varied in nature; review, empirical, qualitative, and quantitative, which may sustain the reader's attention. I am thankful to the Editor-in Chief of the South Asian Journal of Participative Development, Pune, for allowing me to work as a guest editor. Most of the articles have taken the context of the COVID-19 Pandemic breakout and tried to explore and describe the impact of the pandemic on different sections of society.

Mousumi and Mrityunjay presented the impact of COVID-19-induced school closure on children with special needs in Assam. They highlighted the difficulties of the children with special needs faced as they depended more on practical teaching than the online education system. Therefore, the study attempted to understand their problems and difficulties in accessing and studying through virtual education/ remote learning. The study also explored the role of parents in educating their children at home. Data gathered is presented as case studies, and it has been found that children engaged more in household chores than in studies. There is an alarming increase in the isolation and usage of mobile and television. The study also mentions the disruptions in their academic and cognitive growth.

Ajanta and Prasanta studied the impact of Covid-19 on girls' education in Bolpur, West Bengal. The study identified the factors impacting the education of the girl students from their perspectives and explored measures to bridge the gap between pre-post-pandemic education. The study reported socioeconomic issues, domestic workload, lack of guidance, child marriage, increased dropouts, and lack of online resources negatively impact the school education. However, it was found that home schooling developed greater family attachments and easier access to education for the students at home.

Krishnakant studied the impact of the COVID-19 pandemic on the health and well-being of young children (0-6 years). The paper highlighted the critical issues faced by the children and their caregivers and expressed the opinion of urban practitioners and the general public regarding the accessibility of services by young children. The study found disruption in accessing health and nutrition services, open areas and play spaces, transportation services, and other early childhood development support services as critical issues. Witnessing or suffering violence and abuse and the reduction of economic activity for caregivers were some other pertinent issues. The paper also recommends better response strategies and improved access to long-term young child-centric services for facing the present challenges in urban settings.

Hazel and others investigated the status of adolescent mental health in Meghalaya. The study intended to determine the relationship between mental health and the life skills of adolescents staying in Child Care Institutions (CCIs). The outcomes of the study revealed that 47% of adolescents have shown good mental health, while a significant difference in the life skills of adolescents based on their mental health was observed. The study also revealed that male adolescents possess better mental health and life skills than females.

Poonam conducted a survey regarding the use of psychometric tests for aptitude testing for Architecture Education in India. She aimed to identify the factors used to measure personality traits, examine intelligence and visualization skills from applied psychology, and determine their utilization in aptitude tests. The study was carried out with the help of an opinion survey conducted by architecture and instructive psychology experts. The study discovered the commonalities between the two fields and some additional facets from recognized psychometric tests to be included in the current testing parameters in architecture education for improved efficiency.

Daisinlung and Hazel investigated the learning experiences of student volunteers of the Swastayan Programme in Assam. The study attempted to understand its impact on their development as socially committed individuals

through case studies. Using self-prepared questionnaires, data were collected and thematically presented under the head, heart, and hands categories. The volunteers had a positive experience and could identify and address community concerns without affecting their academic performance. It was also found that their academic performance improved due to their ability to relate their curriculum to the community's needs. The student volunteers developed a deep sense of involvement in assisting neighborhood children, thereby increasing the involvement of other university students and departments.

Joyce Jeyarani attempted to measure Psychological Distress among undergraduate students during COVID-19. The quasi-experimental study, which included 153 samples, reported that 59% of the students were likely to have a mental disorder, with 26% having a likelihood of severe mental disorders. No statistically significant difference was found in the distress level based on their study stream. However, a statistically significant difference was found for students with and without siblings. The study did not report any association between parental living status and level of psychological distress. Psychological interventions were provided, and the post-test results showed reduced levels of distress.

Bosco and Albin assessed the well-being and engagement of youth in the tea garden of Assam's Cachar district. It was a cross-sectional interview-based study that included 120 samples by employing cluster sampling. The key finding demonstrates that individuals are not healthy. The study reported that awareness induced excellent health and young engagement, while a positive correlation was found between youth involvement and well-being knowledge. This research gives credible data for Assam's tea garden welfare board policies and operations.

Arun analyzed the relationship between employee engagement and work-life balance among IT employees of BPO, especially in the context of the COVID-19 pandemic. This study used a descriptive study design and validated existing literature studies. Acknowledging the prevailing Covid-19 pandemic situation, the researcher chose a pragmatic sampling method and

gathered data using Google forms in 2021. The results show that 56.1% of the respondents felt a moderate level of employee engagement, and 47.6% could maintain a moderate work-life balance. The study indicates a significant positive correlation has been observed between the variables.

Joyeeta and Luithuiwung focused on the gendered effect of 'Work from Home' during the COVID-19 pandemic. The study aimed to draw on the theories of diffused power, role, and social learning to observe the effect of the pandemic on women's alienation as they WFH and how they re-imagine their workspace in this era. The researchers have used Mixed Methodology with a sample of urban, middle-class, working women from- social work, education, and medical/ healthcare sectors; who have access to technology to best understand women's voices and lived experiences. The results exemplified the intensification of role- conflict at home for women because of the power they and their male counterparts held during the WFH. The study also reports that women experience alienation as they continue to work in a different space and do their chores at home because of their social identity. This study concludes that women resort to their workspace for comfort in these challenging times as they find solidarity with women from similar backgrounds, struggling for autonomy, peace, and division of domestic workload.

Nilima and Sunita argue that women at the household level tend to reinvest their income in improved nutrition, health, and education for family members, thus increasing living standards and reducing 'non-income poverty' in the long term. The researchers in the study attempted to investigate the work-life balance of women workers in rural Odisha while intersecting sustainable livelihood as a strategy that focuses on rural women's lives and the structures that shape their well-being by increasing financial benefits.

Shantanu, Sukumar, and Arup assessed the nature of violence against women and children in a disruptive environment with special reference to COVID-19. The study also aimed to identify the antecedent variables impacting such brutal human behaviour. An interpretive worldview was adopted for the study with a qualitative exploratory method. The data for the

study was extracted from newspaper reports about violence against women and children during the COVID-19 pandemic. Twenty (20) relevant cases were selected for the study. The study used QDA Miner for the content analysis of the cases. The proposed theoretical model posited that a set of proximal and distal variables are responsible for a surge in violence against women and children under external stressors.

Swati, Uma, and Vaishnavi studied the correlation between women and mental disabilities. The perspectives of women living with mental disabilities/illnesses were the core crux of the study. The authors identified the hidden challenges faced by such women and categorized them as per the type or levels of difficulty of the disability. This paper also categorized the various challenges women with disability face within themselves, family, and society. The research analysis also lays out the challenges of inclusion and exclusion in the family, society, and labour market.

Lakshmana and his colleagues described a community-based case study on alcohol dependence syndrome with poor coping skills from Karnataka. The case study attempted to integrate the psycho-social and medical intervention for alcohol addiction in a community setup. Apart from the intervention, motivation enhancement techniques and referral services have also been provided to the client. The case study also includes a follow-up family assessment post one year of the intervention to report its effectiveness. The study reports the overcoming of alcohol addiction of the client due to the intervention. The study suggests that social work schools and community-based organizations may adopt similar intervention activities.

In their study, Mohan, Smitha, and Venkatesh Murthy evaluated addiction awareness and knowledge among persons with alcohol dependence. The study focuses on awareness and relapse prevention experienced by youth alcoholics admitted at 15 de-addiction centres from southern districts in Karnataka. The study measures their psychological well-being, motivation, knowledge, and relapse prevention. The semi-structured interviews reported that 44 % of the respondents were aware of the causes of alcohol addiction,

48% aware of the symptoms, and 46% regarding its effects. Nevertheless, while 52% of the respondents were aware of the preventive strategies, 50% knew about de-addiction treatment.

Laxmi and others presented a review report to analyse the competing psycho-social factors affecting the quality of life of the geriatric population. The study states that socio-demographic factors play a major role in deciding their quality of life. Lifestyle, sociocultural & political environment, financial compatibility, and relationship goals are a few reported co-factors that are undermined to affect older adults' mental and physical well-being. The study also mentioned the challenges of technological advancements, psycho-social incompetency, or self-practiced social norms like delayed aging and delayed caregiving. However, the study suggests that appropriate interventions like timely check-ups, proper medication, etc., could prevent illnesses among older adults.

Followed by the NGO profile of the Margadarshi Society by its Director Anandraj and an excellent book review of "Social Work in Hospital (Helping Profession)," highlighting the contribution of Pankaj Singh by Lakshmana and Mahima. Introduction to social work edited by Bishnu Mohan Dash was reviewed by Alaka Bhargabi Panda.

I would like to thank all the contributors, reviewers, my Ph.D. scholars for their time and support.

**Lakshmana G
(Guest Editor)**

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Impact of School Closure due to COVID-19 Pandemic on Children with Special Needs in Assam

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Abstract

The COVID-19 pandemic has caused a big disruption in School education in India and has resulted in significant learning loss for children because of the closure of educational institutions. Though online education has been introduced, it is difficult to accept in the case of children with special needs as these children need more practical teaching. In response to the COVID-19 pandemic, schools were closed in India in mid-March, impacting approximately 286 million students (48 percent girls) from pre-primary to upper-secondary education (UNICEF,2021). The present study tries to understand the Problems of children with special needs in accessing virtual mode of education and the difficulties they face in studying through remote learning, which is a new concept for them. The study also explores parents' role in educating their children at home.

Intensive case studies were done to fulfill the objectives by interviewing five parents of children with special needs. The secondary data were collected from relevant e-resources and research-based journals. This study finds that children with special needs are more engaged in household work than in their studies. The children are getting isolated from mainstream society. The use of

mobile and television has also increased in children with special needs. Thus, the study tries to understand the major impact of school closures on children with special needs during the pandemic. During the lockdown, they could not avail themselves of special educators' services, disrupting their academic and cognitive growth. School closures due to Covid-19 Pandemic have led to huge academic loss in School education, and this study finds that this learning loss is even greater for Children with special needs.

Keywords: Education, COVID-19 pandemic, online education, children with special needs, inclusion

Introduction:

In response to the COVID-19 pandemic, schools were closed in India in mid-March, impacting approximately 286 million students (48 percent girls) from pre-primary to upper-secondary education. This is in addition to the more than 6 million children (48 percent girls) who were already out of school before the COVID-19 crisis. During school closures, measures were taken by the Ministry of Education (MoE) and the National Council of Educational Research and Training (NCERT) from the national level; by Governments in states and union territories (UTs) to implement programs to support distance/home-based learning for children by varying degree of teacher interaction and follow-up and by parents. Different means, including television, radio, online platforms, and paper-based materials, have provided distance/home-based learning. While these strategies and initiatives aim to ensure continued learning for all children, there is a lack of clear evidence of the extent to which children, particularly from the most marginalized groups, can access learning from home and the modalities and means that are the most effective in reaching them. Globally, data show that, in general, the poorest and most marginalized children are missing out on schooling compared to their counterparts (UNICEF, 2021).

The sudden and nearly complete shift to online education due to the closure of schools amid the novel coronavirus disease (COVID-19) pandemic has thrown

up many challenges for Disabled children. Virtual learning has made learning difficult for them. Specially-abled children require routine and emotional support, therapy, and personal attention for their overall development. Physically attending school before the pandemic helped them learn effectively. But the progress has largely been undone with the online mode, according to experts.

About 2.21 percent (26,814,994) of India's population was differently abled, according to the State of the Education Report 2019 for Children with Disabilities by UNESCO based on Census 2011. India has 7,864,636 children (up to 19 years of age), making up 1.7 percent of the country's total child population. Of them, 5,572,336 were up to 14 years at the time of the Census. This is likely the group in schools and colleges and is directly affected by pandemic-induced educational disruptions.

The report highlighted the existing poor education rates among especially abled children: Of the total 6,572,999 children in the 5-19 age group, only 61.18 percent (4,021,301) have attended any educational institution. This was well below the national average of 70.97 percent for children in all categories. Some 26.68 percent (1,753,737) have never attended any educational institute as compared to the national average of 17.21 percent. About 12.14 percent (797,961) attended one but dropped out later.

The Rights of Person with Disability Act (RPWD), 2016 recognizes the rights of children (aged 6-18 years) with benchmark disabilities to study at a neighborhood or special school. The Act promotes the idea of inclusivity in mainstream schools. Thus, differently abled children now study in special and well as mainstream schools, both of which have transitioned online. Special instructors are appointed to help such children with their education. But the sudden transition to virtual mode has disrupted the efforts towards inclusive learning. Commonly used technology platforms like WhatsApp, Zoom or Google Meet being used in schools are not designed to keep inclusivity in mind. They require assistive technology — products and related services that enhance inclusion for people with special needs — to study online.

Some schools, especially the private ones, have been able to leverage technology to teach them. However, under-resourced schools are unable to leverage these for their students. They compound the already existing challenges for children with autism or low-vision. An absence of special instructors has added new challenges to parenting. Parents often lack the understanding required to teach special kids. Not every parent has the luxury of time or the ability to do so, according to experts. Lack of physical interaction with teachers and peers has stunted the socio-emotional development of such children.

Inclusive education is a broader spectrum which promotes inclusion of each and every child regardless of their gender, caste, economic background and most importantly children with special needs. They all are allowed to sit together in a school where no discrimination should prevail. In that case where the children without disability is suffering a lot so it can be assumed how much a child with special need is going through. Thus, this study is trying to bring out the facts that what is the present scenario of those children with special needs staying at home? And does online education is helping them to acquire the same amount of knowledge and skills as in regular in person school classrooms?

Review of literature:

Sharma & Sharma (2019) mentioned in their study that effort have been made to the successful implementation of inclusive education but there have been many areas remaining where no effort has taken place. Inclusive education should not aim at increasing quantity of students but to increase the quality of education for all. Dey (2020) found in his study that online education is unable to fulfil the clause mentioned in right to education Act 2009, like section 3(2) of chapter II where free education has been mentioned but online education is a paid education with costly internet packs. Chapter III, section 8(a) explains the term compulsory education where this commitment is not fulfilled by the state rather it is perceived as essential constitutional obligation. The researcher also mentions that those children who could not attend their classes in last 6

months can be categorised as out of school or dropout. There is a huge emphasis given in terms of digitalization but this would not really work on a developing country like India. Guleria & Mudgal (2021) study on inclusive education mentioned that there should be suitable amendment in the curriculum as per the needs of inclusion; teachers training must include inclusive education in order to expand the stance of teachers towards inclusion. Early intervention programmes must be done in the pre-primary or primary. Proper sensitization on inclusive education must be done to the peer group, teachers and parents.

Dash (2018) from the study it was found that the major barrier towards inclusion is negative attitude. The curriculum, lack of facilities or assistive technology, lack of proficiency in teachers and also insufficient funding hampers professional development. Lakshmi (2020) in the study found that the determination of the government is seen when we look after the programmes and policies. The researcher also mentioned that developing a broader education system and with trained educators are the urgent requirements to the system. There may be lot of challenges for successful implementation. Special education should therefore focus on designing structure of education

Objectives of the study:

- To analyze the present situation of children with special needs staying at home.
- To find out the challenges they are facing regarding their online education.
- To understand the role of parents in educating their children at home.

Methodology:

The study attempted to get an in-depth understanding of the phenomenon of pursuing education of children with special needs during the outbreak of Covid pandemic for those special need children enrolled in the government schools of Assam. The study adopted Qualitative research methodology with in-depth interviews for the children with special needs and their parents. The study was

conducted in two blocks namely Hapjan block and Tinsukia Urban block of Tinsukia District of Assam.

Sampling:

This study is a qualitative study and samples were selected through purposive sampling. In-depth interviews were conducted with twelve children with special needs and eight parents. The children with special needs included both the physical disability which includes locomotor disability, cerebral palsy and hearing impairment and cognitive disability includes Down syndrome and children with intellectual disability. The study was undertaken through unstructured interview guide for both children with special needs and their parents.

The analysis of the study was conducted through thematic analysis based on the themes emerged from the empirical data collected from the lived experiences of the children with special needs.

Findings and Discussion:

The study has been conducted through intensive case studies of children with special needs. Key findings of the study which emerged after thematic analysis of the qualitative interviews are presented below.

Present condition of the children with special needs:

- From the cases studied it was found that children at present are getting isolated from the society. Being forced to stay at home for one and a half years is difficult. Children with special needs are although sensitive they can't move out free in normal times and in Covid-19 induced lockdown it is much more difficult for them to step out of home at all.
- It was found that children are busy with their parents doing household activities with their mothers like cleaning, cutting vegetables in the kitchen, washing utensils, dusting, serving food on the table. These are some of the positive things that the children are learning at home.

- In village areas people are hardly following Covid19 protocol strictly, there are still people who moves around freely without masks. The children play with each other. Few of the children with special need are also engaged in playing with kids in their neighborhood.
- The research also found that some children are fully engaged in television and mobile phones. One of the Down syndrome girls even makes entertaining videos and tries to sing songs with an unclear voice.

Challenges faced by children with special needs during online education:

- During the study it was found that during the lockdown and school closures online education has become the medium to continue children's education during this pandemic situation. There are no live online classes conducted. The teachers and students have their WhatsApp groups' class wise. The teachers used to upload the pre-recorded videos of lessons or poems. It is also found that the messages asked to teachers are hardly answered by them. They also assign home works in the WhatsApp group.
- Having an android mobile and purchasing data packs monthly is also an issue for some of the children with economically backward condition. Although many have android mobiles but purchasing a data pack for every month is difficult as the family income is not adequate.
- It was also found that some students with disabilities like cerebral palsy, deaf and dumb who need practical classes are totally deprived of education in last one year. This has turned to be a big gap in their education and efforts need to be made to fill this gap towards their education.
- Online education is not suitable for children with special needs as they need more practical learning. For these children in person physical classes are enabling and enhances their social and cognitive skills when they mix with other children and learn from each other but because of the pandemic they are forced to learn in online mode which is quite challenging for them as well as their parents. As a result, their learning of social skills and cognitive skills have been hampered a lot.

- It was also found that these children with special needs took long time to get adjusted in the school environment after they were admitted. And now again they have to get adjusted again after the schools reopen.
- Students have also planned to dropout of school as they cannot afford to by android mobile and join work with their parents as tea garden laborers.
- There was a visit by the resource person during the month of December to few children family. They took report of the last ten months and their activities.

Role of parents in educating their children at home:

- Parents have tried to engage them in different activities throughout the day. Some try to teach them household works and gardening. Regarding their studies it was found that some parents are illiterate so they cannot help their child in their studies. Although most of them are literate and can teach them the basics of primary learning but the problem arises when it comes to children with special needs as the parents are not at all trained and competent to manage their children or to teach them considering the special needs of their children .
- It was also found that the poor parents are unable to facilitate them with an android mobile because of which they could not attend the classes.
- Online education has created all the difficulties in our children as they are getting cut off and isolated and losing interest in studies.

A Case Study:

This case study was done with a child with intellectual disability. The name of the respondent is Rekha Bora (Mother) and Manoj Bora (Father). They are the residents of Tinsukia urban block of Tinsukia District, Assam. Names of the respondents have been changed to maintain confidentiality. Average Monthly income of the family is approximately 25000 rupees from service. Parents are undergraduate. Total size of this nuclear family is five members and there are three children.

This case study was done with the parents of a twelve years old girl with mild intellectual disability. The parents expressed their trouble in handling children inside the house. They mentioned that as their children are much young, they want to go out and play. They are taking the lockdown as a vacation as they have to stay home whole day long without going out. They were less aware of what's happening outside the world. The parents also accepted that managing three children together at home is extremely difficult. As the online classes have begun so they remain busy but during the first lockdown phase it was the toughest time that they have ever experienced. All the three children of similar age group have same kind of problems. Pinky has less understanding of things so she wants to go out and play after being repeatedly asked her to stay inside house because of corona virus. The parents act strict sometimes, they even scold her for forgetting her condition, but they find themselves guilty of not being able to fulfill her desire to move out and play with her friends because of the spread of COVID-19. Whenever the child's father used to go for grocery marketing, Pinky would make all efforts to go along with her father for marketing as she used to get ready as soon as she knew about it. She wears her mask and carries the sanitizer with her. She uses a particular Dettol sanitizer as she does not like other sanitizers. The parents tried to make her understand cleanliness and washing her hand, use sanitizer, instruct her not to spit in the public place, wear a mask while going out and follow all the Covid-19 protocols. The parents found a positive change in her which made them happy as she can now follow all the protocols related to covid19.

And regarding her studies, the parents conveyed that she is still interested in studies. She watches the videos their teachers share in the WhatsApp group and asks her mother to help her complete her homework. The mother did not send her to school when the schools reopened for a few days. The school asked for the parent's consent, but they denied letting her go to school, but their other two children were sent to school. The parents were more concerned about her and were very sensitive about her. The parents also expressed that watching the videos and doing the homework is not sufficient for them. Mainly a girl with an intellectual disability needs practical teaching in day-to-day life. They tried to teach her at home through her books and telling her the stories, but she

showed less interest and did not give adequate attention; sometimes, the mother used to be harsh on her so that she pays attention and studies, but whenever the mother acts tough the child would start crying. When the father tries to teach her, she starts crying when scolded for not paying attention. The parents feel the absence of the physical presence of special educators has deprived their children of specialized teaching and learning during the pandemic.

The parents are worried about her behavior because this teaching system took her two years back. The parents believe that book learning and academic teaching are more important. The parents found that she had just started to adjust to the school environment with the other children, but this tough time has again built a large gap that will need years to fill. Her age is also increasing, and she is becoming more aggressive in her behavior; if something unknowingly happens that she dislikes, then she shows rude behavior to all. The parents remain busy with her trying to let her be busy with things she likes. She helps her mother in the kitchen. She learned to cut vegetables, refill the water filter, sweep the floor, and dust; although her works are not perfect, she tries a lot. Her mother said that she is satisfied with that positive change as she can do many domestic works independently. She understands her mother's effort and realizes that when she gets tired, she usually brings a glass of water for her and sometimes tries to light up the gas burner and cook. But her mother does not allow her to use the gas burner because of safety measures. She likes to try cooking. Besides academic learning, the parents felt that she adapted well to the home environment. As the children have no other options left instead of staying at home. Thus, the parents wished for the situation to improve and for people to return to normal life again. Her mother remarked that the COVID-19 pandemic has disrupted their lives and livelihoods in every way. They concluded that it would be difficult for the students to return to their previous mode of study.

The case study has brought many insights into the lived experiences of children with special needs at home and the challenges they face in accessing education through online mode by watching videos of lectures on WhatsApp. It was

found to be difficult for the parents to manage their children together. Children do not like being not allowed to go out and play as children do not comprehend the severity of the coronavirus pandemic. Children with special needs had positive and negative changes during the pandemic outbreak. The child developed her habits in preventive measures that have to be taken, which is a positive sign. Even though they take time to change their habits, the child has adopted it gradually. They understood that the situations have changed after the pandemic. But the parents became more sensitive towards their children and tried to keep them at home to protect them from getting infected by the COVID-19 virus.

The parents are dissatisfied with academic learning because they believe that the children are paying less attention and importance to their studies and developing interest in other activities like using mobiles and televisions. They believe academic learning in schools is much more useful than online learning at home. The children are not serious about online classes. The child with an intellectual disability has developed more in household activities than in improving her studies. The parents are satisfied that the child has shown improvement in household work and activities but are also worried about her future and career. This study finds that the parents or guardians rely more on the school and their teaching. This study also finds that there are very few special educators available for a group of Schools which is not sufficient to reach out to children with special needs regularly and provide personalized support. That is why there is a need for the appointment of more Special Educators to cater to the different needs of Disabled children during the time of the pandemic as well as during normal times so that these children can get individualized and specialized care and learning opportunities. Appointment of an adequate number of special educators must be appointed to fulfill the requirement of inclusive education and the right to education for each child.

Conclusion:

The impact of COVID-19 pandemic has largely affected children's education. It is clear from the study that online education cannot be a substitute for in-

person school education for all children, particularly for children with special needs. School education also helps in the secondary socialization of children. After implementing the right to education in 2009, inclusive education came into existence, where all children must get equal opportunities to go to school. As a result, children with special needs started joining mainstream schools with other children. This is a great initiative that the government has taken for children with special needs. But many studies found that there are lots of loopholes in the program. Covid 19 pandemic has disrupted the education of all children in India. Online education and remote learning are media for continuing education at home. Many students and their families don't have access to digital devices and the internet and, therefore, cannot access online education. Government must look after these issues as it is mentioned that every child must get free and compulsory education which appears to be violated because of the online form of teaching. Some poor parents have bought android mobiles for their kids to attend classes by borrowing money from others or selling a commodity. The teachers must be active in answering the queries of every student, but from the study, it was found that teachers hardly answer the questions; instead, they just upload their videos and assign homework. If this continues in the education process, it will be difficult for students to learn new things.

Perhaps we all know that online education is not as effective as school education, especially for children with special needs who require special educators. During the lockdown, they could not avail themselves of special educators' services, disrupting their academic and cognitive growth. School closures due to Covid19 Pandemic have led to a big academic loss in School education, and this study finds that this learning loss is even greater for Children with special needs. There is an urgent need for the appointment of more Special Educators to cater to the different needs of disabled children during the pandemic as well as during normal times. Efforts in mission mode are required to bridge the learning gap which has happened because of the pandemic in an inclusive way. NGOs like Pratham have continued to work with children during the pandemic. Therefore, Government and NGOs must urgently work together to bridge this learning gap.

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The impact of Covid-19 on girl's education: A study from the schools of Bolpur, Birbhum, West Bengal

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Abstract

The pandemic of COVID-19 has impacted the education of students all over the country for the past two years. Along with the pre-existing issues among women, the pandemic has developed new challenges for the education of girls at every level of learning. The emergence of online education has both positive and negative impact among students and teachers in different parts of the country. Hence, the study mainly aims to identify the factors that are impacting the education of the girl students from their perspectives.

The study is also exploring the measures to bridge the gap between pre and post pandemic education among them. The study is based on a stratified random sampling method that covers samples of 180 girl students aged between 12 to 17 years old, selected from 6 schools (government and private) in the town of Bolpur, Birbhum, West Bengal. The findings show that socioeconomic issues, domestic work load, a lack of guidance, child marriage, an increased rate of dropouts, and a lack of online resources all had a negative impact on girls' school. On the contrary, home school education developed

greater family attachments and easier access to education for the students at home when the whole world was at a standstill.

Key words: Education, Covid-19, Girl students, Online education, Drop out, home schooling, Child marriage

Introduction:

The COVID-19 pandemic has had a massive impact on human history all over the world. The impact of it, along with the social distancing and restrictions, also interrupted the process of education in every country. It not only introduced some new techniques in the educational process but also had some negative impacts on the status of education as a whole. The closing of schools and the unavailability of resources disrupted the process of learning for around 94% of the country's population (UNESCO, 2021). Even after the opening of the schools and institutions, a significant change was observed in the interest of learning among the students. Along with that, due to the unavailability of face-to-face learning, it was replaced with the new practise of digital teaching-learning process which further made it difficult for the students to adopt this new method as their mode of education over such a long period of time. Despite the fact that this digital learning process has made a significant difference in the education of students all over the world, this has created further challenges both for the teachers and schools to make the process of learning more interesting and catchier so that the students, mostly at the primary level, could find it enjoyable and become intrigued to continue their education for a long time.

The limitation of resources, extreme life threat, and improper guidance and socio-economic conditions further created a gap between the different levels of education among the students. Hence the level of drop outs is also huge in number after the pandemic in all over the world. In addition to that, before pandemic also there was a prominent gap between male and female literacy rate but after the pandemic, UNESCO, in their 2021 report estimated that around 11 million girls can discontinue their education in all over the world. The threat of drop out among the girls around 12-17 years are high and in case

of boys, the risk is high for the higher education. Apart from that, the gender disparity, livelihood challenges and less access to governmental facilities in education in such a period also causes a huge disruption in education. The scenario is quite similar in India as well. The cases of extreme stress, uncertainty, non-exposure to the outside world, isolation further generated mental health issues among the adolescent girls in India (UNESCO, 2021) which eventually affected the interest in education and the new learning process during the pandemic. Along with that, the rate of learning faced new challenges with the mode of education and guidance of schools with new engagements throughout this period. As per the UNESCO, 2021 case study report, around 67% of girls got school materials from the government schools and 87% from private schools. The mode of materials for the private schools was mainly through WhatsApp, where as in government schools, it was through phone calls. Hence, the engagement and interest levels between these two modes of institutions created a significant difference in the girl's school education. It further added that, in government schools, the rate of lower- and middle-class girls' enrolment is higher than in private schools. Thus, availability of resources and use of the same with undisrupted network in remote areas also added a gap between the teacher and the learner in India.

The uncertainty, extreme threat of life due to prevailing pandemic and an unscheduled part of learning at home further hampered the process of education. The new mode of online education in one hand has helped the students to get the study material at door steps in this pandemic but the excessive use of mobile further addicted them in gaming, social networking, hampering their education even after reopening the schools (Pokhrel,2021).In addition to that, online education also needs good monitoring by the parents, as the mode of learning is mainly unexplored and new to all the students. Especially for the students at lower levels, constant monitoring by their parents was necessary. The material availability and the teacher's knowledge of information and technology also had a great impact on the school learning of the students. But during the pandemic, with several health issues and livelihood challenges, the monitoring by the parents, along with the internet

and mobile facilities, were not similar for all the students in every part of the country (Patrie, 2020).

The gap in learning between the students in this period not only affected the skill development but also created hindrances for higher level of education. Apart from the future employment and understanding issues, even the academically competent students from different part of the country has faced challenges during online learning due to limited source of mobile and network facilities at their home. As a result, their performance in class tests and internal examinations was thoroughly hampered which further developed humiliation, stress and anxiety for both the students and their parents about their higher education (Tarkar, 2020). In addition to that, the lack of face-to-face interaction between students and teachers and poor understanding of subjects during the online education further generated the disinterest among the students in particular subjects. Due to the time limitation, the one-to-one care by teachers was not possible for all the students. As a result, students with slow learning capacities felt left out and anxious to complete the assignments and examinations. The teachers further showed their concern about the authenticity of the assignments as the materials was generally given in a format of soft copies, YouTube or Ms Word form to the students. Thus, the students tend to copy the material from Google or other online platforms which creates a serious problem for the teachers in assessing the skills and level of their learning from assignments and examinations.

Eventually, the students started to take the classes and education for granted, and the disinterest in learning in a proper setting with serious effort became much less, in more or less every part of the country (United Nations, 2021). The impact of the pandemic puts girls at high risk in the country, even after reopening the schools. During the pandemic, due to the easy and flexible approach of school learning, girls from every part of the country started to learn domestic works and in the economically poor families the situation became more critical. As, along with the domestic work, they had to take care of their siblings and also help with livelihood generation due to their limited source of income. As a result, along with the general learning issues, the problems in

daily life and poor understanding of subjects during the pandemic further affected their interest in school learning and created a gap between the new and familiar modes of education. Hence, the dropout rates, child labour and absenteeism majorly has increased a lot in number (Times of India, 2021). Therefore, Indian girls have 8% less access to the internet than the boys in families and UNICEF, 2020 data suggests that only 20% of Indian household has regular internet connection. This eventually paves the way for the gender related differences in the digital education especially in India. Moreover, the high rate of internet facilities and disruptive connections further affected the flow of education. The affordability of separate phones for children became a matter of concern for low-income families. The repercussions of these challenges are so high that it can make a prominent gap in the girl's education after the pandemic (UNESCO, 2021).

In this context, the current study attempts to understand the issues and challenges that impacted girls' education as a result of the pandemic by examining both government and private schools to determine whether the mode of education, resources, and access had an impact on the girl students of Bolpur, Birbhum.

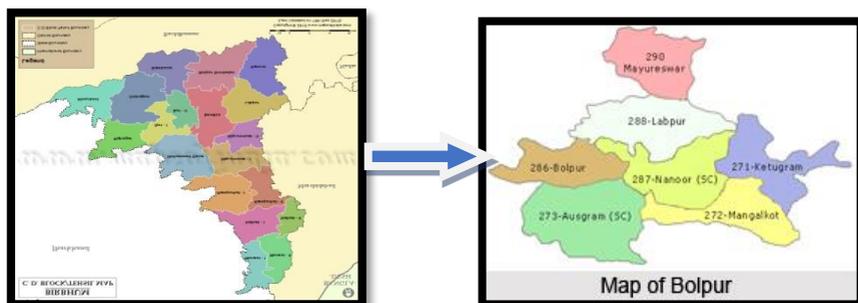
Materials and methods:

This research study analyses, from the perspective of the respondents, the factors and challenges that are creating an impact on the girls' education due to the COVID-19 pandemic. Their perspectives are based on the issues that have had an impact both positively and negatively on their education since the new educational process started after the pandemic.

Objectives:

- To understand the factors influencing girl student's education due to the COVID-19 pandemic
- To suggest measures to solve the issues, that are affecting girl's school education due to the pandemic of COVID-19.

Among the total of 14 high schools of Bolpur, a sample of 180 respondents from 6 different government and private schools were selected within 12 to 17 years age groups. The selection of the schools was based on the mode of medium of instruction and facilities from the governing bodies. Total 5 students from each class of VII to XII (i.e. total 30 students per school) in every school were selected randomly for the study. Bolpur is a small town in the district of Birbhum, West Bengal where people ranging from low-income group to high income group live in. As per the census 2011, the literacy rate of the town is 86.77% where male literacy rate is 91.25% and female literacy rate is 82.24%. Hence, the study tried to cover the educational institutions both government and private affiliated to understand the whether the pandemic created challenges in the education of girls in secondary and higher secondary level or not.



The study is based on a stratified random sampling method where the total number of schools were divided into two strata i.e. government and private schools and among them total 6 schools (3 government and 3 private) were selected randomly on the basis of its characteristics, affiliations and resource availability that fulfils the requirements for the present study in the town. Along with that, mixed method technique is applied in the study to analyse the data both in quantitative and qualitative forms. Interview schedule was used to collect data from the girls and teachers to understand the status and current challenges in their education after the pandemic. Case study methods were also

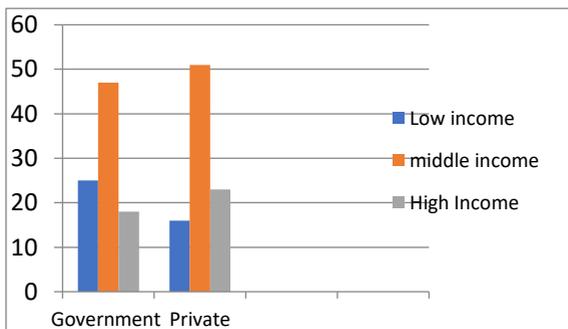
adopted to understand the person-based issues to understand the depth of the problem in such scenario. Moreover, during the process of data collection, informed and free consent was taken from the respondents. The researcher was unbiased during the data collection and she described the purpose of the study to the respondents before the interview.

Results:

➤ Socio economic factors:

Among the government and private schools, the socio-economic factors played a major role in the education of girl students. The data shows the difference in the family income pattern of the students in both the schools (fig 1). The number of students with the lower income family is higher in the government schools i.e. 28% where as in private schools it is 18%. Due to the uncertain income facilities in the family, students from both the schools have faced the difficulties in availing books, study materials in hard copy. In case of private schools, the high range of school fees was also created an uncertainty for them to continue the education. Due to the limited availability of teachers through the online mode and less guidance from the house increased the reliability of tuition teachers for the better learning during the pandemic which further created an extra expense for the lower income families. Moreover, due to the restriction of money, around 16% girls had to help the family to reach the daily need of them. As a result, it constraints the study time of the students largely.

Figure 1 Family Income structures of students



➤ **Unavailability of resources:**

After the emergence of Covid-19 pandemic, the education system has witnessed a drastic change in the pattern of both learning and teaching. The online education and dependability on paperless study became a new norm of learning. This impacted both positive and negatively to the education of students. Though around 91.1% students have at least one smart phone in their households still they faced issues during the lockdown period. Students from class VII to IX had to borrow their family member's phones majorly and also had to share it with them sometimes which hampered the online classes.

Table-1: Availability of Resources for online education

Resources	No. Of Students	
	Govt. School	Private school
Smart Phone	79	85
Mobile internet	65	63
Wifi	14	22
Computer	21	37

Even at times, they had to share it with their siblings or use it in alternative days so that all of them can attend the classes. Not only that, the high expense of internet packages and disruptive network hampered the learning of the students during the pandemic without their scholarships. Due to the prolonged lockdown and social distancing, the need of online tuitions also increased as a result, the availability of resources to access such online classes both in schools and tuitions became inevitable for the students especially for the higher classes. The online mode of education further introduced the paperless mode of learning where the students faced extreme difficulties to understand the contents of science and mathematics through the small screens of mobiles. This further generated disinterest and lack of understanding of subjects among the students widely. Even in case of assignments and projects, the lack of computer facilities made it tough for the students from class VII to IX both in government and private schools (table 1). This highly hampered the

performance and skills of the students variedly in pre and post pandemic period of their education.

➤ **Domestic Workload:**

The prolonged lockdown and threat of Covid-19 stopped the normal lifestyle of the mankind for an uncertain period of time. The constant health issues, lack of income and job hassles in unorganised working sectors further made the situation much more complicated for a large section of society. The majority of the students comes from the middle-class background (54.44%) followed by the lower-class background (22.7%), hence the limitation of income and engagement in domestic work load has increased hugely for the girl students specifically. Along with that, the elder girls in the families were bound to take care of the younger siblings during the engagements of the parents in household works. As a result, the limitation of time, specific gender roles, constant distraction and domestic work engagement hampered the normal schedule of daily classes for the students (majorly from class IX to XII). Even after the lockdown, due to the domestic work and a years old flexible mode of education lead to increase the rate of absenteeism and less importance in the school education, which ultimately affecting the academic learning of girls both during the pandemic as well as post the pandemic period creating an additional gap between the students.

➤ **Lack of knowledge in online education:**

The online mode of education was mostly an alien thing for both the teachers and students in schools before the pandemic. Thus, the knowledge related to it also was very limited for teachers, students and parents. The process of group meetings, Zoom calls, Microsoft power point and word further created the process more complicated for a large part of students. The students faced challenges to get notes, understand the syllabus only by listening it. Visual interpretation and live examples plays a vital role for the learning and understanding of students majorly from the lower level of classes (VII and VIII). The monotonous lectures further made the classes less interesting and complicated to understand. Even the new mode of teaching also made it

difficult for the teachers to come up with new interesting ideas and ways of teaching to develop the interest and feasibility of the course. The students from government schools further showed their difficulties in science and mathematics through the online mode of education and due to the limited online period, they faced extreme challenges to solve the problems by their own. The unaccustomed practice in online further increased the issues more for the teachers to arrange a group meeting, allow the students in classes and to show the materials properly during the pandemic of Covid-19.

➤ **Interest of students:**

The closing of the schools, tuitions and any medium of physical mode of education affected largely to the interest of self-learning process of the students widely. In the initial part of the pandemic, the uncertainty of the situation, new life style, stress and anxiety of students in education, exam performance, and online mode of education further complicated the situation for the students to adopt the new learning process. The students from class VII and VIII started to become careless and took the education with less seriousness due to the unavailability of teachers and classes at home. In addition to that, the cases further states that students majorly attended the classes for the need of their attendance and engaged themselves in household works or siblings during the classes. Hence, the learning and skills in the subjects i.e. English, mathematics and science has been hampered throughout the session. Both in government and private schools, students from the secondary and higher secondary level expressed their concern about the uncertainty and gap of learning in this pandemic. In spite of having extreme need of guidance, they had to rely upon the self-studying and online education which restricted them to solve the problems as well as learning new techniques of learning. Along with that, due to the online mode of examination process, students stopped to read and learn things properly, instead they relied on the google materials, notes and eventually the assessment of the learning became unjustified. The flexibility in examination in one hand safeguarded the students from the outbreak of Covid-19, increased family attachments but on the other hand it caused severe damage in the learning of the students both in the private and government schools.

➤ **Guidance from home:**

The education of every child required a proper guidance to improve the status of learning new skills, techniques and knowledge at different levels. During the period of Covid-19 pandemic, the importance of guidance in the student's life became inevitable. Around 56% (figure 2) students received guidance from the parents in the form of encouragement, understanding the syllabus and doing the assignments. Though, the rate of guidance is lower in government schools than the private school students. In case of secondary and higher secondary level, the parents hardly could help the students in their education in both medium of schools. Besides, the number of siblings, work from home office, and education of the parents, domestic workload, and medium of education further increased the complications for both the students as well as guardians to help them in their daily education. The data further shows that, mothers used to help the girls in education but still the girls got limited time from their mothers for their education due to the extreme workload on mothers or they had to share it with their siblings. As result, in spite of having guidance, it was more or less restricted and insufficient for the students both in government and private schools.

➤ **Child marriage:**

Along with the new occurring issues, the pre-existing child marriage problem is still creating difficulties in the girl's education. In the emergence of this pandemic, the rate of child marriages increased highly causing drop outs from schools. The socio-economic uncertainty, life threats, closing of schools and gender biasness further increased the cases of child marriages in the society. The cases of child marriage are high mostly among the students of class X to XII in low-income families. The less interest in education and online mode of education became the major factors for the cases of child marriage. Hence the drop out and discontinuity of education in the government schools also has increased during the pandemic. Although, some of the students continuing their education after the marriage due to the online flexible mode of education

from home where they can both engage in the household works as well as attend the classes.

➤ **Drop out:**

The outbreak of pandemic has impacted the students majorly in their continuation of their education. Along with the livelihood's challenges, online education, less interest in education, unavailability of resources and the closing of schools for the prolonged period of time causes a huge number of drop outs in the pandemic (table 2).

Table-2: Number of drop out cases (2019-2022)

Class	Government School	Private school
VII-IX	14	6
X-XII	16	5

The dropout rates are comparatively high among the students of class X-XII than the class VII to IX in both the schools. Along with these issues, the hostel facilities, unavailability of library, free guidance from teachers and lack of tuitions further made the situation worst for the students to continue the education in lower income family. Besides the high expenses of internet package on a daily basis, unavailability of smart phones for each student, stress and anxiety related to education and life further impacted negatively to the interest and learning of the students which resulted the rapid rate of drop outs in the period of pandemic.

Discussions with measures:

In the time of Covid-19 pandemic, we all got to know about the importance of schooling and its impact on the student's life. Even after the pandemic, students got familiar with a new era of technology-based education which affected the education of the students both positively as well as negatively.

Due to the social distancing and the constant threat of this deadly virus, home schooling and online based education were the only medium to provide education at the door step securing the health of the students. Though, this new pattern of education impacted the scope of learning, skills and performance of the students differently. The role of teachers and schools simultaneously are important to ensure the performance and skill adaptability of the students in a large scale. Along with that, the virtual mode of education, complete isolation in home and lack of knowledge of technical mediums highly affected the education of the students. In addition to that, the socio-economic instability, unavailability of resources, domestic work load and poor guidance made it further more critical for the students to maintain the performance along with the in-depth knowledge. Though, the government already is trying to bridge the gap between the students and the schools but the impact of this pandemic on the education of huge chunk of students will be persistent for a long run. Online mode of education has a great impact in immediate response and guidance by the teachers. Hence, it is important to make the teachers familiar with the new techniques and interesting modes of online teaching through time-to-time training and workshops. Besides, the free chrome books can be given to the students both in government and private schools consisting in-build syllabus or books, which can help the students to attend the classes without the network-oriented issues. It is very important to provide interesting and new ideas of learning for the students both in the online and offline mode of education as they already get accustomed with a flexible way of schooling. Thus, it is important to develop the interest of the students based on their level classes to ensure the quality education for all. Lastly, the presence of counsellor or a school social worker is inevitable after the stressful situation like this to secure the mental health of the students from the excessive anxiety, stress and performance pressure after the reopening of the schools and the teacher should encourage the students to continue their education after the secondary and higher secondary level. Moreover, no matter how much effort the teachers and schools are putting, but the guidance and encouragement of the parents are the ultimate need for the students to develop their education after the pandemic.

Conclusion:

The COVID-19 pandemic causes a lot of challenges and issues the mankind but it was important to awaken the gaps and needs in education both for students and schools. The new emergence of techniques and methods in education after the pandemic has had a great impact on every part of a learner. The new normal techniques of learning in one hand served a large section of student population where as it further segregated a lot students to have the access of quality learning. It not only effected the overall performance of those students but also caused them with mental stress, less interest in further learning. Thus, it is important to develop the skills and knowledge in those techniques to bridge the gaps between them. It is high time to ensure the needs of both the teachers and students by government and schools, so that in post covid-19 period, they can have a diversified, need based curriculum to establish a rich and value oriented education for all.

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Impact of the COVID-19 pandemic on health and well-being of young children (0-6 years)

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Abstract

COVID-19 has devastatingly impacted vulnerable groups within cities, especially young children, with impacts on their early childhood development. The paper aims to understand the critical issues that young children and their caregivers face due to the COVID-19 pandemic and also the opinion of urban practitioners and general audiences on the accessibility of services by young children. The issues are related to disruption in accessing health and nutrition services, open areas and play spaces, transportation services, and other early childhood development support services. The other pertinent issues, such as witnessing or suffering violence and abuse and the reduction of economic activity for caregivers, are also considered. The paper is written based on a survey conducted on a social media and review of relevant knowledge products focused on COVID-19 pandemic and its impact. The study suggests that restriction on young children accessing essential services during the pandemic has impacted their health and well-being. The paper also summarizes some key recommendations to address the challenges faced by the young children in urban settings which includes better response strategies, improved access to long-term young child-centric services among others.

Key Words: COVID-19, Young Children, Child Health, Immunization, Early Childhood Development.

Introduction:

According to Ministry of Women and Child Development, Government of India “Early Childhood refers to the formative stage of the first six years of life, with well-marked sub-stages (conception to birth, birth to three years and three years to six years) having age-specific needs, following the life cycle approach. It is the most rapid growth and human development period and is critical for survival. Growing scientific evidence confirms that there are critical stages in the development of the brain during this period which influence the pathways of physical and mental health and behavior throughout the life cycle. Deficits during this stage of life have substantive and cumulative adverse impacts on human development” (*Ministry of Women and Child Development, 2013*). The COVID-19 pandemic has disrupted several early childhood development support services essential for young children.

The COVID-19 pandemic has affected the people across the globe, millions of people lost their life and it had a broader economic and social impact. It was noticed that the COVID-19 in children is generally a mild disease but they suffered due to poverty, violence at home and death of their caregivers and other related reasons. The pandemic is a universal crisis and its impact will be long-lasting for some children across the globe.

Several countries in the world were forced to take immediate measures to prevent the spread of COVID-19 resulting into enforced home confinement and closures of recreational facilities for children. Access to health services, pre-primary schools, day-care centres, Anganwadi and child protection services were also affected, which was harmful to young children's health and well-being.

The pandemic has affected children around the world, to all groups of children particularly those who are living in poverty, working as child labour, and also children with disability. Loss of employment, earning opportunities and caregivers' deaths can contribute to creating new vulnerable children who demand appropriate measures to address their concern.

Review of knowledge products on COVID-19 pandemic and its impact:

Documentation by several organizations was reviewed to have a better understanding of the national and international context of the Impact of COVID-19 on the health and well-being of young children. These knowledge products provided insight into young children's issues, including access to early childhood development services.

“The National Early Childhood Care and Education Policy, 2013 conforms to the vision of holistic and integrated development of the child, with a focus on care and early learning at each sub-stage of the developmental continuum, in order to support children's all round and holistic development” (*Ministry of Women and Child Development, 2013*).The policy acknowledge that family environment is the best place to provide care to young children but considering the Indian scenario, many families need support for their child’s development.

'COVID-19 and children in urban contexts' is a part of research series named “cities for children and youth” published by the global alliance-cities for children. These series include publications highlighting the issues related to urban children and youth, initiatives and practices; advocate for children’s right in urban agenda and aims at several stakeholders including practitioners and policy makers.

A policy brief by the Bernard van Leer Foundation on “Five ways Covid-19 economic recovery plans must invest in the next generation” (*BvLF, 2020*) was another document reviewed to understand the Impact of the pandemic. This document was part of their series on ways to limit the Impact of Covid-19 on babies, toddlers and their caregivers. This also throws light on economic recovery plans and support to families with young children. Another policy brief by the Foundation, “five ways health and social services can support babies, toddlers and the people who care for them through the COVID-19 pandemic” (*BvLF, 2020*) indicates priorities for several stakeholders and inform current practices in various countries.

The Lancet's early childhood development series “considers new scientific evidence for interventions, building on the findings and recommendations of previous Lancet series on child development and proposes pathways for implementation of early childhood development at scale. This also emphasizes 'nurturing care, especially of children below three years of age, and multi-sectoral interventions starting with health which can broadly reach families and young children through health and nutrition” (*Lancet, 2016*). The policy brief by the United Nations on the ‘Impact of COVID-19 on children’ provides a deeper analysis of the effects (*United Nations, 2020*). It identifies several actions for the attention of governments and policymakers.

In the above context, the study was conducted to get more understanding on the impact of COVID-19 on the health and well-being of young children, and to make specific recommendations to advocate for the concerns of young children and their caregivers.

Objectives :

1. To understand the critical issues that young children and their caregivers face due to the COVID-19 pandemic.
2. To understand the opinion of urban practitioners and general audiences on the accessibility of services by young children and caregivers.
3. To make specific recommendations to address the challenges.

Methodology:

The National Institute of Urban Affairs (NIUA) is a national think tank of the Ministry of Housing and Urban Affairs, Government of India. NIUA, with support from the Bernard van Leer Foundation, is implementing the “Infant, Toddler and Caregiver-Friendly Neighbourhoods (ITCN) Capacity Building Programme focused on city officials and young professionals. The programme is anchored by the Inclusive Cities Centre (ICC) at NIUA. It aims at addressing

the development needs of the cities' youngest citizens, below the age of six years, and their caregivers through planning and development interventions at the neighbourhood level on a city-wide scale”.

“The International Day of Epidemic Preparedness is observed on December 27, every year in a bid to raise public awareness on epidemics on all levels and prepare for future outbreaks”. The day is marked by The United Nations and World Health Organization. The COVID-19 pandemic has taught lessons to the world and highlighted the need for better preparedness to face such pandemics in future. The ITCN programme conducted an online survey in December 2021 to observe the day and to understand the Impact of COVID-19 on the health and well-being of young children and their caregivers for advocacy on the concerns of young children and their caregivers. The survey questions were developed by the programme with inputs and review by the communication team of NIUA, responsible for review and posting of social media content. The questions were tested before posting them on LinkedIn, a social media site. The survey encouraged people to share their perceptions by selecting the appropriate option for each survey round. NIUA's social media handles have an excellent outreach on LinkedIn, where the programme-related activities are regularly posted.

The survey (poll) was conducted in 2 rounds, initiated in December 2021 and closed in the same month. Each round had one question with multiple responses. The options for first round of question was either yes or no and the second round of questions had three options. The participants had to select only one option in both rounds of survey. There was no set target number for getting the response. Also, the survey didn't capture non-responsive option such as 'not applicable' or 'rather not say'. Each participant could submit only one response on a poll at a time. If he/she wished to change or remove the vote before the poll was closed, they could vote again provided the poll has not closed. Any personal information was not collected and stored.

This was an open survey, open for each visitor of the NIUA social media page and completely voluntary. There was no informed consent process and no

incentive was offered. People were communicated about the timelines for submitting their responses. There was no initial contact with potential participants since it was entirely on the LinkedIn site and open to everyone. Anyone participated in the study could see the total aggregate responses in a percentage format after the poll was closed. It was an automatic method for capturing responses. The exercise was governed by the LinkedIn poll policy. The people who responded to the surveys were mainly architects, urban planners, urban designers, social scientists and keen observers.

Socio-demographic details of the participants were not collected. Closed-ended questions were asked which may have a lower validity rate and there was lack of an interviewer. These are some of the limitations of the study.

The followings were the survey questions:

1. Have restrictions on young children (0-6 years) accessing play spaces during the pandemic impacted their overall health & well-being?
2. Which essential services were difficult for young children (0-6 years) and their caregivers to access due to COVID-19?

Results:

One hundred twenty-one responses were received from urban practitioners and others about their perception of the challenges young children and caregivers faced during COVID-19 in 2 rounds of surveys conducted on the social media site.

Survey 1: Restrictions on young children (0-6 years) and the Impact of COVID-19 on their health and well-being

This section highlights restrictions on young children accessing play spaces during a pandemic and their Impact on their health and well-being. The participants were asked to select either 'Yes' or 'No' in response to the survey-1. Sixty-eight people participated in this round of the survey.

Table-1

Responses	Percentage (%)
Restrictions had Impact on the health and well-being of children	97
Restrictions had no Impact on the health and well-being of children	3

Source: Author's compilation

Responses:

Table 1 shows that most respondents have accepted that restriction on young children accessing play spaces during the pandemic has impacted their health and well-being. Only two people opined that there was no impact.

Survey 2: Essential services which have become difficult to access for young children and their caregivers

Table 2 indicates the different services impacted due to COVID-19. This was the second round of surveys posted on the social media site. The services were divided into three major categories: transport facilities, health facilities, open areas and play spaces. People were suggested to select one of the options they think is most appropriate. A total of fifty-three people responded to this round of the survey.

Table-2

Impact on services	Percentage (%)
Transportation facilities	13
Health facilities	40
Open areas and play spaces	47

Source: Author's compilation

Responses:

Table 2 indicates that most respondents thought that accessing open areas and play spaces for young children and their caregivers were challenging due to COVID-19. 40% of respondents opined that it was difficult to access health facilities, and only 13% chose transportation facilities. This shows that young children are most at risk with the pandemic disrupting essential early childhood care and support services.

Discussion:

Maternal and Child health services are crucial to reduce maternal mortality, neonatal mortality, infant mortality and under 5 mortality rate. These services were reduced due to the pandemic. Immunization services protect children from several diseases which were also interrupted. Since the focus had been on combating the pandemic, antenatal care services were also affected in some places, some hospitals were designated as a dedicated centre for COVID-19 treatment, and only emergency services were provided. Progress achieved on different parameters of maternal and child health as a result of continuous efforts of several years by some countries will be compromised because of pause or reduction in providing essential maternal and child health services.

About “23 million children in the world missed out on basic vaccines through routine immunization services in 2020 – 3.7 million more than in 2019 - according to official data published by World Health Organization and United Nations Children’s Fund (*UNICEF, 2021*). The pandemic has also affected the routine childhood immunization coverage and timeliness in India. As per a study conducted to estimate the effect of pandemic on immunization in India, immunization coverage was lower in COVID-affected children (those children who were eligible for a vaccine after January 30, 2020, date of the first COVID case in India) as compared with unaffected children (those eligible for a vaccine before January 30, 2020), ranging from 2% lower for BCG and HepB0 to 9% for DPT3 and 10% for polio3” (*Summan et al., 2022*).

“Reduced coverage across all maternal and child health interventions was observed in a study conducted in District Sant Kabir Nagar in Uttar Pradesh, India, where there was an overall decrease of 2.26 % in the number of institutional deliveries, antenatal care services being the worst affected with 22.91% decline and immunization services were also dramatically decreased by more than 20%” (Singh, et al., 2021). Another study also support the present study (Jain, et al., 2021).

Good mental health early in life is key to good mental health later in life (OECD, 2020). The COVID-19 pandemic has impacted the mental health of everyone including young children. Parental depression, social isolation, spending more time on screen, distress, and fear of losing parents have negatively affected the mental health of young children resulting into poor cognitive development and higher risk of ill health. Young children are not able to fully comprehend the situation and convey their feelings to caregivers and therefore they are highly susceptible to mental health issues.

Access to good nutrition is an important factor which contributes in overall development of a child, particularly initial 1000 days from pregnancy until a child’s second birthday is most critical. This phase in a child life is a unique opportunity to build health and intelligence for their entire life. Closures of early childhood education and care facilities due the pandemic has increased the risk of food insecurity and poor nutrition which put them at risk of low immunity, increased infections, wasting and stunting.

Due to the pandemic induced lockdown, workplaces and markets were closed leading to loss of employment and earning opportunities. This has impacted the people from all income level particularly those who belong to lower income group and living in urban informal settlements with limited infrastructure. With reduced household income, families were forced to spend less on health and nutrition which impacted the health and well-being of young children. The Lancet estimates that children with a poor start in life may suffer a loss of about a quarter of average adult income per year (*The Lancet, 2016*).

Lockdowns induced restrictions and confinement at home also put children at risk of observing domestic violence against women or suffering violence and abuse by caregivers. Closer of schools and therefore online learning system increased the risk of access to in- appropriate content. Growing digitalization magnifies children's vulnerability to harm (*United Nations, 2020*). During the lockdown, early childhood education centres such as Anganwadi centres were closed which deprived children of various services.

Key Recommendations:

Based on the findings of the survey and literature review, the followings are some of the recommendations to address the issues:

1. There is the need to prepare better strategies to minimize gaps in service delivery related to maternal and child health that includes pregnancy related services and immunization among others. The strategies should be focused on strengthening the health care delivery system, ensuring quality care, enhancing budget to improve the urban healthcare infrastructure and greater decentralization of finances and accountabilities.
2. Improve access to long-term young child-centric services, in particular, mental health and psycho-social services and community-based child protection programmes.
3. It is crucial to assess the Impact of the pandemic generated disruptions on physical movement and activity in young children's overall development. This will help guide the further course of action by several stakeholders.
4. Any initiative for young children should consider all the key aspects including health, education, nutrition services, streets, parks and open spaces, responsive caregiving which impacts their health and overall development.

5. Encourage the participation of caregivers of young children in the city planning and design process. The concept of integrating children as the key urban stakeholders is relatively new and emerging and more efforts should be taken in this regard.
6. Vulnerable children such as children who are orphaned, living in informal settlements, and children with disabilities have special needs and therefore they need specific protections. Some initiatives are taken by the governments but more efforts are required.
7. It is necessary to recognize parents and families as essential front-line workers; they should be supported with social protection measures; they should also be trained on how to talk about the pandemic with young children and how to manage their mental health. While interacting with children, parents should allow them to talk freely and share their feelings. Importantly, the parents should also be supported to manage their own mental health to enable them to support their children.

Conclusion:

The study indicates that young children are most at risk with the pandemic disrupting essential early childhood development services. It also helped in understanding the critical issues young children and caregivers faced such as challenges in access to transport facilities, health facilities, open areas and play spaces. The study also highlights the opinion of urban practitioners and general audiences on the accessibility of essential services.

Closures of pre-primary schools and social distancing resulting in reduced access to essential care services increase children's risk of poor health and poor nutrition. They are also exposed to domestic violence, anxiety, and stress. The pandemic has highlighted many issues that affect early childhood development. It also demonstrates the value spaces, facilities, and services have in promoting young children's health, services and well-being. Multi-

sectoral efforts by all concerned stakeholders will help address the challenges and improve the children's quality of life.

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The Status of Mental Health among the Adolescents in Child Care Institutions in Relation to their Life Skills

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Abstract

The present study aimed to investigate the status of mental health of adolescents staying in Child Care Institutions (CCIs) established in Meghalaya. Further, the study intended to find out the relationship between mental health and the life skills of adolescents. For the completion of the study, the investigators selected sample of 200 adolescents with an age group of 11 to 18 years from CCIs in Meghalaya by adopting a simple random sampling technique. The Mental Health Scale developed by Sushma Talesara and Akhtar Bano and Life Skills Assessment Scale developed by Radhakrishnan Nair, Subasree and Sunitha Ranjan were used to collect the data. The outcomes of

the study revealed that 47% of adolescents have shown quite good mental health and 53% of adolescents indicated moderate to poor mental health. It is important to mark that there is a significant difference in the life skills of adolescents with high and poor mental health. It means that the study revealed that mental health has some influence on the life skills of adolescents of the CCIs in Meghalaya. The study also revealed that the male adolescents possess better mental health and life skills than the female adolescents of these CCIs in Meghalaya.

Keywords: Mental health, life skills, Adolescents, Child Care Institutions

Introduction:

Adolescents are between the ages of 10 and 19, and are categorized as those between childhood and adulthood (United Nations International Children's Emergency Fund [UNICEF], 2018). UNICEF estimates that the number of adolescents in 2022 is 1.3 billion, which represents 16% of the world's population (UNICEF, 2022). They make up one-fifth of the world's population. Having healthy, competent adolescents who enter the workforce can raise the economic productivity of a country (Azeez, 2015). The World Health Organization considers mental health to be a crucial component of overall health and well-being, and it is strongly influenced by multiple factors, including individual, social, and structural stresses and vulnerabilities. With a healthy mental state, one will be able to cope with the challenges that life brings, will be able to recognize their own capabilities, be able to work effectively, and will be able to contribute positively to society (World Health Organization [WHO], 2022a). Even though adolescents are considered to be in a healthy phase of their lives, they are also prone to death, illness, and injury (WHO, n.d.).

In terms of disease burden, mental health conditions are one of the most prevalent conditions among adolescents globally. The number of adolescents who suffered from mental illness worldwide in 2019 was estimated to be one in seven, which amounts to approximately 89 million boys and 77 million girls

(UNICEF, 2021). In 2020, nearly 5000 individuals between the ages of 10 and 24 died daily, totalling over 1.5 million individuals, with suicide being the second leading cause of death among those aged 15-19 years (WHO, 2022b). Approximately 16% of the worldwide burden of injuries and diseases among adolescents aged 10-19 is attributed to mental health problems, with depression being the most prevalent cause of illness and disability among adolescents aged 15-19 (WHO, 2022b). Based on the National Crime Records Bureau's report for 2020, India recorded 11,396 children suicide cases, with 31 children suicide on average every day (NDTV, 2021). The major causal factors of suicide among individuals below 18 years were family problems, love affairs, and illness (NDTV, 2021). Although suicide is caused by a variety of factors, the Centers for Disease Control and Prevention estimates that 46% of those who commit suicide suffer from mental illness, based on the National Violent Death Reporting System. The number may be underestimated since it does not include undiagnosed or untreated mental illness (Akkas & Corr, 2022).

A child in a child care institution is a child who requires care and protection or is in conflict with the law and is under the age of 18 years and based on a study conducted in Manipur, it has been shown that these children are placed in institutions for a variety of reasons, including broken families (23%), AIDS-victim parents (18%), extremely poor and helpless parents (20%), parent(s) die of illnesses other than AIDS (18%), insurgency problems (9%), parent(s) died by accident or suicide (8%), or they are abandoned by their parents (3%) indicating a gloomy past (Chingtham, 2014). In 2003, 98 individuals living in child welfare institutions were studied and 32 percent experienced suicidal thoughts, threats, or suicide attempts during the previous six months. In comparison with children with suicidal ideation and non-suicidal children, children with suicide attempts, who comprised about 8% of the sample, experienced significantly more traumatic experiences before placement and scored significantly higher for somatization syndrome (Hukkanen, Sourander, & Bergroth, 2003). According to another study carried out in Malaysia with 240 orphans and 240 non-orphans aged 13-17, orphans suffer significantly greater mental health problems, including depression, anxiety, and stress than

their non-orphan counterparts (Sahad, Mohamad & Shukri, 2017). As a result, the study recommended stakeholders of these vulnerable children develop a collaborative intervention plan to maintain their mental health (ibid, 2017). In this regard, adolescents living in CCIs are considered to be the most vulnerable group, and therefore providing them with psychosocial support is essential in promoting mental health (Nygwencha, Munene, James, Mewes & Barke, 2018).

It is imperative that adolescents receive age-appropriate sexual education, access to health services, a safe and supportive environment, and opportunities to develop life skills in order to grow and develop in good health (WHO, n.d.). It has shown in studies that improved life skills have a positive impact on mental health as well (Jamali, Sabokdast, Sharif Nia, Goudarzian, Beik and Allen, 2016). To meet the need for children living in CCIs to develop psychosocial competence, life skills education was included in section 53 (v), Juvenile Justice (Care and Protection of Children) Act, 2015 (Ministry of Law and Justice, 2018).

Objectives of the Study:

This study aims to achieve the following objectives:

1. To study the mental health of adolescents in Child Care Institutions.
2. To assess the difference between the status of mental health of male and female adolescents of CCIs in relation to their life skills.
3. To study the difference between adolescents of CCIs possessing high and low levels of mental health in relation to their life skills.
4. To find out the relationship between the mean scores of mental health and life skills of adolescents residing in CCIs.

Hypotheses:

H₀ 1: There is no significant difference between the mental health mean scores of male and female adolescents residing in CCIs in relation to their life skills.

H₀ 2: There is no significant difference between the mean scores of adolescents possessing high and low mental health in relation to their life skills.

H₀ 3: There is no significant relationship between the mental health mean scores and the mean scores of life skills of adolescents residing in CCIs.

Research Methodology:

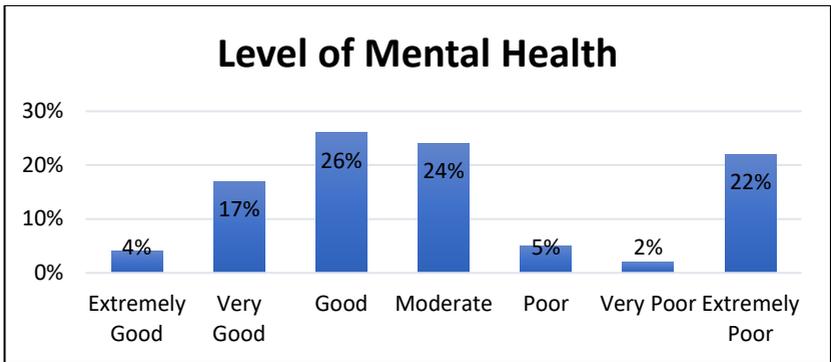
This study adopted the descriptive survey approach in order to describe the current status of mental health among adolescents in Child Care Institutions in Meghalaya in relation to their life skills. A total of 200 adolescents between the ages of 11 and 18 were randomly selected as sample for the study, of whom 100 were males and 100 were females. The investigators used two standardized scales for this study. The first scale is the Mental Health Scale developed by Dr. Sushma Talesara and Dr. Akhtar Bano. 54 items are included in the scale, covering three areas that may have an impact on a student's mental health; 18 items relate to school-related factors, 22 items relate to family factors, and 14 items relate to peer group factors. The scores range from 0 to 4, and the maximum score for all 54 items is 216 (Talesara and Bano, 2017). The second scale that the investigators used is the Life Skills Assessment Scale developed by A Radhakrishnan Nair, R Subasree and Sunitha Ranjan. As part of this scale, 100 items were used to assess 10 core life skills recommended by the World Health Organization, including self-awareness, empathy, effective communication, interpersonal relationships, creative thinking, critical thinking, decision making, and problem solving, coping with stress, and coping with emotions. Using a 5 point scale, the items were scored from 1 to 5, ranging from 100 to 500 and all 100 items were added up to determine the Global Score of life skills (Nair, Subasree, and Ranjan, 2010).

Results and Findings:

The data have been analysed objective wise under the following tables:

Objective-1: Level of mental health of the adolescents in Child Care Institutions in Meghalaya.

Figure 1: Level of Mental Health of Adolescents in CCIs in Meghalaya



The above figure-1 depicts that the computed mean of mental health scores of the adolescents came out to be 128.41. The result also portrays that about 53 per cent of the adolescents residing in CCIs in Meghalaya possess moderate to extremely poor levels of mental health. Whereas, about 47 per cent of the adolescents were found to possess a range of good to extremely good levels of mental health. Considering the results of this study, mental health services could be provided in CCIs in Meghalaya for adolescents in order to enhance the mental health of those adolescents who are experiencing poor or average mental health in order to develop positive self-esteem, have better and healthier relationships, and cope effectively with the stress of daily life.

Objective-2: To assess the difference between the status of mental health of male and female adolescents of CCIs in relation to their life skills.

Table-1:
**Difference between the Mental Health of Male and Female Adolescents
in relation to their Life Skills**

Variables	N	Mean	SD	t-Value	Level of Significance
Male	100	133.82	32.25	2.34	Significant at 0.05
Female	100	123	33.74		

As shown in table 1 the computed t value came out to be 2.34 which is greater than the table t-value (1.98) for 198 degrees of freedom at 0.05 level of confidence. Hence, the hypothesis got rejected and it is construed that there is a significant difference between the mean scores of male and female concerning their mental health in relation to their life skills. The computed value also indicates that male adolescents possess higher mental health and life skills as compared to female adolescents.

Objective-3: To study the difference between adolescents possessing high and low Mental Health in relation to their life skills

**Table-2: Difference between Adolescents Possessing High and Low
Mental Health in Relation to their Life Skills**

Variables	N	Mean	SD	t-Value	Level of Significance
High Mental Health	68	162.26	8.72	3.23	Significant at 0.05
Low Mental Health	65	120.85	10.85		

Table 2 indicates that the computed t-value between the mean scores of adolescents possessing high and low mental health in relation to their life skills came out to be 3.23 which is found greater than the table value (1.98) for 131 degrees of freedom at 0.05 level of significance. Therefore, the hypothesis was rejected and it is concluded that adolescents with high and low mental health in relation to their life skills differ significantly. This indicates that adolescents with high mental health possess better life skills than adolescents with low mental health.

Objective-4: To find out the relationship between the mean scores of mental health and life skills of adolescents residing in CCIs.

Table-3: Relationship between the mean scores of Mental Health and Life Skills of Adolescents residing in CCIs

Variables	N	r Value	Level of Significance
Mental Health	100	0.710	Significant at 0.05
Life Skills	100		

Table 3 reveals that the calculated ‘r’ value between the mean scores of mental health and life skills came out to be 0.710 which is found greater than the table ‘r’ value (0.159) for 198 degrees of freedom at .05 level of significance. Hence, the formulated hypothesis “There is no significant relationship between the mental health mean scores and the mean scores of life skills of adolescents residing in CCIs” got rejected. Thus, it is concluded that there is a positive correlation between the mean scores of mental health and life skills of adolescents in CCI.

Discussion:

In view of the review and the findings of the present study, many vulnerable children who enter Child Care Institutions come from very poor backgrounds, which have affected the mental well-being of these children since they had to adjust to their physical and hormonal changes as adolescents, as well as their introduction to a completely new social environment. Even this study found that 53 per cent of the respondents who were adolescents living in CCIs between 11 and 18 years of age had moderate to extremely poor levels of mental health. In light of this, it is recommended that the caregivers of these adolescents create an approachable, child-friendly environment in which they may express the concerns and issues they may encounter internally or that are caused by external factors disrupting their mental health. The results of the study also demonstrate that 47 per cent of respondents have good mental health to extremely good mental health. Further, the present study also found that male adolescents have better mental health and life skills than female adolescents; hence, their coping mechanisms can also be examined for the purpose of evaluating their ability to maintain mental health under similar circumstances. The findings are in agreement with a study by Campbell, Bann, and Patalay that found that girls typically had poorer mental health than boys based on an analysis of 566,829 adolescents across 73 countries (Campbell, Bann, and Patalay, 2021).

The study also indicated that adolescents with high mental health possess better life skills than adolescents with low mental health and that mental health and life skills are positively correlated. This finding is consistent with the result of a study conducted with 360 adolescents in class 8 through 10 which concluded that adolescents with improved life skills and psychosocial competencies have a better mental health and that their mental health is positively impacted by their life skills (Sultan, Saleem and Durrani, 2021). And according to Cassell's article, adolescents can better manage their mental health problems if they have life skills and learn how to be more self-aware, their values, problems, and aspirations. When adolescents are taught these skills, they are better equipped to recognize strategies for managing personal

struggles as well as ask for external assistance, which can be very beneficial (Cassell, 2018). Therefore, Life Skills Intervention is recommended for the promotion of mental health among adolescents in CCIs as a strategy. One should also remember that, aiming to increase adolescents' awareness of Life Skills is one thing, but enabling them to apply these skills is what these adolescents need in order to deal with their daily challenges. In order to effectively implement this strategy, it would be advantageous to organize a training program on Life Skills Intervention for caregivers of various CCIs.

While this study has yielded some important results, it also has a few limitations that need to be acknowledged by future researchers. Despite the fact that the study focused on mental health in relation to life skills, future research could explore the impact of life skills interventions on the mental health of adolescents living in child care facilities. The exploration of strategies employed by adolescents who have high mental health in maintaining their well-being in spite of unfortunate circumstances can be considered as another study topic.

Conclusion:

In accordance with the researchers' literature review, the present study is the first study to explore mental health and life skills in Child Care Institutions in Meghalaya, India. Based on the results of the study, the investigator recommended that Life Skill Intervention, which is included in the services to be provided by CCIs under the Juvenile Justice (Care and Protection of Children) Act, 2015, be given serious consideration, as it contributes to the psychosocial competence of children living in child care institutions. Therefore, it is paramount that CCIs invest in training programmes for caregivers on Life Skills, in order to improve their capacity to impart these skills to adolescents in CCIs and support them to put them into practice effectively in their daily lives. The CCI may also seek to collaborate with other agencies that specialize in life skills intervention for adolescents in order to assist these vulnerable adolescents in developing their psychosocial competence.

Assuring these adolescents have the ability to apply life skills on a daily basis is an important step towards maintaining their mental health and preparing them for their future, especially when they leave the protective shell of the CCIs where they are currently living after they reach 18 years old.

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Aptitude Testing for Architecture Education from the Lens of Psychometric Tests: A Survey from India

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Abstract

Background: Architecture Education is an important discipline for making professionals responsible for the built environment. As the ratio of aspirants in India is much more than the available seats, screening for suitable candidates is a central procedure. Among the several criteria adopted by institutions for the selection of appropriate candidates for architecture education, the most prominent are the aptitude tests. Simultaneously, it is seen from applied psychology that several tests have been developed to examine and measure prospective candidates' intellectual, creative, and personality traits for several purposes, including selecting applicants for educational courses.

Methodology: The present study aimed to identify the factors used to measure personality traits and examine intelligence and visualization skills from applied psychology. In addition, the extent of these factors utilized in the aptitude tests conducted in India was investigated with the help of an opinion survey conducted by experts from the field of architecture and instructive psychology.

Results: The results suggested that there are several facets common to both the fields of architecture and psychology, whereas there are additional facets from the recognized psychometric tests which can be included in the current testing parameters in architecture education.

Conclusion: The efficiency of the current aptitude tests in architecture education for selecting candidates can be improved by including more aspects from psychological testing methods.

Keywords: architecture education, aptitude, aptitude tests, psychometric testing, expert opinion survey, coding, personality traits

Introduction:

Institutions worldwide are constantly on the verge of seeking outstanding students with sound academic proficiency and aptitude for their respective disciplines. Institutions utilize approximately three to four requisite admission criteria for the admission of suitable candidates to their courses. These criteria are academic proficiency, aptitude and scholastic tests and statement of purpose, letters from mentors, and portfolio of previous work (Goldschmidt et al., 2002; P. Khan & Mandal, 2020).

Earlier, art and craft were considered family traits and transferred within generations. Formal Architecture Education began in the 19th century to fulfill the needs of the princely states of the royal families. With the growing requirements of the building industry and to increase the sensitivity towards the depleting environmental assets, it has become essential to select the applicants for the course and profession with care (UNESCO-UIA Charter for Architectural Education, 2017). Architecture education has been identified as one of the most eccentric branches of professional courses worldwide (P. Khan & Mandal, 2020; Salama, 1995). More than 0.04 crore aspirants appear yearly in response to the available 26,000 seats for the professional course in India alone. Also, the curriculum is much more researched than the students' required aptitude (Goldschmidt et al., 2002).

There is a need to identify the aptitude and attitude of suitable candidates for the course that will reflect in the profession later.

Contextual background:

India has witnessed numerous general and region-wise procedures with respect to individual institutions to shortlist the aspirants for the said professional course. These measures were considered as an important norm to enter the professional course. Recent interventions have witnessed two national entry-level inspections or examinations; these are the Joint Entrance Examination (JEE) – Paper 2 and the National Aptitude Test in Architecture (NATA) conducted by the professional regulatory bodies in India (COA, 2017; P. Khan & Mandal, 2020; P. Khan & Mandal, 2021). The skills required for the course essentially require high academic scores, knowledge of natural features and environmental sciences, arithmetic and geometry subjects, and artistic abilities, including two-dimensional compositions and color theory with drawing and sketching skills. The aspects that these two aptitude tests investigate are the students' spatial, logical reasoning, and mathematical capacities.

Simultaneously, psychologists worldwide were already engaged in developing studies related to measuring the mental capacities of students of all age groups (Urbina, 2004). Studies about the knowledge of creativity and intelligence led to several psychometric tests. An extensive parallel study from the field of psychology revealed that extensive tests were developed for measuring not only the mental capacities of students concerning original concept thinking, and studies were carried out to measure their behavior and personality traits. These led to the knowledge of the students' probable characteristics and their communication and mental capacities.

Materials and Methods:

An assessment of the aptitude tests conducted in architecture education was undertaken to learn about the contents of the test. Simultaneously, a review of

the literature concerning the psychometric tests carried out by past investigators in the field of psychology led to the identification of the characteristics that test the abilities of students in general, which may determine their intelligence and personality traits. An exhaustive list of variables (characteristics) was enlisted and coded into broader categories as parameters (groups of testing classes). In the process of doing so, several theories and models were recorded. The tests followed a certain testing mode for mental capacities and personality traits.

Tools: This led to the creation of an intellectual tool used for further research. The tool was used for analysis with specialists to investigate the extent of characteristics tested in aptitude tests in architecture education.

Survey: This was done by taking the opinion of experts. The survey was conducted with consecutive five years sets of question papers in the entrance exams. Experts from the psychology and architecture education disciplines were selected for the survey. The frequency of the questions in the respective coded parameter was studied in detail.

Data Collection: The survey with experts for the current research utilizes previous sets of question papers from the JEE examination, especially for architecture students. The pattern of the question papers in both examinations is revised frequently, but the question papers selected for the study consisted of the same pattern. Thus, papers from five consecutive years were taken covering the subjects of Math and the special aptitude test for architecture. The sample consisted of 400 questions. The survey and tool were given to the experts for marking the coverage of identified-coded-groups of abilities in these years. The responses of the specialists were recorded for further analysis. Outliers in about 18 of the questions were found among the experts' responses. On removing the outliers, the responses from the remaining 382 questions were prepared.

Analysis: The responses of all the experts were recorded in separate tables for each expert. They were then converted to percentages. The average weightage of percentages was considered for further analysis.

The methodology is presented in the flow chart in Figure No. 1

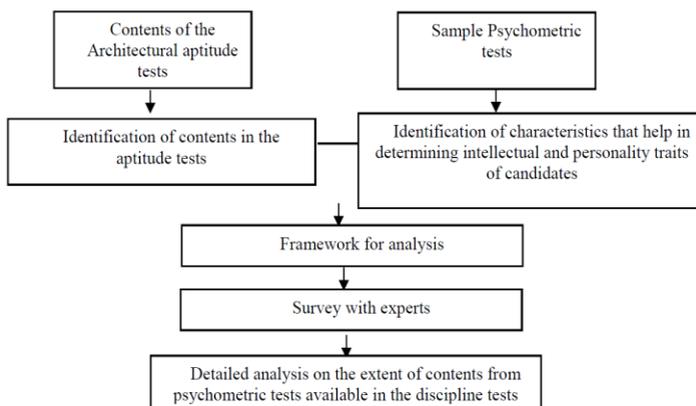


Figure No. 1: Methodology of the study

Review of literature: deduction of parameters from architecture aptitude tests and psychometric tests:

Two national-level aptitude tests are conducted in architecture education to identify suitable candidates. The test scrutinizes the aspirants based on their academic performances and their sense of proportions, sketching, compositions, and colour understanding (Council of Architecture India, 2020). Further traits like visualization and imagination skills are investigated through their spatial ability skills. Hence, we can say that similarities are observed in both tests. Looking for contents in the papers selected for the current research, it is observed that the question papers have a similar pattern. The question papers do examine the characteristics mentioned above.

Investigators in psychology have followed the psychometric method to comprehend the extent of intellectual understanding with reasoning tests (Urbina, 2004). The study of psychometric tests began with the theory of Divergent Thinking and, more specifically, Guildford's Structure of Intellect (Batey, 2012). Here, the tests were of spoken, written, aural, arithmetic, and behavioral nature. Divergent Thinking became a paradigm shift where many psychologists were thinking in the same direction. The table below gives the list of researchers who worked in this direction.

Table 1
Tests developed with the Divergent-thinking Concept

Sr. No.	Name of the Researcher	Developed test	Method adopted
1	David Wechsler	Wechsler Intelligence Scale (Keith et al., 2006)	oral and figurative tests
2	Lewis Terman	Concept Mastery Test (Batey, 2007)	oral and figurative tests
3	Getzels-Jackson	Getzels- Jackson's test (Welsh, 1967)	Spoken skills, spatial skills,
4	Wallach and Kogan's	Wallach and Kogan's Test (Hocevar, 1980)	Spoken skills, spatial skills
5	Torrance	Torrance Test (Kim, 2018)	Verbal and spatial skills

Among other methods of testing developed by the investigators, came another paradigm shift where researchers thought beyond Guildford's Divergent Thinking (Khan and Mandal 2021). The following table enumerates several more instances.

Table 2
Psychological Tests developed for assessing mental and cognitive capacities

Sr. No.	Name of the Researcher	Developed test	Method adopted
1	Mednick	Remote Association Test (Batey & Furnham, 2006)	oral and figurative tests
2	Worthen and Clark	Functionally Remote Associates Test (Worthen And Clark 1971)	oral and figurative tests
3	Amabile	The Consensual Assessment Technique (Amabile 1982)	Creativity
4	Elliot	The Differential Ability (DAS) test (Keith et al., 2010)	cognitive abilities
5	Sternberg and Lubart	The Investment Theory (R J Sternberg & Lubart, 1991)	oral and figurative tests with six factors of personality traits
6	Sternberg and Lubart	the Triarchic Theory (Robert J Sternberg et al., 1985)	Grouped all existing skills in three categories
7	M. Csikzentemihayl	System Model and Field theory (Mcintyre, 2008)	Theory of domain, expert from the domain and a useful innovation
8	Das-Naglieri	The Das-Naglieri's Cognitive Assessment Battery (Elliott, 1990)	
9	James Kaufman	Kaufman Assessment Battery for Children	Oral, figurative and aural

		(KABC) and The Propulsion Model	
10	Susan Urbina	The Test for Creative Thinking – Drawing Production (TCT-DP)	Oral, figurative, and arithmetic tests
11	Sagar Kadabadi	The Creative Composite Indicator (Kadabadi S., 2010; Urban, 2004)	Barriers in Reasoning abilities
12	Paul Costa	Five Factor Model (Allen et al., 2018)(Abdullah et al., 2010)	Personality traits

Research Question:

The current study enquires the extent of the coded parameters derived from the study of the psychometric tests in the currently conducted architectural aptitude tests. Thus, the research question states, what is the extent of the coded parameters *derived from the psychometric tests found in the currently conducted aptitude tests in architecture education?* The current research limits itself to the study of the (Joint Entrance Examination) JEE testing scrutiny procedures only.

Inferences from Literature Study:

All the above are the sample psychometric tests developed by past explorers and the methods of testing employed by these were classified to form the parameters of the current study. As we see from the above study, the significant testing methods employed are oral and written communication capacities, figurative or spatial capacities, auditory skills and arithmetic or quantitative abilities. Hence a coding method is adopted where the methods adopted are coded as given below.

Table 3
Codes adopted for the methods of examining aptitude

Sr. No.	Method adopted	Given and identified Code (Parameters)
1	The abilities with respect to behavioral and personality traits	Personality or Attitudinal Reasoning
2	Arithmetic and numerical abilities	Mathematical or Numerical Reasoning
3	Reasoning abilities	Logical Reasoning
4	Figurative abilities	Spatial Reasoning
5	Spoken, written and oral abilities	Semantic Reasoning

Based on the Triarchic Theory given by Robert Sternberg, each group given above can be coded/classified further into three clusters. These clusters are given below. These formed the sub-parameters for each coded parameter in the framework for analysis.

Table 4
Sub-groups of the abilities examined

Sr. No.	Method adopted	Given and identified Code (Sub-Parameters)
1	Synthetic abilities	Capacity of cognitive skills developed with age
2	Analytical abilities	Abilities used for analyzing
3	Contextual abilities	Decision making abilities based on the intelligence

Architectural aspects used to assess capacities of students in the respective tests are given below.

Table 5
Coding of architectural aspects used to assess capacities of prospective students

Sr. No.	Traits to be tested in aptitude tests in architecture education	Description
1	Spatial Reasoning	Imagination and visualization traits
2	Logical Reasoning	Problem solving capabilities
3	Numerical Reasoning	Arithmetic and geometric skills
4	Environmental Science	Knowledge of natural features and building science
5	Architectural knowledge	Some basic understanding of structures and knowledge of the works of famous architects
6	Communication skills	Spoken and written abilities

The understanding from the above coding methods led to the development of a framework tool used for the survey with specialists from the disciplines of Psychology and Architecture Education. The literature survey gave a set of parameters that were categorized in groups based on similar attributes. The groups were then coded as – Behavioral, Logical, Spatial, Semantic and Mathematical.

Observations from the Opinion Survey:

The above-deduced aspects provided the parameters and the sub-parameters for the current research. The experts selected for the opinion survey fulfilled the following criteria- at least 10 years of experience in their respective fields, were aware of the psychometric tests and conducted the survey independently. A similar set of questions were given to them, and the frequency of the deduced aspects in the current question papers of five years was recorded. The responses were converted to percentages. The table with compiled responses to the conversion to percentages is given below.

Table 6
The compiled weightage for the Synthetic-abilities parameter

Psychometric Tests (Coded Parameters)	Synthetic				
	2011	2012	2013	2014	2015
Personality or Attitudinal Reasoning	0	0	0	0	0
Logical Reasoning	15.91	13.2	12.67	19.7	0
Mathematical or Numerical Reasoning	26.95	24.7	24.31	17.8	24.7
Semantic Reasoning	0	0	0	0	0
Spatial Reasoning	0	1.38	0	0	0

Table 7
The compiled weightage for the Analytical-abilities parameter

Psychometric Tests (Coded Parameters)	Analytical				
	2011	2012	2013	2014	2015
Personality or Attitudinal Reasoning	0	0	0	0	0
Logical Reasoning	0.97	2.08	5.14	0	4.026
Mathematical or Numerical Reasoning	9.41	10.1	9.93	17.8	10.4
Semantic Reasoning	0	0	0	0	0
Spatial Reasoning	46.8	48.6	47.9	44.7	40.27

Table 8
The compiled weightage for the Contextual-Abilities parameter

Psychometric Tests (Coded Parameters)	Practical				
	201 1	201 2	201 3	201 4	201 5
Personality or Attitudinal Reasoning	0	0	0	0	0
Logical Reasoning	0	0	0	0	0
Mathematical or Numerical Reasoning	0	0	0	0	0
Semantic Reasoning	0	0	0	0	0
Spatial Reasoning	0	0	0	0	0

Results and Analysis:

Overall, looking at the coded parameters in all five years, the parameters present in the tested data set were only the Numerical, Spatial, and Logical Reasoning sets. The parameters - Attitudinal and Semantic groups were not present at all. The spatial parameter consists of the highest share of 47%, followed by the Numerical parameter, consisting of 35%, and the Logical reasoning parameter, with an 18% share present in the question papers. Refer to Figure No. 2.

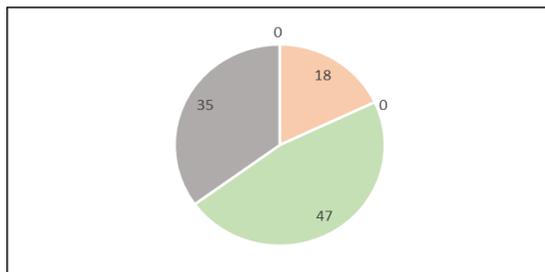


Figure. No. 2: Proportion of the coded parameters

Similarly, when we see parameters across five consecutive years, we find that the attitudinal and semantic parameters are again absent, and the proportion of the other coded parameters varies.

Refer to Fig. No. 3.

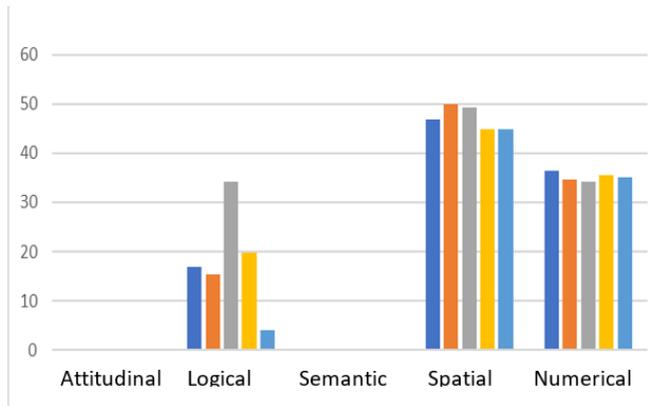


Fig. No. 3: Proportion of the coded traits across the years

Similarly, it is seen that in individual sub-groups of Synthetic and Analytical abilities, the trend does not show a specific trend. There is a notable difference in the extent of the three parameters – Spatial, Numerical, and Logical. This implies that spatial questions which are analytical based are asked more in the question papers. Whereas numerical-based questions of analytical nature are few in the papers compared to synthetic questions. The component of logic is also distributed unevenly across years. Likewise, the synthetic ability component is high than the analytical one.

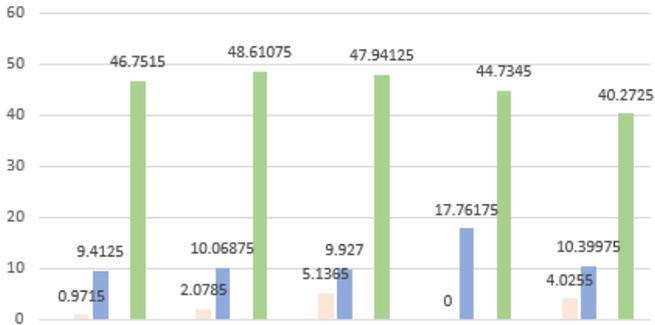


Fig. No. 4: Analytical abilities over the years

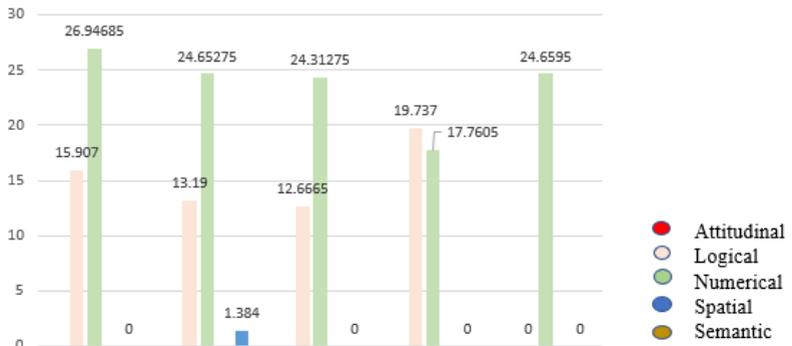


Fig. No. 5: Synthetic abilities over the years

Discussion:

The study infers that several psychology tests examine students' characteristic traits and abilities with respect to their intellectual- cognitive capacities, analytical skills, and contextual abilities. Psychometric tests like the Remote Association Test (Batey & Furnham, 2006), Functionally Remote Associates Test (Worthen and Clark, 1971), and the Differential Ability test (Keith et al., 2010) test students based on their psychological-cognitive skills. Some

psychometric tests, like those of the Divergent thinking concept, examine students for their creative capabilities. Several aspects of the field of psychological testing test students for their cognitive and psychological traits. These tests or aspects coded as Attitudinal and Semantic abilities are being used in psychological tests but are not used in the aptitude tests in the field of architecture education.

Similarly, the sub-parameter of Contextual abilities will include decision-making abilities, capacity to complete a task, and leadership qualities, whereas speed to complete a task is not considered in the current aptitude tests. Whereas certain aspects can be tested by the Semantic mode, viz., communication skills, efficient linguistic capacity, intellectual dimensions, etc. The contextual skills, including the decision-making capacities of students, also required by an architectural professional, can be included in the current tests.

Conclusions:

The survey analysis shows that Semantic and Attitudinal traits can be incorporated into the testing parameters. Similarly, the analytical and synthetic context also can be revised in the parameters. Besides this, from the field of psychology, we should also add contextual abilities as they are an important component of the attitudinal behaviour of prospective students. Incorporating these groups in the testing measures in architecture education will empower the testing parameters in the aptitude tests by increasing the efficiency of the tests. We can also conjecture that these parameters add to the present body of knowledge for selecting suitable aptitudes for the concerned course. Likewise, the efficiency of the entrance examinations will be enhanced.

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Student volunteers' service-learning experiences in the Swastyayan Programme

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Abstract

This case study investigates student volunteers' experiences participating in the Swastyayan Programme as part of their Assam Don Bosco University service-learning program and its impact on their development as socially committed individuals. A sample of twenty Assam Don Bosco University student volunteers from the Swastayan program was selected randomly for inclusion in this case study. Using self-prepared questionnaires, data were collected and analyzed thematically under the categories of head, heart, and hands. According to the results, volunteers had a positive experience and could identify and address community concerns without affecting their academic performance. It was also found that their academic performance improved due to their ability to relate their curriculum to the community's needs. The remarkable aspect of this program was that the student volunteers developed a deep sense of involvement, particularly in assisting neighborhood children, which influenced the other university students and departments to get involved.

Keywords: Swastyayan, Student volunteers, Service Learning.

Introduction:

Service learning is an educational tool where students can gain social and professional competencies by actively participating in community-based programmes that provide opportunities for reflection and are related to academic subjects (SLIHE, 2020). In order to shape the new generations to be forces for good in the world, education should be a way to bring about social change in the world (Roeser, n.d.) and according to Furco, Service Learning is one of the strategies to be the driving force for social transformation for our young educators (SLIHE, 2020).

As part of Service Learning, Assam Don Bosco University introduced the Swastyayan Programme in order to provide students with an opportunity to integrate their service experiences with their academic studies. "Swastyayan," which means 'fighting against ills in society,' is a student-led initiative that was founded by four students in the Social Work Department in 2013 in order to offer free tutorial classes to high school students. Averaging 100 high school students per year, it has served 926 students over the past years, mobilised 693 volunteers and faculty to tutor these children, and conducted Community Self-Help Week to raise funds (Assam Don Bosco University, n.d.). Apart from providing educational support to the students, a series of sessions on goal setting, life-skill development, spoken English tutorials, recreation, games and sports were also conducted to enhance their overall personality and self-esteem. Various competitions such as singing, dancing, drawing, etc. were also conducted to identify students' talents so that their skills could be further honed in the coming days. The efforts made by the student volunteers for first generation learners of families surrounding the University vicinity through the Swastyayan Programme has been regarded as an example of a best practice that supports Sustainable Development Goal (SDG) 10 "Reduced Inequality" in the 2016 IAU Global Survey on Higher Education and Research for Sustainable Development published by the International Association of Universities (International Association of Universities, 2017).

Swastyayan is a zero-budget initiative organized solely through the voluntary efforts of students and faculty of the University, and its efforts continue to this day. Hence, it is imperative to conduct this case study in order to gain a better understanding of the student volunteers' journey. The objectives of this study are as follows:

1. To investigate student volunteers' experiences participating in the Swastyayan Programme
2. To assess its impact on their development as socially committed individuals.

Through Swastyayan, the investigators aim to reflect on and learn from the volunteers' experiences and identify what they have learned from the Service-Learning Programme that can be applied to improving the lives of the members of the community in various ways.

Methodology:

A case study method is used to investigate and understand the impact of the Swastyayan programme on the student volunteers, thus contributing to its qualitative nature. Twenty samples were selected randomly to represent the population of the study, which were the Assam Don Bosco University student volunteers of Swastyayan programme. As a method of collecting data, the investigators conducted one-on-one semi-structured interviews. This study employed thematic analysis for the purpose of analysing and interpreting the data. In this instance, the investigators transcribed the data from the interview, familiarized the data, and then decided on the deductive coding method.

Results:

The results were derived from a thematic analysis of interview transcripts, and the data were interpreted using different themes and subthemes. Hence, to interpret the results, the Swastyayan Programme planning, implementation,

and outcomes were analyzed according to the following categories: engaging the head, engaging the heart, engaging the hand, and its impact as a Service-Learning program.

Theme 1: Engaging the Head

Here the volunteers identified the changes that need to be made through home and community visits, as well as developing an action plan in response to the information they have gathered.

1.1 Issues Identified by the volunteers in the Community:

- A. **An inadequate quality of education:** inadequate infrastructure, poor administration, and inadequate school instruction.
- B. **An increasing rate of school drop-outs:** Students were less motivated to study and ignorant of the importance of education as first-generation learners. Students gave in to peer pressure and indulged in unhealthy habits like chewing tobacco and truancy.
- C. **Poor socioeconomic conditions and broken families:** Most of the parents of the children were unskilled daily workers with minimum wage. As a result of their economic situation, most of them were illiterate, and some children experienced or witnessed domestic violence. Due to this, they could not attend school and had limited parental support for home-based education.

1.2 Impact of the identified issue on the Community Children

As a result of poor-quality education, these children were not able to comprehend the basics of the subject, thus they were unable to cope up with their studies. This made them feel disinterested in their studies and eventually led to school dropout, as one volunteer said “Students cannot write and

pronounce simple words properly, leading them to end their academic career in the middle of their development process”.

Since the majority of the children were first generation learners, they and their parents did not understand the importance of education. One student observed that, “Although being quite intelligent, some students displayed a serious neglect towards studies as if they thought education won't take them very far in their life” and some indulged in substance abuse.

Nevertheless, some student volunteers identified certain school children who were eager to progress in life, as summarized by them as "students who are mature, understandable, and eager to learn".

Theme 2: Engaging the Heart

It deals with the volunteers’ trust whether they could bring about positive change in the area of their intervention. At this stage, they felt the need to act upon the situation, knowing that they possess the ability, skills, knowledge, and the willingness to bring about the necessary change.

2.1 Volunteers’ Motivation for Solidarity Action

Volunteers participated in Swastyayan motivated by the intrinsic as well as extrinsic factors, with the aim of reducing inequality and improving quality of education.

One volunteer said “The idea behind Swastyayan’s commitment was very pure that let me volunteer. It was something very selfless, genuine and kind”. Other reasons are: To give back and contribute to the betterment of the community; Motivated by their teachers; Part of their fieldwork; Sharing of knowledge, talent, and applying what they learn from the University; Motivated by other volunteers; To explore teaching experience; Passionate to work with children for their empowerment; Love volunteering/engaging in selfless service;

Explore new experiences; Enhance employability skills and the children motivated them to continue volunteering.

2.2 Volunteer's appeal to other students to join Swastyayan

When asked why other students should join the Swastyayan Programme, the volunteers responded by saying “we are blessed with many opportunities, and it's our duty to give back for the development of the society by sharing and applying whatever skills we acquired from the University. In fact, there is joy and satisfaction in contributing for something good.” Another volunteer remarked “You will also discover more about yourself in the process” of volunteering.

The skills they gained from Swastyayan helped them deal with their current jobs, as stated by one volunteer, “skills imbibed from Swastyayan helped me to handle my job better”. This is an opportunity to learn; to acquire skills such as teaching, management, leadership and communication skills; to explore hidden talents; to mould character; and to enhance one's patience. One volunteer insisted that “we should share our knowledge with our younger generation especially with those from a poorer background to enhance their academic performance and our knowledge also grows when it is passed on to others”.

Theme 3: Engaging the Hand

In addition to becoming aware, understanding and identifying the issues, gaining the necessary skills (engaging the head), and feeling socially committed to making a difference (engaging the heart), the volunteers are able to develop their own strategies for implementing solidarity action plans. Motivated, inspired, and owning the responsibility, they feel driven to bring transformation to the issue by applying their skills and knowledge to bring about transformation. Under the supervision of the faculty in-charge, students developed the following strategies.

3.1 Strategies for Solidarity Action

1. **Identifying the issue:** In order to identify the community issue, surveys were conducted through family visits. To address the individual issues faced by the students, "case studies" were also conducted.
2. **Remedial Classes:** Free tuition for high school students in Mathematics, English, Science and Social Studies were imparted. One volunteer stated "I tried to teach them the basics and to make learning fun for them". In order to reduce truancy and school dropouts, it is imperative to create a fun learning environment where students will receive the support, they need in order to improve their performance in the classroom.
3. **Life Skills Education and Awareness Programme (LEAP):** A variety of personality development sessions were conducted to strengthen students' confidence, rapport building skills, and enhance their assertive skills in dealing with peer pressure. Besides sessions such as counselling, career guidance and examination preparation were also conducted. Relevant awareness programmes such as menstrual hygiene, adolescent health, importance of education and use of media were also conducted.
4. **Fundraising Campaign:** Community Self-help Week, a fundraising campaign was conducted to make the programme self-reliant. Besides, activities like car wash, cultural food fest, games, selling of roses, etc. were organised. The community children along with the volunteers conducted an exhibition cum sales of what they made to raise funds for the programme. One volunteer said, "Raising our own funds made us understand how to budget low-cost activities with maximised impact".

5. **Competitions:** Various competitions like drawing, essay, games and sports, and other group activities were conducted to provide a platform to enhance their talents, abilities and build their confidence. One volunteer said, “Competitions were organised to engage their minds into fruitful activity”.
6. **Annual Day:** This day is dedicated to acknowledging the volunteers' contributions, children’s active participation, and the support of the parents and University in the Swastyayan programme. One volunteer rightly pointed out, “It was a platform where the University family, community children and their parents come together to celebrate the success, and achievements of the students; the contributions of the volunteers; and the role of the management and parents in supporting the good service through Swastyayan”.

3.2 Challenges in Implementing the Action Plan

During the implementation of the different activities designed to bring social transformation, the volunteers faced many challenges, mentioned in the following:

- **Community Mobilization:** Swastyayan was a new initiative for the volunteers, it was difficult for them to locate high school students and they had to travel from one locality to another in order to mobilize them.
- **Language barrier:** There were a few volunteers who were not fluent in the Assamese (local language), but overcame this barrier by learning words, a few conversational sentences, non-verbal communication, and getting help from students who speak local language.
- **Coordinating Evening tuitions:** It was challenging to organize volunteers as many factors had to be seen to such as time allotment, class assignment, and finding substitute for volunteer absentee. In all

these, the assistance of faculty was a great help in coordinating the evening tuition programme.

- **Managing the community children:** Some students were not interested in studying and lacked confidence in themselves, which made it difficult for the volunteers in getting their attention during the tuition. One volunteer who taught mathematics said, “I found it extremely challenging to convince the students that mathematics was not a difficult subject as they believed otherwise. Nevertheless, with time, the students began to enjoy the subject, which was the result of my growing confidence in teaching them in a fun and interactive manner.”

3.3 Strategies for effective implementation

- **Mobilisation Campaign:** When the Swastyayan programme was launched, the parents were reluctant to send their children because it was new for them. Thus, the volunteers had to reach out to them through home visits, posters, social media and school visits.
- **Parents Meeting and Family Visit:** This provided a platform for the parents to address their doubts and queries that could also “avoid misconceptions”. A volunteer expressed “the tuition classes are for both genders and some families fear that it will promote love relationships”. The volunteers also gave an update on their children’s progress and gained their confidence. Thus, they in turn ensured their children’s regularity and created a learning environment at home.
- **Participatory Approach:** To create ownership among them, Swastyayan programme included the community in the consultation and strategising of the action plans. The community in turned provided tuition places, some took initiative to mobilize the children and also brought up those issues that concerned them. One volunteer said that “creating the feeling of ownership amongst the community

members will definitely promote active engagement and participation which eventually leads to effective implementation of the programme". The student volunteers actively contributed except during their Class Test, End Semester examination and holidays so that they could manage their academics and social responsibilities.

Theme 4: Swastyayan as a Service-Learning Programme

Service-learning programme is an experiential learning that benefits both the provider and the recipient of the service. It also emphasises on the services provided and the learning gained from it (Furco, 1996). Service learning provides a platform where the students could actively involved in social services that address the needs of the community by intentionally applying their knowledge and academic skills (Uniservitate, 2021). While volunteering for Swastyayan, the volunteers applied their knowledge while offering services to the community, and with their experience and deep reflection, they realised their own personal and professional growth.

4.1 Theoretical Application through Swastyayan Services

It was imperative that the volunteers apply their classroom learning while rendering services in the community. One volunteer stated that Swastyayan provided them with the opportunity to integrate their academic curricula, and through this experience, they gained an understanding of human development, the effect of the environment and society on children.

Social work students dealt with a paper on social problems, and Swastyayan provided them with hands-on experience, with the real problems encountered by the people. This provided an opportunity for students to reflect on what they learned in class. A volunteer stated that these experiences "helped us to develop a cultural understanding of the issues and to evaluate the politics of economy, discrimination, power, land, etc. and, therefore, provided a holistic picture of the issues and their potential solutions."

The volunteers realised that they could see things from teachers' perspective and appreciated this platform in their learning process. Others reported that going back to basics helped them "enhance their skills and techniques". Volunteers also stated, "We can implement some of what we have learnt at the university directly there, and based on the result, we can make any necessary corrections", this demonstrated that the volunteers had reflected on the experience and enhanced their learning.

4.2 Balancing Service-Learning Engagement and Academic Performance

The swastyayan programme was arranged to suit the volunteers' service and academic requirements. The volunteers appreciated that "the schedule was designed so that it did not interfere with their academic work". They also learn to sacrifice something that they love to do, one stated, "I used to spend my evening time, which is usually used for sports, teaching students". Similarly, another volunteer added, "I sacrificed my playing games and roaming with my friends in order to teach the students". Another volunteer said "It was a meaningful break to teach them something for an hour ... it did not affect my academic schedule, in fact, I derive more motivation for my studies". One volunteer's comment shows that they were *intrinsically motivated*, "I would spend my leisure time for Swastayan... Falling passionately in love with the children simply compelled me to even make use of my personal time. I remember my teammates and I spent overnight with various preparations and practice; we also mobilized our own classmates to volunteer for areas which we could not manage alone" and another said "we have to make time for the project because it is our commitment". Some volunteers had difficulty in managing their academic performance but expressed that "when you have *supportive faculty* then it becomes very easy" and another volunteer admitted that the "program itself taught me time management".

4.3 Personal Qualities developed through Swastyayan Experience

Majority of the student volunteers stated that the Swastyayan Service Learning enhances their communication skills, patience, leadership skills and teaching

experience. One volunteer rightly pointed out when asked about the acquired skills through service learning in Swastyayan, "the importance of teamwork, rapport building, approachability, and learning local languages as skills that enhance the effective implementation of the service-learning programme."

4.4 Reflective Learning from the Service-Learning Programme

As a result of the service-learning experience, the volunteers were able to "see the world in a different light and from a different perspective." For example, one volunteer reflected on her attitudinal change, stating, "One of my co-workers pointed out that I was aggressive when I wanted to express my opinions and impatient to wait for my co-workers to translate for me. After learning this, I became more conscious and made the necessary changes. The experience taught me patience and the importance of working as a team". This shows that service-learning experience shaped the volunteers' character as a result of their willingness to learn, commitment, and passion for social work.

According to one volunteer, the process of "Feel (heart), Think (head), and Do (hand)" allowed one to become fully involved in the community in all its fullness. As a result of sharing life and time with the people, they were able to empathize with them and their situation, think about the current issues and their solutions, and engage in those areas that they were able to contribute. Another volunteer added, "I am very certain that the opportunities where my heart, mind, and will to perform are truly awakened and it would not be possible solely through the classroom". As a result of this experience, the volunteers became more socially committed, as one of them stated that they became "Compassionate toward the less fortunate" and "dedicated to teaching the younger ones with patience." Seeing the support of the village people, one volunteer observed, "If one is sincere about helping the children, the village people will support and cooperate."

It was evident that their experience contributed to their professional development, as one volunteer noted, "I have developed my skills as a development worker through my participation as a facilitator, builder, and

capacitor, ensuring the impact of the intervention is sustained, the beneficiary becomes self-sufficient, equity, justice, and progress are maintained.” Moreover, another volunteer stated that the project contributed to the development of her organizational skills that came as a great help in her current work. In addition, the volunteers understood that “teamwork, rapport building, approachability, and knowledge of local languages are essential skills that facilitate the effective implementation of the service-learning programme”, in addition to their passion for teaching. Consequently, they learned to communicate better and said that this experience “removed their stage fear and shyness.”

4.5 Rate your experience in Swastyayan

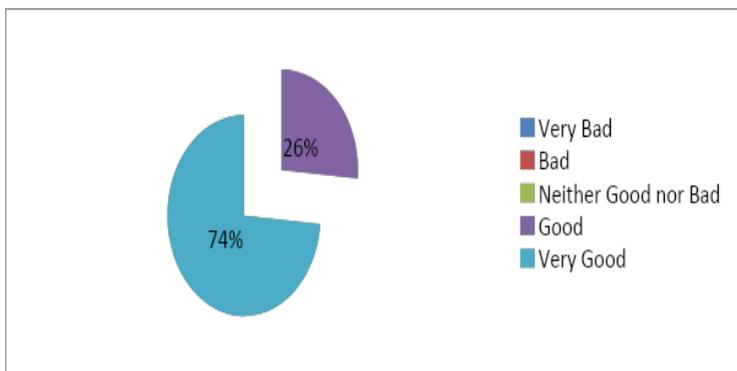


Figure 2: Volunteers Experience at Swastyayan

Figure 2 shows that 74% of the volunteers rated their experience at Swastyayan as very good, and 26% of them rated it as good on a five-point scale.

Discussion:

The Swastyayan program began in 2013 as a free tutoring program open to high school students living near the Assam Don Bosco University, Azara Campus. With time, the student volunteers noticed that the majority of high

school students came from broken families, and some were either victims or witnesses of domestic violence. It was for this reason that the Community Counselling Centre was established in 2015 with the objective of providing personal and family counselling services to the local people. As part of the University's expansion to the Tapesia Campus, home-based tutorial programs were initiated in a village near the campus in 2018. The university fraternity reached out to these children by traveling to their homes for the home-based tuitions. This solved the travelling cost of the students and received parents' support and involvement in their children's education. Gradually, children's homes became a better learning environment which is a crucial aspect of learning and performance. With this progress in reaching out to these nearby children, it is evident that the work done by these student volunteers is sustainable and impactful, especially given that the project is a *zero-budget initiative*.

It is an undeniable fact that the project had benefited the beneficiary, and this study shows that Swastyayan as a Service-Learning Programme has also enabled the volunteers to develop their own personal, academic, and professional skills. The study shows that 74% of the respondents rated the experience as very good, and 26% of them rated the experience as good. Furthermore, the study indicates that the majority of student volunteers indicated that Swastyayan enhances their communication skills, patience, leadership capabilities, and experience in teaching.

A point of reference for the investigators' deductive coding of the case study data was the Road to Commitment Model, which they used as a guide during the analysis process. The study also found that student volunteers engaged their head, heart and hands during the engagement process.

1. ***Engaged in the head:*** To be fully committed to the programme, here the student volunteers need to engage their head where they have a proper understanding of what are the changes they want to make and see (Loup & Koller 2005). In order to engage the head, the volunteers carried out family and community visits to better understand the different issues that

exist in the villages surrounding the university. A few of these factors were identified: a lack of quality education, school dropouts, peer pressure, unemployment, low economic status, and domestic violence. Furthermore, they assess the extent to which these issues are likely to impact the community, and the children they intend to work with. Volunteers indicated that while the majority of children are quite intelligent, they do not display serious interest in education, possibly because they are first generation learners and their parents are least concerned about the importance of education. Through swastyayan services, volunteers applied their academic knowledge, acquired skills, and capabilities in order to bring positive changes to the lives of the school children they are working with.

2. ***Engaged in the heart:*** The understanding of the situation of the children, made the student volunteers to engage their heart, which is to feel and truly believe that the change they want to make is required and it is possible (Loup & Koller 2005). The volunteers were given the opportunity to learn about the real issues within the community in order to engage their hearts and increase their understanding of their ability to bring about change in the community. The students willingly volunteered themselves when they learnt that Swastyayan contributes to a noble cause. As one student correctly noted, ‘Swastyayan was an idea that was pure, selfless, genuine, and kind, which is why I volunteered.’ They were also motivated to serve because of the support they received from their teachers and friends.

The testimonies of volunteers revealed that Swastyayan greatly benefitted the school students and they realised that they have the potential to teach and motivate the children to scale higher. This convinced them that their heart is at the right place since they could see the positive impact created by their service on the lives of the children. The volunteers also gained valuable skills that significantly impact their professional careers, especially for those currently working in different settings.

3. *Engaged in their hands:* After understanding the change to be addressed and believing that change is needed, the student volunteers recognized that they needed to take strategic steps to achieve the change (Loup & Koller 2005). Putting the student volunteers through these three processes enabled them to be aware of the community needs in which they can contribute to bringing about the change they desire. It is important for them to recognize the need and have a calling to take action based on the issues identified to engage their hand effectively. This process made them feel socially responsible for bringing about social transformation and act upon areas to realise the required change.

As part of their service model, they provide a range of services, such as family and community visits to mobilize children and parents, free tuition classes for high school students, a community self-help week for fundraising purposes so as to make the program self-sufficient, organise competitions, life skills sessions and awareness initiatives aimed at enhancing children's self-esteem, confidence, and psychosocial competence. Every year, an annual day is organized to recognize and appreciate the volunteers' achievements and the community children's active participation. To provide individual and family counseling, a community counseling center was established in 2015. A Swastyayan extension was initiated around the Tapesia Campus of the University in 2018, focusing on a home-based tutorial program and creating a conducive learning environment in the home among the parents. Several actions were also taken up by the student volunteers to address various social issues, and they continue to develop other strategies as they encounter new problems and determine that these will contribute to the transformation of society.

The study shows that this programme helps the volunteers to engage their head by becoming aware of the issue, engage their heart by feeling socially responsible and becoming socially committed and engage their hand by acting upon it based on the strategic action for social transformation. Thus, as part of the road to commitment, one had to engage their head, heart, and hands to be fully committed. In the same way, Swastyayan encouraged the students to be

actively involved in community issues, feel responsible to make a positive difference, and take solidarity actions. Consequently, Swastyayan promotes student volunteers' development into socially committed citizens.

Based on the study's findings, volunteers admitted that to volunteer with Swastyayan, they had to make a few adjustments in their daily lives. Furthermore, they reported that the coordinator made the volunteers' schedule so that it did not collide with their class or academic performance, making volunteering at the program easier for them to consider. They were also intrinsically motivated due to the noble cause and the support they received from their teachers and friends.

This study also indicates that Swastyayan is a Service-Learning Programme, as it is a student initiative, and the volunteers were able to apply their academic curriculum while providing services to the local community. The swastyayan programme demonstrated that the services were tailored to meet the community needs, which is consistent with the core principles of service Learning (UNISERVITATE, 2021).

Conclusion:

The Swastyayan Programme was initiated to address the felt needs of the local children in the vicinity of the university by engaging students and faculty. In fact, swastyayan has stood out due to the involvement of the students and the collaboration of many departments of the university in this noble endeavor. By participating in the Service-Learning Programme, the volunteers could integrate their head, heart, and hands, enhancing their engagement with society in the long run. The programme also provided them with opportunities to connect their service with their academic studies. As one volunteer says, "I was able to understand human development, and the importance that the environment and the society have on the child". Majority of the volunteers had very good experiences which were evident when they started motivating their friends to join and share their knowledge with the community children. It also showed that the volunteers can balance service and academic performance

because they were intrinsically motivated, they had supportive faculties, the schedule time did not interfere with their classes and they made personal adjustment on their part for the success of the tuition programme.

The student volunteers had a positive experience and were able to identify concerns of the community and take action to contribute to its solution without disturbing their academic performance. The experience enhanced their understanding about the curricula and connecting it with the community needs. The volunteers also confessed that the experience helped them perform better in their work place as they were able to develop their employability skills. Till date 693 volunteers were engaged in Swastyayan and were able to enhance the holistic development of the 926 school students.

The top three personal qualities that the volunteers developed and continued to use whether at their workplace or university are communication skills, patience and leadership skills. A key factor contributing to the successful implementation of the Swastyayan program was the student volunteers' realisation of the positive impact on the school children and their personal, academic and professional growth. The sense of ownership shared by the student volunteers and the community at large made the programme effective. According to one volunteer, 'the sense of ownership has led local students to actively participate in a variety of programs as well as for the student volunteers to be intrinsically motivated to make a difference.'

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Psychological Distress Among Undergraduate Students During a Pandemic: An Intervention Study

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Abstract

College students were identified as a vulnerable population, having higher levels of anxiety, depression, and psychological distress (Palmer et al., 2020). Extended closure of colleges and COVID-19 restrictions impacted their mental health. Therefore, the scholar conducted a study among undergraduate students at a particular Arts and Science College in Madurai on Psychological Distress during the pandemic. The quasi-experimental research design was adopted for the study. Following a stratified proportionate random sampling, the study included 153 samples. The study used Kessler's 10-item Psychological Distress scale. It was found that the majority (59%) of the students were likely to have a mental disorder, with 26% of them having a likelihood to have severe mental disorders. Paired samples t-test was computed to infer ($t= 0.001$) that no statistically significant difference exists between arts and science students concerning the level of psychological distress. A statistically significant difference exists between students with siblings and without siblings ($t= 8.227$). The Chi-square test was computed and inferred ($\chi^2=4.043$) that there is no association between parental living status and level of psychological distress. Psychological interventions were provided, and the post-test results showed reduced levels of Psychological Distress. The researcher suggests giving a series of psychological

interventions to enable individuals to come out of psychological distress caused by the pandemic to lead a normal life.

Keywords: Psychological distress, Undergraduates, pandemic, psychological intervention, COVID-19

Introduction:

The idea that the new coronavirus (SARS-CoV-2) and the infection it causes (COVID-19) has significantly impacted people's mental health and behavior is evident from the abundant literature. Although COVID-19 has affected all populations—particularly the socially disadvantaged communities and individuals employed as essential workers—college students were among the most severely impacted by the virus due to concerns about academic success, career, and social life (Aristovnik et al., 2020). Compared to the general population, university students are being increasingly recognized as a vulnerable demographic, suffering from higher anxiety, depression, substance misuse, and disordered eating. Further, any abrupt change in the nature of their educational experience, such as during the COVID-19 epidemic, amplified the impact on their mental health. (Matthew et al., 2021). College students were identified as a vulnerable population, having higher levels of anxiety, depression, and psychological distress (Palmer et al., 2020). As a result of the changing delivery and uncertainty of university education, technological issues of online courses, being away from home, social isolation, lower family income, and future employment, many people experience heightened stress, anxiety, and depressive symptoms. In universities throughout the world, these effects have been observed. According to ten studies, women are at higher risk of psychological distress during the COVID-19 pandemic, including three with college student populations. **Glowacz and Schmits (2020)**, in their study among 2871 adults during a lockdown, found that young adults reported higher anxiety, depression, and uncertainty. **Palmer et al. (2020)**, in their study with 2010 adults in New Zealand through an online panel survey, found that 30% of respondents had moderate to severe psychological distress during the COVID-19 lockdown, where restrictions for social contact, recreation, and financial insecurity were present. **Matthew et al. (2021)**, in their study on the

psychological impacts of COVID-19 on 2500 students in the United States, reported that COVID-19 had a mostly unfavorable impact on students' psychological health and lifestyle choices, according to qualitative data from open-ended responses. Lack of motivation, worry, tension, loneliness, social distancing, education changes, and going out less were among the most generally mentioned changes.

Psychological distress is a state of emotional suffering associated with daily life stressors and demands that are difficult to cope with. And it can be established that the extended closure of colleges and COVID-19 restrictions impacted students' mental health. Therefore, the researcher conducted a study on Psychological Distress during the pandemic among undergraduate students at a particular Arts and Science College in Madurai.

Material and Methods:

The study aims to determine the level of Psychological Distress before and after intervention among undergraduates during a pandemic.

Objectives:

- i. To understand the socio-demographic conditions of the respondents
- ii. To find out the pre and post-level of psychological distress among respondents
- iii. To find out the difference (if any) between pre and post-level psychological distress.
- iv. To find out the association, difference, or relationship (if any) between socio-demographic variables and psychological distress
- v. To offer suitable suggestions to reduce the level of psychological distress among students.

The following hypotheses were framed for the study.

- H1 There is a significant difference between the pre and post-levels of psychological distress.
- H2 There exists a significant difference between arts and science students with regard to their level of psychological distress
- H3 There exists a significant difference between the type of family and the level of psychological distress
- H4 There is a significant difference between students with siblings and students without siblings with regard to their level of psychological distress
- H5 There is a significant association between parental living status and the level of psychological distress

Pilot Study:

The researcher conducted a pilot study among 30 students by sending the questionnaire through Google forms to assess the study's feasibility.

Research Design:

Quasi-Experimental Research Design was adopted for the study to know the level of Psychological Distress before and after psychological intervention given to the students.

Universe and Sampling:

340 undergraduate students studying at an arts and science college constitute the population. Stratified proportionate random sampling was used to collect 153 samples.

Tools for data collection:

Kessler's Psychological Distress scale was used. It was developed by Kessler, R.C., Andrews, G., Colpe., et al. (2002). It (K10) is a simple measure of

psychological distress. The K10 scale consists of ten items on emotional states on a five-point Likert scale. The scale runs from ten to fifty, with a higher score indicating greater psychological suffering. The K10 Score predicts a person's chance of developing a mental illness (psychological distress). The scores 10 to 19 means likely to be well; 20 to 24 means likely to have a mild disorder; 25 to 29 means likely to have a moderate disorder; 30 to 50 means likely to have a severe disorder. *K10* had strong *scale validity and reliability* with Cronbach's α equal to 0.88.

Results:

Findings related to the socio-demographic conditions of the respondents

The study findings show that more than half (54%) of the respondents were from Arts, and 46% were from science groups. More than half (60%) of the respondents were first graduates in their family, the majority (73%) were from nuclear families, and only 27% were from joint families. Most of the respondents (92%) had siblings, and only 8% of respondents were single children. The majority (84%) of the respondents had parents living together, while 8% each had either single or separated parents.

Findings related to pre and post-level psychological distress among respondents

Most (59%) of the students were found to have mental disorders, of which 26% were likely to have severe mental disorders or severe psychological distress.

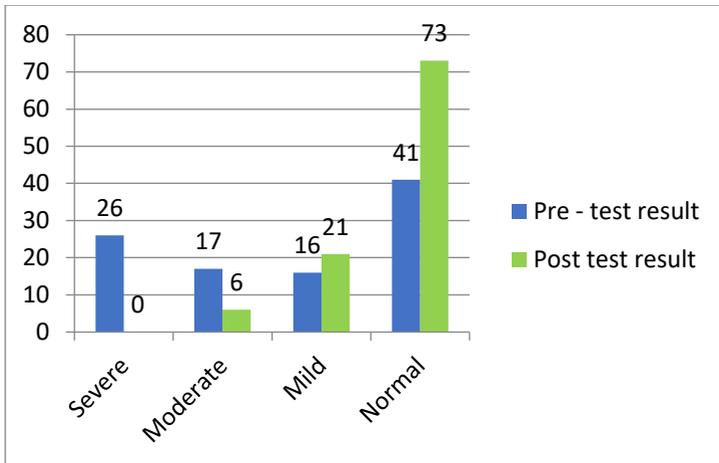


Figure 1: *The levels of psychological distress among respondents before and after psychological interventions*

Before psychological interventions, 26% of the respondents were severely psychologically distressed, but after interventions, none of them were in a severe psychological distress state. Similarly, before psychological interventions, 17% of the respondents were psychologically distressed at a moderate level, but after interventions, only 6% of them were in a moderate psychological distress state.

Likewise, 16% of the respondents were psychologically distressed at a mild level before psychological interventions, which changed to 21% post-intervention.

Before psychological interventions, less than half (41%) of the respondents were at normal level, but after interventions, most (73%) were in normal state.

Findings related to difference (if any) pre- and post-level psychological distress among respondents.

The paired t-test result showed a statistically significant difference before and after psychological interventions among the respondents regarding the level of psychological distress.

<i>Psychological Distress (N=153)</i>	<i>Mean</i>	<i>Std. Deviation</i>	<i>Statistical inference</i>
Pre-test scores	2.28	1.248	‘t’ value = 13.206 P<0.05 Significant
Post-test scores	1.22	0.413	

The paired ‘t’ test result shows that the post-test scores are lower than the pre-test scores and the difference is statistically significant, implying that psychological interventions have improved a person's mental health and the respondents were found to be in less psychological distress.

Findings related to Hypotheses

Hypothesis 1: There is a significant difference between the pre and post-levels of psychological distress.

The paired ‘t’ test result shows that the post-test scores are lower than the pre-test scores, and the difference is statistically significant ($t = 13.206$, $p < 0.05$, Significant). Hence Hypothesis 1 is accepted.

Hypothesis 2: There exists a significant difference between arts and science students with regard to their level of psychological distress

‘z’ test was applied and found (‘z’ value = 0.001, $p > 0.05$, Not Significant) that there exists no statistically significant difference between arts and science students with regard to the level of psychological distress. Hence, Hypothesis 2 is rejected.

Hypothesis 3: There exists a significant difference between the type of family and the level of psychological distress.

The ‘z’ test was applied and found (‘z’ value = 1.132, $p > 0.05$, Not Significant) that there exists no statistically significant difference between students living

in nuclear families and students living in joint families with regard to the level of psychological distress. Hence, Hypothesis 3 is rejected.

Hypothesis 4: There is a significant difference between students with siblings and students without siblings with regard to their level of psychological distress.

The 'z' test was applied and found that there exists a statistically significant difference between students with siblings and without siblings ($z = 8.227$, $p < 0.05$, Significant). Hypothesis 4 is accepted.

Hypothesis 5: There exists a significant association between parental living status and the level of psychological distress

'Chi-square' was computed ($\chi^2 = 4.043$, $p > 0.05$, Not Significant), and inferred no association between parental living status and level of psychological distress among the respondents. Thus, Hypothesis 5 is rejected.

Intervention techniques:

Psychological interventions given to undergraduate students in psychological distress have helped them improve their mental health by reducing psychological distress.

Psychological interventions include: *acknowledging the feelings and venting them out, Mindfulness meditation, breathing exercises, disputing irrational beliefs, developing the tree of sustenance, staying connected, developing resilience, having a purpose-driven life, seek help- free mental health helpline 93754 93754*

The Psychological interventions given are discussed below in detail:

(i) *Acknowledging the feelings and venting them out*: The undergraduate students were asked to identify their feelings. Once they listed it out, it was a sort of ventilation. Some respondents were comfortable speaking out with

others about all their negative feelings, including certain abuses at various levels. Few drew black color hearts and expressed their sad or depressed feeling. In all the above means, students could recognize their feelings and be able to ventilate them.

(ii) *Mindfulness meditation exercise*: Mental Training was given to students with various levels of psychological distress to calm their bodies and mind. The combination of meditation, as well as mindfulness was taught. Students did deep breathing exercises with an awareness of the body and mind for a few minutes. They were asked to repeat it for at least five minutes in their free time.

(iii) *Breathing exercises*: Bee – Breathing exercises and various other breathing exercises were taught to them. Students could immediately find the difference in stress relief from breathing exercises.

(iv) *Disputing irrational beliefs*: The students were trained to dispute their irrational beliefs about Covid – 19 and its consequences by debating within themselves to ask for evidence to uproot their irrational beliefs, then to discriminate between their facts and the imagery things between needs and wants and finally to define their terms more precisely.

(v) *Develop the tree of sustenance*: An activity was given to wither their negative emotions and cultivate and nurture positive emotions and good memories to give them happiness by drawing a tree called the tree of sustenance.

(vi) *Being with a support group or staying connected*: students who were found to be without siblings were asked to identify a friend, family member, or neighbour with whom they can associate themselves though not physically due to Covid – 19 but through mobile phones. Students could identify a supportive person for them and thus give intervention to stay connected and overcome being in a psychologically depressed state.

(vii) *Develop resilience*: How much ever the loss or the quarantine, students were given exercises to identify their strengths and to convert their weaknesses into strengths. Students were given an activity to move forward and return to their original normal state. Thus, developing resilience among students.

(viii) *Having a purpose-driven life*: Students were encouraged and given exercise to realise the meaning for their life, live for a purpose, and have their life driven by that purpose.

(ix) *Seek help - free mental health helpline 93754 93754*: Students were offered a free mental health helpline 93754 93754 number. Volunteers in Tamil Nadu offer free psychological first aid and counseling to those who reach 93754 93754 to relieve themselves from Psychological Distress.

Suggestion and Conclusion:

A series of psychological interventions were applied to the current study group to reduce the level of psychological distress. After the intervention was given, the same tests were conducted to assess the impact of the psychological intervention. It was found to be effective as it altered their psychological distress level. Students with severe psychological distress felt relieved, and the difference was statistically significant. The intervention techniques mentioned above can thus be replicated for other groups also.

The researcher concludes that adolescents, particularly students, can move from the pandemic state of shock and dismay when interventions are given by Mental health professionals to lead a stress-free life in the new normal condition. Covid – 19 and the pandemic situation left the world in psychological distress at various levels. Coping strategies and proper psychological interventions can help anyone reduce their psychological distress level. The study concludes that psychological distress can be reduced through psychological interventions.

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Well-being and Tea Garden Youth Engagement: A Study in Cachar District of Assam

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Abstract

Assam Medical College's Director claims 'nine out of ten' tea estate patients are malnourished. The study shows workers' residences in "poor condition," with cesspits leaking into living rooms due to failed landscaping (Bose, 2015). This research examines the demography of Assam's Cachar district tea estates alongside assessing the youngsters' involvement in two tea estates in Silchar, Cachar District. Cross-sectional interviews were chosen to achieve rapport-building, engagement, and explanation. Frequencies and percentages were also computed. The study employed cluster sampling. Using convenient sampling, 120 samples were chosen. The key finding demonstrates that individuals aren't healthy. Awareness links excellent health and young engagement ($r = .86$, $p .01$). Again, youth involvement and well-being knowledge had a relatively positive Pearson product correlation ($r = .800$, $P .01$). The research examines 18-29-year-old tea garden youth's 'health and wellness'. This research gives credible data for Assam's tea garden welfare board policies and operations.

Key Words: Youth engagement, Well-being, Quality Education, Tea Garden, Assam

Introduction:

The third Sustainable Development Goal is to ensure people of all ages access healthcare and other services that improve their quality of life. For sustainable progress, it is crucial to ensure people can live long and healthy lives and that people of all ages can thrive. It focuses on major priorities that improve the health of a country's total population in an effort to reduce avoidable suffering and early mortality caused by preventable illnesses. Priority should be given to locations where the illness burden is the greatest and to underserved populations and geographies.

Employment policies, programs, and inclusive initiatives improve employment possibilities for marginalized and disadvantaged demographic segments. Young people emerge as the most vocal advocates for complicated global issues like gender inequality, sexual and reproductive health, and rights. Assam is seeing a rise in the number of people dubbed Ex-tea gardeners or tea gardeners. While tea estate employees are considered an enormous workforce, their socio-economic conditions remain deplorable. The majority of tea plantation employees are uneducated and have minimal educational opportunities (Bora, 2015).

The International Organization for Migration (IOM) defines it as "the migration of an individual or group of persons over an administrative or political border to settle permanently or temporarily in a location other than their origin." History has seen migrations. The big migrations that affected human history are so mentioned. For example, between 1861 and 1970, 13 million Italians left the nation (Crispin Bates, 2011). An estimated 20 million Hindus, Sikhs, and Muslims were forced from their homes during India's partition, according to the UN Refugee Agency. Voluntary and involuntary migration exist. Involuntary migration includes deportation, slave trading, and sex trafficking (war refugees, ethnic cleansing). The Indian subcontinent as a whole bear the trace of migration. From Kashmir to Kanyakumari, Gujarat to

Mizoram, we have colonies of individuals who have relocated. One cause for migrating is the search for better socio-economic conditions. Ex-tea garden or tea garden migration is presently taking place in Assam.

In Assam, tea garden workers constitute a spectacular labor force. It is a pity that their socio-economic condition is poor, given their limited education access (Borsha Rani Bora, 2021). The terrible level of life of Assamese tea estate workers is widely recognized. Unable to engage in current social activities due to economic and social illiteracy, the employees of tea estates are not even allowed to utilize the land for any economic or commercial reason. They've lived there for generations without owning it. Because most tea estate workers are uneducated, they are uninformed of the governments and tea estate authorities' extensive labor assistance and social security programs.

According to National Youth Policy (2014), youth comprise around 27.5% of the population. If mobilized, this section might become an important force in the country's socio-economic progress (Reddy, 2004, p.1). This requires including adolescents in social and economic progress.

Young people are vital in helping communities meet basic needs. Work improves certain abilities, allowing youngsters to gain confidence and become good decision-makers. Youth actions surely have social implications since they are the foundation of society, actively contributing to its progress (Saikia, S., 1995, p. 134).

With this in mind, this paper examines the state of youth participation in Assam's tea estates. It examines how participation in programs promoting sustainable wealth and community development affects young people's quality of life. This study seeks to document and recognize the challenges of tea garden youth who freely or involuntarily went to Assam in quest of sustainable improvement. This research aims to investigate knowledge of well-being and good health, which are among the 17 sustainable development goals of the UN. Youth engagement is another component of this current undertaking.

Statement of the Problem:

According to the Director of Assam Medical College, "nine out of ten patients" from tea estates in Assam state are malnourished. The report includes photographs of employees' houses in "awful condition" and cesspits spilling into people's living spaces—failure of gardens to guarantee that employees are properly protected (Bose, 2015). This statement reveals how much the tea garden people are unaware of health issues and suffering ignorantly.

The tea garden people of Assam are one of the most marginalized. They are denied Scheduled Tribe (ST) category, which precludes them from participating in various constitutional provisions and government programs. Civil society organizations have been unable to act due to their restricted access to the neighborhood, mainly situated inside the tea company's land. Few managers execute benefit systems promised under the legislation, while the state ignores infractions. The minimum wage act does not protect tea garden employees in Assam. (Loitongbam, 2021).

Youths are increasingly losing their competitive edge and becoming consumers, illustrating a significant tendency toward greater social subordination (Cruz, 1989, p.136). It is essential to comprehend if and how this mechanism is activated in a social context. A comprehensive examination of the present state of tea garden youth concerning their potential is required.

Significance of the Study:

The study performs a descriptive examination of the youth's views on the strategy to be implemented to assist the tea garden's development. Additionally, it examines the function of tea garden youth between the ages of 18- 29 in various elements of sustainable development in the field of study. This whole study process heightens awareness and assists youth in reflecting on their responsibilities and contributions to their local community. Youth workers, politicians, and youth counselors can utilize the findings of this research to assist tea garden youth in constructively channeling their budding and establishing a positive future for themselves. This research provides

genuine and valid data that will serve as the basis for many of Assam's tea garden welfare board policies and operations.

Review of Literature:

Sustainability may be defined as the capacity to maintain a reasonable level of life without wreaking havoc on the environment. Thus, sustainability may be defined as the characteristics of human well-being, social justice, and environmental integrity. Improved lifestyles for both present and future generations may be achieved via sustainable sociology. Economic sustainability refers to a country's ability to grow its economy while effectively using its natural resources (Skvarciany et al., 2020). The sufficiency of nature to meet human needs is a prerequisite for socio-economic sustainability.

In Assam, tea garden workers and their families are from several ethnic groups. They are the offspring of tribals and backward caste people introduced to Assam by British colonial planters between 1860 and 1990. They have different languages and customs. Around 6.5 million people live in quarters built within the 799 tea estates distributed throughout Assam's tea-producing districts (*Tea-Garden Community of Assam - Wikipedia*, 2018).

'Youth engagement' happens when youth take accountable, difficult activities to effect good societal change. Communities can better provide the resources and support that young people need to grow in healthy ways via increased youth involvement. Youth civic engagement is essential for preparing children and adolescents to be citizens in a democratic society (Act for Youth, 2020).

The Assam Tea:

The fragrance of Assam tea is well-known, and many people like it that way. Assam makes more than half of all Indian tea and one-sixth of all tea worldwide. Tea makes up about 17% of the people who work in Assam. This is how it works: Assam has 850 plantations, and there are 2500 plantations in the state. The tea business in Assam also employs more than six million people

every day, which is about half of the country's tea workers. Most Assamese women work in the tea business (Arya, July 2013). More people work in Assam than in 789,000. 66% of people from Northern India and 54% from India work in the tea business (Kawa, 2018).

Condition of Assam Tea Garden due to COVID-19:

Nearly 60 million kg of tea was lost due to drought and infection of workers with COVID-19. The North Eastern Tea Association and Bharatiya Cha Parishad said that the damage had already been done by then. Another year where a lot of farming didn't work out. 78 million kg of tea leaves were lost when COVID-19 was shut down in 2020. Assam's 803 major tea plantations and 1.70 lakh small tea gardens lost that much tea because of it. This time, there were no restrictions on tea plantations, but the COVID-19 virus forced the absence of nearly 500 workers.

The COVID-19 virus that spread across the world hit small tea producers in Assam very hard. Day laborers and the tea industry were also hurt by the disaster (Gogoi, 2020). Since COVID-19 was first found in Assam on June 17, 2021, there have been 89,468 people who have it. There was a lot of damage done to Guwahati. People who went to the Tablighi Jamaat meeting in Delhi and then came back to Assam without telling the authorities have been found to be sick (Wikipedia contributor, 2021).

In Assam, the North Eastern Tea Association wants people to get vaccinated quickly (NETA). 133 of the positive COVID-19 tests were done at Dibrugarh's Zaloni Tea Estate, which is in the north of the state. To help people who work on the front lines and tourists, set up immunisation camps in tea gardens right away. It was written by Bidyananda Borkakoty. He sent it to the State Chief Secretary, Samir Kumar Sinha. To protect the people in the tea gardens from COVID-19, they need to get vaccinated. This did not happen last year. Mr Borkakoty said that getting people vaccinated is very important. Authorities say that the local Government has set up COVID-19 containment zones on

homes. Most of the people in Assam work on 833 big estates and 1.5 million small tea plants.

Youth and their Status in Tea Garden:

According to the National Youth Policy (2014), the age categories of 15- 29 are considered youth. They represent 27.5% of the Indian population. The tea garden residents form student groups to fight for their rights. All Adivasi Students Association of Assam (AASAA) and the All-Tea Tribes Association (ATTSA) are two of the most important student groups at the Assam Tea Gardens. People use these unions to get what they want from Assamese tea garden owners (Saikia, 2008). Many well-educated young people have left the tea plantations in the last few years. People who live in tea gardens and work outside can't avail themselves of Pradhan Mantri Rozgar Yojana (PMRY) because there aren't any programs for people who live in tea gardens and work outside. Many young people who work on tea plantations in Assam have moved to other parts of India because of better job opportunities. It was hard work for the youth at the tea farm. Teenagers like to play soccer and kabaddi in the tea garden. Indoor games like Carom and Cards can be played at home, like in a living room (Singh, Narain & Kumar, 2006). So, there aren't many opportunities for young people to grow up in tea gardens.

Youth Engagement:

Young people are vital for tackling the world's new issues. They should participate in life and future choices. They're innovative and enterprising. Young people's ideas, abilities, and contributions improve organizations and processes; therefore, including them is the key to improving their health and well-being. The WHO collaborates with young people worldwide to increase their agency, enable cooperation, and elevate their visibility. We need youth ideas, passion, and leadership to achieve a better, more equitable future (*WHO Youth Engagement*, 2022).

Importance of Youth Engagement:

Youth needs, rights, and aspirations are the most important thing to invest in and get people to agree on for development. Pratibha Patil, an Indian President, stated this at a ceremony to mark the country's 60th anniversary of independence from the British (August 15, 2007). "Our country needs young people. Many developmental issues can be worked on with youth. This country's youth has started a lot of things. The youth are important. Once they are recognized, they may be given more responsibility for making the world a better place."

Awareness of Good Health and Well-Being:

Well-being is described as 'being comfortable, healthy, or joyful'. Societal consciousness is the capacity to comprehend and empathize with people with diverse experiences and beliefs. It is also the ability to comprehend social and ethical rules of behavior and accessible resources for the family, school, and community. Staff and educators must recognize, respect, and nurture all students' cultural beliefs, traditions, communication styles, contributions, and relationship patterns (Gabrielsen & Clark, 2011).

The level of health consciousness is how much people care about their health. People are more likely to have healthy habits if they care about their health, which is why people take steps to improve their health. Health awareness means behavior and attitude that considers a person's health when it comes to their diet or way of life. It worries about how healthy a person's diet and way of life are by eating organic foods. It refers to how much a person's health is thought about during daily activities (Pu et al., 2020).

Research Gap:

Numerous research projects have been undertaken in 'good health and well-being,' youth engagement, and Assam tea garden labor. However, the researchers have not found any study directly related to tea garden youth or

addressing the Tea Garden community of Assam's 'good health and well-being.' As a result, the researchers are considering studying the well-being of Assam's tea garden community via youth engagement.

Research Hypothesis:

H1= There is a correlation between Knowledge of Well-being and the Engagement of young people.

H2= There is a correlation between the Awareness of good health and Youth Engagement.

Research Methodology:

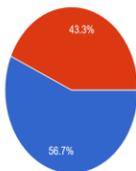
This research intends to comprehend and estimate the educational status, the social awareness of good health, and youth engagement activities of the tea garden youth in the Cachar district of Assam. Additionally, an effort is taken to comprehend the relationship between education, social awareness, and youth engagement behaviors. The study is descriptive and performed in the Silchar sub-division of the Cachar District. The study examines the youth's social awareness of good health and well-being and engagement activities in the two tea estates in the Silchar sub-division. Two tea estates are selected to study sustainable development through tea garden youth engagement. There are 120 samples taken using a convenient sampling technique. This study includes all individuals who were permanent inhabitants of the tea gardens in the Silchar sub-division of the Cachar district. Youth with intellectual disabilities were excluded from the study. The cross-sectional interview technique was chosen to gather data because it allows for enough opportunity for rapport development, engagement, and clarification. The raw data gathered in the field was thoroughly and adequately analyzed to draw relevant findings. SPSS was used to evaluate the data, and the results were presented in tables to add value to the raw data. The scores for frequencies, percentages, mean, standard deviations, and Pearson correlation tests are discussed below to make deductions and conclusions.

Results:

a) Gender, Academic Qualification, and Marital Status

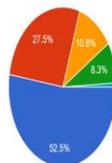
The following is a presentation of the respondents' personal information. Sex, age, educational attainment, and marital status are among the characteristics studied. Each of the elements listed below can impact the respondents' opinions

B. Gender
120 responses



D. (d) শিক্ষা(Education):
120 responses

● Male
● Female



● বিহীন (illiterate)
● মাত্র মেট্রিক (under metric)
● এইচ.সি. (H.S.)
● স্নাতক (Graduation)
● স্নাতকোত্তর (Post graduation)
● হসি পাস

Figure 2: From the Source

Figure 2: From the Source

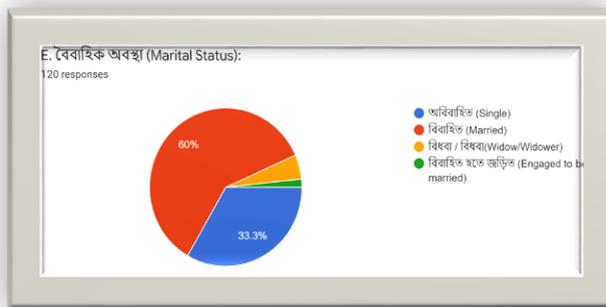


Figure 3: From the Source

The above Figures 1, 2, and 3 display the gender, educational attainment, and marital status of the respondents, respectively. One hundred and twenty individuals participated in this research. During data collection, it was observed that a large number of working groups have migrated to different areas of the nation. Young girls are told not to leave their homes as much as they are instructed to do housework.

In addition, it is at this period that the foundation for adult attitudes and behavior patterns is formed. It is a time to anticipate and devote significant effort to making choices that helps one attain the position of a mature adult in the sight of others. At this stage, love and a job are the primary concerns. It is a time to expand one's knowledge in certain areas and enhance one's capacity to perceive and solve problems more effectively than in the past. Developing a realistic outlook in life by discriminating between the possible and likely also occurs during this time.

A further intriguing aspect of the main data is the portrayal of the respondents' educational credentials. As shown in Figure 2, respondents with illiteracy levels dominate the data. 52.5% of the respondents were illiterate, which is a substantial proportion. Another intriguing feature of the statistics is that few individuals have finished higher education. The reason for this educational situation in the tea gardens is that there are only elementary schools in the tea gardens, and the students must go a considerable distance to receive a secondary education. Another contributing aspect is that parents do not prioritize their children's education. Both parents are so occupied working in the tea gardens that they have little time to devote to their children's schooling. However, there is one hopeful factor: 11.7% of respondents have completed high school, and 8.3% have earned a graduate degree.

In addition, 40 (33.3%) of respondents are single or never married, 72 (60%) are married, and the remaining 6 (5%) and 2 (1.7%) are widowed and engaged to be married, respectively.

Following a set of inclusion and exclusion criteria, youth in the research ranged in age from 18 to 29. Most young people nowadays don't want to work to learn anything new; instead, they want everything to be at their fingertips immediately. Tobacco and alcohol use is a source of self-satisfaction. For them, using aggressive words is a way to calm things down. Almost everything benefits from assimilating to Western values to some extent.

b) Knowledge of Good Health, Youth Engagement, and Awareness of Well-being

The following is a summary of the youth engagement, their knowledge of good health, and their awareness of well-being in the form of a histogram. Each of the elements listed below can impact the respondents' opinions: -

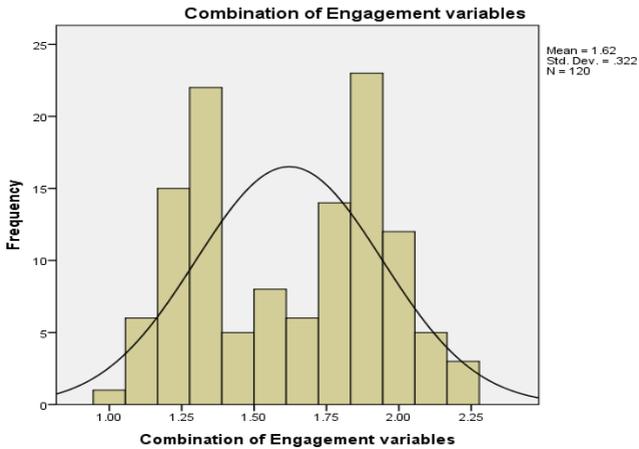


Figure 4: From the Source

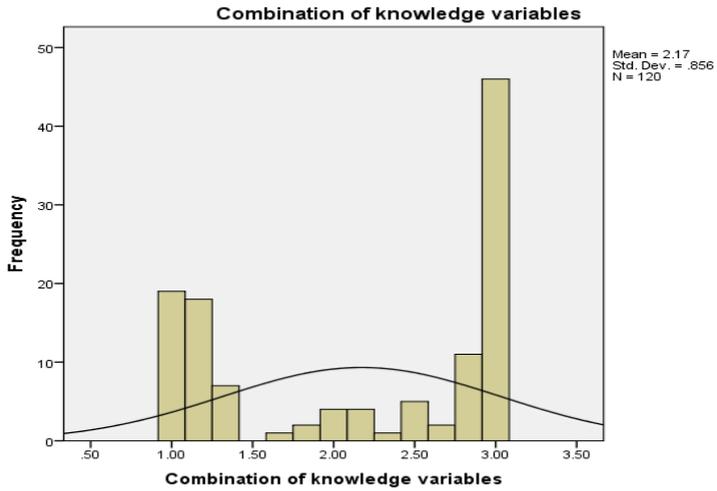


Figure 5: From the Source

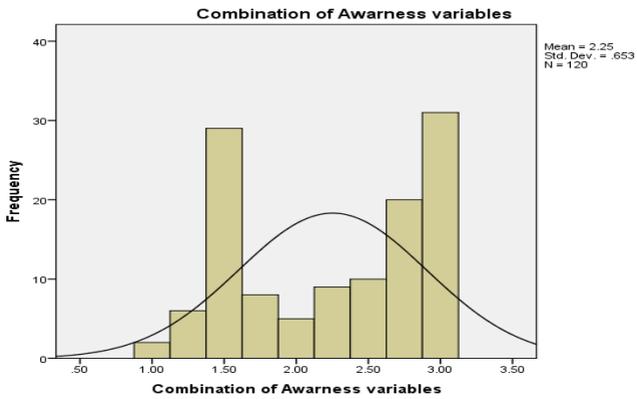


Figure 6: From the Source

Figures 4, 5, and 6 are the summary of the Descriptive Statistics of mean and standard deviation. Figure 4 shows that the average score for youth participation in activities related to good health was 1.62 (± 0.322). Figure 5 shows that people were aware of good health and had a mean score of 2.25 (± 0.653). Figure 6 shows that people knew about well-being and had a mean score of 2.17 (± 0.856).

c) Pearson Correlation between Youth Engagement and Awareness of good health.

Table 1
Descriptive data and correlation of variables

VARIABLES	n	M	SD	1	2
1. Awareness of good health	120	2.26	.66	-	
2. Youth Engagement	120	1.63	.33	.86*	-

* $p < .01$,

Table 1 reveals that the Pearson product correlation of awareness of good health and youth engagement was moderately positive and statistically significant ($r = .86$, $p < .01$). It shows that increased health awareness would increase youth engagement in the tea garden community.

d) Pearson Correlation between Youth Engagement and Knowledge of Well-Being.

Table 2
Descriptive data and correlation of variables

VARIABLES	n	M	SD	1	2
1. Youth Engagement	120	1.62	.32	-	
2. Knowledge of Well-Being	120	2.17	.85	.800**	-

* $p < .01$,

Table 2 shows that the Pearson product correlation of Youth Engagement and the knowledge of Well-Being the young people possess was moderately negative and statistically significant ($r = .800$, $P < .01$). It indicates that higher

knowledge of good health and well-being higher Youth engagement in the activities those are related to good health and well-being.

Discussion:

This research supports the idea that getting young people involved in health and wellness makes them better understand these issues and act healthily. A total of 120 people took part. People between 18-29 were subjected to inclusion and exclusion criteria. Most teenagers aren't interested in education and instead want instant gratification at every turn. (World, 2019) It's crucial for good health, human development, and mental and physical development. Early youths grow physically, cognitively, and emotionally, affecting their feelings, thoughts, decisions, and interactions with others.

The graph of youth engagement, education, and understanding is clear. The opinions of respondents may be influenced by each of the following. The mean and standard deviation are shown in Figures 4, 5, and 6. Figure 4 shows that the standard deviation of adolescents' participation in healthy activities was 0.322, with an average of 1.62. The results for health consciousness are shown in Figure 5, with a mean score of 2.25 and a standard deviation of 0.653. The average score for well-being knowledge was 2.17, with the standard deviation being 0.856 (see Figure 6). Young people's participation in tea gardens might benefit from a raised understanding of well-being issues. (Yonezawa et al., 2022) Reducing student disinterest is essential for raising test scores. The No Child Left Behind Act makes connecting with and building on students' strengths and passions more difficult. There is a lack of consensus on defining and measuring youth engagement. Research in psychology, education, and sociology on young people's involvement. The authors recommend researching identity challenges and educational environments. They suggest looking at classroom settings where children are encouraged to question authority.

The Pearson product correlation between health education and youth involvement is somewhat positive and statistically significant ($r = .86, p < .01$;

see Table 1). This finding partially relates (UNESCO, 2013) Incheon Declaration claims education fosters healthy, happy lives. Higher maternal education improves child nutrition and immunization rates and reduces child deaths, maternal mortality, and HIV. Education promotes development and health.

As can be shown in Table 2, there is a negative Pearson product correlation ($r = .800, P < .01$) between youth engagement and well-being knowledge. Young people are more likely to take part in health-related activities when they have a deeper comprehension of the importance of such activities. This finding of this correlates with the concept that (Aceves-Martins et al., 2018) the health and happiness of youth might be influenced by their education. One strategy for creating such a positive and nurturing educational atmosphere is called "health promoting school" (HPS). At HPS, we value young people's participation highly. Despite the positive outcomes of youth participation in health promotion in society, little is understood about this phenomenon. (Flores et. al., 2014) Young people are social movement catalysts and communicators, it argues. Their involvement suggests professional choices and civic responsibility that might promote health and equity.

Assam tea garden labor, youth engagement, and health have all been the subject of academic inquiry. No research on the Tea Garden youth could be located. Having more young people involved will help the community of the tea gardens in Assam. Nevertheless, the youth and well-being studies field need new methodological and ethical innovations to provide a more complete, nuanced, and compelling picture of young people's lives.

Observations:

During the data collection, the researchers observed that most of the families in the tea garden live their life hand to mouth. Many interviewees' families possess BPL (Below Poverty Line) cards issued by the Government. This is an indication that most of the tea garden youth are living in poverty.

It is also observed that the tea garden youth live their life on daily earnings. However, the food used by the tea garden youth has insufficient dietary energy consumption. As a result, many tea garden youth suffer from malnourishment. The difference in the amount of protein and carbs required by laborers and their families and what they actually eat is huge. It is noted that a lot of people from working families have died in the last five years from illnesses like tuberculosis, high blood pressure, not getting the right treatment, and so on. There are some death cases among children due to poor health conditions, of which the youth are unaware of the root cause. This shows that they don't know much about personal hygiene and sanitation.

The researchers observed a lack of equal political, economic, educational, and health opportunities among the male and female tea garden youth. There is gender disparity in the wages for their equal hours of work. There is also gender disparity in politics and other social organizations between the man and women of the tea garden.

Limitations of the Study:

This research has some limitations. It does not cover all the elements of 'good health and well-being.' The study area and sample size taken for the investigation are very limited. It lacks the qualitative study, which strengthens and complements the present study findings.

Conclusion:

Findings from a Pearson product correlation analysis show that raising young people's consciousness about the need to make healthy choices positively correlates with their willingness to get involved. Therefore, it's crucial to provide information about the importance of maintaining personal hygiene, eating well, exercising regularly, and other preventative measures. Young people's propensity to participate in healthful behaviors, including regular exercise, nutritious eating, and good hygiene, directly correlates with their level of health literacy. Advocating for and educating their peers on health and

well-being is a powerful tool for young people. The public's and youth's health might benefit from maintaining strong relationships with the tea industry's health department. The dietary and medical needs of the youth of tea gardens should be addressed through an all-encompassing public health plan. It's no secret that the Tea culture lacks both resources and influence. Authorities at all levels, including the government and tea garden managers, must take measures to improve this community.

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Employee Engagement and Work Life Balance among IT Professionals working in BPO Industry during Covid 19 Pandemic

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Abstract

The purpose of this research is to analyze the links between employee engagement and work-life balance, especially in the context of Covid-19 pandemic. This study used a descriptive study design and validated existing literature studies. Acknowledging the prevailing Covid-19 pandemic situation, the researcher has chosen pragmatic sampling method where the data were collected using Google forms in 2021. Since the study was purely based on voluntary participation, this study includes a total of 70 respondents who were from IT profession employed in the business process outsourcing (BPO) industry, with reference to Coimbatore, South India. The researcher has applied simple percentage analysis, correlation analysis and regression analysis of data collected. The findings of this study focus on assessing the impact on employee engagement and work-life balance of IT professionals employed in the business process outsourcing (BPO) industry, with reference to Coimbatore, South India. This study limited to data collected only from those 70 respondents and results reflects from further analysis and interpretation thereof. The results shows that just over half (56.1%) of respondents feel a moderate level of employee engagement during the pandemic lockdown, and almost half (47.6%) have a moderate level of work-life balance which indicates that a significant correlation has been observed between employee engagement and work-life balance. The results of this study

clearly show that work-life balance is higher than employee engagement and vice versa.

Key Words: Employee Engagement, Work-Life Balance, BPO Industry, Covid-19 pandemic

Introduction:

The first reports of Covid-19 were reported in Wuhan, China, in late 2019. About 11 million people lived in the city during the outbreak. As a result, the disease spread rapidly and contributed to the cause of the pandemic. The Covid-19 pandemic has had a staggering and rapid impact on work culture, leading to changing trends. Global lockdowns and travel ban in most countries have upended assumptions about the nature of work and interactions between businesses.

Covid-19 is causing serious disruption in workplaces around the world. The ongoing lockdowns as part of community containment measures to stem the spread of the corona virus have prompted a massive job restructuring around the world. Both businesses and individuals are adapting to this new world of work. People have realized that most things can be done remotely without having to be in the office. Some have gone from flying to staying home without impacting their business. As business leaders operate during the pandemic and prepare for recovery, they should consider what cultural changes they want to sustain and what changes they need to address. Another trend in which Covid-19 has accelerated the adoption rate of automation and artificial intelligence, especially in touch-intensive work environments. Another aspect that has accelerated the pandemic is the trend of shifts in working hours following the unprecedented Covid-19 outbreak.

The “International Labor Organization (ILO) estimates that in the first half of 2020, nearly 93% of workers lived in countries with some type of workplace lockdown. Therefore, the sudden, massive, and disruptive changes that the Covid-19 pandemic is bringing to the world of work require careful

consideration of its impact on different aspects of employee engagement and its impact on work-life balance. It shows an environment. In this context, the purpose of this study is to examine the relationship between employee engagement and work-life balance”.

Organizations and their employees are working from home more comfortable due to employee security and reduced social interaction. Employees these days have adapted to the norm and have been working from home for several months. Everyone stays connected by using video conferencing and connecting with other digital technologies. The introduction of this new culture has changed the way employers and employee’s interaction. Organizations are transitioning a significant portion of their work to a “Work from Home (WFH)” format for certain job openings.

Concept of Employee Engagement:

“Employee engagement describes the degree to which employees believe in the organization’s mission, purpose, and values, and demonstrates this through their behavior as employees and their attitudes toward the company and its customers. Employee engagement is high when their statements and conversations reflect their natural enthusiasm for the company. its employees and the products or services offered; People are the most important source of competitive advantage. Achieving organizational goals becomes a trivial task when the people or employees of an organization can be effectively engaged.” The widely-used term “employee engagement” encompasses two management approaches: motivating employees and focusing employee engagement on achieving organizational goals. Kahn (1990) defines work engagement as “the self-management of members of an organization over their work obligations”. They are used and expressed physically, cognitively, and emotionally while playing a role.

Employee Engagement is described as the level of employee involvement and commitment to the organization and its policies. “It has to do with how emotionally connected people are to their company and how committed they

are to their work.” Employee involvement also emphasizes employees’ willingness to help, which reflects the social responsibility of the organization. Employee engagement, in its broadest definition, encompasses more than job satisfaction, commitment and motivation.

Engagement is something that must be offered to the employee. According to Henderson (2009) it cannot be ‘required’ as part of the contract of employment. We can hire staff, but we need to motivate them. Employee motivation is critical to an organization’s success. This is more real than ever, especially when margins are tight (or non-existent) and economic recovery remains elusive. A “enthusiastic employee” is fully invested and committed to their work. As a result, they act in the interest of the organization inside and outside the group.

According to Scarlett Surveys, ‘employee engagement’ is “the measurable level of an employee’s emotional attachment to their job, colleagues and company, which has a dramatic impact on their willingness to learn and perform at work.” is defined as a result, engagement is decoupled from pleasure, motivation, culture, atmosphere, and opinion, and is very difficult to quantify.

Employee engagement is divided into three categories: cognitive, emotional, and physical.

Employee engagement is defined as an employee’s desire to give their all to the organization. Our employees’ willingness and ability to continually strive to support our business enable our employees to thrive. It is a psychological agreement rather than a physical agreement. So, the main types of employee engagement are:

1. Cognitive engagement:

The degree to which employees are focused on their work. Actively engaged employees are rarely distracted by minor interruptions in their work.

2. Emotional engagement:

This refers to the direct experience an employee has while on the job. It is about your own feelings about the degree of work involvement and effort.

3. Physical Commitment:

The degree to which employees take responsibility for their individual presence to work place in person. One way he recognizes physical commitment is by volunteering in exercise programs. Engaged employees are said to be inspired by their work.

Employee engagement can be defined as how actively employees are:

- (a) think about the organization;
- (b) how you feel about the organization; and
- (c) actively assist the organization in achieving its goals; In other words, the extent to which employees perceive their role as positive and proactive.

Work-Life Balance- a Conceptual definition:

Work-life balance is simply a healthy balance between work and personal life. Work-life balance is not necessarily defined as an equal division of time spent working and time spent on personal space but it is the balance more subtle than that and varies from person to person. Instead, work-life balance can be thought of as a balance between achievement and enjoyment. The ideal work-life balance is not giving up one or the other. It is about continuously improving your professional performance while finding new and fulfilling ways to enjoy your vacation.

Importance of work-life balance:

Working for a company and building a career is a time-consuming task for everyone. Employees are busy at work all day and sometimes even on weekends. Because of this, they have little time to interact with their families. Family is usually neglected due to high work pressure. Employee health is also compromised by stressful work. This is where the concept of work-life balance comes into play. The concept of work-life balance allows employees to strike a delicate balance between work and personal responsibilities. Striking the right balance allows people to enjoy a quality work life. This makes the office more productive because employees care less about personal obligations. It also allows employees to spend quality time with their families when working for vacation, free time, and health. For this reason, work-life balance is important to employees and motivates them to work for the company. Work-life balance situations are depicted, where individuals must find a balance between personal obligations (family, friends, themselves) and professional obligations (work, career).

Research Justification:

Most countries are facing restrictions such as lockdowns, social distancing and wearing masks when going out. Most organizations have started working online and implemented Work-from-Home (WFH) programs according to their time needs. Due to lockouts, most companies are allowing their employees to work from home. However, working from home is difficult for employees, not only because they have not experienced the organizational climate at home, but because they have not experienced the distraction caused by frequent family interruptions. This creates a work-life conflict. This scenario raises the question of quality of work-life balance. Even many employees lack the devices and tools they need to perform their basic duties and work (computer, mouse, printer, scanner, headphones, webcam, internet connection, dedicated workspace - quiet workspace). Most employees were concerned about the Covid-19 cases rising around the world. They were unsure about job security and pay. These issues made employees unable to concentrate

or focus on their tasks, creating a problem of effective employee engagement. Henceforth, it was the need of the hour to examine the employee engagement in his work and the quality of work-life balance also.

Literature review:

Research shows that employee engagement can be influenced by a variety of factors. These include opportunities for self-development, opportunities for employees to feel valued, opportunities for demonstrating company values, fair evaluation of employee performance, appropriate compensation schemes, and specific benefits and remuneration provision, satisfaction with one's job profile and career aspirations, both promotion and advancement. Upward enables downward communication, cooperation, and consideration for family interests. These key traits connect employees emotionally to the company and guarantee commitment.

May D.R., Gilson R.L. and Herter L.M (2004). In their paper, “The Psychological Conditions of Meaningfulness, Safety, and Availability and the Commitment of the Human Mind at Work,” published in the Journal of Occupational and Organizational Psychology, quote three psychological conditions significantly has positive relationships with human involvement in the workplace. Psychological importance was also positively associated with job fulfillment and job-role. Psychological safety was positively associated with rewarding peer and supportive manager relationships, whereas peer normative conformance and self-esteem were negatively associated.

Wayne, PA (2008) –“Research recently released by the Kenexa Research Institute (KRI) provides insights on the current state of employee engagement around the world and offers organizations initial steps to raise employee engagement levels. In its annual Work Trends™ Report, KRI found the average Employee Engagement Index (EEI) score is 57 percent across all surveyed countries. The EEI score for India, is almost twice that of Japan’s, the lowest ranked country. Outside of India, other Asian and Middle Eastern countries score lower on the EEI. As economies strengthen in other low-

ranking countries like Russia and China, EEI scores could increase in future surveys. The Kenexa Employee Engagement Index is comprised of four key components: Pride, Satisfaction, Advocacy and Retention. Therefore, employee engagement is not necessarily joy, excitement, or a willingness to work long hours. Engaged employees are aligned with organizational goals and personally committed to results. Data from Work Trends™ Report shows that when an employee is confident in the future of their leader and employer, their EEI score is four to five times higher than for employees who lack this trust. Confidence correlates with a rapidly growing economy. India, Mexico, and Australia have all recently experienced economic growth and scored the best on the Employee Engagement Index. Work Trends™ Report also reveals data on manager effectiveness. EEI score for employees who rated the manager as effective is 68%”. The report also found that 57% of his employees are passionate about their work, and employees working within a strong training and development culture are nearly five times more likely to be satisfied with their organization. White-collar workers aged 18 to 29 and workers aged 63 and over are most likely to say that their employer’s commitment to corporate responsibility increases overall satisfaction.

Objectives of the Study:

1. To study the demographic profile of the respondents.
2. To measure the level of employee engagement and work life balance of the respondents.
3. To study the relationship between employee engagement and work life balance.
4. To examine the influence of work life balance on employee engagement.

Research Design:

For this study, the researcher used existing literatures for secondary data to describe the concepts and used Google form for the primary data collection due to Covid-19 pandemic situation during 2021. Hence the present study is descriptive in nature.

Data Collection and Tools used:

The primary data were collected through Google forms during 2021. The data was collected between 17th and 27th of April 2021. A self-structured questionnaire with parameters of employee engagement and quality of work life were employed in the present study. The reliability and validity of the self-structured questionnaire was checked and found satisfied.

Sampling Technique and Analysis of Data:

The researcher adopted simple random sampling method for his data collection. All data were collected online using Google forms since, Covid-19 pandemic were in place and subsequent lockdown and restrictions were announced during 2021 by the state government of Tamil Nadu. The primary data collected from 70 employees from two BPOs operated in Coimbatore city of Tamil Nadu state, were taken to further statistical analysis. Researcher used pertaining literatures for the secondary data and applied one-way percent analysis and regression analysis for primary data. Computed data were validated with the research hypotheses through SPSS using mean, and regression analysis to derive results.

Research Results:

More than half (57.10%) of the respondents were between 21 and 30 years. Most respondents, 54.30%, are men. More than half of the respondents (57.10%) have a bachelor's degree. 80% of respondents were married. Less than half of respondents 40% blessed with single child. More than half of the respondents, 61.80%, were from nuclear families. More than one fourth (37.14%) of respondents have minimum of two dependents. Just under half (48.60%) of the respondents got 5 to 10 years of work experience. Majority (65.70%) respondents, work 9 hours per day on average. Less than half of respondents, 45.70 percent were satisfied with the salary they were receiving during Covid-19 pandemic.

Table1
Distribution of Respondents Based on the Level of Work Life Balance

Sl.No.	Particulars	No. of Respondents	Percentage (%)
1	High (Score-63-90)	17	20.7
2	Moderate (Score-38-62)	39	47.6
3	Low (Score-18-37)	14	17.1
	Total	70	100

The above table reveals that, 47.6 percent of the respondents had moderate level of work life balance, 20.7 percent of them had high level of work life balance and 17.1 percent of them had low level of work life balance.

Table 2
Distribution of Respondents Based on the level of Employee Engagement

Sl.No.	Particulars	No. of Respondents	Percentage (%)
1	High (Score-50-55)	12	17.1
2	Moderate (Score-43-49)	46	65.7
3	Low (Score-11-42)	12	17.1
	Total	70	100.00

The above table shows that majority (65.7 %) of the respondents had moderate level of employee engagement, 17.1 percent had high employee engagement and 17.1 percent had low level of employee engagement.

Table 3
Relationship between Work Life Balance and Employee Engagement

Variables		Work Life Balance	Employee Engagement
Work life balance	Pearson Correlation	1	.261
	Sig.(2-tailed)		.037
	N	70	70
Employee Engagement	Pearson Correlation	.261	1
	Sig.(2-tailed)	.037	
	N	70	70

The above table shows that there is a significant relationship found between work life balance and employee engagement. It is inferred that higher the work life balance higher is the employee engagement and vice versa.

H1: Work life balance and employee engagement are having relationship. It is evident from the above table that there is a relationship between work life balance and employee engagement. Hence the research hypothesis is accepted and null hypothesis is rejected.

Table 4
Influence of Work Life Balance on Employee Engagement Using Regression Analysis

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.261	.068	-.011	4.08999

Coefficients

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	45.012	1.925		23.384	.000
	Work life balance	.219	.037	.262	2.515	.018

The above table shows that, from the R-square value it is understood that 6.8 percent variation in employee engagement is accounted by work life balance. The t- test results reveal that there is a significant influence of work life balance found on employee engagement. Thus, it is concluded that work life balance is a significant predictor of employee engagement.

H2: Work life balance is a significant predictor of employee engagement.

From the above results it is concluded that Work life balance is a significant predictor of employee engagement. Hence, the null hypothesis is rejected and alternative hypothesis is accepted.

Discussion and suggestions from contemporaries to improve Employee Engagement Practices during Work from Home-WFH:

Goyal, Trivedi, Nandwani, Changulani, and Lokhandwala (2020) “provide and detail different approaches to increasing employee engagement during lockdown. Weekly alignment sessions, team meet ups, videoconferencing lunch meet ups for all teams, short online gaming sessions, virtual challenges and competitions, 5-minute informal talks, shared content like TED talks, books, online courses, brainstorming focus, haplology, and appreciation by session., communication exercises etc”.

Singh (2020) “talked about the various challenges employees are struggling with during this difficult time. In his article, recommends that businesses should be aware of employee stress levels during this difficult time and provide an open environment and clear communication channels for employees to speak up about issues. He opines that most companies host contests, challenges, and hackathons for their employees. He suggests that companies must often measure the employee well-being and offer solutions to promote good work-life balance. He insists during this time, the organization must focus on employee learning and growth”. Most companies use webinars and live sessions to train new skills, and online counseling sessions to help employees stay safe and healthy at home.

In difficult times, according to Nair (2020) in her articles quotes that Capgemini has implemented a structured employee engagement program that includes: Constant communication with employees via video messages from management, building and maintaining social networks in virtual communities, creating a sense of belonging, arranging counseling services for employees, and managing anxiety and stress. Conducting webinars, sharing

best practices on maintaining good health and hygiene, and providing guidance on exercise and meditation were provided along with work assignments.

Bhardwaj (2020) “talked on the initiatives Cars24 took to increase employee engagement and a sense of belonging to the company. Cars24 hosts a variety of activities such as challenges such as sharing a photo with your pet, taking a selfie with your family, fun awards, and Know Your Leaders where employees are quizzed on their general knowledge of the leaders, mental fitness and meditations online classes, a hidden talent show, virtual karaoke challenge, a virtual campfire challenge, fostering team spirit, video calls, and various online group challenges to boost employee morale and e-engagement”.

Hasan (2020) described the many ways companies are responding to Covid-19 by serving their employees. Amway continues to live up to its original promise of pay increases, promotions, and recognition. The company plans virtual engagement activities such as external webinars to learn new skills and health insurance for an employee to cover her Covid-19 treatment costs. “Hindustan Coca-Cola Beverages has launched a virtual employee engagement initiative aimed at engaging employees' colleagues and family members in their physical and emotional well-being via the internet. Many of McDonald's India's training modules have been converted to digital format, and the company offers e-learning modules, quizzes, management master classes, and a variety of other creative training that employees can access from their quarantined home mobile phones”. ITC Hotels launches a variety of e-learning courses targeted at specific jobs and levels through its major e-learning channels, offering self-study options that can always be emphasized with app-based hosting.

From the above researches, it has been observed that many companies are using unique and imaginative employee engagement and retention techniques to keep their employees happy and engaged. Practicing employee retention is imperative during this terrifying time of the pandemic. The survey results show that IT professionals working in BPO industry lacks employee engagement and not satisfied work-life balance. Hence, here are few suggestions and

recommendations for employers to keep their workforce better engaged with work and to experience better work-life balance.

- Employers must provide additional training for employees to deal with work-related challenges, especially when they no access to direct interaction with colleagues and peers.
- With the same regular tasks every day, the personnel team can organize fun activities to keep employees relaxed and motivated on regular intervals.
- Employees should not be rushed to complete tasks within their shift hours and flexible time must be encouraged and excessive overtime should be avoided.

Conclusion:

Employees are assets of any business firm. Every employee need recognition and support from the management. During the Covid-19 pandemic, when the whole world went into the dark side, technology enabled many professionals to still run their livelihood not compromising their beloved ones. Through the new concept of Work from Home, it becomes yet another challenge to do justice to job and to balance between work and personal lives. This study has made a humble attempt to check the levels of engagement and quality of work-life among IT professionals. Through reviews on contemporary empirical evidences on employees engagement and work-life balance, the purpose of the present research served the diverse links between work-life balance and employee engagement. Results of this research shows the higher the employee engagement is because of better work-life balance, which leads to it effects and vice versa.

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REFUGE IN THE OFFICE: The Female Social Worker's Account of Engagement at 'Home' versus the 'Outside' World

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Abstract

Purpose: The concept of Work from Home (WFH) during the COVID-19 pandemic had a 'gendered' effect on people in their domestic space, affecting men and women in unique ways. The study aims to draw on the theories of diffused power, role, and social learning to observe the effect of the COVID-19 pandemic on women's alienation as they WFH and how they re-imagine their workspace in this era.

Approach: The contemporary COVID-19 pandemic intersects with the gendered-role scenario at home in specific ways, altering several women's lives and work. So, to best understand women's voices and lived experience, the researchers have used Mixed Methodology with a sample of urban, middle-class, working women from- social work, education and medical/ healthcare sectors; who have access to technology.

Findings: The results exemplify how the COVID-19 lockdown-induced WFH has intensified role- conflict at home for women, because of the power they and their male counterparts hold. It has also shown the alienation women experience as they continue to work in a different space, and the chores they do at home because of their social identity.

New Contribution: This study concludes that women resort to their workspace for comfort in these challenging times as they find solidarity with women from similar backgrounds; struggling for autonomy, peace, and division of domestic workload.

Keywords: Gendered, Role-conflict, Diffused Power, Alienation, Workspace, Solidarity, Autonomy

Introduction:

The researchers begin this paper with an understanding of the concept of ‘Gender’ and the ‘Role’ delegated to an individual in accordance with their gender. Further the existence of Power, as it intersects with gender in ones’ home, or the domestic space is explained. This paper also explores how the aforementioned come together to construct inequality in the household in the era of a life-threatening pandemic COVID-19.

Gender is a category that includes norms, roles, and behaviors endowed externally to individuals depending on their sex. It is a socially constructed idea. This essentially means that we build ourselves as men/women with our own possessions and what the society gives us. We generate ourselves according to what the society assigns to us (Joseph, 2008). Additionally, Women have been inevitably perceived as existing through the eyes of men, as ‘objects’, while the men become ‘subjects’ (de’Beauvoir, 1972).

In conjunction with this, roles are expected behavior that one must adhere to, in order to be accepted or feel validated in a society (Turner, 2017). In the domestic space/the home, there is a diffused or embedded power dynamic that designates decision- making authority and its acceptance (Foucault, 1993). The

same may be reflected in the distribution or often, imposition of responsibilities in the household.

The intersection of gender identity with ‘power’ in the household, as exercised by family members produces a certain division of labor at home. In domestic responsibilities, female members traditionally had the role of executing household chores while male members made major family decisions (Turner, 2017).

In addition to the existence of such gender-based roles in a family system, the COVID-19 pandemic induced an intermixing of the realm of the domestic with ones’ workspace. This was in foreground of the rise of a world where information and interaction are circulated via virtual modes. The workspace and home are no longer spatially segregated, but fused. Work makes its way into peoples’ homes and is carried on along with domestic duties (Halford, 2005).

Women perform much of the responsibilities that knit the society as one i.e., at home, school, healthcare and care for the elderly which is without a pay. The COVID-19 pandemic has pushed differences based on gender, pervasive unfairness, and inequality into even sharper focus (Qazi, 2021). Therefore, the COVID-19 pandemic will be opening a chapter where men are more likely to directly fall prey to the virus. But the socio-economic cost of it will be unreasonably borne by women (UN Women, 2020).

Thus, the following can be regarded as the subject matter of this paper: How the new method of work, ‘Work from Home’ changed the organization of urban, middle-class household responsibilities in complicated ways for women; how the understanding of gender roles in a new, technologically dependent society influences the space of the household for a working woman; how making decisions, voicing out opinions, feeling a loss of control (alienation) in daily matters become challenges to women and finally, women re-imagining the role of the workspace as a site of solace and refuge from home.

Theoretical background and literature:

Role Theory in determining responsibilities for individuals

Role theory states that individuals behave differently in isolation and collective. For instance as individuals, they respond differently to similar situations, but may respond in a similar manner to similar relationships. In organizations and societies/collective, individuals are assigned different roles but are expected to be consistent in the performance of these (Turner, 2001; Dev & Olsen, 1989; Mentz et al., 2019).

Role representation is the consistency of the image of a person in an assigned role. For women the traditional image is her performance in the domestic realm (Mentz et al., 2019).

The huge involvement of women in the workforce has led to the rise in conflicts due to the existing paid employment with their traditional or natural roles (Kanter, 1977). But with the absence of spatial segregation of work with domestic duties already delegated to women; WFH in the pandemic affected world constructs several complexities and difficulties for working women (Halford, 2005).

Power and its forms in the household

As an influential postmodernist, Foucault has been hugely leading away from the analysis of actors who use power as an instrument of coercion, and even away from the discreet structures in which those actors operate; toward the idea that 'power is everywhere', diffused and embodied in discourse, knowledge and 'regimes of truth' (Cube, 2011).

For Foucault, Power makes us what we are. He challenges the idea that power is wielded by people or groups by way of 'episodic' or 'sovereign' acts of domination or coercion, seeing it instead as dispersed and pervasive. It is *subtle* rather than rigorous, symbolized or internalized, and endorsed rather than controlled, informal rather than forced, and engulfing its subjects. He terms it 'Diffused Power' (Cube, 2011). Therefore roles created by gender-based norms in the family are accepted by its members (Renzetti, Curran & Maier 2012).

Social Learning and *Gendered* socialization in the household

Roles and Power in the household come together in certain ways in the *Social Learning* theory.

Social Learning theorists hold that various influences socialize us as ‘women and men’. The observation of this by children greatly affects and shapes their worldviews. This being the case, it is extremely difficult to counter gender-socialization. While the precise form of gender socialization has changed since the onset of second-wave feminism, even today girls are discouraged from playing sports like football or from playing ‘rough and tumble’ games. They are more likely to be given dolls or cooking toys to play with; boys are told not to ‘cry like a baby’ and are more likely to be given ‘masculine’ toys like trucks and guns (Renzetti, Curran & Maier 2012).

The power dynamic along with stereotypically gender- driven roles defines the environment in most homes in contemporary times. Women and men are brought up with subliminal cues of how to behave, what constitutes their domain and what ‘*should*’ they do or not do as they coexist (De’Beauvoir,1972).

Literature

Below are some stories of women social workers/writers/service providers who *used the space of their homes and their rooms to challenge the social order and role of being limited to the domestic space only*. To de-confine themselves from the home, they utilized its space.

The home as a site of rebellion - the Indian context

Bengal’s Rassasundari Debi’s life depicts exodus in activities and choices from a patriarchal society which is a misbehavior punishable by the society. *Amar Jiban (My Life)* by Rassundari Devi’s is an autobiography known as the first in Bengali dialect which barely touched the lives of upper class/caste women in India. It was observed that earlier education was far from the life of a women. Despite that, Rassundari taught herself to read and write in the space of her kitchen and constructed an identity independent of her husband and children. (Feminism India, 2017).

Fighting gendered Social Reality, utilizing ones' home

A similar trajectory was seen in the life and struggles of Savitribai Phule, the first known female social worker and educator in India. She had numerous achievements, with a single aim: posing a brave challenge to Manuwadi culture. As a woman from a 'lower caste', Savitribai was illiterate during her marriage. The Brahmin dominance and status of women in those times did not allow her so. Amidst these challenges, she along with Mahatma Jyotiba Phule set up the country's first school for women in 1848. In the 1850s, the Phule couple initiated two educational trusts—the Native Female School, Pune, and The Society for Promoting the Education of Mahars, Mangs and Etceteras. Mahila Seva Mandal was initiated to generate sensitization rights for women, which opened doors for all irrespective of caste and community. A home was also started to stopover infanticide where higher caste widows could safely deliver their babies and leave their children in that space, if they failed to care for them (Kandukuri, 2019).

Breaking the shackles of the 'home' through profession

Another exemplary social and health worker was Rukhmabai who was an Indian physician and feminist known for being one of the initial working women doctors in colonial India as well as being involved in a landmark legal case involving her *marriage* as a *child bride*. The case raised significant public debate across several topics such as law versus tradition, conservatism versus reform and confinement to the home versus stepping out into the public. This eventually paid to the *Age of Consent Act* in 1891 (Kamari, 2014).

GAPS:

This paper seeks to address the gaps in writings on women's life complexities in the COVID-19 era and including their voices in policy-making as they continue to serve both at home, and in their professions.

70% of the health workforce globally, is women. They are leading the health response to COVID-19, as health staff i.e., nurses, midwives, and community-health social workers. They also comprise support staff in the health sector. For example: cleaners, laundry and caterers. So, they are more likely to be

exposed to the virus (UN Women, 2020). It is also observed that women are underpaid- ranging from working as teachers to nurses.

In the domestic space, women provide unpaid and invisible labor as they engage in caregiving of the entire family during WFH. Therefore, working women with jobs foundational to daily life and the economy, bear gendered norms and inequalities. Numerous problems ranging from risk of job including income loss, violence, exploitation, and harassment are visible during crisis and quarantine (OECD, 2020).

The COVID-19 crisis has made known that the economy of this world is built on the unseen and unpaid labor directed from women and girls. With school dropouts, deepened care needs of aged persons, sick family members, stunned health services; demands for care work in the COVID-19 world have intensified exponentially (UN Women, 2020).

In the pandemic-stricken world, when women undertake WFH or are employed in essential services, childcare becomes a major burden. Because of social norms as well as the structure of the organized sector, women have no other option but to manage with limited child care support (UN Women,2020).

There is an urgent need to provide material aid to women engaged in child care as an additional responsibility; perhaps by recognizing community based and family-based child care as an essential service (UN Women,2020).

There are facts that show that not just for women, but even for adolescent girls, the number of hours spent on chores is relatively higher as compared to their male counterparts and so is the rate of school dropout (UN Women,2020).

Governments are yet to play a proactive role in designing measures to support women with responsibilities of childcare, provide income assistance, provisions for small enterprises, self-employed or support to survivors of violence in different forms. Fundamentally, there is no gender-based lens for policy responses in the crisis to account for women's unique needs, responsibilities, and perspectives (Qazi,2021).

Therefore, with these facts in view, the respondents were chosen in the research.

Objectives

1. To understand the role of urban, middle-class women in their domestic space
2. To interpret how power exists in the 'household' versus the 'outside' for these women
3. To analyze the changing definition of a 'safe space' for the women and note their action in response to the same

Methodology

This paper makes use of mixed method for data collection.

Data was first collected using Survey Method with the help of a Questionnaire. Following this, in-depth Unstructured Interviews (phone and video calls) were conducted for thirty minutes each, using an Interview Guide. In its method, the analysis was graphical and percentage based- relying on statistics. Data was also collected from Secondary sources such as journals, books and documents on the web.

A total of 70 urban women aged between 25 to 50 years in several cities of India completed the questionnaire (made on google forms and sent via email) including Guwahati, New Delhi, Chennai, Bangalore, Bihar, Haldwani, Mumbai, Kolkata and Nahan. Post the analyses of this, 20 women were interviewed from the sample. The method of Non-probability Sampling using the Purposive and Snowball technique was followed.

The research design chosen was Descriptive. Its philosophical premise can be considered Phenomenology as it is based on lived personal experiences of women, as recounted by them. From the responses, the themes were manually found and analyzed (Manual Thematic Analysis).

Findings and analysis

The study found that all the respondents are between the ages of 25-50 years. Out of them, 80% are working in social work (as social work educators and professional social workers) and the remaining 20% in the allied field of

healthcare (specialized doctors, general practitioners, psychologists and nurses).

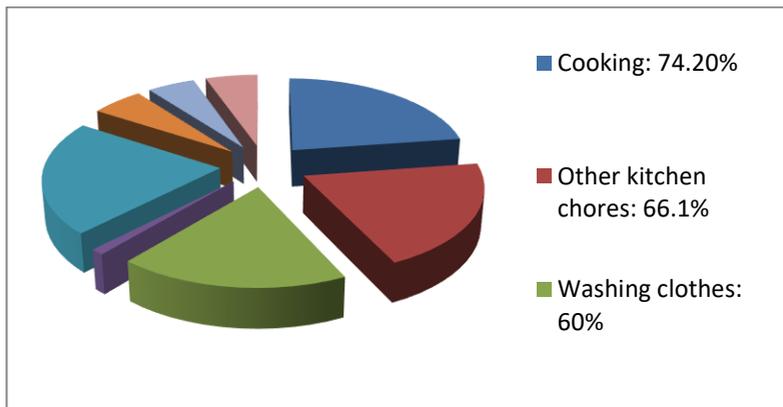
Out of these, 46% are married and 54% are unmarried. 70% live with their families (paternal or/and in-laws) and 30% live on their own.

The statistics from the survey and interviews are organized manually under themes:

Women's approach to jobs and chores

Of the respondents, 33% said that they like their job, 28% said they are okay with it, and 8% said they enjoy their jobs.

Diagram 1: Multiple and overlapping tasks performed at home



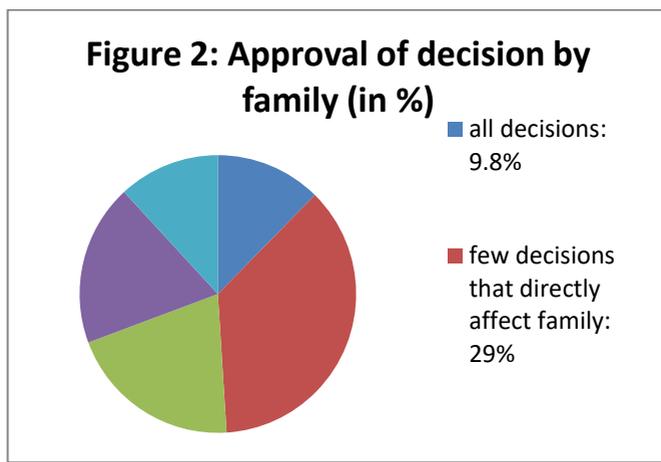
Due to time constraints 3% of the respondents reported that they fail to do any of the above-mentioned chores resulting in criticism from their in-laws.

It was reported by 30.6% of the respondents that they have to perform these chores *under familial expectations*. This has made it a burden or compulsion. Whereas, when chores were choice-based, they did not seem difficult.

The study revealed that 46.8% of the women experienced inequality in these domestic responsibilities- division and treatment; on top of not having the power to distribute these or control the conversations regarding these.

It also showed that 69.8% of the respondents feel ‘*guilty*’ when they do not help out at home. 43% women said that in the COVID-19 era, they prefer Work from Home because they can then *take care of their household responsibilities without feeling guilty* and not just because of the comfort of their rooms.

Lived experience of control in the household



The above table shows the percentage of respondents who *need to seek approval* from their family to *validate their decisions*. Here only 9.4% said that they do not require any such approval and can take decisions independently.

Regarding control over their own domestic lives, only 39.6% of women said they are in full control while 35.5% said they exercise partial control. 17% women said they are *not at all in control* of their lives in the domestic sphere.

Power in the domestic realm

It was noticed that 33.9% respondents said that their fathers hold maximum power in the household; followed by 19.4% who said husband, 12.9% said mother and mother in law each, and *only 9% said that they have this power or say*. 6.5% women said their male older sibling had the most power in the family decisions.

Nearly half of the respondents (46.8%) reported that they have *experienced unequal treatment in assignment of household responsibilities* (living with family) while 35.5% said that they have never even given this possibility, a thought.

The study also reported that 37.1% of the respondents said they have experienced verbal conflict upon *raising their voices* against (an unfair) practice or event at home. 18.9% said they have not been taken seriously or *ignored* in such an instance and 11.8% women have been met with *an aggressive argument or attacking demeanor* in such a scenario. While 32.3% women said that they have received 'listening' from family members (particularly male) upon raising their voices literally.

Women's expected conduct within the family

When asked about their way of being, 62.3% women said that they *experience an unsaid or implicit expectation* from their family to lead their life as per family norms. 20.8% of women said that *feel immense pressure* to do so. 15.1% said they do not experience any such pressure.

In deeper conversation, respondents revealed that such a pressure is because families have rules that allow their female members to experience a loss of control in their own lives, while certain family members have that power and authority over their lives (particularly an older male member or in case of females, mothers-in-law). They also recounted that the only way they were taught to behave is accept the conditions at home as they befall.

The above stated findings and experiences change the perception of one's home as a site of safety and comfort. They speak volumes of the diffused power operational in the lives of these women at home.

Reimagining the workspace: as a site of safety and comfort

A vast majority of the respondents (87%) stated that except for getting a formal approval on some decisions from their seniors when utmost and officially required, all *decisions were in their own total control- when in the workplace*. It was also revealed that 76% of the respondents stated that they feel they are *taken seriously at work* when they put forth their opinion and are met with an approach of '*listening*'. Most of the respondents i.e., 90% recalled that in *office*, a mandate to change the way they live their lives is *non-existent*, unlike at home where 42.5% women-the ones living with families- said that they have *been told to change their way* of life on several occasions to adjust into the family's way. While 67% of the respondents said that given a choice, they would prefer working from their workplaces any day as compared to their homes. In-depth conversation revealed that the above stands true because of the '*space*' (*physical, mental, space of understanding and importance*) that it entails and the fact that it is *exclusively dedicated to their work* rather than juggling between household responsibilities. It is *their demarcated 'work time' and 'work space'*. 54.7% of the women said that they feel more strong and in control in their workplace as compared to the confinement of their home.

As per the in-depth interviews, the reasons for preference of the workplace were multifold. They 'get to make decisions as per their position in their job, perceive to have more control and choice on important decisions, by virtue of their designation or ranks. They also have more self-confidence in the office. They can guide communities of people and have a voice in matters that concern those people. People listen with purpose and attention instead of reacting aggressively or attacking them and they feel empathy and safety in the workspace. They recounted that working from the workspace gives them a sense of ease, strength and solidarity. In these experiences, they have

conceptualized *their office as a safe space- devoid of distractions or expected home-bound duties.*

Finally, 98% of the women respondents recounted that they had shared intimate or personal details of their personal lives at work; even incidents which they are not comfortable sharing at home. They revealed that they felt a sense of shared identity with their colleagues (mostly female ones)

The above stated experiences seem to point to the subverted role of the public or 'outside' space as a site of comfort and independence, safety and freedom, taking the role earlier assigned to the home.

Limitations:

Despite the relevance of this study, there are certain limitations in it.

1. It takes into account, lived experiences of only a certain privileged section of women living in the hetero-normative family structure (*cis het* ,urban, working, educated, middle-class)
2. It does not describe or go into detail about intersectional identities (Ex-transgender women or women from rural areas or so-called 'lower' castes).
3. It does not consider the perspective of men in primary data.
4. Personal experiences may have led to inherent biases in the paper (however, these were written down separately and avoided in an attempt to be value-neutral).
5. It relies heavily on online sources for secondary data and technology for primary data.
6. It does not include issues of the workspace such as hierarchical, gender-caste-based discrimination or harassment issues and might risk 'glorifying the workspace.'

Conclusion:

The statistics derived from the analysis of the survey and the follow up interviews suggest that women are out and about into the visible public domain- which has been mostly referred to as 'THE OUTSIDE' in this paper.

These women deeply value their careers. Their careers support the empowerment of several sections- students, vulnerable groups, patients with biological and psychological conditions, other women and so on. Particularly during the pandemic-struck era, their work provides relief, treatment and hope. At work, they have an ‘agency’ or autonomy. They take decisions on their own, they experience control over their work, and they can delegate responsibilities to others and are in a sense, empowered in their own opinions. Except for official protocol which requires them to get certain decisions approved (as per position/rank), they are in-charge of their own professional decisions.

They often confide in their colleagues about personal matters and feel ‘heard’ on the same. They also *relate to* their female colleagues who have similar life –situations. It often becomes a space to vent out or share unpleasant emotions which they otherwise cannot. The struggles and movements of our female ancestors do seem to have materialized in this context; even if for a small, privileged lot (urban, educated, middle class women from mostly non-marginalized communities with an access to material resources and social networks). With the ongoing COVID19 pandemic where ‘Work from Home’- using virtual mediums has emerged as the new normal mode of work, women are at home for longer hours as compared to pre-COVID times. Maybe this is why the said group of women, including the researcher herself, are contemplating women’s ‘agency’ or autonomy in the domestic space.

Even when women do not absolutely “love” their careers, they prefer being in that workplace *space*. At home, a considerable percentage of women listed several domestic tasks or duties that they perform alongside office work, which they termed as ‘never ending’ in the interview. Starting with taking care of their babies to in-laws, supporting or doing repair work, emergency handling, managing household expenditure in addition to daily duties of cooking (or helping), cleaning, laundry, buying essentials and so on.

As per the statistical analysis, inference from the in-depth interviews and survey, women are found longing for more *say* in their household, for more

authority in deciding for the home, more ‘*voice*’ over decisions already taken by another family member(s), experiencing ‘*guilt*’ (most common among all the women) for not devoting entirely to their assigned/expected domestic chores. Almost all of them recount an unsaid family pressure and expectation to mold their lives in a certain way.

Furthermore, they are scared about the resentment or hostility when they raise their voice in the household, left wondering if they’re doing anything wrong- despite the awareness that the realm of the domestic is unequally favorable to their male counterparts (48.6% women are aware of the unequal treatment they get at home, while 30% haven’t given it a thought). Some respondents’ wish they would be taken seriously like they are in their place of work, some hope that they receive support with tasks at home and some just don’t know how to stop feeling guilty about what they’re missing out at home even when they are working.

The researcher, for one is experiencing a total loss of control over life at home: due to implicit, family and/or gender- based power- structures and socialization patterns; that seem disadvantageous. The ‘*physical work-place*’ now seems like a *safe haven* where the researcher is in charge of her own decisions, where she sets the rules for her own academic sessions/classes, where she is not accountable to any other person for the methods used or the materials chosen to provide to students (albeit administrative restrictions), for the issues she discusses with colleagues, for the friendships that she maintains, where flaws and imperfections are her own responsibilities, where the researcher can learn and un-learn with her experiences and interaction with individuals from diverse backgrounds, credible academic texts and so on.

However, and despite everything else, the research for this paper spoke to the researcher with an assurance. First, that she’s not alone with this experience. Second, dialectically; the confinement of the household had been broken down by rebellion to step ‘*outside*’ ages ago (and yet continues for some). Third, the

‘outside’ - the outcome of the very movement - would provide refuge now, until powerlessness gives way to hope and rebellion strikes again.

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Work Life Balance and Livelihood Issues: A Study of Women Workers in Rural Area of Odisha

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Abstract

Since the last decades of 19th century, the women's movement has been advocating for women's equality, critiquing women's oppression and subordination as a result of biological determinism arguing further whether their subordinate position has been natural or socially constructed. The International Labor Organization (ILO, 2009) reports that "accumulated evidence suggests that increased earning power of women has a greater and more immediate effect on family welfare than increased earnings for men. Although indirect, these benefits have a very significant impact on economic growth by enhancing human capital formation for the next generation." (Cited in Spevacek, 2011) The argument rests on the notion that at household level, women tend to reinvest their income in improved nutrition, health and education for family members, thus increasing living standards and reducing 'non-income poverty' in the long term. This paper looks at the issue of work-life balance in context of women workers in rural area which hitherto has been studied in urban settings while intersecting sustainable livelihood as a strategy

that focuses on rural women's lives and its structures that shape their well-being by increasing financial benefits in a particular location.

Keywords: Work-life balance, Livelihood, Sustainability, Micro-credit, Self Help Group

Introduction:

Since the last decades of 19th century, the women's movement has been advocating for women's equality, critiquing women's oppression and subordination as a result of biological determinism arguing further whether their subordinate position has been natural or socially constructed. It is frequently debated in feminist discourses that the link between women and the nature is due to 'objectification' of both as 'the other' in the patriarchal social order (Braidotti et.al.2004). The major challenges of 20th century is development and growth without equitable distribution of resources and prosperity alongside rising gender inequality and violence which are also influenced by social and cultural factors (Rustagi, 2000). It has been observed that women experience poverty risk, which is associated with their greater share of unpaid work, lower participation in the labor market and, when they are employed, larger concentration in low paid jobs. As a result, they has been informalization of women's work and consequently they have a diminished role in decision making.

The International Labour Organization (ILO, 2009) reports that "accumulated evidence suggests that increased earning power of women has a greater and more immediate effect on family welfare than increased earnings for men. Although indirectly, these benefits have a very significant impact on economic growth by enhancing human capital formation for the next generation." (Cited in Spevacek, 2011). Here the argument rests on the notion that at household level, women tend to reinvest their income in improved nutrition, health and education within the household, thus increasing living standards of family members in the long run. Globalization and liberalization are complex processes that they benefit some groups of men and women depending on their

location, the nature of work and their income group, while impacting adversely on others. (Masika and Joakes, 1996)

This paper looks at the issue of work-life balance in context of women workers in rural area which hitherto has been studied in urban settings while intersecting sustainable livelihood as a strategy that focuses on rural women's lives and its structures that shape their well-being by increasing financial benefits in a particular location.

Theoretical Assumptions:

The nature of work shapes one's personality and knowledge about the world (Applebaum, 1992). "Work can satisfy one's desire for meaning and fulfillment in life and provide a creative outlet, or be a source of tension and frustration. It may define one's individuality, shape one's life and offer an opportunity for interpersonal interactions but if it is highly segmented it can have a negative impact on individual's growth and opportunities" (Shifley, 2003). "Work can be a source of experienced meaningfulness, perceived competence, autonomy, goal progress, and social support, all of which can be conducive to well-being beyond the workplace" (Ryan and Deci, 2001).

In recent years, the issue of balancing between work and family life has been of particular interest in gender studies due to changes in work- culture and family responsibilities. The study of work-life balance (WLB) in diverse cultures masks an assumption that this is universal in nature. Formal paid work is intruding into the private spheres of people's lives across Western societies and increasingly also in non-Western societies in recent years. Thus, the blurring boundaries of paid work and people's lives has become a reality and is moving from the 'developed' world to the 'developing' world. (Lewis, 2003; Lewis et al., 2007; Taylor, 2002)

However, WLB does not dismantle the more fundamental conflicts that are being experienced in India, for example between new ways of working in the market based economy and conflicting norms of traditional culture. One the

one hand, there is a change in work culture and on the other hand, the cultural and societal expectations associated with gender roles become constraints in private spaces for women.

Working life of women has experienced rapid changes and more so in times of major technological and economic change, which has also made marks on the work-family interface. Studies (cited in Kinnunen, Geurts and Mauno, 2004) have indicated that employees report that they perceive that work interferes with their family life (work-to-family conflict), rather than the other way around (family-to-work conflict). Thus, work and family boundaries are disproportionately permeable.

Work-family conflict has been defined as a form of “inter-role conflict” in which the role pressures from both work and family domains are mutually demanding (Greenhaus and Beutell, 1985 in Kinnunen and Mauno, 2004 p.2). Mesmer Magnus and Viswesvaran (2005) noted that “workers face challenges of managing their work and family roles, and importantly, these challenges have become complex and multifaceted in nature”.

To address such inherent conflicts that persist between work and family, the Sustainable Livelihoods (SLs) framework could plausibly use as an analytical tool to explore the life of rural women workers and their inclusive approach to create a balance between work and family. The framework focuses on understanding the context that creates and perpetuates women’s vulnerability to poverty. Moreover, it explores the context at two levels that of the individual and her circumstances, and that of the broader institutions (like Panchayats, SHG and Micro Finance Institutions) and systems (like informal networks namely family and kinship ties) that affect the options that are open to marginalized women.

Concerns for sustainability of livelihood was for the first time expressed in “Agenda 21 of Plan of Action of the UN Conference on Environment and Development at Rio de Janeiro with a long term objective of enabling all people to achieve sustainable livelihoods. Fourth World Conference on

Women in 1995 at Beijing in its Platform for Action called for an enabling environment that allows women to build and maintain sustainable livelihoods”.

The concept of Sustainable Livelihoods (SL) that gained prominence in the 1990's, focused on community participation with an emphasizes on Amartya Sen's viewpoint that development should enhance people's capabilities and entitlements. Chambers and Convey (1992) “identified three key elements of SL approach: capability, equity and social sustainability. A livelihood is sustainable which can cope with and recover from stresses and shocks; maintain and enhance capabilities and assets; and provides sustainable livelihoods opportunities for the next generation”. Kolloju (2013) argues that in India ensuring sustainable livelihoods is a key strategy to improve socio-economic conditions of rural marginalized section of which women represent more than half the number. It is also ardently debated that it is important to bring about economic empowerment of women to improve their well-being and quality of life. Here, it is a supposition that sustained income can play a significant role from within and outside of the family that in turn bring positive social change.

In this respect, women's access to resources and credit is known to be a significant indicator for the transformation of their social position as a dependent member of the household. And credit is the key component for access to other resources. To quote Parthasarathy (2012 p.143) “viewed from the gender context of rural women, micro-finance and micro-credit as an element of economic action has enabled women to have increasing access to institutional credit”.

Rural women have practiced thrift as a means to meet economic urgency at the household. Women's thrift implies deferment or sacrifice of often basic needs such as food, their own health and nutritional needs in the interest of household needs. This meagre thrift and the other resources that they can gather are the means by which poor women manage to run their household in a gender unequal society. Women have gradually managed to come together supporting each other through inter-lending and collective saving has been one of the

many pathways to find alternatives for their advancement. Access to credit has been one of the pre-requisite of women's empowerment. In the absence of collateral that poor women own enabling them to acquire institutional credit worthiness, micro-finance evolved as an accessible and 'no fuss' mechanism to provide credit to women. (Parthasarathy, 2012).

Group savings and micro-lending based initiatives focused on women in the late 1980s and 90s as strategy to address multiple denials of poverty and gender based discrimination that women face in under developed and developing world. In this process, civil society organisations mobilize communities to address their socio-economic needs and support them to form a collective to access credit from formal institutions. Here, collective solidarity serves as their collateral to ensure their access to credit. The focus has been more on women's groups as they proved to be more reliable as borrowers with better payment rates. Thus, micro-credit became the a favoured strategy for making visible women's transformatory roles and a new generation of semi-literate women came up in leadership position in the groups (Parathasarthy 2012, pg.145).

Methodology:

This study was undertaken as part of self-initiated research to understand the situation of women workers in rural tribal belt of north Odisha. The paper uses primary data to prepare a reflective paper covering the issues related to work-life balance, role of SHGs in providing economic activities and micro-credit to women in remote tribal belt. It tries to make an argument that how sustainable livelihood as an approach and strategy can provide a regular income to rural women workers thereby improving their quality of life and resultant enhanced well-being.

The study has its limitation of not covering a large data- set, hence the interpretation and implications are context specific. The research particularly focusses on a situation where women working in Government Departments get rural posting for a period ranging up to 5 years and the other group of women are indigenous inhabitants of the Thakurmunda Block in the Majurbhanj

district of Odisha. The author studied the field situation by going through project reports of interventions made by the host NGO (Rural Research Development Organization) from October to December, before the field trip was undertaken to collect the data in person.

The study is qualitative in nature and the field data has been collected with the help of in-depth interviews with the research participants. Total sample size was 29. Along with in-dept interviews, group meetings were held with SHG members (02), ASHA workers and ANMs (01) and Key Informants (02). Purposive sampling method was employed to select the sample at the household level. Key informants facilitated in creating rapport with the respondents. Women were contacted at their work place or at their home and asked questions on interrelated themes covering work-life balance issues and their coping strategies, role of family and the community. After each interview, the responses were coded and data was analysed using content analysis. Group meetings were conducted with a help of interview guide where again interrelated questions were posed in front of participants. With SHG members (with 12 members in one and 10 in another meeting) the focus of the meeting was to understand the nature of paid work these poor women engage in, role of SHG and micro-credit in building collective entity and providing them livelihood opportunities, use of technology to ease out drudgery in their daily life and the problems faced in absence of sustainable livelihood options. Focus of the meeting with ANMs and ASHA workers (7 members) was to understand the experiential nuances of working in erratic, scattered field jobs, without any infrastructural support and incentive-based remuneration for ASHA workers.

The key informants were the administrative head and his supervisory staff of Government hospital at Thakurmunda and informal community leaders who have been living in the field area for many years and provided observational data to understand the field situation. The same process of recording and content analysis was also followed after each group meeting.

Analysis and Discussion:

Analysis of field data and there upon the discussion is based on the following thematic indicators of work-life balance that affect participants of the present study: (1) location and work intensity (2) conflicting interface between work-family (3) importance of work: self and family (4) perceived challenges (5) enabling factors.

Second part of this section discusses how SLs as an approach and a strategy can mitigate poverty and provide opportunities of sustainable economic activity thereby, improving quality of life and well-being of women workers in rural areas.

Location and Work intensity has been found to be affecting most of the participants of the study. Work intensity becomes interfering in family life when participants have to work till late to finish the task, work extra time in the field to achieve the targets set for them, prepare reports to be send at a short notice, or work demands them to reach the work- site at odd hours of the day as in case of Revenue Inspectors who have to reach the site of fire accident or loss of property as a result of natural disaster or ASHA workers attending to pregnant women at the time of child birth. In most cases with Revenue Inspectors, the woman has to handle the situation single handedly as no support staff is provided to address the public, take information and inform the claimant about procedure of applying for claim/compensation. Community in rural areas is close-knit, cohesive and kinship ties are strong, who make a joint representation on behalf of the victim, creating a situation difficult to be tackled by a single person on duty.

Most of the tribal women in villages make leaf-plates from leaves of Sal tree that is found abundantly in the surrounding forest. This is a traditional livelihood that women engaged in and learn as a community skill from older women. Leaf-plates are sold to traders at the rate of 1000 plates for INR100, thus providing a little income for otherwise ‘unskilled’ women. The activity is very laborious, tedious and time consuming. Women engage in it as soon as

they complete their house work, thus making it intrusive in their family life. Also, leaf-making is not remunerative enough to enable women to make a living out of it. Women workers in Thakurmunda experience a higher incidence of work intensity and hence lower quality of life, an assertion also made by Floro and Pichetpongsa (2010, pg.5).

Work is seasonal with some respondents as in case of casual labour in agriculture or at construction sites. In other cases like tailoring and beauty business, these have seasonal intensity with heavy work demand in wedding period and post-harvest season when people have more disposable income and lean period during the rains which lasts from June to September. Economic pattern outside of home for tribal women is also seasonal as agriculture labour is more in demand during sowing and harvest season. Employment under Government's Employment Guarantee Programme is also available for 100 to 150 days of the year. For the rest of the period, economic activities with tribal women is leaf-plate making and petty vending in village weekly market. To add up to their income women engage in poultry, duckry and goatry, which is like currency (by selling these) in times of crisis.

Another important factor affecting respondents' work-life balance is **conflicting interface between work and family**. At the individual level, gender, family composition along with workplace resources and demands are important factors of work - family interference. Duxbury and Higgins (1991) "have found that family- work conflict is a source of stress that can affect an individual's work productivity, emotional and physical wellbeing, as well as parenting performance". This finding is documented for the present study also and presented in the following discussion.

Work-family conflict is especially high among those women who are staying alone, away from their family because of remote area posting. For these women there is an 'imbalance' with respect to work and family life as their family cannot live with them as the location of their posting lack good educational facilities for children and support of their extended family. In such a situation, some of the respondents have also resorted to leave their

children with their parents or send them to a boarding school. All the participants who are staying away from their family accept 'missing out on their family life'. The work of ASHA workers is also very erratic in nature. Attending to pregnant women (called 'cases' in local parlance) at the time of child birth requires them to stay with the patient in the hospital for three days. Remote location of these villages and lack of transport facility make the task all the more difficult for these workers.

Among the ASHA workers, work to family conflict is totally of a different nature which is peculiar to this section of women workers. There is no fixed time for 'emergency' (local parlance use for need for the patient to be hospitalized for child birth) to arise, these women have to be ready to leave the family aside to be on 'duty' (local expression) at any time of the day. In their absence, the household responsibilities are taken up either by other members of the household or the extended family /community provide help.

Thus, work intensity faced by rural women is of different nature than faced by women workers working in urban and/or organised sector. Urban women workers work in gendered work environment facing challenges of Acker's 'ideal worker' but in case of women workers in rural areas work intensity increases because of location and dysfunctional family life. All the respondents of the study except for two, reported to be facing work intensity (1) 'occasionally' to 'quite often' when referring to frequency, (2) to a 'great' and 'some extent' when asked about the magnitude of work pressure faced by them.

Also, staying away from the family for work by married women is not a common feature for Indian women workers in urban areas as work opportunities for both men and women in urban centers give a choice to manage both work and family in the same city, albeit compromises. If work locations of husband-wife need to be different, the family remains with the woman while men move to their location of work. Here, the woman goes out of the family for work, reversing the trend that is managing the family and

child-care is carried out by other members who stay in the household or to the husband in a nuclear family.

Also, most women in organized sector posted in rural areas keep moving from one place to another, posing a challenge to set up a new household every 3-5 years. In such instances moving alone by the woman to a new posting becomes more viable for the family.

Family –work conflict was also found with women who have alcoholic husband, predominantly amongst tribal women. Women in this community, traditionally, brew ‘rice-beer’ at home. As a cultural practice both men and women consume it. But, it is men who get drunk for days and consequently not go for work, forcing women to take up ‘distress employment’ as casual agriculture labour or as a construction labour along with the household labour and unpaid subsistence activities that they already undertake.

Let us now look at the **perceived challenges** faced by the respondents which include health problems with the respondents, compromise on child and elderly care, pressure of housework and informalisation of labour in organized sector.

Studies have confirmed that job stress results in harmful physical and emotional responses of people under stress when the responsibility of work are exerting on the capabilities, resources or the needs of the worker.

Various **health related problems** are also found in the field data as a result of work-life imbalance. Aches and pains are the most common health problems found with the respondents. Tribal women complaint of posture related problems manifested as backache, body ache also as a result of hard physical labour. For women in other jobs, stress to complete time bound task and meeting the targets are the common problems found in the field data. Health problems became so acute in a particular instance that the woman had to undergo surgery. Looking at the health condition of this respondent, one of her assistant retorted that she won’t get into this business (tailoring) and would like

to change her vocation . Hypertension has also been found to be a health issue with respondents in mid-40's and 50's. ASHA workers reported to be always under stress of work. They said work (referred to as duty in local parlance) remain in their consciousness even when they are at home, attending to their household responsibilities.

Care of children and elderly people (parents/ in-laws) have been cited as another factor impacting work-life balance. Most of the married respondents staying alone have one child, whereas having two children is the general norm of Indian middle-class society. In one case where the respondent has two children the elder daughter has been sent to live with respondent's parents as her in-laws (with whom she stays) find it difficult to care for two children when she is away for work. In such cases, women report that child-care is compromised as work is important for both self and the family . In some cases, care of the elderly parents is also reported to be affected and in a few others, women say that they would have taken better care of their in-laws had they been home bound.

When respondents are staying with their families, **burden of house work** also make it difficult for them to manage both paid work/employment and housework. Although women report of getting help from other members of the household but in Indian families, the primary responsibility of housework lies with the daughter-in-law in a joint family or the woman of the house in case of nuclear family. For women staying alone, there is flexibility in undertaking housework and therefore, they report of no interference of housework in their work domain.

Importance of work: Self and family-Income is not only desired to meet basic ends but also directly or indirectly affect the notion of well-being. Thus, “a person's earned income is considered a crucial determinant of household bargaining power and psychological well-being affecting respect and self-esteem” (Floro and Pichetpongsa, 2010 p.8). Greenhaus and Parasuraman (1999) “indicate that while work and family can be in conflict, having negative

effects on each other, they can also be integrated, having reciprocal positive effects”.

These assertions are found to be corroborated by the field too. Although the income may not be sufficient, in a few cases, to run the household but never the less, it is found to a significant addition to financial resources for the family.

Majority of the respondents say that they started working/ are in paid work because of the need to add to the family income. Husband of married respondents are either in petty business with income uncertainty or the respondents have a large family (mostly from husband's side) where expenditure needs to be incurred either on education or marriage of members of the joint family.

When participants were asked about the importance of work for them, all of them irrespective of the nature of paid work they are engaged in and difficulties they encounter therein, said that their 'working status' has been socially and financially empowering for the women, important to use their time and education, provides an avenue for sharing their joys/sorrows with friends and colleagues, providing professional satisfaction, connects them to the community and it is a noble cause. In one case, a semi-literate but very vocal and articulate business woman said, 'it is matter of my right'.

Topping the list of reasons of importance of work for the participants is 'additional income and financial support' to the immediate and extended family for taking care of education and marriage of their children, brother/sister-in-law or their siblings. Respondents also associate their working status with use of their education that they have acquired after putting in so much resources (hard work, time and finances). Respondents in their late middle ages with grown up children say that now as the family doesn't need much time from them, they will get bored at home and they cannot think of life without 'work'. In one case the respondent (a tribal) told that she is the first girl (young woman) of the village to acquire technical education (diploma in

civil engineering) and is the pride of her village. In another case, the woman (agriculture/casual labour and making leaf plates) simply said her work is important for survival of her family. In yet another case, the woman told that both families –parents and in-laws, come from ‘below poverty line economic status’, thus her income is important in running both the household.

Above discussion shows that economic activity by women in rural/tribal communities has become integral to the lives of women which contest traditional socio-cultural norm that a woman’s work domain (means unpaid household labour and her invisible labour) must remain confined to ‘four walls of the house’.

The study has highlighted a few **enabling factors** too. Let us now discuss **effect of technology** on work-life balance of women working in rural and remote tribal areas. Thakurmunda Block head quarter has all the urban facilities available, both public infrastructure and at the individual household level but villages in remote and interior areas lack both. Participants living in Thakurmunda and those who come here to work from adjacent towns have the comfort of all household appliances, telephone both fixed (land line) and mobile, conveyance and computer etc. The only problem found in this region is frequent power outage that may last for a few minutes to several hours which the respondents cited as an impediment in their work too.

Most of the tribal women in villages have hardly any techno-support except for solar energy gadgets that have been provided by TERI, a non - government organization working on renewable energy and environment. Field data shows that even this small techno-intervention has made it easy for women. Most of them have bought the smokeless stove named ‘*Annapurna*’ (source of abundant food) from their own savings or from credit obtained from their SHG, use community solar cell phone charging stations and also use solar lanterns. Street lights powered by solar battery was also seen in villages.

Thus, technology has certainly provided ease in carrying out activities of daily life of the participants irrespective of their work engagement. Availability of

solar energy appliances has been helpful especially in case of Annapurna stove which is smokeless, more efficient, easy to operate, not affected by weather conditions and can be lighted at any time, all of which was difficult with traditional hearth. Availability of cell phone has also made communication easy. ASHA workers and ANMs find it easy to communicate with community people especially in case of emergency. Respondents using scotty (a light women friendly petrol driven two wheeler automobile) make workplace accessible for them as it cuts on time to commute and provide independent mobility. Research participants reported that, especially ASHA workers, who are poorly paid, husband carry the worker on his bicycle as the places are far flung and walking is very tedious and time consuming.

For middle and higher income women workers in the field area, techno-enabled facilities and environment is same as that of urban areas but situation is very different with women from low income group, poor households and tribal women in countryside. The field data suggests that providing techno-support to marginalized women workers who face drudgery both in performing paid and unpaid work is crucial in maintaining work-life balance.

Let us look at the role of SHGs and micro credit in providing avenues for income generation for women both at Thakurmunda block head quarter and in the interiors. “SHG is a small economically homogeneous group of rural poor women who are voluntarily ready to contribute to a common fund to be lent to its members as per group decision. It works for group solidarity, self-help, awareness, social and economic empowerment in the way of democratic functioning” (Suguna 2006, p. 15).

The micro-credit model gained ground and established its viability as a result of government promoted programmes and mentoring by their support organizations. Access to savings was a key component of the model for women based on inter-landing occurred within and across the groups. The returns from these accrued to the women and women have the surety that they have access to their resources for a crisis within their means. The control of women over their resources and minimal interest rates along with facilitation for

development of capacities enabled women to deal with finances and the market to secure their interests.

“Since the mid-1980s, micro-finance has become a favoured intervention for poverty alleviation in developing and underdeveloped countries. It has also become a novel way of extending credit to the rural poor and improving their income levels” (Leach and Sitaram, 2002; Vatta, 2003 cited in Kolloju, 2013 p. 54).

Findings and Conclusion:

Indian society is in a state of flux, being at the cross roads of effects of development and cultural moorings. New economic challenges are changing the ways the livelihoods are changing and thus raise numerous culturally debatable questions based on gender. Threats to cultural traditions, some of which may be vital to sustain working families also encourage new ways of thinking about sustainability.

Another important development in India in last one decade is that of expanded transport and communication networks especially metal roads and cell phones, illustrating how infrastructure can transform rural lives. Greater exposure raises rural aspirations for a better quality of life. Also, rural and tribal women are increasingly looking at education as a means of social mobility and as a way out of rural living and as a means to improving their livelihoods and opportunities for work.

In India many people in rural areas have turned to livestock, especially dairy and poultry as additional source of household income. “Numerous studies in developing countries have shown that livestock serves an important road out of poverty for smaller farmers” (IRDR 2013, p.5). Also, rural livelihoods are not only agrarian any more. “The number of households that depend on rural non-farm employment as their primary source of income has increased from 32 per cent in 1993-94 to over 42 per cent in 2009-10” (NSSO, 2011) as a result of shrinking farm sizes, increasing cultivation costs and declining

returns. This is found in the present study too where women, especially tribal who work as agriculture labour, construction labour (under Mahatma Gandhi National Rural Employment Guarantee Programme), make leaf-plates and engage in poultry, duckry and goatry and vending in local market . Thus, overlapping livelihoods have become a marked feature of rural life as women combine different occupations to survive or improve their living. Also, the field data support IRDR finding that Rural Non - Farm Activities are preferred because casual labour and petty trading provide better income than wage as agriculture labour.

Masika and Joakes (1996) remarked that although employment is losing currency as a political objective and being subsumed within broader development goals, in India extensive employment guarantee schemes are generally found to be successful as an income support measure for the poor. The field data too support this finding that poor tribal women participate in good measure in MNREGA and feel contented with resultant income but complaint of late payments and corruption by the middle-men.

On the other hand, poor women of the field area are so marginalized and their options restricted in terms of livelihood opportunities mainly because of lesser access to education and consequently, employment. For many of the poor, “livelihood seems to be a fit better than employment as a concept to capture how poor people live, their realistic priorities and what can help them”. (Chambers 1995 cited in Masika and Joakes, 1996, p.7)

Thus, there can be no single way of securing livelihoods and income-generation in remote tribal areas. It has to be diverse set of Agri-based activities based on farming, community based natural resource management, poultry/ goatry, non- farming based activities, traditional livelihood practices coupled with robust framework informed choice and local benefit sharing.

Some observers believe that there has been some progress on the advancement of the status of rural women. NGOs and community-based organizations have given rural women a voice (FAO, 1995 cited in Masika and Joakes, 1996 p.17).

But, on the other hand as Masika and Joakes, (1996) further state that it is doubtful that intervention by state and non-state actors has done enough to reverse the processes leading to the feminization of agriculture and women's decreasing ability to ensure sustainable livelihoods. Both these contentions are validated by the present study in Odisha.

Most livelihoods for poor are based on multiple activities, sources of food, income and security. Masika and Joakes, (1996 p.6) state that , the vast majority of poor have individual, household and community survival strategies that may include but go beyond this to arrange for other economic activities that include informal sector work , use of community property resources, shared-rearing of livestock and reliance on social networking for mutual support as well and number of other mechanisms for coping in times of crisis, an assertion well supported by empirical data of the present study.

The study further concludes that interventions should take into consideration factors such as community participation through informed choice, addressing market barriers, ensuring strong institutions build on local skills and resources along with supporting tribal women's vision/understanding of development to ensure achievable SLs outcomes.

Another key finding is that, livelihood initiatives leave women struggling to make a reasonable income due to limited means and lack of sustainable economic activities. Thus, beside home based economic activities, it is important to create mixed livelihoods opportunities that involve subsistence and cash earning activities for women.

It is argued that attempts to provide training and skills for non - traditional vocations to poor rural women weakens traditional livelihoods . Also, lack of formal education, burden of household maintenance and societal constraints, render ventures of poor women increasingly risky and non-viable in the absence of state support for distribution and marketing. (Parthasarthy, 2012). In the light of this assertion, in the field situation for the present study, it becomes imperative that there should be handholding of these tribal women

by state and non-state support organisations to strengthen their traditional livelihood practices and in addition provide them with other viable options of income generation that are in sync with their lives and resources with robust linkages with marketing networks.

In the light of the above argument, it is important to develop an 'empowering micro-finance model' that promotes decision making, safeguards poor women's savings and also making it possible for them to access financial institutions like banks in full measure. This will counteract feminists' argument of burdening impact of micro-finance on poor women workers.

Field data also suggest that SL interventions deal with access to resources but not resource control that has patriarchal character of local communities resulting in women's experience of oppressive power related to their sexual and economic subordination. It is further argued that unless this is challenged no strategy or approach will be able to effectively address issues of both work-life balance and SLs.

Data from the field validates Lalitha's (2003, pg.230) argument that "if development is meant to widen the opportunities for all sections, then the continuous exclusion of women from opportunities totally distorts the process of development. Further, she argues proper execution of policies and programmes not only increases women's access to productive resources, but also facilitates the creation of alliances (women's groups) to diminish women's subordination. Besides, the capacity to earn a livelihood on their own and the resultant self-confidence is necessarily the first step in improving their socioeconomic conditions". Corroborating the above, Harper (2003) "argues that women's access to market and their decision-making power within households not only reduces their poverty levels but also increases productivity at the individual and household level". Again, the findings of the present study endorse Harpers argument as those women who had both the conditions fulfilled were found to be living a better quality of life than those who had limited access to market and lesser role in household decision making.

Thus, ‘socially sustainable work model’ show headway in engaging in a policy formulation that is not a ‘short sighted, short term solution’ rather thinking about long term considerations of broader societal and economic issues including personal, family and community well-being.

Findings from the present study can be conceptualized as under:

Based on the findings of the present study, recommended strategy for providing SLs in remote tribal areas can be to:

- Protect and strengthen SLs resources and practices with the help of community participation and build a diverse livelihoods and income base.
- Address community women’s priorities and needs; and accordingly provide training for capacity building.
- Build leadership and collective business skills through SHGs along with providing sustainable and long term financial, technical and marketing support.
- Action research to assess the impact of intervention in the area.

To conclude, it can be inferred that there can be no single option to reduce poverty and provide economic alternatives in the area under study. It is possible to provide sustainable income to marginalized women workers in the hinterland by creating package of different sustainable income generating activities within the community according to local priorities and available resources. This will offset work-life imbalance faced by women workers of the field area, thereby increasing their well-being and that of the community as a whole.

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Violence Against Women and Children in Disruptive Environment with Special Reference to COVID-19: Some Insights for Social Work Professionals

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Abstract

Background: *The present study attempted to assess the nature of violence against women and children during COVID-19 and identify the antecedent variables impacting such brutal human behavior.*

Method: *An interpretive worldview was adopted for the study with a qualitative exploratory method. The data for the study was extracted from newspaper reports about violence against women and children during the COVID-19 pandemic. Twenty (20) relevant cases were selected for the study. The study used QDA Miner for the content analysis of the cases. The proposed theoretical model posits that a set of proximal and distal variables are*

responsible for a surge in violence against women and children under the influence of external stressors, such as COVID-19-inflicted disruptions.

Results: *Stress and anxiety, depression, decreasing self-respect, frustration, and hopelessness were identified as proximal variables, while the distal variables consolidated on increased workload, addiction, economic burden, attachment styles, relationship activities, and psychopathic. The impact of the proximal and distal variables on the consequences (violence against women and children) were found to increase under the influence of external stressor (COVID-19).*

Conclusion: *Women and children are vulnerable to disruptive changes. The pandemic, inflicted by COVID-19, has reinforced the notion. There is a risk that the departure of women from the workforce could become permanent, reversing gender equality gains and GDP gains. So, the role of social work intervention relating to this problem is significant at the grassroots.*

Key Words: Children, COVID-19, Domestic Violence, Lockdown, Women

Introduction:

In India, there have been 44,572,243 confirmed cases of COVID-19, with 528,530 deaths. There have been 612,236,677 confirmed cases globally, including 6,514,397 deaths (WHO, 2022). COVID-19 can infect people of all genders and ages. However, women, girls, and children may be more at risk because they are in a historically vulnerable situation. Domestic violence is a public health and human rights issue that primarily affects women and children worldwide. The Protection of Women from Domestic Violence Act 2005 defines domestic violence as sexual, verbal, emotional, and financial harassment of a woman by her partner or family member in the same family. It includes an unauthorized request for a dowry. Pattojoshi et al., 2020 found that 18.1 percent of 560 women had experienced domestic abuse, with verbal and emotional violence as the most common, followed by physical and sexual assault.

In 2021, 'crimes against women' complaints increased by 30% compared to 2020. 11,013 complaints were related to the right to live with dignity, which includes emotional abuse of women, followed by 6,633 complaints related to domestic violence and 4,589 complaints related to dowry harassment (Athar, 2022). As the COVID-19 blockade has trapped women at home with perpetrators, levels of domestic violence are rising worldwide. In India, domestic violence, child marriage, trafficking, and cyber violence against women and girls dramatically increase in the first months of COVID-19 (UN Women, 2021). According to data from the National Women's Commission, India experienced a 2.5-fold increase in domestic violence between February and May 2020 (National Human Rights Commission, 2020). Since the lockdown, several countries have reported a significant increase in domestic violence cases (Ertan et al., 2020). Sharma and Borah (2020) considered Covid-19 an indirect cause of violence. Australia, dedicated to supporting victims of domestic abuse, reported an increase in the frequency and severity of violence against women (Fitz-Gibbon et al., 2020). The number of new violent incidents has also increased. Mahase (2020) estimated a 60% increase in emergency calls related to domestic abuse against women by intimate relationships in European countries. Agüero (2020) found a 48 percent rise in helpline calls related to violence against women in Peru. Social networks were used to propagate domestic violence news against women during the pandemic. Xue et al., 2020 observed that tweets on domestic violence escalated during COVID-19. Few research initiatives were focused on finding empirical causality towards the increase in domestic violence during COVID-19. During the lockdown, violence against Tunisian women rose, linked to sadness, anxiety, and tension (Sediri et al., 2020). During COVID-19, these preliminary investigations provided the groundwork for a more comprehensive knowledge of domestic violence.

Extant literature confirmed studies on the various nature and intensity of violence against women and children.

Isolation and Violence:

Research suggests that social isolation could be one of the most prominent tactics used by abusers to isolate victims from their support networks (Coohey, 2007; Menjvar & Salcido, 2002). They also noted that lockdowns made women particularly vulnerable by isolating them from close friends' families who might otherwise intervene or provide support. Mahapatra et al. (2021) found that domestic-abuse survivors had limited access to services during the lockdown period in India, and it also restricted women from using social networks, which would have helped them cope with the violence.

Stay-at-home and Domestic violence:

In sociological and gender literature, a direct relationship was established between the occurrence of violence without reason and families' staying together for extended periods. This emotional disorientation of human cognition can be attributed to a critical aberration in human psychology (Booth, 2017; Nofziger & Kurtz, 2005). During the pandemic, Piquero et al. (2020) investigated the link between stay-at-home orders and domestic violence, finding an increase in domestic violence in the first two weeks after the lockdown was enforced, followed by a drop afterward. A contextual factor, the COVID-19 pandemic, has played a vital role in increasing the stress and tension of marital relationships and domestic violence in the family. The burden of work for household chores, children, other families, and working women puts women at greater risk (George & Wesley, 2021). Some cases as narratives given below:

"I would prefer to die of Corona." A lady from a rural area of Karnataka said it. Her husband tortured her. Her lockdown brings difficulties to her life; her husband's urges have increased. Suppose she refuses to do anything or dares to answer back to her husband. Then, her husband beat her brutally in anger (Nair & Banerjee, 2021).

Basu (2020) reported that Mithu, a 43-year-old woman from Kolkata, lost her job and didn't feel safe with her husband. For her, the COVID-19 lockdown means being locked in a two-bedroom flat in Kolkata with her husband and mother-in-law. Her husband is short-tempered and foul-mouthed. Before the lockdown, she stayed in a working women's hostel, but now every day has become a nightmare.

Unemployment and Violence:

Although men's employment decline is significant, they are generally more likely to be hired after the blockade. We found that women hired in the pre-COVID stage were 23.5% less likely to be hired in the post-COVID stage than men. The women's unemployment rate increased 17% between 2019 and 2020, compared to 6% for men (Neetha, 2021). A recent report from the Center for Sustainable Employment of Azim Premji University in India showed that during the first block in 2020, only 7% of men lost their jobs, compared to 47% of women who lost their jobs. Krishnakumar and Verma, 2021 identified the close of liquor shops and job loss as the main drivers of domestic violence. Extant literature also revealed that financial distress could evoke violence even if a family did not have a history of such violence. This may be ascribed to the uncertainty and lack of social support structure. A shift in responsibilities may also drive domestic violence. When family members contact more frequently and are subject to social constraints like mobility, they may develop behaviors incompatible with harmonious relationships.

Gatty & Rathee (2020) reported that Parimala had no job and no money to support her family; she had a small emergency fund of Rs. 2000 at home, which was also forcibly taken away by her alcoholic husband. In recent days, Parimala's alcoholic husband has been using foul language and hitting her.

Lockdown and Child Abuse:

During this COVID-19 pandemic, the protection of children and the dignity of all girls and women are seriously threatened. The current pandemic has

disrupted efforts by various global organizations to reduce child marriage and has stopped the coveted intervention to end child marriage practices. Sixty-five percent of parents don't want to send their girl child back to school; during the pandemic, more girls than boys were left out of school (Women and COVID-19 in India, 2021). The parents want to marry their daughter to reduce an economic crisis and save on the cost of marriage. The marriage of an additional 13 million children is expected to occur between 2020 and 2030. The Ministry of Women and Child Development of Maharashtra reported that by September 2020, children's marriages had increased by about 78% year-on-year (Paul & Mondal, 2021). On July 14, 2020, a 14-year-old COVID-19-positive girl was raped in the toilet of India's largest quarantine center in Delhi (Rabby et al., 2021).

The Wire (2021) reported that Salima Parveen and Asma Khatun are teenage girls married with young male migrant workers who returned home to Bihar. Both are now just 17 years old and pregnant. When the marriage happened, schools were closed due to a lockdown being declared.

Natural disasters and violence:

A stream of research also examined the impact of natural disasters as a crisis on domestic violence and found an increase in female and children abuse during such a disaster (Gearhart et al., 2018; Parkinson, 2019; Rahman, 2013).

Work-from-Home Policies and Masculinity in a Pandemic World:

COVID-19 highlighted girls' and women's unpaid and unseen care and domestic obligations in Indian households. Due to gender inequality, the pandemic's health, economic, and security implications are worse for girls and women worldwide. The pandemic harmed females more because they do more unpaid work at home. This is truer now that kids attend online education and adults work from home. Homes aren't gender-neutral, so a child's upbringing affects how they view gender roles early on. Parental gender indoctrination, supported by fathers' and mothers' self-work, leads to different expectations

for boys and girls. Because women often handle childcare and housework, children learn similar views. Since the pandemic has killed lives worldwide, parents may want to consider their and their children's futures. Indian families may improve by splitting work equally among their children (Eslen-Ziya et al., 2021).

A software engineer feels exhausted throughout the day. Working from home makes her life more fatigued. Besides office work, she has to play multiple roles in the house (Nair & Banerjee, 2021).

Socio-ecological discourse could explain how the COVID-19 pandemic disrupted social ecologies and distorted the interaction between individuals and their immediate environment (Pereda & Díaz-Faes, 2020). The modifications in these reciprocal relationships might churn new insights into individuals' cognitions, emotions, behaviors, and the associated mechanisms. The COVID-19 pandemic produced risk factors for child abuse and mistreatment. These risks could be fathomed through the ecological integration model (Belsky, 1980). One could also consider the transactional process within this model, which entails the complex interaction between potentiating and compensatory factors influencing children and their ecological systems (Pereda & Díaz-Faes, 2020). Contextual approaches also became evident as studies examined proximal antecedents, namely prior addiction (drugs or alcoholism), physical aggression, relationship factors, stress, etc. (Frye & Karney, 2006; O'Leary & Slep, 2006), to be associated with domestic violence. Distal or static variables, namely, attachment experiences, relationship history, personality traits, demographic factors, etc., were also postulated to impact abusive behaviors (DeMaris et al., 2003). Contemporary theories of domestic violence, namely, attachment theory, the cycle of violence, exchange theory, social learning theory, identity theory, etc., fall short of explaining the exact reason for the surge in domestic violence on women and children under severe disruptive conditions as witnessed during the COVID 19 pandemic. Disruptive conditions, which bring families close together, were apprehended to evoke better social symbiosis. However, the undercurrent of uncertainty and anxiety related to access to resources and a

claustrophobic environment had the seeds of violence embedded in them. For a habitual abuser, this situation is only a catalyst to indulge in violence. However, for the socially groomed male who does not have a prior history of violent behavior, the reasons could be much more complex, ranging from dynamic misalignment to physical immobility. The proximal and distal factors as antecedents to violent behavior might be intervened upon by contextual factors (e.g., disruptive conditions) to escalate domestic violence. The study could help understand the exact dynamics of an abusive evocation-predisposition behavioral pattern.

Objectives:

- To identify the proximal and distal variables impacting domestic violence under disruptive conditions, namely COVID-19 pandemic
- To assess the nature of domestic violence (on women and children) in the context of COVID-19
- To propose a contextual framework of domestic violence under disruptive conditions

Methodology:

An interpretive worldview was adopted for the study with a qualitative exploratory method. The study is based on secondary data, with various newspaper reports forming the unit of analysis. The newspapers of Indian origin and some newspapers based outside India that report on India were chosen randomly for the study. Some keywords were used to find cases, such as Domestic Violence and Lockdown, Child Abuse in Lockdown, and the Impact of Lockdown on Women and Children. The researchers analyzed the type and nature of problems using case studies and the scientific use of QDA Miner for content analysis.

E-newspapers were purposively chosen as the major data source for the study. We scanned the e-newspapers for specific case reports of violence against women and children during the COVID-19 pandemic in the Indian context. The case reports were mined from e-versions of The BBC News, Hindustan Times, News18, The Economic Times, The Hindu, The Wire, Times Now, and Times of India. The cross-sectional data spanned from August 27, 2021, to December 31, 2021. The cases were not limited to any age group.

Proposed theoretical model:

We posit that a set of proximal and distal variables play the antecedent role in impacting the consequence (in this case, violence against women and children), and this impact tends to intensify in the presence of an external stressor (in this case, COVID-19 pandemic).

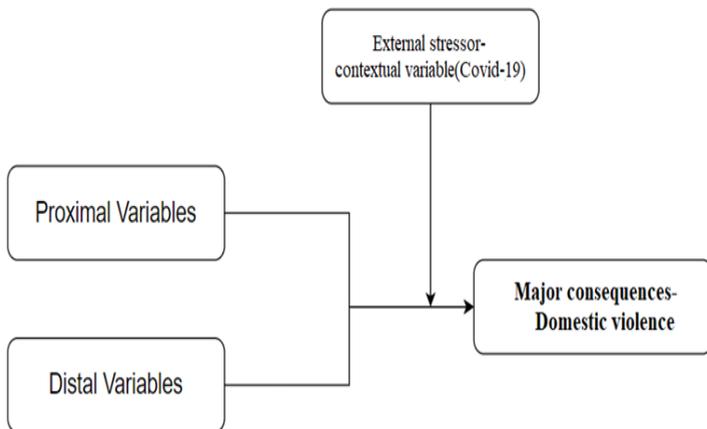


Fig.1: The proposed theoretical model

Data Analysis and Findings:

In our analysis, antecedents are stimuli or events that precede the target behavior and impact the likelihood that the target behavior will occur. We also segregated distal/static and proximal antecedents for the current content analysis. Distal variables include background factors considered more temporally remote and do not necessarily have a direct effect on the target behavior but may be indirectly associated with the target behavior through their association with other variables that are more directly related to the target behavior (DeMaris et al., 2003). The distal antecedents might include addiction, attachment styles, relationship activities, and psychopathic tendencies.

Alternatively, static antecedents may exist within temporal proximity to the target behavior but remain relatively stable over time and can be present under circumstances when the target behavior is either absent or present. Thus, similar to distal variables, static antecedents may be less apt to directly associate with the target behavior but may be related to the target behavior through relationships with other contextual variables. Static antecedents included economic burden, personality traits, demographic features, increased work pressure, etc. Proximal antecedents include variables that are temporally proximate to the target behavior, context-dependent, and generally more variable across time. Proximal antecedents have a greater direct impact on the target behavior than more distal and static antecedents. Proximal antecedents included stress and anxiety, depression, decreasing self-respect, frustration, and hopelessness. We also identified three external stressors: work from home, job loss, and staying closed, and five consequences: domestic violence, rape, child abuse, death/ murder/ suicide, and early marriage and pregnancy.

Table 1
Analysis of coding frequency distribution

Category	Code	Antecedent Variables	Codes	% Codes	Cases	% Cases
Lockdown	Work from Home	External Stressors	3	3.00 %	2	10.00 %
Lockdown	Job Loss	External Stressors	9	9.10 %	9	45.00 %
Lockdown	Staying Closed	External Stressors	8	8.10 %	8	40.00 %
Immediate Effect	Stress and Anxiety	Proximal Variable	5	5.10 %	5	25.00 %
Immediate Effect	Depression	Proximal Variable	5	5.10 %	5	25.00 %
Immediate Effect	Increased Work Load	Distal/Static Variable	1	1.00 %	1	5.00 %
Immediate Effect	Addiction	Distal/Static Variable	8	8.10 %	7	35.00 %
Immediate Effect	Economic Burden or Distress	Distal/Static Variable	6	6.10 %	5	25.00 %
Impact	Domestic Violence	Consequences	18	18.20 %	15	75.00 %
Impact	Rape	Consequences	4	4.00 %	4	20.00 %
Impact	Child Abuse	Consequences	8	8.10 %	8	40.00 %
Impact	Death or Murder or Suicide	Consequences	1	1.00 %	1	5.00 %

Impact	Early Marriage and Pregnancy	Consequences	3	3.00 %	2	10.00 %
Social orientation	Attachment style	Distal/Static Variable	1	1.00 %	1	5.00 %
Social orientation	Relationship activities	Distal/Static Variable	1	1.00 %	1	5.00 %
Social orientation	Psychopathy	Distal/Static Variable	1	1.00 %	1	5.00 %
Interpersonal Conflict	Decreased Self-confidence	Proximal Variable	1	1.00 %	1	5.00 %
Interpersonal Conflict	Losing Self-respect	Proximal Variable	2	2.00 %	2	10.00 %
Interpersonal Conflict	Frustration	Proximal Variable	6	6.10 %	4	20.00 %
Interpersonal Conflict	Hopelessness	Proximal Variable	8	8.10 %	7	35.00 %

The Code Co-occurrence tool was used to assess the proximity or co-occurrence of codes within documents, enabling us to explore potential relationships among them and similarities among cases. The code co-occurrence is displayed in Table 2. We found that "domestic violence," a consequence of the COVID-19 environment, had a significant co-occurrence with "addiction" (distal/static variable) and "job loss" (external stressor). Domestic violence also exhibited significant co-occurrence with

"hopelessness" (a proximal variable) and "staying closed" (external stressors). We found consequences, namely, domestic violence and child abuse, co-occurring, which indicates a significant proportion of domestic violence comprises child abuse during the COVID-19 pandemic. Addiction (distal/static variable) was found to moderately co-occur with "child abuse" (consequence) and with "addiction" (proximal variable).

Table 2: Code Co-occurrences

Variable	1. Addiction	2. Attachment style	3. Child abuse	4. Death or Murder or	5. Decreased Self-	6. Depression	7. Domestic Violence	8. Early marriage and	9. Economic Burden or	10. Frustration	11. Hopelessness	12. Increased Work Load	13. Job Loss	14. Losing Self-respect	15. Psychopathy	16. Rape	17. Relationship	18. Staying Closed	19. Stress and Anxiety	20. Work from Home
1	7																			
2	0	1																		
3	4	0	8																	
4	1	0	1	1																
5	0	0	0	0	1															
6	1	1	1	0	1	5														
7	7	0	5	1	0	3	15													
8	0	0	2	0	0	0	0	2												
9	2	0	3	0	1	2	4	0	5											
10	1	1	2	0	1	3	2	0	3	4										
11	4	1	2	0	0	2	6	0	1	1	7									
12	0	1	0	0	0	1	0	0	0	1	1	1								
13	4	0	4	0	1	2	7	1	4	2	3	0	9							
14	1	0	0	0	0	0	2	0	0	0	1	0	0	2						
15	0	0	0	0	0	1	1	0	0	0	1	0	0	0	1					
16	2	0	1	0	0	1	4	0	2	1	1	0	1	1	0	4				
17	0	1	0	0	0	1	0	0	0	1	1	1	0	0	0	0	1			
18	1	1	2	0	0	2	6	1	1	2	2	1	4	0	0	1	1	8		
19	1	1	2	0	0	2	3	1	0	1	2	1	3	0	0	0	1	4	5	
20	0	1	0	0	0	1	1	0	0	1	1	1	0	0	0	0	1	2	2	2

The code clusters were also identified. We used Jaccard's coefficient as the index option, which allowed the selection of the similarity measure used in clustering and multidimensional scaling. Real-time animation was turned on, allowing the multidimensional plots to be updated after each iteration so the user could see the progress. The tolerance value was kept to a minimum (0.000001) to ensure accurate results. We opted for classical scaling for the initial configuration, which will perform a classical scaling first on the similarity matrix, and then use the derived configuration as initial values for the ordinal multidimensional scaling analysis. 7 clusters were identified (Fig.2). It is important to remember that a dendrogram only specifies the temporal order of the branching sequence. Any cluster can be moved around each internal branch of the tree without changing the dendrogram.

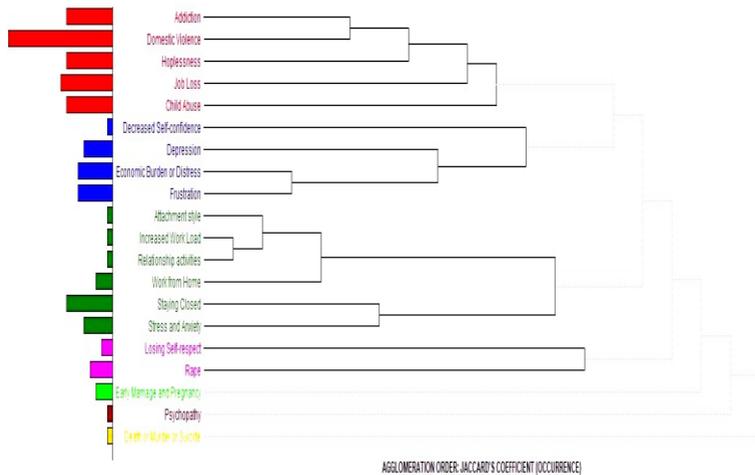


Fig.2: Dendrogram representations of clusters

The Proximity Plot is the most accurate way to graphically represent the distance between objects by displaying the measured distance from a selected

object to all other objects on a single axis. It is not a data reduction technique but a visualization tool to help you extract information from the huge amount of data stored in the distance matrix at the origin of the dendrogram and the multidimensional scaling plots. In this plot, all measured distances are represented by the distance from the 0 point. The zero point represents the absence of similarity or co-occurrence.

We measured "child abuse" and "domestic violence" (consequences) as the target variables. Fig. 3 displays the proximity plot. We also derived the Proximity Table (Table 3). The Proximity Table exhibited that "domestic violence" significantly co-occurs with "job loss," "addiction," "hopelessness," "staying closed," "economic burden," and "stress and anxiety." It moderately co-occurs with 'frustration,' 'losing self-respect,' 'psychopathy,' and 'death/murder/suicide.' Child abuse exhibited significant co-occurrence with "addiction," "economic burden," and "job loss" and also exhibited co-occurrence to reveal consequences in the form of "early marriage and pregnancy." Child abuse also revealed consequential co-occurrences with "rape," "depression," and "hopelessness."

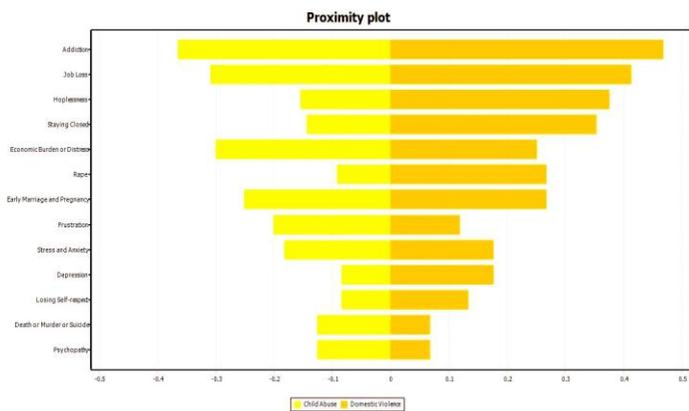


Fig.3: Proximity plot

Table-3: Proximity Table – Child Abuse

Target	Keyword	Co-occur s	Do No t	Is Abs ent	Jaccar d coefficient	Strength
Domestic Violence	Addiction	7	0	8	0.467	..........
Domestic Violence	Job Loss	7	2	8	0.412	..........
Domestic Violence	Hopelessnes s	6	1	9	0.375	.........
Child Abuse	Addiction	4	3	4	0.364	.........
Domestic Violence	Staying Closed	6	2	9	0.353	.........
Child Abuse	Job Loss	4	5	4	0.308 •
Child Abuse	Economic Burden or Distress	3	2	5	0.3 •
Domestic Violence	Rape	4	0	11	0.267	.....
Child Abuse	Early Marriage and Pregnancy	2	0	6	0.25	.....
Domestic Violence	Economic Burden or Distress	4	1	11	0.25	.....
Child Abuse	Frustration	2	2	6	0.2	.....

Child Abuse	Stress and Anxiety	2	3	6	0.182	.....
Domestic Violence	Stress and Anxiety	3	2	12	0.176	.....
Domestic Violence	Depression	3	2	12	0.176	.....
Child Abuse	Hopelessness	2	5	6	0.154	.....
Child Abuse	Staying Closed	2	6	6	0.143	.....
Domestic Violence	Losing Self-respect	2	0	13	0.133	.....
Child Abuse	Death or Murder or Suicide	1	0	7	0.125	.....
Domestic Violence	Frustration	2	2	13	0.118	.....
Child Abuse	Rape	1	3	7	0.091	....
Child Abuse	Depression	1	4	7	0.083	...
Domestic Violence	Psychopathy	1	0	14	0.067	...
Domestic Violence	Death or Murder or Suicide	1	0	14	0.067	...

We also used the code-by-variable function to explore the relationship between codes assigned to documents and subgroups of cases defined by values of a numeric or categorical variable. It helped in assessing the strength of the relationship between code usage and the selected variable. The heat map (Fig.4) generated through this analysis facilitated the identification of

functional relationships between related codes and groups of values of an independent variable by allowing the perception of Cell clumps of relatively high or low frequencies or of outlier values.

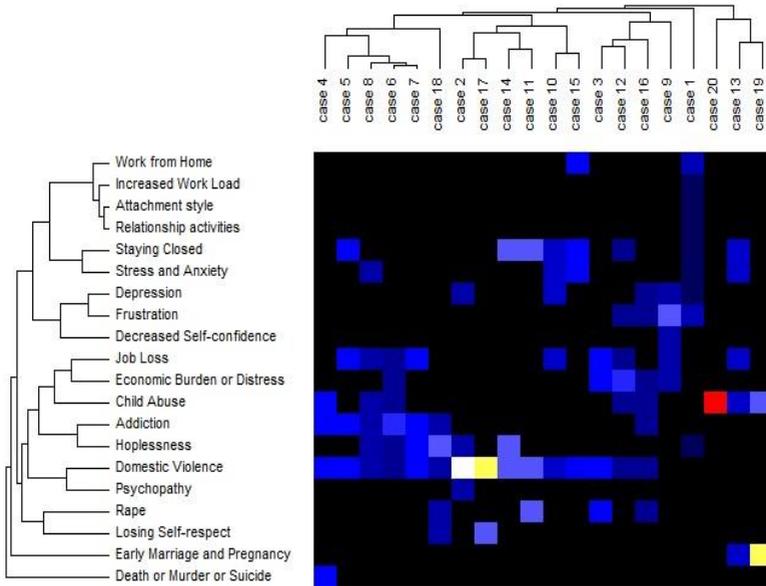


Fig.4: Heat map

Link Analysis: Finally, the Link Analysis (Fig. 5) was used to visualise the connections between codes or cases using a network graph.

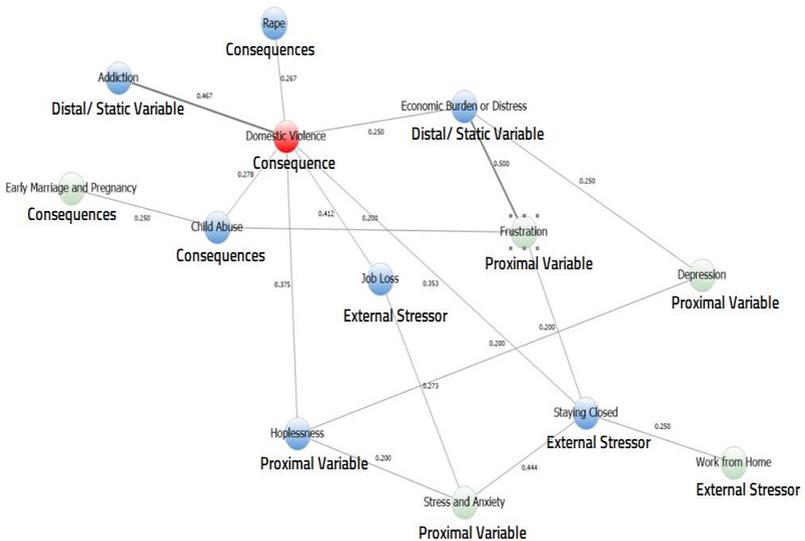


Fig.5: The Link Analysis

It offered a high level of interactivity, allowing us to explore relationships and detect underlying patterns and structures of co-occurrences using a force-based graph. Domestic violence was used as the primary target variable, and the network was allowed to form based on the co-occurrences and proximity with other variables. Domestic violence, as a consequence, was found to be significantly linked with 'addiction', 'economic burden or distress', 'job loss', 'helplessness', and 'staying closed'. It shared indirect links with "depression" and "frustration." Child abuse was observed as a part of domestic violence and shared a significant direct link with "frustration". Child abuse also shared an indirect link with "staying closed" and "stress and anxiety".

Discussion:

Clearly, women, irrespective of their class and caste, have faced violence from their intimate partners and family members. They are double victims of Corona and family members where she lives. All economic and movement restrictions

were put in place by the government to break the coronavirus chain. Everyone is mandated to remain at home with their families by the administration. Instead of working from home, working women today must take care of the home, raise their children, and be wives. The lockdown doubles their job burden (distal variable). Their daily schedule and surroundings irritate them, making them agitated and having trouble sleeping (proximal variable). Her family is unwilling to share their suffering or lend a hand with household duties. The same issue faces the housewife. She is now working from morning till night, caring for her husband and other family members who are still living at home and contributing to the extra domestic labor. Even while ill, she cannot object to her in-laws' housekeeping or refuse to do anything. They were viciously assaulted by her husband and family.

Alcohol consumption (distal/static variable) was high during lockdowns. Most men drink more when they are at home. Some family members attribute their son's drinking to their daughter-in-law (Gatty & Rathee, 2020). Alcohol makes the physical pain worse. The husband purchased alcohol using the wife's emergency fund. Husbands who are intoxicated frequently strike and swear at their spouses. An alcoholic doesn't approach his wife or kids when he exits the liquor store, whether happy or at peace. In front of the children, the husband tugged his wife's hair and threw things at the wall. Even an alcoholic killed his wife before his son, who was only six years old (Times Now, 2020). The experience makes kids fearful. They will have a poor education. While the daily wagger stayed home and abstained from alcohol, some spouses harassed their wives daily (Kannan, 2020). During the lockdown, a 70-year-old woman died of an alcohol overdose (Gatty & Rathee, 2020).

Most Indian female workers work as domestic workers. Unorganized domestic employees earn less. The coronavirus spreads through coughs, sneezes, saliva, or nasal discharge. The government lockdown broke the viral chain. A lockdown closes a man's economic activities and travels. People also stay home (external stressor), so they don't let a domestic worker in. Domestic employees lose their jobs because they lack skills (distal/static variables). They're the sole breadwinners. Their family's economic situation worsens

(distant/static variable). Child marriage is a heinous practise that ruins a girl's youth. Already, India is grappling with this heinous practice; COVID-19 has considerably increased the prevalence of child marriage. The end of the school year and parents return to their homes act as a stimulus. Many young men who had left for the metropolis for work returned to their community, ensuring that the groom was easily accessible for their daughters, who were absent from school owing to the lockdown (The Wire, 2021). According to the survey, parents with trouble with money fall into the hands of people who want to sell people.

The COVID-19 lockdown has created unusual circumstances in the lives of some women. According to the study, some women born and raised in metropolitan cities married a village man working in the IT sector and stayed in the metropolis. She couldn't adjust to the unfamiliar surroundings when she moved to a village during the lockdown. She was uncomfortable and wanted to return to the city, but her husband refused. Their problems began because of these personal differences. Her husband and another family member emotionally and physically attacked her (Bhattacharyya, 2020).

During lockdown days, sexual abuse and marital rape are common incidents for every woman. A man treated her wife as an object to fulfil sexual desire rather than a partner (Deshpande, 2020). Even maximum husbands hit their wives when they refused to have sex with them. The study found that police don't help abused women. Women are powerless and lonely since they can't go to their mother's houses or ask a neighbour for aid. If she called a neighbour or her parents, her husband turned ruder. Police have intervened in certain husband-wife disputes (Ratnam, 2020). As the situation worsens, her family and spouse physically torture her. Family members asked why she ruined their reputation. Women suffer from spouses' nervousness and frustration (Proximal variable).

Conclusion:

COVID-19 disrupts their lives and livelihoods. They suffered directly or indirectly. Due to the lockdown, the whole family was locked in a four-wall, which led to threats, humiliation, psychological abuse, sexual and physical abuse, intimidation, and controlling behaviors. Restrictions and surveillance of mobility shut down financial and economic activity, shut down educational institutions, separate a person from family and friends, and lack of medical treatment impacts mental health. They've phoned the cops but never brought a petition. Some frustrated women call the control room for aid but hang up without disclosing information, fearing more exploitation from the husband's family. Violence is caused by drinking, not helping out around the house, babysitting, snooping on cell phones, changing TV channels, and so on at all times.

The socio-economic toll on women and girls has long-term consequences unless policies and actions deliberately target and invest in women. There is a risk that the departure of women from the workforce could become permanent, reversing gender equality gains and GDP gains. So, the policy-level issues relating to this problem should be addressed. Besides, social work practice on the other side at the grassroots level can show the light in this regard. The practice of social work, mainly implementing three primary methods, namely casework, group work, and community organization, could be highly effective in identifying problems at the individual, family, and community levels, identifying, and implementing intervention strategies, and utilizing government and community resources to mitigate those problems. So, with the help of three primary approaches, we can find needy people immediately and provide support in the short and long term. The existing problems can be addressed by applying a knowledge base, social work research, and advocacy.

Limitation of the Study: The study has a limitation as it is based on secondary data

Ethical Consideration: The authors did not verify the case further, which was published in the newspapers. The name of the victims is changed for privacy and security purposes.

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Women and mental disability: A Perspective Unfolding Complexities of Social Exclusion in Contemporary India

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Abstract

This paper attempts to bring forth the correlation between women and mental disabilities and presents the perspective of the current scenario, mainly referring to women living with mental disabilities or illness. Authors have tried to find the hidden challenges of women and categorize them according to the type or levels of difficulty of the disability. This paper also categorized the various challenges women with disability face within themselves, family, and society. The research analysis also lays out the challenges of inclusion and exclusion in the family, society, and labor market.

Keywords: Gender, Social Exclusion, Inclusion, Mental Disability, and Market

Introduction:

Social exclusion is when individuals cannot fully participate in the state's or society's policy, laws, and economic, social, political, and cultural aspects. The individuals or groups of populaces are labeled as incapable of utilizing the government's/societal advantages. This can also be termed as "capability deprivation" (Amartya Sen, 2000). The concept of social exclusion emerged to discuss issues like poverty, inequality, and justice in changing socioeconomic conditions in western and European countries. Social exclusion is a longstanding phenomenon from history to contemporary circumstances (P. Radhakrishnan, 2009). Pandemic (Example: During the pandemic, the weaker or marginalized & stigmatized group of the society were the most vulnerable and are considered as other normal people with no or less concern). Social exclusion in India is not entirely like that of the European or the western type (Sukhadeo, 2008) though there may be minor similarities connecting the geographical areas in this concept.

However, in Indian society, social exclusion has a strong emergence from the caste system wherein a group of people is segregated and given a hierarchy per their occupation. This identification is fixed as an ascribed status of the individual. This is the foundation of social exclusion in India, which is deepened based on the economic, social, health, and gender status of an Individual or Group. The prominence of this article is to throw light on people facing double or triple jeopardy; for example, women generally face gender discrimination and exclusion, while women with disability are most likely to experience social exclusion based on gender as well as abnormal health aspects.

To address the concern of the excluded, the governments in the northern parts of the world formulated various policies based on welfare approaches by incorporating the concept of social exclusion and giving appropriate attention to formulating relevant social policy in developing countries (Kabeer, Naila, 2005 IILS, 1996 and IDS, 1997). Still, there is much discussion on the

transferability of the concept and its relevance in formulating social policy and addressing social problems (Kabeer, Naila, 2005).

According to the study commissioned by IILS, the notion of the concept of social exclusion was operationalized in different ways in different case studies, especially among beggars, rural landless poor, poor without assets, marginalized, unemployed, retrenched women workers, unemployed, ethnic minorities, problematic condition and complicated process (Kabeer, Naila, 2005). Still, the concept of social exclusion and inclusion certainly captures the significance of excluding certain people in social participation (Kabeer, Naila, 2005).

This was further depicted in the following pictorial representation by the authors. Further, the concept provides the direction to formulate necessary social policies to include the impoverished and marginalized in mainstream society (Kabeer, 2015). Using the above discussion, the **authors explore the reasons for excluding mentally disabled women and try to explore how to include them.**

At a fundamental level, social inclusion and exclusion indicate a process that positions individuals/communities/territories into the mainstream and the periphery. These processes are pretty complex, being influenced by a combination of social (society), political (state) and economic (market) forces (**Fig I**).

Figure-1: Locating the excluded

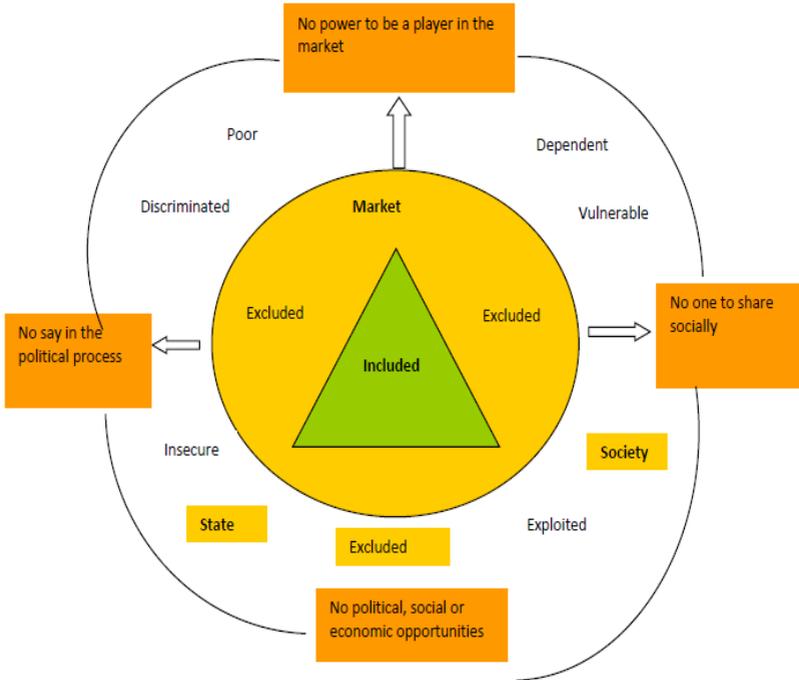


Figure 1 locating the excluded population

In contemporary India, the market plays a predominant role in shaping these processes of exclusion and inclusion. Such issues mark the market-driven economy, and these factors operate individually and interact with each other to produce excluded vs. included. In the 21st century of social justice, progress, and human rights, the authors bring the concept of inequality along with social exclusion and inclusion. Inequality among human beings affects them differently, and inequality excludes certain sections of the population from

accessing education, health, and employment opportunities. Inequalities further manifest and bring unequal power relations in various social structures and human development. Various factors bring inequalities in society, including caste, class, gender, and **Disability (Which can also go along with caste, class, and gender, further elevating inequality and exclusion)**. As far as India is concerned, caste and class are considered factors that bring inequality & imbalance in societal structures.

In addition, gender, disability, religion, age, and sexual orientation may bring inequality. Inequality marginalizes and excludes certain sections of the population, among which the disabled population is the most excluded, discriminated against, marginalized, stigmatized population or group in society. Struggles and suffocation of women with disability are double, sometimes triple, due to their disabling condition. The other factors that add to the disadvantage are caste, class, and socioeconomic status (poverty, education, employment). Hence, they remain excluded from society, the state, and the market, considering them unfit for productivity.

“In India, low literacy, few jobs, and widespread social stigma make disabled people among the most excluded population. The voiceless disabled people are an inseparable part of India's growing population of marginalized, weaker, vulnerable sections. The roles and responsibilities of the government are elaborated in the law; however, it is imperative to study the gap between law and practice” (Jahanara M. Gajendragad, 2015). Disabled girls usually marry older men, leading to a higher incidence of widowhood at an early age (Jahanara M. Gajendragad, 2015). Not just in the case of marriage but also with other social systems and social institutions, it is challenging for mentally disabled women to access or participate in education, employment, and decision-making at the family, society, and political levels (Economic and social affair disability). This happens because they are considered incapable of participating and performing like abled bodies in society, their freedom is kept in control, the family does not allow them to participate considering safety and stigma in the society, and social institutions do not have a proper framework

for their inclusion/ participation at the institutional and political level which results in social exclusion ([Eleni Koutsogeorgou](#), 2020).

Methods Used for study:

The authors used secondary resources like books and journals to explore social exclusion, gender, and mental health. Electronic databases such as Research Gate, Proquest, JStor, and Google Scholar can be used. The authors extensively referred to World Health Organization (WHO) resources on Gender and Mental Health and Lancet Publication on Gender and Mental Health. The concept of Social Exclusion and Inclusion was understood through various scholarly articles, and the significance of formulation of public policy using the concept and theoretical understanding of Social Exclusion and Inclusion was further explored.

Defining Disability and its Multidimensional Perspective:

WHO defined “disability as an umbrella term covering impairments, activity limitations, and participation restrictions” (WHO, 2001; Manual on Disability Statistics, 2012). “Impairment is a problem in body function or structure. An activity limitation is a difficulty encountered by an individual in executing a task or action. At the same time, a participation restriction is a problem experienced by an individual in involvement in life situations. Thus, disability is a complex phenomenon, reflecting an interaction between features of a person's body and the society in which they live. World Disability Report states that disability is complex, dynamic, multidimensional, and contested” (Manual on Disability Statistics, 2012).

The Convention on the Rights of Persons with Disabilities (2006), “the first legally binding disability-specific human rights convention adopted by the United Nations, gives two descriptions of disability. **The Preamble to the Convention** states that 'Disability results from the interaction between persons with impairments and attitudinal and environmental barriers that hinder their full and effective participation in society on an equal basis with others.' Again,

it emphasizes that 'Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.' Both expressions reflect a shift from a medical model to a social model of disability wherein people are viewed as being disabled by society rather than by their bodies". "The medical model and the social model are often presented as dichotomous. Still, disability should be viewed neither as purely medical nor as purely social: persons with disabilities can often experience problems in health and society due to their health condition" (Thomas, 1999). A balanced approach is needed, giving appropriate weight to the different aspects of Disability (Shakespeare, 2006; Forsyth et al., 2007).

Fig II Models of Disability



The *religious model* is the oldest model of disability, considering the disabled person a sinner, born due to bad karma done in earlier births. It is considered a punishment from God. Unlike the religious model, individuals with specific physical, intellectual, psychological, and mental impairments are taken as disabled in the *medical model*. The *charity model of disability* views "persons with disabilities as the problem and dependent on others' sympathy to assist in a charity or welfare". In contrast, "the focus of the *social model* is on society, which imposes undue restrictions on the behavior of persons with an impairment. Under this model, disability does not lie in individuals but in the interaction between individuals and society. It advocates that persons with disabilities are rights holders and are entitled to strive to remove institutional, physical, informational, and attitudinal barriers in society". The social relations model also emphasizes the concept of "independent living," which means that

disabled persons are the best judge of their concerns and are full citizens with equal civil rights. This model emphasizes institutional, environmental, and attitudinal discrimination as the factual basis for disability.

The economic model of disability tries to” establish the linkages between the individual and society regarding their contribution to productive capacities towards society. This approach suggests that the employment problems of a person with disabilities stem from faulty economic systems and deficiencies on the part of such disadvantaged individuals”.

The human rights model is “based on human rights principles. It recognized that disability is a natural part of human diversity that must be respected and supported in all forms. People with disabilities have the same rights as everyone else in society. The impairment must not be used as an excuse to deny or restrict people's rights. The human rights model was one of the nine international human rights instruments developed by the United Nations” (Marry Ann Jackson, 2018, p.3). It was given more attention because people with disability developed it intending to achieve equality for people with disabilities worldwide. This approach also demands things government must do to uphold, promote and protect the rights of persons with disabilities. The social and human rights models have recently been combined into one collective term, the "social-human rights" model (Melish, 2007, p. 43). Hence, the social model of disability has become the dominant model informing the dialogue around disability rights at national and international levels.

Disability Definition in Indian Context:

Different definitions of disability conditions have been introduced in India for various purposes. “As such, they have been based on various criteria for ascertaining **abnormality or pathologic conditions of persons**. Without a conceptual framework in the Indian context, no standardization for evaluating disability across methods has been achieved. In common parlance, different terms such as disabled, handicapped, crippled, and physically challenged are used interchangeably, emphasizing pathologic conditions. According to the

Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995, a Person with Disability means a person suffering from **not less than forty percent** of any disability as certified by a medical authority (any hospital or institution, specified for this Act by notification by the appropriate government)". **As per the act 'disability', they are mainly categorized as follows - (i) Blindness or visual impairment, (ii) Leprosy-cured, (iii) Hearing impairment, (iv) Locomotor Disability, (v) Mental retardation, (vii) Mental illness.** These are the main broad categories perceived as disabilities per the current scenario. Adding to this, **14 types of disability** are recently found and counted as a disability.

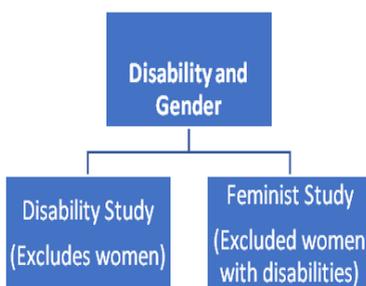
The National Sample Survey definition of a disabled person, i.e., "A person with restrictions or lack of abilities to perform an activity in the manner or within the range considered normal for a human being was treated as having a disability. The above general definition of disability is based on activity limitation in the execution of the usual task and not the deviation from the accepted standard of the biomedical status of a person's body". The person experiencing intellectual disability or mental illness whose cognition, behavior, or acts lack and do not match the criteria or normal condition will come under the category of mental disability or mental illness. This will be addressed elaborately in this paper, as this paper's focus is majorly on women with mental disabilities, following sexuality and gender perspective in detail by bringing out the exclusion and traumas. However, first, let us consider expounding the correlated factors of gender and disability, which is the area to be dealt with to achieve equality as a first with their counterparts and with normal womenfolk.

Women and Disability:

In their American literature analyses, Fine and Asch (1988) have pointed out that disabled men have had relatively more opportunities to confront the stigma associated with impairment and attempted to achieve typical male roles. On the other hand, disabled women have fewer opportunities to oppose the stigma and to fit into the gender roles prescribed by society. Some other studies

(Lonsdale, 1990) have also indicated that disabled women face more exclusion in the labor market than disabled men. Despite this, disabled women remain a rare face in both disability studies and feminist studies. Disability studies have not been very forthcoming in investigating the effects of gender on disability. Similarly, feminist theorization occupied with critiquing the stereotypes and constructing the new woman has not given much space to the experiences of disabled women.

Fig. III: Disability and Women



“Disabled persons experience a lack of opportunities in all aspects of life, including access to essential services and the majority of them are poor. The problems of disabled persons are multidimensional and ever-increasing. While many issues faced by persons with disabilities apply equally to men and women, some are women-specific. Among the special issues more often faced by women with disabilities are forced marriage, domestic violence, and other types of physical, emotional, and sexual abuse, as issues concerning pregnancy, labor, delivery, and child-rearing. In addition, women with disabilities experience various unique health needs from adolescence to adulthood. Unfortunately, many women with disabilities encounter attitudinal, informational, environmental, and geographic barriers in seeking access to health care needs. Moreover, disabled women do not get the appropriate information and treatment regarding reproductive health care. Disability affects both men and women, but it is more prevalent among women due to

their longer life span and greater risk of secondary problems, such as osteoporosis and mental health problems” (UN Women Report, 2018).

“Women are reported to be the largest group in the global disability population and have been historically subject to discrimination based on their disability and gender” (UN Women Report, 2018). Combining these two factors results in multiple forms of discrimination, and women with disabilities have distinct life experiences different from those of non-disabled women or disabled men.

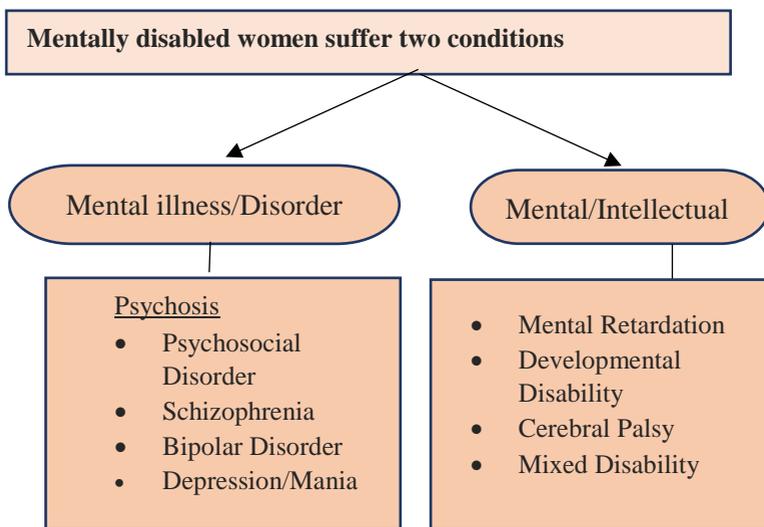
One of the concerns in India is that girls and women are excluded or given less allocation. In that case, women with disabilities will face more discrimination in going to school, pursuing education, or going for a job and independent living. Bodily blockages in community facilities are a physical barrier women face in public. Difficulties related to maternal health for a disabled woman are unimaginable pain that she handles. Many women are dissatisfied with their body image and how society looks at them. Due to this, many feel inferior, and their family hides them from social interaction because of social stigmatization. They also face the psychological problem of insecurity while moving independently.

Mental/Intellectual Disability & Mental Illness:

Mentally Disabled Women (MDW) face severest stigma and stricter prohibitions by their gender. This comes from the fact that they remain outside the stereotypical image of 'woman' acceptable to society. This also comes from the fact that they remain outside (actually 'beyond') the way 'disability' is seen and defined. This makes them bear the triple burden of being DISABLED + MENTALLY DISABLED + MENTALLY DISABLED WOMEN.

As a result, they are triply impoverished, vulnerable, dependent, and unrepresented. This further leads to a situation where they are exploited (emotionally, physically, and mentally), face insecurity (about the present and the future), and remain dispossessed of fundamental human rights. As it stands

in Indian society elsewhere, sexuality is directly related to the concept of beauty and body.



There are various kinds of mental Disabilities, also called **Hidden disabilities or Invisible Disabilities, because of their primarily intangible nature.** Invisible disabilities may be broadly defined as those impairments in "which the untrained eye or casual sensibility appear to have few or otherwise vague visual markers to the outside or lay observers" (Roman, 2009, p. 678). According to existing literature, mental health and mental disorder are predominantly used to describe mental disability. According to Savita Malhotra and Ruchita Shah (2015)

Mental Health is a term used to describe either a level of cognitive or emotional well-being or an absence of a mental disorder. Mental Disorder or Mental illness is an involuntary psychological and behavioral pattern that occurs in an individual and is thought to cause distress or disability not expected as part of development or culture".

Mental illness affects emotions, mood, perceptions, and behavior and can be suffered by people of all levels of intellectual ability. Mental illness can onset at any age (although it is unlikely to affect children before puberty). It can be a temporary condition, be experienced in cycles, or have episodes that may recur throughout life. Mental illness is treated with medication and psychosocial support. With the proper treatment, those suffering from it can manage their symptoms and live an everyday, independent life. Categories and examples of mental illness are mentioned in the above diagram, including schizophrenia, bipolar disorder, major depression, etc.

Mental illness is common and more prevalent among women than men due to predisposition and vulnerability factors, from decades there has been an increase in the number of women counts with intellectual, developmental, and mental disabilities, which desperately states that women are vulnerable to this condition and needs attention in curative and preventive aspect. Still, before that, we also need to find roots and question why just women are defenceless to the prevailing bodily condition and the other factors that pull women with disability into the vicious cycle. **Therefore, women with invisible disabilities are at risk of being doubly marginalized: by mainstream society and within the disability community.**

Mental Disability in India:

It is difficult to find out the exact number of the mentally disabled population in India because national surveys have not been conducted. It would be noteworthy that while the decennial census from 1861 to 1941 collected data on physical infirmities, the mentally handicapped was not included in this. After a gap, this data collection on disability was resumed partly in 1981, which again did not include mental disability. It must also be mentioned that National Sample Survey on Disabled Persons carried out in 1981 has also not included mental disability. Some sample surveys have estimated the mentally disabled as somewhere between 15 to 22 million.

Mental Disability and Present Scenario:

Despite a robust case for the inclusion of disability within social exclusion discourse, it remains on the margins of India's contemporary social exclusion discourse. Within disability studies, issues relating to physical disability have made themselves visible within the discourse. The same, however, cannot be forcefully said about mental disability. One of the reasons for this could be that those physically disabled can argue and bring forward their issues while the mentally disabled, needless to say, need others not only to argue their case but also to narrate their own experiences.

The mentally disabled suffer and are in a situation where their exclusion is complete. This comes from their inability to participate in decision-making politically, buy and purchase labor and commodities in the market, maintain social relationships or be a part of social networking; and utilize the available political/economic/social opportunities.

Women have a higher rate of disability than their counterparts, and also, they are considered more vulnerable to any unfavourable circumstances and least considered in the growth aspect. The authors traced the existing literature to investigate the issues of women and disability, especially mental disability.

Mental disorders affect males and females differently. There are differences in onset, risk of disorders, diagnosis, treatment, and adjustment to mental disorders (WHO, 2014). It is further stated that there are differences in some predisposing and precipitating factors related to biology (genetics, sex hormones, pharmacokinetics, and pharmacodynamics of medications). Biological differences are amplified or diminished due to sociocultural factors (WHO, 2014). The WHO, 2014 states that 'gender determines the differential power and control men and women have over the socioeconomic determinants of their mental health and lives, their social position, status and treatment in society and their susceptibility and exposure to specific mental health risks'.

Women, Disability, Exclusion, and Market:

“Disability covers a great variety of situations. The global disability situation also reveals significant inequalities, as people with disabilities are not homogeneous. Poor people, women, and older adults are more likely to experience disability than others. While disability correlates with disadvantage, not all people with disabilities are equally disadvantaged. **Women with disabilities experience gender discrimination as well as disabling barriers.** School enrolment rates also differ among impairments: children with physical impairments fare better than those with intellectual or sensory impairments”. Those with mental health difficulties or intellectual impairments are most excluded from the labor market. People with more severe impairments often experience more significant disadvantages (WHO and World Bank, 2011).

“Disability disproportionately affects vulnerable populations, women, older people, and poor people. Low-income countries have a higher prevalence of disability than high-income countries. Of the 121 Cr population in India, 2.68 Cr persons are '**disabled**,' which is 2.21% of the total population” (Government of India. Ministry of Statistics and Programme Implementation. 2018).

In many cases, the institutional built environments are not constructed with a focus on the accessibility of the disabled.

- Public attitudes
- Education
- Labor market
- Law
- Personal relations

Now the critical question for us is whether the disability is to be seen as an issue of exclusion. This question has roots in the fact that social exclusion is generally thought of in terms of caste, community, class, gender, and territory in India. Disability stands opposite to the stereotypical productive citizen that fits the mainstream bill. Compared to the non-disabled, the disabled are

perceived or represented in the conventionally defined social roles related to marriage, reproduction, and production.

This is even more true in the case of the mentally disabled because while other forms of disability can make a person a part of the mainstream, with some lacking, the mentally disabled bear the stigma of being opposite of regular and are seen as people without rational faculties. This is even though mental disability is not a homogeneous category if one considers the degree of behavioral and mental disorders.

Sexuality and Mental Disability: Issues

Of the issues faced by the MDW, sexuality is the most charged yet usually overlooked. Its complexity arises from the fact that the disabled, especially the mentally disabled, are seen as asexual. Their sexuality or sexual choices are never considered. Their ability to reproduce is not taken seriously. Their emotional relationship with their own body is ignored.

Paradoxically, it must also be noted that MDWs are more vulnerable to sexual abuse than any other group. This is due to their complete dependence on others and their complete submission to others without question. But it is their asexual identity that is represented in society and the state. There are two significant implications: first, the sexuality rights of MDWs are denied and suppressed by society and the state; second, the exploitation of the sexuality of MDWs is not recognized by the state and society. This makes them one of the most socially excluded vulnerable groups situated at the outer margin of marginality.

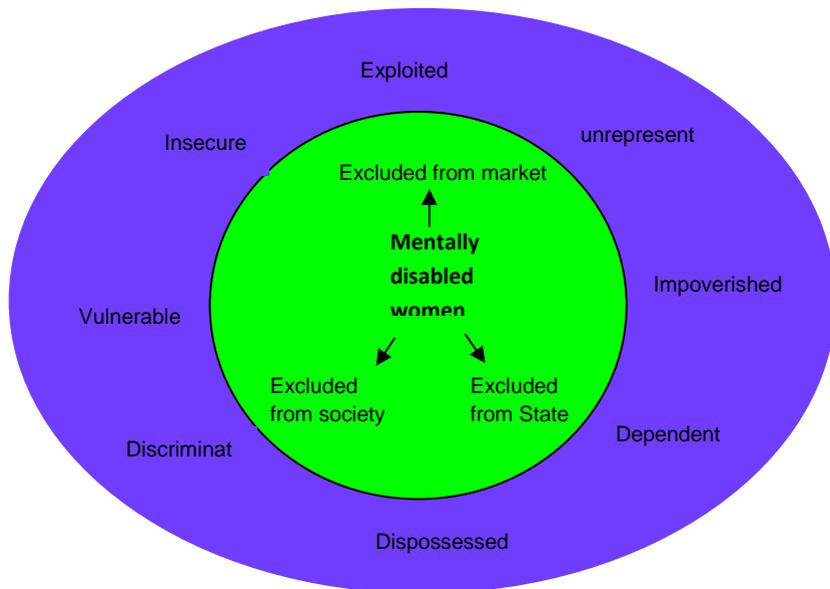
People with mental disabilities are considered asexual or, in some cases, hypersexual. Society has disregarded their sexuality, reproductive concerns, and aspirations and denied them access to knowledge about sexuality and sexual behavior, leading to their sexual marginalization. Subjected to involuntary sterilization and hysterectomy, and their choice is legally not considered. Problems related to incest & involving them are not

documented. They are denied from experiencing womanhood/motherhood and considered incapable of playing normative feminine roles. They have zero knowledge/ awareness about menstrual hygiene, sexual abuse, pregnancy, etc., bringing the importance of sex education.

A Representative Case:

One such case is a young woman with a mental disability living in a government institution as a state ward. She had been sexually exploited repeatedly by two guards there. At 19, she became pregnant. When her condition was detected, the state determined she should have an abortion. The woman insisted she wanted to keep the child. The matter went to court, and it was decided she should be compelled to have the abortion. An advocate for the woman filed an appeal in the Supreme Court where, given the urgency, a speedy verdict was rendered: 'no woman, even one with a mental disability, can be compelled to have an abortion'.

Fig-III: Complete Exclusion of the Mentally Disabled Women



Source: *Designed and developed by the authors*

Analysis from an Exclusion Perspective:

This case represents how mentally disabled women's sexuality is exploited. This case also represents how MDWs are perceived and conceptualized in mainstream (market, state, and society) discourse. It unfolds the complexities of social exclusion in globalized India in the following ways:

- An MDW is not seen as a sexual being.
- The exploitation of her sexuality by the 'caregivers' shows the highly vulnerable situation of her mental disability in assessing dangerous situations.
- The court's decision in the first instance dispossesses her rights over her own body, sexuality, and reproductive choices.
- The issue is also about the life terminated before it steps on this earth.

- Mentally Disabled Women's exclusion from their bodies and sexuality is so complete that one cannot talk about the social exclusion of MDWs without referring to it.
- **Globalization and Women's Disability and Exclusion:**
- Globalization is a multidimensional process. At one level, it has increased employment, earnings, and enjoyment opportunities, while making the rigid classification of inclusion and exclusion into the framework on the other side. It has also meant an overwhelming preoccupation with the individuals' functional capability or limitation. This has been coupled with another trend: the decline of family-based/ household or small-scale industries that served as an alternative support means for communities. Those unable to secure a place in the formal skill-based paid labor market have worsened.
- Women with a disability are mostly ignored in the global market/ excluded from the global fit.
- Only optimum functioning or abled person can be a part of the market.
- Wage discrimination / economic exploitation, /workplace harassment are highly prevalent.
- The shift from the medical model to the social model in dealing with disability is evident due to more societal influence than physical inability.
- This medical perspective neglects other influential factors such as gender, economic status, employment, and education.
- Women with disabilities mostly experience biological problems (health), psychological (mental) and social (interpersonal or societal) hence demanding a balanced approach.
- Women with mental disabilities are exposed to objectification and alienation (UN Women Report,2018).

Towards Social Inclusion of MDW: Policy Directions

In 1975, the UN General Assembly introduced the Declaration on the Rights of Disabled People. This was followed by the Declaration of 1981 as “the Year of the disabled” and 1982-92 as “the decade of the disabled”.

The following policy directions can be suggested for improving the conditions of the MDWs in India.

- Rights approach: Need to look at them as human beings with fundamental human rights, including the right over the body, the right to reproductive
- Safe shelter: Access to free food, clothing, houses
- Sex education: Basic understanding of the body, touch, gesture, etc.
- Medical Help: For their physical and psychological well-being.
- Skill-building: Train them for work that requires minimum effort and skills.
- Marketing facilities for the products made by them
- Social support in terms of emotional security
- Considering the situation of MDW and the diverse nature of the disability, it should be considered to give tailor-made service and treatment.
- Counselling and training caretakers should be a must and priority.
- Awareness and knowledge generation
- Feminists fight to deal with the oppression and exclusion of women with mental disabilities concerning their rights and sexuality. Choices should have a unique approach.
- More recruitment and involvement of professionals and the introduction of more professional courses at the university level.
- Strict norms imposed in rehabilitation centres, on workers, on caretakers for their protection and safety
- Consideration of the choices in the aspect of the right to live and right to freedom
- comprehensive, reliable statistics on people with disabilities and their socioeconomic conditions, surveys are needed due to the lack of subjective representation to work towards an inclusive society
- Livelihood support through occupational/ vocational training
- Recreational activity for Mentally disabled women
- Rehabilitation combined with compassionate service and care help to change the scenario positively.

Considering the current pandemic scenario and the slowing down of the economy, there are high probabilities that women with mental disabilities must face severe unemployment due to the solid patriarchal notions prevailing in society. As we discussed, the globalized neoliberal economy shifted production relations. The entire production relations are based on profit and consumption in the market. The mentally Disabled population needs support based on social and medical, and rights-based models to integrate them into the market. The current pandemic (we may experience these kinds of situations in different forms in the future, too) makes it difficult for the mentally disabled to access health facilities. Change in production relations and work from home may further aggravate the situation. They may face pressure in private spaces, like sexual exploitation, violence, etc. It is crucial to address the current pandemic from gender perspectives using Social Inclusion and Exclusion as a public policy perspective. This is also an appropriate time for the government to develop social security measures for women with mental disabilities to include them in mainstream society and understand their unique problems, which cannot be associated with another differently abled category. Because of the critical nature of the condition of mentally disabled women, the security & safety measures are to be appropriately formed, with the feasibility to access during any given pandemic or normal situation.

Epilogue:

Many disabilities in India are preventable, including disabilities arising due to medical issues during birth, maternal conditions, malnutrition, accidents, and injuries. However, due to disparity, the health sector is yet to react proactively towards disabilities, especially in rural areas. States lacking general health care services will eventually lag in serving the unserved (disabled, weaker). While formulating a policy or service, the state must prioritize the needy and the more vulnerable (mentally disabled women). Following the plan of the success story of any taken measure can motivate the implementors and which can help in effectively teaching the services with some tailor-made changes at the individual or institutional level and also will help in challenging the deep-

rooted challenge faced by state, society and disabled women especially women with mental disability and their family.

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Community-Based Case Study on Alcohol Dependence Syndrome with Poor Coping Skill

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Abstract

Alcohol-related problems are one of the oldest problems in the world. The use and the abuse of alcohol are well documented in the earliest writings in all over the world. At present, alcohol abuse is seen as the world's serious concern, not confined to any group, culture or country.

In the present case study, an effort was made to integrate psycho-social and medical intervention in the community setup. The present case was taken up during the project fieldwork and a need assessment was carried out. Based on the needs, psycho-social intervention was planned and imparted. Along with the psycho-social intervention, the Person with alcohol abuse was motivated and taken to the district hospital for psychiatric help.

After one year work with the person and family assessment was carried out. It shows that the intervention in the community setup was effective and the Person overcame from the alcohol addiction.

It was concluded that targeted intervention in the community brought the desirable outcome. Social work schools and community-based organizations may adopt the same in their intervention activities.

Keywords: Alcohol, case study, psycho-social intervention, alcohol dependence

Introduction:

Substance abuse has emerged as a serious concern, adversely affecting the physical and socio-economic wellbeing of the country. The stress and strain of the modern-day life has condensed the individual more vulnerable to the problem of substance abuse. Alcohol or any substance use affects the individual involved and the family and society at large. Alcohol and tobacco are most commonly used drugs in India, cannabis and opioids top the list of most commonly used illegal substances. The National Mental Health Survey of India (2016) reported that the overall prevalence for any substance use

disorder was 22.4%, with tobacco accounting for the maximum portion i.e., 20.9% (Mathew, Gururaj, Benegal, & Girish, 2017). "National Household Survey of Drug Use in the country the only systematic effort to document the nationwide prevalence of drug use, recorded alcohol use in the past year in only 21% of adult males. The prevalence of current use of alcohol ranged from a low of 7% in the western state of Gujarat (officially under Prohibition) to 75% in the North-eastern state of Arunachal Pradesh". "The survey reported that there were 62.5 million users of alcohol, 8.7 million users of cannabis, and 2 million users of opioids in India" (Ray, 2004). There is widespread treatment gap for the substance users in the country. Moreover, most of the treatment services are centrally situated (Ganguly K. Pattern, 2008). According to the World Health Organization (WHO, 1994), substance abuse is "persistent or sporadic drug use inconsistent with or unrelated to acceptable medical practice".

Alcohol related problems are one of the oldest problems in the world. The use and the abuse of alcohol are well documented in the earliest writings in all over the world. At present, alcohol abuse is seen as the world's serious concern, not confined to any group, culture or country. Disruptive influences of the problem, its nature, causes are concern among helping professionals and clinicians both in developed as well as in the developing countries. Once the Person is addicted to alcohol, not only this affects the Person but also affects the entire family especially the spouse. Compared to others, the families with persons with alcohol abuse have more conflict between parents, spouses and with children. As a result of this, it is likely to affect spouse who may be on the receiving end of violence and sexual abuse (Manohar & Kannappan, 2010; Dawson et al., 2007).

Although various governments, organizations, individuals are working for reduction and elimination, the problem continues to increase significantly. Though there are few studies on impact of community intervention, the addiction research lacks on the impact of a community intervention on Person with alcohol abuse treatment with the integration of indigenous, medical and psycho-social intervention (action research). The present case study integrated

psycho-social and medical intervention in the community setup and used Person with alcohol abuse treatment method in the rural communities in Kalaburagi, a backward district of Karnataka. As alcohol problem is increasing in India, our method of intervention also needs to be changed. There is a need to develop alternative methods of treating the problem. The case study is unique in nature as it integrated indigenous, psycho-social and medical treatment methods.

Socio Demographic Details:

Name	: E
Age	: 35 years
Gender	: Male
Educational Status	: No formal education
Occupation	: Labour work
Religion	: Hindu
Domicile	: Rural
Marital Status	: Married
Type of family	: Nuclear
Socio Economic Status	: Lower socio-economic status

Clinical Diagnosis:

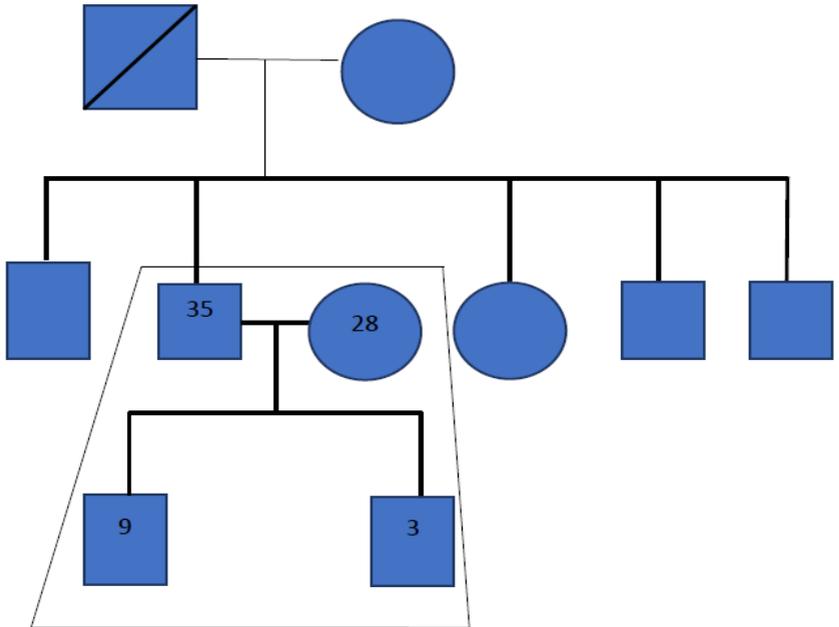
Alcohol Dependence Syndrome with simple withdrawal state (ICD 10, 2006)

Brief Clinical History:

The Person with alcohol abuse started using tobacco and alcohol at the age of 15 after being influenced by his friends. By the age he turned 18, the frequency of substance use turned into occasional drinking (180ml of alcohol once in two or three months). Gradually, the pattern changed to a daily intake of 400ml before eight years. The family reported a further increase in the alcohol intake of the Person with alcohol abuse in the last five years. Along with the increase in the consumption of alcohol, his other problems were also increased i.e., falling on roads and other places during intoxication, instances of physical and verbal abuse, frequent fights etc.

Family History and Composition:

The Person with Alcohol Abuse (PWAA) hails from Kadaganchi, Kalaburagi district, born out of a non-consanguineous union. His family consists of mother, an elder, two younger brothers, and a younger sister. At present, he lives with his wife and children.



He was born with five siblings out of non-consanguineous marriage. He stays with his wife and two children as a nuclear family. The family reported a history of psychiatric substance use in the father and nicotine use among the brothers.

Family Composition:

Wife: His wife was 28 years old, had no formal education, and worked as a daily wage labourer. She had interpersonal relationship issues with the

husband due to his unemployment and failure to take up household responsibilities. She was also the primary caregiver of the PWAA.

1st child: The child was nine years old and going to school.

2nd child: The child was three years old and going to Anganwadi.

Family Interaction Patterns:

Interaction between the couple: Due to his alcohol abuse, his interpersonal relationship with the wife was affected. He was unemployed, and the wife was going to work regularly. Due to his pattern of alcohol abuse, their interaction pattern was affected. Whenever the wife used to be free, he used to be in a state of intoxication. She used to blame him for not putting much effort into finding a job and financially supporting the family.

Interaction between Person with alcohol abuse and sons: Interaction between him and younger son was minimal because the son was scared of him due to his violent behavior. Sometimes the elder son was disapproval by criticizing and scolding him for his substance use.

Interaction between Person with alcohol abuse and significant others (Relatives): His dependence on alcohol and associated guilt reduced the interaction with significant others.

Family Dynamics:

Boundaries and sub-systems:

There exist clear and open boundaries in the family. Both parental and sibling sub-systems exist, but did not function well.

Sub-system: The family comprises a couple sub-system, parents –children sub-system, and siblings' sub-system.

The Couple Sub-system was not well-formed due to his inability to work and the use of alcohol every day. He had also been verbally, physically, and emotionally abusive toward his wife.

The sibling sub-system was well formed. They could express their feelings and opinions to each other freely.

The Parents and Child Sub-system was quite dysfunctional. There was a cross-generational coalition between the wife and children against the PWAA because of his violent behavior towards them. It was observed that couple sub-system was not well-formed and cross-generational coalition was present.

Family Development Stage:

According to Duvall (1977), the Family was in the stage of 'School going children'.

Leadership and Decision making:

Before his addiction, the PWAA was nominal head of the family, and most decisions were taken after discussion with the family members. All family members were given an equal chance to participate in the decision-making. But after his addiction this was changed. At present, wife is the family's functional and instrumental leader and participate in decision-making.

Role structure and functioning:

The wife plays an instrumental role in the family. She performs multiple roles and responsibilities. There were unmet expectations in the family regarding the Person with alcohol abuse's involvement in family responsibilities and social interactions. However, the Person with alcohol abuse's persistent symptoms interferes consistently with his role performance in the family. The wife takes on caregiving responsibilities and manages the household tasks. It

was observed that inadequate role performance by the Person with alcohol abuse had led to multiple roles being performed by wife.

Communication:

There was a high noise level in the family due to the Person with alcohol abuse's substance abuse, low motivation to work, and being violent toward his wife. Only need-based communication exists between the Person with alcohol abuse and his wife. There was low emotional connectivity between him and his children. It was concluded that high noise level was present in the family.

Reinforcement:

Social reinforcement was provided by the wife and sons if the PWAA went to work. It was seen in the form of appreciation, a smile, and expressing positive feelings. Occasionally wife also used to cook his favourite dishes to make him feel better if he went to work or did not drink alcohol. If he verbally and physically abuses his wife, his elder son used to express his disapproval by criticizing and scolding the Person. Positive reinforcement was limited in the family. The family members especially provide emotional support to the Person with alcohol abuse in his stressful situation. Overall, both positive reinforcement and punishment were present in the family.

Cohesiveness:

There was no specific situation in the family to discuss family matters. Healthy connectedness and healthy communication never existed in the family environment because of the addictive drinking behavior of the Person. He and his family used to attend social functions such as marriage and house parties together.

Family Rituals:

Family had adequate rituals in celebrating festivals, attending marriages, and having dinner together.

Adaptive patterns:

Family problems and conflicts were solved through discussion by the family members. Especially wife and elder son used to take the initiative in conflict resolution. However, the Person with alcohol abuse had poor problem-solving and coping skills. He used to become easily frustrated in problematic situations and used to blame others. He used to cope with the problem by in taking a substance or verbally and physically abusing his wife.

Social Support:

Support from immediate family members was available for the Person with alcohol abuse. A secondary-level support system was missing for the Person in the form of support from relatives and friends. Tertiary-level support from the hospital and panchayat was also utilized.

Personal History:

- ✓ **Birth & Early Development:** It was not available.
- ✓ **Behaviour during Childhood:** No history of bedwetting, thumb sucking, or frequent fights with siblings and children of his age reported by the Person with alcohol abuse.
- ✓ **Physical Illness:** No major physical illness in childhood, as reported by self and wife.
- ✓ **School:** He did not attend school and was illiterate.
- ✓ **Occupation:** The Person with alcohol abuse started working 20 years back and is currently unemployed for the last two years.

- ✓ **Sexual History:** He gained knowledge regarding sex from peer groups at 15 years of age. He started having a good sexual relationship with his wife after their marriage.
- ✓ **Marital History:** He was married ten years back and currently has two children. Marriage seems to be disturbed due to the substance abuse by the Person with alcohol abuse.
- ✓ **Use and abuse of substances:** The first instance of tobacco and alcohol intake was reported at the age of 15 after being influenced by friends. Dependent use for the last five years was reported.

Premorbid Personality:

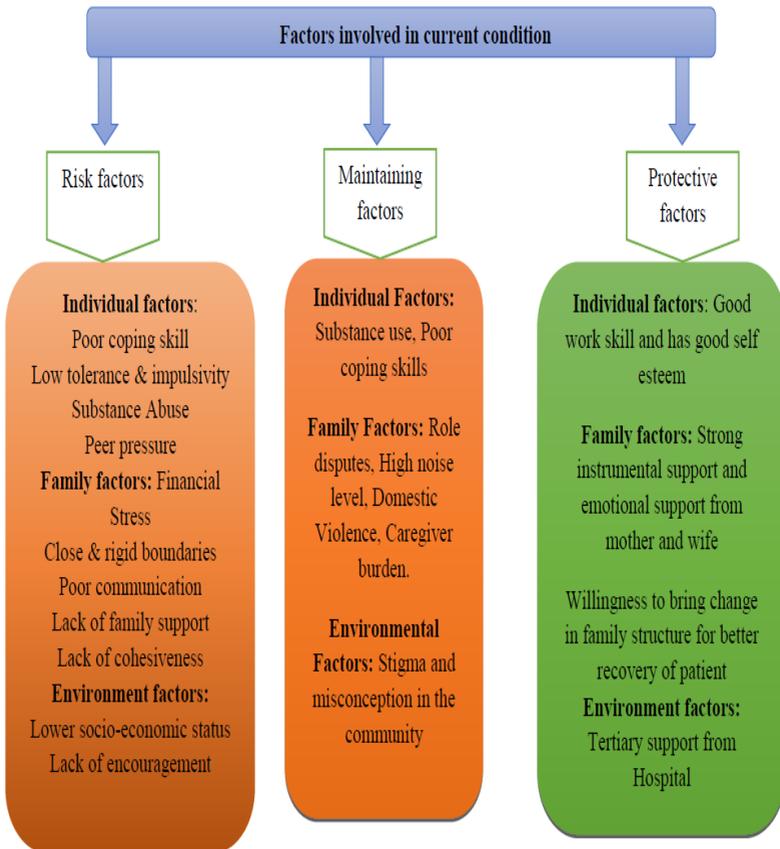
- **Attitude towards others in social, family, and sexual relationships:** The Person with alcohol abuse never used to interact much with family members, used to stay aloof, and was indifferent to praise and criticism. He was less sociable and had few friends in the neighbourhood because he would not trust people easily.
- **Attitude to self:** The Person with alcohol abuse had low self-esteem. He used to spend time in isolation, used to interact only with people well-known to him, and had difficulty adapting to new situations or people.
- **Moral and religious standards:** He had religious beliefs and kept moral standards.
- **Mood:** He generally used to stay in an active mood but faced difficulty in controlling anger.
- **Leisure activities and interests:** He enjoyed spending time with friends and going out with them.
- **Reaction pattern to stress:** He used to get angry very easily, leading to outbursts in front of family members and friends.

Social Analysis and Diagnosis:

Mr. Ewas a 35-year-old married male, born out of a non-consanguineous union, an uneducated and unemployed person hailing from a low-socioeconomic rural background was presented with complaints of alcohol consumption for 20 years, withdrawal symptoms, increased tolerance level,

increased anger, and verbal and physical abuse. He had poor interpersonal relationships with his wife, poor coping skills, and used to blame alcohol use as maintaining factor for his illness. Assessment of family dynamics indicated open and clear internal and closed external boundaries. The couple sub-system was not well formed. There was a cross-generational coalition between his wife and children against the Person with alcohol abuse due to violent behaviour towards his wife due to substance abuse. All family members were given an equal chance to participate in decision-making. The Person with alcohol abuse's illness impedes his performance of the roles as expected by the family members, resulting in conflicts at home. A high noise level communication pattern was reported. There was positive and negative reinforcement pattern in the family. Cohesiveness seems disengaged, and the Person with alcohol abuse could not emotionally connect to the family due to the illness and substance abuse. The family had adequate rituals, i.e., celebrating festivals and attending functions like marriages, house parties together. Interestingly, the family reported good primary and tertiary support but an absence of any secondary support.

The Person with alcohol abuse adapted a wrong method to cope with stressful situations by consuming alcohol. That indicates he had poor coping skills. According to him, if he consumes alcohol, he used to get the courage to face or mingle with others. The communication between him and other family members became poor due to his intoxication. He used to have verbal fights with his father and family members during intoxication and which was considered as his irresponsible behavior towards the family. He had difficulties in maintaining his abstinence for a long time because of multiple reasons, such as friends' influence, lack of assertiveness, family history of alcohol dependence, and interpersonal issues in the family.



Psychosocial Management:

Goals of intervention:

Individual level:

- ✓ To provide psycho-education on impact of alcohol dependence on him and family.
- ✓ Motivation enhancement intervention.
- ✓ To teach assertive techniques, coping strategies and occupational guidance.
- ✓ Linkage with district hospital for treatment.

Family Level:

- ✓ Provide psycho-education on disease model of alcohol dependence.
- ✓ Discuss the role of primary caregivers in treatment for alcohol dependence.
- ✓ Enhance the positive communication between husband and wife, PWAA and other family members.
- ✓ Teach problem solving skills

Nature & Number of Sessions:

- Sessions with Person with alcohol abuse:12
- Sessions with wife:8
- Joint sessions: 5

Process of intervention:

Individual-level intervention:

Psycho-education:

The rationale for psycho-education is to increase PWAA's knowledge, understanding of his illness, disease model and treatment process. Increased

awareness of one's illness enables people with alcohol dependence to cope more effectively with their illness and seek treatment for their problem. It was explained that alcohol dependence is relapsing and reoccurring disease and it requires multi-pronged effort to overcome from the disease.

During the sessions, the Person with alcohol abuse was given information about the illness's nature, symptoms, etiology, need and importance of treatment, available treatment option, and need for individual efforts quit. He was helped to develop insight into his symptoms, especially his substance use causing disruptive behaviors. He was also aided in understanding the need for complete treatment and proper drug adherence and its negative consequences. During the sessions, occupational and personal functioning aspects were also discussed.

Motivation enhancement therapy:

The motivation enhancement therapy (MET) is a systematic approach to evoke change in individuals. The intervention is designed to produce internally motivated change by mobilizing the substance user's internal recourse favouring change (Miller. W.R, 1995). His motivation for changing his alcohol behaviour was assessed. He was in the contemplation stage and he acknowledged drinking alcohol was problematic and wished to stop alcohol consumption. He was reported he had undergone multiple familial and societal conflicts under intoxication and wanted to stop alcohol use. He also said earlier he made attempts to stop using but due to craving he could not able to stop.

Later, cost-benefit analysis was done. He was explained the positives and negatives of alcohol use, his past experiences, his declined importance in the community and adverse effects on health. This was done multiple times and he came up with many issues and problems he had faced. At each session he could realize his problems and thus took the initiative to quit his alcohol consumption.

Relapse prevention strategies:

Relapse prevention strategies are an important component of treatment for persons with alcohol dependence. The relapse prevention model suggests overt determinants like high-risk situations, lack of coping skills, outcome expectations, abstinence violation effect and covert antecedents like lifestyle factors and drug cravings can contribute to relapse. It incorporates numerous specific and global intervention strategies that allow the therapist and client to address each relapse process. Specific interventions include identifying specific risk situations, increasing the client's self-efficacy, managing lapse, balancing the client's lifestyle, helping him/her to develop positive addictions, employing stimulus control techniques, and developing relapse road maps (Marlatt G.A, 1985).

The first strategy used in relapse prevention was honest communication about relapse "triggers" and how to overcome those. The Person with alcohol abuse was made aware of the reasons: the cognitions, factors influencing relapse, and physiological and psychological symptoms. It was identified that poor coping skills, lack of self-esteem, environmental factors of interpersonal relationship issues with wife and family members, and peer pressure were the main reasons for relapse. Thus, he was explained about social support systems to seek help from, followed by an encouraged self-reflection on how to handle cravings; how to be assertive and say "no" to peers while they compel to take alcohol; and how to avoid high-risk situations were discussed. The need for improving problem-solving skills, proper decision-making skills, positive coping with stressful situations, money management, and habit of savings were discussed.

Medical treatment:

After few sessions of motivation enhancement, the Person was ready for receiving medical treatment. He was taken to the Psychiatric department at district hospital for treatment wherein his wife accompanied him. He was assessed and diagnosed with alcohol dependence syndrome. The medications were prescribed to detoxification for two weeks. Initially he was abstinence for about five days. After five days, again he started to consume alcohol. Again, he was taken to hospital and once again started medication. This time he could

successfully stop. Later one month maintenance treatment was given. Later he was not willing to take medication and said he is confident to stop.

Family Level Intervention:

Psycho-education:

Family psycho-education involves the family in the acute and ongoing treatment and recovery of a person with a severe mental illness, substance use disorder, or a co-occurring disorder to alleviate the disorder, re-integrating the consumer in community life as he or she chooses and helping to set the stage for recovery. Family-focused interventions are empirically well-supported for youth with a conduct disorder or substance use disorder. This emphasizes that family therapy interventions can focus on the environmental factors that promote both disorders (Bukstein, 2000).

The initial session was to generate awareness about the illness and the need for treatment. The wife was given information about the nature of the illness, the need for medication, and continuation of treatment, and follow-up visits. The importance of good communication for treatment was explained to his wife. The wife was concerned about his physical and mental health, and her doubts were cleared.

Supportive therapy:

Supportive therapy is an unstructured therapy without specific psychological techniques other than those common to all approaches, such as helping people to vent their experiences and emotions and offering empathy. It is not aimed at solutions or acquiring new skills. It is based on the assumption that relief from personal problems may be achieved through discussion with others (Barth et al., 2013).

Supportive psychotherapy was started with the wife, the primary caregiver, who was allowed to ventilate, verbalize the issues and deal with intra-psychic

conflicts. Supportive work focused on enhancing the psychological strength by addressing her worries and concerns, as she was the primary caregiver for the Person with alcohol abuse and stayed with the Person in some hospital admissions. As the wife struggled to cope with his illness, she passed through various emotions, such as worrying and uncertainty about his future. She was helped to ventilate and express her worries and concerns and was given support regarding guidance and advice.

Outcome:

- The Person with alcohol abuse showed significant improvement at the time of intervention and completely stopped alcohol consumption.
- A better understanding of illness and craving management could be observed.
- Psycho-education improved the family's awareness and acceptance of illness, its long-term implication, and its role in supporting the Person with alcohol abuse.
- The wife reported a 65% reduction in her distress level.
- The Person started to work and used to take family responsibility.

Future Plan:

- Ensure follow-up and monitor the changes
- Continue to provide relapse prevention counselling
- To continue supportive therapy with the wife

Discussion:

Alcohol dependence is a relapsing and reoccurring disease which requires multi-pronged effort to overcome. The present case study was conducted in the community setup and professionally qualified social worker identified the case. After identification, assessment was carried out, intervention was planned and the same was imparted. The family was involved actively in the intervention process. The case was followed for about one year and whenever

required supportive intervention was done. The individual and family felt they could not able to overcome from this problem and lost the hope. The intervention showed that community-based intervention effect in treating persons with alcohol dependence. There are models which emphasized on community-based intervention and shown effectiveness in treating persons with alcohol abuse. In a meta review paper Porthé et.al. (2021) analyzed the evidence on effective community-based interventions. The final sample included eight primary studies and six of them were effective and shared three components (community mobilization; law enforcement and media campaigns). The studies combined approaches at individual, environmental, structural determinants of health and some cultural aspects related to consumption. Another study which was conducted in the community showed that the intervention imparted to children in the community setup was effective (Lakshmana, 2016).

Conclusion:

The case study demonstrates that targeted intervention in the community brings the desirable outcome. The communities are undergoing significant changes and reaching the target population is an essential intervention strategy. The present case study shows how the targeted intervention in the community brings the changes in the persons with alcohol dependence and his family. Social work schools, community-based organizations, district mental health program may adopt the same in their intervention activities.

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Addiction Awareness and Knowledge among Persons with Alcohol Dependents: A Study from De-Addiction Centers of Karnataka

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Abstract

Background: *Addiction Awareness and knowledge may lead to better de-addiction treatment outcomes in those with alcohol dependence syndrome (ADS).*

Methods: *We evaluated addiction awareness in 300 persons with alcohol dependents who were admitted to 15 de-addiction centres in Karnataka through semi-structured interviews and Knowledge and awareness about alcohol addiction tool (25 Items).*

Results: *It was observed that 50 % of the respondents agree to the treatment of alcohol addiction, 28% strongly agrees and 9% had a neutral response, 8% disagree and three percent strongly disagree to it.*

Discussion: *Creating awareness among those with ADS in de-addiction centres is essential for the improvements of mental health services and was found to be quite poor in the study sample. Strengthening awareness and*

effective implementation at such de-addiction centres can even improve the overall outcome of de-addiction facilities.

Conclusions: *Addiction awareness and knowledge may help in improving treatment and care for persons with Alcohol dependents.*

Keywords: Alcohol dependence syndrome, De-addiction centers, Addiction awareness

Introduction:

Alcohol abuse and dependence continue to be major mental health issues in India despite mental health programs focusing on it. While public awareness and outreach programs have been planned and conducted, the treatment gap remains at about 86%. This high treatment gap for alcohol dependence syndrome (ADS), which is only second to tobacco use (about 92%), becomes further distressing when compared to the treatment gap of severe mental illness- at about 74%. There seems to be a clear trend of under-utilization of mental health services in those with ADS. One factor contributing to this may be the relapsing course of ADS. While a severe medical illness related to alcohol use may prompt the user and caregivers to a quick visit to medical facilities, the same may be missing in the long course of ADS, where relapse is more of a norm. Those with ADS who have been treated may find such treatments of less value when relapsed, which further reduces treatment seeking. The family also may get accustomed to the winding course of ADS.

Early detection of relapse is therefore an important area of mental health care related to addiction. The mainstay of relapse prevention remains psycho-social. The choice of intervention may be influenced by the stage of treatment, nature of drug use, treatment setting and availability of trained manpower. Models of delivering these interventions can be therapist mediated or based on a self-help approach or through peer groups (peer-led interventions). The self-help part of such a therapeutic process, if optimized, may bring down further relapses and increase treatment-seeking.

However, there are only limited and insufficient studies on alcohol-dependent youth admitted to de-addiction centers. We have therefore attempted to focus on areas of addiction awareness and knowledge experienced by those with ADS who were admitted at de-addiction centers. We aimed to measure the knowledge and awareness about alcohol addiction.

Need for the Study:

The present society which is the transitory from rural to the urbanization has grown beyond our level of thinking. Though we are developing rapidly, the society is facing a lot of new challenges like HIV/AIDS, sanitation problems, environmental population, infrastructure along with many new types of social problems such as detached families, single parent families, youth alcohol dependents, elderly people dislodgement from family are different from the traditional problem of racism, gender discrimination, poverty etc. Among all the present social problems providing various psycho-social interventions like psychological wellbeing, motivation, relapse prevention for youth alcohol dependents, old age problems are the need of the hour and all the governments in the world are trying their level best to minimize these problems.

Youth are the more vulnerable and there is a huge need to address this issue. Youth are the future citizens of any country and if they are addicted, they will not get the adequate love and affection, education, values etc. which makes them to be the burden of the country. Hence there is a great need to address this issue.

Limited and insufficient studies done so far on the youth alcohol dependent admitted in de addiction centers. It is evident that, more research has been done on the prevalence, reasons for on the youth alcohol dependents, problem faced by the de addiction centres, De addiction centres but not much work has been done on the intervention like psychological wellbeing, motivation, relapse prevention programme for the youth alcoholic dependents. The main focus was based on providing the basic needs, vocational rehabilitation, counseling with family and engaging in some meaningful activities.

Scope of the Study:

The study focuses on areas of awareness and relapse prevention experienced by youth alcoholic dependents in admitted at De-addiction centers from south districts in Karnataka. The study consists of measuring the psychological wellbeing, motivation, knowledge, relapse prevention faced by alcoholic dependents. Among the many consequences, the study focuses on measuring four psychological impacts of youth alcoholic dependents. The study is done primarily through interviewing 300 alcohol dependents admitted in de addiction centers from Bengaluru and Kolar districts. The study is done from the perspective of psychological wellbeing, motivation, and knowledge and relapse prevention distress among youth alcoholic dependents. The final analysis of this study is done through descriptive and inferential statistics.

Statement of the Problem:

Alcohol dependence is a disease like other disease (Jellinek 1997). In the next 5-6 years the age of alcohol use is expected to come down to 15 yrs. The rising income level of youngsters is one of the major reason for increasing consumption of alcohol (National family health survey 2007). The few studies done on them looked at it mostly from the psychological perspective, knowledge and motivation researches on these youth alcoholic dependents in Karnataka are few. The study provide data on the psychological wellbeing and relapse prevention of alcoholic dependents admitted in de addiction centers. The findings of the study will help the policy makers, the academics, the social workers and the civil society to look into these areas and to work on these issues.

Objectives:

- To understand the awareness and knowledge on alcohol dependence syndrome (ADS).
- To know the knowledge and awareness among persons with alcohol dependents admitted in de addiction centre's.

Research design and methodology:

The data was collected from 15 de-addiction centers of Karnataka. Knowledge and awareness about alcohol dependence in each centre is noted in a semi structured proform. Research design selected for the study was descriptive. Purposive sampling technique used by the researcher to select the youth alcoholic dependents.

Population:

There are about 45 de-addiction centers working with the youth alcoholic patients in Karnataka. These de-addiction centers are considered the universe of the study. It is not possible to cover all the de-addiction centers and hence the researcher selected 15 centers using purposive sampling method for the study purpose.

Table 3.1 Population under study

Bangalore Division		Belgaum Division		Kalaburagi Division		Mysore Division	
Bengaluru Urban	20	Bagalkot		Bellary		Chamarajanagar	
Bengaluru Rural	2	Belgaum	5	Bidar		Chikkamagaluru	2
Chikkaballapur	1	Vijayapura	1	Kalaburagi		Dakshina Kannada	2
Chitradurga	2	Dharwad	2	Koppal	1	Hassan	
Davanagere	1	Gadag		Raichur		Kodagu	
Kolar	3	Haveri		Yadgir		Mandya	1
Ramanagara		Uttara Kannada	1			Mysuru	1
Shivamogga						Udupi	
Tumakuru							
	29		9		1		6

Source: <https://deaddictioncentres.in/state/karnataka/>

Sample size:

The sample size is 300 alcohol dependents. This study conducted at selected 15 de-addiction centers in Karnataka. 15 private de-addiction centres granted permission to carry out the research.

Table 3.2 – Sample size

SL /N O	Name of the De-Addiction Centres	No. of Alcohol dependants
1	Abhaya Addiction And Recovery Centre,	19
2	Higher Power Foundation	11
3	Sumana Ellen Foundation ®	21
4	V Care Foundation	34
5	Cadabam's Mental Health Care Services Pvt Ltd "Anunitha"	26
6	Life Care Centre	30
7	Nava Jeevana Foundation (For De -Addiction And Rehabilitation)	11
8	Agnes Charitable Trust	13
9	Tripa Revival Centre	15
10	Treatment Reha Bilitation & Education Drug Abuse (Treda)	16
11	Poorna Pragnya Social Service Society (R)	37
12	Sumrudee Foundation (R)	26
13	Rise Foundation (Rehabilitation Institute Or Spiritual Education)	14
14	Ashreya Foundation	20
15	Sri Sai Foundation	07
	Total	300

Data Collection:

Ethical Consideration: Written permission was taken from the selected de-addiction centre, Karnataka for conducting study & with the co-operation of the psychiatrist, Social worker and mental health professional in the unit.

Tools of Data Collection:

Structured Interview schedule used to assess the level of psychological wellbeing, motivation, awareness, relapse of persons with alcohol dependence. Informed consent was obtained from the participants. Adequate time were spent with each patient and establishes a good rapport, before proceeding to the interview. Responses were recorded in the questionnaire.

Data analysis, Presentation and Interpretation:

The data obtained was analyzed using descriptive and inferential statistics. ANOVA and Correlation analysis was used to check the impact and relationships between the dependent and independent variables.

Results:**Socio-demographic Profile of the Respondents**

Age of the respondents shows that 14% (42) were in the age group of 18-20 years, 22% (68) of the respondents were in the age group of 21-23 years, 21 % (64) of the respondents were in the age group of 24-26 years, 42% (126) of the respondents were in the age group of 27-29 years. A majority 86% (258) of respondents were Hindus, 3% (10) of the respondents were Christianity, 10% (29) of the respondents were Muslim. Majority 57% (171) of respondents were married, 43% (129) of the respondents were Unmarried. That popular 17% (53) of respondents were illiterate, 27% (82) of respondents were literate but no schooling, 17% (51) of respondents were up to primary, 35%(106) of respondents were middle school. Common 16% (49) of respondents were jobless, 26% (80) of respondents were petty business, 11% (34) of respondents were skilled worker, 44 % (130) of respondents were unskilled worker, 2% (7) respondents were private sector employees. The data shows that 70 % (210) of the respondent's belongings to Nuclear Family and 30% (90) of the respondents belongs to joint family. That all the rage of 24% (74) of the respondents had less than 5000 monthly income of the family and 41% (125) of the respondents had above 15000 monthly income of the family. Majority of 90 % (271) of the respondents had contact with family and 9% (29) of the

respondents did not have contact with your family. Majority of 60% (182) of the respondents had weekly once meet with family and 9% (29) of the respondents did not meet with your family. Majority of 58 % (174) of the respondent's good relationship with the family and 6% (20) of the respondent had bad relationship with family. Preponderance of 47 % (143) of the respondents had once year family visiting the De-addiction centers and 28% (86) of the respondents had twice in a year family visiting the de-addiction centres. Only 9% (28) of the respondents had family visiting the de-addiction centres. Alcohol dependents are aware of the Causes, Symptoms, Prevention, Treatment and facilities. A majority of the alcohol dependents have knowledge and awareness of the consequences of alcohol and its addiction.

Table 1: Family information of the Respondents

Type of Family		
Nuclear Family	210	70.0
Joint family	90	30.0
Total	300	100.0
Monthly Income Of The Family		
Less than 5000	74	24.7
5,001 to 10,000	54	18.0
10,001 to 15,000	47	15.7
Above 15,000	125	41.7
Total	300	100.0
Contact With Your Family		
Yes	271	90.3
No	29	9.7
Total	300	100.0
Do You Meet Your Family		
No contact	29	9.7
Daily	89	29.7
Weekly once	182	60.7

Total	300	100.0
Relationship With Your Family		
Good	174	58.0
Average	106	35.3
Bad	20	6.7
Total	300	100.0
Family of visiting the de-addiction centers		
Once a year	143	47.7
Twice in A year	86	28.7
once in 3 Months	28	9.3
Only when required- Rarely	43	14.3
Total	300	100.0

Information of Knowledge and Awareness about Alcohol Addiction:

Youth stage is a development stage when the psyche is normally roused to experimentation and investigation of the world. It is the age when most of liquor addicts' beginnings utilization of liquor and others addictive in third decade of life. Utilization of liquor by young people involves concern around the world. Liquor use in this age gathering is related with expanded danger of mishaps, savagery, and high hazard sexual conduct and subsequently diseases, for example, HIV, relational issues, decrease in occupation execution and inability to have a fruitful career and so forth (Prakash and et al, 2009). Liquor use puts them to high danger of experiencing behavior and state of mind issue. Considering the versatility of comprehension of the adolescent personality it is apparent that lesser level of intervention is expected to carry them to regularity than the grown-ups who are as of now subject to Alcohol Helping youngsters to abstain from beginning liquor is a broadly embraced objective of general wellbeing, yet there is vulnerability about how to accomplish the objective. Charitable Organizations give a course to speaking with a huge extent of youngsters however there is scarcity of endeavors to evaluate the

level and degree of information of the adolescent in developing nation like India. This section evaluates the Knowledge and information of the liquor mindfulness among Youth in Bangalore city.

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Table 2: Opinions on Information of Respondents on Knowledge and Awareness about Alcohol addiction related to the Causes

Causes	SDA	DA	N	A	SA
Total Percentage	7.17	18.07	11.17	44.07	19.53

*Source: Primary data/ SPSS calculated

* strongly disagree, Disagree, Neutral, Agree, strongly agree

The above table 2 shows that the total percentage of opinions on information of Respondents on Knowledge and Awareness about Alcohol addiction related

to the causes. The data observed that 44 % of the respondents agree to the causes of alcohol addiction. 19% strongly agrees to it 11% of the respondents had a neutral response to it was 18% disagree which includes 7% of respondents who strongly disagree to it. This means that they are more getting knowledge and awareness of alcohol addiction related to the causes.

Table-3 Total Percentage of opinions on Information of Respondents on Knowledge and Awareness about alcohol addiction related to the Symptoms

Symptoms	SDA	DA	N	A	SA
Total Percentage	4.10	11.27	10.88	48.33	25.38

*Source: Primary data/ SPSS calculated

* strongly disagree, Disagree, Neutral, Agree, strongly agree

The above table 3 shows that the total percentage of opinions on information of Respondents on Knowledge and Awareness about Alcohol addiction related to the symptoms. It was observed that 48 % of the respondents agree to the symptoms of alcohol addiction. 25% strongly agrees to it 10% of the respondents had a neutral response to 11% disagree which includes only 4% of respondents who strongly disagree to it. This means that they are more getting knowledge and awareness of alcohol addiction related to the symptoms.

Table 4: Total Percentage of opinions on Information of Respondents on Knowledge and Awareness about Alcohol addiction related to the Effects

Effects	SDA	DA	N	A	SA
Total Percentage	3	6.4	4.6	46.6	39.4

*Source: Primary data/ SPSS calculated

* strongly disagree, Disagree, Neutral, Agree, Strongly agree

The above table 4 shows that the total percentage of opinions on information of Respondents on Knowledge and Awareness about Alcohol addiction related

to the Effects. The data representation it was observed that 46 % of the respondents agree to the effects of alcohol addiction. 39% strongly agrees to it 4% of the respondents had a neutral response to it only 6% disagree which includes 3% of respondents who strongly disagree to it. This means that they are more getting knowledge and awareness of alcohol addiction related to the effects.

Table 5 Total Percentage of opinions on Information of Respondents on Knowledge and Awareness about Alcohol addiction related to the Prevention

Prevention	SDA	DA	N	A	SA
Total Percentage	2.13	8.23	8.37	52.77	28.57

*Source: Primary data/ SPSS calculated

* strongly disagree, Disagree, Neutral, Agree, Strongly agree

The above table 5 shows that the total percentage of opinions on information of Respondents on Knowledge and Awareness about Alcohol addiction related to the Prevention. The data demonstration it was observed that 52% of the respondents agree to the prevention of alcohol addiction. 28% strongly agrees to it 8% of the respondents had a neutral response to it same 8% disagree which includes 2% of respondents who strongly disagree to it. This means that they are more getting knowledge and awareness of alcohol addiction related to the prevention.

Table- 6: Total Percentage of opinions on Information of Respondents on Knowledge and Awareness about Alcohol addiction related to the Treatment

Treatment	SDA	DA	N	A	SA
Total Percentage	3.57	8.47	9.00	50.90	28.10

*Source: Primary data/ SPSS calculated

* strongly disagree, Disagree, Neutral, Agree, Strongly agree

The above table 6 shows that the total percentage of opinions on information of Respondents on Knowledge and Awareness about Alcohol addiction related to the Treatment. It was observed that 50 % of the respondents agree to the treatment of alcohol addiction. 28% strongly agrees and it was 9% of the respondents had a neutral response, 8% of disagree which includes 3% of respondents who strongly disagree to it. This means that they are added getting knowledge and awareness of alcohol addiction related to the treatment.

Table 7: Total Percentage of opinions on Information of Respondents on Knowledge and Awareness about Alcohol addiction related to the Facilities

Facilities	SDA	DA	N	A	SA
Total Percentage	11.35	17.35	14.35	40	17

*Source: Primary data/ SPSS calculated

* strongly disagree, Disagree, Neutral, Agree, Strongly agree

The above table 7 shows that the total percentage of opinions on information of Respondents on Knowledge and Awareness about Alcohol addiction related to the Facilities. It was observed that 40 % of the respondents agree and 17% of strongly agrees, 14% of the respondents had a neutral response, 17% disagree which includes 11% of respondents who strongly disagree to it. This means that they are fewer facilities to alcohol addiction in de-addiction centres.

Table items shows that the information of knowledge and awareness of the respondents is examined with a set of statements which are measured using 5 point Likert scale of agreement. Statements are related to the Causes, Symptoms, Prevention, Treatment and Outcome are administered to the youth alcohol addicts and following responses are received.

When enquired whether increase in Road traffic Accidents /death rate due to drunk and driving a majority of 45.3 % agreed and 48.7% strongly agreed to the above statement. A larger part of 93% youth alcohol dependents agreed

that Alcohol affects the brain functions and causes mental illness.

Health issue are common affects and outcomes of alcohol consumption, 149 respondents amounting to 49.7 % and 133 respondents amounting to 44.3 % agreed and strongly agreed respectively that Liver and Kidney problems occur due to excessive intake of alcohol. Family member, friends and relatives share a significant role in helping addicts to abstain from drinking. 88% of the youth alcoholics believed that the family members of alcohol dependents should be educated on this illness so that they could extend their help.

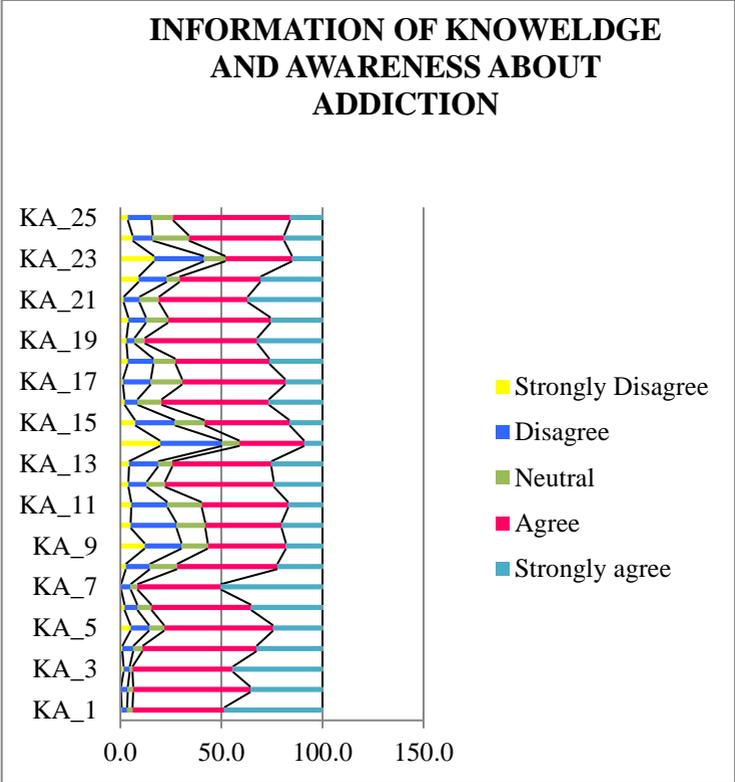
Liquor addiction is described by an expanded resilience of and physical reliance on liquor, influencing a person's capacity to control liquor utilization securely. These attributes are accepted to assume a job in obstructing a heavy drinker's capacity to quit drinking. Liquor abuse can affect psychological wellness, making mental issue create and an expanded danger of suicide. A majority of 78% respondents agreed that it takes many years for one to become addict to alcohol and the 35% of the youth alcoholics strongly agreed that Alcohol dependents can be easily identified in the society. In perception of the respondents Alcohol may affect the poor or the rich, almost 92% respondents agreed on this statement. Also social networks affect the intake of alcohol and 149 respondents agreed and 67 respondents strongly agreed that having relationship with Alcohol dependent persons may make one to start using alcohol.

Alcoholism affects the family members of the respondents in many ways which can be physical or mental abuse. The youth alcohol dependents feel that women get addicted to alcohol due to alcohol dependent husband/family members. 113 respondents accounting to 37.7% have agreed to the above statement. A majority 42.7 % of youth affected by alcohol addiction said that women generally do not get into problem of addiction. The respondents are aware that Children of alcoholics will have more psychological problem than their counter parts.75% of the liquor addicts feel that person becomes addict through social drinking. When enquired whether Addiction to alcohol

is a punishment from god an equal number of respondents agreed (32%) and disagreed (30.7 %) respectively.

The effects and outcomes of the liquor addiction could be many, 58% of the total sample feel that Alcohol dependence syndrome is a hereditary disease. A very small percentage 8.3 % of the respondents is unaware that Alcohol dependents will have serious neurological problems. An Alcohol dependent person may become an impotent, this statement is agreed by 51% of the addicts and 18.3 % strongly agreed to the same. A greater part of 72.6 % of the respondents under study agreed that the treatment cost for an Alcohol dependent person is very costly.

A greater preponderance of 88% and 76% believed that Alcohol dependents need psychological counselling and Hospitalization is always desirable for Alcohol dependents respectively. An equal number of respondents agreed (33.0%) and disagreed (24.7%) that addiction can be cured by going pilgrimage places like sabrimala and Dharmastala. 66% of the youth alcoholics agreed that there are special, free, treatments available for addiction at Government Hospitals.



Graph 1: Information of Knowledge and Awareness about Addiction - related to the Causes, Symptoms, Prevention, Treatment and Facilities N=300

Graph 1- depicts that majority 45% (136) of respondents agreed of increase in Road traffic Accidents /death rate due to drunk and driving, 48% (146) of the respondents was strongly agreed to the above statement. A larger part of 93% youth alcohol addicts agreed that Alcohol affects the brain functions and causes mental illness. Health issue are common affects and outcomes of alcohol consumption, 149 respondents amounting to 49.7 % and 133 respondents amounting to 44.3 % agreed and strongly agreed respectively that Liver and Kidney problems occur due to excessive intake of alcohol. Family

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A greater preponderance of 88% and 76% believed that Alcohol dependents need psychological counseling and Hospitalization is always desirable for Alcohol dependents respectively. An equal number of respondents agreed (33.0%) and disagreed (24.7%) that addiction can be cured by going pilgrimage places like Sabrimala and Dharmastala. 66% of the youth alcoholics agreed that there are special, free, treatments available for addiction at Government Hospitals.

Table 8: Total Mean, Standard Deviation for Information of Knowledge and Awareness

Sr /No	Variables	N	Mean	Standard Deviations
1	Information of Knowledge and Awareness about addiction	300	3.79	1.05

Source: Primary data/ SPSS calculated

The table 8 gives knowledge and awareness mean was 3.73 and standard was 1.05 for the Knowledge and awareness statements. Mean is the best measure to analyze the opinions of the respondents. All statements are positive and

mean score shows the degree of agreement of the Youth with alcohol dependents. The mean values for all Knowledge and Awareness about alcohol dependents items is more than three indicating an agreement.

Limitations of Research:

The researcher found that the respondents were not able to spend adequate time for the purpose, he had to request them to allot time after the daily activities. To develop rapport with sample Respondents and also to overcome their suspicion, the researcher took the help of the psychiatrist, Social Worker, Psychologist, Mental health professionals, other staff of De-addiction Centres and knowledgeable in establishing identity and also to explain the nature and purpose of the study.

The data collected from the respondents refers to 2019-20 calendar year. It is to be noted that since both the selected de-addiction centres of the study have more number alcohol dependents, the samples taken for the study was meagre. Further, as the research work is a explanatory study with reference to selected de-addiction centres of Bengaluru urban and Rural, Kolar Districts. The results are comparable to such de addiction centres. it has all the limitations associated with it. However, some of the results are similar to dismal de addiction centres. The results of the study cannot have universal application.

Even when one tries to apply to the institutions of similar nature, these must be applied with caution and care. In spite of the above limitations, all the efforts have been made to make the study complete and analytical.

- Time constrains
- Only 15 de addiction centres were selected so that the outcome may be varied

Findings of the study were based on the assumption that respondents give correct information. There is no high reliability on the questionnaire adopted.

The study has the following limitations.

1. The awareness programme was focused majority on alcoholic dependents but it did not include other psychosocial problems.
2. The method included only medical treatment method for youth alcoholic dependents admitted in de addiction centres, but it should have included psychosocial treatment method also.
3. The study has been carried out in the admitted de addiction centers only; hence, the sample may not be reprehensive of general population.

Recommendations of research:

- Experimental studies can include holistic and rehabilitation approach,
- Similar kind of study can be replicated with female youth with alcohol dependents.
- Counseling can be including in the treatment process.
- Other Substance abusers (Drug addicts) can be included in providing treatment

Conclusions:

Knowledge and Awareness about alcohol dependence in de addiction centres are very essential for improvements of mental health services. The present society is facing a lot of new challenges and problems. In these aspects private de-addiction centres are faced more and more difficulties and human rights violations. Some of the centres are not providing medical treatment and counseling services. Mental health professionals also not working in de addiction centres. In this background the present study done various aspects of psychological wellbeing, motivation to change, relapse and its prevention awareness. The research studies done on the prevalence and reasons for alcohol dependence. The main focuses were based on providing the basic needs, vocational rehabilitation and engaging in some activities.

The findings of the study help in a great manner to the private De-addiction centres as well as to other service providers to use in activities. The present

study can be used for making appropriate plan to treat the youth with alcohol dependents.

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Psycho-Social Factors Affecting Well-being of Older Adults: A Critical Analysis for Policy Directions

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Abstract

Psycho-social competence is a key determinant of the quality of life of older adults. They command high respect and have an important role in the socialization of new generations, whereby they are responsible for solving the problems within a family, caste, and community through their experience. This has paved the way for an identity crisis among the geriatric population, whereby they are facing lots of painful realities in life. The socio-demographic factors play a major role in deciding their quality of life. It includes a multifaceted perspective which includes lifestyle, socio-cultural & political environment, financial compatibility, and relationship goals. It is flourishing and well-being in nature, both mentally and physically. The ones who lived with prime glory once now encounter various mental and physical illnesses prolonged by technological advancement. With the process of delayed aging,

up-to-date caretaking is also delayed, making the senior population's survival difficult. Longevity has badly affected the lives of older adults with physical and mental health issues caused due to their psycho-social incompetency or self-practiced social norms. However, if the illness is prevented by providing appropriate interventions like timely check-ups, proper medication, etc. In that case, the potentiality of geriatric illness can be controlled to an extent, which shall create new horizons for the quality of life of the geriatric population. This review report aims to analyze the competing psycho-social factors affecting the quality of life of the geriatric population.

Keywords: Seniors, Domains of Life, Psycho-social Competence, Quality of Life.

Introduction:

India has a rich tradition and cultural background of social welfare activities. Traditional Indian culture includes positive feelings and care for older adults in society. In traditional primary institutions of joint families, caste groups and Panchayats respected them. They are responsible for showing the way of living and guiding families and youth through their experience and ethics. Their suggestions are generally based on a non-materialistic approach, morality, and impersonal thinking. They are respected not for owning properties and assets but for their social-cultural values and the traditional institutions favoring them (Stoetzer & Schaefer, 1996). They are the founders of new generations and contribute to the development of society. However, the increasing industrialization, modernization, urbanization, globalization, and economic liberalization have harmed traditional institutions and socio-cultural values (Stallings 2022). Besides increasing longevity, improvement in nutrition, sanitation, medical advances, healthcare, education, and economic well-being, there has been a decrease in the fertility rate and an increase in the aging population, which presents social, economic, and cultural challenges to individuals, families, societies, and the global community. The traditional institutions are slowly disappearing with the busy schedules of the younger generation, who forget the older adults, making them vulnerable.

Geriatric Population: An Overview

The geriatric stage, or old age, is a stage in the human life span whereby tremendous changes exist physically and mentally with the changes in societal influence (Gyawali et al., 2020). Given the advancement in scientific and technological infrastructures, there is an imperceptible prevention/delay of the aging process. But due to the orientation of the family from a joint to nuclear structure, older adults are facing problems such as their inability to run errands, lack of economic independence, absence of decision powers, etc. (Alam et al. 2016). At this stage, individuals are vulnerable to physical disabilities and mental disorders with impairment in cognitive powers. As they grow older, their patterns of interest change.

In most cases, impairments and other psycho-physiological temperaments are seen largely in women, especially widows (Indu et al., 2018) compared to men. The prominence of illiteracy, unemployment, and unmarried status played major roles in their cases (Gyawali et al., 2020). The major psycho-social competency reluctance among older adults is loneliness, neglect, abuse, etc., especially under institutional care, which results in poor social interactions and a lack of use of available mental health help facilities (Indu et al., 2018). Other necessary infrastructures for older adults, like special transportation schemes, recreational facilities, etc., are also not taken care of (Alam et al., 2016). Understanding the psycho-social competencies from the perspective of geographical distribution proves very helpful in identifying the potential causative agents affecting the quality of life of older adults. The difference between the characteristic features of rural and urban populations is distinguished by the quality of health care providers and facilities. This is because the access quality depends on older adults' literacy rate and employment potential (Akila et al., 2019). One such factor is the rate of depression among older adults concerning functional dependence on other family members, which for them is a real causative agent. The loss of this support system consisting of the family can induce detrimental effects on older adults (Akila et al., 2019).

The dependent factors of the senior women population consist of emotional, social, and financial arenas, as their happiness depends on family bonding, social acceptance, and community participation in religious gatherings (Hussain, 2021). Older women's main problems are abuse by spouses and children, lower literacy levels, income generation, and inadequate and inappropriate medical help and financial assistance from governing bodies. To bridge the gap between women and the concerned authorities, timely interventions in the form of appropriate social security schemes should be carried out to ensure social and economic security among older women (Hussain, 2021). The needs of older adults must be focused on different dimensions based on societal demands/ requirements to ensure maximum support from the officials concerning psycho-social stability and care (Akila et al., 2019).

The main socio-demographic factors considered for assessing their quality of life include the domains such as physical, psychological as well as environmental. The variable age finds a place under the physical and environmental domains, and gender under the physical and psychological domains. Religion is under the environmental domain, education and marital status are under the physical domain, and the current occupational status is under the psychological and environmental domain (Sanya & Kumaran, 2020). A fourth domain was the social relationship domain, which included higher education, higher income, absence of co-morbid conditions, etc. For urban areas, the main factors contributing qualitatively to the life of the elderly include their level of mental health, physical health, living arrangement, dependence level, interpersonal and intrapersonal relationships, work efficiency, social environment, easy access and availability of health care and transportation facilities, opportunities of new skill developments, etc. (Usha & Lalitha, 2016).

Factors affecting psycho-social competence:

Name of the study	Author	Year	Psycho-social Factors identified
Psycho-social Functioning in the Elderly: An Assessment of Self-concept and Depression	Grace & Toukhsati	2014	Self-concept, Depression
Psychological distress and its correlates in older care-dependent people living at home	Thygesena et al.	2009	Physical illness and disabilities
Perceptions About Competing Psycho-social Problems and Treatment Priorities Among Older Adults with Depression	Proctor et al.	2008	Grief, loneliness, worries, boredom, or memory problems. Financial, family, and healthcare problems
Physical and Psychological Problems of the Elderly at an Aged Care Center	Gyawali et al.	2020	Depression and Cognitive Impairment
Profile of elderly patients presented with psycho-social problems in Ibadan	Adeleke et al.	2017	Depression, Fear, Loneliness/Isolation, Financial Constrain, Physical Assault, Poor Family Support
A qualitative study on the mental health needs of the elderly in Kerala, South India	Indu et al.	2018	Poor interaction among family members, lack of feeling of togetherness, loneliness, isolation, and having no role in decision-

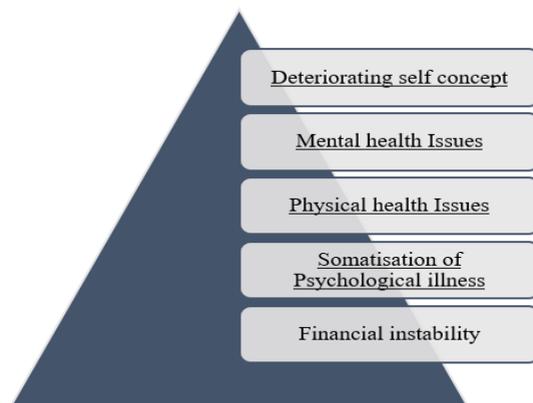
			making regarding family matters
Relationship of loneliness and social connectedness with depression in the elderly: A multicentric study under the aegis of the Indian Association for Geriatric Mental Health	Grover et al.	2018	social isolation/poor social connectedness and loneliness
Prevalence of Psycho-social Problems Among Elderly in Urban Population of Mysore City, Karnataka, India	Boralingaiah et al.	2012	Anxious, loneliness, depression Fear, Stress
The investigation of medical and Psycho-social problems of the geriatric population in the urban area of Madhya Pradesh in India	Gupta et al.	2012	Depression
Psycho-social Support Issues Affecting Older Patients: A Cross-sectional Paramedic Perspective	Ross et al.	2017	Loneliness, Anxiety, Fear, Grief, Depression, Neglect, abuse, Self-care issues, Care of pets, Loss of confidence, and Lack of social and support networks
Assess the psycho-social problems of the geriatric population	Gholap &	2015	loneliness, economic insecurity, and nobody

	Chendake		showed respect towards them
A study to Assess the Proportion of Age-related problems and Psycho-social distress among the Elderly in Urban field practice area of BMCRI, Bengaluru	Allegrini & Rangana th	2019	Depression
Quality of Life of Senior Citizens: A Rural-Urban Comparison	Usha & Lalitha	2016	Lack of health care benefits in rural areas
Quality of Life and Socio-demographic Factors Associated with Poor Quality of Life in Elderly Women in Thiruvananthapuram, Kerala	Rajasi et al.	2016	Financial instability, lack of care, and decreased social relationships among elderly women.
Cognitive impairment and reduced quality of life among old-age groups in Southern Urban India: home-based community residents, free and paid old-age home residents	Samuel et al.	2016	Cognitive impairment-anxiety, disability, poor health care facilities.

A Cross-sectional study about the quality of life among the elderly population in rural Puducherry	Sivapragasam et al.	2019	Declined social relationships due to nuclear family types, comorbidities, lifestyle behaviors
Loneliness, Resilience, Mental Health, and Quality of Life in Old Age: A Structural Equation Model	Gerino et al.	2017	Loneliness & Resilience
Assessment of Quality of Life among Rural and Urban Elderly Population of Wardha District, Maharashtra, India	Mudey et al.	2011	Different socio-demographic structures.
Assessment of Domain-wise Quality of Life Among Elderly Population Using WHO-BREF Scale and its Determinants in a Rural Setting of Kerala.	Thadathil et al.	2015	Absence of recreational facilities, comorbidities, life without a spouse, absence of appropriate occupation, and income.
Quality of life of institutionalised elderly in an urban area of North Kerala, India	Sanya & Kumaran	2020	Physical illness was predominant among females.
Somatic symptoms of depression in elderly patients with medical comorbidities	Drayaer et al.	2005	Depression leads to fatigue and other somatic complaints.

When symptoms of disease overlap with symptoms of depression.	Ellis et al.	2006	Depression can be in the form of loss of appetite or weight, psychomotor retardation or agitation, disturbed sleep patterns, etc.
The Transcending Age: A study of psycho-social well-being of elderly women in India	Hussain S.	2021	Increase in health-related problems, mobility issues, and depression
Study on sleep quality and associated psycho-social factors among elderly in a rural population of Kerala, India	George et al.	2018	Problems in sleep quality due to the absence of appropriate toilet facilities inside the house, health issues, and a heavy dosage of regular medications

The literature analysis shows that the pervasive factors that influence psycho-social competence are:



1) Deteriorating Self-Concept

The term self-concept can be explained as the set of cognitive pathways that provides individual expertise in each domain (Markus et al., 1985). The idea of self-concept represents the qualities one relates to self, regarding compassion, consideration, appearances, etc., concerning one's immediate environment (Bailey, 2003). Among older adults, the meaning of self-concept takes a multifaceted outlook whereby it indicates their social development, and a decreased level indicates problems in interpersonal relationships, the feeling of inadequacy, and a lack of mental well-being (Blanco et al., 2004). For the women population, aging is a stage where they become senior citizens with reduced attractiveness and are in a transcending state, which motivates them to reinvent themselves from their very core nature as compared to men, but sadly they often end up in frustration (Hussain S, 2021). In the case of older adults under institutional care, self-concept plays an important role in uplifting their psycho-social well-being and shows an inversely proportional relationship with the rate of depression. It also showed varied deviations in a negative perspective compared to the community-dwelling groups (Grace & Toukhsati, 2014).

2) Mental health Issues

Among older adults, other than physical problems, mental health issues significantly reduce psycho-social competence, especially in women who are illiterate, unemployed, and unmarried (Gyawali et al., 2020). The commonly seen mental health issues include depression, anxiety, insomnia, dementia, etc. and are more common in most of them under institutional care than in a family setting (Indu et al., 2018). Verbal abuse and other humiliation by children also, in turn, make them mentally prone to illnesses (Alam et al. 2016). This is because, as age advances, psychological feelings are fastly and deeply affected (Thadathil et al., 2015). Cognitive impairment is a prominent issue among older adults other than neurotic disorders (Samuel et al.2016).

3) Physical Health Issues

The physical fitness of older adults is one of the core concerns for everyone, but the lack of adequate specialists in senior healthcare makes them prone to physical disturbances without adequate recognition and care (Alam et al. 2016). The physical illness included multiple morbidities along with non-communicable diseases. The common comorbidities include surgical, neuromuscular, dermatological, hearing and vision impairment, gynecological, and many other acute conditions. Hypertensive, as well as diabetic conditions, persists along with severe cases of obesity in most older adults. But the physical domain of the older adults coming under the age category of 60-69 years was found to appreciate their better quality of life than other older adults (Sanya & Kumaran, 2020).

4) Somatization of Psychological illness

The stigmatization of persisting mental issues in the form of physical disturbances is also observed gradually among older adults (Indu et al., 2018). The main cause of physical disturbances may be due to mental imbalance. Psychological distress may be due to acceptance of bodily and functional shortcomings, changes related to goal achievement during old age, etc. (Thygesena et al., 2009). Mental illnesses such as depression can lead to multiple somatic complaints. Depression can cause fatigue during the first stages and gradually progress to other issues (Drayer et al., 2005). Other major somatic disturbances are loss of appetite or weight, psychomotor retardation or agitation, disturbed sleep patterns, etc. Therefore, such physical distresses should never be neglected and not be treated just as physical but should also be warranted as psychological distress among older adults (Ellis et al., 2006). Impairments in cognitive power have also resulted in comorbidities among older adults accompanied by other functional disabilities (Samuel, 2016).

5) Financial Instability

In many joint families, older people face many socio-economic problems and self-learning incapacities due to negligence and a lack of healthcare (Gholap & Chendake, 2015). Elderly abuse cases were mainly due to financial

instability and dependence on their families (Indu et al., 2018). Economic independence among the geriatric population has to be prioritized to improve their life situations as financial stability is the prime source of quality life in their concern (Thadathil et al., 2015). Senior seniors cannot meet their basic needs unless they have security such as savings (investments) or pension, which, if not met, can lead to frustration and depression. This condition is more prominent among older men (Adeleke et al., 2017). Financial instabilities can also potentially cause poor sleeping patterns among seniors. Their subjective sleep can only be improved if they have enough savings during their working time (George et al., 2018).

Psychosocial Interventions:

Due to the non-availability of adequate psychiatric healthcare facilities, there is a high prevalence of depression in rural India compared to other developed and developing countries. The quality of life of older adults is also affected due to depression. The factors include loneliness and isolation, stressful events in life, higher use of emotion-based coping strategies, absence of appropriate family support and care, inadequate quality time to be spent with children and grandchildren, absence of an appropriate spiritual state, etc., further intensifying the depression levels. The shift from a joint family structure to the adoption of nuclear family life patterns could be one of the critical reasons for this (Grover & Malhotra, 2015). This shows that the psycho-social domain of the elderly is badly affected due to various reasons at different times in their elderhood (Thadathil et al., 2015). Thus, the need for better rehabilitation for seniors is as essential as their survival. Their decreased functional outcomes badly affect them, leading to impairments, chronic illnesses, and other mental disorders such as depression, fear, anxiety, stress, etc. (Bartels & Pratt, 2009). Therefore, regular screening patterns should be followed to maintain a quality check in their normal course of life (Grover & Malhotra, 2015). During the general health assessment, the quality of sleeping patterns should also be taken care of. In the case of rural areas, the absence of appropriate toilet facilities inside the house can seriously affect older adults and make them vulnerable to insomnia. Chronic-morbid conditions can cause serious distress in sleeping

patterns. This can lead to psychological problems such as depressive and anxiety symptoms among older adults. It can create serious issues if professional help is not sought at the right time (George et al., 2018).

In addition, proper rehabilitation and self-interventions are to be administered to improve social integration and support involvement in meaningful activities (Bartels & Pratt, 2009). More recreational interventions, such as self-help groups, clubs, etc., are to be introduced to improve their quality of life. Along with that, the government also should take adequate care in creating alternative job opportunities to increase the financial stability of older adults (Thadathil et al., 2015). The situation of senior participation in the Indian workforce is not promising. It is evident from the population census 2011 that the participation of older adults in economic activities varies according to area and gender (Choolayil & Puthran, 2018). When getting older, women find it difficult to manage their life psychologically through traditions and socially through the administrative system (Hussain, 2021). Thus, the female elderly should be encouraged to participate in special programs and activities to conveniently address their physical, psychological, social, and financial difficulties. Various schemes should also be introduced among older adults to assure them that the government is taking the required considerations in looking after their affairs of well-being in their hour of need. Adequate support should be put forward to the Self Help Groups (SHGs) formed by older adults. All of these can also improve older adults' quality of life (Sanya & Kumaran, 2020). In addition, appropriate gender laws and policies should be revised accordingly to ensure optimized economic assistance and social protection to provide a better quality of life for other age groups (Hussain, 2021).

The following is a list of schemes and Programmes run by various Ministries/ Departments of the Government of India for the welfare of Senior Citizens:

Programs	Distinguishing features of each program.
1. Integrated Programme for Senior Citizens (IPSrC)	<ul style="list-style-type: none"> • Earlier known as Integrated Programme for Older Persons (IPOP) • Grants-in-aid are given for the running and maintenance of Senior Citizens Homes, popularly called Old Age Homes/Continuous Care Homes, Mobile Medicare Units, etc., to the Implementing Agencies such as State Governments /Union Territory Administrations (through Registered Societies)/ Panchayati Raj Institutions (PRIs) / Local bodies; Non-Governmental/Voluntary Organisations.
2. Rashtriya Vayoshri Yojana (RVY)	<ul style="list-style-type: none"> • Provides physical aids and assisted living devices to restore near-normal body functions to senior citizens in the BPL category. • Was launched on 1st April 2017 • The scheme is implemented by "Artificial Limbs Manufacturing Corporation (ALIMCO)," a Public Sector Undertaking under this Ministry
3. Senior Citizens' Welfare Fund	<ul style="list-style-type: none"> • Promotes financial security of senior citizens, health care and nutrition, the welfare of elderly widows, schemes relating to Old Age Homes, Short Stay Homes, and Day Care of senior citizens, etc. • Launched in 2015-2016 budget.
4. National Council for Older Persons (NCOP)	<ul style="list-style-type: none"> • Implemented in the year 1999 • Reconstituted and renamed as National Council of Senior Citizens (NCSrC) in 2012 • Advises Central and State Governments on the entire gamut of issues related to the welfare of

<p>5. Vayoshreshtha Samman</p>	<p>senior citizens and the enhancement of their quality of life.</p> <ul style="list-style-type: none"> • To recognize the efforts made by eminent Senior Citizens and Institutions involved in rendering distinguished services for the cause of elderly persons • Started celebrating International Day of Older Persons (IDOldP) on 1st October 2005 • Vayoshreshtha Samman was upgraded to the National Award and the Scheme of National Awards for Senior Citizens on 22nd January 2013.
<p>6. National Social Assistance Programme (NSAP)</p>	<ul style="list-style-type: none"> • The old-age pension is provided under Indira Gandhi National Old Age Pension Scheme (IGNOAPS) to persons belonging below the poverty line (CBPL) household.
<p>7. Annapurna Scheme</p>	<ul style="list-style-type: none"> • Indigent Senior Citizens, who are not getting a pension under IGNOAPS, are provided 10 kg of food grains per person per month free of cost.
<p>8. Home for Widows.</p>	<ul style="list-style-type: none"> • Constructed by the Ministry of Women and Child Development at Sunrakh Bangar, Vrindavan, Distt. Mathura, Uttar Pradesh. • Has a capacity for 1000 widows • Provides a safe and secure place to stay, along with required health services, nutritional diet, legal, and other counseling services. • Operational with effect from 01-19-2018.

Source: <https://pensionersportal.gov.in/Document/WelfareSchemes.pdf>

In assessing the socio-economic as well as overall health conditions of the elderly, we should keep in mind the fact that these can be improved only if psychological distress is removed. Due to the increase in life expectancy and the consequent greying of the population, it is desirable to have appropriate social security programs and services that can also benefit the upcoming generation. Psychological well-being concentrating on social, emotional, mental, and spiritual regimens are to be focused on creating an upbringing to the prospects and thereby maintaining financial stability within the government without unnecessary wastages of implementing schemes that are non-potential. This can reduce costs upon successful management and treatment of geriatric problems at the right time. The positivity of taking preventive measures can bring a harmonized global and local situation to be an integral part of public health. This should be part of public welfare concerning numerous public sector organizations, namely social justice departments, employment functions, education, health, and human rights (Srivastava et al., 2021).

Conclusion:

The psychological and social factors can be identified as the major role players in determining the healthy life and well-being of the geriatric population. The review of various works of literature finally suggests that the quality of life of older adults is affected both mentally and physically in the current psycho-social setting and requires appropriate rehabilitation measures to optimize their living. Self-identification is the main aspect of every older adult and needs to be adequately considered. The older adults residing both under institutional care and in-home settings in rural areas are to be taken care of more with higher advanced technologies, infrastructure, and better health care, both mentally and physically, providing more financial stability than in urban localities. Gender biases should also be taken care of in an optimized manner to bring forth the quality of life of older women by creating opportunities for better education and employment, thereby making their lives easy in old age. Thus, geriatric populations, in general, should be well taken care of in every respect without getting neglected under any circumstances. The younger generations

should adequately take care of their existential well-being with appropriate steps. Returning to the ancient system of joint family structure can also be opted for along with appropriate lifestyle changes, dietary measures, and quality time management followed by appropriate spiritual enrichment as an outcome measure to improve geriatric health and well-being. It is the duty of the younger generation to the older generation to make a better living for their seniors in the current scenario by imbibing the traditional value systems and modern lifestyle modifications.

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NGO PROFILE

Margararshi Society, Kalaburgi

Director: Shri. Anandraj

Address: Street Children centre, H. No. 100A Siddheshwar Nilya, Near Jai Bheem Auto Stand, CIB Colony, Gatige Lay Out Road,, Shakthi Nagar.- Gulbarga, Karnataka, India-585 103

marga_darshi@rediffmail.com/margararshi2002@mail.com)

Vision: Margararshi Gulbarga envisions a child-friendly and sustainable society in which children are free from all forms of abuse and exploitation, malnutrition, and can enjoy childhood and their rights with respect and social justice, without discrimination.

Mission: Create Gulbarga as a model district ensuring child rights for children in difficult conditions by sensitizing and empowering children, youth, parents, caring community groups, and making civil society, government & allied systems, and corporate entities accountable towards the development of children through promoting alternate care, networking, advocacy & lobbying and a right based approach.

Values:

- To rescue and resettle of children on the Gulbarga railway platform who are separated from their families.
- To enhance the quality of lives of the children seen on railway platforms, (out of homes) through non-formal education, psychological support and nurture.
- Research is needed to understand the complex issues connected with rehabilitation.

- Reinforce self-identity, confidence in their abilities, and affection with family through orientation camps to help them overcome their situation of family isolation.
- Create awareness among the children, public, authorities and other organizations regarding the dangers of trafficking, the concomitant physical and sexual abuse, and ways of combating and preventing the same.
- Lobby with various government departments, the police, railway authorities & organizations working with children to protect child rights and address child issues through formation of local committees.

1. Long Term Goals of The Organisation:

The organization's overarching goal is to reunite children living on railway platforms with their parents and families, with a focus on preventing the children from returning to the streets and providing non-formal education to the most vulnerable children once they are resettled. Particular emphasis is also given to preventing trafficking among children living on their own on the streets.

2. Background Information of The Organisation:

MAGADARSHI is a registered society that works for the most vulnerable children, primarily street children and child laborers. The genesis of the organization stems from its vision of helping and enabling those children who are rendered homeless and who live in the most difficult circumstances in their struggle for survival, due to factors that are, most often, out of their control. The experience of Margadarshi is that even when the children leave their homes, it is a complex set of underlying factors that are instrumental in their decision to abandon their homes for life on their own. Though only a few children are orphans, neglected, rag pickers and vulnerable, in the true sense of the word, all of them ultimately end up living the lives of orphans. Margadarshi initially covered Gulbarga, Wadi (Karnataka). The need assessment started with informal visits to the railway platform, bus stand and market to contact the children. Slowly, a rapport with the children was established. The children were provided with shelter, food and gradually,

recreational visits outside the railway platforms such as picnics to nearby places were organized and non-formal education was also initiated. These initial attempts helped the organization to create the climate necessary for the children to open up and divulge the details of their history in terms of where they were from and their reasons for leaving home.

Studies have shown that most of the children who leave home seek refuge on the railway platforms. In the Hyderabad Region of Karnataka State alone, it is estimated that around 40 children leave home every day. Most of the children, who leave home, seek refuge on the railway platforms. The socio-economic background of the children has been found to be varied, although the majority are from highly impoverished and poverty-stricken families. There are also some children who are from relatively well-off families. The reasons attributable to the children striking out on their own are manifold, the more significant of which are;

- ❑ Ones being subjected to ill treatment at the hands of parents, Stepparents, Other family members,
- ❑ Broken families,
- ❑ Dysfunctionality in the family in terms of one or both parents being alcoholics,
- ❑ Being subjected to traumatic experiences like excessive quarrelling,
- ❑ Severe and excessive poverty,
- ❑ Being forced into employment or work.
- ❑ Going to school against the wishes of the child,
- ❑ Being "lured" by older peers to leave home. Etc.
- ❑ Children who have escaped
- ❑ Drop-out children
- ❑ Hazards child labor children
- ❑ Urban poor
- ❑ Homeless people
- ❑ Child marriage
- ❑ Beggars
- ❑ Drug De-addiction

Major achievements of the organisation:

- 2002 -Street children work initiated.
- 2003 - Eradication of Child Labour project in Gulbarga Block, UNICEF Norad and District Administration.
- 2005 - Integrated programme for street children Ministry of Social Justice Govt. of India.
- National Child Labour Project district administrative and Govt. of India.
- 2006 - National Rural Employment Guaranty Act.
- Grama Sabh at Jevargi Tq. 4 Panchayaths, Yalgoda, Hrvala Allur, and Harsur H.
- 2007 - Margadarsh society Secretary Mr. Anandraj become Member of Child Welfare Committee Gulbarga District.
- Launching of the www.missingchildsearch.net web site.
- Waste Management awareness Programme
- Community care for HIV/AIDS awareness.
- Child rights awareness 10 school and teachers
- 2008 - “Study on arrival status / proportion of fresh unaccompanied children to the railway Platforms of Gulbarga, Wadi in Karnataka and Solapur in Maharashtra.”
- Child rights awareness for SHG groups at Koodi Darga Jevargi Tq.
- Child Line inaugurated by Mr. Yadiyurappa Chief Minister of Karnataka
- Serve on platform children.
- 2009 - Awareness on Banamathi and environment at Kesartagi Village Gulbarga Tq.
- CHILDLINE work started at. Wadi Chithapur, Chincholli and Sedum
- Missing Children Bureau District Nodal Agency at Raichur.
- Primary School permission taken and started the school.
- 2010 - New applicant for CWC workshops at Gulbarga and Bidar.
- Environment Change
- Anti Child marriage awareness programmes 5
- Stake holder meeting

- Kadamba Charitable foundation scholarship programme
 - “0” Balance Account opening.
 - Margadarshi Secretary Mr. Anandraj Become Chairperson of Child Welfare Comity Gulbarga District.
- 2011
- March 1st -2011, NCLP Started after one year gap
 - UDS Survey done with support from SSA Gulbarga
 - Drop out Children Survey with Support of SSA Gulbarga
- 2012
- CRY Project started on 1st January 2012.
 - RTE school Survey in Chittapur block Jun 2012.
 - Night shelter for urban homeless citizens. Dec. 2012.
- 2013
- NCLP day care Centre converted into Residential School from March 2013.
 - Community Based Rehabilitation Programme Bamglore, Started from Oct. 2013. Supp. by Caritas India C.B.C.I. Centre New Delhi
- 2014
- Samajika Parivarthana Janandolan (SPJ) Bangaloe – supported by CRY, Mass Marriage awareness programme, Anganawadi Survey
- 2016
- The Hunger Projeet stared in the month of June 2016
 - Safe village programme stated in September 2016
 - State Award in Child welfare work by DWCD Karnatak Govt.

BOOK REVIEW - 1

Lakshmana G

Associate Professor, Department of Social Work,
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Mahima Elisa Mohanan

(MA Youth Work and Community Development, United Kingdom)

Title: Social Work in Hospital (Helping Profession), Editor: Pankaj Singh, Publisher: Rapid Book Service, Year: 2020, Place of Publication: Lucknow

The book consists of fourteen chapters which describe the role of professional social workers in a hospital in different departments such as General medicine, Cardiology, Emergency, Community Medicine, Haematology, Paediatrics, Trauma Centre, Nephrology, STDs/STI Unit, HIV/AIDS, Tuberculosis Centre, Obstetrics and Gynaecology, Blood bank and Patient Welfare Unit. Each chapter is contributed by authors from different institutes and each chapter describes different branches of medicine, its major disorders, the psychosocial effects of disorders and the role of the Medical Social Worker in that department. The editor organised all the chapters. The author works as a Medical Social Service Officer at Sanjay Gandhi Post-Graduate Institute of Medical Sciences, Lucknow. He has 20 years of professional experience in a variety of healthcare settings. He has authored and edited two books and presented papers at many national conferences.

The purpose of this book is to clarify social work and its intervention in a comprehensive manner in the different specialities of the hospital. Moreover, the book provides knowledge on different departments in the hospital, diseases, causes and treatment which includes physical, social and

psychological dimensions and states the role of a Medical Social Worker (MSW) in a hospital. The target audience of the book is Post Graduate students and Researchers of Medical social work and Health Care professionals.

In the first chapter social work in the hospital, the author elucidated that the concept of 'hospital social work' has emerged from the charity. According to World Health Organization (1948), "health is defined as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.

Medical social work is a specialisation of social work which deals with psychosocial problems arising due to physical illness. The contribution of medical social work is important to deal with these problems. Interventions include studying the patient's socio-economic information, finding out the socio-psychological background of the patient, developing self-determination of the patient, helping in the rehabilitation of the patient, educating the patient and family to skilfully utilise the available resources with their best optimum capacity and inform the administration about need and problems of the patient.

The second chapter social work in Cardiology, the author described Cardiology and diseases related to the cardiovascular system. Psycho-social aspects of cardiological disorders are mentioned in this section which includes changes in the lifestyle of the patient, concern about the rehabilitation of the patient after treatment and financial burden. A medical social worker can help the patient and family members in exploring the possibilities of tapping governmental and non-governmental funds needed for the treatment. In addition to this, they could encourage the patient to engage in social activities and exercise. Moreover, they could make a discharge plan and can conduct research activities.

The third chapter social work in the Emergency Department, the author described the emergency department and the services provided by Medical Social Workers in the department. Medical Social Workers can provide information and guidance to the patient and their family about the services

provided in the hospital. Additionally, counselling services can be given to the patient and family members can be informed about the diagnosis and treatment. Abandoned patients, mentally retarded, and physically handicapped can be rehabilitated. Apart from this, the patient could be educated regarding the various government schemes such as Rashtriya Aarogya Nidhi (RAN), and Prime Minister Relief Fund (PMRF) for accessing financial assistance.

The fourth chapter social work in Community Medicine, the author described community medicine and the duties and responsibilities of a Medical Social Worker in Community Medicine. The duties and responsibilities include family study field visits, the orientation of different health agencies, research projects, health camp organisation, health talks and public lectures, school health programmes and welfare activities. In the following chapters, the authors explain the role of a medical social worker in Haematology, Paediatrics, Trauma Centre, Nephrology, STDs/STI unit, HIV/AIDS, Tuberculosis Centre, Obstetrics and Gynaecology and Blood Bank.

The positive aspects of this book are that it is edited by a practitioner who himself is a medical social worker and practising in a hospital setting, the writing style is clear, free from jargon, easy to follow and organized well. This helps to acquire basic knowledge about Medical Social Work, useful for postgraduate students, researchers of Medical Social Work and health care professionals. The negative aspects of this book are there are spelling mistakes, grammatical mistakes in sentence construction, punctuation errors and informal vocabulary.

The editor of the book achieved the purpose of the book. He combined the knowledge of different departments and gave an overall understanding of the role of Medical social workers in different departments. This book covered the spectrum of settings in which medical or health practitioners can work. It is very useful for beginning Medical Social Workers and practitioners. The book highlights the importance of medical social workers in hospital settings to deal with the psychological and social problems of the patient.

BOOK REVIEW - 2

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**Title: Introduction to Social Work, Editor: Bishnu Mohan Dash,
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The Social Work profession in India is well recognized and growing rapidly. The schools of social work in India offer certificates and diplomas at the bachelor's, master's, and doctoral levels. In the present edited book, an effort has been made to cover many aspects of social work inculcating the Indic values, ethics, theories, and models in social work textbooks and practice. Twenty-six chapters are divided into four sections: A, B, C, and D in the current book.

The first section navigates into defining the fundamentals of social work through 11 chapters explaining social welfare, social reforms, social development, social security, and social legislation. Section two consists of seven chapters involving the readers in the core concepts of social work, like its methods, scope, and emerging practice areas. The book chapters then discuss the paradigms of social work philosophy, values, and ethics. The five chapters in the last section conclude the book through a series of social work practiced ideologies and approaches. A total of thirty-four authors contributed to this edited book.

The book's first Chapter introduces the readers to social work as a profession. It enlightens the readers with the meaning and definition of social work, its objectives, and its relevance, amalgamated with the concept and functions of the profession. Chapter two incorporates the historical milestones of the social work profession in the USA, UK, and India. Significant events, reforms, and activities that have shaped the present-day social work practice have been elaborately discussed. This Chapter also aims to enable the readers to understand the relevance of heritage, tradition, and religious methods in shaping social movements. Taking the lead from the previous Chapter, it outlays a comprehensive discussion on the social reform movements of India. It includes a discussion on both social reformists and social revivalists. The descriptions of Bramho Samaj, Annie Besant's Theosophical Society, Ramakrishna Mission, Satyasohdak, Prarthana, and Arya Samaj, among others, form Chapter three.

Tragedy has always motivated a profession like social work to turn theory into different practice models. Thus, Chapter four aptly mentions the role of 'The Great Depression' in the growth of 'social work education and profession' both in India and around the globe. The concept, scope, and definitions of social welfare (Kalyan and Mangal) have been elaborated on in detail in the fifth Chapter. The Chapter has also included important historical features of social welfare and mentioned the role of Sustainable Development Goals in the social welfare practice. There is a slight shift from welfare to service in the next Chapter. The relationship between social work practice and social services, followed by a presentation of the tri-categorical historical background of social services, highlights Chapter six. Chapter seven is a key player in social work education, wherein it teaches students the implication of professional social work practice to eradicate the current social problems in India. There is also a mention of major social reform movements and their contribution to Indian society. Chapter eight explains the concepts of social justice, social inequalities, and available legal remedies, alongside highlighting advocacy as a tool for professional social workers to achieve social justice. Taking up the lead from the previous Chapter, there is a detailed elaboration of available social legislation in the constitution (domestic violence, dowry prohibition,

maternity amendment, criminal law, child labor prohibition, etc.). While chapter 10 discusses theories related to social development, the national social protection systems, and social security policy issues find a place in chapter 11.

Section two discusses the professional status of the social work profession, associations, scope, and fields of social work practice. It also includes principles, methods, models, theories, and social work practice skills. Chapter 12 analyses the barriers to the professionalization of social work in India, followed by a brief mention of prominent and professional national-level social work associations in India in the 13th Chapter. The role of social workers in attaining the 17 SGDs through initiatives in public health, women and child welfare, criminal justice, correctional settings, crisis intervention, community, industries, and disaster management has been aptly elaborated in Chapter 14. Chapter 15 provides the foundational understanding of generic social work principles and discusses primary and secondary social work methods. To enable social work readers with further knowledge, chapter 16 discusses how the charity, remedial, developmental, and sustainable model of social work practice would serve as a foundation for field-based initiatives. The ground-breaking ecological systems theory, psychodynamic theory, and social learning theory, among others, find a significant place in chapter 17, accompanied by the Gandhian school of thought. Social work, being a field-based profession, involves continuous interaction with individuals, groups, and families, emphasizing the need for a skilled workforce. Chapter 18 thus discusses the core skills required for social work practice and presents the classification of skills based on roles, nature, degree of application, and theoretical underpinnings.

The contributions from Panchatantra, Arthashastra, Thirukkural, Buddhism, and Mahavira system, and the preaching of Shankaracharya, Ramakrishna Paramahansa, and Swami Vivekananda, provide an apt philosophical base to social work practice in chapter 19. Core and Indic values of the social work profession, like dharma, ahimsa, nishtha, service, and social justice, guide the readers through the 20th Chapter. Talking of values and principles, chapter 21

of this book highlights six purposes of the NASW code of ethics. It also discusses the ethical issues social work practitioners face in the field.

The ideological underpinnings of humanism, socialism, liberalism, utilitarianism, and feminism, and their contributions to several elements of various social work practice methods, find an elaborate mention in the book's last section. Modern Indian thinkers like Babasaheb Ambedkar, Jyotirao Phule, Rabindranath Tagore, and Ramaswamy and their contributions to shaping the past and present professional social work practice have been discussed in Chapter 23. The last three chapters contain comprehensive information regarding Radical social work, followed by the Gandhian and African model of social work practice. The Indian perspective on Radical social work practice, Grama Swaraj, Satyagraha, Swadeshi movement and removal of untouchability, African social work values, etc., find significant mentions in the chapters.

Since the book targets bachelor's and master's level social work students, more practice models and applications through case studies could be included to provide the readers with field-level knowledge, methods, and challenges.

Overall, this volume will be an asset to social work literature across the globe for all stakeholders, including students, academicians, practitioners, and social work professionals. This textbook will be a valuable companion for undergraduate and postgraduate social work students, UGC-NET, and civil services aspirants.