रोशनी निलय

ADELAIDE JOURNAL OF SOCIAL WORK

Volume: 7 Issue: 1
August 2020 ISSN 2349-4123

EDITORIAL

ARTICLES

रोशनी निलय

ADELAIDE JOURNAL OF SOCIAL WORK

Volume: 7, Issue: 1, August 2020

EDITORIAL

"Ultimately, the greatest lesson that COVID-19 can teach humanity is that we are all in this together."

- Kiran Mazumdar Shaw

The outbreak of COVID-19 has impacted the nation in an enormous way. A nation which was commercially and socially active has suddenly come to tranquility and the resources have been diverted to meeting a never experienced crisis. It has affected the manufacturing and service sector-hospitality, tours and travels, health, education, IT, recreation, media, banks and others. Fear of corona virus has limited the movement of the individuals, through lockdowns and paranoia.

At midst the social distancing due to threat of COVID-19, the tendency of the consumers to overstock on essential products gave rise to sales of the FMCG (fast moving consumer goods) companies. On the labour front, the worst impacted group, as they are not provided jobs due to lockdown, most of the labour sectors are associated with the construction companies and daily wage earners. Travel restrictions and quarantines affecting a huge population have left Indian factories short of labour.

"In the middle of difficulty lies opportunity"- Albert Einstein. Though the pandemic has resulted in several negatives, by claiming victims across the globe and keeping people sealed indoors but it also had positive effects, seen in India as well. With the advent of the lockdown most of the sectors shifted their functioning

online. Demonetization was the shock that pushed India into the digital era as people adopted online payments in the absence or short supply of cash. However, COVID-19 produced a knee jerk reaction to adopt the digital method across fields, from buying groceries to seeking online consultations with a doctor. The MNC (Multinational Companies) are utilizing their work from home option to carry on an uninterrupted working. While these trends were already in their baby steps, they were forced to hit the fast-forward button where even the small retail stores have adopted apps like Paytm and googlepay. The education sector is now completely based on the digital platforms. The colleges and universities are conducting their routine classes being in the comfort of their home with various online platforms such as google classroom, zoom, cisco-webex meetings along with new software for their curriculums such as digital campus where the students can access their fee payments, online exams, registration for various events and webinars. This present crisis has highlighted the importance of investing in technologies like cloud data and cyber security, self-service capabilities and e-governance. These potential changes could go a long way in helping the world take a leap towards equitable and sustainable development.

"Often when you think you're at the end of something, you're at the beginning of something else."- Fred Rogers. In my opinion, we need to take advantage of the current situation by anticipating where a single seed can be planted to bear a massive fruit-bearing tree. Resilience, hope and compassion are the need of the hour. While maintaining physical distancing, social responsibility and social bonding have to be strengthened for this battle.

Sebastin KV, PhD
Editor-in-Chief

Relevance of Social Work in a Pandemic : An overview of COVID - 19 Scenario

*Asha Albuquerque Pai **Lena Ashok

Abstract

As though to celebrate the month of Social Work in March, the COVID-19 pandemic provided a life test of preparedness to social workers to "respond" to the disaster at hand. It was sudden, unexpected and was just the beginning. The full effects of the virus are not yet fully understood in any country, and especially in countries where testing is not commonplace. Understanding the social effects will be a process of gradual unfurling. At this unprecedented time, we can only understand what is taking place now and make educated guesses at how families and societies will experience change in their lives. We know there will be long-term economic consequences, which without a change in geo-politics will significantly reduce the quality of life and wellbeing of most of the world's population. So, what we are looking at now is how well equipped is the social work methods and competences in handling such a pandemic. We have also explored the Indian response to this situation as professional social workers and the imprint made on society. In order to regain the tag "professionals" we must also be able to respond professionally.

Keywords: *COVID-19, Pandemic, Social Work Response, Social Work Relevance, Social Work Methods, Social Work Competencies*

Social issues due to the Pandemic

The COVID pandemic has brough complete disarray and imbalance in the social, and economic spheres of life. 120 million Indians have lost their jobs (NYTimes 28th May 2020) 45% of small entrepreneurs have stopped functioning. Migrant labourers have gone back to rural areas and even from urban settlers a strong reverse migration trend is seen (Aja Dandekar, Rahul Ghai 2020) bringing with it

* *Research Scholar, MSW Department, Prasanna School of Public Health, Manipal Academy of Higher Education. Email: asha.albuquerque@learner.manipal.edu*

* *Associate Professor, MSW Dept, PSPH, Manipal Academy of Higher Education (MAHE). Email: lena.ashok@manipal.edu*

its own repercussions. Compounded economic impacts are also felt by women and girls who are generally earning less, saving less, and holding insecure jobs or living close to poverty. While early reports reveal more men are dying as a result of COVID-19, the health of women generally is adversely impacted through the reallocation of resources and priorities, including sexual and reproductive health services. Unpaid care work has increased, with children out-of-school, heightened care needs of older persons and overwhelmed health services. As the COVID-19 pandemic deepens economic and social stress coupled with restricted movement and social isolation measures, gender-based violence is increasing exponentially. Many women are being forced to 'lockdown' at home with their abusers while services to support survivors are being disrupted or made inaccessible (UN Policy Brief: The impact of COVID 19 on women 9 April 2020). All these impacts are further amplified in contexts of fragility, conflict, and emergencies where social cohesion is already undermined, and institutional capacity and services are limited. The pandemic may also increase inequality, exclusion, discrimination and global unemployment in the medium and long term. The impact on the environment is also to be noted, as large amount or disposable safety equipment's such as masks which may feel like cotton but they largely constitute non-biodegradable materials such as propylene with a lifespan of 450 years, is just adding to the garbage, landfills and often making its way into the oceans. This is an ecological timebomb! The outbreak has also provided cover for illegal activities such as deforestation of the Amazon rainforest(ABC news may 2020, NBC news may 2020) and poaching in Africa,(ABC news April 2020) hindered environmental diplomacy efforts (Climate Home new 2020), and created economic fallout that some predict will slow investment in green energy technologies (Newburger, Emma 2020). Closer home, the distraction of the lockdown has helped MoEFCC (Ministry of Environment, Forest and Climate Change) panels clear and discuss 30 projects in biodiverse forests just through virtual conferences and no site inspections which are a crucial component of project evaluations. Moreover during lockdown, public hearings are also difficult to organise and communities that are likely to be affected by the projects may not be able to give their consent officially "or take legal recourse as is their right" (Nandini Velho, The Hindu, May 2020).

Social Work is responding extremely well to the Covid-19 crisis despite many countries reporting a lack of protective equipment, support and resources. The social work role in advocating that social services remain open and adapt to the conditions has largely been successful. For example, social services developing

targeted plans to support homeless people and other vulnerable groups has in many countries been advanced. The setting up of telephone hotlines that provide family counselling and direct safety when domestic violence is occurring is also advancing in many countries.

There are many ethical challenges that workers are facing. Under conditions of lockdown, dilemmas are commonplace. Another dilemma occurs where resources allow only one of two options, providing accommodation for the homeless or combatting the isolation of the elderly?

These ethical challenges are being met professionally as workers develop frameworks for decision making based on the profession's Statement of Ethical Principles and the unique circumstances. In countries with weak state-provided health and social service infrastructures social workers are focused on community development approaches, providing education and promoting community responsibility.

We are also learning of the importance of Social Workers blending in hope and vision within the communities they work within. This represents a crucial aspect of professional social work practice. We know that change happens from the grass-roots upwards. As a profession, we have witnessed many times how crisis situations present opportunities to rebuild better, more inclusive and more stable societies. Our role as social workers is to bring attention to the long-term social solutions. This crisis is no exception.

The role of social work is to also work beyond the pressures of today and to assist communities and societies to translate their concerns into longer-term solutions. For many communities, this may be stronger state-provided social, housing and health services. Others, as they look forward may see the strength in community, grassroots development. Others aspire for equal opportunities for their children to attend school and have access to nutrition. Some societies will want meaningful participatory governance and societal structures that promote inclusion, trust and confidence. For most, it will be all the above and wanting to live in a global world build on rights, equality and sustainability (IFSW, May 2020)

In all mass crisis situations, the world will not be the same as before. As a profession comprising millions of highly skilled professionals, the social work voice must support and facilitate a vision beyond this crisis. A vision of better, respectful and sustainable

societies. A vision where our social systems can actively eradicate the conditions that have led to diseases that develop and explode in the context of climate change and poverty (ibid). Social workers at every level have the skills and capability to not only address safety for today but to translate fear, grief and loss into empowerment and social transformation.

All the methods of Social Work can be completely deployed in these pandemic situations.

Social case work is the method of affecting the understanding of the needs, resources and reactions of individuals. Social case work is a method employed by social workers to help individuals find a solution to problems of social adjustment which they are unable to handle in a satisfactory way by their own effort. There is immense scope here as individuals are impacted socially, physically and psychologically. Cases of domestic violence, loneliness among older people, the plight of migrant workers, deaths attributed to coronavirus are being reported in large numbers. The skill sets imparted during the two- year master's in social work Degree train students to address the situation. Compassion, effective communication, problem-solving are valuable skill sets possessed by the professional social workers who help those in need and/or suffering from loss of livelihoods. Social and physical distancing could be triggering mental health issues among the general population such as heightened levels of distress, anxiety, fear, stress and depression, which may also exacerbate the situation of people with pre-existing mental health issues. Many people are stressed about where their next meal will come from and how they will pay their bills. Workers on the front line require trauma debriefing and assistance with post-traumatic stress disorder symptoms. Families who have lost loved ones to Covid-19 require bereavement counselling and support in dealing with their loss. Many people may be dealing with stress as a result of job losses, living in confined spaces with no access to outdoor areas, changed routines and constrained daily activities. Social service workers have valuable skills that would be useful in addressing these psychosocial problems Here is where psychosocial support and counselling facilities can be administered in case work.

Social group work is a method of social work that helps persons to enhance their social functioning through purposeful group experiences and to cope more effectively with their personal, group or community problems. "Social group work can create security where there is uncertainty, a feeling of belonging where there

is alienation, and a vehicle for positive communal action where there is a sense of helplessness. It has been used to unite and give voice to people in the aftermath of conditions that seemed beyond repair. Through social group work, nations, communities, and individuals can repair" (iaswg.org). A lot of therapeutic support groups are needed in this time or uncertainty, loss of life and income, where mental strength is low, and stress is high. E-groups will now emerge where support can be got without physical proximity. Task groups have emerged to rise to the occasion of supporting those in need of basic requirements of food and medicine and shelter. Group work may be a challenge in the present times since physical distancing is needed. However, we need to be quick to innovate and adapt using various social media platforms to connect and support those in need. Educational groups and webinars can be organised using platforms like Zoom, Google Meet, Microsoft teams and various others.

Community work is a planned process to mobilise communities to use their own social structures and resources to address their own problems and achieve their own objectives. Community work focuses on participation and fosters empowerment, emancipation and change through collective action. This is done in terms of providing timely and actionable health information so that people know how to protect themselves and reduce risks associated with the Coronavirus disease 2019 (Unicef.org) supporting communities that are fearful or affected with the virus (ifsw.org) dispelling local myths in order to clarifying proper prevention methods by building up immunity and maintain physical distancing and hygiene (the hunger project).

Social welfare administration promotes social work practice in administration. It administers or implements special programmes intended for the vulnerable, disadvantaged and weaker sections of the population. It also organises programmes for sustainable social development. It also aims at the effective implementations of the regular and special programmes of social welfare agencies. Application of social work administration in the fields of information technology and e-governance is also very essential especially in this pandemic scenario where most of the platforms used were social media. The situation with COVID-19 is extremely dynamic. Many agencies/communities continue to monitor the spread of the virus in order to make proactive decisions necessary to protect community members

Social action is a method of professional social work aimed at solving social problems through redistribution of power and resources. Its objective is to achieve

social justice and empowerment of the community. Social action mobilizes the general population to bring about structural changes in the social system. This can be done now especially in the distribution of safety materials, accessing health facilities and medication, receiving reductions in rents to be paid to landlords. Also, by empowering local bodies and neighbourhoods to look after its own people through redistribution of resources. In the case of the virtual clearance of several projects in biodiverse reserve areas during the COVID-19 lockdown, social activists have responded strongly on social media creating awareness and voicing their protests. There are online campaigns with hashtags, songs, poems and short films with voices from the Community.

Social work research means conducting an investigation in accordance with the scientific method. The aim of social work research is to build the social work knowledge base in order to solve practical problems in social work practice or social policy. Sadly, in terms of social research, there are single digit articles/ papers/research documents relating to social work and COVID19, just to show that we are lagging way behind when it comes to research on Social work-related issues. However, an International seminar on Crisis responses to the pandemic of COVID-19 was held online on 13 May 2020 and hopefully documentation in terms of research may proceed.

To understand if Social workers are really harnessing the potential of the profession we need to analyse COVID-19 through the Lens of the 9 Social Work Competencies (National Association of Social Workers NASW, USA) to measure the impact across systems (micro-macro) for each competency.

Competency 1: Demonstrate Ethical and Professional Behaviour

It is important to examine and apply an ethical decision-making model to the steps being taken to mitigate the spread of the virus at the individual, local (agency), community, and State levels. We need to consider a). Policies and laws, b). Personal and professional values, c). Relevant standards in the Ethics followed, d). Role of other professionals involved and e). Ethical use of technology, etc.

Competency 2: Engage Diversity and Difference in Practice

There is a need to discuss cultural structures and values that marginalize, discriminate, oppress, alienate and/or create power and privilege. Responses should also include a thoughtful analysis of a). Diversity, culture, equity, and inclusion and b). Intersectionality of those involved.

Competency 3: Advance Human Rights and Social, Economic, and Environmental Justice

To understand local and global interconnections that impact social justice and strategies that promote social and economic justice and human rights. We also need to look at strategies to eliminate structural barriers to ensure equity.

Competency 4: Engage in Practice-informed Research and Research-informed Practice

We need to identify evidence-based approaches that informs practice relevant in this situation. This area needs a lot of attention and must be strengthened.

Competency 5: Engage in Policy Practice

We need to Identify local, state or central policy and public health policy and their role in services provided by the agency or community. Further the effectiveness of these policies (who benefitted and who didn't) also needs to be explored.

Competency 6: Engage with Individuals, Families, Groups, Organizations, and Communities

Social work employs six core theoretical frameworks: systems theory, transpersonal theory, psychosocial development theory; social learning theory, psychodynamic theory, and cognitive behaviour theory , we need to explore how they apply in this situation and what is the engagement approaches across systems based on these theoretical frameworks and constituencies' strengths and needs.

Competency 7: Assess Individuals, Families, Groups, Organizations, and Communities

The above theories need to be deconstructed to see how we would use them in assessing the different agency's or community's strengths and needs.

Competency 8: Intervene with Individuals, Families, Groups, Organizations, and Communities

We need to look at evidence-informed interventions that we would use to achieve identified goals. Further how we could collaborate and communicate in interventions needs to be explored.

Competency 9: Evaluate Practice with Individuals, Families, Groups, Organizations, and Communities

Finally, it is as important to evaluate the effectiveness of our interventions and evaluate the different approaches one would use for success of the intervention.

To strengthen the argument that Social Work and its methods and competencies are built for these kind of disaster times and provide rapid engagement, we can study the Indian scenario where partnership with 3 key stakeholders were facilitated: NGO, Private Sector, international development organisation.

The nature and scale of the crisis which the COVID-19 pandemic has led to is unparalleled. In such a scenario, solutions are unlikely to come from past experiences or best practices. The biggest source of strength now is the partnerships we have built over the years. The situation at hand calls for stakeholders to come together, work side by side and support each other using as many hands as were available for the job was too big for the government to handle alone. The strategy was to leverage vertical and horizontal partnerships: Vertical partnerships, which the stakeholders have built within their organisations and horizontal partnerships, which the government has institutionalised with stakeholders.

Significance of NGOs

The NGOs, given their deep connect with spatial and sectoral issues, were a natural partner in this endeavour. They are better placed to understand the pulse at the grassroots and engage closely with communities. Around 92,000 organisations were urged to partner with district administrations and contribute to the response efforts (Niti Ayog, May 2020).

How the NGOs helped?

Chief Secretaries of all states were requested to engage NGOs in relief and response efforts and designate state and district nodal officers to coordinate with them. The approach was to leverage the strength and reach of the local NGOs in identifying priority areas for action and avoid duplicity of efforts. NGOs have been actively setting up community kitchens, creating awareness about prevention, and physical distancing, providing shelter to the homeless, the daily wage workers, supporting government efforts in setting up health camps and in deputing volunteers to deliver services to the elderly, persons with disabilities, children, and others. 'Surakshit Dada-Dadi & Nana-Nani Abhiyan' programme launched by the Piramal Foundation aims at an outreach focused on senior citizens in order to sensitize them on preventive measures and requisite behavioural changes and document and address issues related to food, ration, medicines, etc delivery (Niti Ayog, 2020).

An outstanding contribution of NGOs was in developing communication strategies in different vernaculars which went a long way in taking awareness measures to the community level.

Akshaya Patra, Rama Krishna Mission, Tata Trusts, Piramal Foundation, Bill and Melinda Gates Foundation, Action Aid, International Red Cross Society, Prayas, Help-age India, SEWA, Sulabh International, Charities Aid Foundation of India, Gaudia Math, Bachpan Bachao Andolan, the Salvation Army, and Catholic Bishops' Conference of India are some partners who have embodied the whole-of-society approach in COVID-19 response management.

Important role played by start-ups and social entrepreneurs

The start-up space has once again come alive with a kneejerk response to the crisis. They have accelerated the development of low cost, scalable, and quick solutions. The results have been heartening. AgVa Healthcare accelerated the development of ventilators which are low-cost, mobile, low on power consumption and require minimal training for operators. Biodesign has developed a robotic product called ResperAid, which enables mechanised use of manual ventilators. Kaaenaat has developed highly portable ventilators which can be used to serve two patients simultaneously and has a built-in battery, oxygen concentrator, and steriliser cabinet. The products of a few non-ventilator start-ups too came to the aid of the COVID-19 fighting machinery. The Artificial Intelligencce (AI) enabled analysis of chest X-Rays developed by Qure.ai enables large-scale screening to identify potential cases. GIS and geo-fencing technologies by Dronamaps enabled information cluster strategies for hotspots. AI-powered online doctor consultation and telemedicine platform by Mfine connects diagnostics labs and pharmacies with doctors and patients. The AI-enabled thermal imaging camera developed by Staqu facilitated large-scale screening at low cost. These developments fortify the argument that low-cost and scalable solutions designed and developed domestically must drive our country's transformation (Indian express June 2020)

How the stakeholders operated through partnership?

The fashion in which stakeholders have contended and responded to the pandemic reinforces the power of partnerships and networking. The NGO leaderships created momentum throughout their networks and delivered the much-needed response. They also acted as feeders of communication and information by bringing to the attention of the group the problems from the grassroots. Multiple agencies of international development organisations designed and executed joint response initiatives, leveraging their presence across the country. The coalitions which industry organisations such as CII, FICCI, and NASSCOM have built over the years brought people and resources together, identified problems at multiple levels,

channelised ideas and solutions and facilitated innovations (News18.com, Niti Ayog 2020).

We have also seen the adaptiveness of Indian Industry, until three months ago, not a single N95 mask or personal protective equipment (PPE) was manufactured in India. Today within 3 months, we have 104 domestic firms making PPEs and four manufacturing N95 masks. Over 2.6 lakh PPEs and two lakh N95 masks are being manufactured in India, daily. Domestic manufacturing of ventilators has strengthened manifold — orders for more than 59,000 units have been placed with nine manufacturers (Niti Ayog May 2020). While this shows the adaptiveness of Indian industry, the shift to domestic production must happen on a larger scale for a wider set of sectors in the long run, as envisioned by Make in India.

While most NGO's responded to the immediate need to food, shelter, safety material, health facilities etc there are others that have already started on the next phase of building up.

A case to study will be of Rang De, a uniquely positioned organisation that is not an NGO but a socially driven peer-to-peer lending platform, co-founded by Ms. Smita Ram, an alumnus of School of Social Work, Roshni Nilaya Mangalore. Rang De leverages the power of peer-to-peer lending to expand access to low cost, collateral free loans with dignity and respect. Since inception, Rang De has been supporting farmers, artisans, individuals and small businesses who don't have access to or are denied credit.

Amidst the current crisis, the most urgent need that emerged was that of small and marginal farmers across the country. With falling prices of food grains, drop in exports and consequent lower demand, drying up of credit availability to meet expenses of the sowing season, our small and marginal farmers were left in a lurch at the onset of the crisis. In response to this crisis and the unprecedented surge in loan requests from farmer communities, Rang De launched an initiative to provide interest free loans to small and marginal farmers.

More than 80% of India's farmers are small and marginal farmers, who own less than 5 acres of land. Individually, because of the size of the landholding, they are under-represented and don't have access to a host of services such as access to affordable credit and affordable warehousing, which farmers with larger farms do. The prevailing uncertainty has aggravated distress. This brewing distress does not just affect an individual farmer, but their families and communities. Access to

credit to marginal farmers in the current times is more important than ever before. With institutional credit becoming harder to access, Rang De's aim is to leverage its peer-to-peer lending platform to create a mass citizens' movement in support of marginal farmers. Rang De is working with farmer producer groups and credible organizations on the ground to support small and marginal farmers who are affected by the current situation. While their on the ground partner organizations provide facilities such as warehousing and access to markets, Rang De's interest free loans enable farmers to access credit with respect and dignity. The larger farmers closer to urban markets are finding innovative ways to thrive through direct marketing, it is the small and marginal farmers who are in the heart of rural India and form a bulk of the farming sector, who need support. During this COVID-19 crisis, Rang De joined hands with NDTV in a special telethon to create awareness about the farmer crisis and raise interest free loans for farmers. Through this campaign, they managed to raise Rs.6,67,72,986 in interest free loans (ndtv.com/rangde).

Rang De's aspiration is to create a citizen's movement in support of communities and help rebuild livelihoods. Their initiative for farmers saw a true movement in the making with individuals from across the world participating as social investors to provide interest free loans. That being said, the need is much greater than this, and they continue to actively raise interest free loans for farmers. They are in a race against time, as these loans will only be relevant and useful to farmers during the sowing phase of the Kharif season, before the monsoon arrives in all its splendour (approximately 15th July) (rangde.in/India).

However, it should be noted (sadly enough) that there is no mention of Social workers or NGOs under the "strengths" of the COVID-19 India- SWOT analysis written by Arshiya Mahajan and Himanshu Agarwal on 11 May 2020 published on NITI Aayog website. The website of course has a disclaimer that the views are of the authors.

Providing social work services in this crisis has been an enormous challenge, especially in India, where Social Work has neither a 'professional' status nor clear cut roles or boundaries within which one may work. The role of social work is to work beyond the crisis and assist people who are experiencing health, wellbeing and economic vulnerability, to translate their fears and concerns into social change. It we are not going to take the initiative to look within and explore the approach of professionalism, it will maintain a context of philanthropy and charity rather than recognising the assets within the community which are the foundations of change.

We know as a profession absorbed in supporting communities to sort out their conflict and trauma and to find unity and to lead their own sustainable development – that people's rights are never given, – they arise from the ground-up; from collective action and people transforming vulnerability and hardship into aspirations and then into realities.

'Solidarity', 'Equality', 'Self-determination', 'Rights and Responsibilities' and 'Respecting the Dignity of all People', Collaboration and partnerships' are principles that have been given birth from the experience of community transformation across differing cultures, religions and social-economic contexts. They must now serve the nation as guidance for a future that protects against viruses that are nurtured and explode in contexts of climate change and poverty, and the economic failures that disadvantage the population of India.

References

Amadasun, Solomon (2020). Social Work and COVID-19 Pandemic: An Action Call. Sage Submissions. Preprint. https://doi.org/10.31124/advance.12116418.v1

Aja Dandekar, Rahul Ghai (2020). Migration and reverse migration in the age of COVID -19 Economic and Political weekly vol 55 No 19, 09 May 2020.

Amithab Kant (May2020). Empowered groups have joined hands with government against COVID. The Indian Express 24 June 2020 https://indianexpress.com/article/opinion/columns/ngos-private-sector-international-organisations-fight-against-covid-amitabh-kant-6425547/

Amitabh Kant (2020). The power of collectivised solutions in fighting the Coronavirus Pandemic. News 18 India 22May2020. https://www.news18.com/news/india/amitabh-kant-writes-the-power-of-collectivised-solutions-in-fighting-the-coronavirus-pandemic-2631431.html

"Conservationists fear African animal poaching will increase during COVID-19 pandemic". ABC News. 14 April 2020.

Coping with Anxiety and Depression During the Coronavirus Pandemic. (2020). US News & World report. Retrieved from https://health.usnews.com/wellness/for-parents/articles/coping-with-anxiety-and-depression-during-the-coronavirus-pandemic [Google Scholar]

COVID-19 Italian experience report, http://www.IFSW.org

"Deforestation of the Amazon has soared under cover of the coronavirus". NBC News. 11 May 2020.

"Deforestation of Amazon rainforest accelerates amid COVID-19 pandemic". ABC News. 6 May 2020.

"'Filthy bloody business:' Poachers kill more animals as coronavirus crushes tourism to Africa". CNBC. 24 April 2020.

Jordon Davidson (2020). COVID-19 masks are polluting beaches and oceans. Eco Watch, Environmental news for a healthier planet and life 09 June 2020 https://www.ecowatch.com/covid-19-masks-beaches-oceans-2646165717.html?rebelltitem=1#rebelltitem1

"Cop26 climate talks postponed to 2021 amid coronavirus pandemic". Climate Home News. 1 April 2020. Archived from the original on 4 April 2020. Retrieved 2 April 2020.

Newburger, Emma (13 March 2020). "Coronavirus could weaken climate change action and hit clean energy investment, researchers warn". CNBC. Archived from the original on 15 March 2020. Retrieved 16 March 2020.

Nandini Vello (2020). During lockdown, MoEFCC panels cleared or discussed 30 projects in biodiverse forests. The Hindu 23 May 2020 https://www.thehindu.com/sci-tech/energy-and-environment/during-lockdown-moefcc-panels-cleared-or-discussed-30-projects-in-biodiverse-forests/article31649606.ece

Solomon Amadasun (2020). Social Work and COVID-19 pandemic: an action call, preprint DOI:10.31124/advance.121164218

https://special.ndtv.com/rang-de-india-67/

NITI Aayog, Empowered Group 6 Engages CSOs/NGOs/Industry/Intl Organisations in India's fight against COVID-19. Posted On: 04 MAY 2020 4:56PM by PIB Delhi

https://pib.gov.in/PressReleasePage.aspx?PRID=1620908

https://www.iassw-aiets.org/covid-19-updates/

https://www.iaswg.org/

http://www.aaswg.org/aaswg-homepage

https://niti.gov.in/covid-19-india-swot-analysis

https://blog.rangde.in/join-the-movement-to-rebuild-livelihoods/

https://blog.rangde.in/invest-in-the-farmers-of-yavatmal-in-real-time/

Marital Discord - The need for Social Work Intervention

*Mohan Raj J., MSW, LLB, PhD

Abstract

Couple-relationship is extremely confusing to newly wedded couples and new entrants. Changes in the family structure, family functions, roles and relationships make the relationship more complicated. Modern marriages demand women's employability as a major criterion while selecting a partner besides social class, economic conditions, education and family status. But many marriages take place even in the absence of many requirements. Over 10% of marriages tend towards divorce at the very commencement of marriage. Religion plays a crucial role since majority prefer arranged marriage. Love marriage is still a stressful venture to the couple. Mainly, the lovers carry the notion that love, pining and bonding will last forever as they were during their courtship time. On starting marital life, they struggle to move on once the initial romantic period wanes. Parental passive support, emotional disturbances and economic problems can be debilitating on many such couples. Therefore, the 'Model Couple Relationship' focuses on the essential factors required to be known to a couple, who from courtship plan on marital life together, after studying typical couple relationship and pick up cues in handling couple and family disputes. Couple-relationship keeps going only if the entrants put in practice those essentials. As part of study, two important social work practice techniques for couple relationship have been chosen; one is role performance and compatibility and the next is life cycle and marriage. Two cases of difficult coupling are considered for finding out the absence of the essentials. Based on the experiences of these couples going through disputes arising out of family relations, and the case studies, this article suggest ten essential areas required for couple relationship.

Key Words: *Marriage, Family Living, Marital Disputes, Compatibility, Role Performance and Conflict Resolution.*

* *Retd. Principal Counsellor (HG); Family Courts, Kerala; Consultant Faculty, Child Development Centre, Medical College, Thiruvananthapuram; Faculty for Diploma in Counselling Psychology, Loyola College of Social Sciences, Thiruvananthapuram; MEMBER, Child Welfare Committee, Dept. of Women and Children, Govt. of Kerala, Thiruvananthapuram.*
Email: rajprincipalcounsellor@gmail.com;

Introduction

Marriage becomes an institution only if the entrants successfully navigate in unison during their entire marital lifetime, otherwise, it is only a relationship to fulfill certain needs. However, the institution of marriage, undoubtedly, is in the threshold of a change; a new style of living beckons the couples. But they do not know how to make this new kind of family relationship to work for them. Whatever change happens, the institution remains stable only if the participants truly learn to move seamlessly into the new phase of transformation. The deleterious effect of such transformation is evident from the National Crime Records Bureau (NCRB, 2019)'s recent survey, which shows that family problems were the most common causes for increasing suicide rate in India.

This study looks how to master the couple in changing stages of marital life. The model couple relationship helps the couple develop open, free, accepting and caring relationship, which applies to both married couples and prospective couples. Towards the end of this article, the ten commandments of successful couple relationship are explained.

The nature of marriage

Marriage is as a legitimization of parenthood, both personal and social meanings (Lloyd Saxton, 1982). It must be a universal key function. It should not only be a legitimization of sexual interaction, or cohabitation, but fulfilment of marital life and justify the sacred contract. The newly wedded couples simply ignore this basic nature, in developing a habit of quick to wed; not considering the age coherence, demographic, economical and other ingredients; ultimately they pull back from their marital life and are forced into quick separation.

Saxton (1982) says the purpose of the marriage contract places in:

1. *Expected permanence*
2. *Formalizing couple's rights and obligations*
3. *Establish kinship relations &*
4. *Providing for children's rights*

Since the key function of marriage is the legitimization of children, it forms the basis of the family, whose key function is the nurturance of children (Reiss, 1980), though, the individual usually regards marriage chiefly as a source of personal satisfaction. Saxton (1982) describes three fundamentals of a successful marriage; it is relevant that all must know the congruence of role perception, reciprocity of role interaction and equivalence of role function.

Role Performance

Role performance is the gate way for 'Model Couple Relationship. It is relative and includes psychological satisfaction, sexual satisfaction and material satisfaction. 'Mind your minds' is the chief phenomenon for psychological satisfaction. Most obviously, love, affection, humour and provide emotional support and security, understanding, acceptance, companionship, approval and respect. Ata Shakerian and others (2014) inspected the relationship between 'Sexual Satisfaction' and 'Marital Problems of Divorce'. In the descriptive correlation study in the Family Courts of Sanandaj city (2011), using Sexual Satisfaction Scale, measures personal feelings and concerns about compassion and sexual relationship with the partner are prompt. In this study, the hypothesis was 'higher level of sexual satisfaction results in higher marital satisfaction, which in turn decreases marital instability and divorce.

In the traditional society, the ***quid pro quo*** in regard to material satisfaction called for the husband to provide the income while the wife fulfilled the necessary housekeeping functions. Balanced coupling is another element of role performance.

Case analysis

Due to a great impact of changes in the micro and macro-systems, the couple relationship has started slow disintegration. In order to fix the factors of success couple relationship, study of marital discord is decisive.

Case 1

A gorgeous lady from south of India, as a teenager fell in love with a handsome man who belonged to a North Indian state, while pursuing a professional degree course. She was very much in love and loved her man with all her heart. He had confided with her on his troubled family background, financial woes, with both the parents at loggerheads with each other, wayward father and an only sister who after her marriage had detached herself and kept herself aloof from her parents and brother. The lady came from an affluent background and on hearing the man's plight often helped her lover financially. He was also open to accepting such support from her.

After graduation, the lady went for higher studies to her home State and the man went to a different State in search of a job. Though both were separated physically, they kept their love alive, thanks to the modern- day communication channels. In the meanwhile, the lady did well at her studies and was assured of an assignment abroad once she completed her Master's program.

The much in love lady was so keen to see their love materialise into next phase. She could sense her lover getting frustrated without getting a proper job and uncomplainingly she kept on supporting him through thick and thin and support him financially. He too reciprocated the love and both found harmony in their love. Their love for each other grew stronger and the lady was keen to take their association to the next level by entering into a marital life.

However, the primary hurdle to get married was the man's economic insecurity. The lady confided in her father about her love affair and her wish to get married to him, with her father's consent. She also informed her father on her lover's inability to find a job despite his qualification. The doting father who was working abroad, though reluctant at the idea of a man who was more keen to pursue a love affair than to be gainfully employed, to keep his only daughter happy, agreed to fix up a job for the man in his company. The man thus got a job abroad and was thankful to his lady love and her father. Meanwhile the lady too completed her masters and promptly took up an assignment in the same country as her father and lover. The much in love couple with their material worries addressed and after 7 years of being in love entered into holy matrimony with the blessings of the elders.

Within a few days of the marriage, the man and wife were at the man's house when he confided in her that his mother was against the marriage as she did not want a girl from south of India for her son. And that his family thought that people of south India were inferior to them and that it was his stubborn stance that made the marriage happen. The lady was shell-shocked at hearing this since all during their 7 years of courtship, never had the man said a word about his family objecting to their marriage. She was distressed all the more because none in her family were in approval of she getting married to the man due to socio-cultural differences and economic disparity, which in the opinion of the elders were issues that could have ramifications in the marriage. During her short stay at her husband's house, she got many such signals of disapproval from her mother in law and other elders, at which the husband kept his silence. Soon after that, they flew back abroad to resume their work assignment. The husband was back to his loving, caring self and she was happy at that the problems created by the mother in law seemed to be fading away.

After marriage the couple were living in her parents' house as they wanted her daughter and husband to be divested of financial encumbrances early on. Her

parents were also aware of the incidents at the husband's home and so wanted to be around the young couple to ensure smooth and cordial relationship. Over some trivial issues that had popped-up between the lady's father and son-in-law, the couple decided to moved-out into a rented accommodation.

While they were with her family, the husband had shown little interest to spend anything on the family. As a result, the wife had been spending most of her salary, without much savings, to keep up the pretenses of a cordial marriage. And, after moving out the couple were faced with increase in expenses as they had to now pay the rent and also for their food and upkeep.

Life moved on and on every annual vacation she used to spend a few days at her in law's house and also during family events. Progressively, she noticed that the husband was cooling off, after every such visit to his parents' house. She had noticed that the mother in law used to spent lot of time talking to her son in private and the lady realised that the husband is slowly but surely being affected by all that he is being fed on. As days went by there was lack of cohesiveness and soon, they detached physically and mentally. Psychological adjustment became difficult between them.

The wife asked of him to contribute to the running of the house and she was shocked to hear him deny any help, stating that he has loan obligations for a house for his parents that he has to pay for and also is left with money for his own personal needs. One day the lady who had plans to invest in a house in her home town, asked her husband for some of her gold ornaments that had been handed over to him during the wedding and which the couple had agreed upon to use for buying a house in her home town, at the right time. The husband outrightly denied any such agreement and rejected her request. She was literally shocked beyond belief at hearing her husband blatant lies.

Thereafter, the relationship turned further sour and regular conflicts happened. He increasingly spent time on the phone discussing the marital issues with his parents and going by their advice. Despite breakdown in relationship, he used to pick up quarrels with her, blaming her and her family until she started lashing out in frustration using harsh language. The husband on the sly recorded all her conversation and spread it amongst his friends, relatives and with his parents. Things came to such a pass that the couple though living under one roof, living - like two strangers.

The lady's parents contacted the husband's parents requesting them to mediate in the couple's problem. One evening, after another serious clash the husband threw her out of the house and she was forced to go back to her parents all by herself in the late evening hours. All efforts of the wife's side failed due to lack of cooperation from the side of the husband and his adamant attitude to go for mediation. Now the case is in the Family Court to decide on their destiny. It was as if he got what he wanted during his younger days; physical, mental and financial support. And, now he wanted nothing but legal separation.

Analysis

1. Early love and bonding of the couple
   The couple could not capture how they fell in love, but it had happened. For her, love is a sort of extreme feelings of the other person being a part of her. For him, it was more of a limerence.

2. Marriage of the couple
   The marriage took place against the wishes of the man's parents; hence they were not supportive of the marriage.

3. After marriage
   The early days they did have lot of respect, positive feelings of appreciation and admiration for each other. For little over a year, things were distorted. Role performance becomes poor and inadequate. The couple had strained relationship with each other as well as her parents and their communication too turned hostile. Quarrel over material things deteriorated further.

4. Breakdown of Couple relationship
   Wife had developed a feeling that her husband being disrespectful to her parents, arguing with them, refusing to share expenses, being uncommunicative, coupled with she not conceiving were signs of his detachment with her.

5. Couple's physical relationship and upbringing of child/children
   In any couple-relationship, physical relationship is vital. The relationship had broken down when the man allowed his mindsets to be conditioned by feedback from his parents. Man's parents' advice to desist from having a child in itself was malicious the lady's parents. The lady's parents' professional mediation.

Conflicting areas in couple-relationship where Social Work interventions were required:

- Failed to building up relationship.
- Psycho—social factors
- Flowery communication during courtship failed after marriage
- Cut physical relationship
- Lack of co-operation of husband's parents to settle the matter

Taking into account the problems of couple, it is evident that there were essential factors and facets in a relationship that had been overlooked at pre-marital stage. Self-selection and a marital life, while being the right of an individual, and ideal from an individual's perspectives have a challenge. Pre-marital counselling from an efficient and experienced counsellor was lacking in this case.

Case 2

A couple, well-educated and employed, have two kids, 11 year -old girl and 7 year- old boy. Both are from middle-class background. After 12 years of marital living, the couple had serious marital disharmony owing to an intrusion of a third person in their marital life.

Problems Presented:

The husband's upbringing is with middle class values, and the parents were very strict. Wife brought up in a liberal household without any kind of restrictions and allowed them all freedom that boys would enjoy. The husband and wife had experienced different life styles and their behaviour often exhibited what they learned from their respective family, i.e., 'learned behaviour'.

Soon after marriage, the couple moved into the place of the husband and into his rented accommodation away from their native places. The 'initial days of marriage' was quite happy and they found bliss in each other's company. However, as days went by she noticed that her husband caught up with a married lady. Initially she did not think much of it since she too had male friends and none of which crossed social boundaries. But, she was shocked to hear that that friendship led to extra-marital affairs. She wanted a professional help.

Analysis

I. The wife's parents condoned their daughter's extroverted nature as part of her persona and justified her garrulous nature without realising that her behaviour ran counter to her husband's expectation of accepted behaviour.

2. The wife was academically better qualified than her husband she could not get a job relevant to her qualifications, while the husband had got a very good job. She had taken up short term temporary assignments.

3. The wife's extroverted and friendly nature made her have friends with people of both genders. A completely disgusted husband increasingly got attached to the married lady for the emotional attachment she showed. Though they never had any physical relationship, her passionate notes were noticed by the wife and she had confronted him.

Conflicting areas of couple-relationship where Social Work intervention is required:

- couple's incompatibility
- poor communication
- Extra-marital affairs
- Passive response of in-laws

However, the analysis of two cases is not enough to conclude what is required for model couple relationship. The experiences of the author and his research study on the topic, 'marital breakdown of young couples' empowers him to justify the objective of this article.

Model Couple Relationship in Family Living

Marriage is a healthy connection between a husband and a wife and the relationship is for fostering a feeling of love and security in all family members. Many marriages have been ending nowadays without fulfil any significant intention of marriage and marital life. The young couple are really torn between the old customs and modern life style. They are literally confused on how to keep their marriage intact. They entered the marriage with much expectations thinking that the marriage would last forever irrespective of their actions. As soon as they enter marital life, all their expectations would vanish. Many youngsters think that love marriage would give more satisfaction in life and the love will last even after marriage with the same intensity as courtship period. But, marriage is truly a professional contract which has to be invested in and tasks performed well in all areas of life, otherwise it would break. The true chant of couple relationship is performance. Perform, perform, perform.....Here ten vital areas are given in brief to learn and practice.

Compatibility and Role Performance: The biological imperatives are that women bear children and having primary responsibility for child care and, men, on

the other hand, have been assigned outside work. Historically, the men thereby controlled economic and political power structure and women remained in household works. This is not possible in future couple relationship. Gender-role stereotypes cannot apply in today's life-style. Therefore the role performance should be collective (both husband and wife) with certain exceptions. They must be learned well before enter into marriage contract. The basic element of compatibility is undoubtedly physical matching; capable of keeping the relationship live, but other collective roles contribute significantly. Pre-marital and couple counselling would be the intervention to help the couples.

Communication: Good family relationship is a magic, a magic of communication. The couple must learn how to communicate their feelings. Social Work intervention is an imperative for couples to learn in the right manner.

Getting in touch with the feeling is truly magic. Learning to communicate is vital in the marital life because the relationship is certainly clouded with arguments, quarrels, dislikes, disappointed expectations, misunderstanding, distrust, sexual difficulties and external factors. It makes it easier to resolve conflicts and build strong connections. Effective communication helps feel good in partners. Open and loving communication is certainly a tool to reduce tension and stresses in marital life. What I learned in counselling session is that the couple often speak with disrespect. They don't pay heed to the tone or the words they use. Thus, it builds tension in the family that the child/children in the family starts coalition/collusion with other member who is in the receiving end. So, the neutrality in the family would disappear and at all time, there would be a coalition which is driven by emotions between couples and between family members.

Acceptance, warmth and caring: It is a primary duty of the partner to accept the partner unconditionally. Partners must understand their counterparts' unique qualities and accept them. Avoid judgements or negative remarks. It is important to take care of the partner. When the partner needs health care, treatment, or any other personal needs, the other partner should form an attitude to be kind and warm. Find time to spend quality time with the needy. Counselling intervention will helpful to learn how the concepts of acceptance, warmth and caring work in couple relationship.

Congruence in love and affection: Love and affection is one among many needs. Need for being helpful, need for recognition, need for social companionship,

need for security, need for appraising in a positive way and need to solve personal problems. Another important need is erotic needs (Marriage is in part of sexual relation between two persons, each of whom has real and demanding erotic needs). One of the reasons for long term conflict between the couple is that they find love and affection in terms of the erotic needs and human sexuality. Sexuality of course promotes love and affection, with all its romantic, aesthetic and emotional overtones. But it is extraordinarily complex and has intrigued and fascinated generations of participants and chroniclers (Masters and Johnson 1966). It has three basic functions: *reproduction, pleasure and communication*. All these functions are important in couple relationship. However, love is a very difficult concept to define. Because it has many forms like love and liking; love and limerence; love and attachment; romantic love; passionate love; companionate love; altruistic love; infatuation and love; jealousy and love, vow! Therefore, learning to love is as important as to experience love. To give and receive this most mysterious though it is the most basic of all emotions. In marriage physical demonstration of love and affection is essential couple relationship. So, there must be congruence, one should respect and value the limitation of the other and act accordingly in the couple relationship. Sharing of feelings like appreciation, admiration and esteems can help bonding.

Respect: Like love and affection, respect is also a two way process of giving and taking. Compassionate love is an example of respect. It provides a sense of satisfaction in simply "being with" the other. The newly wedded couples simply ignoring the true benefit of respect oneself and others. Respect certainly helps the other to feel respected. Then, wonderful things would happen in the couple relationship.

Feelings of empathy to all in the family: Healthy family relationship can be the outcome of empathetic feeling to all the family members. It is the responsibility of the couple to show empathy to the members in partner's family and one's own family. A receptive mind to listen to the feeling of others can work as therapy and healing. For instance, the wife tells her husband that she was quite upset the way her boss reacted to her at work, and the husband reacts, 'Oh dear, I am sorry you feel disturbed at the conduct of the boss', she would feel great and think the husband understood her well.

Team work: Many problems in the family can be solved effectively if the family start to discuss every individual's concerns and work together to find solutions.

Here, the wife should need to work for not the husband causes, but for the family of husband as whole, and vice versa. The couple certainly would develop feeling of belonging. Discussing things in an open and transitive manner to find effective solutions is the part of team work. Managing family budget effectively is the task of the couple. Team work helps to manage family budget effectively.

Role Model: Couples need to set examples of role model in the family. They should display harmonious family relationships by their conduct. To prevent conflict and clash in the relationship, a partner should behave the way another partner approves of or is comfortable with and set a model practice. Counselling intervention would help to learn role modelling.

Boundaries: Family is undoubtedly an open, transitive and adaptive system. This system needs enough flexibility and makes boundaries so that the members of the family feel comfort to communicate one another effectively. The second case study is an example for the importance of boundaries in couple relationship.

Focus on children: The fulfilment of couple relationship lies in the upbringing of children. Couple relationship is expected to grow and change. Giving birth to children and nurturing the children in a desired manner will foster the couple more closed and the relationship will grow. Monotonous couple relationship is there in almost all couple relationship. Once the couple entered a stage of less needed, they must need something to grow their relationship. The children would fill the gap keeping the relationship to move on satisfactorily.

Conclusion

This article is intended for 'engaged' and 'couples' to focus on the essential areas to work out a better marital relationship. The main reason for the alarmingly increase in divorce rate across the country is due to lack of 'model couple relationship'. Each couple should think that of themselves as models for our children, neighbourhood and the society. It must be painful to make the partner happy in every department of marital life, but it can be possible if the couple practice their relationship fairly well with the essential things required in the couple relationship. The social work intervention in marital and couple settings would help the couple to live together with an open mind and work together in all the departments of couple relationship.

References

Amato,P. R. and Booth, A. (2003). People's reasons for divorcing: Gender, Social Class, the life course, and Adjustment.Journal of Family Issues, vol.24 p. 602-26.

Bracher, M., Santow, G., Morgan, S.P and Trussell, J.(1993).Marriage dissolution in Australia: models and explanations.Population Studies, vol. 47p. 403–25.

Gore, M. S. (2003). Keynote Address in changing marital and family system. Challenges to Conventional Model in Mental Health,Bangalore: NIMHANS.

Kundu, R. and Ghosh, R. (1978). Association of personality correlates of divorce – An application of a picture." Journal of Psychology Research. Vol. 22 Iss.3 p. 146-152

Lloyd Saxton, (1982). The individual, Marriage, and the Family.Belmont, California, fifth edition, Wadsworth Publishing Company.

Michael Gurian, "The Science of a Happy Marriage", Vol. 165, No 991, Reader's Digest; Nov, 2004.

Mohan Raj, J., (2013). Causes, Consequences and remedial measures of marital breakdown among young couples in Kerala; Ph D Thesis, Loyola College of Social Sciences, Social Work.

Reiss, Ira L. (1980). Family Systems in America,New York: Holt, Rinehart and Winston, 3rd ed.

Stephens, William N. (1963). The Family in Cross-Cultural perspective, New York: Holt, Rinehart and Winston.

Influence of Self-Esteem on Bullying Behaviour among Adolescents

* Surya Mohan **Rosa Nimmy Mathew

Abstract

Adolescence, a transition period for self-exploration, experimentation and identity development. Adolescents go through several physical, mental, emotional and social changes, which can become the open door for struggle's in life. The aim of the present study is to assess the level of self-esteem among Adolescents. The study is conducted on 232 adolescents selected through simple random sampling from Meenachil Thaluk, Kerala. Rosenberg Self-esteem Scales was used to obtain the levels of self-esteem. The results were analysed using Mann Whitney U test as the score didn't meet the criteria for normality. The results revealed that majority of the respondents were having low self-esteem and none of the respondents were having high self-esteem. There is no difference in level of self-esteem across class and board of studies of the respondents, thus accepting the hypothesis. The study found out that, there is a difference in the level of self-esteem between adolescents' boys and girls, females showed higher self-esteem than males. Thus, rejecting the hypothesis.

Keywords: *Adolescents, Self-esteem, School of Boards, Class, Kerala*

Introduction

Adolescence is accompanied by dramatic changes including physical, cognitive, social, and emotional changes which present as, both opportunities and challenges for adolescents, families, health professionals, educators, and communities. Although youth experiences form the inspiration for personality development, experiences during the adolescent years contribute significantly to the unique characteristics and maturation of the young adult. Adolescents usually start with the onset of

* *Counsellor, St Aloysius School Gonzaga, Mangaluru, 575001, INDIA. Email: suryamsag95@gmail.com*

** *Assistant Professor in Counselling, School of Social Work, Roshni Nilaya, Mangaluru, 575001, INDIA. Email: rosanimmym@gmail.com*

physiologically normal puberty, and usually ends with the identity and behaviour are accepted as an adult. This period of development ranges between the ages of 10 and 19 years, which is consistent with the World Health Organization's definition of adolescence. (Canadian Paediatric Society, 2003).

Self-esteem is a way of thinking, feeling, and acting that implies that individuals accept, respect, and believe - When individuals accept themself, they are okay with both the good and not so good things about themself. - When individuals respect themself, they treat their self well in much the same way they would treat someone else they respect. - To believe in oneself means that to feel oneself deserve to have good things in life. It also means that one has confidence that one can make choices and take actions that will have a positive effect on life. Part of self-esteem is knowing that individuals are important enough to take good care of oneself by making good choices for oneself self. Self-esteem doesn't mean to think one is better or more important than other people are, it means that to respect and value as much as other people. Self-esteem needs to come from within and not be dependent on external sources such as material possessions, status, or approval from others. Having self-esteem also means an individual don't have to put other people down to feel good about oneself. (Centre of Integrated Health Care, 2013)

Self -esteem is the judgements individuals make about their worth and the feelings associated with those judgements. High-self-esteem implies a realistic evaluation of the self's characteristics and competencies, coupled with an attitude of self-acceptance and self-respect. It ranks among the most important aspects of self-development because evaluations of own competencies affect emotional experiences, future behaviour, and long-term psychological adjustment. (Berk.L.E, 2013).

The structure of self-esteem depends on evaluations of information available to children and their ability to process that information. The arrival of adolescents adds several new dimensions of self-esteem that reflect important concerns of the adolescent's period. (Harter.S, 1999, 2003, 2006). Furthermore, adolescents become more discriminating in the people to whom they look for validation of their self- esteem. Some rely more on parents, others more on teachers, and still others on peers (Harter.S W., 1998)

Self-esteem is a fundamental component of self-awareness. It occupies a key place in the structure of adolescent individual because it is related to mental health

and definition of life goals. Processes related to the formation and development of self-esteem determine the perimeters of the relationship between the adolescent and the surrounding world, contribute to the development of their competence and the quality of the activities performed. These processes should not be random; they should be smooth so that the adolescent can build and adequate self-esteem. The more realistic is it, the more adaptable the adolescent will be. (Minev.M&etal, 2018)

The significance of the study portrays that adolescents is a crucial time period and self-esteem is the internal asset for an individual. It helps the adolescents to understand the importance of uniqueness. The low self-esteem during the earlier period leads even to a deviated personality. It affects more than one aspects within an individual such as school performance, perspectives, sociability and also psychologically. The body and appearance changes among the adolescents is another important factor that can lead to low self-esteem levels. Thus, there is much in need of considering the self-esteem among the adolescents because, better a child, better a society. There are not many studies focusing on adolescent self-esteem in India. The current descriptive study aims to explain the level of self-esteem across adolescents.

Methods

The aim of the study is to assess the level of self-esteem among adolescents. 230 adolescents, drawn out from 7^{th} and 9^{th} grade of one STATE school and one CBSE through simple random sampling method (lottery method) from Meenachil taluk, Kottayam, Kerala

4x2 factorial design was adapted. The following hypothesis was tested.

H^0 – There is no difference in the level of self-esteem among adolescents' boys and girls.

H^0 – There is no difference in the level of self-esteem across class 7^{th} and 9^{th} adolescents

H^0 – There is no difference in the level of self-esteem among adolescents in CBSE and State school

The data was collected using socio Demographic profile and Rosenberg Self-Esteem Scale. The researcher initially listed out the schools in Meenachil Thaluk, Kerala. Through simple random sampling- lottery method, schools were picked by the researcher and permission was collected from the concerned authority for the data collection.

The researcher gave the information about the purpose of the study to the authority and the students. Informed consent and details of confidentiality was explained to the participants. The socio-demographic details and the test material were given to the respondents and the test was manually scored using scoring system of the respective scales. Raw scores were subjected to appropriate statistical analysis to derive at meaningful interpretation. Hypothesis was tested using man Whitney U test. The responses of socio- demographic profile were defined to facilitate the analysis.

Results and Discussion

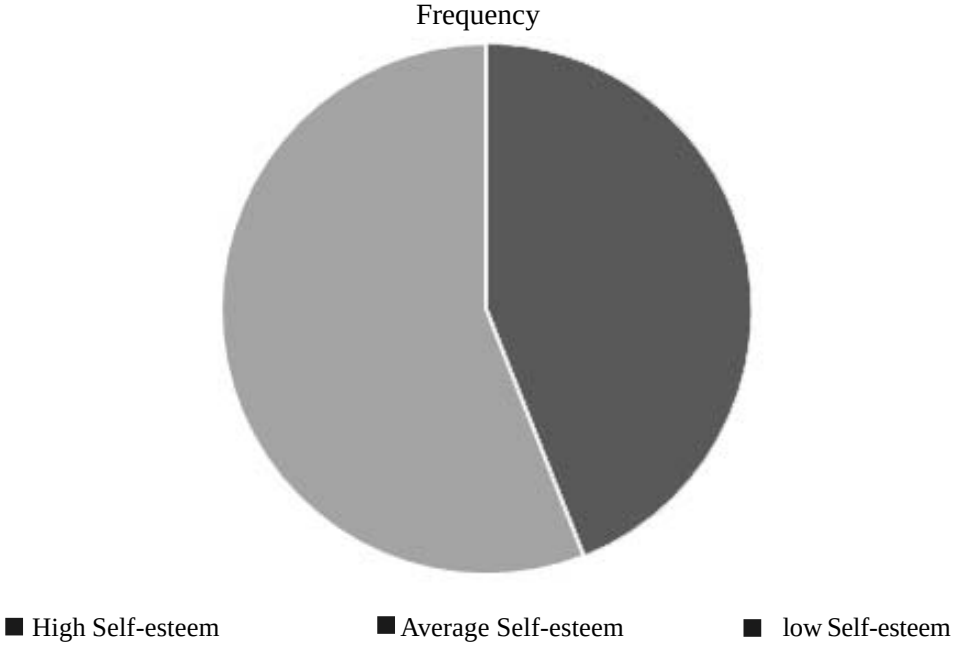
Table - 1
Description of the demographic variables

Variables		**Frequency**
Age	Early Adolescents	106
	Mid Adolescents	124
Gender	Male	125
	Female	105
Board	CBSE	119
	State	111
Geographical location	Urban	171
	Rural	59
Awareness Of Bullying	Yes	115
	No	115
Aware Of Child rights	Yes	217
	No	13

The majority of the respondents in the study were males belonging to mid-adolescents age group with one sibling. The respondents of the study mainly included from Christian religion followed by Hindu and Muslim. The greater part of the respondents was fond of football. The geographical details revealed that most of them are from the urban areas of Kidangoor. The majority of respondents in this study belongs to CBSE board of school. The results reveal that the respondents

are equally aware and not aware regarding the bullying and majority of them are aware about child rights

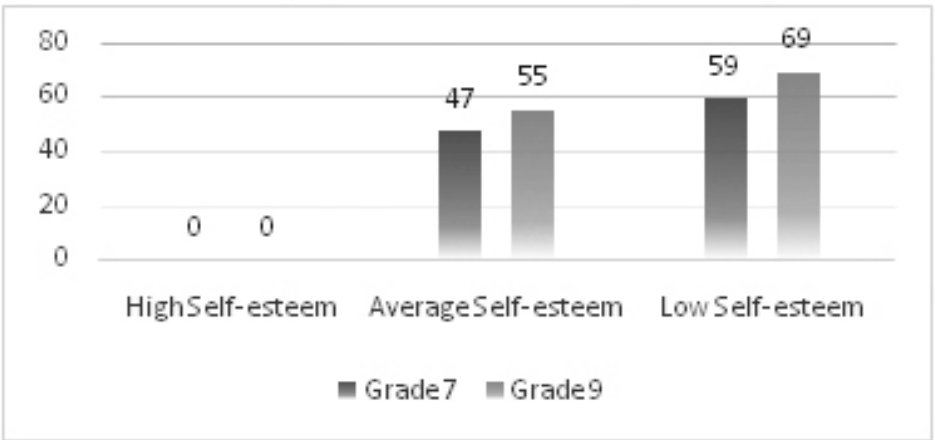
Figure - 1
The level of Self-Esteem among the respondents



The figure 1 shows the frequency distribution of self-esteem among the respondents. The data shows that 56 percent of respondents have low level of self-esteem and only 44 percent of the respondents have average level of self-esteem. There were no respondents with high level of self-esteem. This indicates that majority of adolescents face low level of self-esteem. This may be due to the rapid changes they experience during their transition period. The 44% of respondents have average self-esteem level.

Earlier studies also revealed similar results, where more than half of the adolescents have low overall level of self-esteem. (Sumathy.S & Bhuvaneswari.G.M, 2017). Another study stated that the Implicit self-esteem in adolescence manifests a declining trend with increasing age, suggesting that it is sensitive to developmental or age-related changes. This finding enriches the understanding of the development of implicit social cognition.(Cai, 2014)

Figure - 2
Frequency distribution of the level of Self-Esteem and Grade



The figure 2 depicts the frequency distribution of self-esteem with regard to class of the respondents. A higher number of Grade 9 students (55) showed average self-esteem compared to Grade 7 students (47). The table also denotes that Grade 9 students (69) also have higher number of low self-esteem compared to Grade 7 students (59). Overall majority of respondents in both the group fall under low level of self-esteem esteem and number students with lower self-esteem increased with moving towards higher grades. Similar results have been found in other studies, which suggests that as the grade or age increases, a noticeable change in the level of self-esteem is seen. This indicates that, individuals worldwide tend to gain self-esteem as they grow older. (Bleidorn.W, 2016)

Table - 2
Frequency distribution of level of Self-Esteem and board of studies

SELF-ESTEEM	BOARD		TOTAL
	STATE	CBSE	
High Self-Esteem	0	0	0
Average Self-Esteem	49	53	102
Low Self-Esteem	62	66	128
Total	111	119	230

The table 2 shows the frequency distribution of level of self-esteem among 2 different boards of the respondents. The results showed that higher number of

respondents from CBSE board have average self-esteem (53) and low self-esteem (66) than respondents from State school. There is only slight difference in the low self- esteem among the respondents of both the boards. Over all this denotes there is only slight difference in the level of self-esteem esteem among respondents across board of studies. The researcher found that CBSE curriculum provides certain motivating classes, awareness classes and the system of extra-curricular activities (ECA) Yet there seems be no much difference in the results in either boards

Table - 3

The result of Normality test of Self-Esteem using Shapiro – Wilk test

Shapiro-Wilk				
SELF-ESTEEM		**Statistic**	**df**	**Sig.**
Class	Grade 7	.969	106	.014
	Grade 9	.977	124	.036
Gender	Male	.976	125	.027
	Female	.961	105	.004
Board	State	.974	111	.031
	CBSE	.970	119	.009

The table 3 depicts the result of the normality test scores based on class, gender, board and number of siblings using the Shapiro – Wilk test. The data scores signify that self-esteem with regard to class, gender board and siblings doesn't meet the normality criteria. Hence the scores will be analyzed using Mann Whitney U test.

Table - 4

Self-Esteem across Class using Mann Whitney U test

	Grade	Median	Range	N	z Value	p value
	Grade 7	14.00	16	106		
Self- esteem	Grade 9	14.00	12	124	-0.714	0.475

Table 4 shows the scores of self-esteems with regard to class. The self- esteem across class was analyzed using Mann Whitney U test. The Z value obtained is -0.714. The p- value is 0.475 is greater than 0.05, thus accepting the hypothesis. Hence, there is no difference in the level of self-esteem across class. This indicates that both the grades were not having any difference in level of self-esteem.

In another study, there showed a link between grades and the level of self- esteem. The study explained that it was due to the school transition the changes in the self-esteem levels between the early and mid-adolescents. It was hypothesized that there is a stability of individual differences in self-esteem throughout adolescence over a year and a half, and this stability may be higher in middle than in early adolescence. (Bia³ecka-Pikul.M, 2019)

Table - 5
Self-Esteem across Gender using Mann Whitney U test

	Gender	Median	Range	N	z -Value	p -Value
Self- esteem	Male	14.00	12	125	-2.958	0.003
	Female	15.00	15	105		

The table 5 shows the Mann Whitney U test score of Self-esteem across gender. The obtained z-value is -2.958, and the possibilities value is 0.003. which signifies that the hypothesis is rejecting as the obtained z value is above +/-2 and obtained p value is smaller than 0.05, Hence, there is a difference in the level of self-esteem across adolescents' boys and girls. Female have significantly higher self-esteem (M=15) compared to male.

In this study the results have proved that girls have more self-esteem than boys. The researcher found that the girls tend to get conditioned with the situation, better parenting and proper awareness are some of the reasons for the better self-esteem of the girls. The global self-esteem of females is more influenced by goals related to interdependence and sensitivity (Cross.T&Slater.R.B., 1995). Other studies from (UK.essays, 2018)Also proved that the self-esteem of female adolescents is higher than males.

Another studies stated that girls seem to have lower levels of self-esteem than boys. "Research has found that satisfaction with physical appearance is a large component of self-esteem, and adolescence girls have greater dissatisfaction with physical appearance than boys". (Harter.S., 1999, 2003, 2006). A Similar study by (Patton.W, 2004) revealed that among the sample of 467 adolescents, females have higher self-esteem and career expectations than boys. Various other researchers have tested and explored and discovered that adolescent males have lower self-esteem than adolescents. females. (Benjet.C.&Hernandez-Guzman.L., 2001)

Table - 6
Self-Esteem across boards of studies using Mann Whitney U test

	Board	Median	Range	N	z Value	p value
Self- esteem	STATE	14.00	12	111	-0.166	0.868
	CBSE	14.00	16	119		

The table 6 shows the results of Mann Whitney U test of self-esteem across board of studies. The obtained p-value is greater and the z- value is lesser than +/-2. Thus, the hypothesis is accepted, there is no difference in the level of self-esteem among adolescents in CBSE and State board of studies.

Many studies have proved that it is the academic achievement, not the board of schools that influence the self-esteem of the adolescents. (Wiggins.J&E.L.Schatz., 1994) found that increases in self-esteem are positively correlated with increases in academic achievement. Similarly, the other study demonstrated that experiencing success or failure consistently is extremely important as it affects one's self-esteem and self-concept (Kifer.E., 1973)

Implications

- The study identifies the need to understand the level of self –esteem among Adolescents
- The results can help the school counsellors to plan interventions
- The study also help the policy makers and educationist to highlight on self-esteem and personal development as a part of curriculum

Limitation

- The study was limited to one geographical area. Samples from wide spread population can help in understanding the self-esteem behavior from a broader perspective.

Conclusion

The study concludes that the adolescent's respondents were overall having low self- esteem levels. The females had better self-esteem levels than males with considerable difference between the genders. The study also points out the essential need of focusing the self-esteem as a part of personal development in schools.

References

Benjet.C.&Hernandez-Guzman.L. (2001). Gender differences in psychological well- being of Mexican early adolescents. *Adolescence, 36*(141), 47-65. Retrieved from https://search.proquest.com/openview/b477554f8510ad005079fc7707056e3a/1?pq-origsite=gscholar&cbl=41539

Bia³ecka-Pikul.M, S.-N.-S. (2019, May 27). Change and consistency of self-esteem in early and middle adolescence in the context of school transition. *Journal of youth and adolescence, 48*(8), 1605-1618.

Bleidorn.W, A. (2016). Age and Gender Differences in Self-Esteem — A Cross- Cultural Window. *Journal of Personality and Social Psychology, 111*(3), 316- 410. Retrieved from https://www.apa.org/news/press/releases/2016/01/self- esteem-gender

Cai, H. W. (2014). Implicit self-esteem decreases in adolescence: A cross-sectional study. *PloS one, 9*(2, e89988). doi:10.1371/journal.pone.0089988

Cross.T&Slater.R.B. (1995). A first view of the academic performance of African Africans at three highly ranked colleges. *The Journal of Blacks in Higher Education, 7*, 76- 79.

Harter.S. (1999, 2003, 2006). *The construction of self: A Development perspective.* New York: Guilford.

Kifer.E. (1973). *The Effects of School Achievement on the Affective Traits of the Learner.*

Minev.M&etal. (2018). Self-esteem in adolescents. *Trakia Journal of Sciences, 2*, 114-118. doi:10.15547/tjs.2018.02.007

Patton.W, B. (2004). Gender differences for optimism, self-esteem, expectations and goals in predicting career planning and exploration in adolescents. *International Journal for Educational and Vocational Guidance, 4*((2-3)), 193- 204. doi:10.1007/s10775-005- 1745-z

Sumathy.S&Bhuvaneswari.G.M. (2017). SELF-ESTEEM OF ADOLESCENTS IN SCHOOL. *International Journal of advanced research, 5*(4), 1296-1300. doi:10.21474/IJAR01/3947

UK.essays. (2018, November). *Self Esteem In Adolescents And Gender Differences.* Retrieved from UKessays: https://www.ukessays.com/essays/sociology/self-esteem- in-adolescents-and-gender-differences-sociology-essay.php?vref=1

Wiggins.J&E.L.Schatz. (1994). The relationship of self-esteem to grades, achievement scores and other factors critical to school success.

Effectiveness of Day Care Interventions on Dementia Patients and Caregivers: A Case Study of A.R.D.S.I.

* Vandana Suresh ** Jasmine Sarah Alexander Ph.D ***Sonny Jose Ph.D

Abstract

Dementia is a chronic and progressive syndrome, in which deterioration in memory, thinking, behaviour and the ability to perform everyday activities occur. As Dementia progresses, individuals, often family members, step into the role of caregiver for their loved ones. Given the increasing number of aged around the world and especially in Kerala, the escalation in number of Dementia patients implies more number of caregivers being affected. This qualitative study aims to understand the effect of institutionalization of person with Alzheimer's Disease, in Day Care Centers,on the caregivers and the patients. Data was collected from five respondents - caregivers of the patients regular at Alzheimer's and Related Disorders Society of India (A.R.D.S.I.) for more than one year, purposively selected and interviewed using a semi-structured interview guide. Multiple case study design was adopted and thematic analysis was done to analyze the data. The findings of the study indicate that the dimensions – physical, social, psychological and financial – of the caregivers were affected, due to their role as caregivers; distress in all these areas were critical behind opting for institutional care. The services offered by the institution were specifically focused on addressing the issues of both the caregivers and the patients. The findings suggest that the caregivers engaging in Dementia Care Centers experienced improvement in all the four dimensions – physical, psychological, financial and social; they were equipped to arrange their lives according to the needs of their relative with Alzheimer's Disease, and felt more in control of their lives. The patients also experienced improvement in their physical health. Institutionalization has brought in a positive change in the lives of the caregivers and has improved their relation with the patient.

Keywords: *Alzheimer's Disease, Dementia, Day Care Centre, Patients with Dementia, Caregivers*

* *Research Associate, Loyola Innovation and Field Engagement (LIFE) Lab Loyola College of Social Sciences, Thiruvananthapuram. Email: vandhanasuresh111@gmail.com*

** *Assistant Professor, Department of Social Work, Loyola College of social sciences,Thiruvananthapuram. Email: alexander.jasmine@gmail.com*

*** *Associate Professor & Head, Department of Social Work, Loyola College of social sciences. Thiruvananthapuram. Email: sonny.jose@gmail.com*

Introduction

"It is not sufficient to add years to life, but the more important objective is to add life to years"

- World Health Organization

India has an elderly population of nearly 104 million, almost 8.5% of India's total population, making it currently the second largest elderly-populated in the world (Census, 2011). United Nations Population Fund (UNPF) predicts that percentage of elderly (60 years and above) in India could rise from 8% of the total population in 2015, to 19% in 2050, to 34% by the end of the century (UNFPS's India Ageing Report 2017). This phenomenon becomes more profound in Kerala, a state ageing at faster pace than the rest of India. The states elderly population is growing at a rate of 2.3 percent, the highest growth rate being among the elderly 70-80 and above (CDS, 2013).

Ageing brings changes in three domains - biological, psychological and sociological. Besides physio-pathological changes that commonly occurs resulting in diseases and disorders, ageing marks psychosocial transition that alters an individual's relation to the world around, demanding new responses. Overall psychiatric morbidity is around 12 to 15 percent in this age group (Reiger et al, 1988; Kumar, 1989; Borson & Uniltzer, 2000). It has been found that Dementia is one of the major causes of disability and dependency among older people worldwide (WHO, 2018).

Background and Concepts

Dementia is a syndrome due to the disease of the brain, usually of chronic or progressive nature in which, there is disturbance of multiple higher cortical functions including memory, thinking, orientation, comprehension, calculation, learning capacity, language, judgment, impairment of cognitive functions accompanied and occasionally preceded by deterioration in emotional control, social behaviour or motivation (ICD-10). Dementia are of various types - Alzheimer's Disease, Vascular Dementia, AIDS Dementia Complex, Lewy Body Dementia, to name a few. An integrative analysis of 47 surveys across 17 countries suggested approximate rates under 1% for Dementia from any cause in persons aged 60 to 69 years, rising to about 39% in persons 90 to 95 years old (Henderson 1998). Most population studies (Skoog, et.al, 1996) report that 50-70 per cent of Dementia cases have a diagnosis of Alzheimer's Disease, while 20 -30 percent a diagnosis of Vascular Dementia.

Alzheimer's Disease (AD) was first described in 1907 by a German Physician, Alois Alzheimer. Alzheimer's Disease, is clinically characterized by progressive decline in intellectual functions caused histopathologically by large number of senile plaques and neurofibrillary tangles in certain brain regions. The onset of Alzheimer's Disease is usually gradual and imperceptible, but witnesses decline in many areas of intellectual abilities including difficulty to learning new skills or tasks requiring abstract reasoning or calculation, and later, impairment in both language and motor abilities. Alzheimer Disease usually leads to death in about 7-10 years, but can progress either dramatically or even gradually.

Caregiving is very important throughout all the stages of Dementia. In India, informal caregivers are the most preferred and the most frequently used source of assistance, as formal care services are not readily available everywhere. The informal caregivers are family members or friends often unpaid, and who provide or manage care for the impaired person. Noelkar and Whitlatch (1995) have defined informal caregiving as the unpaid assistance from family members, friends, and neighbours with one or more personal tasks or instrumental activities of daily living. Caregivers, who provide for caregiving usually receive no formal training in caregiving skills and often develop strategies by themselves by trial and error at great expense to themselves. Comparisons of caregivers to non-caregivers indicate that caregivers report poorer mental health (George &Gwyther, 1986) and psychological distress (Fiore et al, 1986;Srinivas, 2002), lower morale and well-being (Quayhagen & Quayhagen, 1988). Empirical evidence indicates that providing long-term care affects the caregivers' mental and physical health.

One of the respites to informal caregiving is a day care service, which offers communal care, with paid or voluntary caregivers present, in a setting outside the user's own home. Individuals arrive or are brought to use the services, which are available for at least 4 hours during the day, and return home on the same day (Tester, 2001). Day Care Centers (DCCs) provide a respite and support service and have the potential to give family caregivers relief, reduce caregiver burden, and increase their motivation for their role as a caregiver. Benefits of DCCs may include *separation time*, wherein, family caregiver's time that can be used for undisturbed work, rest, or other pursuits; reduce behavioural problems and the need for assistance with ADL; reduce care demands, stress, and depression as well as increase wellbeing; increase motivation for care and postponement of the need for residential care (Tretteteig, S., Vatne, S. & Rokstad, A.M.M, 2017)

Alzheimer's and Related Disorders Society of India (ARDSI), a registered national, non-profit, voluntary health organization established in 1992, provides support, succour, help and information to the families of persons affected by Dementia and training programmes for caregivers to improve the quality of care of the patients. Its activities include services like day care centre, domiciliary care, geriatric nursing, memory clinic facilities, information and counselling services, training workshops and support group formation for the welfare of the persons with Dementia as well as their caregivers.

Statement of the Problem

Incidence rates of both Dementia and (AD) Alzheimer Disease increased steeply with age, without consistent differences across gender (Edland et. al, 2002). Considering that the WHO predicts that the absolute number of 60-years plus in India, will increase from 76 million in 2001 to 137 million by 2021, Dementia as a problem, will require urgent attention in India. Studies indicate that Dementia caregivers report serious physical, social, emotional and financial problems forcing them to choose institutional care for their family member with Dementia.

The availing of adult Day Care Centers by caregivers of Dementia patients, results in lower levels of caregiving-related stress and better psychological well-being, when compared to those who do not avail these services. Day Care Centre relieves family caregivers by meeting the person with Dementia's needs for social community, nutrition, physical activity, and structure and variety in everyday life; such Day Care Centre use lowered caregivers' exposure to stressors. Day Care Centers give the caregivers a feeling of freedom and increased time available to be spent on their own needs - to be social, to work or do practical tasks undisturbed (Tretteteig, Vatne & Rokstad, 2017), showing an improvement in the caregiving-related stress and better psychological well-being in restructuring caregiving time.

Although the effect of Day Care Centers on caregivers and patients have been explored in the western context, such an emphasis has not given to this in the Indian or Kerala context, even though Dementia is a problem requiring urgent attention. Besides, juxtaposed against the individualism prevalent in the West, Kerala context may witness the family system, culture, values and beliefs, trade-off and moderate decisions made by the caregivers regarding part-institutionalisation. Besides exploring this thoroughly, it is important to understand if the existing Day Care Centers, in this case the Alzheimer's and Related Disorders Society of India (A.R.D.S.I.), with its programs, are indeed standing up to their purpose and

delivering improvement to the quality of life of the caregivers and Dementia affected persons alike.

Such a study besides rendering the social worker resourceful with various resources available for the caregivers and to ensure its utilisation by the needy, could also be useful to bring in better policy decisions helpful in improving the quality of life of both the patients and caregivers, further paving the way for similar or innovative interventions in the concerned area.

Review of Literature

Jamuna (1996) found that the sources of stress among caregivers were chronicity of the elder person's condition, lack of finances, task complexity, length of caregiving and demanding domestic priorities. Zank S, and Schacke C. (2002) in their study evaluating the effect of geriatric day care units on patients and caregivers, found significant positive effects of day care on well-being and Dementia symptoms. Patients in day care stabilized or improved on various measures, whereas, the 'untreated' control participants deteriorated. Follow-up data showed a significant decline in health in the control group, when compared with the day care users. Brodaty and Luscombe (1998) studying the psychological effects when caring for a loved one with Alzheimer's Disease found a significant association between psychological problems in the caregivers and the severity of the Dementia in their loved ones. Mossello E, et.al, (2008) studying the effect of day care for older Dementia patients on behavioural and psychological symptoms and caregiver stress", after adjusting for potential confounders, found that Neuropsychiatric Inventory (NPI) score significantly decreased in Day Care group, with a reduction of psychotropic drugs prescription, whereas it increased in Home Care. Similarly, the Caregiver Burden Inventory (CBI) score significantly decreased in Day Care, but not in Home Care. However, caregivers, demonstrated no significant between-group difference in depressive symptoms change. It was also found that a 2-month period of Day Care assistance was effective in reducing behavioural and psychological symptoms of Dementia patients and in alleviating caregiver burden. Gustafsdottir M. (2011) studied qualitatively the beneficial care approaches in specialized Day Care Units for persons with Dementia found that these Day Care Units establish practices and habits that give a particular structure to the course of everyday life of the patient with Dementia, enhance the person's sense of normality, and allow the person to enjoy being among others, while being appreciated as the person he or she is. Well-organized and knowledgeable day care service not only

provides relief from care for the relatives, but also supports and enriches the lives of the individuals with Dementia. In short, all the studies reviewed including the ones cited above indicated beyond doubt, desirable results and benefits accruing to both the caregivers and clients availing Day Care Centre (DCC) services.

Methodology

The present study is aimed at understanding the reasons for engaging with the ARDSI's Day Care Centre (DCCs). The caregivers were interviewed to ascertain the factors affecting caregivers prior to attending DCCs; reasons and motivation for sending the patients to DCCs; the various programmes offered at the DCCs at Alzheimer's and Related Disorders Society of India (ARDSI); effects of attending DCCs on the caregivers and the individual afflicted with Alzheimer's Disease (AD). This study was qualitative in nature, and adopted a multiple case study design.The pilot study was undertaken with a caregiver at, Thripunithura and the semi-structured interview guide was appropriately modified by pretesting the same with one caregiver attending the ARDSI DCC. The study looked at five caregivers of individuals clinically diagnosed with Alzheimer's Dementia at ARDSI, Kochi, who have regularly attended the Day Care Centre (DCC) at ARDSI, for more than at least one year.The caregivers were visited in their home-settings for better observation and effective data collection. Informed consent was obtained and the caregivers were subject to in-depth interviews. The interviews were recorded in Malayalam and transcribed to English and the content was subject to analysis.

Results

1. All the major domains – psychological, physical, social and financial – of the caregivers were affected while caring for a family member with Alzheimer's Disease. It was found that irrespective of the social support or financial stability, psychological distress set in, all the cases.

2. There were two major reasons cited for institutionalisation – one, to ensure professional care for their family members with Alzheimer's Disease; and the second, the need for self-care.

3. The behavioural manifestations – mood swings, unpredictable response behaviour, restlessness, violence and non- cooperation by the family member affected by Alzheimer's Disease contributed to stress in the caregiver.

4. The existing facilities, trained and dedicated staff and the programs offered at ARDSI ensured effective services to the patients with Alzheimer's Disease, while they attended the Day Care Centre.

5. All the caregivers reported improvement in their social and psychological state after their family member with Alzheimer's Disease started attending the Day Care Centre regularly.

6. The patients with Alzheimer's Disease showed substantial improvement in their sleep patterns, physical health as well as elimination behaviour as the staffs ensured that they followed a strict routine at the Day Care Centre and at home.

Analysis and Discussion

1. Reasons for psychological distress was the progressive nature of illness with no cure in sight; the only logical conclusion was 'end of life'. Most of the caregivers experienced suicidal ideation, anger, guilt and depression. This finding supports the study which explored the Psychological effects when caring for a loved one with Alzheimer Disease conducted by Brodaty and Luscombe (1998).

2. Self-care presented different meanings for the caregivers when one refers to the self-care as 'mental and psychological healing', for others, is to 'take some time off' for themselves; yet others believed that self-care help them better perform their role as a caregiver.

3. The inability of the caregiver to strike balance between their roles as caregiver and other social roles also contribute to distress in them. The distress in other members, especially among children, contributed to increased stress and burden in the primary caregiver, forcing them to choose institutional care. Getting back to their job and re-establishing their social relations was another reason for opting institutional care. Studies show that sources of stress among caregivers included chronicity of the elder person's condition, lack of finances, task complexity, length of caregiving and demanding domestic priorities (Jamuna, 1996).

4. Various services are offered to both the caregivers and patients with Alzheimer's Disease; the physical, and behavioural aspects of the patients

were taken care of by the staffs. Even though the training, counselling and support groups etc.aimed at the caregivers were not provided regularly, the 8 hours they got while the patient was at the Day Care Centre was a huge respite for them.

5. The Institutionalisation in the form of Day Care Centre allowed the caregivers time to relax until their family member with Alzheimer's Disease came back home, contributing to improvement in the social and psychological state of the caregiver. They were able to reengage in activities that gave them pleasure. The caregivers have reduced stress as they were able to handle the behaviour of the patient much effectively which in turn helped to improve their relationship with the patient. They got time for themselves and to attend functions of close relatives and to meet their friend. Other caregivers 'experienced improvement' in their financial and physical health also. Studies observed that a 2-month period of Day Care assistance effectively reduced behavioural and psychological symptoms of Dementia patients and in alleviating caregivers' burden (Mossello E, et.al, 2008).

6. Though Alzheimer's Disease is a progressive illness and the person eventually would perceptively go into a 'vegetative state' in the long run, proper care ensured a slowdown in the rate of progression. Ensuring timely intake of food and medication with proper care improved the patients' physical health and elimination behaviour. Various strategies used by the staff, like keeping the patients active throughout the day and disseminating of information about the same helped improve their sleep cycle. This finding is congruent to other studies that showsignificant positive effects of Day Care Centers on well-being and Dementia symptoms. Zank S, and Schacke C. (2002) Behavioural issues at home decreased as the caregivers became more equipped to deal with them. Due to the moderation in responses from the caregivers, the agitation, restlessness and other behaviours decreased, although there was no change in the psychological aspects of the patient.

Conclusion

The findings of the study indicate that the caregivers of patients with Alzheimer's Disease had to deal with social, physical, financial and psychological problems. All these dimensions were affected due to the illness of the patient and because of the role of caregiving. The caregivers opted for Day Care Centre for various

reasons. They wanted to make sure that their loved ones get professional care, as their behavioral manifestations can be handled only by a professional. They also wanted to focus on their personal and social life as well as their children. The study shows that there was significant improvement in the psychological, social, physical and financial situation of the caregivers after their relatives with Alzheimer's Disease were placed in the Day Care Centre. The trainings at the institutions also enables the caregivers to handle the behavioral changes in the patients and to empathize with their situation and to divert them during outbursts, this led to improvement in relation of the caregivers with the patients. The patients also experienced improvement in their physical health and sleep patterns, though there was no change in their psychological aspects. Such Day Care Centers can bring in a great change in the lives of the caregivers, it helps them to deal with the immense pressure they have to go through while taking care of a loved one with Alzheimer's Disease. Such institutions need to be promoted to render services to the increasing prevalence rate of Alzheimer's Disease and to help the caregivers to lead a better life.

References

Borson, S., &Uniltzer, J. (2000). Psychiatric disorders of late life. In Sadock, B. J and Sadock, V.A. (Ed.), Kaplan and Sadock's comprehensive textbook of Psychiatry (pp.3045-3072).

Brodaty, H., &Luscombe, G. (1998). Psychological Morbidity in Caregivers Is Associated with Depression in Patients with Dementia. Alzheimer Disease & Associated Disorders, 12(2), 62-70.

Edland, S.D., Rocca, W.A., Petersen, R.C., Cha, R.H., Kokmen, E. (2002). Dementia and Alzheimer disease incidence rates do not vary by sex in Rochester, Minn. Archives of Neurology, 59 (10), 1589-1593.

Fiore, J., Coppel, D.B., Becker, J., &Cox, G.B. (1986). social support as a multifaceted concept: Examination of important dimensions for adjustment. American journal of community psychology, 14, 93-111.

George, L.K. & Gwyther, L.P. (1986). Caregiver Well Being: A Multidimensional Examination of Family Caregivers of Demented Adults, The Gerontologist, 26(3), 253- 259.

Jamuna, D. (1996). Psychological Dimensions of Caregivers. In V. Kumar (Ed), Aging - Indian perspective and Global Scenario. New Delhi: All India Institute of Medical Sciences, 253-256.

Kumar, K. A., (1989). Nondementing Psychiatric disorders in the elderly. Proceedings of first national seminar on geriatric psychiatry, 13-17.

Mossello, E., Caleri, V., Razzi, E., Bari, M. D., Cantini, C., Tonon, E.,Masotti, G. (2008). Day Care for older dementia patients: Favorable effects on behavioral and psychological symptoms and caregiver stress. International Journal of Geriatric Psychiatry, 23, 1066-1072.

Noelkar, L.S. &Whitlatch, C.J., (1995). Caregiving. In L.M. George (Ed), Encyclopedia of Aging. (2nd Ed): New York: Springer Publishing Co., 144-146.

Quayhagen, M.P., &Quayhagen, M. (1988). Alzheimer's Stress: Coping with the Caregiving Role, The Gerontologist, 28(3), 391-396.

Regier, D., Boyd, J. H., Rae, D. S., Burke, J. D., Locke, B. Z., Kramer, M., Robins, N., George, L. K., &Karno, M. (1988). One month prevalence of mental disorders in the United States based on five epidemiologic catchment area sites. Archives of General Psychiatry, 45,977- 981.

Skoog, I., Lernfelt, B., Landahl, S., Palmertz, B., Andreasson, L. A., Nilsson, L., Persson, G., Oden, A., &Svanborg, A. (1996). 15 year longitudinal study on blood pressure and dementia. Lancet (London England), 347(9009), 1141-1145.

Srinivas, L. (2002). Behavioral Symptoms and Caregiver Stress in Dementia, MD Thesis submitted in NIMHANS, Bangalore.

Tester, S. (1996) Community Care for Older People: A Comparative Perspective, Hampshire: Macmillian Press Ltd.

Tretteteig S., Vatne S.,&Rokstad, A.M. (2017). The influence of day care Centers designed for people with dementia on family caregivers-a qualitative study. BMC geriatrics, 17(1).

Zank, S., &Schacke, C. (2002). Evaluation of Geriatric Day Care Units: Effects on Patients and Caregivers. The Journals of Gerontology Series B: Psychological Sciences and Social Sciences, 57(4). doi:10.1093/geronb/57.4.p348

Emerging Adults attitude towards Marriage and Self-Forgiveness: A Study

* Shirly Hormis Tharakan ** Baiju Gopal ***Ann Hormis Tharakan

Abstract

Emerging adults who are romantically involved are torn between acceptance of globalization and mordern technologies on one hand, and societies' expectation about maintaining traditional values and beliefs on the other. Therefore, a romantic relationship during this period becomes a common cause for conflict and tension; not only for the individual, but for the family and also the society.

This study is focussed on the attitude towards marriage among emerging adults, who have experienced a broken romantic relationship. For this purpose, the investigator adopted the case study method on five clients who came to the clinic for help. The findings indicate that college students experience the trauma of a breakup experienced in high school, as they have difficulty forgetting and forgiving themselves and are tormented by fears and doubts about failure of their marriage.

Keywords: *Emerging Adults, Broken Romantic Relationship, Attitude towards Marriage*

Emerging adults attitude towards Marriage following a Broken Romantic Relationship

Relationship with the mother is the foundation for all other relationships. Another such relationship of importance is that with the opposite sex, initiating during adolescence. Individuals between ages of 18 to 25 years, known as emerging adults, (Arnett 2000) explore and experiment with love, while in the process of giving up their childhood dependency and inculcating adult responsibility.

* *Research Scholar, Christ University, Bengaluru. Email: shirlytharakan@gmail.com*

** *Research Guide, Christ University, Bangaluru. Email: baiju.gopal@christuniversity.in*

*** *St Agnes Centre for Post Graduate Studies and Research, Mangaluru. Email: anntharakanparayil@gmail.com*

Marriages in India are mostly arranged (Netting 2010) with families playing a major role (Madathil & Benshoff 2008). So romantic relationships are strongly discouraged (Dhariwal & Connolly 2013). This is especially true with regard to women rather than men. As a result, Indian adults engage in clandestine premarital relationships despite parental supervision and restrictions (Alexander et al 2006). It is during the period of adolescence that an individual experiences intimacy or isolation as he feels love towards the opposite sex in his psycho-social stage of development (Erick Erickson 1968). A breakup of a romantic relationship is said to be more painful than that of divorce (Orbach 1992). This painful experience is more so for emerging adults. Reasons for breakup can be broadly categorized as personal, other, relational, and environmental (Kelly et al.'s 1983). Some common and specific reasons being differences in age, education, intelligence, physical attractiveness, degree of commitment, conflicts, hours spent together, presence of desirable alternatives, etc. Breakup as an early life experience can leave a schema, which, if negative, will affect an individual's behaviour, thoughts, feelings and later relationships negatively.

Thus after a failure in romantic relationship, recovery of emotional balance, both at the intra psychic and interpersonal level is essential. Researchers have suggested ways of reducing pain like verbal and written expression, accepting ones mistakes, use of laughter as techniques. In the recent past a number of studies on the role of forgiveness as a healing process and its positive effects have been proven. A step deeper into the area of forgiveness has led to the concept of self- forgiveness, which is not just acknowledgment of wrongs done but moving from estrangement from self and others to feeling at home with self and the world. This aspect of self-forgiveness could be the means for improving interpersonal relationships especially relationship with a marital partner.

Globalization, access to media, economic independence, has led young Indian adults daring to experiment with love. This has left parents confused with ambivalent feelings about romantic relationships. Furthermore, societies and communities taking law into their hands supporting honour killing is also being reported. In view of all this, it would be beneficial to equip individuals with interpersonal skills and to help inculcate realistic attitude towards marriage.

Romantic Relationship

Studies on romantic relationship date back to as early as 1976 with Hill et al examining the characteristics that lead to the development and breakup of a romantic relationship. Duck 1982 gives a detailed account about the stages in the development of a romantic relationship, the strategies of breakup and stages of recovery following a breakup (Baxter 1982, 1984). The studies on the effects of romantic relationships report a mixed result. While some studies report a positive relation between dating and self-esteem (Sgobbo 2000), others report that dating frequently lowers academic performance (Quatmann et al 2001) and increases depression and substance abuse problem (Davila et al 2004).

Breakup of a romantic relationship occurs due to various differences among the partners. Justification, externalization and excuses were the strategies used by 'dumpers' and 'dumpees' to describe their breakup (Doering 2010). Femlee (2001) concluded that approximately 44% of 125 persons are victims of fatal attractions. For a true mutual breakup, both partners would have to decide to breakup at the same time. But this is not the case in most relationships. Whether a breakup is one's own choice, or a partner, or mutual, it leaves a schema in the young mind leaving a haunting effect on both the individuals if not amicably resolved.

The power of forgiveness in achieving emotional healing and spiritual growth is mentioned by different faiths and belief systems. Forgiveness has dimensions and directions (Kathleen et al 2007). When forgiveness is directed to the self, the individual moves from feeling estranged, to feeling at home with oneself (Baurer et al 1992). Studies on forgiveness proved that sexual infidelity rather than emotional infidelity can lead to termination of a relationship and partners found it more difficult to forgive sexual infidelity of partners (Shackelford et al 2002).

Pelucchi et al 2013 study on 168 couples investigated self- forgiveness for real hurts committed against the partner in a romantic relationship. Findings suggested that forgiving oneself for offenses against the partner may be beneficial both intra personally, for the self, and interpersonally, for the partner and the relationship itself. The process of self – forgiveness is important in the context of building later interpersonal relationship especially in marriages.

The attitude towards marriage among college students is undergoing transformation. Students from intact homes were found to have more favourable expectations

about the quality of their future marriage, than students from single and multiple-divorce homes (Boyer, Pennington & Spink 2000). Females and virgins had more favourable attitude than males, followed by non-virgins who had only one sex partner followed by non-virgins who had multiple sex partners (Salts et al 1994).

In India, studies on romantic relationship has gained importance only in the recent past (Madathil & Benshoff 2008; Dhariwal & Connolly 2013; Alexander et al 2007). Romantic relationship which was strongly discouraged is now undergoing a stage of transition. Strict parenting with highly constrained environment was found to be the cause for formation of romantic relationship among 15- 24 year olds (Alexander et al 2006). Currently adults self- select, commit and then approach parents for permission and approval. These relationships are often terminated if parents disapprove of the relationship (Netting 2010).

Qualitative studies have indicated three types of relationship: bhai-bhehen, true love, time pass as common in India (Abraham 2002). Both males and females met in diverse, often accidental ways (Gala & Kapadia 2014) but followed a typical pattern with most often the male meeting and making a proposal followed by the female receiving or refusing the proposal. This was followed by a period of getting to know and friendship which evolves into a romantic relationship, physical intimacy and sexual experience with the partner (Alexander et al 2006).

Unmarried Indian males believed in the concept of love at first sight; in physical appearance, and sex as important components of love. For Indian females, being employed, psychological attributes and attention of partner were important components of love. Both males and females felt understanding was the most important component of love (Pandey & Mayuri 2013)

Unmarried college students of both sexes upheld the conventional values related to marriage and believed that marriage does not curb the personal independence. However, women felt that wives should support husbands economically (Shivalli, Chitagubbi & Devandrappa 2012). Rathee & Shergill studied adolescent girl's family structure and attitude towards marriage and live-in relationship using scales. Favourable attitude towards marriage and the expectancy of being happy was much higher in the low conflict group than the separated and high conflict group. They preferred marriage to cohabiting. Subject's fears related to success of marriage was high among separated and high conflict intact groups compared to low conflict groups.

A review of literature indicates a dearth of studies related to attitude towards marriage among emerging adults following a broken romantic relationship. Therefore, this study is essential in understanding and helping young Indians who are in different stages of a romantic relationship. This could also throw insight into developing a curriculum suitable for self- preparation in relationship building.

The Research Setting

The study was conducted in Alappuzha district of Kerala. With the aims of understanding the impact of a broken romantic relationship on emerging adults, the investigators considered five female clients aged 18-25years, who were brought to the first author's clinic by their parents for help. Verbal consent was obtained after clients and their parents were informed about the need and objective of the study. Confidentiality was assured. The case study method was adopted. Clients were interviewed using an interview schedule. The data obtained from the in-depth interview with clients, which lasted for 60-90 minutes, was analysed using the qualitative method.

Methodology

Case study method was used for the purpose of the study. Five unmarried female clients who belonged to Alappuzha district, Kerala, who came to the clinic were selected. They were all individuals who had experienced one or more heterosexual broken romantic relationships, irrespective of the duration. They were in the age group of 18 - 25 years, and had a minimum of 12 years of education. Individuals who had experienced a broken romantic relationship other than heterosexual relationship were excluded. Those individuals who were under medication or diagnosed with psychiatric disorder were excluded. A socio demographic details form prepared by the researcher was administered and was followed by in depth interview.

Results

All five female clients had come to the clinic with their parents. They belonged to Alappuzha district Kerala.

Case 1: Subject 'A' is a 22 years old Christian, who completed Pre degree and is unemployed. She is an only child from a nuclear family. Her father is alcohol dependent and therefore conflicts are common.

She has had two romantic relationship of which the first one, when she was 13 years old, was the most significant one which lasted for four and a half years. Currently she is not in any relationship, as it has been only three months since the breakup of her second romantic relationship.

The most significant partner was 18 years old whom she met at a tuition centre and was a schoolmate too. Initially the relationship was that of senior. She was attracted by his talk. They started meeting on the streets. She tried enquiring with others to get to know more about him. Her friends knew about the relationship and some encouraged her as they too were in a relationship. She found him caring. Once he proposed she accepted and considered him as a life partner. She started keeping appointments and thought it was fun, though she was afraid. She became aware that he was alcohol dependent and aggressive, only after committing to the relationship. She tried to advise him on several occasions. The relationship resulted in abortion. She later came to know that he had another relationship and was avoiding her. Finally, she gave up the relationship as it was good for herself.

She is unable to forget the experience and of being rejected by her partner. She feels guilty and regrets having committed to the relationship and also for having lost trust of her family and friends. The whole experience has affected her family and herself mentally. She has a poor self-concept and is unable to forgive herself. Currently she has been forced to discontinue studies. She has accepted her mistakes, and keeps herself occupied and hopes to study. However, she has fears related to marriage, whether to confess to her future husband and if he will love and trust her.

Case 2: Subject 'B' is 25 years old Hindu, who completed Diploma in Pharmacy and was employed as a pharmacist in a hospital. She comes from a nuclear family and is the only child.

She has had two romantic relationships. Her first relationship was when she was 14 years old which lasted for a year. The second was the most significant one which lasted for a year. The second relationship broke three months back. Currently she is not in any relationship.

Her most significant partner, a 30 year old colleague, in the hospital she worked, was introduced to her. Initially the relationship was that of friend/brother. She was attracted to his physical appearance, and started meeting him to get to know him.

Her friends knew about the relationship and discouraged her. She accepted his proposal as she found him caring and considered him as a life partner. She started meeting him as it was fun and felt secure. She showed her commitment by revealing secrets, giving gifts, calling regularly. A feeling of curiosity led the relationship, besides the expectation of emotional support. The relationship resulted in intercourse. She gradually became aware of the change in his behaviour, after the committing stage. She had to apologize after a discussion. Avoiding meeting, frequent arguments, reduced calls and time spent together, talks about the benefits of separation, deciding to tell others were the changes before the breakup. She considered breakup after a year for the good of all. Finally, he rejected her and started dating another.

Currently she is unable to forget the experience and also accept rejection. She feels that she has lost trust, values and self. She is guilty of having sex and attempting suicide. The whole experience has affected her family and herself emotionally, mentally and physically. The experience has changed the concept of herself and men. She is unable to forgive herself at times.

Currently she has accepted her mistakes. Though she keeps herself occupied in creative work, religious activity, trying to laugh at herself, shares her experience with others, she also sought professional help. She has fears related to whether or not and how much to confess to her future husband and is afraid of marriage and punishment from God.

Case 3: Subject 'C' is an 18 years old Hindu, who has completed pre-degree is an only child and belonged to a joint family.

She has had only one romantic relationship when she was 14 years old which lasted for four years and was the most significant one. It is seven months since the breakup. Currently she is not in any relationship.

She met her partner her senior in school who was 19 years old. Initially the relationship was that of friend. His mental attributes attracted her to him. She therefore started meeting him to get to know him better. Her friends knew about the relationship and encouraged her. Once he proposed she accepted and considered him as a life partner. She started meeting him in school and felt secure. She showed her commitment by revealing secrets and expected emotional support. Though

she had doubts, she found him caring. The relationship resulted in kissing and petting.

They continued the relationship though they practised different religions. Gradually after committing to the relationship, she found him dominating and possessive. She became aware of having to apologize after every discussion. She started considering a breakup after three months into the relationship. The breakup, which was abrupt, finally happened after her parents came to know about it, which she felt was for the good of all concerned.

Currently she is unable to forget the experience and also accept rejection. She feels that she has lost everything: trust - family, friends, values and self. She is guilty of making the commitment, dumping her partner and attempting suicide. The whole experience has affected her emotionally, mentally and physically. The experience has affected her self- concept. She is unable to forgive herself at times.

She has fears related to success of her marriage, whether she will be able to trust, love, and, if her future husband, will accept her if she confesses to him. Currently she keeps herself occupied by involving in creative work.

Case 4: Subject 'D' is a 20 years old Christian, who completed degree. She comes from a nuclear family and is an only child. She had two romantic relationships. Her first relationship was when she was 13 years old, which lasted for five years and was the most significant one. The second relationship lasted for only three months. Currently she is not in any relationship.

She met her partner, a senior in school, who was 15 years old, accidentally in a shop. Initially the relationship was that of a mate who she met at school and at the tuition centre. She was attracted by his talk, and started enquiring about him through his friends. Her friends knew about the relationship and encouraged her. Once he proposed, she accepted and considered him as a life partner. She started meeting him with other friends on the street. She showed her commitment by keeping appointments and meeting his parents as she expected his emotional support. Though she had fears, she found him caring. The relationship resulted in having sex and abortion.

She gradually came to know about his alternate relationship and his alcohol dependence after committing to the relationship. When confronted by her, he

decided to dump her. She finally put an end to the relationship by accepting the rejection, five years after undergoing abortion for the good of all.

Currently she is unable to forget the experience of being cheated and rejected by the partner. She feels that she has lost both family and friends who are most affected. She feels guilty for attempting suicide. The whole experience has affected her concept of men. She is unable to forgive herself.

She has doubts about confessing her past to her future husband, whether he will trust her if she confesses to him. Currently she keeps herself occupied by involving in creative work.

Case 5: Subject 'E' is 21 years old, a Christian, who has completed degree. She comes from a nuclear family and is the only child. She lived in a hostel in Karnataka and had alcohol once a month.

She had five romantic relationships. Her first relationship was when she was 13 years old, which lasted for few months. It is one and a half months since her breakup and she is not in any relationship.

She was introduced to her significant partner who was 19 years old. He was an alcoholic and was studying to be a charted accountant. Initially the relationship was that of a friend. She was attracted by his mental attributes. She got to know him through discussions. Her friends knew about the relationship and encouraged her. Once he proposed, she accepted and considered him as a lover and friend. She started meeting him on the beach and felt they were similar. She showed her commitment by revealing secrets. She expected his emotional support. She found him understanding. The relationship resulted in kissing.

Her partner was unwilling to spend time with her and so she confronted him. Finally after two months after committing to the relationship, she considered a breakup. Therefore, they mutually agreed to a breakup.

Currently she is unable to forget the experience. She feels that she has lost a friend. She reported that she is adversely affected emotionally and has a low self-concept. She does not feel guilty and is able to forgive herself. She has fears about the failure of her marriage and loss of trust if she confesses to her future husband. Currently she keeps herself occupied by involving in expressive writing.

Table -1
Socio Demographic Details of the five unmarried participants and details about the Romantic Relationship

Age	One 18 years old	four Above 20years
Religion	Three Christians	two Hindus
Family	Four - nuclear	One joint
No of siblings	Four - Only child	One had 1 sibling
Age had first Romantic relationship	Three: 13 years	Two: 14 years
Number of romantic relationships	1 had only one romantic relationship	3 had two romantic relationships
Proposed first	Partner proposed and all accepted	One had 5 Romantic relationships
Duration of the significant Romantic relationship	One female had a two month relationship; another 1year	Three: 4- 5 years
Who was the cause for breakup	Three females: Rejected by their partner. One: Parents caused breakup	One was mutual
Extent of physical relationship	Three had intercourse; Two had abortion	3 attempted suicide

Discussion

Females are experimenting with romantic relationship as early as at the age of 13 years. Most of them came from nuclear families and were an only child.

The significant male partners were seniors in the same institute who proposed first. Most friends knew about the relationship and supported them. The number of relationship (1-5) and the duration of the relationship (2months to 5years) varied. Their partners proposed first and they accepted the proposal considering as partners,

expecting emotional support. Most of them found their partner caring initially. They became aware of the differences only after committing to the relationship. Rejection by the partner was the cause for breakup, which was painful but beneficial to all concerned. Regrets for committing to the relationship, having sex, abortion and attempting suicide was present. Facing the loss of trust of parents and friends was their major problem.

These emerging adults 18-25 year old were languishing in their past broken romantic relationship. They are unable to forget the experience and forgive themselves for their romantic involvement. They had doubts and fears about failure of their marriage. They wanted answers to questions like: Should I disclose to my future husband; when to tell; how much to tell; what if he comes to know.

They agreed that the experience has affected their self-concept, and their concept about men negatively. They have been recovering by involving in creative work.

Implication: Children as young as 13 year olds are experimenting with love. The biological changes, nuclear families headed by hard working parents with lack of time and ambivalent feelings towards romantic relationship and marriage, technological advancement and easy accessibility to them has made the child prone to the danger of falling in love unhealthily.

The child spent major amount of her time in school. Therefore, it is crucial that every school and college has a mental health professional to meet emotional requirements of an individual.

Individual counselling and intervention should focus on area of self-awareness and positive psychology like self-forgiveness. Group activities for the development of abilities to choose and make decisions as aspects of interpersonal skills would be beneficial. Parent teacher meetings in institutions should focus not on the academic achievements alone, but help develop a large family atmosphere for the personal growth of individuals.

A research based on the same topic on a larger group will throw insight on the issue of romantic relationship in the general population. This information could help in development of future government policies related to emerging adults.

Conclusion

Emerging adults are languishing in the experience of their past broken romantic relationship. Isolation and poor guidance could lead them to repeatedly making wrong choices in relationship building. The past failure could lay a foundation for failure of a healthy institution like marriage. Therefore, it is essential that individuals be educated and made responsible in development of interpersonal skills by inculcating related topics in their curriculum.

References

Abraham, L. (2002). Bhai-behen, true love, time pass: Friendships and sexual partnerships among youth in an Indian metropolis. Culture, Health & Sexuality, 4(3), 337-353. doi:10.1080/13691050110120794

Alexander, M., Garda, L., Kanade, S., Jejeebhoy, S., & Ganatra, B. (2006). Romance and Sex: Pre-Marital Partnership Formation among Young Women and Men, Pune District, India. Reproductive Health Matters, 14(28), 144-155. doi:10.1016/s0968-8080(06)28265-x

Alexander, M., Garda, L., Kanade, S., Jejeebhoy, S., & Ganatra, B. (2007). Correlates of Premarital Relationships Among Unmarried Youth in Pune District, Maharashtra, India. International Family Planning Perspectives, 33(4), 150-159. doi:10.1363/ifpp.33.150.07

Arnett, J.J. (2000). Emerging Adulthood: A theory of development from the late teens to the early twenties. American psychology, 55(3) 469-480.

Bauer, L., Duffy, J., Fountain, E., Halling, S., Holzer, M., Jones, E., Leifer. M., Rowe, J. O. (1992). Exploring self-forgiveness. Journal of Religion & Health, 31(2), 149-160. doi:10.1007/bf00986793

Baxter, L.A (1982). Strategies for ending relationship: two studies, Western journal of speech and Communication, 46, 223-241

Baxter, L. A. (1984). Trajectories of Relationship Disengagement. Journal of Social and Personal Relationships, 1(1), 29-48. doi:10.1177/0265407584011003

Boyer-Pennington, M. E., Pennington, J., & Spink, C. (2001). Students' Expectations and Optimism Toward Marriage as a Function of Parental Divorce. Journal of Divorce & Remarriage, 34(3-4), 71-87. doi:10.1300/j087v34n03_05

Davila, J., Steinberg, S. J., Kachadourian, L., Cobb, R., & Fincham, F. (2004). Romantic involvement and depressive symptoms in early and late adolescence: The role of a preoccupied relational style. Personal Relationships, 11(2), 161–178. https://doi.org/10.1111/j.1475-6811.2004.00076.x

Dhariwal, A., & Connolly, J. (2013). Romantic Experiences of Homeland and Diaspora South Asian Youth: Westernizing Processes of Media and Friends. Journal of Research on Adolescence, 23(1), 45-56. doi:10.1111/j.1532-7795.2012.00803.x

Doering, J. (2010). Face, Accounts, and Schemes in the Context of Relationship Breakups. Symbolic Interaction, 33(1), 71-95. doi:10.1525/si.2010.33.1.71

Duck, S. (1982). A topography of relationship disengagement and dissolution. In S. Duck (Ed.), Personal relationships 4: Dissolving personal relationships (pp. 1–30). New York, NY: Academic Press

Duck,S., (Ed). (1982) Personal relations 4: Dissolving personal relationships. NY: Academic press Dynamics of relationship (pp. 27-57). Thousand Oaks: Sage Publication

Erikson, E. H. (1968). Identity: Youth and crisis. Oxford, England: Norton.

Felmlee, D. H. (2001). From Appealing to Appalling: Disenchantment with a Romantic Partner. Sociological Perspectives, 44(3), 263–280. https://doi.org/10.2307/1389707

Gala, J., & Kapadia, S. (2014). Romantic Love, Commitment and Marriage in Emerging Adulthood in an Indian Context. Psychology and Developing Societies, 26(1), 115-141. doi:10.1177/0971333613516233

Hill, C. T., Rubin, Z., & Peplau, L. A. (1976). Breakups Before Marriage: The End of 103 Affairs. Journal of Social Issues, 32(1), 147–168. https://doi.org/10.1111/j.1540-4560.1976.tb02485.x

Kelley, H.H., Berscheid, E., Christensen, A., Harvey, J.H., Huston, T.L., Levinger, G., McClintock, E., Peplau, L.A., & Peterson, D.R., (Eds) (1983). Analyzing close relationships. Close Relationships. New York: Freeman. pp. 20-67.

Kathleen.A.,Row.L.,Scott.C.A.,Raines.R.L.,Edlis-Matityahou.M.,Moore.E.W (2007) The varieties of forgiveness experience; working toward a comprehensive definition of forgiveness. Journal of Religion and Health, Vol. 46, (2), pp. 233-248

Madathil, J., & Benshoff, J. M. (2008). Importance of marital characteristics and marital satisfaction: A comparison of Asian Indians in arranged marriages and Americans in marriages of choice. The Family Journal, 16(3), 222-230.

Netting, N. S. (2010). Marital Ideoscapes in 21st-Century India: Creative Combinations of Love and Responsibility. Journal of Family Issues, 31(6), 707-726. doi:10.1177/0192513x09357555

Orbach, S. 1992 mentioned in John H. Harvey, Perspectives on Loss (1998) p.106

Pandey, A., & Mayuri, K. (2013). Emerging Adult's Perception on Romantic Love, Homosexuality and Pre-Marital Sexual Relationship. Research Journal of Recent Sciences, 2(ISC-2012), 296–303.

Pelucchi, S., Paleari, F. G., Regalia, C., & Fincham, F. D. (2013). "Self-forgiveness in romantic relationships: It matters to both of us": Correction to Pelucchi et al. (2013). Journal of Family Psychology, 27(6), 861. https://doi.org/10.1037/a0034776

Quatman, T., Sampson, K., Robinson, C., & Watson, C. M. (2001). Academic, motivational and emotional correlates of adolescent dating. Genetic, Social, and General Psychology Monographs, 127(2), 211–234.

Rathee & Shergill. (n.d) Attitudes toward Marriage and Cohabitation Among Adolescents As a function of Parental Relationship. Lecturer, Department of Psychology, Govt. College for Girls, Sector-11, Chandigarh

Salts, C. J., Seismore, M. D., Lindholm, B. W., & Smith, T. A. (1994). Attitudes toward marriage and premarital sexual activity of college freshmen. Adolescence, 29, 775-779.

Sgobbo, M, (2000). Love and school: Attachment/exploration dynamics in college. Journal of Social and Personal Relationships, 20, 5-30.

Shackelford, T. K., Buss, D. M., & Bennett, K. (2002). Forgiveness or breakup: Sex differences in responses to a partner's infidelity. Cognition and Emotion, 16(2), 299-307. doi:10.1080/02699930143000202

Shivalli, R., Chitagubbi, G., & Devendrappa, S. (2012). Perception of Values of Present College Youth Towards Marriage. International Journal of Farm Sciences, 2(1), 153-158.

Myths and Misconceptions of Indian Adolescent Girls in adapting Menstrual Cups

* Anuradha Shetty ** Laveena D'Mello

Abstract

Menstruation is a normal biological process experienced by millions of women and girls around the world every month. Menarche signifies the start of a female's reproductive years and often marks her transition to full adult female status within a society. Adequate management of menstrual hygiene is taken for granted in affluent countries; however, inadequate menstrual hygiene is a major problem for girls and women in resource-poor countries, which adversely affects the health and development of adolescent girls. On the other hand, bio medical waste which includes sanitary waste disposal has become an increasing problem as the plastic used in disposable sanitary napkins are not bio-degradable and lead to health and environmental hazards. Menstrual cups are a safe option compared to other forms of menstrual hygiene, according to the experts. Nevertheless, Indian women and adolescent girls are still adopting non-hygienic and non-biodegradable ones. The research design adopted here was a descriptive one and 108 Indian adolescent girls responded. The data has been collected and analysed via google form, an online mode for collecting information. Based on the analyses primary findings were obtained and possible solutions and suggestions were developed. This study assesses the reasons vis-a- vis the myths and misconceptions of Indian adolescent girls related to the usage of menstrual cups. The findings reveal fear of insertion is a significant reason which is making them not to adapt to the method of menstrual cup.

Key word: *Menstrual Hygiene, Menstrual Cups, Myths, Misconceptions, Bio-Waste Management*

* *PhD Scholar, Srinivas University, Mangaluru -575 002, Email ID: shettyanu3@rediffmail.com*

***Dean, College of Social Sciences and Humanities, Srinivas University, Mangaluru
Email: lavynoronha@gmail.com

Introduction

Menstrual Hygiene and management is a significant concern for human existence and if it is not properly managed, it has adverse effects on the health of women as well as our natural environment. We are at the era of various advancements and adapting astonishing technologies and methods. On the other hand, various myths and misconceptions taking us back to the primitive era especially with regard to the issues of menstruation and puberty. Even now, we find women adhere to or forced to follow some taboos and customs which are very derogatory. They are subjected to be confined to be within the four walls and considered impure during their monthly menstruation. Access to appropriate method is difficult due to various reasons. Like other developed countries, women in some parts of India have started using hygienic and ecofriendly sanitary pads, cups, and so on. Whereas, a large majority of them still sticking to those ancient methods which causes ill health and which are not easily decomposed or absorbed by nature.

In context to population, the world population is rising at a staggering rate of 1.26 percent per year. Out of which 356 million females lie in the menstruating category, and menstruate every month. Mere 12 percent of the menstruating females in India have access to disposable sanitary pads or tampons; whereas the rest resort to impromptu items like old cotton cloth or wool, ash, grass, husk or even using minimum number of pads which leak, smell and chafe, causing them stigma shame and discomfort. Using this unhygienic approach can cause various vaginal bacterial infections. Due to increased efforts of Indian Government and NGO's slowly and steadily people are educated and gradually shifting their interest to a more civilized alternative. Approximately a female use 15-20 pads a month, computing we can deduce that in her lifetime she would use 8,000-14,000 pads. Computing the data and tabulating, it is clear that each year due to growing population and literacy rate in India usage of pads will increase, but along with it, the need to dispose of pads according to WHO guidelines is also necessary.

At present, need of the hour is that we need to be conscious about women's health and hygiene as well as the environment which is deteriorating day by day due to manmade disasters and negligence. Even though sanitary napkins are considered as hygienic comparatively, there arises problem of disposal of these products. There is/are no scientific or appropriate method of handling or disposing bio medical waste such as sanitary pads. Few brands of sanitary pads are eco-

friendly or bio degradable but they are very expensive as well as not easily accessible to the poor.

Menstrual cup is one such method which is not only hygienic but also condenses the environmental hazards like incineration and landfill making it one stop solution for the problem. Menstrual cups can be used as soon as one gets her period. There is no age limit; it does however require that you are comfortable with your body and period. Virgins and young girls' vaginal muscles tend to be tighter, which can make insertion a bit more difficult. Hence, one might want to practice in the beginning. The entrance of the vagina is more tense and smaller in width than the rest of the vagina so gradually adopting your body to accommodate the menstrual cup will make insertion easier. Vagina does not get stretched or torn by using a menstrual cup. The vagina is pretty extraordinary in the sense that the muscle is able to stretch and go right back to its original shape, like a rubber band. There are various indisputable advantages of menstrual cup. Unlike tampons and pads, a menstrual cup can be worn for up to 12 hours. Also it lasts for several years, not just hours. An individual goes through approximately 11,000 disposable pads and or tampons in a lifetime. If we multiply that number by the total female population on this planet that gets his or her period and that equals a substantial amount of waste. Most of the brands of menstrual cups available online are soft medical grade silicone that doesn't mess with body. To mention, even the nipples of baby feeding bottle is also made by silicone material. Despite the fact, there are lot of myths and misconceptions among girls and women on the usage of menstrual cups. Most of them fear of insertion and fear of tearing of hymen.

Review of Literature

A multicenter study was conducted by Chinthan Shah, Dispesh. P, Maitri.P (2017), to establish the safety, efficacy, and adequacy of the flow care a menstrual cup. Among the respondents, 7 percent of the women stated that they use tampons as their menstrual tool where as an astonishing 82 percent women use sanitary pads both that are branded as well as locally made. While 11percent of the females use both tampons as well as sanitary pads. Only 31 percent females stated that they are satisfied with their existing products. After the study intervention, subjects were asked to complete the study and out of which 43 percent females rated the cup as better than pads, tampons, cloth. 36 percent subjects rated cup as equal to pads or tampons whereas 21 percent stated that they are not as good as pads and

tampons. 57 percent females would consider using a menstrual cup in future. Out of all the females who used menstrual cups 64 percent, women found the insertion of cup difficult for the first time, whereas almost all women had no issues removing the cup. The difficulty with insertion reduced from 65 to 18 percent over the period of time along with its usage. 76 percent women who previously had complained about staining were satisfied with the overall performance of the cup since no staining was observed. 12 percent women suggested using flow care menstrual cup overnight for heavy flow and 3 percent of the overall users found the cup to misfit.

Table -1

Estimated number of sanitary pads to be disposed between 2017-21

Year	Estimated percentage of female having access to pads (%)	Number of menstruating females each year	Women using pads each year	Avg. number of pads using each year	Number of pads to be disposed of each year
2017	12	356 million	42.72 million	216	9227.52 million
2018	14	358.17 million	50.14 million	216	10831.06 million
2019	16	360.35 million	57.65 million	216	12453.69 million
2020	18	362.54 million	65.25 million	216	14095.55 million
2021	20	364.75 million	72.95 million	216	15757.20 million

Source: Chinthan Shah, Dispesh. P, Maitri.P (2017)

According to a survey of a sample of 6455 women conducted by the Department of health and family welfare (2018), about 18.55 percent of women disposed of the pads in the waste or coconut tree pits, 24.84 percent were giving them to the waste disposal vehicles, 14.03 percent were discarding them in toilets, 29.52 percent were burning it, while the remaining 13.01 percent were throwing them into drains.

As per the survey, out of 6,455 women, 5,148 (79.75 percent) use sanitary pads or napkins. As many as 1,307 women (20.34 percent) use clothes. The number of women who use clothes is high in spite of educational background. In fact, 67.21 percent of women were changing were changing the pads or clothes only twice a day, 24.78 percent women were chaning thrice a day while only 7.99 percent women were found changing pads above four times in a day, revealed the survey. (Source: Deccan Herald)

According to Julie Hennegan (2019), Girls and women need effective, safe and affordable menstrual products. Single use product are regularly selected by agencies for resource-poor settings; the menstrual cup is a less known alternative. The study reviewed International studies on menstrual cup leakage, acceptability, and safety and explored menstrual cup availability to inform programmes. The menstrual cup, a receptacle used to collect menstrual blood flow, has received little attention, which in part might reflect concerns about insert able products as either culturally unacceptable or because of previous public health alerts associated with highly absorbent tampons (eg toxic shock syndrome). Information about leakage, acceptability, and safety of menstrual cups is needed to support organizations to make informed decisions and provide more comprehensive menstrual health education for girls and women. The main outcome of interest was menstrual blood leakage when using the menstrual cup. Additional outcomes of interest were acceptability of use of menstrual cups, difficulty with insertion or removal, comfort of wearing, and intension to use in future. Safety outcomes of interest included serious adverse events, such as toxic shock syndrome; vaginal abrasions and effects on vaginal microflora; effects on the reproductive, digestive, or urinary tract; and safety in poor sanitary conditions. Other safety issues we identified only during review were documented, and all material was reviewed to ensure completeness of the safety assessment.

Van Eijk et al (2018), in a study on Reproductive Health found that among 192 young school going girls in Kenya (mean age 14.6 years) provided with menstrual cups in addition to training and guidance on use, puberty education and instruction for MHM, color change of the cup as an indicator of use was detected in 70.8 percent. Verbal reports of cup use did not correspond well with color changes of the cup; verbally reported cup use increased from 84 percent in the first 3 months (n=143) to 96 percent after 9 months (n=74) whereas cup color change was detected among 22 percent and 74 percent in the same time periods, respectively.

The research presented is part of a menstrual feasibility study, a single site, three arm, open cluster randomized controlled 'proof of concept' pilot study. In brief, 30 of 62 primary schools in the area included in a water, sanitation and hygiene (WASH) survey, were selected based on minimum WASH criteria. The 30 primary schools were randomized into three groups; menstrual cups, sanitary pads, or usual practice. Girls from these schools were eligible to participate if aged 14-16 years, if they lived in the study area, received parental consent, assented, experienced three or more menses, and had no reported disability precluding participation. The study examined the acceptability, use and safety of menstrual products, and social and schooling experiences of girls followed over one academic year. This paper focuses exclusively on girl's experience of the menstrual cup in the 10 schools randomly allocated to the cup group. Findings on main outcomes, focused group discussion, the laboratory confirmed safety of the cups, examining Staphylococcus aureus infection, toxic syndrome toxin-1, and cup contamination, and water, hygiene, and sanitation associated with MHM in the schools.

A randomized controlled feasibility study by Mason, L., Nyothach, E., Van Eijk, A. M., Obor, D., Alexander, K. T., Ngere, I., & Phillips-Howard, P. (2019) was conducted among 14–16-year-old girls, in 30 primary schools in rural western Kenya, to examine acceptability, use, and safety of menstrual cups or sanitary pads. Focus group discussions (FGDs) were conducted to evaluate girls' perceptions and experiences six months after product introduction. Narratives from 10 girls' and 6 parents' FGDs were analysed thematically. Comparison, fear, and confidence were emergent themes. Initial use of cups was slow. Once comfortable, girls using cups or pads reported being free of embarrassing leakage, odour, and dislodged items compared with girls using traditional materials. School absenteeism and impaired concentration were only reported by girls using traditional materials. Girls using cups preferred them to pads. Advantages of cups and pads over traditional items provide optimism for MHM programs.

The article by Mahajan, T. (2019) explores how imperfect information and the culture of silence around menstruation have shaped the menstrual hygiene product market. It is generally considered that the use of sanitary napkins is equivalent to hygiene. This view is critically evaluated in light of evidence. In a highly competitive market, materials used in sanitary napkin products have evolved significantly. Policymakers and regulators need to be informed about the nature of products entering the Indian market and their implications on women's health and cost to the environment. The menstrual hygiene market now offers some less-known

innovations such as menstrual cups, reusable cloth pads and compostable sanitary napkins that could offer a more sustainable direction to the industry. However, they also have their own barriers to access and use. Given the increasing choice available in the market and potential for accessing information, it has become pertinent that relevant stakeholders—such as women, government officials and the media—are made aware of the basket of options for menstrual hygiene management. Field experiments done to this end indicate that informed choice will automatically ensure that cost to women's health and the environment is minimised.

Mason, L., Nyothach, E., Van Eijk, A. M., Obor, D., Alexander, K. T., Ngere, I., & Phillips-Howard, P. (2018) highlighted that girls in low and middle-income countries (LMIC) lack access to hygienic and affordable menstrual products. The Study explored Kenyan schoolgirls' use and views of the cup compared to girls provided with disposable sanitary pads for a feasibility study. Schoolgirls aged 14-16 years, received a menstrual cup in 10 schools or 16 pads/month in another10 schools. All were trained by nurses on puberty, hand washing, and product use. They self-completed a net book survey at baseline and twice a term during a year follow-up. Study examined their reported ease of insertion and removal, also comfort, soreness, and pain with product use. An aggregate 'acceptability' score was compiled for each product and girls' socio-demographic and menstrual characteristics were compared. 195 participants received cups and 255 pads. Mean age was 14.6 years, menarchial age was 13.6 years, with an average 3.8 days menses per month. Cup use was 39 percent in month 1, rising to 80 percent by month 12. Pad use rose from 85 percent to 92 percent. Measures of cup acceptability demonstrated girls had initial problems using the cup but reported difficulties with insertion, removal and comfort reduced over time. Girls using pads reported fewer acceptability issues. At baseline, approximately a quarter of girls in the pad arm reported inserting pads intravaginally although this was significantly lower among girls with prior experience of pad use. To summerise, while a smaller proportion of girls provided with cups used them in the first months compared to girls given pads, reported use was similar by study-end, and early acceptability issues reduced over time. Girls in LMIC may successfully and comfortably use cups, but require instruction, support and some persistence.

Research Methodology

The study was conducted to determine the level of awareness and prevalent myths/ misconceptions regarding the use of menstrual cups among Indian adolescent girls.

The research design adopted here was descriptive in nature and Probability Simple Random Sampling technique was used. The data has been collected and analysed via online mode and 108 adolescent girls across the country responded. Based on the analyses primary findings were obtained and possible solutions and suggestions were developed. This study assesses the reasons vis-a- vis the myths and misconceptions of Indian adolescent girls related to the usage of menstrual cups.

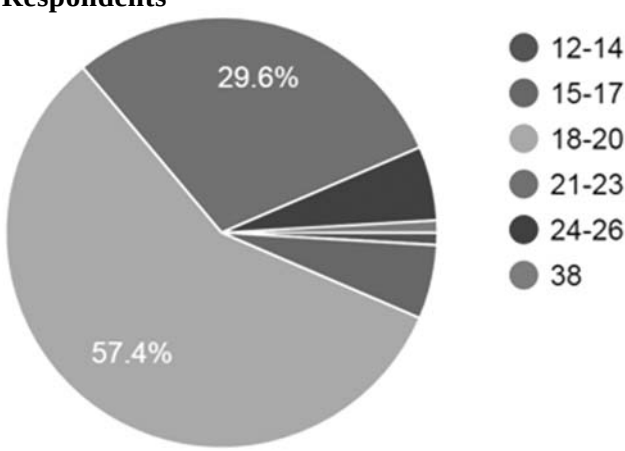
Objectives of the Study

- To understand the personal profile of the respondents.
- To examine the reasons for non-usage of menstrual cups.
- To assess the knowledge and awareness on the benefits of menstrual cups.
- To understand various myths and misconceptions prevalent among women population on the usage of menstrual cups.
- To understand the mechanisms of promoting and educating the women on the usage of menstrual cups.

Research Discussions

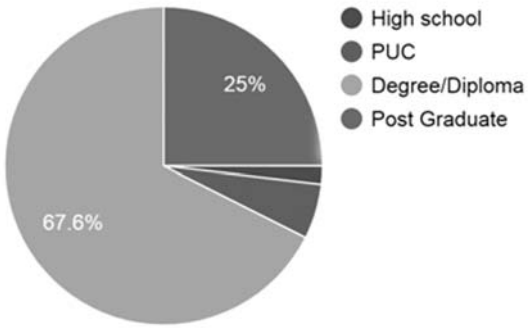
The following chapter summarizes the analysis, major findings, recommendations and conclusions of the study conducted.

1. Age of the Respondents



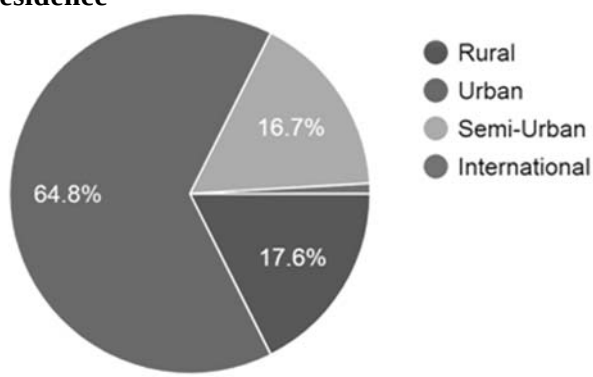
The majority of respondents 57.4 percentage belonged to the age group of 18 to 20 years followed by 29.6 percent belonging to the 21-23 year old age group. The rest of the respondents ranged from the age group of 12-14 years, 15-17 years and a few of the respondents belong to age group 24-26 years.

2. Educational level of the Respondents



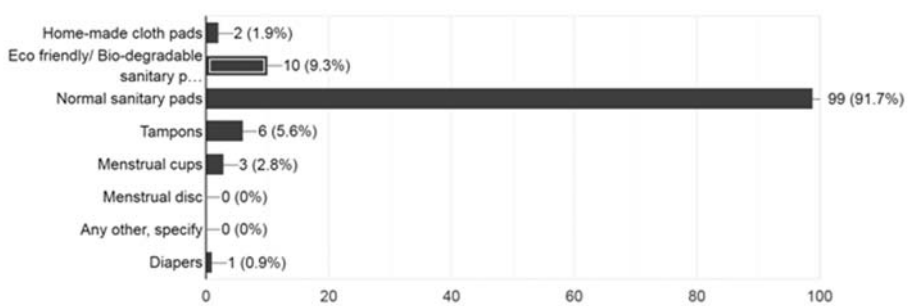
67.6 percent of the respondents were Degree / Diploma students and 25 percent of the respondents were Post-Graduate students. Minority of the students were Pre-University students and a very small minority of the students were high school students.

3. Place of Residence



64.8 percent of the respondents hailed from the urban area and about 17.6 percent respondents hailed from the rural area. 16.7 percent of the respondents hailed from the Semi-Urban area.

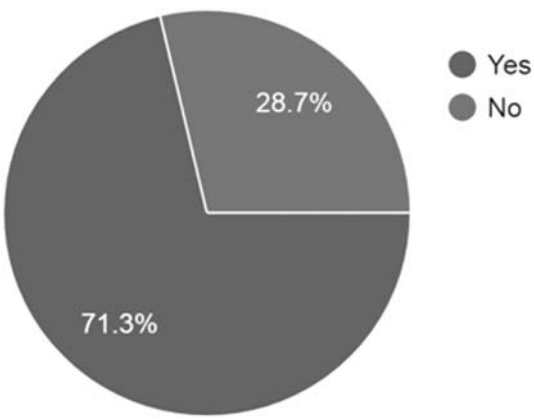
4. Method/product used by the respondents



About 91.7 percent of the respondents said that they currently used normal sanitary pads during their menstrual cycle. 9.3 percent of the respondents used eco-friendly and bio-degradable sanitary pads. About 5.6 percent of the respondents had adapted themselves to the use of tampons. Only 2.8 percent of the respondents have adopted menstrual cups. 1.9 percent of the respondents were utilising tampons during their menstrual cycle. A very minute number of the respondents resorted to the usage of home-made cloth pads 1.9 percent and the least number of respondents 0.9 percent made use of diapers during the onset of their menstrual cycle.

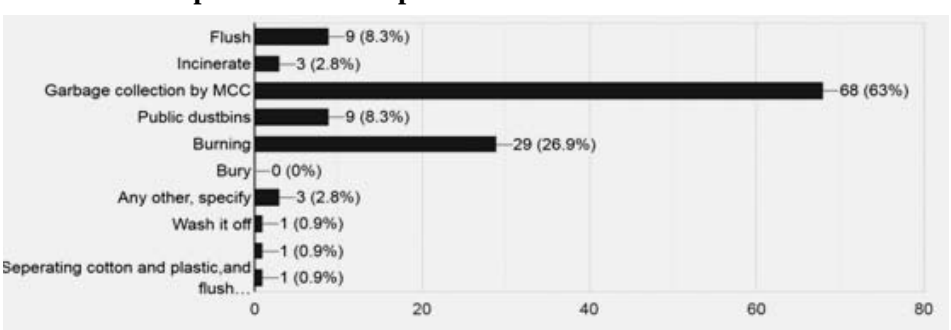
It is very unfortunate find that even the educated lot in the urban set up have still not adapted to the use of menstrual cups.

5. Respondents' satisfaction about the products used



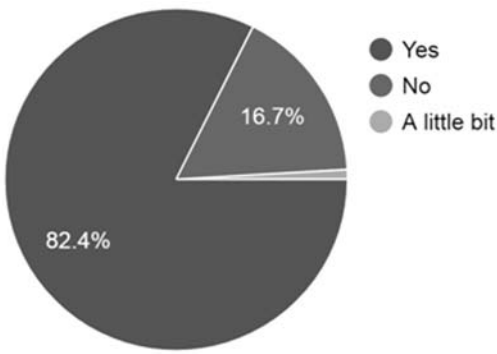
71.3 percent respondents replied to the question about the current product used by them, stating that they were very satisfied with it. 28.7 percent replied that they were dissatisfied with the current product used.

6. Method adopted for the disposal of Menstrual Bio-waste



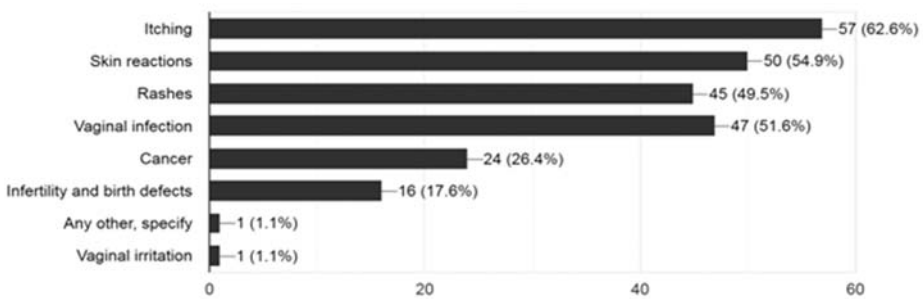
When it came to the disposal of the product after usage 63 percent of the respondents got rid of the product through the garbage collection by Mangalore City Corporation, followed by 26.9 percent of the respondents who said that they burnt the products used. 8.3 percent of the respondents flushed their products and 8.3 percent of the respondents threw their products in public dustbins. About 2.8 of the respondents said that they incinerated or used other methods to get rid of the products used. 0.9 percent of the respondents resorted to either washing it off or separated the cotton and plastic materials before flushing it down the drain.

7. Awareness on Health Hazards



When posed with the question of their awareness when it came to the health hazards related to the usage of non-bio-degradable sanitary pads in the 108 responses gotten, about 82.4 percent were totally aware of the hazards and 16.7 percent of the respondents were completely unaware of the same. A very tiny minority were slightly aware of the health hazards involved.

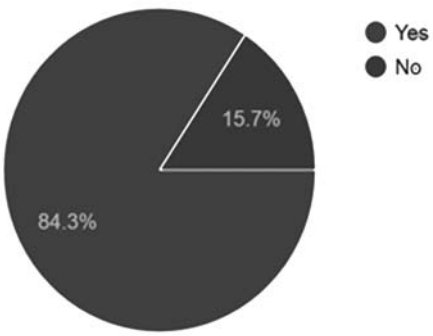
8. Awareness on the types of Health Hazards



When asked to describe the health hazards related to the usage of the products used 62.6 percent of the respondents said that itching was a common problem involved in the usage of the product. 54.9 percent of the respondents wrote that

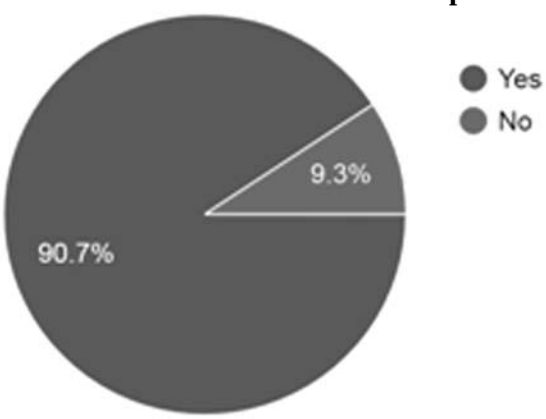
skin allergies and reactions were common while using these products. 49.5 percent of the respondents complained that there were rashes caused due to the usage of these products and 51.6 percent responded with vaginal infection being another health hazard. Cancer was another health hazard mentioned by 26.4 percent of the respondents, infertility and birth defects being another of the hazards pointed out by 17.6 percent of the respondents. A mere 1.1 percent wrote that vaginal irritation could be another health issue face by women.

9. Awareness of Environmental Hazards



Among the respondents, majority of 84.3 percent respondents stated that they are aware of the hazards caused whereas relatively few respondents 15.7 percent stated to be unaware of the hazards caused by the disposal of sanitary pads or tampons.

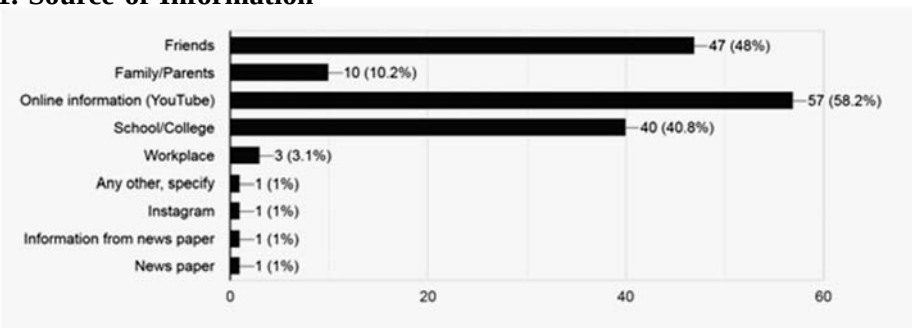
10. Awareness on the existence of Menstrual Cup



Out of the 108 responses received 90.7 percent of the respondents stated that they were aware of the existence of menstrual cups and a miniscule 9.3 percent

replied about their unawareness of the menstrual cups. This indicates, in spite of being aware of menstrual cups, they are hesitant to adopt the use of menstrual cups.

11. Source of Information

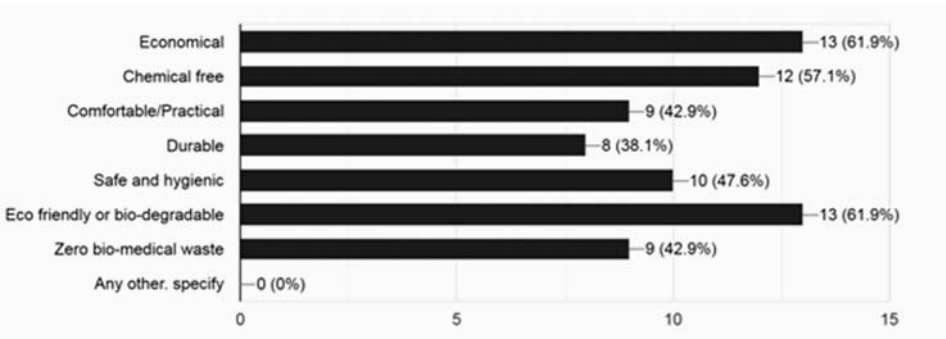


When a query was made as to how the respondents had acquired information and knowledge about menstrual cups a majority of them replied that 58.2 percent of them had discovered this product through online sources, especially YouTube videos. 48 percent of the respondents had heard about this product through friends and 40.8 percent of the respondents had heard about it through their discussions with their school and college mates. A 10.2 percent of the respondents were made aware of the usage of menstrual cups through their family members and parents. Some of the working women, 3.1 percent had found out about menstrual cups through their colleagues at their workplace. 1 percent of the respondents had found out about this through social medias such as Instagram posts, newspaper articles and newspapers ads.

12.Usage of Menstrual Cups

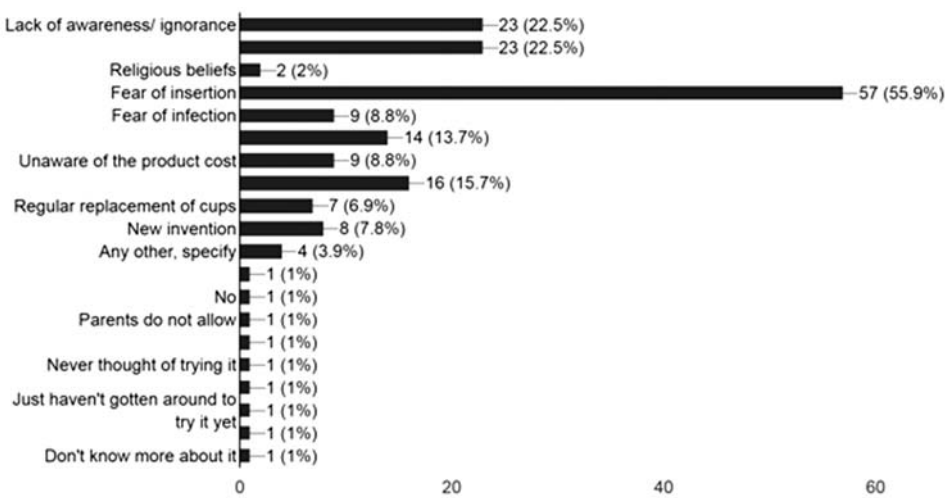
108 responses by the respondents pointed out to the fact that 94.4 percent of them had attempted the using of menstrual cups and a very small percentage stated that they hadn't experimented with the idea of using menstrual cups.

13. Awareness on the benefits of Menstrual Cup



The above graph indicates that the repondents are well aware of the benefits of menstrual cups. Relatively majority 61.9 percent of the respondents agree with its economic benefits and also claim it to be eco-friendly and bio-degradable. 42.9 percent of them opined that menstrual cups are comfortable, practical and has zero bio-medical waste, accordingly. This clearly states that the respondents are much aware of the benefits of menstrual cups such as economical, chemical free, comfortable/practical, durable, safe and hygienic, eco-friendly or bio degradable.

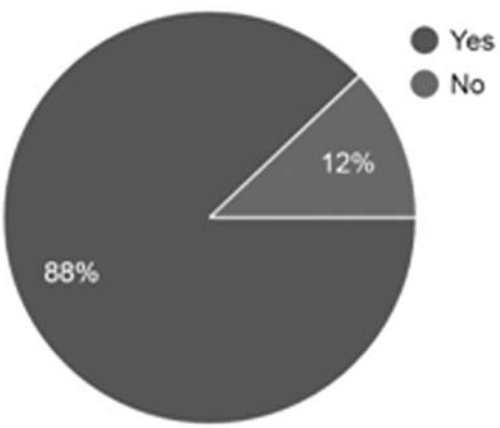
14. Reasons (Myths and Misconceptions) for not adopting menstrual cup



When asked about the reasons as to why they feared or abstained themselves from using menstrual cups, 55.9 percent of the respondents replied that they feared the process of insertion. 22.5 percent of the respondents were ignorant and lacked awareness about the correct usage of menstruation cups. 15.7 percent were unaware of the product cost and hesitated owing to the belief that they would be very expensive. 7.8 percent felt a little awkward because of the cups being a new invention and 8.8 percent felt that insertion would cause unknown infections. 2 percent also stressed on the religious beliefs being a reason, 1 percent of the respondents felt that their parents would go against their experimenting with the menstrual cups, 1 percent had never gone through the idea of trying to use it and another 1 percent were completely new to the concept of menstrual cups usage.

The above analyses clearly state that even the respondents were well aware of menstrual cups they were hesitant because of so many varied reasons. It is also obvious that the method of menstrual cup is not being discussed openly among their peers or families.

15. Need to promote and advertise menstrual cups



When questioned about whether menstrual cups must be promoted and advertised, to promote awareness, a majority of the respondents 88 percent of the respondents were positive in their responses. A mere 12 percent felt that there was no need to promote the products and were satisfied with the current products used by them.

Strategies to promote the use of menstrual cups

- Promoting information in school textbooks, magazines or other reading materials which are easily accessible by rural as well as urban menstruating age group.

- Commercials or advertisements like any other products in Television, Newspapers, Radio, and Social Media.
- Open Peer talk or facilitating discussions in the classrooms especially during life skills education or family life education.
- Making the products available in pharmacy or general stores not just online mode.
- Sharing testimonies or experiences of people who have adapted to menstrual cups and breaking the fear of insertion and other misinformation/misconceptions
- Every woman should be made aware by educating them about the need of the hour. Experienced professionals should openly talk about these necessary changes and give out every detail on menstrual cups.

Conclusion

In view of safety of women's health and preservation of environment, it is very important to promote and recommend the use of menstrual cups among menstruating population compared to other products. As per the current and previous studies it has scientifically proved to be effective, safe and hygienic, economical, durable, eco-friendly or easily biodegradable as it is made out of silicone, chemical free, less likely to leakage, etc. Awareness on the safety and efficacy should be provided amongst the menstruating population and at the same time menstrual cups should be made available in pharmacies like sanitary pads. Myths, misinformation and misconceptions related to the use of menstrual cups needs to be addressed with scientific reasons so that young girls and women adopt this method without any apprehensions and hesitations.

References

Shah, C. (2017). Use of Flow Care Menstrual Cups over conventional menstrual products in India. *International Journal for Advance Research and Development, 2*(8), 78-82. Kuhlmann AS, Henry K, Wall LL. Menstrual Hygiene Management in Resource-Poor Countries

K. Stewart, M. Powell & R. Greer (2009). An alternative to conventional sanitary protection: Would women use a menstrual cup?, Journal of Obstetrics and Gynaecology, 29:1, 49-52, DOI: 10.1080/01443610802628841

Cheng, M., Kung, R., Hannah, M., Wilansky, D., & Shime, J. (1995). Menses cup evaluation study. *Fertility and sterility*, *64*(3), 661-663.

Van Eijk, A. M., Laserson, K. F., Nyothach, E., Oruko, K., Omoto, J., Mason, L., ... & Ngere, I. (2018). Use of menstrual cups among school girls: longitudinal observations nested in a randomised controlled feasibility study in rural western Kenya. *Reproductive health*, *15*(1), 139.

Van Eijk, A. M., Zulaika, G., Lenchner, M., Mason, L., Sivakami, M., Nyothach, E., ... & Phillips-Howard, P. A. (2019). Menstrual cup use, leakage, acceptability, safety, and availability: a systematic review and meta-analysis. *The Lancet Public Health*, *4*(8), e376-e393.

Van Eijk, A. M., Sivakami, M., Thakkar, M. B., Bauman, A., Laserson, K. F., Coates, S., & Phillips-Howard, P. A. (2016). Menstrual hygiene management among adolescent girls in India: a systematic review and meta-analysis. *BMJ open*, *6*(3).

Mahajan, T. (2019). Imperfect information in menstrual health and the role of informed choice. *Indian Journal of Gender Studies*, *26*(1-2), 59-78. Ganyaglo, G. Y., Ryan, N., Park, J., & Lassey, A. T. (2018).

Mason, L., Nyothach, E., Van Eijk, A. M., Obor, D., Alexander, K. T., Ngere, I., ... & Phillips-Howard, P. (2019). Comparing use and acceptability of menstrual cups and sanitary pads by schoolgirls in rural Western Kenya. *International Journal of Reproduction, Contraception, Obstetrics and Gynecology*, *8*(8), 2974.

Feasibility and acceptability of the menstrual cup for non-surgical management of vesicovaginal fistula among women at a health facility in Ghana. *PloS one*, *13*(11), e0207925.

Garikipati, S., Docherty, R. J., & Phillips-Howard, P. A. (2019). *What's the bleeding problem? Policy and attitudes towards sustainable menstrual hygiene materials in India* (No. 201907).

Https://www.deccanherald.com/district/swaccha-gelati-focuses-menstrual-hygiene-675465.html

In a blur between Work and Home: Women Information Technology Professionals on Work-from-Home

* Ajith S, PhD ** Sonny Jose, PhD

Abstract

Change is successful when it is planned and goal oriented. This is particularly relevant when it comes to work. But, sometimes, employees need to adapt with unplanned changes too, especially when it originates out of factors beyond our control. Work from Home (WFH) is a one such unexpected adaptation we were forced in to in the wake of COVID-19.

Work from Home (WFH) as a concept was more considered a luxury until recently. What was looked up to as a matter of flexibility and convenience is now a mandatory element for every working professional. COVID-19, the unprecedented pandemic on a global scale has forced organizations to require employees to literally work from home. It is equally applicable across all sectors — I.T., Retail, Service, Manufacturing or Education - you name it. Employees, both men and women have to adjust with the new mode of work. But it is women more than men have to handle this work mode tactfully to achieve work life balance (Herminia, Julia Gillard, Tomas Chamorro, 2020).Men who have to engage least with their domestic work at now at home. Women on the other hand, being forced to be at home, fail to differentiate between the home chores, their kids education, and work too, have a blur between work and life. In short, their work-life balance is severely compromised (Peeters, Montgomery, Bakker and Schaufeli (2005)).

The present paper attempts to document the real life experiences of women I.T. professionals, especially challenges experienced by while undertaking work from home (WFH); the study also explores the various measures taken by them to adapt with this blur between work and home. It specifically examines the technical, physical and psychological barriers to the smooth execution of work from home mode. 60 subjects were interviewed for the

* *Director – CoX Solutions, Thiruvananthapuram, Management Consultant to geocentric firms & visiting professor – Kerala Technological University. Email: mrajithsankar@gmail.com*

* *Associate Professor & Head, Department of Social Work, Loyola College of social sciences, Thiruvananthapuram. Email: Sonny.jose@gmail.com*

purpose of the study included both technical and non-technical employees. The findings show that connectivity, communication, time schedule, skeleto muscular issues as well as psychological issues acting as challenges to WFH. It was suggested that to improve the work from home mode, employers and employees should give emphasis to critical facilitators which will ensure work life balance.

Keywords: *Change, Work–From–Home (WFH), Psychological, Physical and Technological Factors, Work-Life-Balance (WLB)*

Introduction

The recent advances in technology along with unexpected pandemic have created a paradigm shift in workplaces. The fourth industrial revolution, also referred to as 'digital revolution' has substantially blurred the boundaries between work and life.

"Work-life Balance refers to the flexible working arrangements that allow the employees to avail of working arrangements that provide a balance between work responsibilities and personal responsibilities" (Pillinger 2001).Work-Life Balance (WLB) refers to a comfortable state of equilibrium, achieved between an employee's primary priorities of employment and their personal life. The concept of WFH got popularized through Jack Niles (1976) who emphasized the significance of work from home in his book titled as "The Telecommunications -Transportation Trade-off"; this is also referred to as "Flexi-place Support". Work-from-Home (WFH) in the pre-COVID era, was seen as an option towards flexibility in which, employees could undertake and execute their official responsibilities within the comfort of their homes, while still meeting personal priorities. Until recently, this was a privilege companies offered to employees .

The COVID-19 Pandemic has main staged Work-From-Home as a mode of work. It is now no longer a privilege, nor a matter of flexibility, but rather, a compulsory and mandatory work option for all employees irrespective of the working sectors. The COVID-19 pandemic and the resultant lockdowns have resulted in a virtual shift of all aspects of work and life, all around the world. It is clear that these shifts in work lifestyle will stay for the entire duration of the pandemic, perhaps until a stable vaccine is found. Or even worse, it will be invoked frequently, as countries go through repeated cycles of pandemic, followed by lockdowns, then lift up, followed by the next pandemic, so on and so forth. In other words, this may a lead to a universal adoption of work-from-home (WFH) for large segments of the working population.

As both men and women adjust with this mode of work, they have to execute their work responsibilities by staying within their home environment with their family members. Just imagine a coding expert having to get the door-bell while a undertaking a code run-through; or a lady having to cook while attending to a unprecedented meeting half-way across the world to debug or decision-make; or still a women having to set right the connection as her kids struggle to keep up with the demands from school. In yet another way, people might have had a golden opportunity to spend quality time with their family members after a long time in their life. But after the initial honey moon phase, people increasingly find it difficult to balance their work and home priorities while staying in closed doors (virgin.com 2020).

The role of a woman in Indian society could be best described as "multidimensional"; a WOMAN is "a daughter, a wife, a home-maker, and also a working executive" not perhaps in the exact order, to mention a few. It shows that she has to meet all her career, social and personal roles by giving equal priority. In India, it is working women more than men, who find it difficult to execute the WFH while ensuring work-life balance (WLB).

Concepts

According to Registrar General of India, proportion of women in the work force in 1981, from being 19 percent has rose to 23 percent in 1991, and further to 26 per cent in 2001. Currently, in the Indian corporate IT sector, women account to close to 40% of the total work force due to the availability of global company openings in our nation.

Work-from-Home and remote virtual support presents individuals, especially women professionals, with the opportunity to cope with the competing demands of work and family domains, thereby reducing conflict (e.g., Rau & Hyland, 2002; Stephens & Szajna, 1998). There are other views that, it gives rise to greater conflict because of additional family demands resulting from greater proximity and accessibility (Igbaria & Guim araes, 1999; Kurland & Bailey, 1999).

One of the primary reasons behind this is the undemarcated office-home space in the remote-work scenario. "Earlier women were in a situation, where they took care of household responsibilities before leaving for work, and do the same after coming home. Now, they have the whole family at home, including elders and kids, to take care of," (UCS 2020).

Women have also been victims to the "double burden syndrome," where in they are now expected to double up on the home chores with increased workload from office, which impacts their mental and physical well-being to a great extent. (Pink Ladder, 2020)

With the current business scenario, over 55 per cent of job losses have happened to women. This has resulted in women not wanting to take the risk of speaking up for work-life balance even though it is the need of the hour (Economic Times, July 2020).

Peeters, Montgomery, Bakker and Schaufeli (2005) observe how pressures from the job and family domains are often incompatible, giving rise to imbalance. Therefore, the concept of WLB, along with its implications, is a core issue that must be investigated as the number of working women is on the rise.

By fully absorbing the pros and cons mentioned about WFH by various studies, this paper examines the challenges faced by women in IT Sector, while working from home as well as it highlights the significant initiatives taken by women I.T. professionals to ensure a balanced work from home mode.

Statement of the Problem

COVID-19 as a context of drastic transition has affected all sectors. In particular, with all the family members confined to the home, women are under undue pressure to meet demands from family besides balancing the work time and demands. This is more so in the case of I.T. Sector, wherein women have to work across time zones. Hence, in particular the researcher(s) were posed with two major thrusts in terms of research questions.

For a first it was necessary and essential to understand the perception of women I.T. professionals about the factors affecting them on the work-from--home mode. Secondly, the researchers were keen to understand what was the necessary adaptation women IT professionals had to make, in order to improve their work-life balance while on work-from- home mode.

Methods and Materials

This study employed quantitative method to achieve the above-mentioned research objectives. Hence, the present research relied on the collection of data obtained through interviews, and undertook the analysis of non-numerical data based on themes emerging out of discussions pertaining to maintaining work-life balance.

This approach permits the researchers to gather rich, in-depth perspectives that could not be gathered through the usual quantitative methods. This mode of enquiry was preferred also generally because the respondents were indisposed to spending any extra time or effort filling 'cumbersome' (in their language) questionnaires. Furthermore, interview techniques allowed the flexibility to generate detailed data that captures at best the participants' perspectives which keeping them intact and contextualising the problem.

Unstructured virtual interviews were employed in this study to gather the necessary data. This strategy allowed the researchers to obtain the relevant information and at the same time encourage the participants to freely express their ideas and opinions.

Participants

The participants represented in the study are women professionals working in I.T. Companies operating at Technopark, Thiruvananthapuram, Kerala.

Sixty women employees, a majority of them engineering graduates or post-graduates **(Shown in Table 1),** between the age group of 30-50 years, were selected to participate in this study. Verbal consent was obtained from the participants prior to the interview.

Table 1

Academic Qualifications	No of respondents	Percentages
P.G.	18	30
B.Tech / Degree	42	70
Type of Job		
Technical	48	80
Non-technical	12	20

Data Collection

The researchers initiated the interview sessions by explaining the purpose of the study to the participants and proceeded with general information regarding the participants' background. This was followed by semi-structured interview guide, which permitted open discussions. The interview sessions were undertaken mostly in English & Malayalam, depending on the participants' preference through Zoom-

meetings. All of the participants were cooperative and shared their views without any inhibition or much prompting.

Results And Discussion

The results of the unstructured interviews are discussed along two major themes-

(1) Challenges to Work-from-Home (WFH)

(2) Facilitators to Work-from-Home (WFH).

Challenges to Work-from-Home (WFH)

The interview findings regarding the challenges of Work-from-Home (WFH)for women IT professionals are shown in **Table 2.& Table 3.**Challenges as the discussions prevailed could be broadly classified as

1. Functional and Technical Challenges (Table 2.)
2. Physical and Psychological Challenges (Table 3.)

Table 2
Perception of Women Professionals in I.T.Sector about Functional and Technical Challenges of WFH

Theme	Sub themes
Connectivity	Participants expressed serious concerns about internet connectivity while working from home; break in connectivity had forced them to miss work deadlines on numerous occasions besides inviting client grievances
Lack of availability of equipment and spares	Participants highlighted the difficulty in purchasing equipment parts (Modems, Laptops, Mobiles, etc.) as a result of the restrictions during lock down; the work momentum came to a standstill whenever there was a complaint to work equipment.
Lack of fixed time schedule	Participants feel that there is no fixed time schedule for task allocation as well for employee & client meetings. Work timings stretched over 12-14 hours; the absence of clear fixed time schedule regarding work is a major difficulty observed by the respondents.

Lack of proper timely communication process and mechanisms	The communication flow is often disturbed due to technical issues; besides, many clients and employer are communicating tasks and requirements almost abruptly, as they perceived WFH as taken for granted an excuse to stretch and insert work whenever; this presented a serious invasion into personal time
High Screen Time	High Screen Time is another functional difficulty observed by participants, as they are found it difficult to concentrate after continuous hours of work.

Table 3
Perception of respondents about Physical and Psychological Challenges

Theme	Sub themes
Skeleto-muscular Problems	Participants experienced severe skeleto-muscular problems as they experienced shoulder, back, and neck issues due to continuous work sitting in one posture.
Isolation	WFH forces employees to work alone for a long time without any interaction with others; this presented a feeling of "isolation" to respondents.
Stress	High work load &hectic work targets due to a perceived backlog due to lockdown, along with 'untimely' communication from clients and superiors caused stress to the women employees
Fear of Job Insecurity	Even though participants are delivering their work from home, they are worried about the general employment climate and secretly expressed fear of losing their jobs (job insecurity)
Fear of COVID-19	Participants also expressed their worry that they have serious concerns about COVID-19affecting them or their family members.

Role Conflict	WFH lead to serious role conflict to participants. They mentioned that, it is finding it difficult to balance their work role, family role and also personal roles and responsibilities. When stress or strain at work affects their capability in meeting the demands at home and vice versa, they are felt strained. Participants also expressed conflict as they are not able to devote required time for their respective roles.

Working women in I.T.Sector revealed the inhibitors to WFH along three dimensions (The Biggest Challenges Facing Work-From-Home Employees During the Coronavirus Pandemic – (Mathew Riccio, Working From Home in the New Normal/ /April 17, 2020).The study revealed insights regarding the physical, psychological and functional challenges of work – from – home.

Riccio observes that his study mentions about the biggest challenges employees facing Work-from-Home during the Coronavirus Pandemic. Insights in the study mentions about employees *living alone and working from home are now struggling with loneliness and social isolation. Employees report dietary concerns and muscular challenges with healthy eating and continuous sitting during this period. It also highlights the lack of support from employer around how to manage their current workload which leads to time management and communication issues.*

The present study matches with those findings as respondents in this study also mentioned about similar challenges while working from home. The respondents were concerned about WFH and feel the need to develop better adjustment mechanisms to cope up with work-from-home mode of work. Below given are stories of the threeI.T. women employed in Technopark:

Case 1. Christina, a Senior ERP Consultant of a SAP firm and the mother of 2 school-going kids observe;

> " *… now, the company has provided a cable modem and net connectivity, which means I can do office work at home. But, extended working hours, pressure to fulfil the needs and demands from my kids and aged parents, too many short-notice Zoom meetings have began to seriously affect my mind and body. There should be a*

structured time schedule for work and meetings while supporting from home. Otherwise, psychological break down will happen soon.

Case 2. Remya, a working mother & key member of a firm consulting on a UK project says:

"I would see myself as a mother first. But I spend more time at work than I would like to, even though I am at home. I am not able to look after my house hold responsibilities and needs of children. There should be new strategies to refresh our mind and body and also to ensure proper work life balance while doing WFH."

These expressions by few participants highlight the need to address WFH issues faced by women professionals from I.T. sector.

Table 4 shows the findings regarding measures which participants adopted to enhance the work-from home mode.

Table 4
Critical Facilitators promoting Work-From Home

Theme	Sub Theme
Time Schedule	Respondents expressed the need for a definite time schedule with cut-offs as in the case of regular work in an office Participants mentioned that they would be able to improve productivity and balance work and life (accelerate their performance) when there is a division of time for specific domains -Work, Family, Personal Health and Well Being. Employers must bring clear guidelines on WFH working hours and publish it in company policy. The employees should have a daily time table for their family and personal tasks to make it effective.
Clear and Fixed Space	There should a clear fixed work space at home.· The space should be with adequate ventilation, privacy and connectivity; family members need to be informed of the same

Break at work	Participants mentioned that it helps them if they take a break during work from home; ideally, there should be a 5 minutes break after every 20 minutes of work. This would help them to rejuvenate physically and psychologically, enabling them to continue the momentum of work.
Purposeful Communication	While working from home, there should be purposeful formal and informal communication with colleagues (telephone, chats, video-calls etc) to avoid communication gap. It also helps to promote team spirit within every individual. Activities such as 'virtual coffee break and chat' with colleagues are some of the successful initiatives adopted by participants
Self Care	Participants mentioned that, they should give high emphasis to self-care for reasons for physical and mental health while working from home on a long term. Before and after working hours, physical and psychological exercises such as walk, gardening, yoga, meditation should be implemented

Work-from-Home Facilitators

The suggested initiatives can be together termed as "Work-from-Home Facilitators". Sean Ludwig (March 2020) highlights the factors facilitating productivity, while working from home. According to him, major factors which act as the facilitators for work– from- home mode are productivity tools, daily time schedule, dedicated work space, non-work interaction and team building, dress code etc.

The work facilitators suggested by the respondents in this study corroborates with Ludwig's study and there should be proactive measures by both employer and employees to make it effective.

Conclusion

Results of current study shows that employees are willing to work from home even though they face technical, physical and psychological challenges. Participants also gave their suggestions and measures to create a supportive and controlled work environment at home and thereby ensuring balance job satisfaction and efficiency.

Covid 19 brought the concept of work from home into lime light and it will be prime driver of 'new normal' work life. This concept has opened doors for further research in this area. Advanced research and finding will help to streamline the work from home mode by ensuring work life balance especially to women employees.

References

Ashwini Deshpande (2020). Ashoka University, Sonipat, Haryana. What Does Work-From -Home Mean for Women?, Vol. 55, Issue No. 21, 23 May, 2020

Sanghamitra Buddhapriya. "Work-Family Challenges and Their Impact on Career Decisions: A Study of Indian Women Professionals", Vikalpa, Volume 34, No.1, January - March 2009

Singh, A.K., and Awasthi (in press), "Work life Balance: Causes, Consequences and Interventions," National HRD Network Journal

Golden, T. D. (2007). Co-workers who telework and the impact on those in the office: Understanding the implications of virtual work for co-worker satisfaction and turnover intentions. HumanRelations,60:1641-1667.

Raghuram,S.,Garud,R.,Wiensenfeld,B.&Gupta,V.(2001). Factorscontributingtovirtual workadjustment.JournalofManagementDevelopment,27:383-405.

Pink Ladder (2020). Survey on "Challenge of Work – From - Home

Mathew Riccio (2020). Working From Home in the New Normal, Thrive Global (April 2020)

Sean Ludwig (2020). "Six ways to keep your team productive while working from home", www.uschamber .com – March 2020 publication.

Influence of Social Networking sites on Adolescents-A Group Therapy Approach

* Sree Shivani Jandhyala ** Jubini Shylla

Abstract

The aim of this study was to help the students overcome compulsive use of social networking and encourage them to have a balanced usage of internet through CBT group work/ therapy perspective. The research design that was used in Influence of social networking sites on adolescence was the quasi experimental pre-test post-test design. There were 120 students, who participated in the group therapy program, initially pre-test, was conducted to assess the areas of impact due to social networking usage. the pre-test results show that the group members are affected psychologically (56.666%). this was followed by planning the module and implementing the intervention based on Cognitive Behavior Therapy. Almost after 10 days the post-test was conducted, it shows that CBT IA-Group Therapy did help the group member. Results shows that 53.666% of students are affected psychologically in the pre-test. Whereas there was a decrease in the effect after the intervention based on CBT IA-Group therapy (post-test- 50.2%). It showed that the group members did use the technique they had been taught and it also shows that it helped them to use their phone less. It means that the group members had learned how to create balanced usage of Social Networking Sites and it benefited through group therapy.

Key Words: *CBT-IA – Cognitive Behavior Therapy, Internet Addiction, Group Therapy, Adolescents*

Introduction

Internet addiction is described as an impulse control disorder, which does not involve use of an intoxicating drug and is very similar to pathological gambling. Some Internet users may develop an emotional attachment to on-line friends and activities

* *Psychological Counselor, Brandix Apparal India, Atchutapuram, Visakhapatnam,Andhra Pradesh. Email: shivanij@brandix.com*

** *Counselor, Pradhan Manthri, Kaushal Vikas Yojana, Byndihati, East Jaintia Hills, Meghalaya. Email: Jubinishylla@gmail.com*

they create on their computer screens. Internet users may enjoy aspects of the Internet that allow them to meet, socialize, and exchange ideas through the use of chat rooms, social networking websites, or "virtual communities." Other Internet users spend endless hours researching topics of interest Online or "blogging". .Similar to other addictions, those suffering from Internet addiction use the virtual fantasy world to connect with real people through the Internet, as a substitution for real-life human connection, which they are unable to achieve normally. (David, n.d.)

Group Psychotherapy is a process of reeducation that includes both conscious and unconscious awareness and both the present and the past. Some therapy groups are primarily designed to correct emotional and behavioral disorders that impede one's functioning or to remediate in-depth psychological problems. The goal may be either a minor or a major transformation of personality structure, depending on the theoretical orientation of the group therapist. Because of this goal, therapy groups tend to be more long term than other kinds of groups. (Corey)

Cognitive Behavior Therapy for Internet Addiction

CBT is a familiar treatment based on the premise that thoughts determine feelings. In general, clients are taught to monitor their thoughts and identify those that trigger addictive feelings and actions while learning new coping skills and ways to prevent a relapse.

Cognitive Distortion

Cognitive distortions refer to inaccurate thoughts that reinforce negative thought patterns or emotions. They are faulty ways of thinking that convinces one of the realities that is simply not true. (Grohol, 2018)

Types of Cognitive Distortions

1. **Overgeneralization**
   Overgeneralization is where a person draws conclusion based on a single incident or a single piece of evidence i.e. if something bad happens just once, they expect it to happen over and over again. A single, unpleasant event is seen as a part of a never-ending pattern of defeat. (Grohol, 2018)

2. **Catastrophizing**
   Catastrophizing is also referred to as *magnifying* or *minimizing*. In this distortion, a person hears about a problem and uses *what if* questions (e.g.,

"What if tragedy strikes?" "What if it happens to me?") and imagines the absolute worst occurring. (Grohol, 2018)

3. Personalization

Personalization is a distortion where a person believes that everything others do or say is some kind of direct, personal reaction to them. They take everything personally, even if is not meant in a particular way. People who experience this kind of thinking compare themselves to others, trying to determine who is smarter, better looking, etc. (Grohol, 2018)

4. Control Fallacies

Here there are two different but related beliefs about being in complete control of every situation in a person's life. In the first, if a person feels *externally controlled*, they see themselves as helpless, a victim of fate. For example, "I can't help it if the quality of the work is poor, my boss demanded I work overtime on it." The fallacy of *internal control* has a person assuming responsibility for the pain and happiness of everyone around them. For example, "Why aren't you happy? Is it because of something I did?" (Grohol, 2018)

5. Emotional Reasoning

Emotional reasoning is when a person's emotions takes over their thinking entirely, blotting out all rationality and logic. People who engage in emotional reasoning assume that their unhealthy emotions reflect the way things really are — "I feel it, therefore it must be true." If a person feels stupid and boring, then they must be stupid and boring. (Grohol, 2018)

Cognitive techniques: Cognitive techniques are self-help techniques where the individual himself or herself can understand their respective thought pattern in the presence of an expert guidance. In this model, one of the techniques have been used in challenging the client's thoughts (Socratic questions) and a closure will be given to the clients by teaching them the cognitive reframing.

Socratic questions: The cognitive therapy literature often uses the phrase "Socratic method" interchangeably with the phrase "Socratic dialogue" or "Socratic questioning". Socratic dialogue is a means of actively involving clients in the therapeutic process using systematic questioning. The broader notion of Socratic dialogue implies the ability to shift in and out of a questioning set as needed. (Friedberg Robert D, 2014)

Cognitive Restructuring: Cognitive restructuring employs the use of Socratic questioning, a technique that can help the user to challenge irrational or illogical thoughts. The worksheet which has Socratic questioning describes how thoughts are a running dialogue in our minds, and they can come and go so fast that we hardly have time to address them.

The worksheet aims to helps to capture one or two of these thoughts and analyze them.

Cognitive Reframing: Reframing is the technique used in cognitive behavior therapy, to help the clients create a different way of looking at a situation, person, or relationship by changing its meaning. This strategy often helps the clients to perceive the situation differently. The main idea behind reframing is that a person's point-of-view depends on the frame it is viewed in. When the frame is shifted, the meaning changes and thinking and behavior also change. (Amy Morin, 2018)

Behavior techniques: Behavioral Therapy is simply defined as *changing what you do* with guidance from a therapist. A single behavior or groups of behaviors, also known as the action's person take, have become problematic and stressful. The therapist will work with the client to change or modify these behaviors in a step-by-step process by using scientifically valid techniques. The goal of behavior therapy is usually focused on increasing the person's engagement in positive or socially reinforcing activities. Behavior therapy is a structured approach that carefully measures what the person is doing and then seeks to increase chances for positive experience. (counsellingconnection, 2012)

Smart Goal: Goals are part of every aspect of business/life and provide a sense of direction, motivation, a clear focus, and clarify importance. By setting goals for yourself, you are providing yourself with a target to aim for. A **SMART** goal is used to help guide goal setting. SMART is an acronym that stands for **S**pecific, **M**easurable, **A**chievable, **R**ealistic, and **T**imely. Therefore, a SMART goal incorporates all of these criteria to help focus your efforts and increase the chances of achieving that goal. (Haughey & haughey, 2012)

Assertiveness: Adolescent is an age where they look for peer conformity so they find it difficult to say "no" to their friends. Assertiveness can be helpful in guiding them to have the right way to communicate their opinion without any hesitation. (Brandon L Goldstein, 2017)

Three techniques of assertiveness technique

- **Refusal assertiveness:**
  This technique is used to say 'no' to unreasonable request of others.

- **Workable compromise:**
  This technique is used when the person agrees for a compromise when his/her self-worth and self-respect is not in question.

- **Assertive Empathy:**
  This technique is used to covey that one understands the other person's feeling, opinion and need, but is not able to accommodate that fully. (Brandon L Goldstein, 2017)

Activity Scheduling: Activity scheduling is going to be helpful to those individuals who have no control over their behavior. Setting time for all his or her day today activity will help to manage their time. when there is no specific time set for any activity there is a high tendency to waste too much of time on using social networking sites. Activity scheduling mainly involves scheduling "pleasant" activities, i.e., activities that are pleasurable to the individual and which improves their mood. (Dr Majella Byrne)

Competing response training: Competing response is essential to unlearn old unhealthy behavior to the new healthy behavior. Practicing any behavior for 21 days can make it a habit. Developing a competing response using the same muscles which were used in the old unhealthy behavior will help the individual to get rid of that behavior, and instead he will be habituated to a new healthy behavior. (sagepub, 2010)

In competing response training, the client learns to become aware of each instance of the habit behavior (awareness training) and to use a competing response (sagepub, 2010)

Relapse Prevention Therapy: Relapse prevention and management is the main goal when trying to reduce or eliminate drug use - the path through the stages of change is not smooth for a young person, or for anyone. However, there are number of relapse-prevention and management strategies that can be used.

Relapse implies a total reversion to heavy drug use and a sense of failure. Lapse has fewer negative connotations, and emphasizes the everyday nature of slipping-up when trying to change behavior. Lapses can be minor and temporary.

Acknowledging that a lapse is a normal experience and should not be viewed negatively. Peers/friends are not likely to have any difficulty with this concept, but family members and workers often equate a lapse with the 'beginning of the end'. Both the young person and their families should be helped to adopt an attitude that lapses provide opportunities for learning how to avoid further lapses. (mentalhelp, 2011)

Relapse Prevention Therapy (RPT, Marlatt& Donovan, 2005) is a type of cognitive-behavioral therapy. RPT aims to limit or prevent relapses by helping the therapy participant to anticipate circumstances that are likely to provoke a relapse. You can develop strategy to cope with these high-risk situations in advance. This is termed a *relapse prevention plan*. For instance, therapy participants learn that certain feelings are common triggers for relapse. therapist summarize these feelings with the acronym BHALT: bored, hungry, angry, lonely, and tired. Relapse prevention therapy teaches therapy participants to be alert for these types of feelings and to have a plan of action for coping with them. (mentalhelp, 2011)

1. **Initial warning signs:** talk to the buddy when they know that they are getting addicted to internet rather than expressing in online

2. **Different social skills:** help them deal with feelings without internet. Helping them make friends to talk

3. **Decision making:** looking at the consequences of a decision and then choosing a decision (hartney & hartney, 2013)

Review of literature

Problematic computer use is a growing social issue which is being debated worldwide. Internet Addiction Disorder (IAD) ruins lives by causing neurological complications, psychological disturbances, and social problems. Surveys in the United States and Europe have indicated alarming prevalence rates between 1.5 and 8.2%. There are several reviews addressing the definition, classification, assessment, epidemiology, and co-morbidity of IAD, addressing the treatment of IAD. The aim of this paper is to give a preferably brief overview of research on IAD and theoretical considerations from a practical perspective based on years of daily work with clients suffering from Internet addiction. The paper intends to bring the inclusion of IAD in the next version of the Diagnostic and Statistical Manual of Mental Disorders (DSM). (Cash, 2012)

Chauhan. V. conducted a research on the trend of using internet is common especially among young generation. Aiming at the level of internet addiction among adolescents. A cross sectional survey design was used for 52 randomly selected adolescents from private school of Haridwar, Uttarakhand. Data was collected through Kimberly Young's internet addiction scale. Result showed that more than half participants were using Facebook (71%) and WhatsApp (71%) for the purposes of chatting 92%, regarding internet addiction more than half (53.8%) of the participants had moderate internet addiction and 7.7% had severe internet addiction which could possibly affect the physical and mental health of the youngsters. (Chauhan V & Kaur B, 2017)

According to Internet and Mobile Association of India (2013) There has been an explosive growth in the use of Internet not only in India, but also worldwide in the last decade. The population of India is around 1.2 billion as of 2012, of which the number of Internet users (both urban and rural) is around 205 million. It is estimated to increase to 243 million by June 2014, and India will be the second-leading country after China which currently has the highest Internet user base of 300 million. Chandra, et.al (2005) reported that the number of Internet users in India has grown five-fold since 2005. Mobile Internet usage is growing at the rate of nearly 85% per annum, with nearly 75% of nonvoice usage being devoted to entertainment, where video and music streaming are major growth activities. The understanding that the Internet use can be a disorder is still in its initial stages in India. There are limited numbers of studies estimating how common the issue of Internet addiction is in India. (Vandana Goswami, 2016)

In a study carried out by Nalwa and Anand (2004) among school children 16-18 years old in India. Two groups were identified-dependents and non-independents. Significant behavioural and functional usage differences were revealed between the two groups. Dependents were found to delay other work to spent time online, lose sleep due to late night logons and feel life would be boring without internet by dependents were greater than those of non-dependents. On the loneliness measure, significant differences were found between the two groups, with the dependents scoring higher than the non-dependents. Das and Mishra (2013) examined the effect of gender and internet use on adolescent's loneliness in India and they found that internet use had a significant effect upon loneliness where as gender had no significant effect upon adolescent's loneliness. Yadav, et.al. (2013) explored the internet addiction amongst Indian school students and they found that sixty-

five (11.8%) students had Internet Addicted; it was predicted by time spent online, usage of social networking sites and chat rooms and also by presence of anxiety and stress. Kodvanji, et.al. (2014) investigated the impact of internet use on lifestyle of undergraduate medical students in India. Their cross-sectional study involved 90 (18- 20 years) undergraduate medical students. The two groups addictive and non-addictive were compared for environmental stressors and lifestyle factors such as sleep, dietary pattern, physical activities and hobbies. The addictive internet user group had a statistically significant impairment of sleep and excessive day time sleepiness and presence of environmental stressors when compared to the non-addictive internet user group. (Vandana Goswami, 2016)

Edelman, Craig and Kidman (2000) using 15 studies of acceptable design comparing the efficacy of psycho – education versus support groups for cancer patients found that the majority of the evidence suggested that those attending psycho – educational groups experienced greater benefits than those who attended purely supportive groups. Turner, Belsher and Brintzenhofe-Zsoc (2007) in a qualitative evaluation of 12 years of psycho – education for marital distress found that 765 participants recording hand written answers at the end of treatment revealed 88% positive responses to the program, 97% positive responses to the leaders, more voluntary naming of emotional rather than either behavioral or cognitive components, and a 90% desire for a monthly ongoing group. (Lynn, 2016)

The authors Akash deep Bhardwaj, Vinay Avasthi, Sam Goundar conducted a survey analyze the impact of Social Networking on Indian youth and culture. The survey involved sending a detailed questionnaire to respondents via Survey Monkey and 532 responses were received. The objective of this study was an attempt to investigate the extent of social networking impact on the Indian youth. The reason for selecting youth as the target audience is because the direction of a country and culture is decided by the direction taken by youths of that country. This paper is an attempt to analyze the pattern of social networking usage and impact in order to determine the social networking addiction. (Baradwaj Akashdeep, 2017)

Accessing social networking applications by users range as follows Mobile Devices - 45% (Includes Smart Phones, iPads, Kindles, Tablets); Desktop Computers - 22%; Laptops - 33%. (Baradwaj Akashdeep, 2017)

The purpose of the usage of social networking among youth was 25% like to stay informed, 33% voice opinions, 8% job opportunities and 20% educational purpose and 14% interact with friends. (Baradwaj Akashdeep, 2017)

Kimberly S. Young has conducted a research on internet addiction and applied CBT-IA on 128 clients were evaluated on the Internet Addiction Test (IAT) to assess the efficacy of CBT-IA, a uniquely designed model to treat Internet addiction were administered twelve weekly sessions of CBT-IA. Results showed that over 95% of clients were able to manage symptoms at the end of the twelve weeks and 78% sustained recovery six months following treatment. (Young, 2011)

In another study, Du et al. studied the effect of a cognitive behavioral group therapy in treatment of Internet addiction. Two groups were selected randomly, in which the first group consisted of 32 clients aged between 12 and 17 years who had the school-based group CBT and the second group consisted of 24 clients who did not expose to any intervention. The clients were evaluated three times: pretreatment, immediately after treatment of eight sessions, and in the sixth month. The results showed the treatment group had improvements in time management skills, emotional, cognitive, and behavioral symptoms. (Jiang YS D, 2010)

Social media usage has its own challenges and effects, Perhaps, like a coin with two sides, social networking sites also have in their own way adversely affected the youth. People prefer spending an abundant amount of time on these social networking sites in day which keeps them away from their own purpose of existence and interacting with their own natural surroundings. Their social gatherings are hampered because surfing these social networking sites keep them more involved for which they are bound to ignore other significant social events in their lives. Also, the credibility of the sites has not been clearly validated because the kind of information derived by the youth from these sites has a greater part of its inclination towards entertainment and updates from family and friends than general awareness and job-related information. The youth have determined their own boundaries and have set their own limits as to how and when to use social media irrespective of the positive and negative effects it imparts. The youth today is not only techno savvy and socially existent but also embodies social consciousness

Significance of the study

India is found to be the most influenced country with regards to the excess internet usage and most of the adolescence are getting addicted to Social Networking sites. It is said that there no medicine which can help to have a control over internet addicts, unlike other addictions like drugs or Alcohol. The main Aim of conducting a Group Therapy is to help the members get an awareness of physical psychological Social and Academic affects due to excessive usage of internet and

also provide a Therapy (Cognitive Behavior Therapy for Internet Addiction) so that help can be provided at Cognitive and Behavior level without medication.

Methodology

An attempt has been made to help the students overcome compulsive use of social networking and encourage them to have a balanced usage of internet. The main objective is to explore the influence of social networking site on the well-being of class XI students and educate them on causes and effects. To overcome the compulsive internet usage by using CBT-IA. To help the group recognize the effects of social networking on their comprehensive health. A total of 169 students where 120 participated in the group process under the Research design Quasi - experimental pre-test and post-test design. The test was constructed on the basis of rating each item in the test with norms and interpretation. The constructed test has gone through expert validation. The pre – test was given to 120 students to answer. After the pretest analysis of data group therapy session was conducted to the participants. Keeping in mind the following areas. on the origin of internet and social networking sites, its benefits, causes and effects in different areas like Academic, physiological, social and psychological factors. The group was exposed to Cognitive Behavior Therapy techniques used were cognitive distortion and challenging those distortions through Socratic questioning followed by training the members with reframing skills. Later the behavior training took place through setting a SMART goal, and helped the members to create an activity scheduling. An immediate compensating behavior was introduced, replacing the unwanted habit, through Habit reversal technique. A final relapse prevention technique was explained to the members arranging the buddy system where each member can check on their other partner in the buddy system from getting back to the excessive usage of internet or mobile. Almost after 10 days the post-test was taken. And statistical analysis was done

Results and Discussions

Table1: Pre-test score on the level of usage of social Networking Sites of adolescence was divided into 3 categories

Categories	Percentage
Low	26.66%
Average	60%
High	13.33%

Table 1 shows the pretest result of level of internet usage among adolescence as 26.66% have low usage of social networking sites where as 13.33% have high usage and 60% have average usage of social networking sites. The usage of Social Networking sites is more during evenings and night leading to less sleep. Some of them use the Social Networking for contacting their family members who stay far away, where some use to come out of their boredom.

In a similar study among high school students of age group between 12 to 16 Years. 70% of the students were normal users, 23% had a Mild IA (Internet Addiction), 6% had a sever addiction and 0.5% had a severe addiction. The study also revealed that 73% had a mild impact, 16.5 had a moderate impact, and 10.5% had no impact due to IA. (Kayatha B, 2018)

Table 2: The scores of the pre-test is divided according to the 4 different categories and the scores (in percentages) are arranged in the following tabular form:

Category	***Scores (in percentage)***
Physiological	39.375%
Psychological	53.666%
Academic	50.375%
Social	46.083%

From the Table 2 we see the results of the pre-test were as follows: 53.666 % of students are affected psychologically, where they use social networking sites as a way of escape from their problems or relieve dysphoric mood. Without internet they feel bored, empty and joyless, and behave negatively to others around when using the social networking sites. 50.375 % of students are affected academically, where their grades and assignments suffer, along with extracurricular activities being ignored because of the amount of time they spend online.

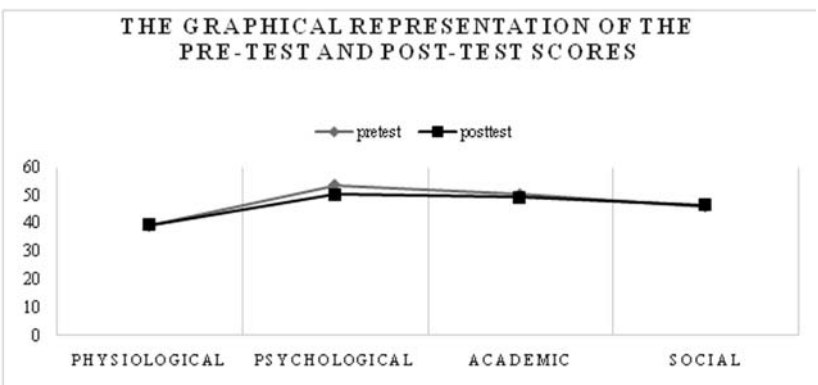
46.083 % of students are affected socially, where they form and maintain new relationships with online users than the friends who are around them, and their responsibilities at home are not met, because of the amount of time spent on social networking sites. 39.25 % of students are affected physically, where they skip meals, loose sleep and have physical aches from the usage of social networking sites. The above results indicate that the social networking sites has affected most of the students in an average level, and calls for intervention especially psychological, academic and social sector, and to some extent physical effects thus helping adolescents to cope and create a balanced usage of social networking is a need of the hour.

Table 3: The score of post-tests is divided into 4 categories same as pre-test and arranged in the tabular form.

Category	***Scores (in percentage)***
Physiological	39.5%
Psychological	50.2%
Academic	49.4%
Social	46.5%

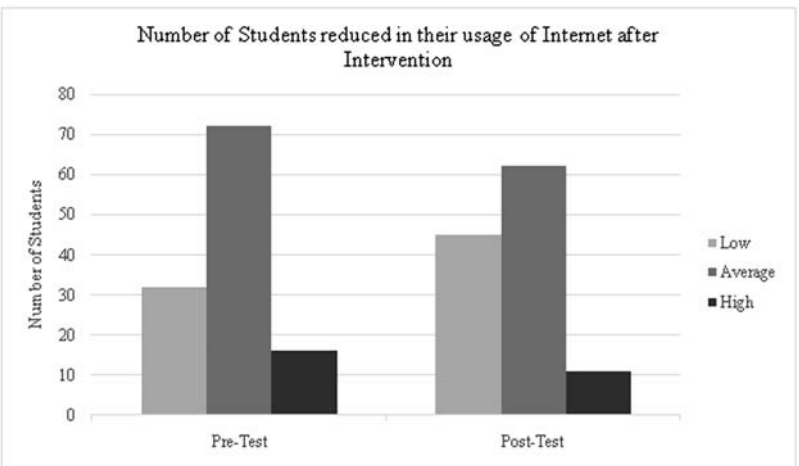
From table 3 the results show that there is a significant reduction in the areas pf Psychological (50.2%) and academic (49.4%) representing a good improvement due group counselling session conducted aiming at overcoming the compulsive use of social networking. This shows that participants were able to control the impulse to use internet and engage in healthy hobbies and activities when experiencing the boredom under psychological level and participants do not suffer on grades and assignment, and they are giving importance to the academic activities through the techniques like Socratic questioning (which confronts the belief), activity scheduling, and compensating behavior.

Another similar study explored the internet use and its relation to Psychopathology and Self esteem among college students. Majority of the students reported that they use internet for pleasure and mainly get involved in activities of Social networks and online gaming. A frequency of 58 for Mild, 63 Moderate, and 79 severe users. According to t-test in comparison to internet addiction and psychiatric symptoms, severe users of internet had higher scores in all dimensions. Symptoms such as Obsession-Compulsion, interpersonal sensitivity, depression and anxiety were associated with Internet Addiction. (Manish.K, 2018)



When compared to pretest with post-test on academics i.e. 49.4% have secured lessor than pretest test in the area of academics which indicates that the members have controlled on the usage of internet because the results shows that the members do not suffer on grades and assignment, and they are giving importance to the academic activities. In psychological area 50.2 % of students are less affected when compared to pretest score. There is less effect in the students where they are able to control the impulse to use internet and do not get bored when there is no internet. The members were engaging with some of the hobbies or activities like singing, cooking, painting or playing with kids that they have scheduled during intervention.

In the physical and social area there is no much change found. There is a same routine of skipping meals, sleeping at late night because of usage of social sites in night and having physical pain and maintaining new relationship, and being very much interactive with online friends.



Over all usage of internet has been reduced to a greater extent when compared to the pretest after the group intervention. The results suggest that after the intervention number of students visiting Social Networking site at Greater extent had reduced to 11 and number of students using internet at moderate and lower level has increased indicating a positive impact of the session on adolescent.

Findings

- There is greater effect at psychological level on the usage of Social networking sites before intervention during pre-test where there was an improvement seen after intervention.

- Academic level was also affected due to the usage of Social Networking. Intervention helped participants to have a control over the usage and were able to concentrate on their academic purpose.
- CBT-IA is helpful in confronting the belief that participants attached in using the Social Networking.
- Activity scheduling and competing responses built in the session as intervention under behavior techniques are helpful to have a control over mobile and Social Networking usage.
- The group process helped members in understanding that their excessive usage of Social Networking is common and can be controlled through active participation in the intervention.

Implications and suggestions

- The focus was paid on PUC Students regarding the Social Networking, it shows that internet usage was more due to boredom and due to lack of participation in other activities.
- The current results can be used to formulate treatment plan using CBT for internet addiction
- The research can be done under the effects of social and physiological conditions
- Research can be conducted on high school, degree student and also at Masters level regarding the internet usage.
- Focus can also be paid on gaming addiction and porn addition among youth.

References

Baradwaj Akashdeep, G. S. (2017). Impact on Social Netowrking on Indian Youth. *International Journal of Electronics and Telecommunications*, 41-51.

Cash, H. R. (2012). Internet Addiction: A Brief Summary of Research and Practice. *Current psychiatry reviews*, 292-298.

Chauhan V & Kaur B, B. &. (2017). Internet Addiction among Adolescents. *International Journal of Trend in Scientific Research and Development (IJTSRD)*, 395-398.

David. (n.d.). *addiction*. Retrieved JANUARY 29, 2019, from addictionrecov.org: http://www.addictionrecov.org/Addictions/index.aspx?AID=43

Dr Majella Byrne, M. K. (n.d.). The key principles of Cognitive Behavior Therapy. *Innovait*, 581.

Haughey, D., & haughey, d. (2012, april 20). *SMART GOALS*. Retrieved from www.projectsmart.co.uk: https://www.projectsmart.co.uk/smart-goals.php

Jiang YS D, V. A. (2010). Longer term effect cognitive behavior therapy for Internet addiction in adolescent students in Shanghai. *The Australian and Newzealand Journal of Psychiatry*, 129- 134.

Kayatha B, G. A. (2018). A Descriptive Study the level of internet Addiction among Adolescent: A Case Study of High Schools in Mangalore. *Journal of Child and Adolescent Behavior 6*, 378-387.

Lynn, T. (2016). *ac4r*. Retrieved january 19, 2019, from ac4r.com: www.ac4r.com/images/psychoeducation_and_pairs.pdf

Manish.K, A. (2018). A study onn Internet addiction and its relation to Psychopathology and self-esteem among college students. *Industrial Psychiatry Journal*, 61-66.

mentalhelp. (2011). Retrieved from www.mentalhelp.net/: https://www.mentalhelp.net/articles/relapse-prevention-therapy/

sagepub. (2010). Retrieved from sk.sagepub.com: http://sk.sagepub.com/reference/cbt/n53.xml

Vandana Goswami, D. D. (2016, June). *oaji*. Retrieved january 30, 2019, from oaji.net: http://oaji.net/articles/2016/1170-1466767969.pdf

Young, K. S. (2011). CBT-IA: The first treatment model for Internet addiction. *Journal of Cognitive Psychotherapy*, 304-312.

Geriatric Mental Health in India and Australia - specific focus to Social Work

Rajasekaran Rangasamy* Ilango Ponnuswami**

Abstract

This significant unprecedented growth of elderly population changes in the older age population, along with the implications of socio-economic, cultural, financial and health issues led to challenges in mental health care of older persons from a Gerontological Social Work perspective. This makes mental health among older persons become a huge public health challenge both in India and Australia. The reported prevalence of geriatric psychiatric morbidity in the Indian community through various reviews shows from 8.9–61.2 %. However, the prevalence of mental illness was calculated at 7%. The prevalence of common mental disorders in the Australian population between the age group 65 to 74 shows 7% and 8% for the age group 75 and above. The basic concern of this paper is an attempt to study, explore, reflect and assess the situation of the Geriatric Mental Health in both the countries for further progress and improvement.

Keywords: *Geriatric Mental Health, Psychiatric Morbidity, Older Person*

Introduction

The demographic future of the world's population by 2050 projects and reveals that the global population is still growing, getting older and experiencing population ageing reported by the recent UN report of world population prospects, 2019 (UN DESA, 2019). Thus, the demographic dividend in India and Australia regions due to Pace ageing constituted the ever growing and progressive ageing societies. This result, the concern over the science of Gerontology which deals with the multidimensional aspect of ageing processes and the changes during old age. Though, Gerontology is the neediest but neglected discipline among the Professional

* *Research Scholar, Department of Social Work, Bharathidasan University, Tiruchirappalli. Email: rajasekaran020167@gmail.com*

** *Professor, Department of Social Work, & Chair, Faculty of Social Sciences, Bharathidasan University, Tiruchirappalli. Email: pon.ilango@bdu.ac.in*

social work practitioners and Educators around the world, particularly in the region of Asia-Pacific zone. In this context, the complexity and the severe magnitude of the mental health problem aligned with the ever-growing multi-morbidity of mental health problems throughout the globe reciprocally indicate that the field of social work must make a serious effort to relate soundly to the educational needs in this field.

Therefore, Geriatric Mental Health become the leading concern gained a global level attention which alarms and cautioning the dire need of effective and professional social work interventions to alleviate the problems of old age. Henceforth, it is the need of the hour to respond to the escalating challenges and realities of Geriatric mental health in India and Australia.

The present status of the geriatric prevalence in India and Australia

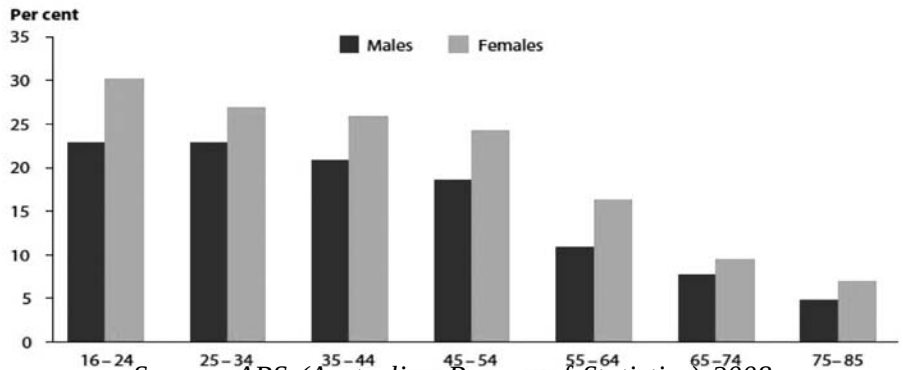
The epidemiological data concerned with the Indian elderly population is still scarce. Majority of this kind of research studies are conducted in the community are generally minimal (Om Prakash and Prerna Kukreti 2013). The most prevalent psychiatric illness among the Indian older persons is seemed to be Depression. Other geriatric mental health issues comprise of Anxiety disorders, Hypochondrias, Paranoid Disorders, Organic Mental Syndrome, Delirium and Dementia (Help Age India (n.d)). The report of the National Mental Health Survey of India, 2015-16 records the prevalence of Mental Morbidity among the age group 50- 59 as 16.1% and for the age group 60 and above as 15.1% (Guru raj et al, 2016).

BOX-1. The Prevalence of Geriatric Morbidity in India

- **Dube (1970) reported the prevalence of mental illnesses in the elderly to be 2.23 %.**
- **Nandi and his co- workers (1975) found it as 33.3 % in rural India.**
- **Ramachandran and his colleagues (1979) found this prevalence as 35 % .**
- **According to Tiwari (2000) it is much higher in the geriatric group (43.32 %) as compared to 4.66 % in the non-geriatric group.**
- **The reported prevalence of geriatric psychiatric morbidity in the community varied from 8.9–61%.**
- **Based on various reviews, the prevalence of mental illness was calculated at 7%.**
- **The National Mental Health Survey of India, 2015 -16 reports the prevalence of Mental Morbidity among the age group 50 - 59 as 16.1% and age group 60 and above as 15.1% (Guru raj et al, 2016).**

The Australian Government Department of Health and Ageing (DoHA) conducted a National Survey of Mental Health and Wellbeing (SMHWB) reports the prevalence of the following three major groups of mental disorder: Anxiety disorders; Affective disorders; and Substance Use disorders **(ABS, 2007)**.

Figure: 1 Prevalence of common Mental Disorders in the Australian Population by Age group and sex, 2007



Source: ABS (Australian Bureau of Statistics) 2008.

The most recent available data for mental health prevalence in Australia presented by National health survey states that there were 4.8 million Australians (20.1 per cent) with a mental or behavioral condition in 2017–18 was an increase of 2.6 percentage from 2014–15 (Lauren Cook, 2019; NHS, 2017-18).

Table: 1 The Prevalence of 12-month mental disorders among 65 and above in Australia

Prevalence of 12-month mental disorders by age and sex		
Age Group (Years)	**Male (%)**	**Female (%)**
65-74	7.7	9.5
75 and Above	4.8	6.8

Source: The Mental Health of Australians 2 (/Internet/Publications/ Publishing, Nsf/Content/Mental-pubs-m-mhaust2-toc)

The prevalence of 12-month mental disorders among the age group 75-84 represent 5.8% and the age group 65-74 accounts for above than 8.6%, higher prevalence found among older females (AIHW, 2015).

Mental Health Programmes, Policies and services in India and Australia

Geriatric Mental health problems are becoming the serious concern and major public health issues in India as well in Australia because of its progressive nature. It contributes to the high number of Disability Adjusted Life Years (DALYs), morbidity and mortality. It increases the economic burden and even it has its own implication on the part of GDP of the country, needs a systematic and strategic approach at a national level.

The evolution and the history of the National Mental Health programme initiatives in India can be traced back from the Central Council of Health's final draft submitted by health policy making body at its meeting which was held betweenm18th–20th of August 1982 (Agarwal et al. 2004). This paved the way for the launch of historical inauguration of the National Mental Health Programme (NMHP) for India with the following objectives:

To ensure the availability and accessibility of minimum mental healthcare for all in the foreseeable future, particularly to the most vulnerable and underprivileged sections of the population;

To encourage the application of mental health knowledge in general healthcare and in social development and

To promote community participation in the mental health service development (GOI; National Mental Health Programme for India, 1982).

The National Mental Health Policy of India has undergone tremendous revisions which emancipated from the Indian lunacy act of 1912 to the recent one of the modified and updated versions of National Mental Health Policy 2014 and National Mental Health Care bill 2017. The National Mental Health Policy, 2014 and Mental Health Care Act, 2017 were recently enacted with the support of all parties in both Houses of the Parliament (notified on 29th May, 2018). But the ground realities remain scary due to multiple reasons (News18, 2018, July 21).

The vision of the Indian National Mental Health Policy is to prevent and promote the mental health, de stigmatization and desegregation to ensure socio-economic inclusion of persons affected by mental illness. It also encourages the integrated community care calls for the partnerships and collaborations from all the stakeholders (National Mental Health Policy/Vikaspedia,(n.d)). The background of lunacy legislations of India can be traced back from the British colonial period with the amendment of lunacy act 1858 with a multiple orientation, has four Acts, viz., the Lunacy (Supreme Courts) Act, the Lunacy (District Courts) the Lunacy

(State) act that even specifically included the Indian Lunatic asylum Act too (Dufy, Richard M., & Kelly, Brendan D, 2017; Narayan, C. L., & Shikha, D. 2013).

Chronological development of NMHP

The Bhore committee report in 1946 recommended:

1. The hospital beds for mental diseases should be increased.
2. Mental health organization should be created at centre as well as under DGHS in all the states.
3. The training in mental health for all medical and ancillary personnel in India and abroad.
4. Creation of a department of mental health in the proposed All India Institute of Mental Health. (Government of India; 1946).

All India Institute Mental Health was setup in 1954 which later became National Institute of Mental Health and Neurosciences (NIMHANS) in 1974.

Mudaliar committee report in 1959 recommended:

- ✓ The setting up of in-patient and outpatient departments at hospitals.
- ✓ Setting up of Independent Psychiatric and Mental health clinics and Institutions for mentally sick.
- ✓ To develop the Psychiatric clinics with 5-10 beds in each district (Government of India; 1962).

The concept of community psychiatry was initiated by CIP Ranchi by starting a rural Mental health clinic in 1967. Later the same kind was initiated simultaneously at National Institute of Mental Health and Neurosciences (NIMHANS) Bangalore and Post-Graduate Institute of Mental health and Research (PGIMER) Chandigarh during 1970 s. Finally,the Community Psychiatry unit was established by NIMHANS (Sarbjeet Khurana and Swetha Sharma 2016). Later, the National Mental Health Programme (NMHP) revised and upgraded to have the following components/schemes (DGHS, 2003; 2009):

- ➢ District Mental Health Programme (DMHP)
- ➢ Manpower Development Schemes - Centers of Excellence and Setting up/ Strengthening Post Graduate Training Departments of Mental Health Specialties.
- ➢ Modernization of State Run Mental Hospitals
- ➢ Up gradation of Psychiatric Wings of Medical Colleges/General Hospitals
- ➢ IEC (Information-education-Communication).
- ➢ Training & Research
- ➢ Monitoring & Evaluation

- Special attention towards the psychiatric problems specific to certain vulnerable sections of the population.

District Mental Health Programme

The District Mental Health Program launched during the year 1996 based on Bellary model to extend and expand its service to the seriously mentally ill person through the available institutional setup by integrating the existing health care personnel at primary health care level (Pradeep Kumar, 2013). This induced a major shift in policies from the basic concept of custodial care to the primary healthcare level to ensure the accessibility, affordability and the availability through the following components:

- Early detection & treatment.
- Training: Health care personnel.
- Public awareness generation through Information-education-Communication (IEC).
- Monitoring: the purpose is for simple Record Keeping.

General objectives of the District Mental Health Program **(**Jain, D C; 2011)**:**

- To provide sustainable basic mental health services to the community and to integrate these services with other health services
- Early detection and treatment.
- To reduce the stigma attached towards mental illness.
- To treat and rehabilitate mental patients discharged from the mental hospital within the community.
- Deinstutionalization.

The specific objectives of the District Mental Health Program include the following aspects:

- Decentralized training program covers all the health care personnel for mental health.
- Increase awareness & reduce stigma related to Mental Health problems.
- Early detection & treatment of mental illness in the community (OPD/ Indoor & follow up).
- Provide valuable data & experience at the level of community at the state & center for future planning & improvement in service & research.

National Council for Older Persons (NCOP) & National Policy for Older Persons (1999)

National Policy for Older Persons was launched in the year 1999(NPOP; GOI, 1999) to promote the health and welfare of senior citizens in India. Simultaneously

the National Council for Older Persons (NCOP) was constituted in 1999 as per National Policy for Older Persons (Rajan, S Irudaya and Mishra, U S. 2011**)**. This council, headed by Minister of Social Justice and Empowerment, is the highest body to advice the government in the formulation and implementation of policy and programmes for the aged.

In 2012, it was renamed as *National Council of Senior Citizens (NCSrC).* Ministry of Health and Family Welfare had launched the National Programme for Health Care of the Elderly (NPHCE) during the year 2010-11 to address various health related problems of elderly people. Keeping in view of the recommendations made in the "National Policy on Older Persons" as well as the state's obligation under the Maintenance & Welfare of Parents & Senior Citizens Act 2007", The Ministry of Health and Welfare (MoHFW) launched the National Programme for Health Care of the Elderly (NPHCE) during the year 2010-11, to address various health related problems of elderly people. The basic aim of NPHCE is to provide dedicated health care facilities to the elderly people through State Public health delivery system at primary, secondary and tertiary levels, including community outreach services (R.Verma and P.Khanna, 2013).

The major objectives of the NPHCE are establishment of Department of Geriatrics in identified Medical Institutions as Regional Geriatric Centers for different regions of the country and to provide dedicated health facilities in District Hospitals, Community Health Centres (CHCs), Primary Health Centres (PHCs) and Sub-Centres (SCs) levels through State Health Society (GOI; Press Information Bureau, 2016).

Later the Government of India Made further proposals through the Department of Health and Family Welfare under the Ministry of Health and Family Welfare (MoHFW) initiated the significant outcome of setting up of two National Centers for Ageing and 12 new Regional Geriatric Centers along with the continuation of existing 8 Regional Geriatric Centers; special initiatives for 75+ population, National level activities including IEC, Research Activity, Survey through LASI, staff training and State level activities (Review, Monitoring & IEC) (GOI;MoHFW,2016).

The recent report of the Ministry of Health and family welfare (Press Information Bureau 2019) which shared the data in response to a reply in Lok Sabha with regard to the Nation mental health programme report states that, during the past 3 years it has provided support to 10 institutions to develop as Centre of Excellence for mental health in the country in addition to 8 more Post-Graduate departments

to offer mental health specialization. The District Mental Health Program is implemented in106 districts covered across the country during 2002-2007. At Present the District Mental Health Program is supported in 414 districts of the Nation but actually it is proposed to cover entire country (642 district) by 2017(Jain, D C, 2011).

The Australian history of mental health has a very long tradition which could be traced back as early as 1788 at Botany Bay, New South Wales with the founding and the beginning phase of asylums in Australia for convicts who were deported from Britan (Lila P. Vrklevski et.al. 2017)**.** Later, in the year 1811 the first authentic lunatic asylum of Australia was established at Castle Hill New South Wales exclusively for the mentally ill persons. Predominantly it was custodial in nature for the persons who were aberrations in society (Brenda Heppal, 2007).Thereafter, from the year 1833 to the early part of the twentieth century observed as Asylum era with the concern of psychiatric asylums in different locations of Australia at Tasmania (1834), Tarban Creek (1838), Parramatta (1848), Victoria (1851), Adelaide (1852), Queensland (1865), new one at Adelaide (1870) and other institutions were developed for the mental wellbeing of the inmates. (Lewis, M, & S. Garton,2017).

During the 1800's an additional of 12 more asylums were initiated at New South Wales. The first lunacy act in Australia was enacted in the year 1843 at Victoria to emphasize the need for psychiatric treatment and the Federal responsibility to offer the care of the mentally ill persons (Lila P. Vrklevski et. al. 2017; Silove, D., 2002).

Different state has enacted the lunacy act from time to time were reviewed and revised as mental treatment act, mental hygiene act, mentally deficient act, and finally transformed to Mental health act. However, the early part of the 19th century records the first government outpatient clinic began to function in 1908 and the first voluntary hospital patients were admitted in 1915 (Lewis, M, & S. Garton,2017).

Thus the transition from the colonial asylum era to an emerging independent psychiatric institution induced the shift from the custodial care to the humanitarian care characterized by medical approach ensured treatment and rehabilitation began to operational only during 1950's.The gradual but steady progress in between the period 1970-80 marked with the salient feature of integrating the mental health in general hospitals and trying to reduce the stigma and treatment for the psychiatric ailment by instituting the active pharmacological management along with the emphasize of community approach care enhanced the better mental health. It is also very significant at this juncture to mention a note on the 400 pages long Richmond investigation report created the stimulation and rejuvenation in the

Australian mental health era. This paved the way for the reformation in the Australian mental health history (Petersen, G., 1984). Subsequently the Australian National Mental Health policy, 2008 came into existence.

Figure: 2 National mental Health Stretegy-1992

Source: Australian National Mental Health Policy, 2008.

The aims of the Australian National Mental Health Policy, 2008 (Department of Health, Australia, 2009):

- Mental health promotion and well being among the Australian community.
- Minimize the stigma and decrease the impact of mental health problems.
- Enabling the higher rate of recovery and to
- Ensure the rights of the mental ill persons and encouraging the meaningful participation of the mentally ill person into the society.

The above figure – 2 with regard to the national mental health Policy ensures the provisions of the Integrated Mental health services to enhance the mental health reform at national level through Promotion, Prevention and Rehabilitation which collaborates and coordinates between the consumers, careers, community and complementary roles of the Australian Government and state and territory governments. The National mental health Policy of Australia 2009 made the room for the Mental health reform in Australia to improve upon the better mental health care after the recommendations of the expert committee agreed towards the New National mental health strategy in the year 1992, has a dual role and function for policy and service development in the field of mental health reform.

In a nutshell, three decades of National mental health plans (1993-2022) implemented encompasses the methodology, strategies, programmes, funding and policy enactments well aligned with national and international standards made the country Australia to be a strong and a forefront leader in the field of mental health and geriatric mental health offers wide range of mental health programmes and services which in turn stands for the fulfillment of the aim and the goals of the national mental health strategy for a better mental health care for all with effective policy and service development.

Geriatric Mental Health Work Force in India and Australia

The professional mental health team in Australia Generally Comprises of a Psychiatrist, Mental Health Nursing, Occupational Therapy, Psychologist and Social worker; Whereas the mental health manpower in India comprises of Psychiatrists, Clinical Psychologists and Psychiatric social workers. Considering the huge mental health burden, treatment gap and the limited availability of the professionals initiated the Government to utilize the Non-specialist Para health professionals and the grass root level workers like Accredited Social Health Activist (ASHA), Multipurpose health workers, Health visitors and Auxiliary Nurse Midwife (ANM's). The professional social work in India still under identity and recognition crises although it is considered to be an academic as well as practice profession.

Approximately 500 plus institutions / colleges offer either a three-year bachelor degree or a post-graduate degree or a diploma or a certificate programme in social work. Pre-doctoral and Doctoral programmes are mostly available at university level or by an Autonomous Institution. Over the period of eight decades of social work education in India despite the several hurdles it has been able to contribute in the human lives have to be valued and one cannot ignore and undermine.

With regard to the mental health manpower in India based on the recent 2015-16 report of the National mental health survey of India, shows the real scenario of the situation seems to be pathetic in its present situation needs for further growth and development. Total Number of inpatient beds available in the Government mental health hospitals as per NMHS state affidavit (2015) is 24670. The ratio of the available inpatient beds in the government mental health hospitals for 1, 00,000 population is equivalent to 2.15 (2.15 per 1, 00,000). Thus, the National Mental Health scenario requires capacity building, infrastructure development, adequate funding, training and research in the field of mental health calls for an urgent action. However specific researches towards gerontological social work

perspectives are very limited. With reference to geriatric mental health social work, the percentage of Gerontological social workers in India compared to older people population is yet to find out. The number of institutions in India which offer Gerontological social work is negligible in number.

Table: 2 Milestones in the development of Social work in India

Year	Milestone	Importance
1936	Tata Institute of Social Sciences, Mumbai	First institution for Social Work Education
1947	Indian Conference of Social Work (ICSW)	Formulated Social Work curriculum
1948	J.K, Institute of Sociology, Ecology and Human Relations, Lucknow. Delhi School of Social Work in 1948.	First school of social work in Central & Northern India
1949	Baroda School of Social Work now as The Faculty of Social Work, Baroda	First school of social work in Western India
1952	Madras School of Social Work, Chennai in (then Madras).	First school of social work in South India
1959	Association of Schools of Social Work in India (ASSWI)	It was the only pan Indian body connecting social work institutions across India. Now non- functional
1965 (Published)	University Grants Commission (UGC), Government of India First Review Committee on Social Work Education.	Report titled as- Social Work Education in Indian Universities.
1968	1st Encyclopedia of Social Work in India.	The Planning Commission, Government of India. In 3 volumes mapped the Concepts of Social Work.
1975(Commissioned) 1980 (submitted)	UGC's second review committee.	Report Titled as- Review of Social work Education in India: Retrospect and Prospect. Social Action, Social Policy and Social welfare administration papers introduced.
1987	2nd Encyclopedia of Social Work in India.	Ministry of Welfare, Government of India. Five Volumes on varies social work themes and agencies.
1986 .	Curriculum development centre at TISS, Mumbai.	Stand alone centre to plan, review and to promote social work education in India.
1990	Report of the curriculum development centre in social work education, UGC, New Delhi.	Proposed model curriculum.
1997	Declaration of Ethics of Professional Social work.	Indian Journal of Social work.
2000	National Curriculum Reframe Exercise and The Third National Review of Social Work Education, UGC, New Delhi.	Guidelines in offering subjects and credits.
2003	National Assessment and Accreditation Council (NAAC) -"Self study manual for social work institutions".	Criteria of assessment and accreditation. Minimum and quality standards in social work education.
2012	National Network of Schools of Social Work.	Revival of ASSWI since it has become defunct and to bring standardization in social work education across the country.
2015	India Network of professional Social Worker's Association (INPSWA).	INPSWA is a network of six professional social workers Associations. Established in the year 2015, and associated with IFSW in 2015.
2019	The Asia-Pacific Social Work Conference, Bengalure, India.18-20, September,2019.	25th Asia-Pacific conference hosted, for the first time In India. Happened to be a Silver jubilee conference.

Source: Adapted from Francis Adaikalam, 2014 and Updated by Authors.

Table: 3. Mental Health Manpower in India

Mental health Manpower As per State Affidavit(2015)/1,00,00	No. of Professionals As per State Affidavit(2015)
Psychiatrist	0.05 - 1.2 / 1,00,000
Clinical Psychologist	0.6 / 1,00,000
Psychiatric social worker(PSW)	Relatively low across all the NMHS* states (Total Number of PSW in India by NIMHANS -454)

*National Mental Health Survey

Source: National Mental Health Survey of India, 2015-16.

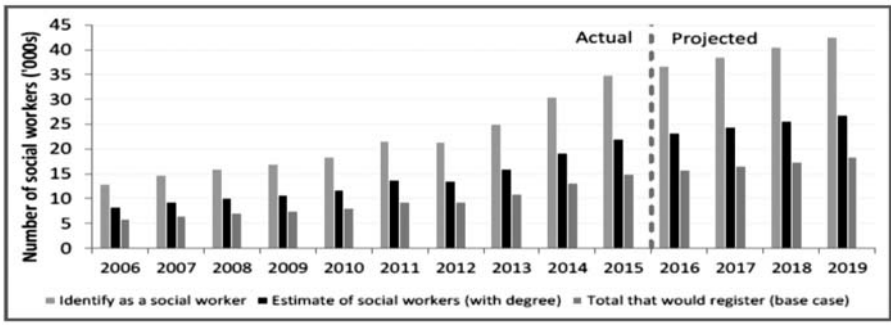
The popular web News channel Times of India published a document about mental health calls for a challenge by emphazing the following statement which affirms that, "India needs more mental health care professionals" with the authentic information from the reports from the Indian Union Ministry of Health and Family Welfare. But the statistically computed data on core mental health personnel and supportive service providers from the private sector was not readily available. The available data considering the aged care services in India are underreported and ignored, but the data's related to the old age homes are available with the National Institute for Social Defense in New Delhi which act as a national body responsible for Training and Education in Geriatric care at different level through regional center and also supports the Grants for Old Age homes. Considering the enormous need of the mental health professionals, the data's between the available and the required shows a very huge gap which indicates the hindrance in offering the effective mental health care services.

Table: 4. Required Mental Health Manpower in India

Mental Health Manpower in India	Requirement	Availability
Psychiatrists	13,000	3,500
Clinical Psychologists	20,000	1,000
Psychiatric social Workers	35,000	900
Psychiatric Nurses	30,000	1,500

Source: Kalpana Sharma, 2018.

Chart: 1. Estimates of social worker workforce, and number of expected registrants

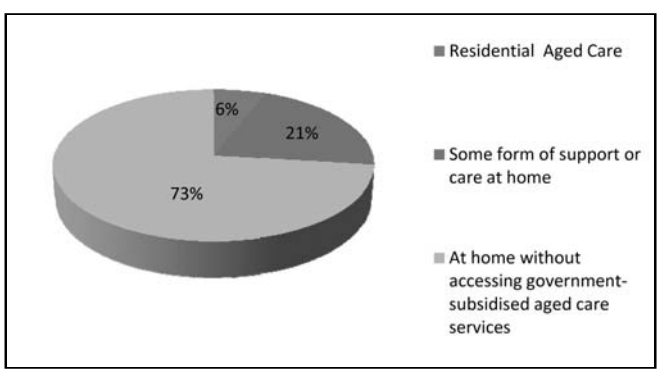


Source: Deloitte Access Economics Pty Ltd, 2016

The Australian Bureau of Statistics, 2016 based on the Australian Association of Social Worker accreditation reports that there are around 23,166 professionally qualified social workers in Australia (L.Pezzullo, 2016).

The aged care in Australia provides a wide variety of clinical and non-clinical service at different levels right from the basic support services to advanced geriatric care. Aged care offers Residential care, Home care package; community-based service and Palliative care services. Australian Institute of Health and Welfare's recent report which released on 11th September, 2019 reveals that there are more than 1.2 million older people have received aged care services during 2017-18. The majority (65%) of the aged people used home support care services predominantly dominated by females (2 in 3 persons) who outnumbered the males.

Chart: 2 Aged Care Services in Australia -2017-18



Source: Australian Institute of Health and Welfare 2019.

Conclusion

To Sum up, this brief work is just an attempt to explore the real scenario of the state of Geriatric Mental Health in India and Australia. A country like India needs to establish a strong platform to inculcate an integrated and collaborative approach where all the stalk holders should actively involve in sharing their responsibility. To move forward further, it has to disseminate the sense of responsibility to every citizen and echo's a call for well-coordinated community participation.

References

Adaikalam, Francis. (2014). Contextualising Social Work Education in India. Alternativas. Cuadernos de trabajo Social. 21. 10.14198/ALTERN2014.21.11.

Agrawal SP, Goel DS, Ichpujani RL. Mental Health: Indian Perspectives, 1946-2003.

Directorate General of Health Services, Ministry of Health and Family Welfare: New Delhi. 2004.

Australian Bureau of Statistics (ABS) 2014. Australian historical population statistics, 2014. ABS cat. no. 3105.0.65.001. Canberra: ABS.

Australian Bureau of Statistics (ABS) 2016a, Labour Force, Australia, Detailed, Quarterly, Feb 2016, cat. no. 6291.0.55.003, Australian Government, Canberra.

ABS 2017. Australian Demographic Statistics, Jun 2016. ABS cat. no. 3101.0. Canberra: ABS.

Australian Govt. Pub. Service. (2009). National mental health policy 2008. Canberra. doi: https://apo.org.au/node/30315

Australian Institute of Health and Welfare 2019. Aged care. Canberra: AIHW. Viewed 25 October 2019, https://www.aihw.gov.au/reports/australias-welfare/aged-care

Australian Institute of Health and Welfare 2015. Australia's welfare 2015. Australia's welfare series no. 12. Cat. no. AUS 189. Canberra: AIHW.

Australian Institute of Health and Welfare 2018. Older Australia at a glance. Cat. no. AGE 87.Canberra: AIHW. Viewed 25 September 2019, https://www.aihw.gov.au/reports/olderpeople/older-australia-at-a-glance

Bureau of Labor Statistics, U.S. Department of Labor, Occupational Outlook Handbook, Social Workers, on the Internet at https://www.blls.gov/ooh/community-and-social-service/social-workers.htm (visited October 07, 2019).

Cook, Lauren, (2019, February 14). Mental health in Australia: a quick guide. Retrieved fromhttps://www.aph.gov.au/About_Parliament/Parliamentary_Departments/Parliamenta ry_Library/pubs/rp/rp1819/Quick_Guides/MentalHealth.

Department of Health (Australia) (2009). National mental health policy 2008. Retrieved from Analysis and Policy Observatory Website: https://apo.org.au/node/30315

Director General of Health Services: National Program for India. New Delhi, Ministry of Health and family welfare, 1982.

Dr. D.C Jain. (2011, November 10). District Mental Health Programme (An Approach to Community Mental Health) -An Indian Perspective. Retrieved from http://aamh.edu.au/wp-content/uploads/2014/01/06_India_DC_Jain.pdf

Duffy, R. M., & Kelly, B. D. (2017). Concordance of the Indian Mental Healthcare Act 2017 with the World Health Organization's Checklist on Mental Health Legislation. International journal of mental health systems, 11, 48. doi:10.1186/s13033-017-0155-1

Government of India. (1946). Health Survey and Development Committee, Government of India Press,Simla.

_____ (1962). Report of the Health Survey and Planning Committee, Ministry of Health, New Delhi.

_____ (1982). *National Mental Health Programme for India*. New Delhi:Ministry of Health and Family Welfare, Government of India.

Gururaj G, Varghese M, Benegal V, Rao GN, Pathak K, Singh LK, Mehta RY, Ram D, Shibukumar TM, Kokane A, Lenin Singh RK, Chavan BS, Sharma P, Ramasubramanian C, Dalal PK, Saha PK , Deuri SP, Giri AK, Kavishvar AB, Sinha VK, Thavody J, Chatterji R, Akoijam BS, Das S, Kashyap A, Ragavan VS, Singh SK, Misra R and NMHS collaborators group. National Mental Health Survey of India, 2015-16 Prevalence, patterns and outcomes. Bengaluru, National Institute of Mental Health and Neuro Sciences, NIMHANS Publication No. 129, 2016.

Happell, B., (2007). Appreciating the importance of history: A brief historical overview of mental health, mental health nursing and education in Australia,The International Journal of Psychiatric Nursing Research 12 (2) 1439-1445.

https://pib.gov.in/Pressreleaseshare.aspx?PRID=1580416

https://dghs.gov.in/content/1350_3_National MentalHealth Programme.aspx? format=Print &format=Print

https://mohfw.gov.in/sites/default/files/8072971981455275414.pdf

https://mohfw.gov.in/sites/default/files/NPHCE.pdf

https://mohfw.gov.in/sites/default/files/67196449221455275476.pdf

https://www1.health.gov.au/internet/publications/publishing.nsf/Content/mental-pubs-i-midrev2-toc~mental-pubs-i-midrev2-2~mental-pubs-i-midrev2-2-nat

https://www.news18.com/news/opinion/despite-mental-health-care-act-india-continues-to-betray-its-mental-health-patients-1818773.html

Khurana S, Sharma S. National mental health program of India: a review of the history and the current scenario. Int J Community Med Public Health 2016;3:2696-704.

Lewis, M. J. (2001). From colonial dependence to independent centre: Australian psychiatry, 1788–1980. In D. Bhugra & R. Littlewood (Eds.), Colonialism and psychiatry (pp. 105–130). New Delhi: Oxford University Press.

Lewis, M., & Garton, S. (2017). Chapter 19 Mental Health in Australia, 1788–2015: A History of Responses to Cultural and Social Challenges. In Mental Health in Asia and the Pacific Historical and Cultural Perspectives (pp. 289–313). New york: Springer Science Business Media. doi: DOI 10.1007/978-1-4899-7999-5

Murthy RS. Mental health Initiatives in India. NMJI. 2011;24,2:98-107.

Narayan, C. L., & Shikha, D. (2013). Indian legal system and mental health. Indian journal of psychiatry, 55(Suppl 2), S177–S181. doi:10.4103/0019-5545.105521

National Library of Australia. (n.d.). Mental health history Australia, Primary research. Retrieved from https://trove.nla.gov.au/list?id=80340

National Mental Health Policy. (n.d.). Retrieved October 18, 2019, from http://vikaspedia.in/social-welfare/differently-abled-welfare/policies-and-standards/national-mental-health-policy.

National mental health policy 2008. (2014, August 19). Retrieved October 21, 2019, from https://www1.health.gov.au/internet/main/publishing.nsf/Content/mental-pubs-n-pol08.

National Mental Health Programme for India. New Delhi: Ministry of Health and Family Welfare, Government of India; 1982. Directorate General of Health Services (DGHS)

News18. (2018, July 21). Despite Mental Health Care Act, India Continues to Betray Its Mental Health Patients. News 18 opinion.

Om, P., & Kukreti, P. (2013). State of Geriatric Mental Health in India. Curr Tran Geriatr Gerontol Rep () 2:1–6, 2, 1-6. doi:DOI 10.1007/s13670-012-0034-1

Petersen G. The Richmond Report on Mental Health. Lamp. 1984 Jun;41(5):11-3. PubMed PMID: 6570836.

Pezzullo, L. (2016). The registration of social workers in Australia Australian. The registration of social workers in Australia Australian (pp. 1–26). Canberra,: Deloitte Access Economics Pty Ltd.

Rajan, S Irudaya and Mishra, U S. 2011. "The National Policy for Older Persons: Critical Issues in Implementation", BKPAI Working Paper No. 5, United Nation Population Fund (UNFPA), New Delhi.

Sharma, K. (2018, October 10). Retrieved from https://timesofindia.indiatimes.com/life-style/health-fitness/health-news/we-need-more-mental-health-care-professionals-in-india/articleshow/66146320.cms

Silove, D 2002, 'The asylum debacle in Australia: a challenge for psychiatry', *Australian and New Zealand Journal of Psychiatry*, vol. 36, no. 3, pp. 290-296.

The National Policy on Older Persons, Government of India, Ministry of Social Justice and Empowerment, Shastri Bhawan, New Delhi, 1999.

United Nations, Department of Economic and Social Affairs, Population Division (2019). *World Population Prospects 2019: Highlights* (ST/ESA/SER.A/423).

Verma R, Khanna P. National program of health-care for the elderly in India: A hope for healthy ageing. Int J Prev Med 2013;4:1103-7.

Vrklevski, L. P., Eljiz, K., & Greenfield, D. (2017). "The Evolution and Devolution of Mental Health Services in Australia." Inquiries Journal, 9(10). Retrieved from http://www.inquiriesjournal.com/a?id=1654

Whiteford, Harvey. (1993). Australia's National Mental Health Policy. Hospital & community psychiatry. 44. 963-6. 10.1176/ps.44.10.963.

Wig NN, Murthy SR. The birth of national mental health program for India. Indian J Psychiatry 2015; 57:315 9.

Call for Papers

The Adeliade Journal of Social Work is an annual publication of School of Social Work, Roshni Nilaya, Mangaluru, providing an independent forum for researchers and social scientists. It encourages original, creative, critical and empirical research. It helps the reader to be updated with the theoretical and empirical developments in the field. The Journal invites contributions from academicians, practitioners, research scholars and policy makers on various relevant areas keeping with the general objective. It also solicits case studies and personal experiments as well as book reviews of recent Social Work publications.

Guidelines for the contributors

Articles should be of original nature and should not have been sent or accepted for publication elsewhere.

An abstract of 250-500 words must be sent in case of articles.

The manuscript should comprise of 3000-5000 words including figures and tables typed in 1.15 space with 12 font size in Times New Roman on 8.5" X 11" - A4 Size papers.

The manuscript should not contain foot notes. References should be cited at the end of manuscript. The list should mention only those sources cited in the text of the manuscript.

Each table / figure / graph should have brief and self explanatory title. Also, mention the source and explanation, if any, at the bottom of the table / figure / graph.

In the case of articles, precise conclusion to be given.

Prospective article is subject to blind review by a panel of eminent referees.

Cover page should contain title of the paper, name, present designation, postal address, mobile / telephone number and email ID of the author/authors with brief resume.

A hard copy of the manuscript should be sent to the editor. Further, soft copy along with the abstract must be mailed to adelaidejsw@gmail.com

The manuscript should be sent to:

The Editor-in-Chief
Adelaide Journal of Social Work
School of Social Work, Roshni Nilaya, Mangaluru - 575 002