रोशनी निलय

ADELAIDE JOURNAL OF SOCIAL WORK

Volume: 8 Issue: 1
August 2021 ISSN 2349-4123

EDITORIAL

ARTICLES

रोशनी निलय

ADELAIDE JOURNAL OF SOCIAL WORK

Volume: 8, Issue: 1, August 2021

EDITORIAL

Dear Readers!

It is our immense pleasure to introduce the eighth edition of the Adelaide Journal of Social Work, with articles on a wide range of subjects which will offer you an insight into the challenges of social work as a profession. We trust these informative articles will cater to the publication needs of teachers, researchers, scholars, students and professionals. We thank the eminent editorial board for all their cooperation and enthusiastic involvement to publish research articles from the Social Science fraternity around the world. We hope our efforts will help you acquire advanced knowledge in the various fields of Social Science.

The first article titled *"Opportunities and Challenges of Accredited Social Health Activists (ASHA) during Covid-19 pandemic in Kerala"* throws light upon the qualitative research method approach to explore the supplementary duties imposed on ASHAs during Covid–19 first wave. The article covers the opportunities and challenges encountered by them and lay emphasis that the efforts put in need to be recognized by the Government so that they also enjoy better quality of life and render their services with satisfaction.

The next article titled *"Journeying In and Out of Alcoholism"* highlights the gravity of the situation of alcoholism and makes it imperative that we understand the individual story of addiction, contributing factors, the recovery process as well as the challenges in the journey towards sobriety.

Some of the essential skills that one must possess in today's dynamic world for survival are known as life skills and the next article titled *"Effectiveness of a Life skills program among Adolescents in Rural Bengaluru: A single arm pre-post interventional study"* brings out the problems of emotional turbulence and confusions during adolescence. Life skills training are highlighted as a positive behaviour approach for emotional and social stability.

Skill development needs new directions to grab the human capital specially to grab the young population to the full extent. The article titled *"An Analysis on the Impact of the Deen Dayal Upadhyaya Grameen Kaushalya Yojana (DDU-GKY)"* gives importance to the impact of skill development programs attained by the youth population in the state of Kerala.

In the subsequent article titled '*Humanity behind Bars: A Study on Human Rights Issues among Female Inmates in Central Jail, Guwahati'* the researcher has made an attempt to critically analyse people's perception of 'women behind bars'. It aims to understand prisons, as 'correctional institutions' where inmates are given an additional opportunity to lead their life in a dignified manner on their release.

The introduction of the Panchayati Raj System is a milestone in the history of India. Twenty-five years have passed since the devolution of power to rural development to Local-Self Government Institutions (LSGIs) through the Panchayati Raj Act of 1995. The next study *"25 Years after Panchayat raj Act 1995: A Narrative on Development and Changes"* examines the changes

and developments in the last three decades in Kumarakom Grama Panchayat, Kerala, India

The study on *"Activity Levels among the Older Persons in Tiruchirappalli district"* shows the requirements for healthy ageing and the risks of developing major diseases such as respiratory, cardiovascular and metabolic, obesity and cognitive impairments. It concludes by relating social withdrawal and activity levels.

The last research article is titled "*Internet Addiction and Loneliness among Young Adults*" talks about the current scenario of Internet addiction. It builds on the hypothesis that loneliness is linked to internet addiction because lonely individuals are often drawn towards the internet in search of companionship. Interestingly the hypothesis is not proved. Read on to find out why!

We wish you an insightful reading journey, as you turn these pages ahead.

Sebastin K V, PhD
Editor-in-Chief

Adelaide Journal of Social Work (ISSN 2349-4123)
Volume: 8, Issue: 1, August 2021 pp.5-18

Opportunities and Challenges of Accredited Social Health Activists (ASHA) during Covid-19 Pandemic in Kerala

*Jayasree M **Vandana Suresh

ABSTRACT

National Rural Health Mission, the apex body for monitoring health in rural India engages Accredited Social Health Activists (ASHAs) as grass root worker, to link rural communities with primary healthcare services; their role includes promoting good health practices and providing information on basic health determinants and existing health services. The ASHAs are considered India's frontline health workers alongside Auxiliary Nurse Midwives (ANMs) and Anganwadi (childcare) Workers (AWWs) (Sharma et al., 2018). The present study, qualitative in its approach, attempts to explore the supplementary duties imposed on ASHAs during COVID–19 first wave, as well as the opportunities and challenges encountered by the ASHAs.This study adopted a case study design and the data generated was subject to a theme-based analysis. Data was collected from five ASHA workers - providing service at KarakulamGrama Panchayat. The participants were interviewed using a semi-structured interview guide.The findings of the study showed that the ASHA's workload had increased substantially on account of the additional tasks due to COVID-19; in addition to the regular medical exigencies, they had to attend those individuals who were COVID-19 positive and those in quarantine. The opportunity presented was their entitlement to free vaccination, besides the positive recognition from community members and general public. The immense support from their families and the satisfaction from working for the community helped them to tide this crisis. The challenges encountered were

** Freelance Social Worker, Kottarakara, Kollam Dist, Kerala, Email: jayasreemktr@gmail.com*
*** Assistant Professor, Loyola College of Social Sciences, Trivandrum*

exposure to the nosocomial infections, high workload, engagement with specialised work without adequate training, absence of support or financial benefits for additional work, the inability to strike a work-life balance and working without any protection, thus endangering themselves and their families. It is high time that the efforts put in by ASHAs be recognized, with the Government providing support so that the ASHAs also enjoy better quality of life and render their services with satisfaction.

Keywords: *Accredited Social Health Activist (ASHA), Covid-19, Pandemic, Opportunities, Challenges*

INTRODUCTION

In India, under the NRHM Program, every village is provided with an Accredited Social Health Activists (ASHAs), a trained literate female community health activist volunteer in the age group of 24-45years, with a minimum level of 8 years of formal education; they are required to undergo regular and periodic training as part of the program (Sanjay and Abhay, 2014). India launched the ASHA-programme as a key component of the National Rural Health Mission (NRHM) in 2005, with the aim to strengthen rural government service delivery, as well as community engagement and ownership in health programmes (Scott et al., 2019). Each ASHA caters to one thousand people and they serve as the link between the government health care services and the community to ensure the participation of the community in health care (Lipekho et al., 2015). Health is a priority for any community as infectious disease threats and the fear and panic that may accompany them, map to various economic and social risks; and with respect to outbreaks and epidemics -whether naturally occurring or human-initiated, there are obvious costs to the health system in terms of medical treatment and outbreak control (Bloom and Cadarette, 2019). A sudden disease outbreak can disrupt the equilibrium of any community and pandemics are for the most part, disease outbreaks that become widespread as a result of the spread of human-to-human infection (qui et al., 2017).

Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2), which causes coronavirus disease (COVID-19), was first identified in December 2019 in Wuhan

City, China, and later spread to many provinces in China (Kumar et al., 2020). A sizable outbreak of this magnitude can overwhelm the health system, limiting the capacity to deal with other routine health issues and thereby compounding the stress on the system. Beyond shocks to the health sector, epidemics force those who are ill and their caretakers to miss work or be less effective at their jobs, disrupting productivity along with this. When critical human resources like engineers, scientists, and physicians are affected, productivity impacts will be magnified (Bloom and Cadarette, 2019). India's first reported case of COVID 19 infection was in Kerala when, a 20 year old female presented to the Emergency Department in General Hospital, Thrissur, Kerala, on January 27, 2020, with a one-day history of dry cough and sore throat (Andrews et al., 2020).

India, with a population of more than 1.34 billion—the second largest population in the world—faced difficulties in controlling the transmission of Coronavirus-19 among its population, and the Ministry of Health and Family Welfare of India have been continuously working to combat the disease by taking various strategies such as raising awareness about the outbreak and taking necessary actions to control the spread of COVID-19 with the help of the healthcare team (Kumar et al., 2020). The healthcare team in India include the frontline workers, of which ASHAs are an essential part. The ASHA workers, who work at the grass root level support the healthcare system in India, are typically more vulnerable given the fact that they are in primary contact with the public population. Nevertheless, the healthcare workers work day and night to protect the citizens despite being at high-risk of exposure due to shortage of Personal Protection Equipment (PPE) kits (Lakhani et al., 2020). The present study aims to understand the opportunities and challenges encountered by Accredited Social Health Activists (ASHAs), during COVID–19, in KarakulamGrama Panchayat.

REVIEW OF LITERATURE

National Rural Health Mission employs ASHAs as community health workers who link rural communities with primary healthcare services; they are among India's frontline health workers (Niyati and Mandela, 2020; Sharma et al., 2018). The responsibilities of ASHAs include promoting good health practices, providing

health awareness, conducting immunisation drives, referral and escort services for reproductive and child healthcare and promoting healthcare initiatives in their respective States (Mishra, 2012; Niyati and Mandela, 2020; Sharma et al., 2018). Studies show that ASHAs faced various challenges in the course of delivery of their services. Some of these include ill-equipped dispensaries, insufficiency of resources, irregular incentives, workload, non-materialization of things, failure to reach target, absence of job satisfaction due to inadequate remuneration and the lack of essential medicine supply; they also reportedly faced discourtesy and exploitation from facility based health care staff (Dagar et al., 2017; Sarin et al., 2016; Taksande et al., 2021).

Studies focusing on the challenges faced by healthcare workers during COVID-19 show the following - health care workers experienced exhaustion due to heavy workloads and protective gear; they had constant the fear of becoming infected and infecting others; powerlessness to handle patients' conditions and manage relationships in this stressful situation. Some of the health care workers reported considerate proportion of anxiety, depression and symptoms of insomnia (Khanal et al., 2020; Liu et al., 2020). With respect to ASHAs a study conducted by Niyati& Mandela (2020) concluded that ASHAs experienced intensified workload because of the additional tasks and longer commutes; besides, their remuneration was low and irregular. They also encountered loss in earnings because of the suspension of their usual incentive-based payments and their health was endangered because they were provided inadequate safety gear and insufficient training.

The above literature shows that before the COVID-19 outbreak, the ASHAs were experiencing various challenges owing to their remuneration, inadequacy of resources and lack of clarity among the community members about their roles. Since COVID-19 outbreak, studies were conducted to understand the impact of COVID-19 pandemic on the health care systems and healthcare providers. However, studies focusing on the impact of COVID -19 on the community health workers, also known as frontline workers who, given their high exposure to infection has not undertaken. This study explored the additional duties, opportunities and challenges faced by the ASHAs during COVID -19 pandemic in Kerala, a state which has seen one of the highest number of COVID -19 cases in the country.

STATEMENT OF THE PROBLEM

Under the Community Health programme of National Health Mission (NHM), one of the key component is, providing a trained female Community Health Worker (CHW) named as Accredited Social Health Activist (ASHA) in every village of the country to serve the most marginalized and vulnerable rural population (Khanna, 2020). Their role is to act as an interface between the health care services provided by the government the community members; hence, they are responsible for promoting universal immunisation, referral and escort services for reproductive and child healthcare and other health care delivery programs (Mishra, 2012).

COVID-19 was first identified in Wuhan, China in December 2019, as a respiratory tract infection causing symptoms, such as fever, chills, dry cough, fatigue, and shortness of breath (Lai et al., 2020). On 30 January 2020, India's first case of COVID-19 was reported in Kerala (Siddiqui et al., 2020). On 1 June 2020, India became the seventh most infected country with 194,504 cases of COVID-19 and had the fourth highest number of active cases globally and second highest number of severe active cases (Jha and Jha, 2020). Despite the vulnerabilities of high population density (860/km^2), high proportion of elderly population and a large number of expatriates, the state of Kerala showed slow progression of cases, reporting zero new cases by the beginning of May 2020 and the state's efficient handling of the initial phase of the pandemic received global appreciation (Prajitha et al., 2021). However, after the initial successes in infection control, the infection escalated to a community transmission in the following months (Choolayil and Putran, 2020).

With the increasing rate of COVID -19 in the country, India adopted various strategies such as - employing additional healthcare personnel; release of advance or increased salaries for HCWs engaged in COVID-19 response; deployment of medical and paramedical students in screening, contact-tracing and other related services; deputing volunteers in service delivery to elderly, differently-able, children and trans-persons; deputing and providing insurance for front-line workers involved in COVID-19 response - to bring the situation under control (BMJ Global Health, 2020). ASHAs being the frontline workers along with Auxiliary Nurse Midwives

(ANMs) and Anganwadi (childcare) workers (AWWs) are in the field helping India in its mission in controlling COVID -19. Keeping in mind the current situation of Kerala, the researcher attempted to explore the challenges and opportunities of Accredited Social Health Activists, during COVID– 19 in Kerala, a state with the most number of COVID - 19 cases in India.

METHODOLOGY

This study is qualitative and is intended to explore the challenges and opportunities of Accredited Social Health Activists (ASHAs), during COVID - 19. This case study was undertaken among five Accredited Social Health Activists, during COVID– 19 in KarakulamGrama Panchayat. The participants were purposively selected based on their place of service, being Karakulam with the highest density of rural population. A pilot study was undertaken with permission of the authorities of the Public Health Care centre and ethical clearance was obtained. The tool, a semi-structured interview guide developed in consultation with experts and consisting of 9 questions, which was modified based on a pre-test. Informed consent was obtained from each participant, prior to the interviews after communicating with them the purpose of the study and assuring confidentiality and stating that the data would be used for academic purposes only. The interviews were recorded in the local language (Malayalam) using a voice recorder with the consent of the participants and later transcribed into English. The contents of the interviews were subjected to thematic analysis. The emergent themes and the interpretations made by the researchers were discussed with the respondents in three iterations for the purpose of triangulation of the themes. The study was conducted during the height of the Covid-19 pandemic, spread over April and May of 2021.

FINDINGS

The themes that emerged in the course of this study could be summarised as ‘intensification of workload’, ‘unsafe working conditions’ and ‘work satisfaction’. The participants reported intensification of workload since the COVID -19 outbreak. Even prior to COVID-19, the ASHAs were struggling to cater to the needs of their targeted population, given the huge gap between the assigned number of targets and the actual targets. With COVID – 19, the target group was expanded

to include those COVID-19 positive as well as those in quarantine, thus, increasing their workload exponentially. The major challenges faced by the ASHAs was the exposure to unsafe working conditions because of the shortage of protective gear (PPE Kits) while discharging their duties in the field. Besides, they were inadequately trained to handle such a complex, fluid situation.

Due to the lockdown and suspension of public transport, ASHAs found it difficult to reach the target groups assigned, often located in remote areas; this also put additional financial strain on them as most of them had to depend on their meagre honorarium to meet the expenses. The participants reported being under constant stress caused due to the immense workload and unsafe working conditions. They were constantly worried about getting infected and spreading the infection to their family members. The inability to spend quality time with family members in addition to the difficulties in managing and balancing work and household activities put them in emotional turmoil.

The participants has a sense of satisfied with the services they could provide to the community members in a crucial time like this. The amount of recognition and respect for their services by the community members, constant support and encouragement from their family members – were the motivating factors that gave them the strength to render their services. Participants reported getting vaccinated before the general population as an added advantage of being in this service.

DISCUSSION

'Intensification of workload'

The participants reported having immense workload prior to COVID -19 outbreak as they had to cater to the needs of a large population but with the outbreak of COVID -19 their workload intensified. Earlier their roles were limited to their routine work with the targeted population such as pregnant women, children, and the elderly, and patients who were bedridden. But with COVID -19, their target group was expanded to include individuals who were COVID-19 positive as well as those in quarantine. The additional responsibilities included pasting Jagratha notices in areas at risk of COVID-19, distributing food kits to needy, distributing

medicines to children, pregnant women, and the elderly, and providing Psychological First Aid to people who were COVID-19 positive. They were also entrusted with the responsibility of educating the community about COVID-19 and the safety precautions to be taken. One participant shared:

"Even before this (COVID -19) we hardly got time for ourselves…. Meeting all these people and handling their situations was a herculean task…..There are about 850 houses in our ward. That is more than 3000 individuals. It is very difficult to manage these 3000 people in place of 1000. An ASHA worker is given a 1000 to accurately update the details of these 1000. How is that possible when it is 3000?" …but now, we don't even get time to breathe".

The ASHAs found it difficult to reach the target groups in remote areas, as public transportation was suspended during the lockdown period. They were expected to make their own travel arrangements, thus putting additional financial strain, as they had to depend on their meagre honorarium to meet these expenses.

The findings corroborate with the conclusion of a study by Niyati and Mandela, (2020) in this area; the study indicated an increase in the average number of working hours of ASHAs, almost by two to three hours each day, because of the new tasks related to containing the spread of the infection. The findings shed light on the shortage of frontline workers and the additional burden they have to endure during crisis situations. Hence, it is important to bridge this gap by recruiting more people as frontline workers to ensure effective service delivery. Reinforcements such as increased honorariums and recognition as government employees could be an attractive proposition.

'Unsafe working conditions'

The major challenge faced by the participants was the increased exposure to the virus due to unsafe working conditions. The participants reported not having adequate protective gear while in the field. Unlike other members in the health care team, the ASHAs did not have access to PPE kits; they religiously wore masks and used sanitizers hoping not to get infected. One participant observed:

"*All others (Health care members such as doctors, nurses etc.) are provided with safety gears like PPE kits but masks and sanitizer is all we have. Given the nature of our work we are also at a risk of contracting the infection…but nobody seem to care about our safety. I worry….What would happen if we get infected…what if we pass on the infection to our families?*"

They consciously distanced themselves from their families to avoid spreading the infection. Increased workload, inability to spend time with their families and difficulties in managing and balancing work and household activitiesput them under psychological distress.

Similar findings were again reported in a study by Niyati and Mandela (2020), wherein, ASHAs reported being provided insufficient protective gear while undertaking their Covid-19 duties. Most of them received disposable masks and were asked to wash and reuse them. A few received a 200-ml bottle of sanitizer, and none received gloves or personal protective equipment (PPE).

The findings show that ASHAs being the frontline workers are at a greater risk of exposure, and as they come in contact with the community members, they could potentially spread the infection to a wider population, yet their safety is never taken seriously. It is important to ensure the safety of ASHAs by providing necessary protective gears so as to avoid spread of infection to them or worst case to others.

The attitude of the community members towards the situation was another challenge faced by the ASHAs. The community members often relied on WhatsApp and other social media for information about the pandemic situation, which was often false or exaggerated, thus creating panic or a false sense of security. ASHAs had to invest lot of time and energy to take the community into confidence.

'Work satisfaction'

In spite of all the challenges, the satisfaction after rendering their services to the needy and contributing to the society in a crucial time, motivated the ASHAs to continue their services. They felt that since COVID -19, they were more respected

and their role in the community was recognized by the community members and their superiors. As a participant stated:

"*We use to be in the field even before COVID -19, but most people were not aware of who we were…and what we do…. Now even though they do not know our duties and responsibilities, they respect us for the efforts we take during these times. They acknowledge our presence and consider us as Government employees and look up to us for further information and clearing their apprehensions*".

Even though they received only a half day training before venturing into the field, they felt that the field exposure and discussion about the infection with community health professionals such as medical officers, junior health inspectors, and junior public health nurses etc. helped them to understand more about COVID-19 and its related dimensions. This helped them to take preventive measures for themselves and to resolve their apprehensions about the COVID infection.

RECOMMENDATIONS

The findings show that the ASHAs were presented with both opportunities and challenges during COVID 19 pandemic; however, the challenges take precedence over the opportunities as they put both the ASHAs and their families in danger. In future, taking forward the learning from this experience, clear guidelines on duties and responsibilities during a pandemic or other crisis situation need to be prescribed and their roles could be demarcated so that the ASHAs are familiar with the plan of action and are equipped to handle such situations.

More ASHAs must be recruited in order to cater to the large number of population in the country. This could reduce the burden on the ASHAs and increase effectiveness of the services provided to the general public. They could also be provided with adequate honorarium on time, provided a certain amount as travel allowance and in the long run considered as a government employee, based on their field experience. The general public must be made aware of the importance and crucial role of ASHAs in order to bridge the gap between the ASHAs and the community. Specifically in the context of a pandemic such as COVID 19, as

grassroots level workers being in contact with more number of people, they are at risk of getting infected. During such situations they must be provided with protective gears such PPE kits, masks, sanitizers, etc., free of cost to safeguard them and their families.

CONCLUSION

Accredited Social Health Activists (ASHAs) are community health workers under the National Rural Health Mission of Government of India. They alongside auxiliary nurse midwives (ANMs) and anganwadi (childcare) workers (AWWs), are among India's frontline health workers. This study explored the additional duties, opportunities and challenges faced by the ASHAs during COVID–19 pandemic. The findings indicate that the ASHAs' workload have been intensified because of the additional tasks assigned to them due to COVID-19, in addition to their regular duties. Before the pandemic - immense workload, lack of recognition of their services by the community and health care team, and, underpayment - were the major issues faced by the ASHAs. During COVID-19 the target groups assigned to ASHAs were expanded to include COVID-19 positive and those in quarantine. The major opportunity presented was the recognition they received from the community members and priority for free vaccination. The challenges faced included – exposure to the virus (health hazard), increased workload, absence of adequate training, absence of emotional or financial support, absence of work-life balance, and work without any protection, thus exposing themselves and their families to danger. Constant support from their family and the caregiving satisfaction helped them to face this crisis. It is high time that the ASHAs' efforts be recognized by the health care system, general public and the Government so that they enjoy better quality of life and render their services to the community with satisfaction.

REFERENCES

Andrews, M., Areekal, B., Rajesh, K., Krishnan, J., Suryakala, R., Krishnan, B., Muraly, C., & Santhosh, P. (2020). First confirmed case of COVID-19 infection in India: A case report. *Indian Journal of Medical Research, 151*(5), 490. https://doi.org/10.4103/ijmr.ijmr_2131_20

Bloom, D. E., &Cadarette, D. (2019). Infectious Disease Threats in the Twenty-First Century: Strengthening the Global Response. *Frontiers in Immunology*, 10. https://doi.org/10.3389/fimmu.2019.00549

Choolayil, A. C., &Putran, L. (2020). Covid-19, The local and the global: Lessons from Kerala. South Asia Research, 41(1), 7–21. https://doi.org/10.1177/0262728020966102

Combating the COVID-19 pandemic in a resource-constrained setting: insights from initial response in India. (2020). BMJ Global Health, 5(11), e003416. https://doi.org/10.1136/bmjgh-2020-003416

Dagar, N., Bhardwaj, U., & Bansal, P. (2017). The Problems Faced by ASHAs (Accredited Social Health Activist)-A Qualitative Study. *Journal of Nursing Science and Practice. 7(2)*: 25–30p.

Jha, A. K., &Jha, R. (2020). India's Response to COVID-19 Crisis. *The Indian Economic Journal*, 68(3), 341–351. https://doi.org/10.1177/0019466220976685

Khanal, P., Devkota, N., Dahal, M., Paudel, K., & Joshi, D. (2020). Mental health impacts among health workers during COVID-19 in a low resource setting: A cross-sectional survey from Nepal. *Globalization and Health, 16(1)*. https://doi.org/10.1186/s12992-020-00621-z

Khanna, R. (2020). Contribution of Accredited Social Health Activist (ASHA) under the Community Health Model of National Health Mission, India. *International Journal of Psychosocial Rehabilitation*, *24*(4), 7297–7302. https://doi.org/10.37200/ijpr/v24i4/pr2020545

Kumar, S. U., Kumar, D. T., Christopher, B. P., & Doss, C. G. P. (2020). The Rise and Impact of COVID-19 in India. *Frontiers in Medicine*, *7*. https://doi.org/10.3389/fmed.2020.00250

Lai, C. C., Shih, T. P., Ko, W. C., Tang, H. J., & Hsueh, P. R. (2020). Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) and coronavirus

disease-2019 (COVID-19): *The epidemic and the challenges. International journal of antimicrobial agents*, 55(3), 105924. https://doi.org/10.1016/j.ijantimicag.2020.105924

Lakhani, A., Sharma, E., Gupta, K., Kapila, S., & Gupta, S. (2020). Corona Virus (COVID-19) and its Impact on Health Care Workers. *The Journal of the Association of Physicians of India,* 68(9).

Lipekho, S., Esther, R., Puni, K., Sally, T. (2015). Community health workers in rural India: analysing the opportunities and challenges Accredited Social Health Activists (ASHAs) face in realising their multiple roles. *Human Resources for Health, 13*(1).

Liu, Q., Luo, D., Haase, J. E., Guo, Q., Wang, X. Q., Liu, S., Xia, L., Liu, Z., Yang, J., & Yang, B. X. (2020). The experiences of health-care providers during the COVID-19 crisis in China: a qualitative study. *The Lancet Global Health, 8(6)*. https://doi.org/10.1016/S2214- 109X(20)30204-7

Mishra, A. (2012). The role of the Accredited Social Health Activists in effective health care delivery: evidence from a study in South Orissa. BMC Proceedings, 6(S1). https://doi.org/10.1186/1753-6561-6-s1-p1

Niyati, S., and Mandela, S. N, (2020), "Impact of the Pandemic on Accredited Social Health Activists (ASHA) in India," *Review of Agrarian Studies, 10(1)*. Available at http://ras.org.in/61365ac2c2e523ec464847dbf0cbf4a5

Prajitha, K. C., Rahul, A., Chintha, S., Soumya, G., Maheswari Suresh, M., NalinaKumariKesavan Nair, A., Valamparampil, M. J., Reghukumar, A., Venkitaraman, S., & Anish, T. S. N. (2021). Strategies and challenges in Kerala's response to the initial phase of COVID-19 pandemic: a qualitative descriptive study. BMJ Open, 11(7), e051410. https://doi.org/10.1136/bmjopen-2021-051410

Sanjay V, K., &Abhay B, M. (2014). Strengthening Primary Health Care through Asha Workers: A Novel Approach in India. *Primary Health Care: Open Access, 04*(01). https://doi.org/10.4172/2167-1079.1000149

Sarin, E., Sooden, A., Kole, S., & Lunsford, S. (2016). Identification of challenges and needs to improve community health workers performance: Narratives of accredited social health activists (ASHA) from two Indian districts. *Journal of Public Health in Developing Countries, 2(2).*

Scott, K., George, A. S., &Ved, R. R. (2019). Taking stock of 10 years of published research on the ASHA programme: examining India's national community health worker programme from a health systems perspective. *Health Research Policy and Systems, 17*(1). https://doi.org/10.1186/s12961-019-0427-0

Sharma, A., Malik, M., Baig, V. N., & Gupta, R. (2018). Empowering Accredited Social Health Activists (ASHA) with Health for Chronic Disease Surveillance in India. *RUHS Journal of Health Science*, *3*(4), 218. https://doi.org/10.37821/ruhsjhs.3.4.2018.218-223

Siddiqui, A. F., Wiederkehr, M., Rozanova, L., &Flahault, A. (2020). Situation of India in the COVID-19 Pandemic: India's Initial Pandemic Experience. *International Journal of Environmental Research and Public Health*, 17(23), 8994. https://doi.org/10.3390/ijerph17238994

Taksande, V. D., Ashtankar, P. A., Bansod, C. R., Bawane, A. V., Burchunde, P. S., Dudhe, D. V., &Gawande, M. D. (2021). To Assess the Job-Related Difficulties and Dissatisfaction of Asha Workers in Selected Rural Area. *Journal of Evolution of Medical and Dental Sciences, 10(2)*, 98–101. https://doi.org/10.14260/jemds/2021/20

Qiu, W., Rutherford, S., Mao, A., & Chu, C. (2017). The Pandemic and its Impacts. *Health, Culture and Society*, *9*, 1–11. https://doi.org/10.5195/hcs.2017.221

Adelaide Journal of Social Work (ISSN 2349-4123)
Volume: 8, Issue: 1, August 2021 pp.19-31

Journeying In and Out of Alcoholism

*Divya P **Sonny Jose

ABSTRACT

The World Health Organization (W.H.O.) estimates about two billion consumers of alcoholic beverages and 76.3 million individuals with diagnosable alcohol-use disorders worldwide. Furthermore, it has been found to seriously impact non-drinkers who live in the same society as the users. Alcohol consumption causes disease and disability and generates many serious socio-economic issues, financial instability, violence, child neglect and abuse, and absenteeism at the workplace. Without treatment, it can obliterate mental, physical and social wellbeing and can prompt the untimely demise of the heavy drinker and annihilation of the family. Empirical data suggests short-term effectiveness (1-2 years) of various treatment modalities making recovery from addiction is a lifelong process. Besides very little is known about the processes of recovery over time.

The gravity of the issue makes it imperative that we understand the individual story leading to alcohol addiction, aspects that contribute to alcohol addiction, the recovery process as well as the challenges in the journey towards sobriety. Besides, it become important to understand how individuals who had successfully recovery, remained sober in spite of other compulsions.

The study is a qualitative study and adapts a narrative approach. The five middle-aged participants were recruited from The Dale View Care Point, Trivandrum. They were purposefully selected from among those with a clinical diagnosis of Alcoholic Dependence Syndrome, and with a clear history of

** Resident Social Worker, Hindu Mahila Mandiram, Trivandrum, Email: divya1059@gmail.com*
*** Associate Professor in Social Work, Loyola College of Social Sciences, Trivandrum*

sobriety for at least three years and consistently attending the clinic and abiding by treatment protocols. The participants were subjected to in-depth interviews and group discussions using an interview guide. Permission was taken from The Dale View Care Point for approaching the participants and individual consent was taken verbally from all the respondents before the interview after briefing them about the purpose of the study.

It was noticed that the participants had family history, lived in difficult circumstances and were encouraged by reasons of culture and peer-pressure at younger age to take to alcohol. The success of the treatment lay in its comprehensiveness covering institutionalised care, after care and outreach services. Besides adjunct counselling for the individual and family, educating the patient and the family about the illness, its conditions, as well as the pivotal role of family and social support in recovery process involved the family. Even though the clients experienced difficulty in managing anger, a sense of hopelessness, anxiety about the future, 'uncertainty' regarding the financial condition of the family and a fear of relapse unconditional support from family to adhere to the treatment process as well as co-workers to prevent craving and shielding from trigger helped them to maintain sobriety.

Keywords: *Alcoholism, de-addiction, detoxification, recovery, sobriety*

INTRODUCTION

Alcohol the most widely consumed intoxicating substance in the world, very much part of Indian culture. Alcoholism is the cause behind accidents, crime, disease, poverty, domestic violence, and problems at workplace, loss of man-hours, and in relationships. The World Health Organization (W.H.O.) estimated that there are about two billion consumers of alcoholic beverages and 76.3 million people with diagnosable alcohol-use disorders worldwide. Furthermore, it has been found that this also seriously impact non-drinkers who live in the same society as the users. As a result, a lot of effort has been made to control the production and consumption of alcohol even though alcohol is considered lawful in most countries worldwide.

Indians traditionally drank toddy and other native brews, for cultural reasons and perhaps believing that its ability to relax the nerves. Today, consequent to media

coverage and advanced technology, people have got accustomed to consumption of more sophisticated drinks. Indian Made Foreign Liquor (IMFL), which was once considered to be the drink of sophisticated and the elites, has become easily accessible to the common man. But unfortunately, money that can otherwise be spent on productive, useful purposes, are utilized for man's slavery to this intoxicating substance. Alcohol, though used as a social lubricant, very often becomes the primary cause for human misery.

1.1 DETRIMENTAL EFFECTS OF ALCOHOLISM

The National Road Research Institute (India) estimates that a third of drivers on inter-city roads is under the influence of alcohol, and one-fourth of all major road accidents is alcohol related. Domestic and social violence, spousal as well as child abuse and neglect, have been associated with heavy drinking. The rate of suicidal deaths increased from 6.8 per 100,000 population to 9.9 per 100,000 population 'between' 1984-1994, and this has been estimated to be partly related to alcohol consumption in the country. Psychiatric morbidity surveys in general populations have reported the prevalence of alcohol dependence cases to be between 3.6 and 4.8 per thousand population. Approximately 4.5% of the Global Burden of Disease and injury is due to alcohol use.Liquor addiction is characterized in word reference as an ailment condition because of over-the-top utilization of mixed refreshments (NIMHANS, 2011).

Alcohol consumption causes risk factors for disease and disability and is associated with many serious socio-economic issues, including violence, child neglect and abuse, and absenteeism at the workplace. Without treatment, it can obliterate mental, physical and social wellbeing and can prompt the untimely demise of the heavy drinker and demolish the family. In a country where family is the essential unit of the general public, strength of the country is estimated as far as the well-being of its families. The connection between a liquor abuser and his family is unpredictable; relatives report encountering "blame", "disgrace", "outrage", "dread", "distress", "social isolation" and "confinement" because of a heavy drinker in the family.

1.2 SOBRIETY

Recovery from addiction is a lifelong process. While there is a large body of empirical data on the short-term effectiveness (1-2 years) of various treatment modalities, very little is known about the processes of recovery over time. Recovery from addiction, a chronic, relapse-prone disorder (Leshner, 1997), is a lifelong dynamic process. While we know a great deal about addiction, we know very little about recovery. The majority of studies conducted among substance abusers have follow-up periods ranging in length from 1 to 24 months - a short time relative to the lifelong challenges of recovery. Besides, recovery experience changes substantively over time and makes changing demands on the addicted person.(Laudet, 2002)

The support of peers, family and friends was also cited as an important factor in recovery, replicating findings from a handful of studies of long-term recovery. Considering that recovery is a dynamic process that makes changing demands over time in terms of coping strategies and it can thus be stressful for those involved. Social support has several benefits that may contribute to the recovery process over time.(Richard k & Susanne Hiller, 1999).

1.3STATEMENT OF THE PROBLEM

Alcoholism is one of the major public health problems in both developed and developing countries and impacts on various domains- psychological, medical, social, cultural and religious. The 32nd World Health Assembly declared that “problems related to alcohol, and particularly to its excessive consumption, rank among the world’s major public health problems, constituting serious hazards to human health, welfare and life”.

There is increasing realisation especially in the state of Kerala, where the investment in prevention and rehabilitation far outweighs the revenue from alcohol. Although the present LDF government reversed it, the policy of the UDF government putting restriction on availability of alcohol, restricting its supply to 5 star hostels and super-taxing the consumer was widely welcomed. Considering that moderation on the use of alcoholism and rehabilitation is of utmost priority, we need to look at how individual who were heavily addicted could journey back into sobriety.

Hence, it becomes imperative that we understand the individual story leading to alcohol addiction, describe key factors that contribute in the development of alcohol addiction, and finally, understand the factors that contribute to recovery process as well as challenge their journey towards sobriety. Besides it become important to understand the story of individuals who have successfully recovered and remained sober in spite of other compulsions.

Thus, this study attempts to understand and explore from its inception, the journey of people with Alcohol Dependence Syndrome towards sobriety. The study also attempts to throw light on the aspects of the factors aid abstinence as well as the manner in which they cope to remain sober.

1.4 SIGNIFICANCE OF THE STUDY

It is no surprise that Keralites have not reduce their drinking habit even during the COVID crisis, according to statistics. Records show that Keralites consumed liquor worth Rs 10,340 crore from April 2020 to January 2021. Even after bars remained closed for a long time during lockdown, liquor consumption did not go down. Malayalis had consumed Rs. 14,700 crore worth liquor during April 2019-March 2020 when there was no COVID threat. Under the shadow of the pandemic In 2019-2020, average monthly liquor consumption was Rs. 1,225 crore. This would show the extent of possibility of addiction.

Research shows that more than one-third of alcoholics recover within the first year. So, when it comes to what percentage of alcoholics recover, it's 36%. This percentage increases as recovering alcoholics maintain their sobriety or a low level of drinking (newdirectionforwomen, 2020). Statistics are pulled from research where former alcoholics/recovering alcoholics underwent treatment, indicate that recovering from alcohol addiction is not easy. Without treatment, it's much easier to relapse. NIAAA states that about 90% of alcoholics relapse at least once after addiction treatment over the course of four years.

So the study will help to throw light into the experience of person with alcohol dependence by unboxing the major milestones in this journey towards sobriety including the physical and psycho-social problems encountered because of ADS, challenges faced for remaining sober, and how did they cope with these challenge.

1.5 RESEARCH QUESTIONS

1. What is the story of their illness?
2. What were the aspects that supported the journey towards sobriety?
3. What were the challenges faced in the journey towards sobriety?
4. What was the role of support systems: family, friends and workplace in keeping the individual sober?
5. What were the coping strategies incorporated by the respondents?

METHODOLOGY

The study is a qualitative study and adapts a narrative approach. The participants for the study were recruited from The Dale View Care Point, Trivandrum. The five participants into their middle-age (above 45 years) were purposefully selected from among those with a clinical diagnosis of Alcoholic Dependence Syndrome, and with a clear history of sobriety for at least three years and consistently attending the clinic and abiding by treatment protocols. An interview guide was prepared in consultation with de-addiction experts and the respondents were subjected to in-depth interviews and group discussions to elicit stories regarding their journey towards sobriety.

ETHICAL CONSIDERATION

Permission was taken from The Dale View Care Point for approaching the participants. Informed consent was taken verbally from all the respondents before conducting the interview after communicating with them the purpose of the study and assuring that full confidentiality would be maintained besides informing them that the data collected would not be used for any other purpose other than this study.

RESULTS

1. There was a family history of parental use of alcohol, early use of alcohol owing easy access, cultural acceptance, besides peer pressure to consume alcohol.

2. The over dependence on alcohol affected the social functioning as well as financial stability rendering them incapable to balance personal family, social and organisational life. This created a vicious circle of alcoholism and poverty.

3. Dale View offered a comprehensive treatment which included institutionalised care, after care and outreach services. Proper screening using a tool - ASSIST- helped in making a proper assessment, based on which those with 'severe addiction' were admitted as inpatients and exposed to Pharmacotherapy and Detoxification Treatment. Counselling sessions are provided adjunct for the individual and family with focus on educating the patient and family about the illness, its conditions, as well as the pivotal role of family and social support in the client's recovery. After care include follow up sessions; besides tele-counselling as well as house visits undertaken by social workers to prevent relapse.

4. Central to treatment recover is the understanding the challenge of transitioning from a treatment facility back to normal life; hence, the essential crux to recovery is understanding the big difference between coping with problems in a controlled environment, versus coping in real life.

5. The clients faced many challenges; psychological distress was prevalent as they were unable to manage anger besides a 'sense of hopelessness'. They commonly experienced 'uncertainty' on the financial front. Besides the isolated themselves for the fear of relapse.

6. Social support was crucial for relapse prevention and sustainance of sobriety; friends located Dale View as a treatment centre; the family provided unconditional support to adhere to the treatment; the co-workers always helped them to prevent craving and shielded them from situations that triggered relapse.

7. The coping strategies incorporated by the respondents was generally avoidance; they took a break from work to limit access to money or even avoided work environment during the early recovery period to avoid peer-pressure. Besides some of them took to religion and spirituality as a distraction.

ANALYSIS AND DISCUSSION

4.1 "Reeling into alcoholism"

The five respondents invariably reported on a family history of alcoholism, where they had their father figure already alcohol dependant. This caused poor financial stability at home and created an atmosphere of disharmony at home. There were frequent fights among the parents which also created self-stigma within the family leading to problems in social relations. They also started consuming alcohol during their adolescence out of curiosity and perhaps abetted by peer pressure. Hence,

parental history of alcoholism, availability and access to alcohol, the local culture of social drinking coupled with peer pressure acted as predisposing factors.

Eventually, what they engaged in covertly became a habit in their adult life. There are indications that heavy drinking was started as a result of some life events that the individual was unable to cope with. Financial crises - personal, family or business - was common in all cases as a convenient reason 'to continue use of alcohol'. Other rationale that added to its complexity was the inability to resolve relationship issues and work pressure.

Once their alcoholism started to affect their social functioning and activities of daily living they gradually felt alienated. Their craving for alcohol and excess pressure on their finance led to their family members neglecting them as well as financial crises. The stress and easy access to alcohol may be cited clinically as perpetuating factors to alcohol dependence.\

So more like a vicious cycle the alcoholism that they engaged in casually eventually overtook their ability to control gradually and eventually affecting their social functioning. This precipitated chronic social issues - financial instability, conflict in their relations and negative impact on their social functioning. It was quite obvious that the cases are unable to handle stress, and so they escaped this situation by befriending alcohol.

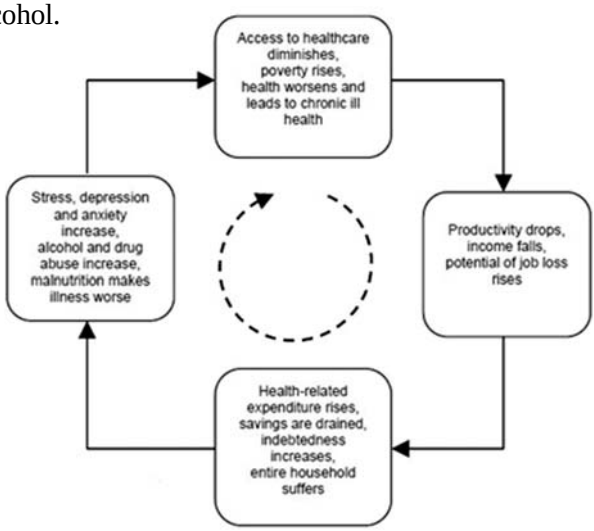


Fig. 1 Vicious circle of poverty and malnutrition (Source: Ghalib and Hossain, 2008)

4.2 "Treatment support in recovery"

The researcher observed in-depth and followed through with the treatment procedures at The Dale View Care Point, Trivandrum for its logic from the perspective of the user and the therapist, to contrast it from the regular treatment facilities available in Kerala. Dale View Care Point claims to be one among the premier institutions in Kerala providing drug abuse prevention as well as de-addiction services.

The treatment process is comprehensive as it includes institutionalised care, after care and outreach services. On admission the 'patient' is provided Institutional Care for a period of 31 days; this included *pre-treatment*, *case management* and *primary treatment*. The treatment and follow-up were custom-designed the severity of illness as assessed for each individual case. During the pre-treatment session the clients were screened using ASSIST- (Alcohol, Smoking and Substance Involvement Screening Test).

Based on the score, treatment was decided; if the client scored above 24-points, they were admitted (in-patient), while if it was below 24-points (rated as moderate), the client was given counselling and supported through out-patient services.Those who are admitted as in-patients were exposed to Pharmacotherapy and Detox (detoxification treatment). Detoxification was administered during the first 5 to 7 days; Quser and Thyamin were the major medicines using for detoxification. Following completion of detoxification and proper assessment, the client would be put on Antabuse drug; the drug used in Dale View was Disulfiram. Counselling sessions are provided adjunct for the individual and family; the focus of counselling is to provide the patient and more specifically the family a comprehensive picture about the illness, its conditions, as well as the role of family and social support as pivotal point to the client's recovery. Dale View also focuses on therapies and group sessions such as Motivation Enhancement Therapy and Music Therapy. Orientation to Alcohol Anonymous was provided during group sessions. After care include follow up sessions based on the follow up plans. Tele-counselling as well as house visits undertaken by social workers had a significant role in relapse prevention.

4.3 "Challenges in the journey towards recovery"

Transitioning from a treatment facility back to normal life is often more challenging than people realize. Consciously and progressively client need to be prepared to move from a highly structured, sheltered, and supportive environment back to basically the same environment where their drinking and drug use went out of control. What is the crux in the recovery is understanding the big difference between coping with problems in a controlled environment and coping in real life.

> "*… if I hear people advise me about not drinking again, its make me go crazy… why is everyone saying the same thing again and again?*" **- Case 1**

During the interview the respondents shared their host of experience regarding challenges they had to encounter post-treatment. All of them had to work through psychological distress; most were unable to manage their anger sometimes due to a sense of hopelessness. The individual may feel happy one minute, but then become irrationally angry over the slightest provocation.

> *"I was perennially afraid that the same problems in life will crop up as just before.*" **- Case 5**

And at the same time they were anxious about the future and the 'uncertainty' regarding the financial condition of the family. They also have a fear of relapse forcing them to isolate themselves from the social gathering so as to avoid alcohol craving. Financial instability is common for all cases, they were forced to quit their jobs for taking treatment it resulted in inability in meeting financial needs of family. Therein comes the role of social worker, to negotiate with the employer and peers at work, to eventually work a package so as to rehabilitate them back into the same challenging work environment.

4.4 "Social support in recovery"

All five participants guided by the Dale View Care Point Treatment regime were able to garner support of their family friends and workplace in their journey towards recovery. In the case of Case-1 and Case-3, the family played a significant role in the process of recovery and also it helped the individual to cope with the challenges of sobriety.

> "My wife and our children will always be there for everything, my brother pitched in to helped me to repay all the debts I had" - **Case 1**

> "My mom take leave to care for me; and whenever Manusree came home we went out together" - **Case 3**

The other three cases took to treatment thanks to the initiative of friends. Their friends located Dale View as a treatment centre, while the family provided staunch unconditional support to adhere to the treatment process. The co-workers always helped them to prevent craving and maintain sobriety by shielding them from situations that trigger the individual to take to alcohol again.

4.5 "Coping and maintaining sobriety"

As a proactive step, the respondents restricted access to alcohol by taking a break from their job or work environment during the early recovery period (first two months post-completion of institutionalised treatment). They opted not to work because access to money besides the peer-influence was most likely to induce craving for alcohol.

The coping strategies are closely connected with their family environment – the living conditions, life style, assertive behaviour pattern and beliefs. Avoiding situations and people who 'encouraged drinking' were reported by all five respondents. This included avoiding friends and social situations that encouraged drinking. Instead they engaged in a range of recreational activities frequently to keep their mind off alcohol.

> "*I rarely get out of home afraid that I would involve with the friends in my drinking circle…people started noticing that I was refraining from joining my old friendship circle"* - **Case 4**

> *"I spend more time with kids whenever I feel like getting drunk. Or do something else in the garden"*- **Case 1**

Mental distraction was a useful strategy found effective in maintaining sobriety. This is possible when the person recognized that he had a craving for alcohol, and he accepted it as normal; this motivated him to devise a plan to distract from cravings. Some of the respondents use prayer as a coping strategy to tide over the

situation; it left the individual more optimistic and hopeful about life as well as to reduce the anxiety about their future. This helped the individual to become more resilient to stress. Yet another strategy was sourcing support from Alcohol Anonymous group; the group provided the confidence to 'tide the situation' and lead a normal life. This peer group create positive impact in the recovery process.

CONCLUSION

The study unveils the trajectory of alcohol in the life of individual. The findings of the study indicates that all these persons have various pre disposition which lead them to alcohol addiction, others environmental factors make them more vulnerable to alcohol. The finding reveal that all of the respondents has get positive result from treatment and they were satisfy with their social and family relation after treatment. The challenges in sobriety is more severe than we think. The role of support system was evident in their crises during and after treatment. All these indicates the problems of alcoholism can effectively tackled with the treatment services of de addiction centres and positive approaches from the environment the person who live with. Untimely the study give an exposure to the specific events of the person who started his journey from addiction to recovery.

REFERENCES

Abhijit, N., & Hamid, D. (2013). The explanatory models and coping strategies for alcohol use. *Asian Journal of Psychiatry*.

anger in recovery. (2016). Retrieved from Archbold's Employee AssistanceProgram: https://archbold.org/uploads/groups/3/EAP-DFWP-Employee-Newsletter-Fall2016.pdf

Consumption of alcoholic beverages India 2016-2020. (2021, march 24). Retrieved from statista: https://www.statista.com/statistics/727026/consumption-of-alcoholic-beverages-india/#:~:text=Alcohol%20consumption%20in%20India%20amounted,growing%20urban%20population%20among% 20others

Ghosh A. (2016). Role of Family in Substance use Disorders . *Medical Journal of DY Patil University* .

Laudet, A. B. (2002). Pathways to long-term recovery: a preliminary investigation. *Journal of psychoactive drugs,, 34*(3), 305-311. doi: 10.1080/02791072.2002.10399968

Leshner, A. (1997). Addiction is a brain disease, and it matters. *Science, 3*(278), 45-7. doi:10.1126/science.278.5335.45.

NIMHANS. (2011). *implication of publication and policy in india* . Retrieved from National Insitutute of Mental Health and Neuroscience .

Richard k, F., & Susanne Hiller, S. (1999). Alcoholism Treatment in the United States. *Alcohol research amd Health* , 69-77 .

WHO. (2021). *Management of Substance Abuse: Dependence Syndrome*. Retrieved from Who.int: https://www.who.int/substance_abuse/terminology/definition1/en/

Adelaide Journal of Social Work (ISSN 2349-4123)
Volume: 8, Issue: 1, August 2021 pp.32-48

Effectiveness of a Life Skills Program among Adolescents in Rural Bengaluru: A single arm pre-post Interventional study

*Liyana Joseph **Carolin George *** Gift Norman

ABSTRACT

Adolescence is a stage of conversion, a phase filled with queries related to identity and life. Storm and stress as coined by G. Stanley Hall (1904) is very common during this period. It is a time of emotional turbulence and confusions. Life skills training play a vital role in helping the adolescents to develop a positive behaviour that aids in meeting the demands of day to day life. It will also assist them to stabilize emotionally and socially.

Hence this study aimed at assessing the effectiveness of life skill training in reducing stress and in improving the emotional intelligence of adolescents in rural Bangalore.A single arm Pre-Post interventional study was used. Data was collected through self administered scales. Adolescents attending grades 6 to 8 of 2 schools from Rural Bangalore (n=38) who participated in summer camp were selected for the study. Continuous data such as age is presented in Mean±SD. Non- parametric data were tested with Wilcoxon sign rank test. Parametric data scoring scale is tested with paired T test. Categorical paired variables are compared using cross tabs. A p value<0.05 is considered statistically significant.

A significance of <0.001 was shown in scale DASS 21, SDQ, WLEIS and SSEIT as compared to the baseline to post and follow up post tests.

**Assistant Professor, School of Social Work Roshni Nilaya, Mangalore, Email: liyana@sswroshni.in*

***Consultant, Community Health and Family Medicine, Bangalore Baptist Hospital, Bengaluru*

****Head of the Department, Community Health and Family Medicine, Bangalore Baptist hospital, Bengaluru.*

The intervention on Life Skill training has assisted the adolescents in acquiring potential to reduce stress and improve their emotional intelligence. These training programs are recommended on a regular basis to improve school mental health.

Keywords: Life Skills, Adolescents,Stress,Coping, Emotional Intelligence

INTRODUCTION

Adolescence is a period of transformation from childhood to adulthood where they undergo major cognitive, emotional, social and behavioral changes. Hence UNICEF considers it as a phase which needs special attention and protection(UNICEF,2011). There is increased stress, reduced coping and decreased emotional quotient, which may lead to trouble in interpersonal relationships, mental health problems and communication difficulties. On an average, peer interaction and discipline stressors were rated significantly higher than academic and teacher interaction stressors (Bauwens J & Haurcade,J.J.,2010). G.S.Hall's (1904) view that adolescence is a period of heightened storm and stress. Key aspects of this view: conflict with parents, mood disruptions and risk behaviour. In all 3 areas evidence supports a modified storm and stress view that takes into account individual differences and cultural variations (Arnett J.J. 1999).

In recent, the rate of depression, anxiety and suicides has increased among adolescents. According to WHO suicide rates reported in 2009, India ranks 43rd descending order. The rates of suicide have greatly increased among youth, and youth are now the group at highest risk in one-third of the developed and developing countries (WHO, 2016).The World Health Organization (WHO) as a part of School mental Health program has recommended Life Skill education and training.

Life skills play an important role in promoting the mental health of an individual. Specific emotional, cognitive, behavioral and resilience skills play a vital part in ensuring an adolescent's personal and social success. Likewise, psycho-social skills allow individuals to recognize, interact, influence and relate to others in different environments. Children and adolescents with psycho social skills have positive mental health and well-being. (Langford,B. H., Badeau ,S. H., & Legters, L. 2015).

Life skills has been identified as an essential resource for developing psycho social, emotional, cognitive, behavioral and resilience skills to negotiate every day challenges and productive involvement in the community. (WHO, *2016*)

It was understood that there was lack of training on Life Skills in the Rural Government Schools and it was also observed that adolescents responded adversely to stress with reduced emotional quotient. Hence, with this background, the current study intended to develop emotional intelligence and positive coping to stress through Life Skill Training for the adolescent students of Rural Bangalore where School Mental health programs are not widely conducted. Thus, as a part of improving life skill and health awareness in villages, we developed a concept of producing health champions in schools through forming school health clubs in rural Bangalore. Through this concept students are trained to respond to emergency situation in their own villages where health care facilities are far at reach. So, these adolescent students will become a mode in spreading health awareness to their parents, siblings, relatives and neighbors in their own villages. And for this to be processed Life skill training becomes very necessary for the adolescent students to develop the capacity to understand others and themselves and to develop positive communication, decision making and self esteem. Hence, a summer camp was organized for 6 consecutive days where students from 2 Government schools were involved. Training on first Aid during falls, snake bites, burns and accidents along with awareness on chronic illnesses were given to the students. For a student to become a champion, life skills are more essential, hence we facilitated life skill training. A pre and post test was conducted on these students before and after the training and a follow up post test was conducted after 2 months from the initial training program. So the current study was conducted to assess the effectiveness of Life Skills in reducing Stress and improving emotional intelligence among the adolescents in Rural schools of Bengaluru.

MATERIALS AND METHODS

A single arm pre-post interventional study was conducted in two government school. An ethical clearance was obtained from the Bangalore Baptist Hospital Institutional Review Board (IRB).

An ethical approval was obtained from the schools and permission was received from the Block Educational Officer before the initiation of the study. The intention

of this study was discussed with the institutional heads for due consent. A Government Aided high School and a Government Higher Primary school was selected for the study. The study population constituted of students between the age group of 12 to 14 years. The study design used was a Single arm Pre-post interventional study. The study was conducted during a summer camp that was organized for the students of both the school. A pre test was administered on Stress, coping and Emotional Intelligence, a post test was administered after 6 days of intervention training program on Life Skills and a follow up Post test was administered after 2 months from the initial life skill training program.

The Depression Anxiety Stress Scale-21(Dass21): Dass21 is used to determine the prevalence of stress among the adolescents, the students version of self-report strength and difficulties questionnaire (SDQ) was used to assess the psychological status of the respondents over the prior 6 months. (Waghachavare Vivek B, Chavan V M,Dhumale G B,Gore A D,2013)

Dass -21, The Depression, Anxiety and the Stress Scale-21 consists of 21 questionnaire divided into three self report scales of Depression, Anxiety and stress which are organized to measure the emotional conditions of an individual. Each scale comprises of 7 questions.

As the study focus is measuring the stress among adolescents, only the stress scale is administered in order to reduce the number of questions and to be more specific. The stress scale is sensitive to assess the difficulty in nervous arousal, relaxing and state of upset/agitation/irritability, whether over-reactive and impatient. Each variable in the scale has 4-points that is normal, mild, moderate and severe to know the degree of stress the respondents are undergoing. The scores on DASS 21 will be multiplied by 2 to calculate the final score.

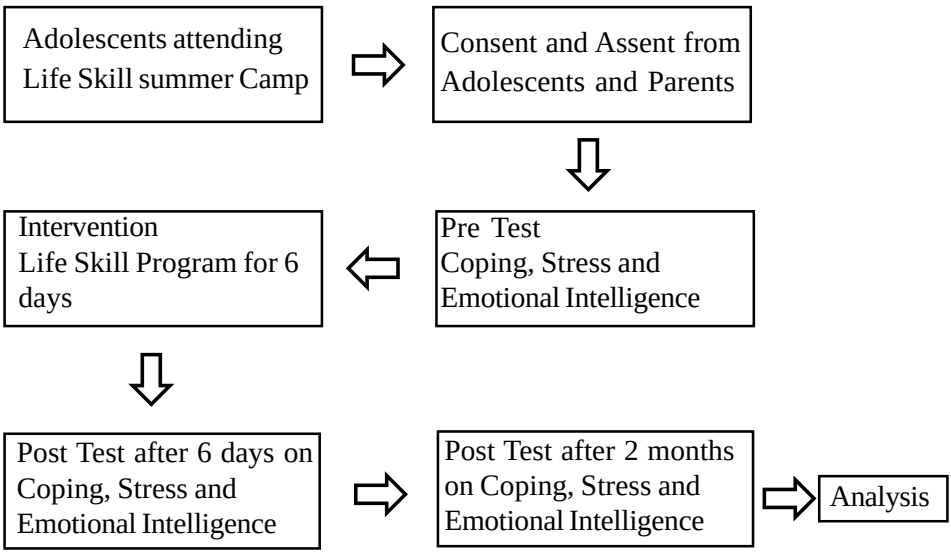
Strength and deficiency questionnaire (SDQ) to identify the coping strategies i.e, whether they internalize or externalize or have a pro-social coping. The SDQ contains 25 items (psychological attribute) divided between 5 scales with 5 items each: emotional, conduct , hyperactivity/inattention, peer relationship, and pro-social dimension. Each item is scored on a 3-point scale(0=normal, 1=borderline, 2=abnormal) so each of the five subscales has a range of 0 to 10. The total score on the first four subscales is used as the measure of overall level of difficulty

(range 0-40, with higher scores representing greater difficulty). The score on last scale (pro-social behavior) measures the level of strengths, with higher scores representing better psychological health. (Linlin Zhou, Juan Fan, Yasong Du,2012)

Wong and Law Emotional Intelligence Scale (WLEIS): This was designed by Chi-sum-Wong and Kenneth S. Law and it is used to identify the Self Emotional Appraisal, others emotional appraisal, to know the regulation of emotions and the use of emotions of adolescents(Wan Shahrazad Wan Sulaiman & Mohd Zainuddin Mohd Noor,2015).

The Schutte Self Report Emotional intelligence Test (SSEIT): It is used to measure the emotional intelligence developed by Schutte et al.(1998). This scale is based on Salovey and Mayers(1990) original model of emotional intelligence. This test connects to 3 aspects of Emotional Intelligence, appraisal and expression of emotion, regulation of emotion and utilization of emotion (Nicola S. Schutte, John M.Malauff & Navjot Bhullar,2008).

An informed consent from the parents/guardians and an assent from adolescents was taken and all the adolescent students who participated in the summer camp were included in the study. The students were briefed about the purpose of the study, the instructions and clarifications were given as needed. A life skill training program was held for 6 continuous days with each session lasting for 40 to 60 minutes. There were 2 to 3 sessions on life skills per day which was done by using various techniques like storytelling, role plays, power point presentations, demonstrations, Video visuals, debriefing, simulation, games, group activities and brainstorming sessions. The intervention modules addressed emotional management and anger management, stressors like peer pressure and academics, self esteem, assertiveness in communication, empathy and resistance to child sexual abuse. Group discussions were facilitated after each session. Pre test was administered on 38 students who were the participants in the summer camp but the post test was given to 34 students who regularly underwent the life skill training on all the 6 days. Pre test was conducted to assess the stress, coping and emotional intelligence of the adolescents, which was followed by the post test after the interventional life skill training program. After 2 months of the initial training a follow up post test was administered on the same students in their respective schools with a focus group discussion for which 32 students participated.



DATA ANALYSIS AND INTERPRETATION

The data was entered in Microsoft Excel (2013). The results are presented in a tabulated form. The statistical analysis was done by using the Statistical Package for Social Sciences (SPSS) version 16 for continuous data such as age is presented in Mean±SD. Categorical data such as gender, parents education, parents marital status, pre coping scores are presented as numbers and percentages. Non-parametric data such as different scoring scale were tested with Wilcoxon sign rank test. Parametric data like prosocial scale in SDQ scoring scale is tested with paired T test. Categorical paired variables is compared using crosstabs.A p value<0.05 is considered statistically significant.

RESULTS

The pre test was given for all the 38 students but 4 students dropped out during the post test after 6 days and 6 students dropped out for the follow up post test which was administered after 2 months. Hence socio demographic data of all the 38 students were taken whereas for the further analysis n=34 were considered for first post test and n=32 for the follow up post test.

As per the socio demographic profile of the respondents represented in table 1, the mean age of the respondents was Mean±SD 12.87 with a std. Deviation ±0.623. Only one parent was alive for few children. Almost one fourth of fathers had primary education and 3(7.9) are illiterates.

Table 1.Socio-demographic profile

Gender	Female	25(65.8)
Parents marital status	Male	13(34.2)
	Married and together	36(94.7)
	One or both dead	2(5.3)
Fathers Education	Graduate	1(2.6)
	Illiterate	3(7.9)
	Primary	7(18.4)
	Secondary	27(71.1)
Mothers education	Graduate	2(5.3)
	illiterate	3(7.9)
	Primary	3(7.9)
	secondary	30(78.9)
Age	Mean	Std. deviation
	12.87	.623

Table 2 and 3 shows the possible association of stress (DASS 21) before and after the intervention (Life Skill Program).The pre test for Stress (DASS 21) showed 6 adolescents with severe stress, out of which 3(50%) became normal, 1(16.6) showed mild and 1(16.6) showed moderate stress during the post test. 11 adolescents showed moderate stress during the pre test and all the 11(100) returned normal after the interventional life skill training program in the post test. A majority of 13 adolescent students showed Mild stress during pretest, out of which 11(84.6) became normal during the post test.

A follow up post test was conducted after 2 months from the initial Life Skill Training program which showed a (100%) normal stress level among adolescents. The adolescents who were in Mild, moderate, and severe were turned to normal after 2 months from the initiation of the Life skill program.

Table 2&3.Cross Table for DASS 21

Table 2		POST DASS SCORE (Pre-post)			
PRE DASS-SCORE		NORMAL	MILD	MODERATE	SEVERE
	NORMAL	3(75)	0	1(25)	0
	MILD	11(84.6)	0	2(15.3)	0
	MODERATE	11(100)	0	0	0
	SEVERE	3(50)	1(16.6)	1(16.6)	1(16.6)

Table 3		POST DASS SCORE (Pre-follow up post)			
PRE DASS-SCORE		NORMAL	MILD	MODERATE	SEVERE
	NORMAL	5(100)	0	0	0
	MILD	12(100)	0	0	0
	MODERATE	9(100)	0	0	0
	SEVERE	6(100)	0	0	0

Table 4 represents the baseline data (Pre test) of SDQ scale, which highlights the emotional problems, conduct problems, hyperactivity,peer problems and prosocial. It was found that a majority of 79.0 adolescents worry a lot and half of the adolescents (50.0) felt that they easily lose confidence and become nervous in new situations. More than half (55.3) of adolescents experience many fears and they are easily scared, hence undergoing emotional problems. A majority of 94.7 adolescents expressed that they easily get angry and lose their temper. Around 47.3 said that they fight a lot thus indicating conduct issues. More than half (52.7) of the adolescents felt that they are restless and they cannot stay still for long. A majority of 84.2 felt that they constantly fidget and squirm and more than half (57.9) felt that they are easily distracted and they find it difficult to concentrate hence showing hyperactivity.

The data of of Post test and the follow up post test of SDQ scale is highlighted in Table 5

Table 4.Baseline Data (Pre test); SDQ

Domains		Frequency		
		Not true	Somewhat True	Certainly true
Emotional problems	I get a lot of headaches, stomach-aches or sickness	17 (44.7)	16(42.1)	5(13.2)
	I worry a lot	8(21.1)	24(63.2)	6(15.8)
	I am often unhappy, down-hearted or tearful	19(50.0)	11(28.9)	8(21.1)
	I am nervous in new situations. I easily lose confidence	5(13.2)	18(47.4)	15(39.5)
	I have many fears, I am easily scared	17(44.7)	16(42.1)	5(13.2)
Conduct problems	I get very angry and often lose my temper	2(5.3)	22(57.9)	14(36.8)
	I usually do as I am told	3(7.9)	10(26.3)	25(65.8)
	I fight a lot. I can make other people do what I want	20(52.6)	11(28.9)	7(18.4)
	I am often accused of lying or cheating	23(60.5)	11(28.9)	4(10.5)
	I take things that are not mine from home, school or elsewhere	33(86.8)	4(10.5)	1(2.6)
Hyperactivity	I am restless, I cannot stay still for long	18(47.4)	18(47.4)	2(5.3)
	I am constantly fidgeting or squirming	6(15.8)	14(36.8)	18(47.4)
	I am easily distracted, I find it difficult to concentrate	16(42.1)	19(50.0)	3(7.9)
	I think before I do things I finish the work I'm doing.	1(2.6)	4(10.5)	33(86.8)
	My attention is good		3(7.9)	35(92.1)
Peer problems	I am usually on my own. I generally play alone or keep to myself	29(76.3)	4(10.5)	5(13.2)
	I have one good friend or more		4(10.5)	34(89.5)
	Other people of my age generally like me	1(2.6)	6(15.8)	31(81.6)

	Other children or young people pick on me or bully me	22(57.9)	13(34.2)	3(7.9)
	I get on better with adults than with people my own age	4(10.5)	10(26.3)	24(63.2)
Pro Social	I try to be nice to other people. I care about their feelings		4(10.5)	34(89.5)
	I usually share with others (food, games, pens etc.)	1(2.6)	8(21.1)	29(76.3)
	I am helpful if someone is hurt, upset or feeling ill	3(7.9)	8(21.1)	27(71.1)
	I am kind to younger children	1(2.6)	3(7.9)	34(89.5)
	I often volunteer to help others (parents, teachers, children)	1(2.6)	7(18.4)	30(78.9)

Table 5 highlights the Values for Different scales like SDQ, Strength and Difficulty questionnaire, DASS 21, Wongs Emotional Intelligence Scale and Scutts Emotional Intelligence Scale.

The SDQ measured the Pre, Post and the follow up post test for emotional problems, conduct problems, hyperactivity, pro social and peer problems of adolescents.

The post and the follow up post showed a significance P-value of less than 0.05, which indicates that there was a positive change in emotions, conduct and hyperactivity after the life skill training program.Internalizing, externalizing and difficulties also showed a significance P-value of <0.001.

The rate of stress (on a scale of 1 to 10) among adolescents decreased when compared to the baseline after the intervention Life Skill program and it showed a significance of <0.001 during the post and the follow up post test.Dass 21 scale for stress showed a significance P-value of <0.001 in the first Post and the follow up post test administered after 2 months. Thus indicates that the stress level had come to normal after the intervention.Wong's and Law Emotional Intelligence Scale measured the self emotional appraisal, regulation of emotion, use of emotions and others emotional appraisal which showed a median value of 3(3) in pre test and 2(3) in the post test and the follow up post test conducted after 2 months showed a median value of 10(9) with a significance of <0.001.

The Schutte Self Report Emotional Intelligence Test also showed a significance of <0.001 between the pre, post and the follow post tests with the pre test median value 6(2.25), post test value2(2.25) and the follow up post test value 1.50(3).Thus indicating an improvement in the Emotional Intelligence of adolescents after the (intervention) Life Skill Training Program.

Table 5.Values for Different Scales

Scales	Domains	Baseline Median (IQR) (n=34)	After 6 days Median (IQR) (n=34	P-Value	Baseline Median (IQR) (n=32)	After 2 month (follow up) (n=32)	P-value
Coping, Strength and Deficiency scale (SDQ)	Emotional problems	4(5)	1(3)	0.001	4(3)	1(3)	0.001
	Conduct	4(3)	1(1.25)	0.001	3.5(3)	0(1)	0.001
	Hyperactivity	3(2)	1.5(1)	0.001	3(2)	1(2)	0.001
	Peer problems	3(2)	1(2)	0.001	3(2)	2(0)	0.041
	Externalising	12(2)	3(3)	0.001	12(1)	2(3)	0.001
	Internalising	10(1.25)	3(3.25)	0.001	10.01(1)	3(3)	0.001
	Difficulties	22(3.25)	5(5.5)	0.001	22(2)	6(6)	0.001
	Pro social	8.7(1.2)	7.7(0.41)	0.001	9(1.107)	9.75(0.916)	0.001
Rate of Stress	Rate	5(5)	1(2)	0.001	5(5)	1(2)	0.001
DASS 21 for Stress	Dass 21	9.5(4)	3(5.25)	0.001	10(4)	2(2)	0.001
WLEIS	Wongs	3(3)	2(3)	0.001	3(2)	10(9)	0.001
SSEIT	Scutts	6(2.25)	2(2.25)	0.001	6(3)	1.50(3)	0.001

Coping Strategies:The baseline data of coping strategies used by the adolescents shows that a majority of 64.7% talk to someone to overcome stress,55.9% said that they think of a solution,35% prays. 10 adolescents showed negative coping strategies like isolation and argumentation, among which 4 turned to implement positive coping to stress after the intervention.

DISCUSSION

Adolescence is like a path between childhood and adulthood, a critical phase in the life of a human being where there is a struggle between independence and dependence. It is a phase of conflicts with parents, where they try to make concrete decisions, fights to solve problems in life with queries about future, career and identity.The growth and moulding of adolescents also depend on their psycho social environment. All these can lead to an increased rate of stress; as a result adolescents can also develop negative coping mechanisms to stress.Adolescents may also undergo emotional problems, conduct problems and troubles with peers/ peer pressure. It is also a period in which there is difficulty in identifying and understanding their own emotions and that of others.Life Skill training helps the adolescents to deal with the problems of day to day life by improving their emotional intelligence, developing skills to manage emotions, anger, stress and to implement better coping strategies.All these will aid the adolescent to lead a satisfactory life with improved thinking and communication, better understanding of oneself and others which will help in reducing conflicts, to stabilize and manage relationships.Life skill training is very important for rural adolescents because of varied psycho social issues and lack of exposure to such training programs.

The study conducted in the rural Bangalore for the adolescent students revealed that the Life Skill intervention training program has significantly decreased the level of stress compared to the baseline test to post 6 days after the intervention.The post test after 2 months from the initial training showed (100%) Normal level of stress among adolescents. The rate of stress also showed a significant drop from the baseline to the follow up post test. This uncovers that during the 2 months after the intervention program adolescents tried to improve their understanding without over reacting to stress or anger but rather tried to calm down and think.It also signifies a positive modification in their behaviour.

The present result is supported by the study published in the Journal of Indian association for Child and Adolescent Mental Health on “Effectiveness of Life Skill training program on stress among adolescents at school setting” says that, a post one month follow up after the life skill intervention program showed , the mean stress (MSQ) reduced to 116(14) from the baseline 133(23). The findings

were statistically significant($p<0.05$).Also after the intervention program many adolescents reported this program had helped them to effectively deal with stress, reduced their academic difficulties, improve their understandings with peer and parents and they learnt how to be confident(Roy, K., Kamath,V.G., Kamath,A., Hegde,A., Alex,J., & Ashok, L,2016).

It was also revealed that there is a significant decrease in worry and fear with an improvement in the level of confidence which shows decreased emotional problems. Significant reduction in anger and improved patience was seen among adolescents which represents better conduct and there was also an significant improvement in concentration with minimized distraction after the the life skill intervention program during the follow up post test compared to the baseline pre test.

A study conducted by Bharath Shrikala, KV Kishore Kumar says according to their self-report, the students in the program(life skill) in comparison to those not in the program were significantly better adjusted to the school and teachers; opined that they were capable of coping with issues with better self esteem (Bharath et al 2010).

The emotional appraisal, regulation of emotions, use of emotions and others appraisal showed a significant increase compared to the baseline study to the first post test to post test after 2 months. This signifies that the adolescents are showing an improved emotional intelligence after the intervention program on life skills and they are able to empathize with others and are becoming aware of their own emotions. It can be pointed out that life skill training has the greatest impact on the evaluation and express emotion (45 percent), and then it has impact on emotion utilization (32 percent) and emotional regulation (26 percent)(Shwetha B.C,2015).

The results of the study depicts that Life Skill training increases Emotional maturity and stress resilience among the students who participated in the Life Skill training class (Shwetha B.C,2015).

A study conducted by Pooja Yadav & Naved Iqbal in 2009 on the impact of Life skills training on self esteem, adjustment and empathy among adolescents.The empathy of the respondents was measured using the empathy quotient by Cohen and Wheelwright (2004).There was a significant variation in the level of empathy

among the adolescents earlier and after the life skill training. 40.71 was the mean score obtained by the respondent before the training and 54.26 after the training program. This signifies that the respondents had an higher score in the dimensions of empathy (Pooja Yadav and Naved Iqbal,2009).

A study on Impact of Life Skill Intervention training on Emotional Intelligence of college adolescents between the 18-20 years of age was conducted by Tarun Deep Kaur in 2011.Sevenfold Emotional Intelligence scale was used for measuring. Comparison between the pre test and the post test showed relatively higher scores in the post test with a significance of 0.001 which reveals that there is an improvement in the emotional intelligence of the adolescents(TarunDeep Kaur,2011).

A focus group discussion was conducted after 2 months from the initial training program. Majority of students were of the opinion that Life Skill program helped them to understand their own emotions and of others. Over the period of two months it helped them to cultivate positive ways of managing stress and anger. They tried not over react to stressful situations and anger. This helped to improve their communication with their parents and siblings. The students could gain new skills or approaches which could help them in future. The students also suggested having Life Skill program on a regular basis at their schools. Such initiatives provide the adolescent with a wide range of alternative and creative ways of problem solving. Repeated practice of these skills leads to certain mastery and application of such skills to real life situation and gain control over the situation. It is a promotional program, which improves the positive mental health and self esteem (WHO programme on Mental Health: Life Skills in schools, 1997) (Bharath Srikala,KV Kishore Kumar,2010)

Life skills education should be imparted over an extended period of time. It has been found that such continuity has been able to create better impact. Studies have shown benefits of life skills programs in terms of reducing smoking, alcohol and drug abuse, promotion of intelligence and improved academic performance, improved school attendance and improved student teacher relationship, improvement in self-esteem, self- image, self- confidence, self-efficacy and better social and emotional adjustment (Sekar K, Parthasarathy R, Muralidhar D, 2011)

CONCLUSION

Mental health promotional training programs are very essential for adolescents. Life skill education plays a vital role in promotion of mental health. Life skill training will help an individual to prepare and lead a satisfactory life. It improves their potential to think critically, to make decisions and increase their self esteem. They will be better in handling their emotions, stress and anger which in turn will help them understand and express the feelings of themselves and to be empathetic to others resulting in maintaining a meaningful relationship. Through this understanding of life skills adolescents would become more empathetic to recognize the pain and suffering and be useful in their respective villages by helping people in need, as they are also trained to give First aid on emergency situation and creating awareness about health.

It was also suggested that learning of life skills might contribute to the utilization of appropriate health services by young people (WHO,Life Skill Education in Schools,1997).

REFERENCES

Arnett J.J.& ArnettJ.J.,(1999).V.American Psychologist, Adolescent storm and stress reconsidered 54(5), 317-326. https://www.ncbi.nlm.nih.gov

Bauwens,J.,& Haurcade, J.J.,(1992). Appraisal of school-based stressors by fourth grade children- A mixed method approach Scientific Research an academic publisher.Creative Education (2010).Vol.1,No.3,196-201 Copyright © SciRes

Bharath Srikala, KV Kishore Kumar.,(2010). Empowering Adolescents with life skills education in schools- School mental health program: does it work? Indian journal of Psychiatry; | Volume : 52 | Issue : 4 | Page : 344-349 http:// www.indianjpsychiatry.org

K.Sekar, R. Parthasarathy, D.Muralidhar;First edition(2007). Handbook of Psychiatric Social Work. NIMHANS publication No.65.

Langford, B. H., Badeau , S. H., & Legters, L.,(2015). Investing to improve the well-being of vulnerable youth and young adults: Recommendations for policy and practice.Retrieved from http://www.ytfg.org/2015/12/wellbeing/ . [Google Scholar]

Lazarus RS.,(1993). Coping theory and research: past, present, and future. Psychosomatic Med 55(3):234–247

Linlin Zhou, Juan Fan, Yasong Du,(2012).Cross-sectional study on the relationship between life events and mental health of secondary school students in Shanghai, China. Shanghai Archives of Psychiatry24;3:162-17

Nicola S. Schutte, John M.Malauff & Navjot Bhullar (2008). The assessing Emotions Scale. Springer Publishing https://www.researchgate.net/publication/216626162_The_Assessing_Emotions_Scale

Pooja Yadav and Naved Iqbal.,(2009).Impact of Life Skill Training on Self-esteem, Adjustment and Empathy among Adolescents. Journal of the Indian Academy of Applied Psychology, 35, 61-70.

Roy, K., Kamath, V. G., Kamath, A., Hegde, A., Alex, J., & Ashok, L. (2016). Effectiveness of life skill training program on stress among adolescents at a school setting. Journal of Indian Association for Child and Adolescent Mental Health, 12(4), 309-322.

Saikia, Jinamoni, Anshu and Mathur, Anjali.,(2015).A study on emotional intelligence of adolescents. Adv. Res. J. Soc. Sci., 6 (1) : 1-8.

Samata Srivastava1, Dr. J. P. Singh2, Dr. Om Prakash Srivastava1(2014). Stress and coping style of urban and rural adolescents. International Journal of Technical Research and Applications;5:217-220

Savoji, A. P., & Ganji, K.,(2013). Increasing mental health of university students through life skills training (LST). *Procedia-Social and Behavioral Sciences, 84*, 1255–1259.doi:10.1016/j.sbspro.2013.06.739 [Crossref], [Google Scholar]

Shwetha B.C.,(2015) The role of Life skill training in developing emotional maturity and stress resilience among adolescence., The International journal of Indian Psychology. http://ijip.in

TarunDeep Kaur.,(2011).A study of Impact of Life Skills Intervention Training on Emotional Intelligence of College adolescents; Indian journal of Psychological science, V-2(2) (112-125ISSN-09769218)

The state of world's children.,(2011), adolescent mental health: An urgent challenge for investigation and investment .

www.unicef.org/sowc2011/pdfs/SOWC-2011-Main-Report-chapter-2_12082010.pdf (accessed on 19/3/2019)

Waghachavare Vivek B, Chavan V M, Dhumale G B, Gore A D(2013). A cross sectional study of stress among junior college students in a rural area of sangli district of Maharashtra. Innovative Journal of Medical and Health Science 294 - 297.

Wan Shahrazad Wan Sulaiman & Mohd Zainuddin Mohd Noor. (2015). Examining the psychometric properties of the Wong and Law Emotional Intelligence Scale (WLEIS); Journal of social sciences and humanities. Special Issue 2 081-090, ISSN:1823-884x

WHO.,(2016)Adolescent health www.who.int/maternal_child_adolescent/topics/adolescence/dev/en (accessed 19/3/2019).

WHO.(2016). *Adolescents: Health risks and solutions*. Retrieved from http://www.who.int/mediacentre/factsheets/fs345/en/[Google Scholar]

WHO (1997). programme on Mental Health:Life Skills in schools.WHO/MNH/PSF/93.7A Rev.2.Geneva:WHO, Division of Mental Health and Prevention of Substance Abuse;

WHO(1997). Life Skill Education in Schools,WHO programme on Mental Health.

Adelaide Journal of Social Work (ISSN 2349-4123)
Volume: 8, Issue: 1, August 2021 pp.49-61

An Analysis on the Impact of the DeenDayal Upadhyaya Grameen Kaushalya Yojana (DDU-GKY) in Ernakulum District, Kerala

* Srikanth A **Subathra V

ABSTRACT

Skill development needs new directions to grab the human capital specially to grab the young population to the full extent. India is one among the very few countries that enjoy a faster rate of growth of the working age group population than the rate of growth of its population as a whole. Effective utilization of this resource will boost the economy and this demographic dividend can contribute much to economic growth. As we know, the central and state government gives considerable importance to youth empowerment through various skill development programs and several other poverty alleviation, livelihood and sustainable development measures. As a part of this, the country launched many schemes and policies for the youth empowerment in recent years. Currently, the schemes which focus on youngsters especially in the form of providing skill development are much significant today. Based on this, the level of development attained by various communities in social development are high in India. So, this research gives importance to the impact of skill development programs attained by the youth population in Kerala through DeenDayal Upadhyaya Grameen Kaushalya Yojana (DDU-GKY). The study is based on both primary and secondary data analysis. The study found limited prevalence of the selected employability skills among youth in Ernakulum district, Kerala.

Keywords: *Training, Beneficiary, Income, Employment, DDUGKY*

PhD Scholar, Govt. Arts & Science College, Perambalur, Affiliated to Bharathidasan University, Email: srikanth87.ss@gmail.com
Principal, Sri Malolan College of Arts & Science, Chengalpattu, Tamil Nadu.

INTRODUCTION

India is one among the very few countries that enjoy a faster rate of growth of working age group population, while a number of countries are experiencing ageing of their population. This demographic phenomenon gives India a distinct advantage of becoming a source of skilled workforce, especially for those countries that are witnessing ageing and hence have an increasingly lower proportion of their population to support the economic activities being undertaken locally. However, India's formally skilled workforce (4.69%) is dismally low compared to countries such as China (47%), Japan (80%), South Korea (96%), Germany (75%), and United Kingdom (68%). Thus, our ability to take advantage of this demographic advantage is limited by our ability to skill our existing and the new entrants to our workforce. Further, India also faces the challenge of supplying its own industries with skilled manpower to fuel the economic growth as planned. Current studies indicate that net enrolment in vocational courses in India is about 5.5 million per year compared to 90 million in China and 11.3 million in the United States (US). A mere 2 per cent of Indian workers are formally skilled. Recognizing this aspect, the Government of India (GOI) put in place a National Policy for Skill Development in 2009. Subsequently, the National Policy for Skill Development and Entrepreneurship 2015 (National Skill Development Corporation, 2021) came into effect. The primary objective of this policy is to meet the challenge of skilling at scale with speed, standard (quality), and sustainability. The 12th Five Year Plan document (Planning Commission, 2013) clearly states that there is an urgent need for mainstream skill formation in the formal education system, and at the same time for innovative approaches for the skill creation outside the formal education system (Tara, 2016).

The Government of India has set an ambitious target for providing skill training to 500 million of its youth by 2022, which is in line with the estimated demand for skilled manpower over the next decade. As per the 2011 Census, India has 55 million potential workers between the ages of 15 and 35 years in rural areas. At the same time, many industrialized nations are facing a problem of population ageing. Some of these countries are expected to face a cumulative shortage of 57 million workers by 2020. These numbers represent a historic opportunity for India to transform its demographic surplus into a demographic dividend.

DEENDAYAL UPADHYAYA GRAMEEN KAUSHALYA YOJANA (DDU-GKY)

DeenDayal Upadhyaya Grameen Kaushalya Yojana (DDU-GKY), the skill training and placement program of the Ministry of Rural Development (MoRD) and Kerala State (Kudumbashree) occupies a unique position amongst other skill training programmes, due to its focus on the rural poor youth and its emphasis on sustainable employment through the prominence and incentives given to post-placement tracking, retention and career progression. Even as India moves towards becoming an international skills hub, there is a need to acknowledge the challenges preventing the rural poor from taking advantage of this. DDU-GKY is therefore designed to not only provide high quality skill training opportunities to the rural poor, but also to establish a larger ecosystem that supports trained candidates to secure a better future.

The target group for DDU-GKY is poor rural youth in the age group of 15-35. However, the upper-age limit for women candidates, and candidates belonging to Particularly Vulnerable Tribal Groups (PVTGs), Persons with Disabilities (PwDs), Transgender and other Special Groups like rehabilitated bonded labour, victims of trafficking, manual scavengers, trans-genders, HIV positive persons, etc shall be 45 years. As the beneficiaries of DDUGKY are a vulnerable group of the society, thus the current study focused on the impact of DDUGKY on beneficiaries of Ernakulam district, Kerala (Kudumbashree, 2020).

REVIEW OF LITERATURE

An evaluation study assessed the progress and performance of TRYSEM. The study made an attempt to analyse the socio-economic condition of the beneficiaries, employment status, and impact of the scheme on employment generation, and TRYSEM and poverty alleviation. It suggests that beneficiary selection, financial support, well qualified trainers and priority should be given to traditional and modern activities to generate more employment (Kadrolkar, 2005)

An article reviewed the current state of vocational training models of the emerging economies. Based on the secondary data analysis the study found that India faces difficulty to fill up jobs due to a shortage of applicants with the right skills and knowledge. So, there is a huge scope of generating a skilled workforce in the country and utilizing the demographic dividend. The branding activities and active involvement support public private partnership ensure a better support of skilled workforce as opined by Sharma & Nagendra (2016).

How to potentially develop vital employability skills through campus life analysed an article of Kaushal (2016). The essay stresses the role of academia in filling this gap by acting as facilitators in a three-step process i.e., awareness, self-analysis, and acquisition. The study opined the combination of both employability skills along with an engineering degree should ensure students meet the high expectations of the employers.

Various skill development programmes such as DDU GKY, PMKVY, and PMMY, etc have been initiated in India. In an article of (Ravikumar2018), who made an attempt to understand the need and achievements of all these skill development programmes. The study further analysed the challenges faced by the same field associated with geographical setup, infrastructure, mobilization and the issues on skill mismatches, importance of public private partnership. The researcher opined to focus on the non-technical skills for the effective implementation of skill development programmes in the country.

OBJECTIVES

- To analyse the impact of the training programmeDeenDayal Upadhyaya Grameen Kaushalya Yojana (DDUGKY) among beneficiaries in Ernakulum district of Kerala.

METHODOLOGY

The exploratory study has been analysed through both primary and secondary sources of resources. Primary data has been collected through simple random sampling of 90 beneficiaries from Ernakulum district, Kerala. The secondary data was collected from various sources like official web of kudumbashree, report of the census 2011, Yojana, Kurukshetra and Economic review 2019. The statistical tools like tables, simple percentage, chi-square test, and Friedman mean rank analysis and correlation analysis have been employed to extract results from the proposed study.

DATA ANALYSIS

India's transition to a knowledge-based economy requires a new generation of educated and skilled people. Its competitive edge will be determined by its people's ability to create, share, and use knowledge effectively. A knowledge economy

requires India to develop workers—knowledge workers and knowledge technologists—who are flexible and analytical, and who can be the driving force for innovation and growth. In a globalised economy, a large pool of skilled workers is indispensable for attracting industrial investment including foreign direct investment. Developing skilled workers enhances the efficiency and flexibility of the labour market; reduces skills bottlenecks, enables absorption of skilled workers more easily into the economy, and improves their job mobility (Tara, 2016).

In the initial part, the study examines the impact of the training programme among the DDUGKY beneficiaries in Ernakulum district. In any training, there are some sorts of knowledge or satisfaction they will receive out of it. The overall impact will be measured from their responses related to four major impacts of training received. The study measured the impact by taking the factors such as; reaction to the training programme, skill acquisition, behavioural changes and effect of training. To evaluate each impact, six statements have been structured. In the second part of the analysis, I took an overview on the monthly income and correlation with income and impact of traininghas been discussed with concluding remarks.

REACTION TO THE TRAINING PROGRAMME

General reaction to the training programme by the beneficiaries is important from an analysis point of view. To identify the significant factor which influences reaction to training has been analysed through Friedman mean rank analysis, which found significant (Chi-Square value = 69.685, P value<0.05) in the study. No significant difference in standard deviation is established. According to Friedman analysis, the highly significant factor which influences the reaction to training as identified as 'training activities helps to achieve career objectives. The descriptive is 4.64 indicating it has been done among beneficiaries through training. Further training helps them to change their outlook towards positively (Mean = 4.67). With regard to improving skills and competencies, the training helped to upgrade (Mean = 4.61). The beneficiaries admitting that the Content of the training course has practical application and adds value to their job (Mean = 4.54). It further helps to socialize well with other employees. The least significant factor which influences reaction to training as identified by Friedman mean rank is the actual training given and the real working environment are entirely different. The descriptive value is 4.06, stating it was true in the real experience of the beneficiaries (Table 1).

Table 1

Reaction to the Training Programme

Statements	Fried Man Ranks	Descriptive		Test Statistics	
		Mean Deviation	Std.	Test Value (Sig)	P Value
Training activities helps me to achieve my career objective.	3.91	4.64	0.587	**69.685 (Chi-square)**	**0.000**
Training influences one's outlook towards work positively	3.88	4.67	0.474		
Training helped to upgrade my skills and competencies.	3.73	4.61	0.49		
Content of the training course has practical application and adds value to my job.	3.58	4.54	0.544		
Training aids me to socialize well with other employees.	3.49	4.51	0.566		
Actual training given and the real working environment are entirely different.	2.42	4.06	0.755		

Source: Primary Data

SKILL ACQUISITION

Skill acquisition out of training is an inevitable objective of training. To identify the significant factor which influences skill acquisition of the beneficiaries has been analysed through Friedman mean rank analysis, which found significant (Chi-Square value = 31.519, P value<0.05) in the study. The mean value received for each statement is greater than 4 indicating good skill acquisitions out of training among the beneficiaries. There found no significant difference in standard deviation. According to Friedman analysis, the highly significant factor which influences the skill acquisition out of training as identified as the development in life skill and soft skill, the descriptive will be 4.63 indicating it has developed among beneficiaries through training. Moreover, the training helps to enhance their oral and written skills of the beneficiaries positively (Mean = 4.6). It further opens an avenue to

acquire new skills and technologies (Mean = 4.58). Training paves the way for reducing one dependency on others (Mean = 4.34). Beneficiaries admitting that training has contributed towards value addition to their functional abilities at work effectively (Mean = 4.42). The least significant factor which influences skill acquisition as identified by Friedman mean rank is the support given to update according to the rapid change in technologies and working ambiance. The descriptive value is 4.28, stating the positive impact of the training (Table 2).

Table 2

Skill Acquisition

Statements	**Fried Man Ranks**	**Descriptive**		**Test Statistics**	
		Mean Deviation	**Std.**	**Test Value (Sig)**	**P Value**
Training helps me to develop soft skills and life skills.	3.89	4.63	0.55	**31.519 (Chi-square)**	**0.000**
Training helped me to enhance my oral and written skills.	3.84	4.6	0.614		
Training helps me to acquire new skills and technologies.	3.69	4.58	0.54		
Training paves the way for reducing one dependency on others.	3.33	4.34	0.85		
Training has contributed towards value addition to my functional abilities.	3.22	4.42	0.497		
Training helps me to update according to the rapid change in technologies and working ambiance.	3.03	4.28	0.75		

Source: Primary Data

BEHAVIOURAL CHANGES

Behavioural changes are one of the great positive impacts of any training. To identify the significant factor which influences behavioural changes of the beneficiaries has been analysed through Friedman mean rank analysis, which found significant (Chi-Square value = 31.12, P value<0.05) in the study. According to the

descriptive, the mean value received for the statements would be greater than 4 indicating good behavioural changes happened out of training among the beneficiaries. The standard deviation is again found insignificant. According to Friedman analysis, the highly significant factor which influences the behavioural changes out of training is identified as improvements in self confidence among them. The descriptive is 4.6 indicating it has developed among beneficiaries through training. Further the Training helps to bring about a change in the attitude and behaviour (Mean = 4.52). Another change happened with regard to the attitude of the beneficiaries and which helps to produce amazing results in their career (Mean = 4.41). They are admitting that the methods of training given are correct and yield end result (Mean = 4.37) and also helps to maintain work life balance (Mean = 4.28). The least significant factor which influences behavioural changes as identified by Friedman mean rank has the training support to reduce complaints and grievances (Mean = 4.27) (Table 3).

Table 3
Behavioural Changes

Statements	**Fried Man Ranks**	**Descriptive**		**Test Statistics**	
		Mean Deviation	**Std.**	**Test Value (Sig)**	**P Value**
Training given increases my self-confidence and helps me to handle stress in the working condition.	4.01	4.6	0.577	**31.12 (Chi-square)**	**0.000**
Training helps to bring about a change in the attitude and behavior.	3.76	4.52	0.565		
Training programme changed my attitude and produced amazing results in my career.	3.51	4.41	0.634		
I feel the methods of training given are correct and yield the end result.	3.46	4.37	0.71		
Training helps to maintain work life balance.	3.22	4.28	0.75		
Training reduces the rate of complaints and grievances.	3.06	4.27	0.614		

Source: Primary Data

EFFECT OF TRAINING

The effect of training among the beneficiaries is analysed. To identify the significant factor which influences the effect of training by the beneficiaries analysed through Friedman mean rank analysis, which found significant (Chi-Square value = 11.108, P value<0.05) in the study. The mean value received for all the statements is greater than 4 indicating a good effect of training created among the beneficiaries. There found further no significant difference in standard deviation. According to Friedman analyses, the highly significant factor which determines the effect of training is its support to do job effectively and efficiently, the descriptive is 4.53 indicating the effect developed among beneficiaries through training. The beneficiaries are satisfied with the method and quality of training received (Mean = 4.46). Further the training enables them to perform the job faster and minimize the errors at work places (Mean = 4.41). They are admitting that the training enhances productivity, customer satisfaction and effective leadership (Mean = 4.39) and also evident that it normalizes the rate of retention (Mean = 4.36). The least significant factor which influences the effect of training as identified by Friedman mean rank would be the effect of bottlenecks and deadlines can be met through training. The descriptive value is 4.36, stating that the beneficiaries are able to handle such environments (Table 4).

Table 4

Effect of Training

Statements	**Fried Man Ranks**	**Descriptive**		**Test Statistics**	
		Mean Deviation	**Std.**	**Test Value (Sig)**	**P Value**
Training given helps me to do my job effectively and efficiently.	3.83	4.53	0.584	**11.108 (Chi-square)**	**0.049**
Satisfied with the method and quality of training.	3.65	4.46	0.584		
Training enables to perform the job faster and minimize errors.	3.47	4.41	0.538		

I think training enhances productivity, customer satisfaction and effective leadership.	3.45	4.39	0.648		
Training normalizes the rate of retention.	3.3	4.36	0.567		
Bottlenecks and deadlines can be met through training.	3.29	4.36	0.587		

Source: Primary Data

MONTHLY INCOME

The second part discusses the monthly income status of the beneficiaries and its relation with impact of the training programme. Monthly income is classified on the basis of mean and standard deviation. Study found highest per cent of the beneficiariesbelongs to the income slab of 5931.07 - 7488.89 Rs/- per month. Around 34 per cent of the beneficiaries belong to the next slab of 7488.90 - 9046.72 Rs/- per month. As the highest monthly income 9046.73+Rs/- is secured by only around 11 per cent of the beneficiaries. It is evident from the analysis that majority beneficiaries are placed into below minimum income slab after attaining training at DDUGKY (Table 5).

Table 5

Monthly Income

Category	**Frequency**	**Percent**
<= 5931.06	4	4.4
5931.07 - 7488.89	45	50
7488.90 - 9046.72	31	34.4
9046.73+	10	11.1
Total	90	100

Source: primary data

RELATION BETWEEN IMPACT OF THE TRAINING AND MONTHLY INCOME OF THE BENEFICIARIES

As we see the impact of the training programme and monthly income of the beneficiaries who are placed by the agency after successfully completing their training. The inter relationship between the two has been done. Table 6 clearly depicts statistics related to the same analysis. Study identified a close positive inter relationship between various dimensions of impact of the training. The general impact of the training programme has no influence on Monthly income of the beneficiariesexcept 'reaction to the training'. Study concludes, there is no impact created by the training DDUGKY on the beneficiaries in terms of personal changes as well as in their employability.

Table 6

Correlation analysis

Skills	particulars	reaction to the training programme	skill acquisition	behavioral changes	effect of training	income monthly
reaction to the training programme	Pearson Correlation	1	.398**	.534**	.427**	.250*
	Sig. (2-tailed)	**NA**	**0.000**	**0.000**	**0.000**	**0.017**
skill acquisition	Pearson Correlation	.398**	1	.586**	.363**	0.076
	Sig. (2-tailed)	**0.000**	**NA**	**0.000**	**0.000**	**0.475**
behavioral changes	Pearson Correlation	.534**	.586**	1	.652**	0.165
	Sig. (2-tailed)	**0.000**	**0.000**	**NA**	**0.000**	**0.12**
effect of training	Pearson Correlation	.427**	.363**	.652**	1	0.153
	Sig. (2-tailed)	**0.000**	**0.000**	**0.000**	**NA**	**0.149**
income monthly	Pearson Correlation	.250*	0.076	0.165	0.153	1
	Sig. (2-tailed)	**0.017**	**0.475**	**0.12**	**0.149**	**NA**

Source: Primary Data

CONCLUSION

Kerala hadIndia's highest graduate unemployment rate at over 30 per cent. Unemployment grew faster for illiterates than for literates. The unemployment rate was significantly higher among females than as compared to males. On a close watch it is seen that most of them belong to one of the following groups.

a) Some possess qualifications but have no skill.

b) Some of them possess skill but have no certificate.

c) Some of them possess both certificates and skills but are not aware of the opportunities around them.

The solution is to develop their skills and enhance employability. It is not possible to provide government jobs to all the educated unemployed persons. So it is the social indebtedness of the government to make the unemployed educated youth to equip them to exploit other opportunities available within the country and abroad. In order to face the challenge, the ongoing programmes for skill development and employment generation are able to equip the youth for finding better opportunities. People often say that the key to success is to be in the right place at the right time. It is even more important to show up in the right place at the right time with the right skills.

In this analytical study on the effectiveness of skill development programme among the beneficiaries of DDUGKY recognized the impact on the training among beneficiaries is good. But the monthly income of the beneficiaries after placing training found below average. Effectiveness of skill training must help youth to increase employability skills and lead a comfortable life with sufficient income. Thus, in effect the training couldn't create the desired effect on the income of the youth who undergone training. However, the beneficiaries remarked positively towards the impact of the training. The study was more concerned about association between effects of training on the monthly income, but no significant development has been found. The study observed the training is limited to provide better employment with reasonable monthly income to youth who undergone training under DeenDayalUpadyaya Grameen Kaushalya Yojana (DDU-GKY).

REFERENCES

Kadrolkar , V. M. (2005). *An Evaluation of TRYSEM in the eradication of rural unemployment in Karnataka: A case study of Belgium district.* Tumkur: Karnataka University.

Kaushal, U. (December 2016). Empowering Engineering students through Employability Skills. *Higher Learning research Communications,* Volume 6, Number 4, 1-15, www.researchgate.net

Ministry of Skill Development and Entrepreneurship (2021). Retrieved from http://www.msde.gov.in

National Skill Development Corporation (2021). Retrieved from http://www.nsdc.org

Planning Commission (2013). *Five Year Plan.* New Delhi: Govt of India. http://planningcommission.nic.in

Ravikumar (July 2018). Skill Development in India - Present scenario and challenges. *International Journal & Social science Studies (IJHSSS)*, Volume-V, Issue-1, 27-35, http://Ijhsss.com

S. Nayana Tara, N. S. (2016). Skill development in India: In conversation with S. Ramadorai, Chairman, National Skill Development Agency & National Skill Development Corporation; former CEO, MD and Vice Chairman, Tata Consultancy Services. *IIMB Management Review*, 1-9.

Sharma, L., &Nagendra, A. (December 2016). Skill Development in India: Challenges and Opportunities.*Indian Journal of Science and technology*, Volume 9, (48), 1-8, www.indjst.org

State Poverty Eradication Mission (2020). Retrieved from www.kudumbashree.org

Adelaide Journal of Social Work (ISSN 2349-4123)
Volume: 8, Issue: 1, August 2021 pp.62-76

'Humanity Behind Bars: A Study on Human Rights Issues among Female Inmates in Central Jail, Guwahati'

* Akangshya Bordoloi

ABSTRACT

The Indian Constitution guarantees human rights to all, through the Fundamental rights, duties and the Directive Principles of State Policy that is enshrined in Part III and IV of the Constitution (Assam Tribune 2017; Model Prison Manual 2016; Government of Assam 2013; Ministry of Information 2017). But one fails to see its proper implementation in the daily lives of people and more so in the case of incarcerated women as they bear the double paradox of society, i.e first of being a woman, and being the sole upholder of customs and traditions of the family and society and thus, not proficient enough to commit any wrongdoings and second of being a criminal who are supposedly not even considered to be human beings, worthy of any kinds of rights or benefits (Davis 2003; Sarma and Lyngdoh 2014)

This study is an attempt to critically analyse the perception of the people against women who are behind the bars. It aims to understand the general misconception among people who considers that prisoners are sent to prison as a punishment and not for the punishment thereby, trying to understand prisons as 'correctional institutions' where inmates are given an additional opportunity to lead their life in a dignified manner on their release (Thappan 1997; Prison Voice 2015; Report of North-East Network 2009;Model Prison Manual 2016)

Keywords: *Human rights, Patriarchy, Indian Constitution, Female inmates*

* *Akangshya Bordoloi, Research Scholar and Tutor, Maynooth University, Ireland, Email: akangshyabordoloi@gmail.com*

INTRODUCTION

The various social communities of the world differ in their customs and traditions and in the way in which they regulate their everyday lives. But the one factor which is universal in its approach and cuts across all sections of society is the subjugation and domination experienced by women due to patriarchal ideologies. The degree and approach of an experience may differ, but each woman of the world has experienced patriarchal boundaries at least once in their lifetimes (Paras 2017; Visvak 2017).

The United Nations General Assembly adopted a declaration on 10th December 1948, known as the Universal Declaration of Human Rights (UDHR) in Paris after the Second World War. It was the first global expression of human rights that all human beings are 'naturally' entitled to simply because they are born as human beings. While drafting the Constitution, the makers of the Indian Constitution accommodated most of the principles of UDHR, thereby, guarantying basic human rights for all (Universal Declaration of Human Rights 2017).

But contradictions are witnessed when one critically analyses the ground realities as people are distinctly divided into numerous groups and sub-groups where some are entitled to enjoy greater benefits in life in comparison to others (Global Stories 2017; New Media Wing 2017). The prevailing discourse surrounding the concept of incarcerated women could be discussed along the following categories:

GLOBALISATION AND CRIME RATES AMONG WOMEN

Increasing impact of Globalisation mostly from the western countries has led to greater awareness among the women of the society about their rights and their socio-economic stronghold in the present scenario. Moreover, with increasing knowledge and wider perspectives through better educational facilities, women are now more able to voice out their opinions in a stronger and more carefree manner (Deb 2016).

They are also found to resist any form of patriarchal dominations or injustices meted against them in a more powerful and obvious manner which earlier uneducated and dependent women would otherwise silently suffer through. Thus, a very strong connection is seen to be present between increasing impact of

Globalisation on the everyday lives of women and the ever-increasing crime rates among the women of the society. Therefore, special kind of medical attention is required for incarcerated women as they have a history of physical abuse, due to dominant forms of patriarchy in society and to relieve them of this everyday abuse and stress, women are found to excessively utilize various forms of intoxicants which may be very harmful for their health as they use them as an excuse or a getaway and thereby, do not have any proper form of the amount of dosage in use. (Heitfield, Simon 2002; Cheney 2010)

A 'NATURAL' NEED FOR SOCIAL SETTING

Human beings are found to always coexist in a social setting as they are the pioneers of social constructions; it therefore then becomes very difficult to survive in isolation. So, in confinement, they tend to be attracted towards the same sexnot necessarily because of their homosexual preferences.Thus, one would witness the existence of 'fake or make-believe' families within the prison walls where the one who would have a more dominative personality would assume the role of the husband, the one who would be looking after or caring for the dominant one would be the wife and likewise along with the children of the inmates, one would clearly see a definite social structure forming behind the darkness of the prison walls. This however does not necessary imply that they would have no ties with the outside world as investigations prove that they would maintain both of their relations in a very effective manner. (Struckman 2002; Iqbal 2017)

LEGAL GUARANTEES OF HUMAN RIGHTS

The Indian Constitution has incorporated a huge portion of the proposals of the UDHR in its attempt to guarantee all its citizens the basic human, political and civil rights that they as human beings deserve. Questions then arises on the part of the officials in fulfilling their duty to effectively implement the prescribed norms as otherwise they would just be mere words written in a document and would not hold any kind of significance that it is entitled to(Mishra 2011 and NEN Report 2009)

PRISONS AS 'CORRECTIONAL INSTITUTIONS'

Prisons are legally recognised to be 'correctional institutions' where people are given an additional opportunity to enrich their skills so that they are able to lead

their life in a dignified manner once they have completed their sentence. But the general masses do not identify themselves with this phenomenon and is of the notion that criminals should not be human beings, worthy of any kind of benefits and must be completely shunned from the society. The situation then becomes graver for incarcerated women as they are often out casted and 'shamed' by the community members. Sometimes certain situations also arises when the family of the accused woman are asked to leave the society or abandon the one in question in the pretext of bringing about shame and bad influence on the remaining individuals. (Mishra 2011;Fickenscher et.al 2001).

THE CONCEPT OF 'OPEN JAILS'

Different forms of studies conducted by various voluntary researchers and governmental organisations have proved that inmates who can reside with their families inside definite boundaries but letting them continue to fend for their families through definite prescribed occupations, show greater level of sincerity and zeal to mend their earlier corrupt ways. The inmates are found to have lower level of depression and suicide rates which is otherwise found to be very common among the inmates and are found to be happier and more self-sufficient in comparison to others who live their life in isolation behind the silence of the high dark walls. Although, the studies have been conducted among only the men inmates, the diagnosis can easily be extended towards the female inmates as they are more prone towards managing the household and other related activities. (Jain 2017 and Visvak 2017)

The study is an initiative to understand the varied forms of human rights violations and the possible reproduction of the rigid structures of society inside the prison bars, which are some constitutionally defined, and others morally dictated thereby, negating any possibility of bringing alternative ideologies against the established notion. Moreover, the study is to understand the conditions of incarcerated women of North-East in general and Guwahati and try to form a trend or a link between the causes behind a particular crime and its implications in the lives of the accused (Model Prison Manual 2016; Kumari 2009)

METHODOLOGY

Before going into the details of the methodology adopted in the study, I would like to paint a picture of the field site to familiarise with the geography. The Central Jail, Guwahati wasearlier located in Fancy Bazaar area but was shifted towards Lokhora, Sarusajai when it was upgraded on 30th April 2012.The older structure of the jail had a capacity of 500 inmates whereas the present structure has double the capacity. Spread over 28 acres the Central Jail was constructed with a capacity for 1000 inmates of which 900 are for male and 100 for female. However, the current capacity of inmates has been quite overstretched.

Inside the jail there are 5 buildings that have 8 to 10 barracks where the inmates are lodged. It also consists of a 45-bedded hospital with x-ray facility and a laboratory. The hospital is supported by 2 doctors, a pharmacist, a nurse, a radiographer, and a lab-technician.There are a total of 31 jails all over the state of Assam and from which 6 are Central Jails, spread across the area. Several personal by the police department and officials of a battalion equipped with firearms, are deployed to guard the boundary of the jail. Meanwhile, there are 46 warders apart from the clerical staff that keep an eye on the inmates. The 46 warders work on two different shifts (day and evening) and carry out the process of head count besides ensuring the smooth functioning of any activity within the jail premises. As reported the Central Jail will soon be equipped with a rainwater harvesting system due to acute-water shortages, especially during the dry spell of the year. Currently, the jail is dependent on two bore-wells.

Since my approach is qualitative in nature, the research design used by me during the study is exploratory. This is because there is a lot of literature on prisoners and violations inside bars but very little is known about incarcerated women in Guwahati and North-East in general. The prisoners are generally found to be very frustrated and dejected for being inside the shadowed walls of the jail premises, and in addition if the basic facilities or rights that they are entitled to are not provided, it further burdens them and makes them even more disheartened. My research objective could thus, be listed as follows:

- To understand the living conditions of female prisoners in Central Jail, Guwahati.

- To analyse, as to what degree the ground realities align with the legal prescribed provisions.

Through the system of purposive sampling, I created certain subdivisions that can be listed as follows-

- Convicted female prisoners under rigorous imprisonment for severe crime.
- Convicted female prisoners under simple imprisonment for informal crime.
- Under trail female prisoners who do not have a child.
- Under trial female prisoners who have a child (both inside and outside the jail premises).

According to collected data, all the prisoners in Central Jail are above 18 years of age and during the day of my interview there were 4 convicts and 14 under trials in the female section. From them I selected 3 convicts and 4 under trials as respondents for my interview. Within the selected respondents, I further subdivided them so that I would have a varied understanding of the different forms of experiences of different sections of people.The various tools that were used to collect information for my research were mostly informal group discussions, non-participant observation and secondary sources. This was done after a pilot survey before leaving for data collection in the field. As my data was sensitive, it was secured in a password protected folder in my laptop with no other duplicates. For analysis, traditional techniques of qualitative analysis were used that included manual colour coding and theoretical interpretation.

Since it is a very sensitive issue, backed by legal authorization, I had to overcome various hurdles to get desired information. Getting permission to access the jail premises from several high officials, getting desired information from various officials, conducting the interviews within the limited number of permitted days, to name a few of the many difficulties that I had to unravel. Moreover, the inmates who were sentenced under corruption charges were not allowed to be interviewed and I could interview the inmates under the supervision of an official the justification being a possible attempt to escape from prison or become violent taking the researcher as a hostage.

FINDINGS

Since, the objective of the study was to assess the ground realities of the female inmates residing in Central Jail, Guwahati, the following data portrays the gaps that is present between what is promised and what is delivered.

BACKGROUND

As per the data that it is found that in the year of 2015, there were 7 officially recorded deaths among female inmates from which 6 were convicted inmates and 1 was under trial. Likewise, in 2016, there were 3 recorded deaths, within convicted inmates. The reason cited by the prison doctor behind the deaths was common diseases like cancer, gallbladder, and liver malfunction, among others. As per official documents, most of the female inmates were charged under section 302 Indian Penal Code (IPC) and section 376 (IPC) which defined to be murder, kidnapping, theft and dacoity. The population of female inmates inside the jail premises constitutes most women belonging from various tribal areas of North-East and only 2 women belonged from the state of Assam.

DAILY ROUTINE

Table 1 The daily routine of both male and female inmates

TIME	DUTIES
4-5 am	Wake up call
5 am	Head Count after which they are allowed to roam free within the premises.
6 am	Breakfast (Black tea, 2 Dry roti and Jaggery)
6-7am	Yoga (not compulsory)
7-9 am	Daily classes (not compulsory)
9-10 am	Medical check-up (if required)
10 am onwards (can be consumed anytime)	Lunch (Rice, mostly boiled vegetables, 1 day fish/egg/chicken per week)
11 pm	Court Proceedings (as per requirements)
2-3 pm	Tea and Biscuits
4 pm	Dinner (same)
9 pm	Lights out

ACCOMMODATION OF FEMALE INMATES

The two-storied concrete structure is constructed within the main enclosure of the jail premises and is segregated from the greater male area by two consecutive locked doors, guarded continuously by a female personnel. The inmates are further separated as per the crime that one commits. The rooms are large, clean, and airy and since only a few inmates were present during the day of my visit to the enclosures, I could observe around 5 to 6 inmates per room, living quite comfortably as they had sufficient space for themselves. Each floor also had a veranda in front.

The floor was tiled, and each enclosure had their own attached bathrooms which had an Indian styled commode and a small space for bath. There is one television in each dormitory where Doordarshan is available, and each room had 5 to 6 light and fan connections. The windows however were covered with black sheets, the justification being, to prevent suicide among the inmates. Enough fresh air and natural light was available from outside but since, the cells are locked during the night-time, it sometimes becomes suffocating. They have a very small field at the front where the inmates can only play indoor games like ludo or carom. The authorities feel that they do not 'require' a bigger field as women are usually not 'interested' in outdoor sports.

FOOD, CLOTHING AND BEDDING

There was only one kitchen for all the inmates. Since, it was located within the area of male inmates; food is cooked by them and served daily to the female inmates. In addition to the routine menu, a canteen is available inside the jail premises where simple items like biscuits, samosa or kachori are sold to the inmates at a very low price. Pregnant women or women with children are provided with special attention to maintain their health. Items like Bourn-vita, barley or *sattu* mixture on a regular basis is provided by the authorities.At the time of admission, each inmate is provided with three blankets, one bedding, one mosquito net, one aluminium plate and glass for their daily requirements. The inmates are not provided with beds, to reduce the possibility of suicides from hanging from the ceiling fan. One large mirror was available on the ground floor which was utilised by all.

The convicts are supposed to receive two sets of clothes, ie, white saree for females per year but, they do not receive and so they must sustain themselves with the clothes provided by their family members. The under-trial inmates use their own clothes as law do not prescribe for the provision of any clothes for them. The female inmates are also allowed to possess items for beautification as an initiative to cure depressive measures.

HEALTH CARE

Adequate health care facilities are not available as there is a very little stock of necessary medicines and there is no provision of any ambulance facility to take them to Guwahati Medical College Hospital (GMCH) if serious medical attention is required. Moreover, the post of female doctor that is compulsory for attending the female inmates has been vacant for quite some time. Women with special medical requirements, pregnant women or women with children are provided with necessary health care services. Every inmate is provided with required units of sanitary napkins each month. Adequate hygienic methods are also followed for their proper disposal. In order, to maintain one's personal hygiene, each inmate is encouraged to keep themselves and their surroundings clean by utilising items such as washing powder, phenyl, or soap in a periodic manner.

WORK

The convicted under rigorous imprisonment is entitled to work daily. For the females, the government provides for a '*tat xal'* (traditional assamese weaving machine) and other required materials for production. Other inmates are not entitled to work. For their production they receive a wage of Rs 75 for skilled workers and Rs. 55 for unskilled workers. Their work is often sold in the market area or sometimes auctioned off and the amount that they receive is directly deposited in their bank accounts. But, since only the convicts can work, one could witness a huge wastage of labour as most of the inmates sit idle. They too feel very bored of the long hours and desire to work or play but non-availability of a bigger field and facility other than handicraft clearly dampens their spirit.

EDUCATION, RECREATION, INTERVIEW AND COMMUNICATION

Since, the primary goal of the law is to remove illiteracy; only primary level of education is accessible. Facilities for higher education is made available by institutions like Indira Gandhi National Open University (IGNOU) and K.K Handique state open university, but was availed only by the men inmates as the females 'do not show much interest' in pursuing higher learning. A daily newspaper in the regional language is provided but since majority of them hail from tribal belts of the region; they cannot procure the daily events as they cannot understand the language. Moreover, the books available in the library are very old and are in the regional language, thereby; making it difficult to gain any form of knowledge if one desires so.

All the festivals are celebrated with equal enthusiasm and vigour as one can within the limited facilities available inside the premises. On such occasions all the inmates are provided with special food items and can enjoy the festival with the male inmates but under strict supervision. The female inmates can communicate with their family members, friends, or legal personals within the visiting area, where they would be separated by a wired or plastic glass partition. There are no official visiting hours or days as the inmates can communicate on all the days of the week, but the administrative officials usually prefer it to be after the court proceedings and before evening time as it then favours their regulations.

SOCIAL RELATION AND REHABILITATION

The missionary sisters visit the female inmates on every Sunday and on Christian festivals to conduct masses or other activities and try to relieve them of their depressive and frustrated state of living within the dark prison walls. Adequate service from various kinds of organisations who empower destitute women or other state funded associations are made available, if required after the release. As the children of the incarcerated women are not allowed to live with their mothers after 6 years of age, proper orphanage centres or other alternate measures are also devised if the family of the inmate do not wish to accept the child and the mother.

OTHER FORMS OF VIOLATIONS

There were no official records of any forms of violent violations among the inmates but through the discussions, the researcher came to record of occasional spurts of verbal conflicts between the inmates. They do not get an opportunity to escalate to a more violent form as the guard-in-charge immediately quells it. In the period of 2015-16 there are no records of suicide or rape cases among the inmates. Through the discussions the researcher identified an informal structure within the inmates, as the ones who would be elder (in relation to the jail time one spends) are more dominant and have a stronger say in the decision-making process that functions behind the curtains of the jail premises.

There are a very few visits from Assam State Commission for Women (ASCW) to inspect jails and make recommendations as per Sec 10(k) of National Council of Women's Association (NCWA) 1990. The Prison Welfare Department under Directorate of Social Welfare, Assam has been lying dysfunctional since 1990. Assam Human Rights Commission has also remained dysfunctional for a couple of years due to vacancy in the top administrative posts.Thus, I am of the view that there are gross irregularities between what is provided by the prescribed laws and what is functioning. Due, to intense laziness on the part of the officials and lack of interest to provide for the ones who are 'out casted' by the society, the violations occur, and no proper redressal mechanism is available for respite.

CONCLUSION

In a nutshell the entire report falls along Simone de Beauvoir's classic statement that, 'one is not born a woman but rather becomes a woman' (Beauvoir 1973) as there is a mammoth influence of 'civilisation' that 'produces' unbending characteristics required to become a woman. Moreover, if the prejudice of being a criminal in a 'respectable' society is added than a woman's life becomes very difficult as now she does not even get a platform to voice out her concerns. To conclude, the researchers view is that, one is quite ignorant about the range of violations of human rights that occur behind the high walls of the jail premises. The rosy picture painted by the guidelines of our Constitution can bring about the desired changes only if it is judiciously implemented (Saraf and Saraf 1987; Seth 2015).

The government through its policies like 'Swadhar' launched in 2001-02 tries to provide holistic and integrated services like food, clothing, shelter, legal aid, and others to women in difficult circumstances and without any family or socio-economic support, is a very welcome initiative and is bound to achieve laurels if implemented sincerely (Government of Assam 2013). Thus, the researcher, feel that 'Open Prisons' is one of the best initiatives that are implemented by many state jails across the country. One thing that the inmates desire the most is their freedom even when they are socio-economically fragile or might face greater forms of discrimination in their respective homes. It becomes even graver if he/she happens to be the sole bread earner in the family. Open prisons would give them the opportunity to live their life in a 'normal' manner and the prison would correctly function as a 'correctional institution' as mentioned by the Constitution (Fernandes 2015; Cheney 2010)

Reports published in 'The Hindu' and 'The Assam Tribune' prove that inmates in 'open prisons' are found to be more creative and have more zeal to work twice as hard to transform themselves to live a dignified life as they feel more liberated to express themselves. The Ashayein jail shop of Rajasthan is gaining popularity because of their creative products where interested inmates are trained by a professional designer Rakesh Thakore. The experiment has been conducted only among the male inmates but looking at the success stories, I believe that it will be able to bring about equal laurels even among female inmates (Assam Tribune 2017; Johnson and Johnson 2002; Thappan 1997).

After 73 years of Independence, it is high time that we try to change our mindsets regarding any form of discriminations and hierarchies that divide individuals. Only when we really understand these structures of society, we might come to the realisation that no individual gains or benefits from it as one is always discriminated due to one factor or other. The researcher, do realise that it is a very utopian concept and is never possible to fully realise it but as responsible citizens of a civilised nation, one can always try to bring about equality and peace among all types of individuals in the world (Kaushik and Sharma 2009; Heifield and Simon 2002).

REFERENCES

Butler, Judith. (1986). Sex and Gender in Simone de Beauvoir's Second Sex. Yale University Press.

Cheney, D. (August 2010).Dr. Mary Louisa Gordon (1861-1941): A Feminist Approach in Prison.

Davis, A.Y. (2003). 'Are Prisons Obsolute?',Canada. https://www.feministes-radicales.org/wp-content/uploads/2010/11/Angela-Davis-Are_Prisons_Obsolete.pdf. Accessed on 16th April 2017.

Deb, K. (2016).The captive humans: Life in Central Jail, Guwahati. http://g-plus.in/page/news-the-captive-humans-life-in-central-jail-guwahati. Accessed on 3rd March 2017.

Fernandes, M. (June 2015). Prison Voice, Prisoner's Rights are Human Rights. (June 2015). Prison Voice. Prison Ministry Catalyst for Correction.

Fickenscher, A., Lapidus, J. Silk-Walker., &P. Becker, T. (May-June 2001). Health Needs of Inmates in a County Jail. 116(3). http://www.jstor.org/stable/4598635. Accessed- 4th February 2017.

Government of Assam (May 30, 2013). Assam Act no. XV. The Assam Gazette Extraordinary, The Assam Prisons Act 2013.

Heitfield, H., & Simon, J, R. (2002). Women in Prison: A Comparative Assessment. Gender Issues/Winter.

https://www.youtube.com/watch?v=ig8ak78FWjo. HM Prison UK Toughest TEENAGE PRISON | Documentary HD. Accessed on 10thmarch 2017.

Iqbal, Md. (March 18, 2017). Rajasthan prison inmates find an outlet for their creativity. The Hindu.

Johnson, C.S., & Johnson, D.S.(August 2002). Sexual Coercion reported by Women in three Mid-western Prisons. 39(3). http://www.jstor.org/stable/10.2307/3813617. Accessed February 05, 2017.

Kaushik, A., & Sharma, K. (June 2009).Human Rights of Women Prisoners in India, A Case Study of Jaipur Central Prison for Women. Indian Journal of Gender Studies, 16(2), 235-271.

Kumari, N. (2009).Socio Economic Profile of Women Prisoners, Language in India.

Ministry of Home Affairs (2016). Model Prison Manual, Government of India. New Delhi.

Mishra, J. (2011). Human Rights Perspective on Detention and Prisoners. New Delhi.

New Media Wing, India (2017). Ministry of Information and Broadcasting.

New Media Wing. (2017). Ministry of Information and Broadcasting, Government of India.

Paras, R.J. (March 05, 2017). Life Beyond Walls, The Hindu.

Report of Northeast Network (August 2009). Life Behind Bars- An exploratory study of female prisoners in central jails of Assam.

Saraf, B.P.,&Dr. Saraf, A.K. (1987). Assam Jail Manual. GLR Publication House. Guwahati.

Sarma, P., & Lyngdoh, W. Andrew. (December 09, 2014). N-E States high on list of lifers in jail. The Telegraph. Calcutta, India. https://www.telegraphindia.com/1141209/jsp/northeast/story_2703.jsp#.WOo81DG0nIU. Accessed on May 09, 2017.

Seth, J. (2015). Shattered Lives- Women Behind the Bars'. Report on the condition of women in detention in the state of Punjab. National Commission for Women, New Delhi.

Staff Reporter (March 28, 2017). CAG exposes lack of basic amenities, safety in state jails. The Assam Tribune, Guwahati.

State/UT wise and jail-type wise number of jails, their location and video conference facilities as on 31st December 2014.http://ncrb.nic.in/StatPublications/PSI/Prison2014/Annexure-2014.pdf. Accessed on May 09, 2017.

Thapan, M. (1997). Gender and Embodiment in Everyday Life. Oxford University Press, New Delhi.

Universal Declaration of Human Rights. http://www.ohchr.org/EN/UDHR/Documents/UDHR_Translations/eng.pdf. Accessed on 8th April 2017.

Universal Declaration of Human Rights. https://googleweblight.com/i?u=https://en.m.wikipedia.org/wiki/Universal_Declaration_of_Human_Rights&grqid=KktuBuvr&hl=en-IN. Accessed on 27 May 2017

Visvak. (March 12, 2017). 99% free: To the 94 men in Anantpur open prison, freedom lies within jail. The Hindu Magazine.

Adelaide Journal of Social Work (ISSN 2349-4123)
Volume: 8, Issue: 1, August 2021 pp.77-98

25 Years After Panchayati Raj Act 1995: A Narrative on Development and Changes

* Anithamol Babu **Chennattusseri S. Jose ***Anet Elsa John

ABSTRACT

The introduction of the Panchayati Raj System is a milestone in the history of India. Twenty-five years have passed since there has been a devolution of power to rural development to Local-Self Government Institutions (LSGIs) through the Panchayati Raj Act of 1995. Therefore, the current study examines the changes and developments in the last three decades in a rural Panchayat called Kumarakom Grama Panchayat, Kerala, India. The study adopted a narrative research design. Four LSGI members served during the period 1990-2020 are selected using the purposive sampling technique. The study results describe the key changes after implementing Panchayati Raj System in Kumarakom Grama Panchayat over the last 30 years by focusing on the development and changes in agriculture, education, health, and tourism sectors. The results of the study highlight that through the decentralisation of the power to the Panchayati Raj Act, the Kumarakom Panchayat acquired the power to develop and implement the project by examining the need of the people, the developmental programs, projects and schemes like responsible tourism, Gal Jeevan Mission, paddy field revival, vegetable cultivation, MGNREGA and road construction. These developmental changes improved the facilities of the Panchayat and attracted tourists from all over the world, which resulted in the improvement in the standard of living of the people in the Panchayat.

Keywords: *Panchayati Raj System, Kumarakom, Responsible tourism, Agriculture, Education*

* *Assistant Professor, Department of Social Work, BCM College, Kottayam.*
Email: anithamolbabu@yahoo.in

** *Head, Department of Social Work, Loyola College of Social Sciences, Trivandrum*

****Freelance, Social Worker, Kottayam, Kerala*

INTRODUCTION

Panchayati Raj is the oldest system of local Government in India. Panchayati Raj Institutions as units of Local Government has existed in India for a long time, in different permutations and combinations. However, only in 1992, the Indian Constitution officially established it as the third level of India's federal democracy through the 73rd Amendment Act. The Panchayati Raj Institution (PRI) consists of Gram Panchayat at the village level, Block Panchayat or Panchayat Samiti at the intermediate level, and District Panchayat (GoK, 2021). Panchayats Raj institutions are democratic and so best suited to the rural population in Indian to take care of their local problems. It is a system of local self-government run by a council or Panchayat elected democratically by the local people. It provides the necessary administrative apparatus for the planning and execution of rural development schemes. It is a very inexpensive system to identify and solve the local problems of the rural population. It provides a platform where people can assemble, identify problems, and aims at decentralisation of power. Decentralisation and devolution of forces are at the root of Panchayati raj. Panchayati Raj is nothing new to India, and its history dates back to the hoary past. It was an integral part of self-contained and self-sufficient rural planning, execution, and administration. As proposed in the Kerala State Panchayati Raj Act of 1994, the state government provides certain powers and functions at the three levels of Panchayats: Grama, Block and District (Indian Government, n.d.). Between 1995 and 2001, the state moved several village-level institutions to the Grama Panchayats (GoK, 2009). Responsibility for designing and implementing centrally initiated plans (e.g. annual plans, pensions and benefit plans and MGNREGS) has been delegated to Grama Panchayats.

The 73rd and 74th constitutional amendments are considered the most important and critical milestones for local self-government in India (Babu & Jose, 2020). The Kerala Panchayat Raj Act 1994 and Kerala Municipalities Act 1994 were passed based on the above amendments. The bill provides for the transfer of the powers and functions of various national ministries to three levels: Panchayat, Municipal Councils and Corporation. According to the laws mentioned above, the state government transferred the powers of the government ministry to the Kerala

provincial body. Before the law was enacted, the Grama Panchayats performed three functions: providing the necessary civic and basic infrastructure. Second, Grama Panchayats will perform civic functions, such as collecting and treating solid waste, disposing of water and sewage, cleaning up markets, preventing the spread of epidemics, building and maintaining public toilets, and waiting for barns in public places. Third, the construction and maintenance of infrastructures such as roads, waterways, irrigation, dams, drinking water supply and electricity have been transferred to LSGI, which provides new functions such as wording laws, plan implementation, social protection planning and asset maintenance.

Decentralisation was an attempt to determine the proper division of responsibilities between all levels of Government. It is believed that the transfer of power to local authorities opens up more ways for local communities and non-governmental organisations to participate in the local decision-making process. This will lead to the empowerment of the poor and promote institutional development and structural change. However, social scientists do not fully support this view. To date, these changes have not met expectations in Kerala. In a capitalist democracy, decentralised government planning will not lead to structural change.

Indian society witnessed tremendous changes over the past decades, so it is vital to know the system is subjected to withstand over the period or not. Therefore, it is necessary to find out how the system evolved in a rural Grama Panchayat like Kumarakom. The benefits and drawbacks should be assessed to give feedback to the Government. As reviewed by the researchers, no studies have emphasised sectoral-wise development and changes in a Panchayat. Almost all the studies reviewed are conceptual papers, and the majority of the studies are from North India. Therefore, the present study assumes significance as it proposes analysing the development and changes in Kumarakom Grama Panchayat over the last two and a half decades from the perspectives of LSGI members involved in the process.

METHODOLOGY

The authors adopt the narrative research design among qualitative research designs. Most sampling in qualitative research entails purposive sampling of some kind. Therefore, the current study adopted a purposive sampling technique to recruit

the 4 participants selected based on their experience and critical roles in the panchayath over a substantial period (30 years).Qualitative interviews give a new insight into a social phenomenon as they allow the respondents to reflect and reason on various subjects differently. The telephonic interview was used for data collection considering the pandemic. The tool used for collecting data was the interview schedule. Content analysis was adopted to analyse the data.

Ethical considerations: The authors obtained consent from the participants before the interviews. The authors informed that the participants that they would not directly benefit from the study. The authors ensured the confidentiality of the data by assuring that the data collected and the interview-recording (with permission) were saved on a password-protected Google drive. No information revealing the identities of the participants were not mentioned in the subsequent report generated.

RESULTS

Four LSGI members of Kumarakom Panchayat were selected for the study. The participants were from the age group of 45-70. Two participants completed four terms (20 years), and the remaining two participants have twelve years of experience in Panchayat as an LSGI members. Among the participants, two served the position as President, and one had served as Vice-president. All participants claimed that Panchayat had got fewer powers and fewer funds between 1988 and 1995. Some stated that the main occupation of people in the Panchayat had been fishing and farming. After implementing the Panchayat Raj Act, many participants worked on the construction and renovation of roads in Panchayat and the drinking water projects implemented in Kumarakom. In 1988, PHC was functioning in Kumarakom along with subcentres. For other problems, people depend on medical colleges. KTDC was established in 1979 as part of the development tourism sector. In the beginning, people were against tourism because they were unaware of the benefits. Panchayat directly provides awareness to people about the benefits of tourism.

> *"Grama Panchayat has only fewer powers and funds during the time of 1988. At that time, most of the roads were not tarred, and houses were thatched. Agriculture and fishing were the main occupations of*

people. When the elected members came into power, the first focus was on widening the roads into three to four meters. Water transportation is the common mode of transportation in Kumarakom using rafts and boats" (Case 3).

"All the powers are vested with the executive wing of Panchayat; among them, the Secretary holds the highest position. No special powers were there to the Panchayat committee to do the works. Fund from Block Panchayat was used for the developmental activities with the permission of the Block Developmental Officer. Panchayat members were not visiting the Panchayat frequently, as happening at present. Small disputes between natives are settled in the presence of the Panchayat President. All the financial matters are handled by the Secretary, who is responsible to the Government. The Panchayat Secretary had the right to override the decisions took by the Panchayat committee if those were illegitimate decisions" (Case 1).

"In 1988, there were not many funds available in Panchayat; the only fund available was the tax collected from the public. The sitting fee of a member was Rs.75. The people's committee undertook the developmental activities. During the second term, the fund from the people's plan was utilised with people's participation. Each ward gets a fixed amount for the developmental activities. Subsequently, three main roads were constructed for three lakh sixty thousand rupees" (Case 2).

At that time, the powers are vested with the executive wing of Panchayat, was subsequently devolved to the elected President following the first election was held in Panchayat. There was a lack of power of the administrative wing over Panchayat during 1988-1994. But later, the scenario is completely changed, and the Panchayat wrested control over all the institutions like Veterinary Hospital, Krishi Bhavan, Ayurveda and Homeo Hospital, and the LP School, etc. The third participant claimed that Panchayat got many powers, and most of the institutions are under the control of Panchayat. One participant stated the Panchayat's various

powers and functions as tax collection, government projects, and mediation in minor disputes.

> *Earlier, all the financial matters were handled by the panchayat secretary, responsible for the Government. The Panchayat Secretary has the power to discard the decisions taken by the Panchayat committee. However, after the implementation of PRS, the executive powers were handed over to the Panchayat President. Secretary alone could not do anything without permission from the President"* (case 1).

> "*After the people's plan, Panchayat got many powers, and most of the institutions are under the control of Panchayat – the Veterinary-, Homeopathic- and Ayurveda- Hospitals, and the Police Station. Panchayat remains the village-level administrative wing that gave powers to the people" (*case 3).

Another participant claimed that after introducing the people's plan, decentralisation occurred, and the Panchayat got the government funds. But that fund, too, was not enough to implement the large projects. But this situation changed after 2010; the flow of funds increased from various departments of Government. He said that many developmental projects were implemented in Panchayat for the welfare of people.

> *"Our term started after the people's plan…subsequently decisions regarding Panchayat were taken in Grama Sabhas. Applications put forward in the Grama Sabhas are enforced with the allotted fund in the Panchayat. Most of the projects are implemented to better poor people, like water and road construction projects. During the initial phases, funds from the Government was not much sufficient to plan and implement development programs. After introducing the people's plan, the decentralisation of power occurred, and the Panchayat secured adequate funds from the Government. But that fund, too, was not enough to make the large project put into practice. But this situation changed after 2010; the flow of funds increased substantially*

> *from various departments of Government. Beyond the plan fund, every Government gets funds from the financial commission, especially for maintenance works. The laws regarding building construction were not so much followed in our Panchayat during my first term. Now the situation has completely changed, and people follow the laws of building construction. Kudumbashree, Grama Sabha and Ayalkoottam became more active and functioning in the Panchayat, and every administrative wing gives importance to these welfare programs. Fund available for such programs has increased considerably with time" (Case 3).*

The major problems faced by the people in Kumarakom were a lack of road transportation facilities and drinking water facilities. The MGNREGA workers were not active in 2005-2006, but later there were tenders for constructing roads as part of the responsible tourism program. Towards the end of the 2005-2010 term, roads were built in most areas where there was a possibility of road construction. Also, all the roads which are not in good condition were renovated.

> *"In our first term, we merged small roads which helped people to stay connected. Shortage of funds slowed developmental activities. Various modes of transportation were revived after the end of our term"* (Case 1).

> *"After the end of 2005–2010, the roads connecting rural areas were constructed to enhance transportation facilities. The existing roads were renovated to a large extent, and it helped large vehicles pass by the roads. Paddy fields surround Ward No.s 2, 3 and 6, and Panchayat couldn't build a road there due to the lack of area for the construction. All other areas are completely connected through roads using peoples plan fund. During the 2006-07 period MGNREGA programme was not so active in the road construction activities. Rather they focused on manual work. But over the last five years, the programme activities completely changed. During the last years, MGNREGA worked for the responsible tourism related road construction and other material*

> *works. Using the fund, the Panchayat revived various canals in Panchayat and constructed roads - tarred, tiled or concreted ones. Streetlights were installed in the Panchayat and became more effective in the last term. One of the major problems in Kumarakom Panchayat was the shortage of drinking water" (Case3).*

The unavailability of drinking water was another major issue faced by the residents in Kumarakom. However, the implementation of a large drinking water project by the state government helped solve that issue to a great extent. The problems related to the water distributions arose after the project's completion and were resolved after mobilising funds from the Government to rectify the issue. The Gal Jeevan Mission program is also functioning in the Kumarakom Grama Panchayat. Currently, every household in Kumarakom Grama Panchayat has access to a drinking water facility via pipeline connection.

> *"One of the major problems in Kumarakom Panchayat was the shortage of drinking water. During the year 2008-09, the state government introduced a large drinking water project in Kumarakom with an expenditure of 44 crore rupees. But the project started in 2010-11 by tendering the work to a private agency. Panchayat bought 10 cents of land, and it was transferred to the water authority. Finally, two major water tanks were constructed in Kumarakom, and it was a huge success. Now every household in Kumarakom having a house connection and no problems faced in getting drinking water. Before introducing this project, Kumarakom has a pipeline connection of water authority, but this is not utilised for drinking water"* (case 3).

> *"' The existing project for drinking water has some drawbacks in the distribution process. That problem was solved in the last five years using various funds from Grama Panchayat, Block Panchayat and District Panchayat. As a result, every house in Panchayat got pure drinking water and helped reduce diseases that spread through polluted water. Gal Jeevan mission is a project of central, state and local self-government also run in Kumarakom"* (case 4).

These solutions increased the scope of tourism in Kumarakom and attracted the resort companies and native peoples to brought paddy fields and converted it into land for constructing hotels and resorts. One participant commented on the concept of responsible tourism itself executed to improve the life of native people in connection with tourism. Eggs, tender coconut, and vegetables are cultivated in Kumarakom and are sold to the resort, results in an increase in people's income levels. Handicraft materials made by local people attracted tourists, and this also developed as an income source to people.

> *Private parties bought the land near Vembanad lake and built resorts and hotels. From there onwards, native people got a job in the construction site. 50% of works must be given to native people. The houseboat business has become popular, and people invest money in the tourism sector. Taxi and autorickshaw services increased due to the development of the tourism sector. The fisherman community also enjoyed benefits through the money hike of fish. Homestay services also started to experience the village life to foreigners"* (case 1).

> *"After the construction works, the large hotel groups did not offer any job to the native people; they preferred those having hotel management degrees because of the fear of forming unions in the Hotels. Native people were hired in Illikalam resort for work and Taj and KTDC only for outdoor works. All other works are given to people outside our place. Few people make a living doing other tourism-related businesses such as offering homestays or selling tender coconuts. The concept of responsible tourism itself is executed to improve the life of native people in connection with tourism. From the beginning of tourism, a conflict existed between resort owners and native people. As part of promoting responsible tourism, the Panchayat took initiatives to solve this conflict. But this amicable environment has not continued for a long time. Later in the term, 2015- 20, Panchayat again took initiatives to solve the issue. In 2017, the Tourism Mission was launched by the state government. Handicrafts made by local people attracted tourists and also*

> *developed as an additional income source to people. Two restaurants are run in Kumarakom by the Kudumbashree. The Government gave 9cr rupees to improve the infrastructure facilities of the tourist sector like the Nalupanku Houseboat Terminal. The sewage plant is renovated to collect waste from Vembanad lake. This created job opportunities for people. Houseboat and shikari-boat businesses also created great opportunities*" (Case 4).

In 2008 Kerala Government passed the Kerala Paddy-field and Wetland Conservation Act 2008, which prohibits the conversion of paddy fields to lands for other purposes except residential houses. After that, the Kumakarkom Panchayat was focused on the revival of paddy fields. Two participants commented on the paddy field revival programs undertaken by Kumarakom Panchayat.

> *"Before the developments in the tourism sector, backwaters were surrounded mainly by paddy fields. As part of building hotels near backwaters, large business groups bought land from native people and built resorts and hotels by filling soil in the paddy makes. In the year 2007-08 government passed the Kerala paddy field, and wetland conservation act; based on this act government ended the conversion of paddy fields for other activities. Thus, the paddy field revival happened in Kumarakom. The state government announced this Act in Kumarakom Grama Panchayat. The minister introduced a data bank system consisting of all the paddy fields and wetlands details. So, from then onwards, no one could convert the paddy field into any other construction activities. Then Kumarakom Panchayat witnessed certain events related to this law. Several cases of the land mafia were reported in Kumarakom before the enactment of the Act. So, Panchayat faced struggles to cultivate in the paddy field from business giants. The main one is the Methrankayal paddy field case, which was not used for agricultural activities long ago. The above paddy field is considered the granary of Kumarakom and a source of income for many natives. The people of Kumarakom mainly depend on agriculture and allied activities for meeting their daily needs.*

> *During the last five years, the Methrankayal paddy field ranging from 420 acres of land, was utilised for paddy cultivation after a long battle. Then Panchayat revived certain other paddy fields for cultivation. But now also some other land couldn't able restore due existing laws. Thus, the paddy cultivation improved to a large extent during the last 15 years of my term.*

Most of the participants commented on responsible tourism and how the native people benefitted from it. The fourth participant claimed that responsible tourism developed at its peak during 2010-15. The main aim of responsible tourism is preserving the natural habitat and generating income for poor people. The native people's income level also increased due to responsible tourism. Apart from paddy cultivation, vegetable cultivation, cattle-rearing also was started in Kumarakom as part of tourism. Two of the participants commented on the construction of roads connecting the leading tourism destinations. One of the participants stated the economic betterment of native people with progress in the tourism sector like selling organic products to resorts, providing taxi service to tourists etc. However, tourism development negatively affects the environment, like waste disposal.

> *"Tourism sector was functional since 1979 with the establishment of KTDC; it became more active during the 1990s.In the beginning, people were against tourism because they were unaware of the benefits. Panchayat directly provided awareness to people about the benefits of tourism. Private parties bought the land near Vembanad Lake and built resorts and hotels. From there onwards, native people got a job in the construction site. 50% of works must be given to native people. The houseboat business has become popular, and people invest money in the tourism sector. Taxi and autorickshaw services have increased due to the development of the tourism sector. The fisherman community also enjoyed benefits through the money hike in fish prices. Homestay services also showcase village life to foreigners"* (case 1).

> *"Responsible tourism was not going good in the year 2015-2020. Waste management issues existed in Panchayat. Pollution of canals*

and backwaters remains a big challenge. Infringement of canals and other properties also existed. MGNREGA programme is running successfully with an amount nearly 2cr. Roads have existed, but many more renovations are needed. The income level of Panchayat increased to a large extend. Tax collection by Panchayat increases by the laws enacted by the state government. In some wards, the tax collection was 100%. Panchayat worked to clean the canals and to stop infringement in certain areas. Panchayat took initiatives to deepen the canals using minor irrigation, major irrigation, and soil conservation funds. The own fund is also utilised for this purpose. This initiative helped in the 2018 flood to decrease the loss" (case 2).

"Tourism development badly affected the fishes in Vembanad lake. As a solution for this, Panchayat depositing small fish in canals, finally entering Vembanad Lake. Panchayat takes these initiatives after consulting the fisheries department. This new venture was a successful one. The pollution in the Vembanadu Lake fisherman community and other workers associated with it affected several diseases. This was a threat to the people in Kumarakom. 90% of residents of Kumarakom are directly or indirectly linked to tourism. Most people make a living through tourism like taxi drivers, small scale businesses man and cottage owners. The depth of canals decreases every flood time, and Panchayat takes initiatives to increase the depth. The growth of water hyacinth and duckweed in streams and canals are causes of water pollution. When Thannermukam bund opens, saline water enters into streams and backwater, and it cleans the same. The bund only begins according to the agricultural calendar, but this is also delayed for several reasons. Vegetable cultivation does not prevail in Kumarakom. MGNREGA members revive that area. The land not under cultivation was converted into a vegetable garden. The working of Kudumbashree is very much active in Kumarakom Grama Panchayat. Extensive reforms happened in allied agriculture activities, especially in the milk production sector. Grama Panchayat

> *took the initiative to build Ksheerasangham in two places. Poultry farming also going good in Kumarakom by providing hens in each house. Production of eggs and chicken for the tourism sector is also an income generation mode for native people. A certain amount of plan fund is utilised for the development in the agricultural sector. Earlier state government insisted that 40% of peoples funds should be used for the agricultural sector. But later, it changed because every Panchayat is different from others, and people in some Panchayat do not depend on agriculture for daily living. Panchayat gives seeds for paddy cultivation at subsidy rates to encourage farmers. The subsidy is also given to dairy farmers and poultry farmers. Earlier several projects are run in Kumarakom as part of Kuttanad package*" (case 3).

From 1988 to 1995, there were no such funds allocated for the agricultural sector from Panchayat. Fishing and agriculture were the main occupations of people. Agricultural benefits are given to people by Krishi Bhavan. After introducing people's plans, the second participant commented that expert committee members make projects for each period within a specific budget and time. Krishi Bhavan applies containing all the details of the project. After verifying it, Panchayat decides on the fund and related matters.

> *"From 1988 to 1995, there were no such funds allocated for the agricultural sector from Panchayat. Fishing and agriculture were the main occupations of people. In 1995 the state government allocated 42% of the budget to local self-government as a grant. As part of this, Kumarakom Panchayat got 30 lakh rupees. The Government fixed certain criteria to spend the money allotted to each sector. Agricultural benefits are given to people through Krishi Bhavan. Other benefits are availed after applying the Grama Sabha"* (case 1).

> *"In earlier times, small projects were held in Panchayat considering the felt needs of people. After people's plan, expert committee members*

designed projects within a specific budget and a timeframe for each plan period. But now, projects are prepared by discussing with various department heads and conducting Grama Sabhas in various wards. Later, funds for farmers are given directly by the Government through Krishi Bhavan consulting with Krishi Officers. After getting control over Krishi Bhavan, they submit documents regarding upcoming projects and funds needed for each project to Panchayat. After verifying it, Panchayat transfers the fund to the account of the Secretary and Krishi officer, e.g. last years' seed subsidies were given to farmers and almost 27 lakhs and transferred to the Krishi Officer's account. Otherwise, in the normal course, these fund gets lapsed" (Case 2).

The third participant commented on the development in both agricultural and allied activities in a detailed way. MGNREGA members revive that area. The land not under cultivation was converted into a vegetable garden. The fourth participant commented on the revival of the paddy field. Subhikshakeralam project is introduced in Kumarakom. Twenty hectares of land are used for vegetable cultivation. Panchayat is providing agriculture-related materials to farmers at subsidy rates or as accessible. Panchayat, in collaboration with Krishi Bhavan, provided training to farmers regarding scientific farming. kudumbashree workers also supported Panchayat for this venture. A project called Kera Gramam was introduced in Kumarakom to increase the cultivation of coconut farming in Kumarakom. Plantain farming was also activated in Kumarakom. Vegetable seeds distribution is done through Krishi Bhavan all over the year. The fishing sector was started by giving funds to Malsyasangham; recently, a new building was built for Malsyasangham. Subhikshakeralam project is introduced in Kumarakom. Twenty hectares of land are used for vegetable cultivation. Panchayat is providing agriculture-related materials to farmers at subsidy rates or as accessible. Panchayat, in collaboration with Krishi Bhavan, provided training to farmers regarding scientific farming. kudumbashree workers also supported Panchayat for this venture. A project called Kera Gramam was introduced in Kumarakom to increase the cultivation of coconut farming in Kumarakom. Plantain farming was also activated in Kumarakom. Vegetable seeds distribution is done through Krishi Bhavan all

over the year. The fishing sector was started by giving funds to Malsyasangham; recently, a new building was built for Malsyasangham.

> "*Agricultural sector strengthened during our term by way of reviving the paddy fields. Subhikshakeralam project was introduced in Kumarakom. Twenty hectares of land are used for vegetable cultivation. Also, Panchayat is providing agriculture-related materials to farmers at subsidy rates or as free. Panchayat, in collaboration with Krishi Bhavan, provided training to farmers regarding scientific farming. The Kudumbashree workers also supported the Panchayat for this venture. At the beginning of our term, the number of cows in Panchayat is around 200. With the help of an NGO called SAKHI, 23 cows are distributed to dairy farmers. Now the number of cows is increased to 350. Goats, hens, ducks were distributed to farmers in Kumarakom during our term. The help ofJoint Liability Group groups conducts training on scientific methods of hen rearing. The veterinary hospital educates people about the scientific methods of animal husbandry" (Case 3).*

> *"Krishi Bhavan organised classes regarding farming methods suitable to Kumarakom. A project called Kera Gramam was introduced in Kumarakom to increase the cultivation of coconut farming in Kumarakom. Plantain farming was also activated in Kumarakom. Vegetable seeds distribution is done through Krishi Bhavan all over the year. During the COVID period, ward-based Panchayat Samiti distributed seeds to every house in Kumarakom according to the direction of the State Government. The fishing sector is activated by giving funds to Malsyasangham; recently, Malsyasangham acquired a new building. Fishermen get good prices for fish from the establishment Malsyasangham. Small fishes are deposited in canals to increase fish production. Pisciculture has been encouraged in Kumarakom with support from Malsyafed. Fishing nets and boats are distributed to fishermen to improve their catch. The Panchayat spends funds to promote pisciculture in ponds and paddy fields. A*

> *Ksheerasangham is initiated in Kumarakom, working to improve the life of dairy farmers. Almost 200 litres of milk are distributed through the sangham (group). Farmers provide subsidies as milk incentive, cattle feed and treatment equipment*" (Case 4).

The participants elaborated that the health needs of people in Kumarakom are satisfied by the community health centre (CHC) for minor health problems. Earlier, 24 hours service was provided in the CHC, but due to a lack of cotters facilities for doctors and staff, CHC is not working at night. For other major issues, people depend on another private hospital, district hospital or medical college. One participant commented on the various programmes and activities by Panchayat for the prevention and promotion of diseases in the community. The participants commented on the Aardram project, CHC and sub-centres, sanitation committee, student doctor, cancer diagnosis camp and COVID-19 Jagratha Samithi.

> *Most people depend on district hospitals for health needs otherwise referred to medical college for serious health issues. Nowadays, everyone goes to private hospitals like Caritas, medical centre and Bharath due to the overcrowding at government hospitals. Coming to the community health centre at Kumarakom, many patients come in the morning, but no one can get medical help in the evening. That is a major drawback of our CHC"* (case 2)

> *"earlier 24 hours service was provided in the government hospital, but now the officials tell like there is no provision for night duty in CHC and lack of courters facility for doctors. After the retirement of doctors like Dr. Alice and Dr. Varghese, who were live in government courters, no doctors did 24 hours duty in Kumarakom government hospital. In an earlier period, even operation was conducted in the government hospital. The reason for not having night duty is the lack of a courters facility. The government hospital is situated at 90 cents, and it is tough to build courters in this limited area. land in the western part of hospital owned by a native man interested to sell it for building courters, but it is not happened due to the lack of fund*" (case 3)

Most people depend on district hospitals for health needs otherwise referred to medical college for serious health issues. Nowadays, everyone goes to private hospitals like Caritas, Medical Centre and Bharath due to the overcrowding at government hospitals. Commenting on the Community Health Centre at Kumarakom, many patients come in the morning, but no one can receive any medical assistance in the evening; that is a major drawback of our CHC" (Case 1)

"In earlier days, 24-hours service was provided by Government Hospitals; but now the officials tell there is no provision for night duty at the CHC and lack of quarters facility for doctors. After the retirement of doctors like Dr. Alice and Dr. Varghese, who lived in government quarters, no doctors did 24 hours duty in Kumarakom government hospital. In an earlier period, even operations were conducted in the government hospital. The government hospital is situated at 90 cents; it is tough to build quarters in this limited area. The land procurement on the western part of hospital owned by a local person has not happened due to the lack of funds". (Case 3)

"The Aardram Project of the State Government to improve the facilities of hospitals has brought about many changes in Kumarakom. The activities of community health centres become more efficient in our term. A Lifestyle Disease Clinic operates at a subcentre. The activities of the subcentre become more active in our term. The subcentre is under Grama Panchayat, and CHC is under Block Panchayat. The infrastructure facilities of the subcentre have improved to a great extent. Ward-wise, sanitation committees have been strengthened to give awareness to people about monsoon diseases. The Students Doctor project introduced in Kumarakom focussing 8,9,10 students of Kumarakom Panchayat provides training to check diabetes and blood pressure, and they are allotted in areas to monitor people's health. This project has been subsequently adopted in many Panchayats across Kerala. We organised a Cancer Diagnosis Camp

> *in Kumarakom to limit the spread of cancer. Bio-agriculture is also promoted in Kumarakom to reduce the usage of harmful fertilisers and pesticides. The fund is utilised for palliative care and to provide insulin to diabetic patients. COVID Jagratha committees actively function in Kumarakom*" (Case 4).

Only three people responded to the Contribution of Panchayat in the Educational sector; he shared that the maintenance works done by Panchayat in schools. Most of the projects are done using the fund from the State Government. The first participant commented that during 1988-1995, the Panchayat owned an LP school, and the fund for LP school was transferred to Panchayat. But the salary of teachers was directly given to them. The second participant commented that the maintenance work in schools is undertaken by Panchayat using government funds. The Panchayat takes the estimate for the maintenance work and launches it. The third participant commented that Panchayat took initiatives to improve the learning capacity of people by implementing several projects like easy maths and easy English.

> *"There are 15 schools in Kumarakom. Among those, five schools are directly under the Panchayat. The Panchayat utilised funds to improve the infrastructure facilities of schools. Playgrounds and indoor stadiums have been constructed in schools by the Panchayat. Several projects have been undertaken in the schools to improve the learning capacity of students,' Easy Maths' and 'Easy English' are two such initiatives.*" (case 3)

Only one participant commented on the unique projects initiated by Kumarakom Grama Panchayat because all others were not aware of it. He highlighted Kumarakom's unique projects – the student-doctor project, lifestyle diagnosis clinics, the centre of responsible tourism, and the pisciculture project.

> *"Projects like student-doctor, lifestyle diagnosis clinic are unique in Kumarakom Panchayat. Kumarakom is the centre of responsible tourism for entire Kerala. Projects to improve the quantity and quality*

fishes in Vembanad Lake but putting fries in shoals in canals finally converging into the Vembanad lake is unique. This unique venture introduced in Kumarakom has helped to increase the fish diversity in Kumarakom lake, which was lost through the pollution. Paddy field revival project completed in our term. As a result, the agricultural sector strengthened in Kumarakom. Kudumbashree projects also strengthened during our term—40 crores of rupees given as loans for various projects for the betterment of people. Under kudumbashree, several projects were introduced in Kumarakom, like She- Auto for the upliftment of women. Jagratha Samithi's discussed and solved problems faced by a woman from public places of Kumarakom. The project named 'Vimukthi' was introduced in Kumarakom for the drug and alcohol addicted people in Kumarakom, especially youth, in collaboration with the excise department. Road development programmes are also done in Kumarakom using the fund of the state government. Panchayat planned to build roads that could survive the flood and climatic changes in Kumarakom" (case 4).

DISSCUSSION

The study results show how Kumarakom Grama Panchayat changed and developed in the last three decades, especially after introducing the Panchayati Raj System. Interestingly, the result shows a massive progression in the standard of living of the people in Kumarakam through the developmental programs, projects and schemes initiated or implemented in Kumarakom through Grama Panchayat after the decentralisation of the power. The bold initiative to decentralise the power, finance and expertise to the Panchayat by implementing Panchayati Raj Act, 1994 by the EMS Namboothiripad Ministry in 1997 results in a development in the grassroots-level through local participation and Kumarakom Grama Panchayat is hailed as one of the best successful Grama Panchayat through the miracle like initiative from the Government of India (GoK, 2021).

The major reason for these results is the locally elected representatives of the Panchayat were able to identify the unique tourism scope of Kumarakom as a

wetland surrounded by paddy fields and backwater and resolved the problems such as access to Kumarakom and drinking water shortage issues faced by the people. They tried to solve it to an extent. These changes attracted the tourist across the world. They paved the way for living for the native people in Kumarakom by incorporating their involvement through the responsible tourism program and upgrading the local people's living situations (Kerala Tourism, n.d.). The local people collaborated with the Panchayat through Responsible Tourism as MGNREGA workers, Kudumbashree workers, farmers, fishermen, handicraft makers, houseboats, Sikkari boat owners, taxi drivers, hoteliers, homestay providers, etc. and brings out signature changes in Kumarakom through the development of tourism. In a way, it is possible to claim that Kumarakom Grama Panchyat can self-sustain through the development and changes in the last three decades because of the collective efforts of the Government, especially Kumarakom Grama Panchayat and neighbouring Panchayats. The successful implementation of Responsible Tourism in Kumarakom showed how the involvement of Panchayat could bear fruit (News expert, 2018).

The study also highlights the contribution of MGNREGA workers and Kudumbashree workers in developing tourism sectors through constructing the roads, cultivations and starting microenterprises. Road construction can be one of the milestones for making Kumarakom an easily accessible tourism destination. The responsible tourism and the projects initiated by the Panchayat and Government of Kerala to revive paddy fields and encrochements also helped Kudumashree and MGNREGA workers find more opportunities and empower themselves. Moreover, farming and vegetable cultivation initiatives attract tourists to experience the rural atmosphere. However, the conversion of PHC to CHC can be considered as a development in the health sector. However, it has not much impacted the lives of the people in Kumarakom since there are no services at night. The standard of living of people also improved the educational qualifications of the people since there are international tourists and the number of schools increased from one to fifteen. Besides, all the five schools under the Kumarakom Grama Panchayat are running projects to improve the students' English language skills. The unique initiatives of Kumarakom Grama Panchayat also improved the environment of

Kumarakom as pollution-free, encouraged the use of more waste management, cleaning of canals and disposal techniques, and improved the diversity of fishes in the lake.

CONCLUSION

The current study is an exploratory attempt to study the developments and changes happened in the Kumarakom Grama Panchayt after the introduction of Panchayti Raj System. Even through the study covered the sectorial-wise development in agriculture sector, tourism sector, health sector and education sector, it is very clear that the standard of living of the people in Kumrakom changed just because of the development in the tourism sector. Also, responsible tourism was a milestone for during the development process. Kumarakom is a unique example for how a rural village can become self-sustainable by using its own resources and indigenous practices. The study suggests the need to conduct more studies to evaluate the Panchayati raj system by narrating the developments and changes in different Panchayts. Future studies should include more Panchayat from different types based on the financial status of Panchayat.

REFERENCES

Babu, A., & Jose, S. (2020). From the Homestead to Centerstage: A Journey of Empowerment. *International and Multidisciplinary Journal of Social Sciences, 9*(3), 230–259. https://doi.org/10.17583/rimcis.2020.4401

GoI (n.d.). https://www.panchayat.gov.in/documents/20126/0/panchayati+raj+system.pdf/642bb96a-fb1f-210c-6509-a2d60e5b90b2?t=1554984229612

GoK (2021). https://kerala.gov.in/local-self-government

Government of India, G.V.K. Rao Committee. (1985). The committee was jointly set up by the Planning Commission and Department of Rural Development under the Chairmanship of G.V.K. Rao

Government of India. (2006). Evaluation Report on Decentralised Experience of Kerala, Programme Evaluation Organisation, Planning Commission, New Delhi

Government of Kerala (2009). Report of the Committee for Evaluation of Decentralised Planning and Development, KILA, Thrissur

Kerala Tourism, (n.d.). https://www.keralatourism.org/kumarakom/working-rt-kumarakom.php

Keralaeconomy (n.d). http://keralaeconomy.com/admin/pdfs/Panchayat%20Raj%20Institutions.pdf

News experts (2018). Transform Kumarakom into a World- Class Destination: K J Alphonse http://www.newsexperts.in/transform-kumarakom-world-class-destination-k-j-alphonse/

Adelaide Journal of Social Work
Volume: 8, Issue: 1, August 2021 pp.99-106

Activity Levels among the Older Persons in Tiruchirappalli District

*A Sivapriya **K Maheswari

ABSTRACT

In India, several transitions like demographic, health, economical, technological and socially are taking place since its independence and the growth rate of older population is also on rise. India is not the only country facing the problem of population ageing but it has become a global challenge. Various studies have showed that regular physical activity, continuous mental abilities and social interaction are safe for healthy ageing and the risks of developing major diseases such as respiratory, cardiovascular and metabolic, obesity, falls, cognitive impairments, social withdrawal will be decreased by regular psychosocial activities and proper care of physical health. Social participation and continuous physical activity remains low among wealthy older persons. Based on these views, the researcher has conducted a study with an aim to assess the levels of activity among the older persons residing in Tiruchirappalli District. The objectives of the study were 1) to study the socio demographic characteristics of the respondents and to assess the activity levels among the respondents and to find out the association between selected socio-demographic variables and key variable of the respondents and to suggest suitable social work interventions to enhance the overall activity of older persons. The researcher has adopted descriptive research design and multistage random sampling procedure was used in the present study. The universe of the present study has included all the older persons residing in Tiruchirappalli district and the sample size of the study comprised of 320 respondents. The major findings of the study indicated that nearly

* *Research Scholar, Department of Social Work, Government Arts and Science College, Kurumbalur, Perambalur. Email: sivasenthilsri@gmail.com.*

** *Head, Department of Social Work, Government Arts and Science College, Perambalur.*

half of the respondents (47%) come under middle old category and less than half of the respondents showed moderate levels of physical activity (46%), psychological activity (40%) and social activity (43.1%). Thus, it is concluded that maintenance and continuation of overall activity enhances the life satisfaction and paves way for active ageing.

Keywords: *older person, health, activity, psychological and social activity.*

INTRODUCTION

The average life expectancy has increased considerably in past few decades which have led to rapid ageing. As age increases, the older adults are not eager to improve their health conditions but they try to retain their health in the existing conditions itself. Social participation and family integration plays a significant role in enhancing the healthy life in old persons. Feeling of loneliness and social isolation occurs due to increasing age and also increasing proportion of older population (Delmell et al 2013). Ageing is multidimensional and changes occur in physical, psychological as well as in social aspects of an individual and there is progressive deterioration of the physical and psychological functions of older persons as age increases Angel et al. (2003) have studied the financial strain experienced due to health issues among 3,000 Mexican-origin elderly. The study has discovered that financial burdens caused by health expenditures are associated with depression. Pai and Chandra (2021) stated that old age is the most critical stage of all stages of development. People at later stage learn to acknowledge their achievements in life and recall their memories with either satisfaction or regrettable. In India the life expectancy is increased from 54 years in 1981 to 67 years in 2011 (Singh et al., 2017). Dey (2003) has mentioned that the ageing is a dynamic process and it takes place in the molecular, biochemical, physical and structural changes in the life cycle of an individual. Age is one of the bases for determination of social status and it regulates the social interaction pattern Neugarten (1980). Muttagi (1997) has said that ageing is mainly associated with fatigue, decline in functional capacity of organs of the body and decrease of ability to cope with stress. Bhatia (1993) had described about the three dimensions of ageing like physical, psychological and social ageing. Physical and mental changes occurred through growth and decline of functional ability of older persons and also ageing is meant as loss of mental ability and it is a major problem among the older persons due to unacceptability of growing old.

The first theory on ageing was proposed by the Havighurst and Albrecht (1953) and has concluded that the older persons must show involvement and be engaged in their later life, it is an ingredient for life satisfaction of the older persons in their later life. This theory has not explained about the methods of activity and their linkages with life satisfaction. They believed that physical activity have significant effects on psychological health of older persons. They suggested that being active helps them to lead a healthy middle age and thus delayed the adverse effects of old age. The research study was attempted to know about the correlates of socio-economic conditions and various dimensions on activity on the aged.

REVIEW OF LITERATURE

Bahadur (2018) had analyzed the changing role of families in Punjab. The sample of the study consisted of 110 older persons aged 60 years and above were selected randomly from two tehsils of Sri Muktsar Sahib district of Punjab. Researcher has found that only 1.7 per cent elderly were living alone, less than one fourth of the respondents (23.3%) were living with their spouses and majority of the were respondents (75%) were living with their children and grand children and more than half of the respondents (52.33%) reported that the elderly traditional role in the family has changed. Khamu and Langstieh(2018) have studied about depression and related factors among the elders of the Chakhesang population. The sample size of the study consisted of 912 respondents (425 males and 487 females) with age ranging from 60-101 years. Depression is evitable with timely intervention and can be prevented by addressing the risk factors. It is crucial to promote mental health and prevent depression among the elders in an endeavor towards successful and active ageing. Agnani, Bhise, Mehta (2021) have conducted a study on changes in physical activity, mental health and to know the prevalence of frailty in older adults during Covid–19 pandemic. Data was collected from 146 community- dwelling older adults aged 60 and above years . The results of the study revealed that 64 per cent of older adults had low physical activity, nearly half of the respondents (47.3%) were worried and less than one fourth of respondents (45.9 %) had sleep disturbance. The prevalence of frailty in older adults was 25 per cent. The researcher concluded that the Covid–19 pandemic affected the daily physical activity and mental health of older persons. Sharma and Dube (2021) have assessed the mental health of older persons. The results of

the study showed that depression, anxiety, and loss of behavioral control were high among female older persons, while emotional ties, the general positive effect, and life satisfaction were high among male older persons as compared to their counterparts.

AIM

The aim of the study is to assess the activity levels among the older persons residing in Tiruchirappalli district.

MATERIALS AND METHOD

OBJECTIVES OF THE STUDY

1.) To study the socio demographic characteristics of the respondents.

2.) To assess the activity levels among the older persons living in Tiruchirappalli district.

3.) To find out the association between socio-economic characteristics and level of activity among the older persons.

4.) To provide suitable social work interventions to improve the psychosocial activities of older persons.

RESEARCH DESIGN

In the present study, the researcher has attempted to understand the levels of activity on various dimensions such as physical, psychological and social activity among the older persons. A descriptive profile of the respondents based on the socio-economic status, physical health condition, daily living activities, psychological health, social activity and familial characteristics of the respondents are explained in detail. Hence, the researcher has adopted descriptive research design for this study.

UNIVERSE, SAMPLING AND TOOLS OF DATA COLLECTION

The universe of the present study comprised of all the older persons residing in Tiruchirappalli district. Multistage random sampling procedure was adopted in the

present study. The sample size of the study consisted of 320 respondents. Self prepared interview schedule was used to collect the socio demographic information's and a standardized tool Activity Rating Scale for Older Persons (ARSOP) developed by K.Maheswari and P.Ilango in 2010 was used to measure the activity levels with three dimensions such as physical, psychological and social activity. The scale consists of 30 items and statistical analyses were done using SPSS.

RESULTS AND DISCUSSION

Socio economic characteristics of the individuals helps the researcher to understand the older persons better on different dimensions such as marital status, economic condition, dependency living arrangements their health condition, social status and family interaction pattern. Each and every individual is unique and the characteristics also differ from one person to another. Psychosocial and health outcomes vary based on the social economic conditions of the respondents. From the analysis of the study it is inferred that nearly half of the respondents (47%) come under middle old category and more than half of them (55.9%) were females. Various studies have shown that female proportion in more than the male older persons and this may be due to increase in life span and widowhood. Majority of respondents (71.6%) were married and are living with spouse and 25 per cent are widows.

Regarding educational qualification of the respondents, 35.3 per cent of them have been educated up to primary level and it is interesting to know that more than one fourth of the respondents (25.9%) had done technical education and illiteracy rate was 15 per cent and it is clear that in the forth coming years everyone will be educated. As seen in various studies, vast majority of the respondents (90.6%) belong to Hindu religion .It is evident from the study that majority of the respondents (60%) hail from rural areas of Tiruchirapalli district. As majority of urban older persons get settled in their native places after retirement and also majority of older people reside in and around rural areas.

Regarding the marital status of the respondents, more than half of the respondents (53.8%) have done consanguinity marriage and 19.4 per cent of them are living with their spouse for more than 50 years and this indicated their acceptance of

strong culture and commitment towards family relationship. It is noted from the study that 34.1 per cent are daily wagers and vast majority of the respondents (98.4%) are employed after retirement. They are working as agricultural coolies (46.9%), unskilled labourers (36.6%) , agriculture (11‘9%), business (3.1%) and unemployed (1.6%). This economic independency to some extent (37.2%) has made the older persons to live with dignity and self sufficiency. But due to medical expenses and other basic needs they are dependent on their family members, they had spent for their children’s education, marriage and availed hand loan from borrowers and repayment of debt is a big deal for the elderly and so they become dependent on their family members. Nearly majority of the respondents (57.5%) are living in joint families.

It is observed from the research study that less than half of the respondents (46.5%) have moderate level of physical activity. Majority of the respondents are employed and they are able to maintain their daily living activities and physical health to greater extent. More or less equal member of them had low (26.9%) as well as high (27.5%) levels of physical activity.

Regarding the psychological activity dimension, 40 per cent had moderate level of psychological activity and 32.2 per cent had low level and 27.8 per cent had high level of psychological activity. Mental ability and its functioning get declined as age increases. When it comes to social activity, 43.1 per cent have moderate level of social activity, whereas 30.9 per cent low level of social activity and 25.9 per cent have high level of social activity. The family interaction pattern and social participation of older persons have influenced the overall activities. Good relationship with family members, grant children and friends will make the older persons to ventilate their feelings which in turn make both the parties to be happy. Healthy life style is proportionate to better and continuous activity at all ages. From the study, it was found that there was a significant association between activity and age of marriage, headship in families, number of dependants, respect by family members and ownership of house of the respondents. There was a significant difference between activity and age, domicile, present occupation and educational qualification of the respondents, however there was no significant difference between gender and activity levels of the respondents.

SOCIAL WORK INTERVENTION

- Professional Social Workers can exercise the social casework method to deal with the older persons psychological problems and help them to help themselves.
- Social workers need to take on the bottom- level -planning and technique mainly for the rural older population and do need assessments related to physical activities related difficulties, make an action plan, and implement the plans.
- Social group work method can be employed to form self-help groups among the older persons and create awareness about nutrition, health, yoga, meditation, government facilities available for them.
- Regular health check up camps can be organized in the rural areas to find out the difficulties and diseases of older adults especially frail older persons and make use of timely interventions for its prevention.
- Social workers can play a major role as mediators and facilitators and help the older population to get aids for their daily living activities and support for psychological and social activities in general.
- Geriatric care should be strengthened and mobile care units must be implemented at all rural areas.
- Health care delivery staff and geriatric counselors must be equipped and employed to give proper health care counseling to the elderly.
- Volunteers must be encouraged to accompany the elderly in seeking health care.
- Improvement of physical activity in older persons helps to reduce depression of the older persons. Adequate medical care, physical occupational therapy is key factor to reduce the effects of illness and disability.

CONCLUSION

Based on the results of the study it is concluded that family interaction, social engagement and income generative activities have a positive effect on satisfaction of life and better psycho social and physical health of older persons. It can make them to be self reliant and economically active persons in the society. Economic independence has positive impact on older persons to play their role effectively and efficiently and also to enjoy status in the family and society successfully. The absence of family members and dependency creates lot of psychological

disturbances and social withdrawal and also loss financial and emotional security. From the study it is concluded that being active physically and maintaining psychosocial status at old age helps to achieve active ageing.

REFERENCES

Bhatia, H.S. (1983). Aging and society: A sociological study of retired public servants. Udaipur: Arya's Book Center Publishers.

Bali Bahadur (2018). Elderly and Changing Role of Families in Punjab. Indian Journal of Gerontology, Vol. 32, No. 3, pp. 290–305.

Chakraborty, K., and Chatterjee, M. (2020). Psychological impact of Covid–19 pandemic on general population in West Bengal: A cross-sectional study. *Indian Journal of Psychiatry*, 62(3), 266.

Dey, A.B. (2003). Aging in India: Situational analysis and planning for the future. Ministry of Health and Family Welfare. New Delhi: Ramko Press.

Havighurst, R.J. (1953). Human development and education. NY: Longman.

Kamalesh K.G. and Kumar, V. M.(2018). Sleep Disorders in the Elderly: a Growing Challenge.

Singh, A., Shukla, A., Ram, F., & Kumar, K. (2017). Trends in inequality in length of life in India: a decomposition analysis by age and causes of death. Genus, 73(1). doi: 10.1186/s41118–017–0022–6.

Neugarten, B.L. (1980). The awareness of middle age. In B.L. Neugarten (Ed.) Middle age and aging: A reader in social psychology (93-98). Chicago: University of Chicago Press.

Langhammer, B., Bergland, A., and Rydwik, E. (2018). The importance of physical activity exercise among older people. *BioMed research international*, *2018*. Published on line December, 5.

Shubha Pai and Sudeep Chandra (2021). Life Satisfaction and Ego Integrity among Older Adults: A Comparative Study 111. Indian Journal of Gerontology, Vol. 35, No.1, pp. 1–7

Pooja Agnani, Anjali Bhise, Zeel Mehta, (2021). Physical Activity, Mental Health, and Frailty among Older Adults in Covid–19 Pandemic. Indian Journal of Gerontology, Vol. 35, No. 2, pp. 177–187

Adelaide Journal of Social Work (ISSN 2349-4123)
Volume: 8, Issue: 1, August 2021 pp.107-119

Internet Addiction and Loneliness Among Young Adults

*Thani Anwar **Rosa Nimmy Mathew

ABSTRACT

Internet plays a major role in this era. Internet addiction has attracted the attention of many studies. Loneliness recently has been increasing and has been reported frequently as a mental illness that is linked to internet addicted. Lonely individuals are drawn towards internet because of finding potential for companionship. The aim of this research was to study the internet addiction and loneliness among young adults in Mangalore city, India. The sample to the research were 100 students from 18-25 years old, who live in different places of Mangalore city selected through simple random sampling. Data collection were carried out through self-administered questionnaires: Internet Addiction Test (IAT) and Revised UCLA Loneliness Scale. The data were tested using correlation. The research has shown that there is a low positive correlation between loneliness and Internet addiction, rejecting the null hypothesis. The results suggest that respondents addicted to the Internet significantly feel lonely.

Keywords: *Internet addiction, Loneliness, Young adults, correlation*

Internet addiction is said to be characterized by uncontrollable and compulsive internet use, resulting in problems such as poor academic and professional performance, diminished sleep quality and hygiene, and relational maladjustment (Lyvers, Karantonis, Edwards, & Thorberg, 2016).

Internet addiction can be viewed as a behavioural addiction or impulse control disorder not otherwise specified, like compulsive shopping or compulsive gambling,

* *Counsellor, Plama Diamond, Falnir, YMCA Balmatta Maidan Rd, Bendoor, Mangalore, Karnataka, Email: tahan11011997@gmail.com.*

* *Assistent Professor in Counselling, School of Social Work, Roshni Nilaya Mangaluru.*

the latter of which has reportedly shown neurobiological commonalities with substance addictions (Lyvers, Karantonis, Edwards, & Thorberg, 2016).

Among many millennials, Internet addiction is common and these millennials do not even realize that they have an addiction. Being addicted to the internet can lead to many side effects which could harm your social, emotional, and physical health. Loneliness is the major mental illness that is arising among millennials, internet addiction would be one of the reasons that they are facing such problems in their daily lives. Emotional symptoms of Internet Addiction Disorder may include: Depression, Dishonesty, Feelings of guilt, Anxiety, Feelings of Euphoria when using the Computer, Inability to prioritize or Keep Schedules, Isolation, No Sense of Time, Defensiveness, Avoidance of Work, Agitation, Mood Swings, Fear, Loneliness, Boredom with Routine Tasks, Procrastination (Gregory, 2019).Physical Symptoms of Internet Addiction Disorder may include: Backache, Carpal Tunnel Syndrome. Headaches, Insomnia, Poor Nutrition (failing to eat or eating in excessively to avoid being away from the computer), PoorPersonal Hygiene (e.g., not bathing to stay online), Neck Pain, Dry Eyes and other Vision Problems, Weight Gain or Loss. (Gregory, 2019).

Addicts may develop techno stress wherein they internalize how a computer works, such as accelerated time and perfect results. It can also cause social withdrawal, feeling more at ease interacting with people online rather than in person (Gregory, 2019).Surveys suggest that males who are addicted to spending time online tend to prefer viewing pornographic websites, while females are attracted to chat rooms for making platonic and cyber sexual relationships. Young adults can develop an emotional attachment to on-line friends. Internet addict activities are created on their computer screens which can lead to obesity (Better Heath Channel, 2020).

Loneliness is a person's perceived level of social isolation and is not the same with chosen isolation and also associated with the health and mental health risks (Legg, 2019). Young adults also face difficulties when they are adjusting to life's changes, or seeking a sense of belonging among others who share similar goals and interests(Lim, 2019). People suffering from loneliness have difficultyconnecting with people, Constantly feeling connected but in reality feeling alone, Feeling low, Feeling depressed, Poor physical health, Seeking ways to avoid being rejected,

Furthering oneself to isolation, Difficulty maintaining relationships, Avoid social gathering, Spending more time alone and with online friends, Decreased energy, Feeling sad, empty, Feeling foggy or unable to focus, Insomnia interrupted sleep, or other sleep issues, Decreased appetite, Feelings of self-doubt, hopelessness, or worthlessness, tendency to get sick frequently, Body aches and pains, Feelings of anxiousness or restlessness, increased shopping, Substance misuse, increased desire to binge-watch shows or movies and Cravings for physical warmth, such as hot drinks, baths, or cosy clothes and blankets. (Legg, 2019)

Loneliness may be triggered by situational variables such as physical isolation, moving to a new location, and divorce. The death of someone significant in a person's life can also lead to feelings of loneliness, moving schools or going away to university can put a strain on existing relationships and isolate people from their immediate support network, which can result in feelings of loneliness.Loneliness is often triggered by significant life events – both positive such as new parenthood or a new job and negative such as bereavement, separation or health problems (Cherry, 2020).Internet addiction creates many problems in the field of mental health of young adults and their families.Loneliness is frequently reported mental illness addicted to the internet. The research studies show that there is a high positive correlation between internet addiction and loneliness(Zygouris, Fotis, & Karapetas, 2015).

The research has shown that there is a mild negative correlation between loneliness and Internet addiction, on the other hand no gender differences was found in terms of internet addiction and loneliness level(Hasmujaj, 2016). Another cross sectional study on Internet addiction and psychological well-being among college students from Central India showed that students with higher levels of internet addiction are more likely to be low in Psychological Well-Being(Sharma & Sharma, 2018).Internet addiction has negative correlation with positive aspects of psychological health (self-esteem and satisfaction with life), and positive correlation with negative aspects of psychological health (depression, anxiety and stress). In other words, increase in the level of Internet addiction makes a reduction in positive aspects of psychological health (self-esteem and satisfaction with life) and gives rise to negative ones (depression, anxiety and stress). (Aghili & Aliniya, 2013)

The association between social media use and sleep disturbance among young adults. The participants were 1788 U.S. young adults (ages 19–32). The results conveyed that participants with higher Social Media use, volume and frequency had a considerably greater chance of having sleep disturbance than those compared with in the lowest quartile of Social Media use frequency per week(Levenson, Shensa, Sidani, Colditz, & Primack, 2016).The association between psychological well-being and problematic use of Internet communicative services among young people showed preliminary evidence that low psychological well-being is associated with problematic use of Internet communicative services (Casale, Lecchi, & Fioravanti, 2015).

The relationship between excessive Internet use and depression: a questionnaire-based study of 1,319 young people and adultsshowed that there was a close relationship between IA tendencies and depression, and IA respondents were more depressed; there were also significant differences between the sexes, with men showing more addictive tendencies than women. In addition, young people were significantly more likely to show addictive symptoms than were older people(Morrison & Gore, 2010).Moody (2001) in his study on internet use and its relationship to loneliness showed low levels of social and emotional loneliness were both associated with high degrees of face-to-face networks of friends, while high levels of internet use were associated with low levels of social loneliness and high levels of emotional loneliness. (Shodhganga).Another study showed that showed that there is a positive, mid-level and significant relation with internet addiction has come out when depression, loneliness and self-esteem variables. (Horzum & Ayas, 2013)

Studies conducted on Internet addictionhas been increased. Most of thestudies recorded the connection between excessiveinternet use with some social and psychological variables such as socialisolation, depression and loneliness,suicidal and low self-esteem. As Loneliness is linked directly with deficits in social skills, preference for network interaction and compulsive internet use, themain reasons for this studyare to reduce psychologicalsymptoms such as loneliness and depression.

SIGNIFICANCE OF THE STUDY

As the consumption of the internet is rapidly increasing and internet addiction is becoming a concern among the internet users. Addicted person may become more addicted to internet and as a result the person may suffer in the important aspects of life such as family, work, academic, and relationships. From this addiction, the person may develop other psychological problem such as loneliness, depression, anxiety and so on. The studies in this field in our country are limited, only few studies are conducted on young adult age group in India. There is a need to be researched in this area which may reduce chance of having high risks of any disorder or disease in our future generation.Through this study the researcher intends to understand the relationship between loneliness and Internet addiction among Young adults.

METHODOLOGY

Aim: To examine the level of internet addiction and loneliness also to assess the relationship between internet addiction and loneliness among young adults.

Hypotheses

H0: There is no significant relationship between internet addiction and loneliness among young adults.

Variables:

Independent variable: Age, Gender, Dependency on Internet, Duration of using the Internet.

Dependent variables, level of Loneliness, Level of Internet addiction.

Sample

The sample size for this study was 100, 63 female 37 male respondents (18-25 age from Mangalore). Through probability sampling - simple random sampling participants were selected for the study.

InclusionCriteria: Studies conducted on the age group of 18-25 (who are currently studying). The sample will be from Mangalore, Dakshina Kannada, India. The

participant using internet for a long time i.e., using more than 2 years. InternetAddiction and Loneliness level were assessed by standardised questionnaires.

Research Design: Quantitative, Descriptive Correlation design

Tools of data collection

1. Socio-demographic details

It consists of name, age gender, education qualification, region, religion, few internet questions.

2. Internet Addiction Test - IAT (1998) Dr Kimberly Young.

It measures addictive use of the internet and it consists of 20 items that measureMild, moderate and severe levels of internet addiction. It also examines conflicts in personal, social or occupational Performance that may be derived from addictive use.

3. Revised UCLA Loneliness Scale – R-UCLA (1980)Russell, D., Peplau, L.A., & Cutrona, C.E.This measure is a revised version of the original UCLA Loneliness Scale, the reason for this was to make 10 of the 20 items reversed scored and to simplify the wording. It consists of a 20 item-scale and measures one's subjective feelings of loneliness as well as feelings of social isolation. It is also described as unidimensional measure of loneliness as conceptualising and assessing loneliness as a unitary, Globalexperience.

Analysis:Data were analysed using SPSS version 14.0 software (SPSS Inc., Chicago, IL). Pearson's correlation coefficients were calculated between internet addiction and loneliness level. Data were then analysed using Shapiro Wilk test, Independent T-test and One-Way ANOVA test.

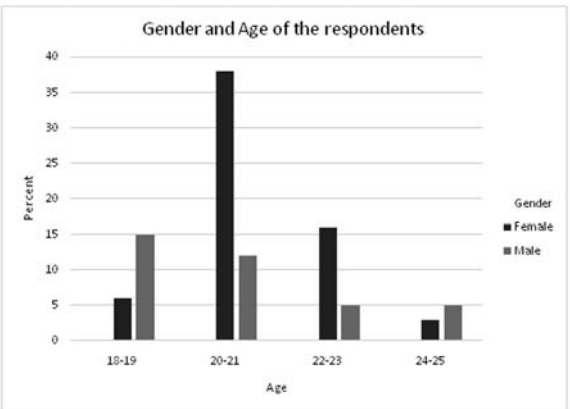
ETHICAL CONSIDERATION

The participants were made aware of their 'right to decline or withdraw from participation 'at any phase of the study. The researcher ensured high levels of sensitivity and was cautious to prevent intentional harm and avoid potential harm.

The data collected both using the questionnaire were stored in such a way that their identities are not revealed.

RESULTS AND DISCUSSION

Figure 1 Frequency distribution of gender and age of the respondent



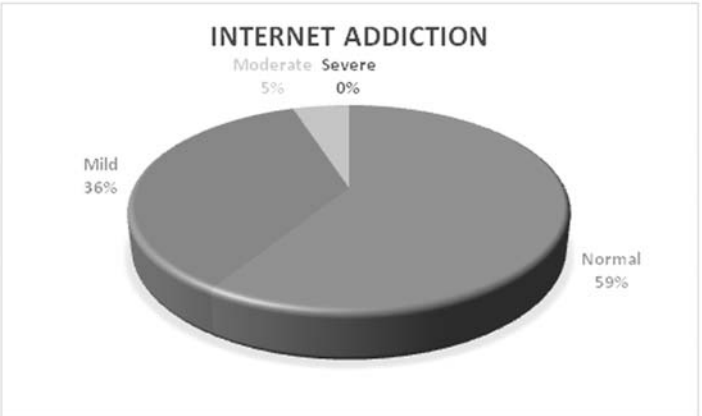
The above figure indicates that out of 100 respondents 63 of the respondents are female and 37 of them are male respondents out of which 50 respondents are of the age group of 20-21. 21 respondents are of the age group of 18-19 and 22-23, and 8 respondents are of the age group of 24-25. This shows that 20-21 age group and females are the majority respondents.

Table 1 Frequency distribution of the Respondents Education qualification and geographical location.

Education Qualification	Geographical location		Total
	Urban	Rural	
UG	41	13	46
PG	19	27	54

The table shows that out of 100 respondents, 54 respondents are undergraduate students and 46 respondents are postgraduate students. 60 respondents are from urban place and 40 are from rural place.

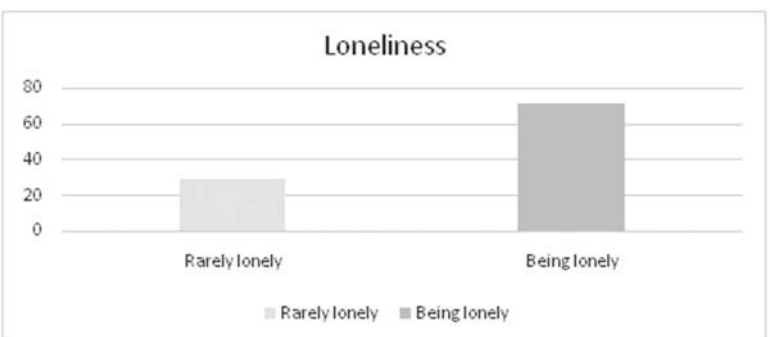
Figure 2 Level of Internet addiction among the respondents.



The above figure shows that only 59% of the respondents shows normal use of internet, 36% of the respondents representing mild level of addiction, 5% of the respondents signifying moderate level of addiction and none of the respondents showed severe internet dependency. The researcher observed that the respondent used internet majority for chatting, recreational, and studies. The respondents did not show any signs of severe internet addiction or addictive behaviour.

Similar results have been seen in one of the study Internet Addiction: A Research study of college student in India found there is no evidence of severe internet addiction and that most of the addiction were in the range of mild to moderate addiction that were related to campus internet work. (Menon, Narayanan, & Kahwaji, 2018)

Figure 3 level of loneliness among the respondents



The above table shows that only 71% of the respondents signifying being lonely, and 29% of the respondents signifying rarely lonely. This could be because of impact of social media, they may be ill- equipped to cope from situation or feeling of loneliness, moving to new place.The researcher observed that majority of the respondents use internet at normal level, the scores for being lonely is high.

In one of the study identified that young adults have a greater likelihood of feeling lonely. (Statistics New Zealand, 2013)Another study predicted that pathological Internet users would more likely be males. Pathological users scored significantly higher on the UCLA Loneliness Scale, and were socially disinhibited online. (Martin & Schumacher, Loneliness and social uses of the Internet, 2003)

Table 2 The Analysis of correlation between Internet Addiction and Loneliness.

	Internet	Loneliness	addiction
Internet addiction	Pearson Correlation	1	.169
	Sig. (2-tailed)		.093
	N	100	100
Loneliness	Pearson Correlation	.169	1
	Sig. (2-tailed)	.093	
	N	100	100

*.Correlation is significant at the 0.05 level (2-tailed).

The above table indicates the correlation scores between that Internet Addiction and Loneliness among Young Adults. The data reveals that there is a low significant positive relationship between the internet addiction and loneliness. Hence the hypothesis is rejected as there is significant low relationship between internet addiction and loneliness. This also indicates that internet addiction and loneliness do have impact on each other as a variable.

The result of this study supports the present study indicating a positive significant relationship between loneliness and internet addiction. (Sharifpoor, Khademi, & Mohammadadzadeh, 2017)A study on the relationship between the loneliness and Internet addiction tendency of college students,showed that college students with

Internet dependence tendency are easier to develop loneliness than college students without Internet dependence tendency(Shodhganga).Another study on loneliness showed similar results indicating a positive relationship between loneliness and internet addiction(Gill, 2019).

IMPLICATIONS AND SUGGESTIONS

The current study throws light on understanding the level of internet addictionand need to address these issues especially among young adults. Understanding the relationship between loneliness and internet addiction can help the mental health professional to know the nature of concern and its effects further plan the interventions. Study can be extended to different developmental ages.There is a necessity for developing evidence-based intervention to tackleadverse effects of loneliness and internet addiction.Future research can include a greater number of respondents and yielding more significant results.

Parenting style and personality can correlate with internet addiction and could be an interest for another researcher. Future research can focus on quality of life, depression, body image issue among internet addiction.

CONCLUSION

On the whole most of the respondents appear to be normal Internet users.The majority of the respondents in this study signify feeling of being lonely.There is a low positive correlation between the level of internet addiction and the level of loneliness.

REFERENCES

Aghili, M., & Aliniya, R. (2013, October). Internet addiction and psychological health of students. *Indian Journal of Health and Wellbeing, IV*(7), 1411-1414. Retrieved from https://www.proquest.com/scholarly-journals/internet-addiction-psychological-health-students/docview/1788197236/se-2

Bahri, , Z., Rashedi, , V., & Khademi , M. (2013). Loneliness and Internet addiction in students. *Journal of Health Promotion Management, II*(1), 32-38. Retrieved from https://jhpm.ir/article-1-75-en.html

Better Heath Channel. (2020). *Internet Addiction*. Retrieved March 20, 2020, from BetterHealth: http://www.betterhealth.vic.gov.au/health/healthyliving/internet-addiction/#top

Bozoglan, B., Demirer, V., & Sachin, I. (2013). Loneliness, self-esteem, and life satisfaction as predictors of Internet addiction: a cross-sectional study among Turkish university students. *Scandinavian Journal of Psychology*, 313-319. doi:10.1111/sjop.12049.

Caplan, S. (2007). Relations Among Loneliness, Social Anxiety, and Problematic Internet Use. *CyberPsychology & Behavior, X*(2), 234-242. doi:10.1089/cpb.2006.9963

Ceyhan, A., & Ceyhan , E. (2008). Loneliness, depression, and computer self-efficacy as predictors of problematic internet use. *CyberPsychology & Behavior*, 699-701. doi:10.1089/cpb.2007.0255.

Cherry, K. (2020, March 23). *The health consequences of loneliness*. Retrieved from Verywellmind Web site: https://www.verywellmind.com/loneliness-causes-effects-and-treatments-2795749

Demirer, V., Bozoglan, B., & Sachin, I. (2013). Preservice Teachers' Internet Addiction in Terms of Gender, Internet Access, Loneliness and Life Satisfaction. doi:10.18404/ijemst.29217

Engelberg , E., & Sjöberg , L. (2004). Internet use, social skills, and adjustment. *Cyberpsychology Behavior*, 41-47. doi:10.1089/109493104322820101

Esen, B. K., Aktas, E., & Tuncer , I. (2013). An Analysis of University Students' Internet Use in Relation to Loneliness and Social Self-efficacy. *Procedia - Social and Behavioral Sciences 84*, 1504-1508. doi:10.1016/j.sbspro.2013.06.780

Gill, D. S. (2019). A Study of Loneliness in Relation to Internet Addiction among Adolescents. *International Journal of Research in Social Sciences, IX*(6), 362-370. doi:http://www.ijmra.us/project%20doc/2019/IJRSS_JUNE 2019/IJMRA-15681.pdf

Gregory, C. (2019, May 22). *Internet Addiction Disorder*. Retrieved from PSYCOM Website: https://www.psycom.net/iadcriteria.html

Hardie, E., & Tee, M. Y. (2007). Excessive Internet Use: The Role of Personality, Loneliness and Social Support Networks in Internet Addiction. *Australian Journal of Emerging Technologies and Society, V*(1), 34-47. Retrieved from http://ictaugustine.pbworks.com/f/Excessive+ Internet+Use.pdf

Hasmujaj, E. (2016, October). Internet Addiction and Loneliness Among Students of Shkodra. *European Scientific Journal, 12*, 397-407. doi:doi: 10.19044/esj.2016.v12n29p397

Horzum, M. B., & Ayas, T. (2013). Relation between depression, loneliness, self-esteem and internet addiction. *Education, CXXXIII*(3), 283-290. Retrieved from https://eric.ed.gov/?id=EJ1022249

Hyun , K. J., Larose, R., & Peng, W. (2009). Loneliness as the cause and the effect of problematic Internet use: the relationship between Internet use and psychological well-being. *CyberPsychology & Behavior, XII*(4), 451-455. doi:10.1089/cpb.2008.0327

Karapetsas, A. V., Zygouris, N. C., Aposolos , F. I., & Karapetsas, V. A. (2015). Internet addiction and loneliness. *ENCEPHALOS 52*, 4-9. Retrieved from https://www.researchgate.net/publication/272833043_Internet_addiction_and_loneliness

Katherine , C., & Leung, L. (2004). Shyness and Locus of Control as Predictors of Internet Addiction and Internet Use. *CyberPsychology & Behavior*, 559-570. doi:10.1089/1094931042403073

Koyuncu , T., Unsal, A., & Arslantas, D. (2014). Assessment of internet addiction and loneliness in secondary and high school students. *Journal of the Pakistan Medical Association, LXIV*(9), 998-1002. Retrieved from https://www.ncbi.nlm.nih.gov/pubmed/25823176

Legg, T. J. (2019, June 25). *Is chronic loneliness real?* Retrieved from HealthLine Web site: https://www.healthline.com/health/mental-health/chronic-loneliness

Lim, M. H. (2019, October 1). *1 in 3 young adults is lonely and it affects their mental health*. Retrieved from The Conversation Web site: https://www.google.co.in/amp/s/theconversation.com/amp/1-in-3-young-adults-is-lonely-and-it-affects-their-mental-health-124267

Lyvers, M., Karantonis, J., Edwards, M. S., & Thorberg, F. A. (2016, June). Traits associatef with Internet addiction in young adults:Potential risk factors. *Addictive Behaviors Reports, III*, 56-60. doi:10.1016/j.abrep.2016.04.001

Martin , J., & Schumacher, P. (2003). Loneliness and social uses of the Internet. *Computers in Human Behavior, XIX*(6), 659-671. doi:10.1016/S0747-5632(03)00040-2

Menon, S., Narayanan, L., & Kahwaji, A. T. (2018). Internet Addiction: A Research Study of College Students in India. *Journal of Economics and Business, 1*, 100-106. doi:10.31014/aior.1992.01.01.9

Moody, E. J. (2001). Internet Use and Its Relationship to Loneliness. *CyberPsychology & Behavior, IV*(3), 393-401. doi:10.1089/109493101300210303

Morahan, J. M., & Schumacher, P. (2003). Loneliness and social uses of the Internet. *Computers in Human Behavior*, 659-671. doi:10.1016/S0747-5632(03)00040-2

Nalwa, K., & Anand, A. P. (2003). Internet Addiction in Students: A Cause of Concern. *CyberPsychology & Behavior , VI*(6), 653-656. doi:10.1089/109493103322725441 ·

Odacýa , H., & Kalkan, M. (2010). Problematic Internet use, loneliness and dating anxiety among young adult university students. *Computers & Education*, 1091-1097. doi:10.1016/j.compedu.2010.05.006

Oguz, E., & Cakir , O. (2014). Relationship between the Levels of Loneliness and Internet Addiction. *Anthropologist, XVIII*(1), 183-189. doi:10.1080/09720073.2014.11891534

Ostovar, S., Allahyar, N., Aminpoor, H., Moafian, , F., Nor, M. B., & Griffiths, M. (2016). nternet Addiction and its Psychosocial Risks (Depression, Anxiety, Stress and Loneliness) among Iranian Adolescents and Young Adults: A Structural Equation Model in a Cross-Sectional Study. *International Journal of Mental Health and Addiction*(14), 257–267. doi:https://doi.org/10.1007/s11469-015-9628-0

Sharifpoor, E., Khademi, M. J., & Mohammadadzadeh, A. (2017). Relationship of Internet Addiction with Loneliness and Depression among high school students. *International Journal of Psychology and Behavioral Sciences*, 99-102. doi:10.5923/j.ijpbs.20170704.01

Shodhganga. (n.d.). Review of Literature. In *Chapter 2* (pp. 54-83). Retrieved from https://shodhganga.inflibnet.ac.in/bitstream/10603/205706/10/10_chapter%202.pdf

Shodhganga. (n.d.). Review of Related Literature. In *Chapter two* (pp. 25-79). Retrieved October 30, 2019

Statistics New Zealand. (2013). Loneliness in New Zealand: Findings from the 2010 NZ General Social Survey. *Wellington: Statistics New Zealand,2013*, 4-18. Retrieved from http://www.stats.govt.nz

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