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EDITORIAL

As the Chief Editor of the *South Asian Journal of Participative Development*, I am delighted to present this comprehensive issue, showcasing the exceptional research contributions that highlight the intersection of social issues, health, education, and empowerment in South Asia. This edition brings forward critical perspectives and interventions aimed at improving the quality of life for marginalized communities across the region. Through the lens of participatory development, these studies provide a platform for action-oriented solutions, grounded in the realities faced by individuals and communities.

Our first article, *Community Action for Nutrition: Integration of Participatory Action Research Methods and Systematic Community Processes to Enhance Child Health and Nutrition Services* by Vinod D. Shende, Shailesh M. Dikhale, Dr. Dhananjay Kakade, and Swapnil Vyavahare, emphasizes the importance of community-driven approaches in addressing child health and nutrition. Their work explores the integration of participatory action research methods with systematic processes to create lasting impacts on child welfare.

Mousumi Saikia and Mrityunjay Kumar Singh explore the educational rights of children with special needs in Assam in their article *Children With Special Needs in Schools of Assam – A Rights-Based Perspective*. Their research provides valuable insights into the systemic challenges faced by these children and advocates for more inclusive policies.

In *Household Food Insecurity and Its Impact on The Nutritional Status of Dalit Women in Karnataka*, Nisargapriya T. S. and Lokesha. M.U. examine the socio-economic factors affecting the health of Dalit women in rural Karnataka. This study sheds light on the intersections of caste-based discrimination and food insecurity, providing a call to action for improved nutritional policies and practices.

Bipul Bez, Mousumi Saikia, and Sumita Sark's article, *Impact of Women's Illiteracy on the Economic Condition of Tea Tribes: A Study In Namsai District, Arunachal Pradesh*, takes us into the world of tea tribes and the vital link between illiteracy and economic vulnerability, with a particular focus on the women of the community.

In *Job Satisfaction Among Social Workers Working in Hospitals*, Bhagyashree Patil offers a detailed study on the challenges and motivations of social workers within healthcare settings, highlighting the importance of job satisfaction in the effective delivery of social work services in hospitals.

Suraqua Fahad's article *Impact of Leprosy on Children: Addressing Child Marriage In Affected Families Through Social Work Intervention* presents an in-depth exploration of the repercussions of leprosy on children and its role in perpetuating harmful practices like child marriage. This study focuses on the significant role of social workers in mitigating these practices.

Perspectives on the Challenges and Experiences of Widows in Armed Conflict: A Focus On Manipur by Elizabeth Misao provides a powerful narrative of widows caught in the aftermath of armed conflict in Manipur. Misao's research emphasizes the need for psychological support and community-based interventions for these women who experience both social exclusion and economic hardship.

Husenasab Vanageri and Renuka E. Asagi, in their article *Physical and Mental Health Conditions of Elderly People*, draw attention to the physical and mental health challenges faced by the elderly, highlighting the crucial need for support systems that cater to their well-being in a rapidly changing society.

In *Combating Violence Against Women: Learnings From Vimochana's Good Practices*, Rahul Kapoor and Nisha provide a reflection on the strategies and practices used by Vimochana, an organization committed to fighting violence against women. This article offers insights into best practices and lessons learned in the long-standing battle for gender equality.

The study of *Migrant Workers and Their Left Behind Children: A Study On Scholastic Backwardness in Srikakulam District* by U. Kavyajyosthna and Manem Atchyuta Rao explores the impact of migration on children left behind, specifically their educational challenges. This study brings attention to the academic struggles of these children and calls for policies that address the socio-economic realities of migrant families.

Working with Female Adolescents: A Social Work Perspective by Lakshmi Mallik and Dhavaleshwar C. U. provides a detailed overview of the unique challenges faced by adolescent girls, offering social work strategies to support their emotional and social development.

B. S. Gunjal and Rani Chennamma's article, *The Role of Professional Social Worker in Mother And Child Health Services*, highlights the indispensable role social workers play in the improvement of maternal and child health. Their research underlines the need for a more integrated approach in healthcare delivery.

Finally, *Empowerment of Marginalised Groups: A Case Study of Sholigas* by Shreenath R. Patil and Chidanand Dhavaleshwar provides a compelling case study on the empowerment of the Sholiga tribe. Their research focuses on how marginalized communities can achieve sustainable development through participatory frameworks and social mobilization.

These diverse articles collectively underscore the urgent need for participatory, community-centered approaches to address the pressing challenges faced by the disadvantaged in South Asia. I hope the insights shared here will inspire further research and action toward inclusive and equitable development.

I express my sincere gratitude to the authors for their rigorous work and commitment to making a tangible difference in their respective fields. I also thank our reviewers, who have helped ensure the quality and integrity of the research published in this journal.

As we continue to advance the field of participative development, I look forward to the discussions and advancements these articles will inspire, fostering greater awareness and positive change across South Asia.

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

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COMMUNITY ACTION FOR NUTRITION: INTEGRATION OF PARTICIPATORY ACTION RESEARCH METHODS AND SYSTEMATIC COMMUNITY PROCESSES TO ENHANCE CHILD HEALTH AND NUTRITION SERVICES

Vinod D. Shende
Research scholar, School of Social Work
Tata Institute of Social Sciences (TISS), Mumbai, Maharashtra
vshende1788@gmail.com

Shailesh M. Dikhale,
Project In-charge,
Support for Advocacy & Training to Health Initiatives (SATHI), Pune, Maharashtra

Dhananjay Kakade
Director, Support for Advocacy & Training to Health Initiatives (SATHI), Pune, Maharashtra

Swapnil Vyavahare
Project Associate, Support for Advocacy & Training to Health Initiatives (SATHI)
Pune, Maharashtra

Abstract

Undernutrition among tribal children in India remains a persistent challenge. To address this, the Community Action for Nutrition (CAN) process was implemented in 420 tribal habitations of Maharashtra from June 2019 to February 2020, focusing on enhancing health and nutrition services through community engagement. By involving villagers in resolving Anganwadi-related issues via 'Poshan Hakk Gat (Nutrition Rights Group),' the initiative aimed to foster both immediate improvements and long-term sustainability.

The CAN process led to significant advancements in Anganwadi functioning, with 76.6% operating for four hours daily, 84% increasing children's presence during anthropometry, and 92.4% conducting measurements in front of parents. Of the 8,368 issues identified, 65.3% were resolved, with 89% handled locally. Health services and the Amrut Aahar Yojana (AAY) also improved, resolving 63% of identified issues. Additionally, 33% of Anganwadis now conduct six-monthly health check-ups, and there was a 29% increase in consistent diet provision under AAY for children and pregnant/lactating women.

The CAN process demonstrated the powerful impact of community-driven interventions in improving health and nutrition services. It underscores the potential for sustained

community efforts in combating undernutrition and serves as a model for strengthening grassroots health and nutrition services in vulnerable populations.

Key Words: Community Participation, Undernutrition, Health and Nutrition Services, Community Action for Nutrition

Background:

Child malnutrition continued as a serious concern in the tribal regions of Maharashtra, despite the government's implementation of various nutrition programs (Ministry of Women and Child Development (MWCD), 2014). Nutrition-related initiatives have historically overlooked active community participation and improvements in household dietary practices in these communities. Responding to this context, the Nutrition Rights Coalition, a statewide network of civil society organisations in Maharashtra, initiated the pilot process of Community-Based Monitoring and Action (CBMA) related to nutrition services from 2013 to 2016. Building upon the successful initiatives in health services, CBMA aimed to enhance the accountability and effectiveness of the Integrated Child Development Services (ICDS) scheme through community-based monitoring, while promoting better child nutrition practices at the household level. This approach resulted in improvements in awareness, utilisation, delivery of Anganwadi services, and community engagement with nutrition and health services (Marathe & Shukla, 2017). On this background, 'Community Action for Nutrition (CAN)' process was implemented with support and mandate from the Tribal Development Department (TDD), Government of Maharashtra from September 2018 onwards. The process aimed to catalyse positive change by empowering tribal communities by promoting child health and nutrition-related awareness, linking communities with health and nutrition services. The Community Action for Nutrition process was implemented from June 2019 to February 2020 in 420 tribal habitations in selected ten tribal predominant blocks of 7 districts of Maharashtra with a focus on community engagement. SATHI organisation played the key role of State Nodal Agency for ensuring the implementation of the CAN process in collaboration with respective CSOs working in selected blocks. This paper focuses on CAN process aimed to enhance health and nutrition services for children through active community participation, addressing immediate concerns while fostering sustainable solutions.

About 'Community Action for Nutrition' Process:

Child malnutrition remains a persistent concern in the tribal regions of Maharashtra, despite existing government nutrition programs. The 'Community Action for Nutrition (CAN)' Process was implemented from June 2019 to February 2020, in 420 tribal habitations in ten blocks across seven districts. This paper presents the CAN process, intertwining participatory action research methods and systematic community processes to improve health and nutrition services. The innovative and comprehensive nature of the CAN process addresses immediate concerns while fostering sustainable solutions for child health and nutrition services through active community participation, highlighting its transformative impact in tribal areas of Maharashtra. The CAN process aimed to strengthen community capacities, empower individuals and groups, and create awareness among tribal communities about nutrition-related programs and government entitlements. The goal was

to improve the implementation of nutrition programs, such as the Bharat Ratna Dr. APJ Abdul Kalam Amrut Aahar Yojana, and enhance overall health and nutrition services in tribal areas of Maharashtra.

Prevalence of malnutrition in India and Maharashtra:

Malnutrition remains a significant issue in Maharashtra and India. Despite economic growth in the country, there is a lack of adequate progress in terms of equitable social development. India lags in social indicators, with child malnutrition, the primary risk factor for under-five mortality (Swaminathan et al., 2019). A recent UN report on Sustainable Development Goals (SDGs) indicates that nutrition-related factors contribute to approximately 45% of deaths in children under five (Liu et al., 2016). A comparison of NFHS-5 data (2019-21) (IIPS, 2021) with NFHS-4 data (2015-16) (IIPS, 2017) reveals a worrying increase in malnutrition rates in the country, with severe wasting rising from 7.5% to 7.7%. The situation in Maharashtra is not significantly different from India. According to the NFHS-5 report, 35% of children under the age of five in Maharashtra experience stunting. Seriously, wasting affects 25.6% of children in this age group, with 10.9% experiencing severe wasting and 36.1% are underweight (IIPS, 2021). In Maharashtra, the prevalence of undernutrition, specifically in terms of stunting, wasting, and underweight parameters, is highest among tribal children. Nearly half of tribal children under the age of five experience stunting (IIPS, 2017). According to the ICDS Monthly progress report of December 2024, 4,66,998 (8.20%) children under five years of age are underweight in Maharashtra and 73,007 (1.28%) among those are severely underweight (ICDS, 2024).

The government initiatives to address the health and nutrition of children:

Over the years, India has introduced various government initiatives to improve child health and nutrition status. Key programs addressing nutrition include the Integrated Child Development Services (ICDS), National Health Mission, Janani Suraksha Yojana (JSY), and the Mid-Day Meal Program (MDMP). Additionally, at the state level in Maharashtra in 2015, the Bharat Ratna Dr. A.P.J. Abdul Kalam Amrut Aahar Yojana (AAY) was launched specially for tribal areas.

The government-led health and nutrition initiatives are crucial in addressing child malnutrition. Although government schemes and programs are well-designed on paper, there are significant gaps in the utilisation and community engagement associated with these programs. Some studies evaluating various aspects of these initiatives have highlighted disparities between the programs and their intended beneficiaries (KPMG, 2019; Michi, 2021; National Institute of Public Cooperation and Child Development (NIPCCD), 2006). This underlines the need to enhance the implementation of existing nutrition programs with more sustained and focused efforts. Specific emphasis needs to be given to strengthening strategies for community involvement and enhancing coordination among various stakeholders at the grassroots level.

Participatory-collaborative approach to improve the services:

The various studies on community participation in addressing malnutrition highlights the positive impact of community-driven interventions. The Alma Ata Declaration of 1978 initially highlighted the importance of Community involvement in primary healthcare, advocating for placing communities at the center of planning, organising, and controlling healthcare services (World Health Organisation, 1978). The participatory-collaborative approach, contrasts with the traditional methods, focusing instead on inclusive decision-making and cooperative problem-solving (Fung & Wright, 2003). Such collaboration is crucial for building local capacities and self-reliance, ensuring the effectiveness and sustainability of processes. The bottom-up approach to development planning, advocating for the full involvement of development beneficiaries in decision-making, rooted in the belief that participation enhances sustainability (Mikkelsen, 2005). This approach is deemed essential for achieving the Sustainable Development Goals (Marston et al., 2016). Various studies have explored meaningful community participation in health services, with community involvement seen as integral to an equitable and rights-based approach to health (Haldane et al., 2019).

Community strategies are crucial in addressing undernutrition in children. A quasi-experimental study focusing on community participation using participatory learning and action with action meetings, crèches, and home visits, played a significant role in reducing undernutrition among children under three (Gope et al., 2019). While direct evidence of health improvements from community participation is limited, it is clear that health and development programs often fail without it (Pritchett & Woolcock, 2004). Empowering women through community participation is seen as a process that enhances confidence and skills, contributing to the improved nutritional status of children (Rifkin et al., 2007).
Community-driven interventions effectively improve health outcomes, particularly in reducing child undernutrition. A participatory approach with inclusive decision-making is crucial. To achieve sustainable and equitable outcomes, a comprehensive strategy enhancing community participation and addressing implementation gaps is crucial for improving child health.

Methods:

The CAN process is a community-focused intervention designed to improve nutrition and health services in tribal Maharashtra. It was conceptualised as a system-supporting, community empowerment intervention. This process was implemented in selected 420 tribal habitations with the help of local organisations by SATHI as a State Nodal Agency. CAN combines participatory action methods and community processes to enhance child nutrition.

An approach integrates participatory action methods and systematic community processes to enhance child nutrition through CAN processes. The process of ‘convergence from below’ for enhanced coordination among frontline functionaries and officials associated with the various line departments from the village to district level with collaborative initiatives.

CAN employs various enhance community awareness and engagement with nutrition services including information dissemination, community consultations, and regular feedback mechanisms. Habitation-level discussions assess the delivery of Health and Nutrition services, while joint monthly meetings among the habitation level, active members of the 'Village Health, Nutrition, and Sanitation Committee,' 'Aahar Samiti (Food Committee),' and 'Mata Samiti (Mothers Committee)' to discuss and resolve issues related to the availability of health and nutrition services and to improve the nutrition of children in the community. This collaborative approach ensures that community voices are heard and addressed.

Active community involvement is crucial for optimal service delivery. Participatory methods are used to measure program impact, ensuring that community suggestions are considered and incorporated into the program. By empowering communities and fostering collaboration among officials, CAN aims to improve nutrition services and entitlements, ultimately improving child health in tribal Maharashtra. The initiative recognises the significance of community interface with frontline officials and forums in improving nutrition outcomes. Through CAN, communities are equipped to demand better services and hold officials accountable, leading to sustainable improvements in health and nutrition.

Results & Discussion:

As part of the CAN process, enhancing community participation in addressing issues and improving child health and nutrition services was crucial at the community level.

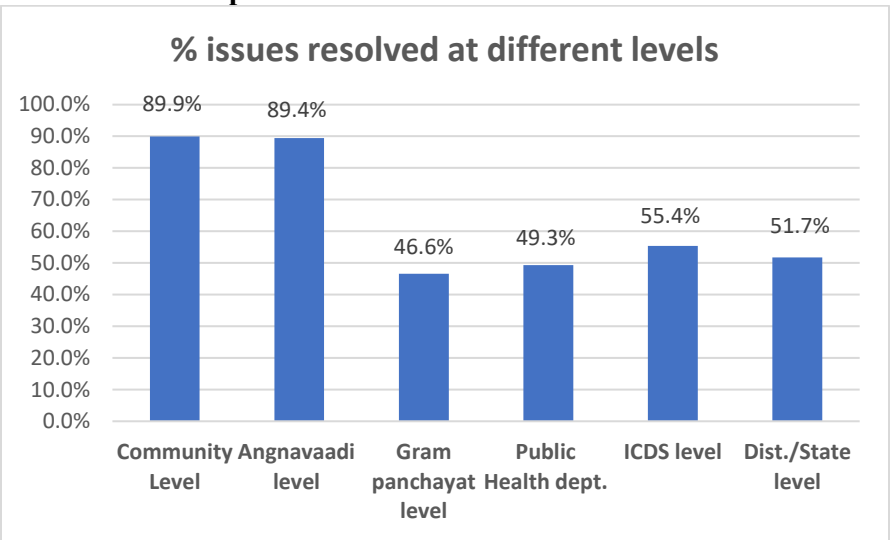
Improvements in Anganwadi functioning and services:

The CAN process significantly enhanced community participation in addressing child health and nutrition services, particularly at the community level. Through community feedback and local problem-solving, notable improvements were observed in the functioning of Anganwadis and health services. Community-based monitoring of nutrition services, facilitated by the CAN process, empowered Nutrition Rights Group members and active Village Health Sanitation & Nutrition Committees (VHSNCs) to monitor Anganwadi functioning, leading to service enhancements. The analysis of issue resolution at various levels demonstrated the CAN process's effectiveness in addressing local challenges, with 65.3% of identified issues resolved.

The Anganwadi issues were resolved at different levels:

Through the CAN process intervention and prompt responses from concerned official functionaries, our analysis shows that 65.3% (5,464 out of 8,368) of the identified issues across 420 Anganwadis were successfully resolved at various levels, from village to state. 89% of the raised issues were resolved locally at village and Anganwadi levels. At the block and district or state level, communication with ICDS or public health functionaries resulted in the resolution of 49.3% of issues by the health department and 55.4% by ICDS accordingly (Graph 1). This analysis underscores the high effectiveness of the CAN process in problem resolution, particularly at the community and Anganwadi levels, facilitated by proactive follow-ups and Poshan Hakk Gat (Nutrition Rights Group) members intervention.

Graph 1: Issues resolved at different levels



Improvement in Anganwadi services and functioning:

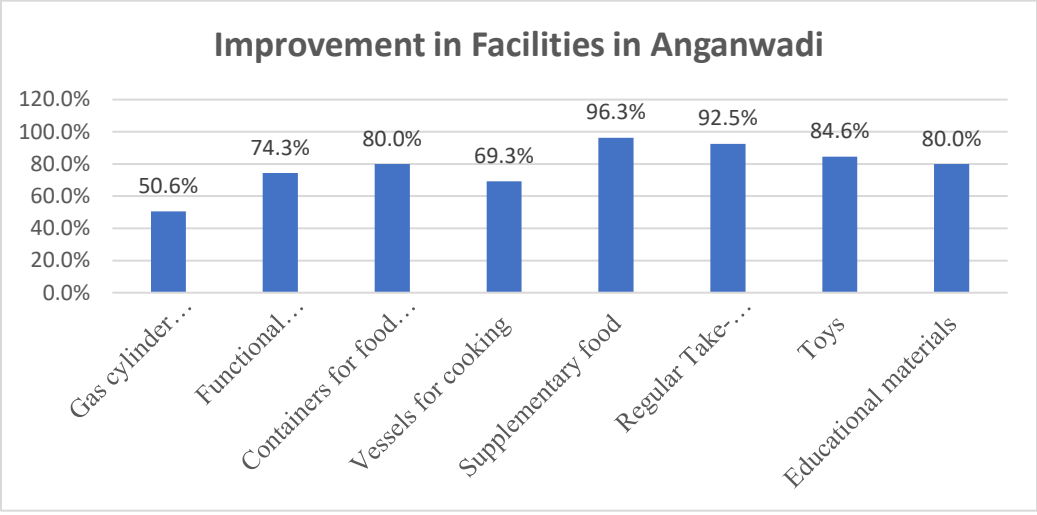
Initial challenges such as low attendance during monthly anthropometry, irregular functioning of Anganwadis, and poor record-keeping were addressed in 82% of cases through community dialogue and monitoring. Improved attendance was noted in 80.1% of Anganwadis, with 84% seeing increased participation in anthropometric measurements, and 94% of these measurements were conducted in the presence of parents, enhancing awareness of children's nutritional status (Table 1). CAN process consistent community mobilisation and awareness efforts played a key role in addressing these challenges.

Table 1:
Issues raised and resolved regarding Anganwadi (AW) services and functioning

Raised Issues	Issues Resolved	Issues Not resolved
AW started working for 4 hours daily	76.6%	23.4%
More children started attending AW	80.1%	19.9%
AW worker started attending Anganwadi regularly	82.6%	17.4%
Presence of children increased at the time of anthropometry	84.0%	16.0%
AW worker started regular record keeping of anthropometry	99.4%	0.6%
AW worker started updating registers and records regularly	99.2%	0.8%
Anthropometry started in front of parents	94.2%	5.8%

Improvements in Anganwadi Facilities:
Issues related to kitchen amenities, availability of anthropometry instruments, toys, educational materials, supplementary feeding, and Take-Home Ration (THR) were raised at the Gram Panchayat level and resolved in the majority of Anganwadis. For instance, gas cylinder availability was improved in 40 out of 79 Anganwadis after block-level intervention. Follow-ups ensured the resolution of 74.3% of issues regarding anthropometry instruments. Additionally, over 80% of Anganwadis saw improvements in the availability of toys and educational materials (Graph 2). However, the regular calibration of weighing machines remains a challenge.

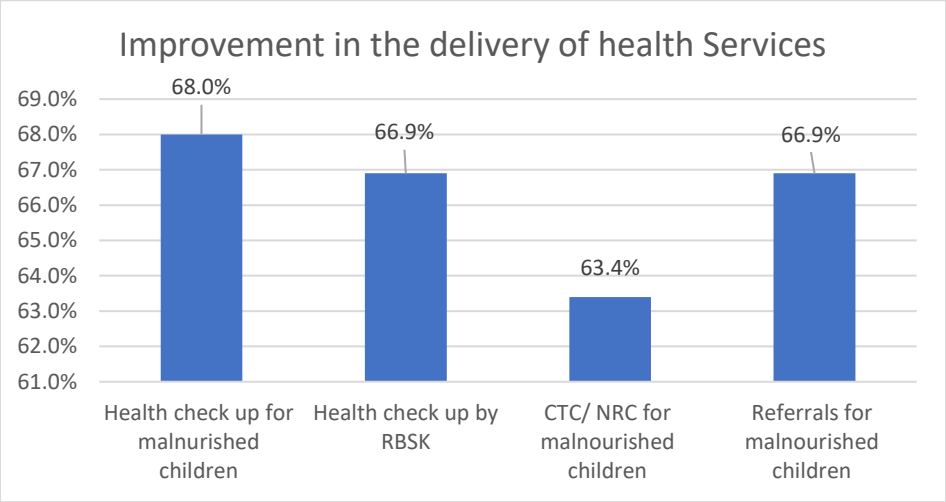
Graph 2: Improvement in Anganwadi facilities



Improvement in delivery of health and referral services

Improvement in Health and Referral Services: The CAN process positively impacted essential health services for malnourished children, particularly at the Child Treatment Centre (CTC) and Nutrition Rehabilitation Centre (NRC) (Graph 3). Issues related to CTC/NRC services were resolved in 63% of Anganwadis. Referral services improved in 67% of Anganwadis. Despite guidelines requiring health checkups every six months in all Anganwadis under the Rashtriya Bal Swasthya Karyakram (RBSK), these health checkups, previously inconsistent, are now conducted every six months in 33% of Anganwadis.

Graph 3: Improvement in delivery of health services



Improvement in Bharat Ratna Dr. APJ Abdul Kamal Amrut Aahar Yojana (AAY)
The Bharat Ratna Dr. A.P.J. Abdul Kalam Amrut Aahar Yojana (AAY) scheme functioning improved significantly in CAN process areas. Community awareness through CAN process intervention resolved issues in the majority of Anganwadis, ensuring more children under six received the recommended AAY diet for 16 days a month (Table 2), leading to regular consumption of supplementary nutrition.

Table 2: Improvement in Amrut Aahar Yojana (AAY) of children

AAY for children	Pre-Intervention	Post Intervention
AAY diet provided regularly for children between 6 months to 6 years, 16 days per month	35.70%	65.00%
Children between 3 years to 6 years started eating AAY diet in AW premises	65.00%	85.00%

Increased awareness among pregnant and lactating women, and dialogues with Anganwadi workers and officials, improved the regularity of AAY-related meals. Women beneficiaries received all expected food items and actively participated in consuming meals within Anganwadi premises (Table 3). The CAN process effectively facilitated local-level issue resolution without financial implications, highlighting the importance of community engagement and convergent actions to ensure optimal reach and impact of vital programs among vulnerable tribal populations.

Table 3: Improvement in Amrut Aahar Yojana (AAY) of Women

Amrut Aahar Yojana (AAY)	Pre-Intervention	Post Intervention
AAY meals provided regularly for 25 days per month	57.40%	86.90%
Women beneficiaries started getting all expected food items in AAY meals	52.10%	74.50%
Women beneficiaries started eating AAY meals in AW premises	61.40%	99.80%

The collaborative process in CAN areas involved community, civil society, and official actors playing crucial roles. Acting as a catalyst, the CAN process informed and activated beneficiaries facilitated the identification of key gaps, and provided a problem-solving platform. Public functionaries, from Anganwadi workers to block and district-level ICDS and Health department staff, positively responded to raised issues, ensuring improvements and changes to enhance the nutrition and health of tribal children. The CAN process brought together various stakeholders in a joint problem-solving mode, leading to unique synergies and widespread positive improvements in nutrition and health-related services for tribal children through collaborative action.

Discussion:

The findings of the CAN process highlight the transformative impact of the CAN process in improving Anganwadi services, health care, and nutrition programs in tribal areas of Maharashtra. The success of the CAN process underscores the importance of community-driven interventions, particularly in enhancing the functioning of Anganwadi centers, which are crucial for child health and nutrition in India. The process demonstrated that empowering local communities, particularly through active participation and feedback mechanisms, is critical in addressing challenges effectively.

One of the key strengths of the CAN process is its emphasis on community-based monitoring, which has proven to be highly effective in identifying and addressing issues at the local level. The involvement of Nutrition Rights Group members and VHSNCs facilitated by the CAN process played a crucial role in improving service delivery. This aligns with the various studies suggesting that community participation in health services leads to more sustainable and effective interventions (Rifkin et al., 2007; Haldane et al., 2019). The CAN process's success in resolving 65.3% of the 8,368 identified problems across 420 Anganwadi centers demonstrates its efficacy in fostering local ownership and collaboration with government functionaries. The decentralised approach to problem-solving, as evidenced by the varied resolution rates at different administrative levels, showcases a model of governance that is responsive to the needs of the most vulnerable populations.

The multifaceted improvements in Anganwadi functioning from addressing attendance issues to enhancing facilities reflect the holistic impact of the CAN process. Regular monitoring, community mobilisation, and awareness initiatives were key factors in ensuring that Anganwadi centers became more accessible and effective. The studies

support this approach, suggesting that community-driven interventions, particularly those that involve inclusive decision-making, are more likely to yield sustainable outcomes (Marston et al., 2016; Fung & Wright, 2003). The active involvement of Gram Panchayats through the CAN process further facilitated local-level solutions, which is crucial for the success of government programs like the Bharat Ratna Dr. A.P.J. Abdul Kalam Amrut Aahar Yojana (AAY).

The CAN process also significantly impacted health services, particularly in improving the availability of CTCs and NRCs. The improvement in referral services and regular health check-ups highlights the CAN process's ability to influence systemic changes in healthcare delivery. This is consistent with findings from other studies that highlight the importance of community engagement in improving health outcomes (Gope et al., 2019; Pritchett & Woolcock, 2004).

Moreover, the process's success in addressing gaps in children's attendance in Anganwadi centers and pre-primary education underscores the importance of community awareness and involvement in ensuring access to essential services. The collaborative problem-solving process, involving community members, civil society, and government officials, is a key strength of the CAN process. This approach has proven to be effective in fostering synergies and positive outcomes for tribal communities, particularly in improving the provision and consumption of AAY meals, which address the unique nutritional needs of these populations.

The CAN process represents a significant departure from traditional top-down approaches to child nutrition interventions, offering a model that can be scaled across other tribal areas in Maharashtra. The innovative strategies employed, such as uniting village-level committees, organising monthly awareness sessions, and creating dialogue platforms for collaborative problem-solving, have proven effective in bridging the gap between communities and government systems. The process's success highlights the potential for such community-driven initiatives to support and enhance existing government programs like the POSHAN Abhiyan, contributing to the comprehensive empowerment of tribal communities and ensuring sustainable change. The lessons learned from the CAN process underscore the importance of contextualising interventions to local needs, fostering community engagement, and building collaborative frameworks for long-term impact.

Conclusion:

The CAN process has proven to be a transformative model for community-driven interventions, significantly improving Anganwadi functioning, health services, and nutrition programs in tribal areas. By organising village-level committees, awareness sessions, and facilitating participatory problem-solving, it has effectively linked community-to-system approaches, enabling the community to overcome undernutrition. This success underscores the importance of community empowerment, demonstrating that such initiatives can support and enhance government programs like the POSHAN Abhiyan. The CAN process offers a scalable model for tribal areas, highlighting the need for contextualised, collaborative interventions to ensure sustainable change and long-term impact.

Acknowledgment:
We extend our gratitude to the dedicated community members involved in the participatory CAN processes, whose insights and collaboration were crucial to its success. We also appreciate the support and commitment of ASHA and Anganwadi workers, Supervisors, frontline health workers, CDPOs, and government officials from ICDS, health, and TDD departments. Special thanks to TRTI and our partner organisations for their grassroots implementation efforts. Lastly, sincere thanks to the entire Sathi team.

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CHILDREN WITH SPECIAL NEEDS IN SCHOOLS OF ASSAM: A RIGHTS BASED PERSPECTIVE

Mousumi Saikia
Assistant Professor, Department of Social Work
Saint Claret College, Ziro, Arunachal Pradesh

Mrityunjay Kumar Singh
Asssitant Professor. Department of Social work
Assam University, Silchar (A Central University)
mrityunjayksingh@gmail.com

Abstract

The United Nations Convention on the Rights of Persons with Disability (UNCRPD) recognizes the right to inclusive education for all persons with disabilities. Sustainable Development Goal 4 (SDG 4) adopted in the UN general Assembly in 2015 clearly state about obtaining quality education is the foundation to ensure sustainable development. In India, the Right to education of Children with Special Needs (CWSN) has got special emphasis with the implementation of the Right of Children to Free and Compulsory Education Act, 2009, which aims to provide free and compulsory education for children within the age group of six to fourteen years, regardless of their social status, caste, economic background, cultural background, geographic location, linguistic, gender, disability, and other such factors. It incorporated the educational rights ensured in Rights of Persons with Disability (RPWD)Act, 2016. The present study aims to understand the enrolment of CWSN in general education system, the challenges faced by them in an inclusive environment and understanding the role of parents. The study employs a qualitative research methodology with phenomenological approach. The tools adopted for the study were an unstructured interview guide and observation. The study was conducted in three blocks of Tinsukia District and Dibrugarh district of Assam covering eighteen government elementary schools. This study finds that there is still a need to make significant progress towards the inclusion of CWSN. The attitude of discrimination exists within the school environment. There is a significant role of parents in providing educational support. There is a need for proper implementation of inclusive education in schools to protect the rights of children with disabilities.

Keywords: Children with Special Needs, Right to Education, Challenges, Discrimination, Inclusion.

Introduction:

The United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) emphasises the importance of education of children with special needs in the general education system. Children with special needs are ensured with all human rights and fundamental freedoms on equal basis with other children. The convention also ensures right without discrimination and ensures inclusive education system at all levels developing their human potentials, talents, creativity and protection of dignity and worth. They are provided with the right to free and compulsory primary and secondary education based on their disability. They are assured to be provided with all required support and facilities with suitable accessibility for effective education. This aims to provide children with special needs an opportunity to participate equally with other children without disability. This will help countries maximize their human resources and work on holistic development of the country through inclusion (UN, 2006).In India Rights of Persons with Disabilities Act, 2016 ensures that all persons with disabilities can lead their lives with dignity, without discrimination and equal opportunities. It incorporates the rights of persons with disability covered under the UNCRPD to which India is a signatory. It ensures inclusive education where children with disabilities are to be admitted without any discrimination and must be provided equal opportunities for education, sports and recreation activities with accessible buildings and campuses. It also ensures to monitor participation, progress an attainment levels and completion of education in respect of every student with disability. The Act requires the government and local authorities to ascertain their special needs and conduct survey in every five years. The schools must appoint trained teachers, including teachers with disability who are qualifies in sign language and braille and trained in intellectual disability. The Act aims in forming a complete inclusive society with children with special needs staring from their primary education. This protects their right in attaining a dignified and self-fulfilled life (NHRC, 2021).

The Right to free and compulsory education Act 2009, also ensures that the children are provided with compulsory education providing them free elementary education. the children are to be admitted without any discrimination which prevent them in pursuing elementary education, the school buildings, teaching staff and the appropriate learning equipment are provided and good quality elementary education conforming to norms and standards along with curriculum and courses of study are prescribed in a timely manner. The Act also ensures trained teachers for providing quality education. Section 10 of the act affirms that children should not be deprived of their right in elementary education. Nation Education policy 2020 provides equitable and inclusive learning for all where the policy reaffirms that it is required to bridge the social category gaps in access, participation and learning outcomes in school education. It also recognizes the importance of creating enabling mechanisms for CWSN in obtaining quality education as any other child (MHRD, 2020). The paper discusses the rights based perspective of children with special needs on attaining elementary school education considering their disability and inclusion in the general school environment. It also highlights the depriving Children with special needs from their rights acts as a barrier in obtaining quality education. This study examines the rights of children with special needs from a rights based perspective.

Objectives:

1. To understand the enrolment of children with special needs in the schools
2. To analyses the challenges faced by children with special needs in classroom
3. To find out the role of parents in education of children with special needs

Review of literature:

The researcher reviewed various research journals, books, websites and e-books on the related topics to build a theoretical understanding of the topic. During the review of the literature, it was found that according to a study conducted by Limaye (2016) several factors influence the accessibility of education for CWSN in schools which includes the perception of parents towards their CWSN and the difficulties in assisting them in education and daily activities, the attitudinal challenges of society, a lack of acceptance, inadequate levels of training of key stakeholders, school staff and infrastructure, awareness, poor physical accessibility and lack of implementation of various government policies and programmes focusing on education of children with disabilities. Singal (2009) stated that there is unreliability of data providing information on the age group of children who are school-going and the number of children who are actually attending school. The study also found that there are differences in enrolment of children according to various types of disability. According to Bansal (2013) emotional maturity level and classroom behaviour are interrelated which can be improved only by adopting various techniques in teaching within an inclusive classroom. The researcher argued that if a teacher is not emotionally competent then teaching cannot be effective. The researcher also found that there is an inadequate level of awareness among the teachers which can be addressed through pre-service and in-service teachers trained in inclusive education.

Thus, it can be understood from the reviewed literature that various factors exist in attaining inclusive education for CWSN. Even after the implementation of the Rights of children for free and Compulsory Education Act 2009, Children with special needs continue to face exclusion and deprivation regarding right to education.

Research Methodology:

The study adopted qualitative research methodology and phenomenology as a method to collect the lived experiences of CWSN in school settings. In-depth interviews, participant observation and focused group discussions were used as methods for data collection. Unstructured interview schedules were used as tools for the study. The study was undertaken in eighteen government elementary schools of Dibrugarh and Tinsukia Districts of upper Assam covering four blocks. The samples for the study were the school heads, the regular school teachers, the special educators and the parents. Two focus group discussions were also conducted for the fulfilment of the required objective. Four different sets of interview guides were used for each group of respondents. The data collected were analysed through thematic analysis where the data were first transcribed and familiarised to form codes, categories and themes.

Findings and Discussions:

The findings of the present study are discussed under different themes that have been emerged during the analysis of the primary data:

Enrolment of Children with Special Needs:

The study revealed that each year, the number of students with special needs enrolled in schools is rising. The three main categories of disabilities observed in schools are

locomotor, low vision, and hearing challenged. There were a very few students with intellectual disability enrolled in the schools. The study also found that only the mild disabled children are enrolled whereas the moderate or severe disabled children are still facing exclusion in attaining school education. According to the headmaster of an upper primary school from Tinsukia district mentioned during the interview that:

As we do not have any trained teachers in the school so it is difficult for us to manage them in classroom so we prefer to admit disabled children who are with mild disability although the severe disabled children must be admitted to special schools where they can get better education with trained special educators.

The headmaster's description given above makes it very evident that they would only choose to admit students who have minor problems, making it easier for them to manage the classroom and the school atmosphere. It also turned out that the schools refused to admit any student with a behavioural issue or an intellectual disability. This results in a violation of their rights during the enrolment process. Shukla Agarwal (2015) in their study revealed that there is lack of knowledge about different types of disability specially learning disabilities among the teachers due to which the identification process is negligent. Although the UNCRPD lies focus on mainstreaming disability concerns for sustainable development but there is a gap in implementation of the policies. The first step towards inclusion is enrolment in schools.

Challenges faced by children with special needs

School infrastructure: The study found that the schools do not have adequate infrastructure facilities as mentioned in the Right to Education Act 2009. There is a lack of separate toilet facilities in schools, an absence of ramps and rails and unmaintained ramps which caused difficulties in the movement of wheelchairs for children with physical disability. The school building does not have a rail which creates difficulties for the children with physical disability as well as visual impairment.The entrance of the schools does not have proper pathways linked to the main gate which creates difficulties in the movement of CWSN during the rainy seasons. There is no proper drinking water facilities in the schools located in the rural areas. The classrooms are found to be smaller compared to the number of students present in the classes. There are no special chairs available for children with cerebral palsy for which the children with cerebral palsy are set in the wheelchairs they possess. The headmaster of a school during the interview mentioned that:

We try our best to provide better infrastructure facilities for our children but as there are lack of funds and late disbursal of funds we are lacking in infrastructure. Our students are adjusting themselves to the circumstances as we do not have proper toilet facilities our neighbours are helping our girls in using their toilets.

Thus from the above statement by the head of the school, it can be understood that there is a delay in sanctions of funds by the government departments because of which the CWSN as well as children without special needs are suffering and the community people are cooperative in helping the school administration.

Classroom environment: It was found during the study that the CWSN do not receive the same level of attention as the other children without special needs. The teaching strategies used were insufficient to help the CWSN comprehend and apply the information covered in the classes. The discrimination that children with intellectual disabilities and hearing impairments experience in the classroom affects them more severely. One of the

interviewees, a teacher in class five who was teaching social studies, stated in the interview that the teachers run the courses without taking consideration of the presence of CWSN;

If we have to consider every child's learning within the classroom it becomes difficult for us to manage the syllabus and complete the courses on time. We expect parents to take care of CWSN learning at home and if they need any guidance they can approach us but regular class teachers can't take special care of children in one classroom setting.

The above quotes make it clear that regular class teachers are not giving much consideration to the education of CWSN students in the classroom because both CWSN students and students without special needs are present and the teachers treat the two groups' learning differently. Because of their disability, individuals are subjected to discrimination in the classroom, which prevents them from receiving a high-quality education in an inclusive manner. On the other hand, all children, regardless of their backgrounds, must be treated equally in an inclusive classroom environment from the age of six to fourteen years old, as per the Right of Children to Free and Compulsory Education Act, 2009.

Attitudinal challenges: The study found that the attitude of people around CWSN plays a significant role in shaping the behaviour of the children and developing a more accessible school environment for improved participation of CWSN. The attitude of children without special needs, the teachers, the heads and other non-teaching staff play a crucial role. Inclusion as an approach aims at providing all children with an equal opportunity to succeed, irrespective of their financial status or individual limitations. The present study found that the CWSN attending schools face discouragement due to the exclusion they face within the classroom and non-involvement in various activities. Children with disabilities are found to have fewer friends compared to the other children in the class despite their eagerness to make friends. As they possess various behavioural and communicational problems the other students of the class give less importance to their participation. The regular teachers and the heads do not give equal opportunities to perform in different activities held in the schools because of their physical impairment. These children are ignored during the annual sports events held in the schools. The headmistress of an upper primary school mentions that:

While conducting the sports activities it is difficult for us to manage both groups of students as we have a child with Attention Deficit Hyperactivity Disorder (ADHD) who is difficult to control and cannot resist sitting for at least half an hour. We ask his parents to be with him or any caretaker to look after him but as they are not able to help us we keep him away from the activities that are being held in the school because of the disturbance he creates for the other students.

From the above narrative by the respondent it can be clearly understood that children with different disabilities have different behavioural issues because of which they face acceptance issues among the other group of people. The study also revealed that children with any kind of disability face attitudinal barriers from their peers, teachers and other school authorities as well as parents of children without disability. This results in a lack of participation of CWSN in classroom activities along with other co-curricular activities. The schools are unable to provide an accessible environment for promoting better participation of CWSN because of the attitudinal barrier.

Problem in Participation: The study revealed that the participation of children with special needs in various activities including academics depends on various factors like type of disability, level of understanding, communicative skills, physical ability, behaviour and so on. The teachers mentioned during the interview that they cannot allow all children to take part in all the activities like in sports they only allow children who do not have any kind of disability or any health conditions to avoid the disturbances. They mentioned that they are not trained in handling children with different disabilities for which they ask their parents to keep them home during the sports days. Although the rights in UNCRPD ensures that

The role of parents

Living condition: The study found that the parents are daily wage labourers, tea garden workers, and domestic helpers. The living conditions of the families are poor and they do not have accessible houses for their disabled children. Because of the financial condition they are unable to provide them with regular medication and take them for regular checkups. A parent of a hearing impaired girl mentioned during the interview that:

My eldest daughter cannot hear and I have three more children who are going to school. My daughter looks after her brothers during my absence as I and their father donot get much time to look after the children in their education. She is in class seven and takes care of the household. We as parents feel that she had studied enough being a hearing impaired child and she can easily write her name and address. We want her to work in the garden and later we will be thinking of her marriage. We cannot afford to do treatment. Rich people have enough money to go to big hospitals and get treated. We want her to contribute in the family's income.

The above view of the parents describes that as they belong to a financially backward family they are more focused on engaging their girl child with impairment in household activities and planning for her marriage. They are unable to think of her educational future as they think it to be unusable in her life. They are satisfied of her being able to write her name. This is debarring her from attending school and staying at home taking care of her brothers. Thus it can be understood that the risk of girls and women with disability education is still greater within the home of violence. This deprives the girls from attaining educational rights. The financial condition has its impact on the lives of children with special needs which correlates to girl with disability and poverty.

Support of parents: The parents are found to be satisfied with the process of inclusive education as their children are getting chance to get in the schools with other children and are recognized by the other parents. Today the parents with disabled children tend to believe that education is important for their children to live an independent life. But the study also found that the parents are unable to help their children in their studies as it is important for the parents and teachers to work together and practice at home. The participation of parents is important in the matters of school to know about their child's progress. The parents hardly attend any parent's teachers meeting for which it is difficult for the teachers to communicate with the parents. As mentioned by parents of locomotor disabled girl of class six:

Both of us are daily wage laborers so we have to go for work due to which we cannot attend any school meeting called by the headmaster.

The above description reveals Parents of CWSN are unable to attend meetings and participate in any programme because of their work which is daily wage labour. They send their children to school but unable to look after their education at home. From the study it was also found that parents are illiterate and this largely impact on the child's educational future as the parents are unaware of the value of education in the lives of children and their future. Due to their condition, they exhibit neglect and lose hope for their children's ability to lead independent lives in the future. Thus, it is important to raise awareness among the Parents and communities to protect and ensure the rights of CWSN in an inclusive and facilitating manner.

Conclusion

The right to education is a fundamental right for all children and to achieve education for all there is a need to bridge the gap between policy implementation and its execution at the ground level. The schools are found to be inadequate both in terms of infrastructure which facilitates the smooth participation of CWSN in school environment and Human resources to provide quality teaching to Children with special needs. Attitudinal challenges are found to be a major problem faced by CWSN in schools. The discrimination they face in the classroom can be addressed through proper sensitization and awareness provided to all the stakeholders. Government and non-government agencies need to collaborate in ensuring better services to children with special needs by providing adequate number of special educators and reach out to all children and ensure the rights to education of children with special needs.

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HOUSEHOLD FOOD INSECURITY AND ITS IMPACT ON THE NUTRITIONAL STATUS OF DALIT WOMEN IN KARNATAKA

Nisargapriya T S
Faculty Member
Department of Studies and Research in Social Work
Tumkur University, Tumkur
nisargats@gmail.com

Lokesha M. U.
Associate Professor
Department of Social Work, Davanagere University

Abstract

Malnutrition is major health problems among the Dalit women who aged between 15 to 49 (reproductive age) in Karnataka. Therefore, the present study aimed to know the impact of Household food insecurity on nutritional status of Dalit women in Karnataka. The main objective of the present study was to assess the socio-economic status and its impact on the nutritional status of the Dalits women in Karnataka and also to analyze the impact of food insecurity on the nutritional status of the respondents.

Descriptive research design was adopted, stratified sampling procedure was employed for selecting the revenue regions of Karnataka state such as, Mysore, Kalburgi, Belagavi, and Davanagere, from each division two district were selected, from two districts two taluks were selected, from each taluk 24 malnourished dalit women were selected. Overall 384 respondents were selected as respondents by using purposive sampling technique. Interview schedule was administrated to elicit the primary data. The collected data was computed with simple statistical percentage method.

The study found 44.03% of the respondents were belong to the age group of 21 to 25 years. Majority 73.2% of the respondents were unmarried, having higher responsibility in household tasks. It was found that, 34.6% of the respondents were illiterate. 48.7% of the respondents were earning Rs.1000 to 4999 as monthly income. Majority 65.8% of the respondents do not have toilet facility they go for open air -defecation. Majority 62.3% of the respondents were living in overcrowded family. It was resulted that socio-economic status of the respondents is low. Socio-economic status influences the nutritional status of the respondents. It was found that, 51.8% of the respondents suffering from severely malnourished. It was observed that, household food insecurity has significant negative impact on the nutritional status of the respondents. Hence, the social work profession is

committed to maximize the wellbeing of individuals and society. The problem of malnutrition among Dalit women can be solved by integrated-programme action implemented at individual, family and community level. Social work interventions through different methods of social work can be clearly envisaged.

Key Words: Food Insecurity, Nutritional Status, Households, Dalit Women, Malnutrition.

Introduction

The concept of food security is multidimensional in nature and is determined by whole range of issues such as domestic production of food, import and export of food, purchasing power of people to access food as well as factors that influence absorption of food in the body. "Food security exists when all people, at all times, have physical and economic access to sufficient, safe and nutritious food to meet their dietary needs and food preferences for an active and healthy life3. Food security is a complex issue, linked to health through malnutrition. The nutritional status of women is important both for the quality of their own lives and the survival and healthy development of their children. Better nutrition means stronger immune system, fewer incidences of illness and better health. However, recent evidence from developed countries indicate that malnourished women with a body Mass Index (BMI) below 18.5 show a progressive increase in mortality rates as well as an increased risk of illness. In India, increased prenatal and neonatal mortality, a higher risk of low birth weight babies, stillbirths and miscarriage are some of the consequences of malnutrition among women4

Food Insecurity among Dalit Households:

Historically, Dalit populations were ascribed to lower strata of the society. They were further marginalized and majority of them were given low level occupations both in traditional village organsiation and formal employment in government agencies such as, D group jobs in government sector, housemaids, agricultural laborers, daily wage laborers etc.., This uncertain job and fluctuating economic condition adversely affects their food accessibility and affordability capacity. This economic gap among the social categories especially among the Scheduled caste and scheduled tribe, women and female headed families, old people, children reveals severe deprivation than others6. Out of the estimated 1.27 billion populations, a total of 77% are considered poor and vulnerable, and 70% are Dalit out of this are poor, and they fail to get two square meals a day.

Review of Literature

Study by conducted by **Kumar (2006),** revealed that health problems prevail among the women and more than 40 per cent women are suffering from anaemia problem. The women of reproductive age group were facing several health problems compared to the other age group. Problems faced by these women include malnutrition, calcium shortage, gynaecological problems etc. The study concludes that health status of women is poor. It was observed that inadequate food, poor environment and inaccessibility of healthcare facilities are responsible for their poor health status

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Radhakrishna and K Venkatareddy(2004), in his report Nutrition Vision 2020, states that there is a chronic under-nourishment in about half of the population, particularly among the vulnerable groups of children, women and elderly from the lower class. The proportion of consumption expenditure spent on food is gradually decreasing even in the households with chronic under-nourishment. While the current growth rate would considerably reduce income poverty by 2010, the chronic food insecurity is estimated to persist. The health condition of Dalit women is alarming with high incidence of maternal mortality and infant mortality. Due to lack of health care and poverty, Dalit women are malnourished and anemic.

Objective of the Study:

1. To know the socio-economic conditions status of the respondents
2. To assess the nutritional status of the respondents
3. To analyse the impact of household food insecurity on the nutritional status of the respondents

Methodology:

Descriptive research design was adopted, stratified sampling procedure was employed for selecting the revenue regions of Karnataka state such as, Mysore, Kalburgi, Belagavi, and Davanagere, from each division two district were selected, from two districts two taluks were selected, from each taluk 24 malnourished dalit women were selected. Overall 384 respondents were selected as respondents by using purposive sampling technique. Data was collected by using interview schedule it was consisted three scales, to assess the socio-economic status Kavith Gaurs socio-economic scale was used. To assess the nutrition and malnutrition status of the respondents' body mass Index formula was (= weight in kilograms ÷ Height in meters' squares) (kg/m2) adopted. To analyze the status of household food insecurity of the respondents' household food insecurity scale was adopted. Statistical analysis was done with the help of Microsoft excel and SPSS 17.0 version.

Results and Discussion:

1. Socio-economic status of respondents:

Socio-Economic condition is an individual's social class has significant impact on their ability to receive adequate nutrition and medical care overall health. The Socio-economic status (SES) is an important determinant of health and nutritional status as well as of mortality and morbidity. The above table clearly explicit that majority 87.8 % of the respondents fall in upper lower class, 5.5 % of them were below lower class. 6.8 % of them were lower-middle class. Therefore, it observed from the above table that, most of the respondents were worked as agricultural labourers in the farms of other caste people. Hence their income is always fluctuating due to the lesser amount of livelihood avenues. It might be one of the major reasons for their low socio-economic status.

In addition to that, their social status in societal stratification also plays a vital role in perpetuating them to be in lower social status, which holds them back by denying all sorts of privileges particularly education and employment. It was found majority of families were lived in below poverty line. Hence, their socio-economic condition is very low as the

study result depicted above. Supporting to that, socio-economic and caste census report 2011 survey report released by Karnataka Government also reveals i.e.73 % of the Dalit families were the most deprived among rural households in India and 45 % of the scheduled caste households were landless and earn by manual casual labour (Governemnt of India, 2011). The low socio-economic conditions persons experience a wide array of health problems as a result of their low socio- economic status (Simandan, 2018). It can be inferred that, majority of the respondents' socio-economic condition is low because of their low educational status, employment and income status. It also influences the accessibility, affordability, acceptability and actual utilization of various available health facilities.

2. Nutritional status of the respondents

Nutritional status was assessed by anthropometric measurement (Body Mass Index) to classify the respondents according to nutritional status. The above table depicts nutritional status of 384 respondents, among 384 of the respondents. Majority of the respondents 51.8 % of them are severely malnourished, whereas 18.0 % of the respondents were suffering from over obesity (grade-2) (Obesity-35.00 to 39.99), 12.0 % of the respondents were suffering from Grade-1(25.00 to 29.99). And 7.3 % of the respondents were suffering from overweight.

Under nutrition and over nutrition is common incidence of nutritional diseases and determined by examining a satisfactory sample of population by economic class, occupation, age and sex (Begum, 2006). If children do not get sufficient food, their physical growth won't be that normal in the same way, adults without adequate food to eat lose weight and those who over eat gain weight. Because of low social status some segment of population, the diet which lacks both the quality and quantity lead to suffer from malnutrition, the women who bear malnutrition are likely to have malnourished babies. Nutrition deficiencies wreak long lasting damage equally on individuals and society.
The nutritional status of women is most important both for the quality of their own lives and the survival and healthy development of their children. Better nutrition means stronger immune system, fewer incidences of illness and better health. Though, there cent studies from developed countries indicate that malnourished women with a Body Mass Index (BMI) below 18.5 show a progressive increase in mortality rates as well as an increased risk of illness. In India, increased prenatal and neonatal mortality, a higher risk of low birth weight babies, stillbirths and miscarriage are some of the consequences of malnutrition among women (Mallikharjuan & Balakrishna, 2010). It was reported by the National Family Health Survey reports and present study also highlights the same that, severe malnutrition among the Dalit women is rampant and half of the dalit women were suffering from malnutrition.

Household Food insecurity status of the respondents
Household food security is defined as state in which "all people at all times have both physical and economic access to sufficient food to meet their dietary needs for a productive and healthy life" (USAID, 1992). The problem of chronic hunger and malnutrition prevails at a large scale due to subsequent of lack of food security; India has the largest number of

undernourished people. In this context, knowing the status of household food security among the Dalit women is essential to determine the role of household food security on their nutritional health.

Worried of food would short-come

The above table shows that, the household food insecurity status of the respondents. Majority 77.1 % of the respondents were opined 'yes' from past four weeks, they were worried of not to have enough of food to eat. Rest 22.9 % of the respondents said 'No' that they have not worried of not to have enough of food to eat. Among 296 respondents 50 % of the respondents were revealed 'rarely', 17.7 % of the respondents said 'sometimes' and rest 8.6 % of the respondents were 'often' worried of to not have enough of food from past four weeks. It has very low mean value (M=1.1198 with SD=.85882).

Enable to eat the kinds of preferred foods due to lack of resources

It was observed from the above table that, majority 77.0 % of the respondents opined 'Yes' from the past four weeks, household member not able to eat the kinds of preferred foods because of lack of resources. But 23.0 % of the respondents were said 'No' that, they are able to eat the kinds of preferred foods because of lack of resources. Out of 77.0 % 72.1 percent of the respondents said 'rarely' and remaining 4.7 of the respondents were 'sometimes' not able to eat the kinds of preferred foods because of lack of resources. The above table shows that there was a very least mean regard to the statement enable to eat the kinds of preferred foods due to lack of resources (M=.8151 with SD=.49507).

Have to eat Limited variety of food

It was evident from the above table i.e majority 59.1 % of the respondents were opined 'Yes' the household member has to eat a limited variety of foods due to lack of resources. Whereas 40.9 % of the respondents were revealed 'No' none of the household member has to eat a limited variety of foods due to lack of resources. Among the 59.1 % of the respondents, it was expressed that 50.3 % of the respondents were 'rarely' had to eat limited variety of food, 8.6 % of the respondents were 'sometimes' had to eat limited food, remaining .3 % of the respondents were often need to eat limited food. It has very low mean (M= .6823 with SD=.49507).

Could not afford to eat balanced meals

It was manifested clearly indicated in the above table that, majority 55.2 % of the respondents were opined 'Yes' they have to eat some foods that they really did not want to eat because of lack of resources to obtain other types of food. Whereas 44.8 % of the respondents were said 'No' they have not faced this situation. Among the respondents 55.2 % of the respondents, 38.8 % of the respondents opined 'rarely' they experienced this situation only 7.6 percent of the respondents were revealed sometimes they had to eat some foods that they really did not want to eat because of lack of resources to obtain other types of food (M=.8047 with SD=.91741)

Relied on fewer kinds of food:

The above table precisely illustrates the status of the respondents regarding relying on fewer kinds of food, from the past four weeks. It was evident from the above table. Majority 73.2 % of the respondents had to eat smaller meal than they felt they needed because of not having enough of food. Whereas 26.8 % of the respondents did not have the situation of having smaller meal than they felt they needed because of not having enough

food. Among the 73.2 respondents 63.5 % of the respondents were 'rarely' experienced and rest 9.6 % of the respondents 'sometimes' faced it. (M=.8281 with SD=.57958).

Not having enough food:

The above table exhibits that, respondents' household food insecurity status regarding, have to eat fewer meals in a day because there was not enough of food from the past four weeks. Majority 81.0 % of the respondents were revealed 'Yes' they had to eat fewer meals in a day because there was not enough food from the past four weeks. Whereas remaining 18.8 % of the respondents were said 'No' regarding it. Among the 81.0 % of them, majority 74.2 % of the respondents revealed 'rarely' and only 7.0 % of them were opined 'sometimes' they had to eat fewer meals in a day because of not having enough of food from the past four weeks. (M=.8828 with SD=.49469

Eat less than they felt to it.

From the above table it was noted that, majority 69.0 % of the respondents had to eat fewer meals in a day because there was not enough of food from the past four weeks remaining 31.0% of the respondents were opined 'No'. Among the 265 respondents, 64.6% of the respondents expressed 'rarely' and only 4.4 % of them admired that, rest 4.4 % of the respondents had to eat very fewer meals in a day because there was not enough food. (M=.7334 with SD=53325)

Cut size of meals or skipping meals

The above table clearly indicates that, the food security status among the respondents in respect to sleeping at night hungry without having food, because there was not enough of food to eat from past four weeks. Majority 87.5 % of the respondents were revealed 'yes' they were go to sleep at night hungry because there was not enough food and rest 12.5 % of the respondents were said 'no' that they had not gone to sleep hungry at night because of not having enough food. Among the 87.5 % of the respondents 54.9 % of the respondents were said 'rarely', 28.4 were said sometimes and 4.2 % of the respondents were 'often' went to sleep hungry because there was not enough food at night. The result found that there is low mean value (M=1.2422 with SD=.71987).

To conclude, from the above analysis it was found that the majority of the respondents were facing household food insecurity, which directly impacts on the nutritional status of the respondents. In respect to worried of shortage of ration majority (77.0 %) of them worried of food will run short. Majority (77.0 %) felt unable to eat preferred food because of limited variety of foods due to lack of resources to obtain it. Majority (59.1 %) of the respondents have to eat food that they really did not want to eat because of lack of resources to obtain other types of food, it's strongly due to their low purchasing ability. Majority (55.2 %), of the respondents had to eat some foods that they really did not want to eat because of lack of resources to gain other variety of foods. Majority (81.2 %) of the respondents had to eat fewer meals in a day because there was not enough food or insufficient of foods. Majority (69.0 %) of the respondents were have to eat any kind of food which is available in the household because of lack of resources to get food. This result portrays the food insecurity condition of the respondents in respect of their income and inability to meet their basic needs, concern of the food budget and supply, in terms of quality and quantity of the food consume by them, adjusting to the normal and routine food, substituting fewer and low cost foods, it was evident from the table reduced

food intake by the respondents and their households as a consequence may reduce loss of weight and physical sensation of hunger.

The present study highlights that, majority of the Dalit households were below poverty line, their socio economic conditions are very poor. In these study, its strongly indicated that there is a significant relationship between their social-economic condition and food insecurity among the households, which has direct impact on their nutritional status. It hampers the ability to work and be productive and thus limits the ability to earn the income required to lead a decent life. Health consequences of malnutrition may further lead to various health problems such as blindness from Vitamin A deficiency, physical stunting from protein shortages, low body mass index from energy deficiency. The study recommends to design wide-ranging programmes instead of uniform programmes, because socially excluded groups are highly heterogeneous and requires special policies and programmes separately. Otherwise combating the malnutrition problem among these vulnerable groups would be harder. (NisargaPriya & Lokesha, 2017). Another study "Anna Bhagya Programme in Ensuring the Food security among the Rural Dalit Households: An Empirical study of Chikkabalapura District" also revealed that 71.30% of the respondents reported, from past four weeks they were worried that they did not have enough food due to of lack of resources. 65.74% of the respondents they were not able to eat the kinds of foods they preferred. 71.30% of the respondents stated that, they had to eat limited variety of foods due to lack of assets, 31.48% of the respondents shared that they slept hungry at night. It clearly denotes that, insufficient access to affordability to varied nutrient rich food. This state of food poverty leads them to have insufficient nutritional intake and which might be the cause for their malnutrition status (Nisargapriya, Shivlingappa, & Lokesha, 2017)

It indicates that the Scheduled Caste (Dalit) groups remain the poorest among the social groups, belonging to agricultural laborer, day laborer and casual labor, they are the worst sufferer. The study demonstrates that, food insecurity among the respondents was considerably prevalent, due to lack agricultural landholdings and better income. It clears from the study insufficient access to affordability to varied nutrient rich food. This state of food poverty leads them to have inadequate nutritional consumption and be the cause for their malnutrition status.

Social work Implications:

- Adopt Food and Nutrition content as an integral part of Social work syllabus for Under-graduate to post-graduate course.
- Appointment of Social Worker at every Primary health center.
- Policy Advocacy for nutritional sustenance among the dalit women
- Awareness of the importance of food and nutrition along with community participation.
- Advocacy for providing minimum sustainable food security among the Dalit communities.

Conclusions:

The study found that, majority of the Dalit household were below poverty line, their socio economic conditions is very poor. As per the observation and study findings its strongly indicates that there is a significant relationship between their social economic condition

and food insecurity among the households, which has direct impact on their nutritional status. It hampers the ability to work and be productive and thus limits the ability to earn the income required to lead a decent life. Health consequences of malnutrition may further lead to various health problems such as blindness from Vitamin A deficiency, physical stunting from protein shortages, and low body mass index from energy deficiency. Therefore the present study strongly recommends to design wide-ranging programmes instead of uniform programmes, because socially excluded groups are highly heterogeneous and requires special policies and programmes separately. Otherwise combating the malnutrition problem among these vulnerable groups would be harder.

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IMPACT OF WOMEN'S ILLITERACY ON THE ECONOMIC CONDITION OF TEA TRIBES: A STUDY IN NAMSAI DISTRICT IN ARUNACHAL PRADESH

Bipul Bez
Research Scholar, Department of Sociology
Arunachal University of Studies, Namsai, Arunachal Pradesh
bipulbezbaruah21@gmail.com

Mousumi Saikia
Asst. Prof., Department of Social Work
Arunachal University of Studies, Namsai, Arunachal Pradesh
mousumisaikia000@gmail.com

Sumita Sarkar
PhD (TISS), Fellowship, LSE, Research Guide
Arunachal University of Studies, Namsai, Arunachal Pradesh
sumi.sarkar36@gmail.com

Abstract

The tea garden community is a term for a multi-ethnic, multicultural group of tea garden workers and their descendants. The rate of literacy in general among the tea community and more particularly among the women is very low. Women illiteracy within the tea community presents a complex and pervasive issue that hampers individual empowerment, education, economic development and social progress. This research adopted mixed methodology for an explorative learning to understand the impact of women illiteracy among tea community and explores the causes including societal norms, limited access to education, economic disparities and gender biases. The present study was conducted in Telbari village of Namsai district in Arunachal Pradesh. In this paper the researchers used observations, in-depth interviews, focus group discussions as methods of data collection. First-hand data for the study were collected by interviewing seventy female respondents between the age group of twenty to forty-five years from seventy households. The researchers used Interview Schedule as tool for data collection. Thus, from the study the researchers found that the literacy level of the participants is very low and the rate of school dropout is common among the women due to which they are unable to pursue higher-paying jobs or entrepreneurial opportunities that require reading, writing, and basic arithmetic.

Keywords: Women illiteracy, Economic disparities, Tea community, Entrepreneurial opportunities, Empowerment.

Introduction

Tea community in Northeast and Eastern parts of India forms a greater society. In India, tea tribe community are originally from the states of Orissa, Madhya Pradesh, Bihar, Andhra Pradesh and West Bengal. They subsequently settled themselves in north-eastern states of India specially Assam, Arunachal Pradesh, Meghalaya. The colonial government gave agreement to the legal status by passing a number of laws that allowed for widespread migration and the on-going hiring of labourers from outside Assam until the 1950s (Borah, 2019). North-east India comprises of diverse ethnic communities. This diversity has led to various ethnic issues in social, political and economy. The tea tribes of India, particularly in the north-eastern state of Arunachal Pradesh, form a significant segment of population engaged in tea cultivation. Despite their vital contribution to the tea industry, these communities often face socio-economic challenges, with women being disproportionately affected. Problem of illiteracy is prevalent within the tea tribe community. The women are widely engaged in tea garden works which leads to poor literacy rate. The main factor contributing to the abuse and neglect of women is a lack of knowledge. The most effective means of influencing social change is education as an educated woman can manage personal and family issues more skilfully and is more mindful of everyday routines. Thus, the study was conducted in Telbari village, Namsai District in Arunachal Pradesh known for its tea gardens. The tea tribes here, originally brought from central India by the British during the colonist era, have a distinct cultural identity. Despite hard work, these communities often remain marginalized, with limited access to education, healthcare, and economic opportunities. The women literacy is observed to be inadequate and the conditions of women tea labourers are vulnerable.

Research objectives:

The objectives for the present study are:

- To explore the reasons of illiteracy among women in tea community
- To find out level of awareness of education among women in tea community
- To understand consequences of illiteracy among the tea community women

Significance of the study

The present study focuses on understanding impact of women illiteracy on economic condition of Tea tribe. The study examined educational status of women and showcases the actual scenario of women's education and brings out the realities that exist. The study tries to reveal the consequences of illiteracy among the tea community which will help in better consideration of the phenomenon. It also signifies in appropriate policy formulation and planning for the upliftment of educational status among the tea tribe women.

Review of Literature

The researchers reviewed research journals and articles were being reviewed to develop theoretical conception on the education of women among the tea tribe community. According to Nelly (1990), it is incorrect to associate illiteracy with ignorance or to regard literacy as a condition for achieving either individual or societal advancement. Nonetheless, literacy is essential in today's technologically advanced culture. The researcher also argued that through feminist framework, the public acts as perilous

facilitator between female and their literacy, these draws inferences for imminent act by both state and non-governmental agencies. Agenta & Anton (1990), found that participation of womenfolk in literacy programmes disclose somewhat contradictory tendencies where drop-out rate among women is high and their attendance is irregular. Barbara (1998) stated that mobility and education opportunity can play an important role on their exposure to new ideas, development and confidence in interacting with the larger world. Similarly, involving women in decision-making processes within the family can help them to use the health services. Women want to have equal entree to education and opportunities to enhance their status. In this regard women can no longer remain illiterate. Illiteracy and lack of education will only contribute to a spiralling cycle of underdevelopment and a quality of life far below normal expectations. Haloi (2015) stated that to educate a woman is to educate the whole family. The history of the movement for improving women's status all over the world shows emphasis from the beginning on education as the most significant tool for changing women subjugated position in society. Indian social activists like Raja Rammohan Roy and Ishwar Chandra Vidyasagar talking vigorously of wo men upliftment by removing malicious practices like sati, child marriage and polygamy. It was Jyotiba Phule was the pioneer in establishing a girls' school in 1863. However, despite these steps in respect of women's education, the education status of women is still far from satisfactory due to various reasons.

Research Method-

Research methodology enables the researcher to partake a clear understanding on the methods that is to be covered with. It includes the field of study, research design, universe of the study, sampling design etc. This study is looking at the impact of women illiteracy on economic condition of Tea tribe of Telbari, Namsai, Arunachal Pradesh. For this study the researchers used Interview Schedule as tool of data collection. The researchers collected both primary and secondary data through interviews, observation and available written sources.

Sampling

Sample is a portion of people drawn from a large populace. The sample size for the existing study is 70 respondents from 70 households with a total population of 370 people, of this 159 are male, 142 are female and 69 children where 39 boys and 30 girls are in the age of 0-6 years.

Limitations

The researchers did the study in Telbari village, Namsai district, Arunachal Pradesh and collected all the relevant information by interviewing 70 respondents. Since the number of respondents were few so, a limited sample size may not accurately represent the entire population of tea tribes in Namsai District, affecting the generalizability of the findings which may not be applicable to a larger context.

It could be another limitation if the respondents didn't provide the accurate data as language barriers might affect the accuracy of data collection, especially if the researchers and participants do not share a common language. However, there is a scope for further study in this field.

Result and Discussion

The study was analysed through qualitative and quantitative analysis using tables to describe the classification of respondents and recorded their response using interview schedule. The collected data were transcribed and coded to form different themes to get a qualitative understanding of the state of illiteracy among the women of tea tribe community. The results of the research are discussed below:

Educational status of the Respondents: The researchers intended to know the educational status of the respondents as it plays crucial role in empowering women so interviewed them and found the following.

Table no: 1 (Educational Status of the Respondents)

Educational Qualification	**Frequency**	**Percentage**
Illiterate	44	62.9
Elementary	19	27.1
High School	7	10
Graduation	0	0
Total	70	100

The table depicts that the majority of the respondents i.e., 62.9% out of 70 are illiterate, 27.1% have studied up to elementary and only 10% have studied up to high school with 0% graduation which is a negative sign. It was found that most of the respondents have not gone to school either because of poverty, ignorance or household responsibility.

Classification of the respondents based on marital status: The researchers sought to find out the marital status of the respondents so interviewed them and found the following-

Table no: 2 (Marital status of the Respondents)

Marital status	**Frequency**	**Percentage**
Married	61	87.1
Unmarried	6	8.6
Divorce	0	0
Widow	3	4.3
Total	70	100

The data reveals that the majority of the respondents i.e., married 61 (87.1%) out of 70, unmarried 6 (8.6%), widow 3(4.3%) and 0% divorce respectively.

Discontinuation in education: Education improves one's personal life and helps the society to run smoothly. To know whether the respondents have ever discontinued education the researchers interviewed them and found the following.

Table no:* 3 *(Discontinuation in Education of the Respondents)

Discontinuation in Education	Frequency	Percentage
Yes	26	37.1
No/never been to school	44	62.9
Total	70	100

It is observed that the majority of respondents i.e., 44 (62.9%) out of 70 have never gone to school and 26 (37.1%) out of 70 faced discontinuations in education due to economic problem, early marriage, detention and gender inequality respectively.

Causes of low literacy rate of the respondents*:*

Table no: 4 (Reason for the low literacy rate of the respondents)

Reason of the low literacy	Frequency	Percentage
Gender discrimination	13	18.6
Low income	30	42.8
Ignorance	10	14.3
Household responsibility	17	24.3
Total	70	100

The above information illustrates the details for the low literacy rate of the respondents. It is visible that the majority of respondents i.e., 30 (42.8%) out of 70 stated low income of the family is the cause for the low literacy rate, 17 (24.3%) due to household responsibility, 13 (18.6%) gender discrimination and 10 (14.3%) stated ignorance of the family.

Problem faced by the respondents due to illiteracy: To recognise the problems confronted by the tea community women due to illiteracy the researcher interviewed the respondents and found the following.

Table no: 5 (Problem confronted by the respondents due to illiteracy)

Problems of illiteracy	Frequency	Percentage
Low confidence	25	35.7
Dependency	15	21.4
Unemployment	30	42.9
Total	70	100

It is seen that the maximum participants i.e., 30 (42.9%) out of 70 stated that unemployment is the main problem due to illiteracy, 25 (35.7%) have low confidence, 15 (21.4%) are dependent respectively.

Reason behind family preference for son's education than daughter's: In order to distinguish the mindset of parents from tea community regarding education of male and female child the researcher interviewed the respondents and found the following.

Table no:6* (*Reason behind family preference for son's education than daughters)

Reason for family favoured son more than daughter	**Frequency**	**Percentage**
Son gives credit for achievement to their parents	11	15.7
Daughters needs more protection	20	28.6
Son passes family name	15	21.4
Male child is needed during old age	24	34.3
Total	70	100

The data indicate the reasons behind family's preference for son's education than daughters. It is revealed that the majority of respondents i.e., 24 (34.3%) out of 70 prefer son's education more as male child is needed during old age, 20 (28.6%) daughters need more protection, 15 (21.4%) son passes family name and 11 (15.7%) son gives credit for achievement to their parents respectively. Majority favoured son's education is more important than daughters for various reasons given by the respondents. From the data it is revealed that daughters are discriminated against sons.

Discussion:

From the study conducted on 'Impact of Women's Illiteracy on the Economic Condition of Tea Tribes' the researchers drew the following major findings based on different themes are discussed below-

1. Limited Access to Education: The literacy level of respondents is very low, and only few have studied up to elementary level. Maximum respondents are illiterate and the rate of school dropout is common among women. Illiteracy rates among women is higher as compared to men due to various socio-economic factors such as poverty, cultural norms, less family support, household chores and lack of educational infrastructure.
2. Limited Employment Opportunities: Women's illiteracy severely restricts their employment prospects. Most women in Telbari work as tea pluckers, a labour-intensive job that offers meagre wages. Without basic literacy skills, they are unable to pursue higher-paying jobs or entrepreneurial opportunities that require reading, writing, and basic arithmetic.
3. Dependency and Economic Vulnerability: Illiteracy perpetuates a cycle of dependency. Illiterate Women have low confidence and rely heavily on their spouses or family members for financial decisions, increasing their economic vulnerability which can restrict their autonomy and decision-making power. This dependency is exacerbated in cases of widowhood, leaving women without a safety net.
4. Limited Access to Financial Services: Literacy is crucial for understanding and accessing financial services such as banking, credit, and savings schemes. Illiterate women in Telbari often remain outside the formal financial system, relying on informal lending with high-interest rates, which can lead to debt traps and further economic instability.
5. Impact on Health and Productivity: Illiteracy also affects health outcomes. Women who cannot read are less likely to understand healthcare information, leading to

poor health practices. This directly impacts their productivity in the tea gardens, as poor health reduces their ability to work efficiently and consistently. Inadequate maternal health among the tea garden women workers which leads to maternal mortality. Most of the women are found to be anaemic. They availed the nutritional supplements provided by Government through ICDS such as iron pills and food grains. According to them ASHA workers sensitizes them in maternal health care.

6. Vulnerability to Exploitation: Illiterate women may be more susceptible to exploitation and abuse, including gender-based violence, due to their limited understanding of their rights and inability to seek help. It was witnessed that women were dominated by their spouse and their interview's responses were according to their husband.
7. Lack of Awareness: Illiteracy can lead to a lack of awareness about women's rights, healthcare, family planning, and other important issues, further perpetuating gender inequality. It is discovered that due to lack of sex education and family planning there is high birth rate in the study area.
8. Homogeneity: The socio-economic condition of the respondents is similar as most of them are wage-earner, homemaker and agriculture labourer and hardly they manage to save money.

Conclusion:

Women empowerment in the truest sense will be achieved only when there is an attitudinal change in society with regard to fairness and equality. Educated females are the weapons yielding positive impact on the Indian society through their contributions at home and professional fields. Education is essential for women empowerment, prosperity, progress and welfare. Ensuring education for women would open doors for the access to many more other political, civil and economic rights. Addressing women's illiteracy is essential for promoting their empowerment and advancing gender equality. Investing in literacy programs, promoting girls' education, enhancing access to information and resources, and challenging discriminatory norms and practices are critical steps towards enabling women to realize their full potential and participate equitably in all spheres of life.

This study has illuminated the profound impact of women's illiteracy on the economic condition of the tea tribes in Namsai District, Arunachal Pradesh. Through comprehensive data analysis and field observations, it is evident that illiteracy among women significantly hampers the socio-economic progress of these communities. Illiterate women face numerous barriers, including limited access to better employment opportunities, lower wages, and restricted participation in decision-making processes. These factors collectively contribute to a cycle of poverty and economic stagnation.

The findings underscore the urgent need for targeted educational initiatives and policies to address women's illiteracy. By investing in women's education, we can unlock their potential, enabling them to contribute more effectively to their families and communities. Education empowers women with knowledge, skills, and confidence, fostering economic growth and improved living standards.

In conclusion, addressing women's illiteracy is not only a matter of social justice but also a critical pathway to enhancing the economic well-being of the tea tribes in Namsai

District. By prioritizing women's education, we can create a ripple effect that promotes overall community development, leading to a brighter and more prosperous future for all.

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JOB SATISFACTION AMONG SOCIAL WORKERS WORKING IN HOSPITALS IN KARNATAKA

Bhagyashree Patil
Program Coordinator & Counsellor
Sankalp India Foundation, Bangalore
bhagyapatil12@gmail.com

Abstract:

It is well accepted fact that social work in health setting helps people who are suffering with medical problems. Several studies have often found that the social worekrs remain unsatisfied with their job status. One may be the reason that suitable jobs despite having adequate qualification is not found or at times, the salary is not up to expectation in spite of social work being dominantly an area which is gaining importance day by day. The purpose of the study is to measure the job satisfaction among social workers working in hospitals. There are many factors which influence job satisfaction of social workers in the health settings; some of those are pay, promotion policy, supervision, hospital benefits, good relationship with co-workers, nature of work and communication etc. These factors influencing on job satisfaction of hospital social workers. To reach the objective of the study has employed descriptive research design and used job satisfaction survey scale for data collection, purposive sampling method has been used. The present study has collected data from 278 respondents. The findings of the study are discussed in full paper.

Key Words: Job Satisfaction, Social Workers, Hospitals and Medical Problems.

Introduction:

Healthcare has turned one of India's biggest divisions both in terms of revenue and employment. Hospitals are essential of healthcare transport institutions. The basic aim of the hospital is to provide patient care of the big quality (Burns, 2014). Health Care Settings are execution area in which assessment care and treatment to physical, emotional, mental and social wellbeing of the person. Reilly (1991) defines job satisfaction as the feeling that a worker has about his job or a common outlook towards work or a job and it is determined by the perspective of one's job.

Job satisfaction is explained as the extent to which people are satisfied or dissatisfied of their job. There are nine dimension for job satisfaction those are pay, promotion, supervision, benefits, operating procedures, contingent rewards, co-workers, nature of workers, and communication (Spector, 1997). The term job satisfaction mention to the attitude and feelings that people have about their work positive and helpful attitudes as regards as the job suggests job satisfaction negative and unsuitable attitude towards the job

suggest job dissatisfaction (Armstrong, 2006). Job satisfaction is an employees' helpful sense or attitude regarding to their work (Sojane J S, Klopper, Coetzee, 2016).

Methodology:

To measure the job satisfaction among social workers working in hospitals. The research is performed in a systematic way to find the answer of research question. It has been carried in a quantitative way where survey questionnaires is utilized to collect data excluding that, this study was adopted the descriptive study, used purposive non- random sampling. The study was selected 38 hospitals from four revenue districts of Karnataka. Data was collected from 278 social workers working in the hospitals.

Data Analysis and Interpretation:

Table no-1 Gender and Job Satisfaction of respondents

Gender	**Job Satisfaction**			**Total**
	Dissatisfaction	**Ambivalent**	**Satisfaction**	
Female	50	69	23	142
	35.2%	48.6%	46.2%	100%
Male	41	77	18	136
	30.1%	56.6%	13.2%	100%
Total	**91**	**146**	**41**	**278**
	32.7%	**52.2%**	**14.7%**	**100%**

Chi-square value: 1.810 DF:2 Significant Level: 0.405

This table indicates the gender and job satisfaction of the social workers working in hospitals. Those who had ambivalent job satisfaction were 146 and among them male social workers (56.6%) are more than female social workers (48.6%). Those who reported to be dissatisfied are 91, of them female social workers (35.2%) are more than male social workers (30.1%). Those who are satisfied with job satisfaction are 41, of them female social workers (16.2%) are more than male social workers (13.2%).

Among the social workers working in the hospital very few of them (14.7%) are satisfied. It may be true because they have good pay scale in the respondents. Between the genders female social workers are found to have more dissatisfaction. It may be true because almost all of them are married in the hospital they don't have increment facility and they developed the stress in hospital. It is apparent from the above table that a majority of the social workers are ambivalent (52.5%) for job satisfaction. Among them male social workers are ambivalent than their counterpart.

In order to see the association between gender and job satisfaction of the social workers working in hospitals chi-square test was applied. It is found the significant level at 0.405. Hence, it is not significant.

Table no- 2 Age and job satisfaction of the respondents.

Age	Job Satisfaction			Total
	Dissatisfaction	**Ambivalent**	**Satisfaction**	
Up to 30	30	44	13	87
	34.5%	50.6%	14.9%	100%
31-40	42	72	20	134
	31.3%	53.7%	14.9%	100%
41& above	19	30	8	57
	33.3	52.6%	14.0%	100%
Total	**91**	**146**	**41**	**278**
	32.7%	**52.5%**	**14.7%**	**100%**

Chi-square level: 0.292 DF: 4 Significant Level: 0.990

This table indicate the age and job satisfaction of the social workers working in hospitals. Those who had ambivalent job satisfaction were 146, of them (53.7%) are between 31 to 40 years' age social workers are more than up to 30 years are group social workers (50.6%). Those who reported to be dissatisfied are 91, of them up to 30 years of age social workers (34.5%) are more than 41 and above (33.3%) and 31 to 40 (31.3%) social workers.

Among the social workers working in the hospitals very few of them (14.7%) are satisfied. It may be true because they are satisfied with pay scale, and co-workers and manly with their work. Between the age of social workers is found to have more ambivalent. It may be true because many of them are middle age group social workers are middle age group social workers are having permeant work in hospital. It is apparent from the above table that a majority of the social workers are ambivalent with their job (85.2%). Among them 31 to 40 years' age social workers are more ambivalent than their counterpart. In order to see the association between age and job satisfaction of the social workers working in hospital chi-square test was applied. It is found the significant level at 0.990. Hence, it is not significant.

Table no- 03 Marital Status and Job Satisfaction of the Respondents

Marital Status	Job Satisfaction			Total
	Dissatisfaction	**Ambivalent**	**Satisfaction**	
Unmarried	18	30	05	53
	34.0%	56.6%	9.4%	100%
Married	73	116	36	225
	32.4%	51.6%	16.0%	100%
Total	**91**	**146**	**41**	**278**
	32.7%	**52.5%**	**14.7%**	**100%**

Chi-square value: 1.492 DF: 2 Significant level : 0.474

This table indicates the marital status and job satisfaction of the social workers working in hospitals. Those who had ambivalent job satisfaction were 146, of them (56.6%) unmarried

social workers are more than married social workers (51.6%). Those who reported to be dissatisfied are 91, of them married social workers (34.0%) are more than unmarried social workers (32.4%).

Among the social workers working in the hospitals very few of them (14.7%) are satisfied. It may be true because they like job and they handle hospital work and they get well facilities from the work place. Between the marital status, unmarried social workers are found to have more dissatisfaction. It may be true because they think there is no reward for work and there is no any knowledge gaining things. It is apparent from the above table that a majority of the social workers are not satisfied with their job (14.7%). Among them unmarried social workers are more dissatisfied than their counterpart.

In order to see the association between marital status and job satisfaction of social workers working in hospitals chi-square test was applied. It is found the significant level at 0.474. Hence, it is not significant.

Table no- 04 Nature of Job and Job Satisfaction of the Respondents

Nature of Job	**Job Satisfaction**			**Total**
	Dissatisfaction	**Ambivalent**	**Satisfaction**	
Permanent	48	69	20	137
	35.0%	50.4%	14.6%	100%
Temporary	30	60	17	107
	28.0%	56.1%	15.9%	100%
Contractual	13	17	4	34
	38.2%	50.0%	11.8%	100%
Total	**91**	**146**	**41**	**278**
	32.7%	**52.5%**	**14.7%**	**100%**

Chi-square value: 1.978 DF: 4 Significant Level: 0.740

This table designates the nature of job satisfaction of the social workers working in hospitals. Those who had ambivalent job satisfaction were 146, of them (50.4%) percent social workers are more than temporary (56.1%) and contractual (50.0%) social workers (48.6%). Those who reported to be dissatisfied are 91, of them permanents social workers (35.0%) are more than temporary (28.0%) and contractual (38.2%) social workers.

Among the social workers working in the hospital very few of them (14.7%) are satisfied. It may be true because they have promotion facilities and they have good pay scale. Between the nature of job, permeant social workers are found to have more satisfaction. It may be true because they have good pay scale in hospital. It is apparent from the above table that a majority of the social workers are ambivalent with their job (52.5%). Among them permeant social workers are more ambivalent than their counterpart.

In order to see the association between nature of job and job satisfaction of the social workers working in hospitals chi-square test was applied. It is found the significant level at 0.740. hence, it is not significant.

Table no- 05 Work Experience and job satisfaction of the respondents

Work Experience	Job Satisfaction			Total
	Dissatisfaction	Ambivalent	Satisfaction	
Up to 5	24	34	9	67
	35.8%	50.7%	13.4%	100%
6 to 10	18	73	18	109
	16.5%	67.0%	16.5%	100%
11 to 15	29	16	6	51
	56.9%	31.4%	11.8%	100%
16 to 20	13	14	5	32
	40.6%	43.8%	15.6%	100%
21 & above	07	09	03	19
	38.9%	50.0%	15.8%	100%
	91	**146**	**41**	**278**
Total	**32.7%**	**52.5%**	**14.7%**	**100%**

Chi-square value: 34.628 DF: 10 Significant Level: 000

Table no 5.45 describes the association between work experience and job satisfaction of social workers working in hospitals. Out of 278 respondents, 67 social workers have up to 5 years work experience. Among them, a majority 56.7 percent of the social workers are dissatisfaction towards their job. More than one fourth 35.8 percent of the social workers are ambivalent towards their job satisfaction. Less than one tenth 7.5 percent of the social workers are satisfaction towards their job.

Among 109 social workers having 6 to 10 years of work experience in hospital a majority of 44 percent of the social workers are ambivalent towards their job satisfaction. More than one fourth 42.2 percent of the social workers dissatisfaction towards their job, whereas only 13.8 percent of the social workers satisfaction towards their job. Among 51 social workers having 11 to 15 years of work experience in hospital a majority of 70.6 percent of the social workers are dissatisfaction towards their job. Less than one fifth 15.7 percent of the social workers ambivalent towards their job satisfaction. More than one tenth 13.7 percent of the social workers are satisfaction towards their job.

Among 32 social workers having 16 to 20 years of work experience in hospital a majority of 50 percent of the social workers are dissatisfaction towards their job. More than one fourth 34.4 percent of the social workers are ambivalent towards their job. Less than one fifth 15.6 percent of the social workers are satisfaction towards their job. Among 19 social workers who have 21 year and above of work experience in hospital, a majority of 50 percent of the social workers are ambivalent towards their job satisfaction. More than one fourth 38.9 percent of the social workers are dissatisfaction towards their job. Less than fifth 15.8 percent of the social workers are satisfaction towards their job.

Social workers with an experience of 11 to 15 years have the highest of job dissatisfaction 70.6 percent. The probable reason may be the middle age, stress due to trying to cope with new factors in the field. Less than one fifth 13.8 percent of social workers job satisfaction

can be found among the respondents with work experience anywhere between 6 to 10 years.

In order to see the association between work experience and job satisfaction of social workers working in hospitals chi-square test was applied. The p value was found to be 0.02, which is less than 0.05 it can be concluded that there is a statistically significant association between job satisfaction and work experience. Hence, the null hypothesis is rejected.

Table no- 06 Increment Facility and Job Satisfaction of the Respondents

Increment Facility	**Job Satisfaction**			**Total**
	Dissatisfaction	**Ambivalent**	**Satisfaction**	
Yes	49	52	22	123
	39.8%	42.3%	17.9%	100%
No	94	48	13	155
	60.6%	31.0%	8.4%	100%
Total	**143**	**100**	**35**	**278**
	51.4%	**36.0%**	**12.6%**	**100%**

Chi-square level: 13.126 Df:2 Significant level:0.001

Table gives the association between the availability of increment facility and job satisfaction of social workers working in hospitals. Out of 278 respondents, 123 social workers have an increment facility, among the of majority 42.3 percent of the social workers are ambivalent towards their job satisfaction. More than one fourth 39.8 percent of the social workers dissatisfaction towards their job. Less than one fifth 17.9 percent of the social workers are satisfied towards their job.

Among 155 social workers have an increment facility, among the majority 60.6 percent of the social workers are dissatisfaction towards their job. More than one fourth 31 percent of the social workers ambivalent towards their job satisfaction. Less than one tenth 8.4 percent of the social workers are satisfied towards their job. Overall, more than one fourth 51.4 percent of the social workers are dissatisfied and less than one fifth 12.6 percent of the social workers are satisfied with their job. The higher percent of dissatisfaction among social workers no increment indicates that monetary benefits play a major role in job satisfaction.

In order to see the association between increment facilities and job satisfaction of social workers working in hospitals chi-square test was applied. The p value was found to be 0.00, which is highly significant. Hence, the null hypothesis is rejection; “There is no significant association between increment facility and job satisfaction of social workers working in hospitals”. It proves that there is highly significant association between increment and job satisfaction.

Table no 7- Extent of Challenges at Work and Job Satisfaction of the respondents

Extent of Challenges	Job Satisfaction			Total
	Dissatisfaction	Ambivalent	Satisfaction	
Extremely Challenging	0	01	02	03
	0%	33.3%	66.7%	100%
Very Challenging	32	20	13	65
	49.2%	30.8%	20.0%	100%
Slightly Challenging	105	70	20	195
	53.8%	35.9%	10.3%	100%
Not at all Challenging	06	09	0	15
	40.0%	60.0%	0%	100%
Total	**143**	**100**	**35**	**278**
	51.4%	**36.0**	**12.6**	**100%**

Chi-square level:17.644 Df:6 Significant level:0.007

Table gives the association between the extent of challenges at work and job satisfaction of social workers working in hospitals. Out of 278 respondents, only 3 respondents found their work extremely challenging, among them, two (66.7) of social workers are satisfied with their job. Only one (33.3) of the social worker is ambivalent towards their job. Among 65 social workers who found their jobs very challenging, a majority of 49.2 percent of the social workers dissatisfied with their job. More than one fourth 30.8 percent of the social workers ambivalent towards their job satisfaction. One fifth, 20 percent of the social workers are satisfied with their job.

Among 195 social workers who found their job slightly challenging, a majority 53.8 percent of the social workers are dissatisfied with their job. More than one fourth 35.9 percent of the social workers ambivalent towards their job satisfaction. A little more than one-tenth, 10.3 percent of the social workers are satisfied with their job. Among 15 social workers who felt their work not all challenging majority of 60 percent of the social workers are ambivalent towards their job satisfaction. More than one fourth 40 percent of the social workers are dissatisfied with their job and no one satisfied. Overall, the majority of the social workers are ambivalent. It may be due to good work experience so they don't have work challenges in hospitals. Slightly challenges social workers are found to have little more satisfaction. It may be sued because they like the challenge in those works.

To see the association between are of challenges at work and job satisfaction working in hospitals, a chi-square test was applied. The p-value was found to be 0.007 (<0.05), which is highly significant. Hence, the null hypothesis; "There is no significant association between are extent of challenging at work and job satisfaction of social workers working in hospitals" is rejected.

Conclusion:

Hence, it is determined that the job satisfaction is only how people feel about their jobs and dissimilar aspects of their jobs. It is the extent to which people like or dislike their jobs. The significance of social work in healthcare is frequently underrated even through social work can give knowledge and skills that healthcare organizations and institutions can be

use to help patients. Social work in health care is present in a medical sector, in which is social workers combine with the medical professionals who generally treat patients.

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PERSPECTIVES ON THE CHALLENGES AND EXPERIENCES OF WIDOWS IN ARMED CONFLICT: A FOCUS ON MANIPUR

Elizabeth Misao
Research Scholar, Department of Social Work
The Assam Royal Global University, Guwahati
elizabeth.q.misao@gmail.com

Priyanka Patowari
Assistant Professor, Department of Social Work
The Assam Royal Global University, Guwahati
patowaripriyanka2@gmail.com

Abstract

This study explores the profound challenges and experiences of conflict widows in the context of armed conflict, with a focus on Manipur, a region marred by decades of ethnic strife and violence. Widows in such conflicts undergo a unique form of trauma, grappling not only with the loss of their spouses but also with the dire repercussions of the conflict, including displacement where home becomes partitioned cloth in the relief camps, enduring the lack of privacy, the ache of home, the delay of justice, safety threats, and financial instability. Through a detailed examination of five case studies, the paper highlights the mental health issues, societal stigma, and patriarchal challenges the conflict widows face, further complicating their grief and struggle for justice and survival. The study aims to amplify the voices of conflict widows, advocating for targeted programs and policies to address their specific needs and challenges, thereby contributing to a more inclusive and supportive post-conflict recovery process.

Keywords: Conflict Widows, Trauma, Patriarchy, Manipur

Introduction:

In the context of armed conflict, conflict widows are women who have been widowed due to the repercussions of such conflict. The experience of widowhood for these women constitutes a sudden and distressing trauma for which they remain largely unprepared. This study talks about the conflict widows of Manipur, a region that has witnessed armed conflict for decades and various ethnic conflicts recorded in the past. The experience of becoming a widow in a conflict zone differs significantly from becoming a widow in other circumstances. In conflict situations, conflict widows not only cope with the pain of losing their husbands but also grapple with the challenges that armed conflict brings. Those challenges encompass the fear of displacement, the constant dread of unexpected attacks,

threats to their safety, the anguish of losing loved ones, the potential decline in their financial status and the concern about the uncertain future of their children. In some instances, there are also cases where the widows do not even get to see their husbands' deceased bodies and have instead witnessed the heinous crimes committed against them. It becomes incredibly challenging for them to pursue justice and come to terms with the fact that their husbands have been killed just because they belong to a particular community or ethnicity. They face various challenges post-conflict, are subjected to stigmatisation and deterioration of psychological illness and live with the worries of raising their children alone. Despite the growing population of conflict widows, there is no official record based on the statistics of conflict widows or any specific programs designed particularly for the conflict widows. The study aims to bring out the voices of the conflict widows and shed light on their hardships and struggles. A case study of five conflict widows was conducted, and various findings were highlighted through their narratives. The study highlights the challenges faced by conflict widows in Manipur, including their mental health, the impact of patriarchy and social stigma, and their position within the family.

Status and Challenges of Widows in Armed Conflict:

Peace is not only the absence of war or violence; it is the absolute independence from others and security. Many conflict widows and marginalised groups face years of hardship, experiencing various forms of violence, rights violations, and abuse in their daily lives. According to the UN, there are around 285 million widows worldwide. However, fewer studies have been conducted on how social norms or structural inequalities affect their entitlements and statuses. As there is still a significant gap in the literature on the lived experiences of widows, it becomes difficult to design programs and identify the specific needs of the widows (Shahnazarian & Ziemer, 2018).

Sri Lanka saw a civil war for over three decades. Moreover, the widows of the fallen victims carry the burden of their spouses alone as society casts aspersions on their lives. Thousands of war widows with a median age of 26-35 years are left to fend for themselves and their children (Upali & Gunawardena, 2016). Colombia, which has had a conflict for nearly 60 years, has put thousands widowed; the conflict has created social inequalities and given rise to crime, physical and psychological health crises, social hierarchy, etc. (Sarmiento-Marulanda, et al., 2021). The figures and intensities of mass violent disputes in the post-1990s showed a downward trend, as per Human Security Centre 2005. However, this trend does not hold for sub-Saharan Africa, where conflicts are still ongoing and gruesome. The intensity of conflicts serves as the basis for the ways and methods for mediation. The violent mass conflict has temporary or, in some cases, permanent exogenous stupor and impact on the victims (Brück & Schindler, 2008).

The plight of widows affected by armed conflict worldwide is a pressing issue that requires attention and support from global communities. The profound impact of conflict on widows' lives underscores the need for comprehensive research, targeted programs, and policy interventions to address their specific needs and challenges.

During the 1960s, nearly two million Indian men were recruited for the British Army during the Second World War. The war had made more than a million women into widows; after the war, more than 22,000 Indian widows received a pension from the colonial governance. War widows have been differentiated in Indian society from other widows in

the sense that a war widow's husband sacrificed himself for the nation, which in turn earned him glory and martyrdom (Atwal, 2017). However, in the context of armed conflicts, widows frequently confront systemic discrimination perpetuated by governmental and societal entities, which categorise their deceased spouses as rebels or affiliates of armed factions.

Conflict in Kashmir led to 20,000 widows whose husbands have been killed by either security or militants. Kashmir is a region embroiled in internal and external political disputes involving China, Pakistan, and India. Recurring instances of insurgency and counter-insurgency have led to a substantial rise in the number of widows in the Kashmir region. The insurgent activities, which often disregard human rights and exploit women and widows to further their objectives, remain a significant and unresolved concern (Verma, 2015). Inclusive nation-building should encompass individuals of all genders rather than being exclusively entrusted to men.

The difficulties faced by widows stemming from conflict situations are multifaceted and resist easy resolution, given that the proportion of widows within the female demographic remains uncertain. Lack of data and information presents a significant barrier for governing bodies aiming to establish policies and programs for the well-being of widows. Widows in patriarchal societies, such as Manipur, have historically been marginalised, and women's movements in these regions often remain unnoticed by the authorities.

Impact of Armed Conflict on Widows in Manipur:

The current scenario of armed conflict in Manipur does not practically guarantee life. Though there has not been a proper report on the death of people from armed conflict, it could be roughly estimated that 3006 persons died in insurgent-related killings during the year 1992-2001 and 729 in the year 2002-2005 in Manipur. Between 1992 and 2008, as many as 5121 people lost their lives in conflict-related incidents in the state (Singh, 2010). For more than 70 years, the military solution and the Armed Forces Special Powers Act have failed in the Northeast. The widows of Manipur's conflict have been marginalised from reconciliation efforts. There are many fake encounters, but no enquiry has been made in these cases. This not only brings injustice to the widows but also hampers the peace of the society. In any post-conflict situation, the conflict widows are easily forgotten. Not only has the conflict widowed, but the people of Manipur have been tolerating a reign of terror. Neither the state nor the non-state actors have stood up to solve the conflict and remain fearsome (Bhattacharjee, 2009). According to the report presented in the paper titled *"Armed Conflict, Small Arms Proliferation and Women's Responses to Armed Violence in India's Northeast"*, the state of conflict in Manipur has widowed more than 20,000 women.

Moreover, like a slow genocide, two to four people are killed every day in Manipur due to the conflict situation. In the past 40 years, 58 types of guns from more than 13 countries have flooded Manipur (Mentschel, 2007). The armed conflict in Manipur led to 300 widows every year. In some way or another, the lives of people in Manipur are affected by armed conflict from all walks of life. If they are subjected to rape, harassment and torture, they become the direct victim, and if they lose their spouse or other family member through the conflict, they become the indirect victim (Chanu, 2016). In Manipur, women do not have property rights. Therefore, the widows' livelihood is displaced due to the loss of

property. In situations of armed conflict, widowhood is experienced with a combination of displacement and violence. With all the issues mentioned, it could be seen that they are denied justice. Not only have they been denied justice, but they are also deprived of the benefits available to them. Only some of the conflict widows seek assistance from the NGOs that work for conflict widows, while many do not have the proper knowledge of the availability of beneficiaries (Shahnazarian & Zienner, 2018).

Widows worldwide have experienced common issues – the loss of social status and financial stability. They are prone to subtle transformations in their societal status. Moreover, widows in the unorganised sectors are deprived of their essential needs and mainstream society and are thus prone to emotional and psychological instability, violence and health issues.

Mental State of Conflict-Affected Widows in Manipur:

The mental health burden can double in areas affected by violence or prolonged conflict. People living in protracted conflict zones face numerous challenges as a result of their intermittent exposure to traumatic events. Women are often the worst sufferers for a variety of reasons. They are frequently unable to access treatment despite carrying a higher burden due to a variety of socio-economic factors, which exacerbates the situation and contributes to the mental health morbidity often seen in women. In a conflict-torn area, health services' availability, access, and affordability are more complex, even for general health issues. So, women are disproportionately affected among those in need of assistance because social and environmental conditions do not facilitate easy access to treatment (Kesharvani & Sarathy, 2016). The long-term experience of insurgency in Manipur brings a significant concern to the mental health of the people. The people of the state live in fear of unknown attacks, such as cross-firing, threats, kidnapping, etc. The state's people experience all these fears in their daily lives. The situation deteriorated because of the unorganised political systems in the state (Devi R. N., 2014). Widows do not quickly get away from violence, as violence against women always remains integral to conflict. The sense of powerlessness and anxiety is a common phenomenon among widows in armed conflict (Shahnazarian & Zienner, 2018). The never-ending saga of the clashes between the non-state armed forces and the state-led armed groups has resulted in trauma, harassment and fear among the people of the concerned area. The undeniable reason for anyone's mental health worsening is the occurrence of war or conflicts (Okasha, 2007).

In the words of *Nenei* (name changed) "*I have faced health challenges, both physical and mental, since my husband's demise. The trauma led to a heart attack in July, for which I received treatment at a government hospital funded by an unknown source. Accepting that I am now a widow remains a difficult reality. While I appreciate the empathy and support from the community, it also makes me feel vulnerable".*

In the words of *Sisi* (name changed) "*Now, when I look at my son, he serves as a constant reminder of his father. We were overjoyed when he was born, as my husband and I always longed for a son. Contemplating his future saddens me, knowing that he will grow up without a father he never got to know. Being among people has become increasingly complex, and I prefer to avoid crowds. Even now, our village, Joupi, is under frequent attacks.*

Dedei (name changed) says, *"My youngest twins, boys and girls, love their dad the most and deeply miss him. On the day his father passed away, we did not get to see the dead body. His body was taken directly to Lamka from Serou, and we did not have the chance to say our goodbyes. With tear-filled eyes, the youngest son kept asking me, "Nunu, where is Papa?" (Mom, where is dad?) His persistent questions continue till today".*

In the context of armed conflict, the widow's grief is often overshadowed by the broader impact of the conflict itself. The effects of armed conflict tend to monopolise attention and overwhelm the experience of becoming a widow. Amid conflict, the environment becomes rife with chaos, characterised by a struggle for safety, frequent displacements and an uncertain future. Consequently, widows find themselves constrained in the ability to mourn their spouse's demise, with their attention instead directed towards their children's well-being and future. For instance, the respondent, *Sisi*, demonstrates more significant concern for her son's future without his father and worries about the lasting impact of trauma on him.

Similarly, *Dedei* articulates the anguish of bidding farewell to her husband without getting to perform the ritual rites for her husband. The enduring trauma and grief enduringly persist and co-exist with the challenges of assuming a new identity as widows within a society that views and pities them through a different lens. *Nenei* conveyed feelings of vulnerability when empathised with as a widow. This profound shift in identity poses a formidable challenge for conflict widows, wherein their mental well-being becomes compromised by the competing demands of a conflict environment. They bear the traumatic experience that they have without seeking professional help. For them, mental health service like counselling is a far cry as they are barely managing to meet their daily needs in situations of conflict.

A series of human rights are violated in events such as the inheritance of property and land, widow abuse, degrading and threatening burial rites and the widow social norms. Although social rules vary to a great extent, all cultures have norms that govern women's lives and free will. Widows are subject to patriarchal customary and religious norms and discrimination in inheritance rights.

Exploring Patriarchy and the Stigmatization of Widows in Conflict Zones:

Most of the husbands of the conflict widows in Manipur lost their lives due to fake encounters. However, they do not dare to file an FIR as they fear stigma and discrimination from society. Moreover, in some cases, even if the case is filed, they are ignored and given less importance by the police officials (Shahnazarian & Zienner, 2018). They are subjected to stigmatisation and discrimination not only in the society but also by the state government. Though there are schemes that are specifically designed for the widows, the conflict widows are not facilitated with such benefits just because their husbands were a rebel and part of the armed groups.

In a patriarchal society like Manipur, men are the sole breadwinner of the family. The young age widows are the ones who are most affected as they fear to come out and earn their livelihood. In Manipur, conflict widows choose to earn the means of illegal activities as they are left with no other means, such as brewing alcohol and illegal drug trade (Chanu, 2016). The conflict widows of hill areas are the ones that are facing the most challenges after the demise of their husbands as they remain denied government facilities and have minimal means to secure essential needs (Gurumayum, 2018). While all the problems

mentioned above are equally brutal, women at their ends had to survive another type of torment just because of their gender. They live with a different kind of fear apart from losing their loved ones and their own lives; they live with the fear of losing themselves and having their dignity taken away (Priyabala, 2015). A patriarchal gender norm makes them marginalised, but they are not ready to challenge the patriarchal discourse, and they would rather comply with it (Shahnazarian & Ziemer, 2018). There is also the issue of widespread human rights violations, particularly affecting women, in areas affected by conflict. Women face threats to their lives, sexual harassment, restrictions on their ability to earn a living, and rape. They live in constant fear that their families will be arrested, tortured, or detained by armed groups involved in the conflict. There is no guarantee of safety from violence during the conflict, making them potential targets at any time (Thangjam, 2005)**.** In *Neonu's*(name changed) words, "*I have never considered remarrying. I fear that society would view me differently if I did, especially since I am now the church's chairman of the women's society. In our community, there is a lack of respect for widows who choose to remarry. Additionally, considering my children, I cannot entertain the thought".*

Patriarchy and social stigma are two significant challenges that conflict widows often face. When a woman becomes a widow as a result of conflict or war, these patriarchal norms can further marginalise her. The social stigma attached to being a widow in patriarchal cultures exacerbates the challenges faced by conflict widows. Widowhood may be viewed as a source of shame or lousy luck, leading to isolation and discrimination within the community. This social stigma hinders a widow's ability to remarry, access resources, or participate fully in social and economic activities. *Neonu* expresses a concern about how society would perceive her decision, especially given her leadership role in the women's society within her church. She touches on the lack of respect widows often encounter when choosing to remarry, pointing to the cultural attitudes within her community.

Navigating Family Dynamics: The Experiences of Conflict Widows:

The women of Manipur remain caged by the customary law that is insensitive towards them. They remained blinded by the patriarchal culture and gender prejudices, which deteriorated their position and declined the opportunities for decision-making, participation and capacity building in the family (Sitlhou, 2015). The family structure the tribals of Manipur follow is patriarchal, patrimonial and patrilineal. According to customary law, the children should follow the father's clan name, and the family's eldest son should be given the authority to inherit the ancestral land and reside in the parental house. If the parents give birth only to a female child, the property or the ancestral land is given to the family's nearest male relative, which abides by the legal custom of the customary law in Manipur (Gangte, 2003). *Mena* said, "*Although my husband was the chief's son in the village, I have no rights in the village or the family. It feels like my identity died after my husband passed away. I always felt secondary after my husband passed away, and that is the reason I do not want to go back to my in-laws. As I only have a girl child, my kids could not inherit their father's property".* In a patriarchal society, the life of a widow demands sacrifice with no joy or laughter but only memories, sorrows and grieves. Their customary laws and practices forbid them to attend any celebration (Shahnazarian & Ziemer, 2018).

In the words of *Nengpi* (name changed) *"My in-laws have disowned us since my husband's death. They even insisted that I change my children's surname to mine so they would not*

have to take responsibility for them. I refuse to do that because I want my children to carry their father's legacy and surname. My in-laws are also struggling financially, so we became a burden to them, forcing us to move back with my family. I got married very young and could not complete my studies, so now I am not capable of working anywhere. I depended completely on my husband and never learned how to work or earn money. My friends have suggested that I remarry, but I fear what society will think, so I have not considered it". In already socio-economically weak families, such vulnerability leads to destitution. In the in-laws' family, relationships often sour after the disappearance of their husbands. Conflict widows and their children are seen as constant reminders of the family's loss and as additional mouths to feed, seen as burdens (Qadir, 2017).

The status of women within the family goes through a significant shift following the death of a husband, a common experience for widows. In armed conflict situations, as financial hardship often prevails, it leads to widows and their children being relegated to a lower priority status or expected to return to their parental home. As there is a lack of resources for sustenance and income during times of conflict, widows and their wards can be perceived as burdens, which makes their already precarious situation worse. *Mena* talks about how her in-laws disowned her and her children due to the financial struggles caused by conflict. The woman who was utterly reliant on her husband is now compelled to find alternative means of supporting their children, which becomes a formidable challenge during the conflict. Customary laws that perpetuate a male-dominated societal structure contribute to the economic disempowerment of widows. The loss of identity and status within the family and society following their husband's demise further compounds the difficulties faced by widows. *Nengpi's* experience underscores the poignant transformation in her social standing, transitioning from a respected figure within the village's chief family alongside her husband to facing rejection and exclusion from decision-making after his passing. Additionally, customary laws that preclude the inheritance of a father's property by female offspring further marginalise widows. These legal and cultural norms perpetuate gender disparities and accentuate the need for comprehensive reform to alleviate the challenges faced by widows.

Conclusion:

The experience of widowhood due to conflict encompasses a range of challenges that go beyond the immediate loss of a spouse, impacting the lives of individuals like *Nenei* and *Sisi* in profound ways. While unique, these stories converge on themes of grief, resilience, and the quest for normalcy amidst turmoil. *Nenei's* experience, marked by the emotional and physical toll of her loss, including a heart attack, sheds light on the intense stress and trauma associated with losing a partner in conflict. Similarly, *Sisi's* account of growing isolation and her wish to escape the violence in her village highlights the profound impact of conflict on personal well-being. In the chaotic environment of conflict zones, widows are often required to balance their mourning with the pressing need to adapt to a new social identity and economic reality, and *Dedei* is also distressed over being unable to perform her husband's ritual rites. These situations point to the critical need for targeted mental health services, underlining the current gaps in support available for the conflict widows.

Moreover, the societal and legal structures in place exacerbate the vulnerabilities of conflict widows. Narratives shared by the respondents, such as *Mena* and *Nengpi,* shed light on

their journeys of disownment and societal marginalisation, a consequence of patriarchal standards and traditional laws that deny them their inheritance rights. These accounts emphasise the need for comprehensive reforms to lessen conflict widows' hardships and address the gender disparities upheld by existing legal and cultural norms. The ongoing conflict in Manipur, marked by the absence of an official record of widows resulting from the conflict, highlights the widespread challenges that widows in conflict zones face in obtaining assistance. The labelling of their spouses as rebels or armed group members subjects these women to discrimination not only within their families but also from government agencies, trapping them in a vicious cycle of social stigmas, economic hardships, and patriarchal oppression. Despite advances in women's leadership within communities, societal expectations restrict their freedom and dignity. To address the complex challenges faced by conflict widows, entrenched gender norms must be challenged, and policies implemented that offer the needed support for the conflict widows to reclaim their lives, dignity, and independence. The unique intersection of cultural expectations, economic difficulties, and the specific outcomes of armed conflict makes the conflict widows particularly challenging. True empowerment for conflict widows will emerge from legal reforms and cultural changes prioritising their rights and well-being, paving the way for a more inclusive and equitable society.

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PHYSICAL AND MENTAL HEALTH CONDITIONS OF ELDERLY PEOPLE

Husenasab Vanageri
Research Scholar, Department of Social work,
Karnatak University, Dharwad-580003, Karnataka
husenasabvanageri@gmail.com

Renuka E. Asagi
Assistant Professor, Department of Social Work,
Karnatak University, Dharwad-580003, Karnataka
renuka@kud.ac.in

Abstract

This study examines the physical and mental health conditions of elderly individuals in Karnataka's Koppal district, with an emphasis on how socio-demographic factors influence well-being. Using a descriptive approach, data were collected from 50 elderly participants, spanning both urban and rural areas, and analyzed using SPSS software. The demographic profile showed a predominance of older, less-educated females from lower socio-economic backgrounds. A notable finding was the disparity between self-perceived and actual physical health, as many participants considered themselves healthy despite experiencing physical limitations. The mental health assessment revealed that while emotional resilience was evident in some participants, significant levels of stress, loneliness, and lack of affection were also present. These findings highlight the intricate connection between physical and mental well-being in the elderly and underscore the need for targeted support to address their physical and emotional challenges, particularly in areas with limited access to social resources.

Key Words: Elderly, Health, Mental Health, Geriatric Care

Introduction:

The growing prevalence of chronic diseases among the aging population, combined with concurrent mental health challenges, has become a critical global public health concern. As conditions like heart disease, diabetes, and arthritis become more common in older adults, they not only limit physical functioning but also significantly impact mental well-being, contributing to conditions such as depression, anxiety, and cognitive decline. This dual burden complicates the health management of elderly individuals (Beard, 2016; Vos, 2017). Research highlights that chronic physical illnesses and mental health disorders often co-occur, creating a cycle in which each condition exacerbates the other. Depression, for example, can both arise from and contribute to

chronic physical illnesses (Moussavi, 2007; Scott, 2016). Furthermore, chronic diseases can act as stressors, compounding mental health challenges (Lin, 2019). Social isolation and chronic pain further complicate the lives of elderly individuals, often requiring long-term management that places a strain on both patients and caregivers (Smith, 2014; Courtin & Knapp, 2017). To address these complexities, a holistic healthcare approach integrating medical treatment, psychological support, and social care is essential for managing both the physical and mental health needs of this population (Piette & Kerr, 2006; Unutzer, 2013). Understanding the multifaceted impact of these conditions is vital for developing effective healthcare strategies aimed at improving the quality of life for the elderly and reducing strain on healthcare systems.

Maintaining both physical and mental health in the elderly is crucial, as these aspects are deeply interconnected and central to overall well-being. Chronic physical conditions such as hypertension, diabetes, arthritis, and heart disease significantly affect daily functioning and independence. Managing these conditions effectively requires ongoing medical intervention, lifestyle adjustments, and regular health monitoring. At the same time, mental health issues like depression, anxiety, and cognitive decline are common among the elderly, often triggered by factors such as social isolation, grief, and deteriorating physical health. These mental health challenges further exacerbate physical ailments, diminishing quality of life and fostering dependency. Thus, comprehensive care for the elderly must encompass both physical and mental health, with consistent screenings, psychological support, and opportunities for physical and cognitive engagement being essential components of effective care.

The rise in chronic diseases among the aging global population presents significant challenges for healthcare systems worldwide. According to the World Health Organization's 2023 report, most older adults are living with at least one chronic condition, often accompanied by multiple comorbidities. These conditions lead to physical limitations, chronic pain, and an increased risk of acute health events, necessitating ongoing treatment and lifestyle adjustments. Furthermore, there is a strong link between chronic physical illnesses and mental health issues in older adults. Depression and anxiety are prevalent and often worsened by the physical limitations and pain associated with chronic diseases, with social isolation intensifying these issues (Scott et al., 2016). Socioeconomic status, healthcare access, and social support significantly influence the health outcomes of elderly individuals, with those lacking resources facing worse outcomes. A multidisciplinary approach that integrates medical care, psychological support, and social services is essential for addressing these challenges and improving outcomes for this population (Piette & Kerr, 2006).

This study aims to investigate the complex relationships between chronic physical health conditions, mental health, and socio-demographic factors in elderly populations. Understanding these interactions is critical for developing comprehensive healthcare strategies that address both the physical and mental well-being of older adults living with chronic diseases, particularly those in rural areas who are often underrepresented in health research

Objectives:

1. To understand the socio-demographic profile of the elderly people
2. To study the physical and mental health conditions of elderly people

Methodology:

This research article employs a descriptive research design to investigate the physical and mental health conditions of elderly people focusing specifically on the socio-demographic profile and health conditions of this population. The study forms part of the pilot phase of the researcher's PhD research, conducted in the Koppal district of Karnataka, which encompasses both urban and rural areas. A purposive sampling technique was applied to select a sample of 50 participants, aiming to provide a comprehensive overview of the target population's health status. Data collection was conducted through face-to-face interviews, utilizing a questionnaire developed by the researcher to gather detailed information. The collected data was then analyzed using the Statistical Package for the Social Sciences (SPSS) software. To present a clear picture of the participants' characteristics, descriptive statistical methods, including frequency distributions, mean calculations, and Pearson correlation analyses, were employed. This approach allowed for an in-depth understanding of the physical and mental health conditions prevalent among elderly individuals in the specified geographic area, contributing valuable insights to the field of geriatric health research.

Results:

Table: 1- Socio-demographic profile of the respondents

Variables	Values	Frequency	Percentage%
Gender	Male	20	40%
	Female	30	60%
Age	60 to 74	36	72%
	75 to 84	11	22%
	85 & above	3	6%
Religion	Hindu	36	72%
	Muslim	12	24%
	Christian	2	4%
Category	GM	4	8%
	SC	8	16%
	ST	2	4%
	OBC	36	72%
Place of Residence	Rural	36	72%
	Urban	14	28%
Marital status	Married	20	40%
	Unmarried	2	4%
	Widow/widower	25	50%

	Divorced/Deserted	3	6%
Education	Illiterate	28	56%
	Primary	13	26%
	Secondary	4	8%
	Inter(PUC)	3	6%
	Graduation and above	2	4%
Occupation	Still Working	11	22%
	Not Working	36	72%
	Retired	3	6%
Annual Income	Less than 50,000	24	48%
	50,000 to 100,000	16	32%
	100,000 to 200,000	5	10%
	200,000 to 4,00,000	3	6%
	above 4,00,000	2	4%
Type of House	Own House	44	88%
	Rented House	6	12%

Table 1 presents the demographic analysis of the study population. The gender distribution reveals a participant composition of 40% male and 60% female. In terms of age, a substantial 72% fall within the 60 to 74 age group, with 22% aged 75 to 84 and a remaining 6% aged 85 and above. The religious landscape shows a majority of 72% identifying as Hindu, 24% as Muslims, and 4% as Christians. Categorically, 72% of participants belong to Other Backward Classes (OBC), 16% to Scheduled Castes (SC), and 4% to Scheduled Tribes (ST), with 8% categorized as General Category (GM). Regarding residence, 72% reside in rural areas, and 28% in urban environments. Marital status distribution indicates that 50% are widows or widowers, 40% are married, 6% are divorced or deserted, and 4% are unmarried. Educational levels depict 56% as illiterate, 26% completing primary education, 8% achieving secondary education, 6% completing Intermediate (PUC), and 4% graduating or attaining higher qualifications. Occupational status reveals that 72% are not working, 22% are still working, and 6% are retired. Annual income distribution shows 48% earning less than 50,000, 32% between 50,000 to 1,00,000, 10% between 1,00,000 to 2,00,000, 6% between 200,000 to 4, 00,000 and 4% above 4,00,000. Housing-wise, 88% own their houses, while 12% reside in rented accommodation.

Table: 2- Physical Health of Elderly People

Variables & Values		Frequency	Percentage
Health in general	Healthy	42	84
	Very Healthy	3	6
	Unhealthy	5	10
Experienced any illness or health issues within the past six months	Yes	20	40
	No	30	60
Do you have any disabilities	Yes	4	8
	No	46	92
What type of chronic disease are you suffering from	Single Chronic Disease	45	90
	Multiple Chronic Diseases	5	10
How often do you engage in social activities	Daily	2	4
	Weekly	1	2
	Monthly	9	18
	Rarely	28	56
	Never	10	20
How would you describe your appetite	Good	34	68
	Fair	11	22
	Poor	5	10
How would you rate your sleep quality	Excellent	2	4
	Good	29	58
	Fair	13	26
	Poor	6	12
How would you describe the visibility of your eyes	Good	23	46
	Fair	21	42
	Poor	6	12
How would you rate your hearing ability	Excellent	2	4
	Good	41	82
	Fair	5	10
	Poor	2	4

Table 2 provides a comprehensive overview of various health-related parameters within the study participants. The majority, accounting for 84%, is categorized as "Healthy," indicating a predominantly positive health condition. A smaller but notable subgroup of 6% is labeled as "Very Healthy," denoting individuals with particularly robust health profiles. Conversely, 10% of participants are marked as "Unhealthy," shedding light on the presence of individuals facing potential health challenges. In examining the prevalence of illnesses or health issues over the past six months among the participants, 40% (20 individuals) reported experiencing some form of health problem, while the

remaining 60% (30 individuals) did not encounter any such issues during the specified timeframe. The data also highlights the prevalence of disabilities, with 8% reporting disabilities ("Yes") and the overwhelming majority of 92% indicating no disabilities ("No"). Regarding chronic diseases, 90% of respondents reported having a "Single Chronic Disease," while 10% reported having "Multiple Chronic Diseases." The frequency of social activities engagement unveils diverse patterns, with 4% engaging on a "Daily" basis, 2% on a "Weekly" basis, 18% "Monthly," 56% "Rarely," and 20% reporting "Never" engaging in social activities. Appetite is predominantly positive, with 68% reporting a "Good" appetite, 22% a "Fair" appetite, and 10% a "Poor" appetite. Sleep quality is generally positive, with 58% reporting "Good" sleep, 26% "Fair" sleep, and 12% "Poor" sleep. Additionally, the visibility of eyes is reported as "Good" by 46%, "Fair" by 42%, and "Poor" by 12%. Hearing ability is perceived positively, with 82% rating it as "Good," 10% as "Fair," 4% as "Poor," and 4% as "Excellent."

Table: 3- Mental Health Conditions of Elderly People

Variables	Values	Frequency	Percentage
How often do you experience feelings of loneliness	Always	1	2
	Sometimes	18	36
	Never	31	62
How often do you experience feelings of stress	Always	3	6
	Sometimes	16	32
	Never	31	62
How would you describe your stress levels on a typical day	Very High	2	4
	High	9	18
	Moderate	37	74
	Low	1	2
	Don't have a stress	1	2
Do you feel that no one has affection for you	Always	1	2
	Sometimes	16	32
	Never	33	66
	Always	1	2

How often do you experience feelings of hopelessness	Often	10	20
	Sometimes	3	6
	Rarely	20	40
	Never	16	32
Are you abused in any kind by your family members	Always	1	2
	Sometimes	6	12
	Never	43	86
How would you rate your overall self-esteem	Low	1	2
	Moderate	23	46
	High	24	48
	very High	2	4

The table 3 presents data from a survey examining various emotional and psychological experiences. The majority of respondents (62%) reported never feeling loneliness, while 36% sometimes did, and a small minority (2%) always felt lonely. Stress levels were also explored, with 62% never experiencing stress, 32% sometimes feeling stressed, and 6% always under stress. When asked to describe their typical stress levels, 74% indicated they were moderate, 18% high, 4% very high, with a small percentage (4%) experiencing low stress or none at all. Regarding feelings of affection, 66% of participants felt they were always shown affection, 32% sometimes, and 2% never. In terms of hopelessness, 40% rarely felt this way, 32% never did, 20% often, 6% sometimes, and 2% always. Concerning abuse by family members, a large majority (86%) reported never experiencing abuse, 12% sometimes did, and 2% always. Finally, when rating their self-esteem, 48% considered it high, 46% moderate, 4% very high, and 2% low.

Table: 4- Correlations

	Health in general	Engage in social activities	Feelings of loneliness	Feelings of stress	Stress levels on a typical day	Feelings of hopelessness	Self-esteem
Health in general	1	.136	-.109	-.173	-.071	-.150	.052
Engage in social activities	.136	1	-.076	-.003	-.191	.012	-.045
Feelings of loneliness	-.109	-.076	1	.450**	.239	.428**	-.012
Feelings of stress	-.173	-.003	.450**	1	.240	.679**	.211
Stress levels on a typical day	-.071	-.191	.239	.240	1	.193	-.135
Feelings of hopelessness	-.150	.012	.428**	.679**	.193	1	.298*
Self-esteem	.052	-.045	-.012	.211	-.135	.298*	1

***. Correlation is significant at the 0.01 level (2-tailed)*

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

The correlation table 4 provides a comprehensive exploration of the intricate relationships among variables. The overarching measure of "Health in general," a slight positive correlation with "Engage in social activities" (r = 0.136) suggests that increased social participation may enhance general health. Conversely, negative correlations with emotional indicators like "Feelings of loneliness" (r = -0.109), "Feelings of stress" (r = -0.173), "Stress levels on a typical day" (r = -0.071), and "Feelings of hopelessness" (r = -0.150) imply that better general health is associated with lower levels of loneliness, stress, daily stress, and hopelessness. In social interactions, the positive correlation between "Engage in social activities" and "Health in general" (r = 0.136) emphasizes the alignment of increased social activity with improved general health. A negative correlation with "Feelings of loneliness" (r = -0.076) suggests that active social engagement may act protectively against loneliness, while a negative correlation with "Stress levels on a typical day" (r = -0.191) implies a potential stress-buffering effect of social connections. Exploring "Feelings of loneliness," negative correlations with "Health in general" (r = -0.109) and "Engage in social activities" (r = -0.076) suggest that individuals with lower loneliness levels tend to report better general health and are more likely to engage socially. Significant positive correlations between "Feelings of loneliness" and emotional indicators like "Feelings of stress" (r = 0.450**) and "Feelings of hopelessness" (r = 0.428**) underscore the profound connections within the emotional landscape.

The examination of "Feelings of stress" reveals a negative correlation with "Health in general" (r = -0.173), indicating that lower stress levels are associated with better general health. Strong positive correlations with emotional indicators like "Feelings of loneliness" (r = 0.450**) and "Feelings of hopelessness" (r = 0.679**) highlight the psychological toll of stress. Moderate positive correlations with "Stress levels on a typical day" (r = 0.240) and "Self-esteem" (r = 0.211) emphasize connections between general stress levels, daily stress, and self-esteem. Exploring "Stress levels on a typical day," a weak negative correlation with "Health in general" (r = -0.071) suggests that

lower daily stress levels are associated with better general health. The negative correlation with "Engage in social activities" (r = -0.191) implies that those with lower daily stress levels are more likely to engage socially. Associations related to "Feelings of hopelessness" demonstrate a negative correlation with "Health in general" (r = -0.150), indicating that lower feelings of hopelessness are linked to better general health. Strong positive correlations with emotional indicators like "Feelings of stress" (r = 0.679**) and "Feelings of loneliness" (r = 0.428**) highlight the interplay of emotional well-being. Regarding "Self-esteem," a weak positive correlation with "Health in general" (r = 0.052) suggests a minor association between higher self-esteem and better general health. The significant positive correlation with "Feelings of hopelessness" (r = 0.298*) underscores the profound impact of lower self-esteem on increased feelings of hopelessness.

Discussion:

Table 1's analysis of the demographic profile details of the respondents reveals insightful trends, with a dominant presence of female participants (60%), primarily aged between 60 and 74 years (72%). This gender and age bias could influence the outcomes of the study. The religious background predominantly comprises Hindus (72%), followed by Muslims (24%) and Christians (4%), mirroring the sample's religious composition. A significant portion of the participants falls under the Other Backward Classes (OBC, 72%), which might shed light on the socio-economic backdrop of the study's results. Residency data shows a rural inclination (72%), implying rural-focused findings. Marital status is diverse, with half either widowed or widower (50%) and the rest mostly married (40%), indicating different levels of social support. The educational level is generally low, with the majority (56%) having no formal education, affecting literacy-related elements of the study. Occupational status reveals a primarily non-working or retired group (72%). The income distribution mostly falls in lower brackets (48% earning less than 50,000), affecting economic aspects of the research. High home ownership (88%) could reflect stability and cultural norms in the sample.

Table 2 sheds light on the physical health conditions of old age people. A majority consider themselves healthy (84%), yet 40% encountered health problems in the past six months, revealing a gap between perceived and actual health conditions. The data underscores the prominence of chronic disease, with 90% having one and 10% having multiple chronic conditions, emphasizing the need for focused chronic disease management. A considerable proportion engages minimally in social activities (76% rarely or never), which raises concerns for social and mental health. Positive trends in appetite, sleep, vision, and hearing are noted, although issues in these areas (10-12% reporting poor conditions) necessitate thorough health assessments and tailored interventions.

Table 3's findings on mental health of old age people show generally positive trends but also highlight critical areas for concern. Most respondents rarely feel lonely or stressed (62% for each), suggesting emotional resilience. However, the presence of loneliness and stress among others (38% for each) highlights the presence of emotional challenges.

Stress levels are mostly moderate (74%), but a notable portion experience high or very high stress (22%), indicating the need for specialized support. While the majorities feel loved (66%), a significant minority sometimes or never feel affection (34%), pointing to the need for better emotional connectivity. Most participants seldom feel hopeless or face abuse (rarely or never, totaling 72% and 86%, respectively), yet the existence of these issues in some individuals is alarming and demands attention. The self-esteem levels are mostly positive (94% high or moderate), but the minority with low self-esteem (2%) should not be overlooked in mental health strategies.

Conclusion:

In conclusion, elderly individuals grappling with chronic diseases encounter numerous challenges affecting both physical and mental health. They often experience reduced mobility, chronic pain, fatigue, and a decline in functional abilities due to their conditions, further compounded by age-related changes like decreased bone density and organ function. This study focusing on a predominantly female, rural, less-educated, and often widowed demographic, reveals a complex picture of these health issues. Despite most participants considering themselves healthy, a significant gap between perceived and actual health is evident, with 40% reporting recent health concerns and a high prevalence of chronic diseases. Additionally, limited social engagement highlights potential mental health risks. While there is an overall sense of positive emotional well-being, issues such as loneliness, stress, and low self-esteem persist among a notable minority. These insights underscore the importance of comprehensive health strategies that address both the physical and emotional aspects, considering the unique socio-demographic context of the elderly population.

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COMBATING VIOLENCE AGAINST WOMEN: LEARNINGS FROM VIMOCHANA'S GOOD PRACTICES

Rahul Kapoor
Assistant Professor, Department of Social Work,
Gautam Buddha University
rahul.kapoor@gbu.ac.in

Nisha
Madras School of Social Work, Egmore, Chennai
nj080702@gmail.com

Abstract

The article brings to fore an understanding of the factors that perpetuate violence against women inculcating field based learnings from Vimochana, a renowned women's rights organisation in Bangalore. The study highlights the multifaceted forms of violence experienced by women as well as the factors that contribute to the instances of violence against women. The study is Qualitative in nature and has employed a descriptive research design. A total of 15 women were chosen as research participants of the study using the purposive sampling method. The data was collected through in-depth interviews and observation of women coming to Vimochana. The article identifies the fundamental causes of violence against women and also presents a typology of the cases handled by Vimochana, shedding light on the organisation's character and its good practices. The holistic social work interventions proposed in the article will benefit social work educators, practitioners, civil society organisations and government agencies working in the field of women's rights and empowerment.

Keywords: Violence Against Women, Vimochana, Gender Based Violence, Women Rights, Women Issues, Social Work

Introduction

Violence against women in India has remained rife and systemic, in a number of forms and expressions and thus it continues to be a pressing issue even with legal guarantees and increased public sensitisation. As per the National Family Health Survey conducted in the year 2015-16, 29 percent of the married women in India have faced some form of spousal violence. According to statistics, in 2021 police registered 137,956 cases of domestic violence which is 27% higher than in 2016. Shockingly, 44 % of women and 38 % of men surveyed were of the view that it is acceptable for a man to hit his wife. Moreover, violent practices like child marriage, dowry deaths, honor killings and acid attacks are still prevalent in the country. Additionally, women are scared to report instances of violence

against women due to structural barriers such as lack of effective policing, delayed judicial processes, social prejudices and stigmatisation. These past evidences emphasise the need for a multi-pronged strategy in dealing with violence against women in India through legal changes, community outreach programs, campaign against patriarchal gender roles and advocacy for gender equity and women's rights.

Violence Against Women

Gender based violence has become an issue that is rooted deeply in most societies, and manifests itself in different ways, from physical abuse to psychological torture. A study conducted by Dalal and Lindqvist (2010) on domestic violence reported that 14 % of women faced emotional violence while at least 31 % face some form of physical violence. The study also found that 8 % women were subjected to sexual violence. Under such circumstances, it becomes important to note that violence against women does not only refer to physical abuse. It includes a range of conduct that results in dominating and subjugating women and looks at psychological abuse, sexual misconduct, economic abuse, and any abuse that violates a woman's reproductive and health rights. There is a clear interconnection and overlap between these different forms of abuse, which hence generates multifaceted forms of violence that is inflicted on women in different contexts and positions. 88 % of the women interviewed in one district of Karnataka stated that they would "accept it quietly" if their husbands beat them. For instance, in India, the social acceptance of women battering is allowed in case the provocation is seen as genuine. The occurrences which are permitted to justify assaults include: dowry disputes, a wife's adultery, negligence of home chores, and insubordination to a husband's directions. In addition, instances of domestic violence including; nasty words, force sex, finance or any other form of abuse or psychological abuse are unknown in the media. This implies that domestic abuse is highly underreported to the police especially where women's rights are not recognized and their interaction circles are limited (Hackett, 2011). The effects of violence against women are tremendous as they affect not only the survivor, but also her family members, and consequently the entire society. In addition to the severity of physical injuries there are several psychological repercussions that they endure, such as anxiety, depression, PTSD, and suicidal thoughts. The signs of these are expressed in a survivor's interpersonal relationships, employment status, and physical and mental health and well-being.

Vimochana:

Vimochana, based in Bangalore is an organisation working for women's rights in India. It was founded in 1979 and has continued to work mainly on the elimination of discrimination against women and combating violence against women. The work of Vimochana is extensive and one of its main functions is to offer shelter and help to women who are victims of domestic violence. By offering counselling, providing legal representation to client victims, and advocating for the victims' rights, Vimochana assists the victims to find their way in the country's labyrinth like legal system and gain adequate support they require to reclaim their lives. Moreover, Vimochana personally engages in awareness creation and educative sessions mainly with the aim of combating cultural practices that fuel and justify the use of violence against women.

Vimochana's work is in addressing the rights of women and through reaching out to communities, schools, and policymakers, the organisation hopes to transform the society into one where women do not experience any discrimination or violence wherever they are. Also, Vimochana equally continues to work within the framework of policy influence at the district and national levels. To achieve these objectives, Vimochana gets involved in legislative engagements and consultations with the government on issues that affect women so as to exercise an influence in the formulation of those policies that protect the rights of women as well as making sure that women's voices are given value when decisions are being made.

Rationale of the study

The existence of gender-based violence cannot be explained in simple terms and it is this reason that this study has been carried out. This paper majorly relies on field experiences from Vimochana, a large era Indian women's rights organisation that has the grass root experience and knowledge to uncover all conceivable factors and relationships that facilitate or lead to Violence Against Women. The position of the organisation with its long-standing active members in advocacy and assistance provides a meaningful opportunity to analyse the reasons for such violence based on the economic, cultural, psychological, and institutional factors. Knowledge of these components is essential in directing intervention strategies that are specific with a view of eliminating the root cause of violence and not just the violent behaviour.

Review of Literature

In India, women have often been endowed with cruel treatment and denied their fundamental rights enshrined in the constitution of India. Men in particular leave no stone unturned to treat women as inferior citizens. Although we pray and pay our homage to Durga, Saraswati, Parvati and Kali but on the other side we are involve in child marriage, female infanticide, Sati and other things like sexual harassment, dowry deaths etc. It is important to provide an overview of the basic trends regarding the changes in the position of women within the last few centuries in India. The social roles of women of India have been on a progressive path starting from their relatively unknown activity in prehistoric age, their low status in medieval age till the contemporary reforms which are now in an advanced stage advocating equal rights for both genders (Kalaiyarasi, 2015).

In many ways a woman in India can be bought and sold for religion, customs and prejudices of ages. Illiteracy, lack of financial literacy, negative valuation that discriminates against women, and many other reasons have left women powerless today, relying on males and other power holders in the families, communities, and societies at large. Lately, women's issues have been discussed at different meetings and raised to bring awareness and deliberation at several platforms. Indian women have for a long time suffered from some level of abuse within a society that has a predominantly male-dominated nature. She is an object, who is given no respect for her personality, and she becomes devoid of individuality as well. She might endure even brutality from her relatives inside her home and in addition to this the men out there snatch away her pride and dignity. Her ordeal, however, may run

deeper than this; for one reason or the other ranging from dowry or bride price, she may be forced to take her own life or be burnt to death. It cuts across caste, class, region or religious divorce, and is almost universal in contemporary societies (Sharma 2005).

Since generational brutality against women still prevails, strongly encouraged by customs and laws at all levels, all nations are plagued by violence against women (Bhattacharjee & Banda, 2016). There exists an effective causal relationship between attitudes and the actual commission of violence upon women can therefore be said to be evident. The available cross-sectional studies additionally show attitudes promulgating use of violence linked with use of violence on both an intergroup and interpersonal level. For instance, the more a man as a partner possesses traditional, emphatic, and sexist attitudes to the conventional female roles the greater the likelihood of the man being aggressive to his wife. Younger males are also more likely to be disposed towards the rape-supportive beliefs and have also been more likely to have used sexual coercion (Flood & Pease, 2009).

The most common types of violence are by people who are known to the victims, including friends, co-workers, other relatives including husbands, brothers amongst others in places of work and school. Several researches have shown that women in abusive situations have a lower propensity of seeking legal and judicial solutions than others (Zakaliyat & Sathiya Susuman, 2016). According to a study conducted by India's National Crime Records Bureau (NCRB), a women is being raped every three minutes. In this nation, two women get raped within sixty minutes. Approximately 10 young married women are discovered to have met their death in due to violence inflicted on them within a day after their marriage (Kalaiyarasi, 2015).

A prominent facet in emphasis that entails violence against women is dowry. Hackett (2011) reported that one can observe that the states in India that had comparatively lower levels of 'gender-equality development' had relatively greater percentages of Dowry Death crimes. Similarly, it was realised that states which are low on employment, health and literacy rates of women had higher incidences of dowry deaths.

Research Methodology

The research is qualitative in nature and a descriptive research design has been employed in order to have a clear view of good practices followed in Vimochana, Bangalore with special emphasis on identifying the causes of violence against women. The qualitative method helped to capture the various manifold causes of gender based violence and allowed for making a comprehensive analysis of them. Through assembling database information about Vimochana's cases and survivor interviews, and also observing the organisation's advocacy activities, factors that promote violence against women have been identified. The key objectives of the research focused on contextualising the menace of violence against women and identifying the key factors that contribute to violence against women. The research also focused on outlining proposed social work interventions to effectively combat the menace of violence against women.

Sampling Design

A purposive sampling design has been employed to identify individuals who would offer the most relevant data. The sample size was 15 women who came to Vimochana with their grievances regarding the violence faced by them. The non-probability sampling design helped choose victims who had experienced gender-based violence. By depending on these carefully chosen individuals, it was possible to get a deeper and more nuanced grasp of the nitty-gritties underlying the issue of violence against women. This design guaranteed that the data obtained was rich in context and immediately related to the study aims, laying the groundwork for examining the varied nature of violence against women and the efficacy of Vimochana's interventions.

Methods and Sources of data collection

The data was collected through in-depth interview schedules administered to women who had sought help from Vimochana. The observation method was also used as a supplementary method of data collection. The interview schedule focused on important areas of research, such as the nature of the violence, the victims' socioeconomic backgrounds, and the efficacy of the help received. This systematic method aided in gathering extensive qualitative data, resulting in a thorough knowledge of the personal and societal elements that contribute to violence against women. Furthermore, Vimochana's everyday activities allowed for personal observation of interactions between staff and survivors, as well as organisational processes and dynamics amongst support groups.

The primary data was collected through interviews with 15 women who had been victims of violence and sought help from Vimochana. These eyewitness reports gave essential insights into their personal experiences and the effectiveness of the assistance they got. Secondary data was collected from a wide range of Books, journal publications and credible online sources to supplement and contextualise the primary sources. These secondary sources served to contextualise the individual accounts within wider patterns and discoveries in the arena of violence against women, allowing for a more thorough examination of the subject.

Findings and Discussion:

Factors Influencing Violence Against Women

Poverty

Poverty is a reality that has affected millions of people and which impacts almost all aspects of the persons' well-being including quality of life, employment opportunities, and safety. Subsequently, poverty impacts on severity of violence against women in its many felonies. This comes as a result of insulation of scarce resources in the disadvantaged regions which sees competition and stress arising in the households thus increasing the possibility of conflict and violence. Women in such regions remain houseless or in precarious situations hence forcing them to fight for basic needs such as food, shelter, and health thus become easy targets for abuse.

Furthermore, families living in poverty are likely to be living in the low-income, high-risk neighbourhoods, with few contacts and little social capital. This social seclusion brings to the bereaved women minimal chances of them seeking help, relating their experiences to friends, or getting assistance from family or community organisations. This also limits their information on their legal rights and resources they can use when trying to escape their abusers or asking for help. The study hence revealed that poverty facilitates negative outcomes in the lives of women and keeps them locked in a cycle of intimate partner abuse while offering few opportunities to change their lives for the better.

Runaway Marriages

The study revealed a connection between elopements for marriage and violence against women. In many such cases women get into marriage through their own decisions without approval of their families; women enter into such wedding with their own choice to escape forced arrange marriages or even harsher living conditions. Such weddings become symbols of assertion of women's right and defiance of oppressive cultural norms of gender and sexual conduct and can end up leading to varied forms of violence against women.

Among the most imminent threats for women after a runaway marriage include honour-based violence and killings. The other forms of punishment by the side of the woman include verbal abuse, physical aggression and mental harassment. Stress and emotional pressure of a runaway wedding can also lead to other types of abuse such as human trafficking. As it can be seen, in the absence of the protection of their families, women are likely to be subjected to the clutches of those individuals who lay waiting for such opportunities. This may lead to the women being forced into 'prostitution or other work for which they became victims of forced labour or work under similar cruel settings'.

At some point, the family may force the couple to come back together after the runaway marriage, and this process may involve submission, and thus the continuous abusive relationship. The woman's relatives may compel her to do something against her wishes, or force her to adhere to their stringently defined family roles, which makes it difficult to explain that power dynamics in marriage can lead to domestic violence. Elopement, while designed to give individuals independence and liberation from oppressive environments, leads in particular to a number of types of violence against women. Such actions may lead to multiple penalties depending on the violations of definite norms and tendencies dismantled by the family.

Patriarchy

The study highlighted a major role of patriarchal norms and values in perpetuating violence against women. Patriarchy is a popular social form of domination where the man's pole position is expressed in political decision-making, ethical norms and values, social status, and ownership of material assets. It brings about a culture wherein males think they have authority over females which results in dominance indicators like violence. Born to be 'boys' or 'girls', children, especially children in developing countries are socialised into accepting the patriarchal culture of society. Boys are made to act like thugs and always insisting on their ways while girls are supposed to be submissive. This process of grooming

makes the power relations for male domination and violence robust extensively. This kind of attitude gives evidence of the kind of ideological beliefs regarding males as superior beings and females as their inferior who deserve to be dominated.

Boys are often conditioned to believe that they have the power to decide what a woman or girl will do or not do, and how she or he will behave. This belief expresses itself in such a way that it seeks to dictate the freedoms of women and girls, from their ability to move around, right to choose or even their rights over their own bodies. In such a patriarchal society, women are always subordinated to men. It has been postulated that men should be the breadwinners, whereas women should provide subservience, and be largely involved in performing domestic chores. When such expectations are challenged or not met, violence surfaces to restore the culturally prescribed identities and patriarchal gender roles.

Another concept, also highly valued in many societies, is an idea of honour which is closely linked to the family's name and social status. Women's role involves being responsible in influencing the family honour through their conduct. It is also worthy of note that women's sexuality and their general conduct are closely monitored and policed in order to protect the integrity of the family. Because they can hold leadership positions they choose their own spouses, bereave recognized norms exploring unacceptable behaviour including "honour killing" their families and communities may use force to maintain standards and punish perceived transgressions. Some examples of the compulsion are forced marriages, domestic abuse, and other forms of oppression that have been traditionally used to enforce compliance and uphold social honour.

Age of Marriage

The study revealed that the age of marriage also serves as a contributing factor in violence against women as young brides are exposed to multiple forms of abuses. Early marriage reduces the level of education of a girl, her knowledge, her skills, her future job opportunities, her capability of mobilisation, and her access to resources making it very hard for her to change her undesirable situations such as being in abusive relationships with her spouse and in-laws.

Child marriages remain a problem and where there is a disparity in the ages of the couples, it is the older man who wields power over his young wife whom he punishes physically and psychologically. Less educated brides are less aware of their legal rights than older married women and less competent to make decisions about their lives, so they are more vulnerable to their husbands and in-laws' control and abuse. In addition, young brides are more prone to health challenges in early pregnancies, and their health issues may not be well addressed by the right medical intervention. These health problems have been attributed for causing tension and abuse in the marriage.

Married young brides are socially isolated from their own biological families, friends and relatives and hence cannot seek help or assistance when in a violent marriage. Groups and communities further compound the problem by forcing young brides to conform to traditional standards and practices requiring them to withstand abusive surroundings. Thus,

the young brides are locked in a vicious cycle of violence and subjugation because of the lack of education, dependence on partner's earnings, threats to health, lack of social interaction and mental abuse.

Lack of Economic Independence

The study revealed that the lack of economic independence of women and their reliance on male members of the family for money make them easy and vulnerable targets of violence. After the independence, India brought in various economic policies to give a fillip to modernization in the country but these policies failed to incorporate the basic feminist agenda of a woman's ability to participate in the economy. Gains made for women were limited and even as more joined the workforce, the employment rate was still low and women were still economically dependent.

It is here that the lack of employment puts pressure on the economy within a family headed to calamity, frustration, stress, and the rest. Unemployment triggers economic stress, thus responsibility-related pressure arises, especially among men who are expected to bring home the bread, frustration often leads to the use of force to dominate the family. Even in the present era, corporate offices have not yet shed work-related prejudices and stereotypes stacked against women. This stigma stops women from looking for jobs, thereby continuing with the cycle of economic inferiority. The elderly or the disabled also refrain from leaving abusive relationships because if they do, they stand a high chance of being socially isolated.

Lack of Education:

Illiteracy and lack of education has emerged as one of the main causes of violence against women. If women are not educated, they are locked out of major skills and competencies and therefore become vulnerable to various kinds of abuse and exploitation. Since education empowers the women, those who have no education lack self-esteem, and they feel less independent, making them vulnerable to violence and abuse. An illiterate woman has no knowledge of legal protection and is therefore at a higher risk of being abused. It instantaneously impacts a woman's ability to engage, help and assert her rights within the situation of being assaulted.

Vimochana's Good Practices

Vimochana guarantees that survivors of domestic violence obtain urgent legal help. This includes providing them with clear and understandable information about their legal rights and alternatives. Vimochana helps prepare and file legal paperwork including restraining orders, divorce papers, and custody petitions for survivors of violence. This assistance expedites judicial processes and alleviates the load on victims.

Survivors of domestic violence frequently require safe and secure shelters to stay. Vimochana runs a network of emergency shelters where victims can seek safety at any time of the day or night. These shelters offer a safe and discreet environment in which survivors can stay. Many survivors of domestic violence have children who are also traumatized by the situation and Vimochana also ensures the safety and well-being of their children these

shelters. Highlighting some key initiatives of Vimochana which form the backbone of their good practices.

Violence Free Communities: Vimochana's study in 1997-98 on the unnatural deaths of women in marriage led it to take up prevention work in two urban communities in Bangalore, Jagajeevan Ram Nagar and Ulsoor, which had the highest rate of unnatural death in the city. Over the years the organisation has expanded to areas spanning from Sudham Nagar to Kasturba Nagar. Vimochana's work in the communities mainly concerns engagements with issues of domestic violence, also delving into notions of intimate partner violence, which fall under the larger umbrella of Gender-Based Violence.

Vimochana's work within these communities has led to the creation of local women's networks that are not only vigilant monitors of domestic violence in their neighbourhoods but also have formed grassroots committees to provide an alternative form of justice for victims of domestic violence. Upon realizing that the violence has taken place, the victims are immediately cared for by women from this network whether it be for food or shelter, or accompaniment to the police station working together with the family towards a safe resolution of the dispute.

Angala: Crisis Intervention Centre: Vimochana launched the women's crisis intervention center, Angala (meaning The Courtyard) in 1993 to systematically reach out, respond and offer moral, social and legal support to women who are survivors of violence and abuse both within marriage and outside, enabling them to lead a life of dignity free from violence. At any given time, Angala responds to about 500 women and families who approach the centre to help them.

Case Study - 1:
Shabana (Name Changed), an 18-year-old high school graduate married to **Rehman (Name Changed)** was subjected to physical and emotional torture by her husband and also barred from communicating to her parents. The mistreatment extended beyond her spouse to her in-laws, who regarded her with contempt, particularly during her menstrual cycles as she was compelled to do all the household chores without any consideration for her deteriorating physical and mental health.

Desperate for help, Shabana during a visit to her home told her parents about the violence she had been facing but instead of being supported, she was punished and sent back to undergo more pain. The problem reached a boiling point when Shabana became unwell and her husband's family refused to take her to the hospital, accusing her of faking illness to avoid responsibilities. When her illness deteriorated, they reluctantly sought medical attention, only to verbally humiliate her after she recovered. Shabana was viciously assaulted and subsequently driven out of the house after being accused of lying to avoid responsibility, with her in-laws vowing to find a new spouse for their son.

A disagreement between the two families erupted, resulting in a physical violence and an initial police intervention that proved unsuccessful as Shabana's in-laws apologized only

for namesake but did not mend their abusive ways. Frustrated and desperate, Shabana's family turned to 'Angala' Vimochana's, crisis interventional centre. They also filed a complaint with their local mosque, seeking justice and resolution.

The counsellor from Vimochana had individual discussions with both the sides to better understand their viewpoints. Shabana's family wanted her to stay married, but they insisted that she and Rehman live separately from his family. Despite early reservations, Rehman decided to rent a new home for the couple. In addition, he agreed to undergo Cognitive Behavioral Therapy (CBT) to address his violent behavior and conduct. Further follow-up sessions revealed that the couple had started to live more peacefully, demonstrating a promising path forward.

Case Study - 2:

Reshma (Name Changed) visited Vimochana's crisis intervention centre with severe marital problems. She worked as a domestic helper, struggling to make ends meet, but her husband lived a life unfazed by the financial situation of the house. Reshma had been married for 18 years and had gone against the will of her family to marry her husband. Her husband turned out to be an alcoholic and had multiple affairs with women outside her marriage. Reshma's husband used to physically and sexually assault her under the influence of alcohol and did not support the education of their two daughters.

The continuous harassment faced by Reshma led her to file a complaint of sexual harassment as well as file for divorce from her husband. In the advent of delayed justice from the police officials in Reshma's case, representatives from Vimochana intervened and her husband was made to sign a government bond paper, stating he will live away from his house and contribute a total of Rs. 7,000 every month towards his family. He is not allowed near his daughters for ensuring their security and has been sent to a rehabilitation centre through Vimochana's partner civil society organisation to work on himself and leave the habit of drinking alcohol. Reshma has been made to join a therapeutic group of women who had been through similar atrocities, so that she could share her pain, deal with her trauma and make some friends in the process.

Proposed Social Work Interventions

Violence against women is such an issue that affects millions of women globally. Addressing this critical issue requires a comprehensive approach that encompasses some interventions tailored to the diverse needs of survivors. The proposed social work interventions suggested have been contextualised from the good practices followed at Vimochana and other relevant civil society organisations.

Therapeutic Group Programs: It is with such programs envisaged to support the abused female individuals to share their experiences with others and embark on a healing process in group sessions. These programs' goal should be to enhance women's emotional health as well as their ability to solve problems since these aspects are essential for women's rehabilitation and emancipation. The spectators would get an insight into the effects of trauma and reactions towards violence. Females would be trained in essential areas such as

stress reduction, mindfulness, and relaxation so that they can deal with traumatic-related symptoms. They also may open possibilities for women to share their feelings and stories in the group, which will not cause them to be judged. Peer support can help countless people feel understood or seen in ways that nothing else can, and may tell people that they aren't the only one going through what they're going through. The establishment of these programs can enhance a genuine environment, which can assist people that undergo these plans to change and empower themselves.

Relapse Prevention and Relationship Safety (RPRS): This is a special approach that might be destined to solve both issues of violence and substance abuse, targeting men who use drugs. The program is intended to be sensitive to the gender dynamics/context adopted by the participants and how best to approach the interventionist strategies put in place to address the issue at hand. It is possible to apply Cognitive Behavioural Therapy (CBT) aiming at changing the patient's distorted perception of reality and breaking down the vicious cycle associated with substance abuse and violence. With assertiveness training, skills that point out methods of handling difficult situations without necessarily having to resort to physical confrontation can be imparted to the learners about handling relationship issues. This programme will also ensure that participants escalate to appreciate individual aspects of trigger to substance use and aggressive behaviours to ensure Moderation of risky circumstances is averted. Since RPRS targets two issues; substance abuse as well as violence, it is cheaper and more effective in countering violence and substance abuse as compared to the traditional cycle.

Community-Based Advocacy Programs: They are supposed to offer full support to female candidates with the core purpose of enhancing their safety and decision-making skills. Such endeavours would act within this community and would engage local resources. Workers can also take time and talk to female clients on how she wishes to be guarded and then come up with an individual plan of protection depending on the life situation of the woman which may involve: how to escape from the abusive husband/ boyfriend, where to seek shelter, how to protect herself and her children. While ensuring that one's safety is not immediately assured, these programs provide or link survivors to other relevant services like shelter, helpline, and legal aid. Communication can involve, for example; decision-making, conflict solving and managing of monies and hence, many workshops can empower women to take charge of their lives. Another important component could be to provide information on available community services and how to use them effectively which can also assist women get a clue on where to seek help from. Employment is also another service that can be done where women can be offered job training, preparation of resume among other services, so as to enable them to stand on their own financially.

Village Savings and Loan Associations (VSLA) with Gender Dialogue Groups (GDG): This collective group is an innovative intervention that is able to seek in addressing the imbalances in gender in the households and even seek to enhance the communication between the family members. Such a dual approach would assist in achieving financial independence, together with pulling out concepts that enhance physical violence against women. GDGs consist of moderated social discussions, making it a moderated conversation of users moderate, under the supervision of qualified moderators. These

workshops can reunite men and women to discuss topics such as gender roles and relations, influence of gender inequalities within families with references to cultural practices. The opportunity for equal communication, conflict-solving model, mutual bargaining, and the benefits for both partners could be among the most crucial issues for discussion. Discussions would be geared towards social justice that would violate gender boundaries and norms and promote respect and recognition. Economic independence reduces their economic vulnerability to abusive spouses, thus easing people's exits from violent environments or the negotiating of less violent and less exploitative terms of cohabitation. Similar to VSLAs and GDGs, practical support networks would be developed through the course of the projects within the community and women would receive support from other women's solidarity and experiences.

Bystander Intervention Programs: Such programmes can be educational initiatives for the prevention and protection against violence and which allows the person to commit actions if seeing or expecting violence. It is these programs that may have a powerful influence in peer settings such as schools, colleges, workplaces, and neighbourhoods. Such measures aim at establishing appropriate care and responsibility by ensuring the ability of witnesses to stop, overlook, prevent and avoid aggression. Participants would be informed that there are apparently different forms of violations, including physical and verbal assault, rape, and control. Simulation of the actual event is also another technique which may be in the form of role-play and scenario-based, which helps in practising the intervention skills. The program aims to assist the participants to increase self-confidence and likelihood of action without negativistic consequence in terms of termination or exclusion from the society.

Community Mobilisation through Participatory Learning and Action (PLA) Meetings with Accredited Social Health Activists (ASHAs): Community mobilisation can also be effective procedure of addressing certain threats to public health including violence against women and girls. PLA stands for Participatory Learning and Action, which is an effective process where everybody in the community participates and gets involved in identifying the problem, planning/negotiation and implementing the solution. It can be said that this technique is quite helpful in terms of decentralising decision making and encouraging communities to foster change on their own. In context of India, the Accredited Social Health Activists (ASHAs) contribute to conducting the PLA sessions as they are capable of addressing even topics that are violent in nature since they are embedded within the communities. An exposition regarding the effectiveness of this intervention was made after a research conducted in Jharkhand, India. The findings of the research highlighted; lower levels of acceptance of violence, reduced levels of emotional and physical violence, and enhanced help-seeking behaviour. Thus, this intervention indeed is far-reaching.

Role of Social Worker

The social worker plays a central role in the implementation of these proposed social work interventions as they have professional competence to play the role of an efficient group worker cum facilitator in therapeutic group programs. Social workers in community settings engage in advocacy and sensitisation to build non-hierarchical and gender inclusive spaces within the family and community. They also bridge the women in the community with government initiatives and schemes aimed at women empowerment.

Social workers also act as a bridge between survivors of gender based violence and the legal mechanisms available for them to attain justice. Thus the social workers perform multiple roles to work with survivors of gender based violence which include but are not limited to the role of a counsellor, educator, facilitator, advocator, mobiliser and trainer amongst many others.

Conclusion

The article has been able to provide an in-depth understanding of the various factors that lead towards violence against women and it lays stress on to the point that it is essential to have a distinctly comprehensive and coordinated approach in order to combat this issue. Lack of education, economic dependency, patriarchal values and practices make it difficult, yet, they present entry points for coherent efforts that can bring major improvements.

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MIGRANT WORKERS AND THEIR LEFT BEHIND CHILDREN: A STUDY ON SCHOLASTIC BACKWARDNESS IN SRIKAKULAM DISTRICT

U. Kavyajyosthna
Asst. Professor, Dept. of Social Work
Dr. B. R. Ambedkar University, Srikakulam.
kavyamunny@gmai;l.com

Manem Atchyuta Rao
Ph. D. Scholar, Dept. of Social Work
Dr. B. R. Ambedkar University, Srikakulam
atchyuit@gmail.com

Abstract

Introduction: *The scholastic backwardness is a child is generally regarded as scholastically backward if they routinely fail one or more classes or subjects, even though they attend school regularly.*
Method: *In a rural ZPH school in the Srikakulam area, the researcher conducted a study with about 73 kids from migrant workers households. Children in the school age range of 5 to 15 years old made up the study's sample.*
Population *School going children of parents who have migrated for livelihood.*
Sampling Method: *Purposive sampling method to be adopted in this study. Those persons who meet inclusion and exclusion criteria will be selected as samples.*
Aim of the study: *To examine the school going children scholastic backwardness and the influence of child stay with other family member.*
Objectives: *To study the socio demographic profile of child. To find the association between parental migration and children's scholastic backwardness. To recommendation towards to take steps to prevent from scholastic backwardness issues among school going children.*
Results: *The current study closely examined the impact of migration on children of migrants who had scholastic backwardness. The migration and the children scholastic backwardness were positively associated. The parent migration has been positively associated with the children scholastic backwardness. Academic performance is claimed to be affected by migration.*
Conclusion: *The researcher concludes that school-age children of migrant parents frequently experience scholastic backwardness. This can be attributed to a variety of intricate factors, including grandparents who stay at home, parental migration, parental illiteracy, and the incapacity to read and write.*

Key words: *Migration, Scholastic backwardness, Academic performance, Left behind children.*

Introduction:

People who have heard child talk claim that music is just melodies and nature is lovely. A child is nothing short of spectacular when it comes to happiness. A person's personality is shaped by their early experiences. It has a significant effect on both an individual's later years and a child's growth and development (Goldman, R., & Goldman, J. 1982).The phases of life that start at age two, or the point at which an infant's relative dependence ends. They continue until the child reaches puberty, usually around the age of thirteen. Since children are the family's heirs, it is the family's primary duty to nurture and develop their personalities. This is one of the most important roles of the family producing more than just one child (McLanahan, & Percheski, 2008). Article 24 in the Indian Constitution forbids child labor for anyone under the age of fifteen According to Article 21A Indian Constitution guaranteed free and compulsory education for all children. Despite the expectations that all children attend school and should not work, millions of children who, worldwide, are not in school and a large number of them are employed. Basic instruction is essential to the advancement of education and, by extension, the socioeconomic development of the society (Motkuri, 2006). One of the most important things is education, which not only helps people acquire the necessary knowledge, skills, and abilities but also promotes the general development of the individual, the community, and the country. A person with education can do more than only achieve his intended aims and objectives, but is also capable of providing an effective contribute to the community's well-being. The cultivation of scholarly individuals' expertise, knowledge, skills, and capacities are improved through intellectual achievement and learning. Several factors exist in secondary schools that have a significant role in raising kids' academic achievement. The Students' ambitions and objectives for the future are determined by their academic success. The place that serves as the basis for learning and education is often described as home. Fostering a learning environment in the home is essential for producing strong academic results for parents, kids, and other family members. For example, parents should assist their children when they are having difficulties in a particular subject. They could instruct their kids personally or offer private instruction as a sort of assistance. To improve their children's academic achievement, they provide technology and other learning resources to their homes. Children's operative growth and development are greatly influenced by their parents (Kapur, 2018). The Indian education system has a widespread issue with dropout rates. Numerous kids, who enroll in school, are unable to finish their secondary education, and there are a number of reasons why kids leave school early. Risk factors start to accumulate even prior to when pupils enroll in school, factors such as poverty, migration, parents' poor educational attainment, and the inadequate family structure, sibling education patterns, and absence of early childhood experiences. Domestic issues and family history create an atmosphere that is detrimental to influences how valuable schooling is. Furthermore, a variety of reasons could lead to pupils quitting school. Educational elements including an unpleasant environment, inadequate understanding, and absenteeism, the teachers' demeanor and attitude, failure or recurrence in the same grade (Chugh,2011). However, some forms of academic backwardness, such as reading retardation, is more

prevalent in the West conducted research study. Additionally, the incidence of particular arithmetic difficulties has been documented recently, with rates being discovered to vary from 1.3% and 6%. Additionally, particular correlations have been observed between academic challenges, a lack of focus, and absence from school (Shenoy, & Kapur, 1996).

A student's intellectual, cognitive, emotional, social, and moral growth is significantly influenced by their scholastic achievement. Scholastic regression typically causes children to feel inadequate and anxious. This may have detrimental effects on the mental and social functioning of the child. It impacts more than just the youngster. Early in their lives, but it can potentially seriously harm them later on. Thus, learning difficulties are a matter of worry for not only for the pupils, but also for their guardians and all the experts actively engaged in advancing child welfare.

The definition of scholastic backwardness is not straightforward: a child who consistently fails one or more subjects or one or more classes, even with adequate attendance at school, and a child who is in the lowest 10th percentile in the class are both generally considered to be scholastically backward. However, the definition of scholastic backwardness should be dynamic, taking into account various factors that may influence it. Academic regression can stem from a variety of internal (child-related) factors, including low intelligence, learning disabilities, physical issues, attention deficit hyperactivity disorder, emotional disorders, lack of motivation, and poor time management. External factors can include things like an absence both parents due to migration or other reasons, disruptive home or school environment, poor discipline, sibling rivalry, and overly ambitious parents (Mendoza,2017).

Outside of the medical community, the term "scholastic backwardness" is synonymous with "learning disability," "intellectual disability," etc., giving undue weight to the internal factors and ignoring the many external factors that contribute to scholastic backwardness among children, despite the fact that it is a problem that affects people of all socioeconomic backgrounds, everywhere in the world, and for countless reasons. Numerous researches on scholastic backwardness have been carried out both domestically in India and overseas. Few, particularly in the case of familial factors, have considered external variables. The majority of research has concentrated more on learning disabilities than on the sociocultural elements linked to academic regression. A few studies conducted overseas have shown evidence that the mother's educational attainment plays a significant role in determining her child's academic success (Sharma, Das, Srivastava, & Upasani, 2022).

Literature Review:

In an effort to solve the never-ending issue, numerous studies have even been presented to the pertinent parties. The inability to provide the perfect parenting is one of the main issues with the migratory worker situation. Fathers alone, rather than both parents as it should be, or even grandparents, may be the only one who can care for their children. In actuality, a child's primary educational institution is their family. Parenting happens here. Parenting is the key to a child's success in their social interactions utilized within the household. Parenting often entails providing guidance, teaching, nurturing, and care. Parenting is one of the home duties that women play. This function deals with the gender dynamics and communication styles within the family between the male and female members. In a household where the father bears all financial responsibilities, the woman

has a major role in raising the children. In this instance, the father works productively to support the family's financial needs, while the woman is entirely responsible for the home. But, things will change if the mother works in the productive field or is said to perform various responsibilities (Mulyana , Karimah, & Octavianti, 2019).

Conventional knowledge demonstrates that child labor's harsh reality is poverty. The definition of poverty is the inability to earn the fundamental necessities of life. It is argued that children have a very high opportunity cost for low-income households, where the child's contribution. For those impoverished households, a family income is essential. When a household's income from sources other than child labor falls short of subsistence income poverty being the primary factor they will send their child to work. Additionally, there are indications that the children's income contribution is lifting the household out of poverty. Furthermore, societal economic disparities have an impact on the prevalence of child labor and the deprivation of education among children. "The general economic development, equally distributed is the best and most sustainable way to reducing child labor," noted in a review. The distribution dimension was included by Swinnerton and Rodger's analytical work, expanding the model, which identifies poverty as the primary issue (Motkuri, 2006).

The two main non-effort-related factors that impede academic success in schools are poverty and a lack of family support. The government has addressed the economic component by providing families with monetary subsidies. This has allowed some kids to remain enrolled in school permanently. However, the qualities of employment and the impression of unstable income, along with the inadequate utilization of government resources by certain parents, continue to contribute to the educational backwardness in these areas. The dissolution of the family, domestic abuse, and the entry of both into the workforce Mother and father have a strong impact on the emotional state and consequently children's mental health, impacting how well they succeed academically (Mendoza,2017).

The phenomena of dropout are substantially connected with migration of parents, including low socioeconomic and educational standing of the parents; around one-fifth of the sample children dropped out owing to financial restrictions. Approximately 20 percent of kids dropped out after failing a certain grade (Chugh,2011). Children's behavior and academic achievement indicate the ultimate common road, which is the result of the convergence of numerous elements such as the interaction between cognitive strengths and deficiencies, cultural and environmental influences, temperament, prior educational experience, and innate resilience (Gohiya, & Shrivastav,2015).

5% of adolescents had symptoms suggestive of various mental health disorders and 2.6-8.3% for attention deficit hyperactivity disorder (ADHD), 3% for eliminating disorder, 0.9-2.2% for conduct disorder, 0.9-3.3% for anxiety disorders, 1.7-4.4% for depression and 0.8-1.1% for psychosis(Nair, et al,2013) Significant differences existed between left-behind children group and non-left-behind children group on several health issues such as not going to school due to sickness ($p = 0.080$), completeness of the vaccination scheme ($p = 0.036$) and feeling of loneliness ($p = 0.039$). However, regarding symptoms like fever, cough or respiratory difficulties, diarrhea and twitch, as well as mental health problems like unhappiness and insomnia, no significant difference was found (Tang, D., Choi, W. I., Deng, L., Bian, Y., & Hu, H. 2019).

Nearly 50% of students in schools are considered academically backward. This is a relatively high prevalence rate. Their personal health, the educational environment, and their migrant paents are the factors contributing to their backwardness. Thus, it is clear that social and familial influences have a big impact on kids' academic performance. If this isn't addressed and resolved very away, it could cause chaos in the child's life (Thakur, & Agrawal,2016). Socioeconomic status has been consistently linked to Scholastic Backwardness, according to the majority of studies (Beniwal, et,al, 2018).

Need for Study:

The general academic backwardness of youngsters has been the subject of extensive research. Research on the relationship between migrant parents' school-age children's academic backwardness and migration is scarce. A number of factors, including parental migration, low educational attainment, poverty, insufficient family structures, and a lack of early life experiences, have a negative impact on school-age children's academic performance. People from the Srikakulam area frequently migration to our nation's largest cities in search of better jobs. Therefore, it is imperative to investigate the relationship between migration and academic underachievement in school-age children of rural Srikakulam migrant laborers.

Methodology:

The researcher carried out a study in a rural ZPH Schools of Srikakulam district, which had approximately 73 students from migrant families. The sample of the study was selected from 5-15yrs age group children studying in the school. Written informed consent from the parents of children and assent from children included in the study was taken. Institutional ethics approval was obtained prior to sample collection. Scholastic backwardness was considered if the child failed regularly in all subjects or had class failure in the previous year. The information was gathered from parents and annual reports of the students. The exclusion criteria were children with intellectual impairment/mental retardation.

Aim of the Study:

To examine the school going children scholastic backwardness and the influence of child stay with other family member.

Objectives:

- To study the socio demographic profile of child.
- To find the association between parental migration and children’s scholastic backwardness.
- Recommendation towards to take steps to prevent from scholastic backwardness issues among school going children.

Hypothesis:

Scholastic backwardness of school going children is directly associated to parents migration.

Operational Definitions

School: A school for young individuals or those not yet eligible for college the formal education process, particularly when it consists of a set of courses spread out across several years. Schools have a significant impact on kids, families, and the neighborhood.

Scholastic Backwardness: A student was deemed to be scholastically behind if they consistently failed every subject or had a prior year of class failure.

Migration: "A person had moved from his birth place to within state or cross international border for better employment," is the definition of migration given by the Indian government.

Left behind children: Children left behind live in rural communities while their parents move to larger cities in search of employment.

Sociodemographic profile: Social profile consists of age, gender, marital status, education employment status, socioeconomic status, domicile and type of family.

Research Design

Descriptive research design is research methods which describe the data already available in a data base.

Population: School going children of parents who have migrated for livelihood.

Sampling Method: Purposive sampling method to be adopted in this study. Those persons who meet inclusion and exclusion criteria will be selected as samples.

Tools for Data collection: Socio-demographic questionnaire and interview schedule for brief clinical history

Data analysis: Appropriate descriptive and inferential statistics will be used to understand the occurrence and the association of variables.

Ethical issues:

- Informed consent has been taken from the responsible family member of the child.
- Confidentiality has been maintained with regard to the details enumerated from the respondents.
- The information gathered has been used only for the research purpose.
- Appropriate referral has been made.

1. **Statistical Analysis:**

Table -1
Age of the Parents

	Frequency	**Percentage**
21-35	7	9.58
36-45	44	60.27
46-55	18	24.65
56-65	4	5.50

The age distribution of migrant workers in Srikakulam District shows that the majority over 36 years old (60.27%) followed by those aged 46-55, and the youngest group, 21-35 years, constituting 9.58% of the sample.

Table-2 Demographic profile of the Parents

Variables	**Frequency**	**Percestage**
Male	44	60
Female	29	40
Illiterate	40	55.26
Primary	18	24.65
Secondary	8	10.95
Inter	5	8
Graduation	2	2.74
Unmarried	19	26
Married	49	67
Separated	3	4
Widowed	2	2.7
Profession	9	12
Semi Profession	11	15
Skilled	9	12
Semi skilled	28	3
Unskilled	16	22

Among 73 participants, 44 (60%) of them were male and 29 (40%) were female. Among 73 participants, 40 (55.26%) of them were illiterates and 18 (24.65%) were primary, 8 (10.95%) were secondary 5 (8%) were inter and 2 were (2.74%) graduation. Among 73 participants 19 (26%) of them were unmarried and 49 (67%) were married, 3 (4%) were separated and 2 (2.7%) were widowed. Among 73 participants 9 (12%) of them were profession and 11 (15%) were semi profession, 9 (12%) were skilled 28 (38%) were semiskilled and 16 (22%) were unskilled workers.

Table-3: Significant Characteristics of scholastic backwardness among children of Migrant workers

Characteristics		Students (N=73)	Chi-square value	P-value
Parental Illiteracy	Yes	40	28.874	0.030*
	No	9		
Child stay at grand parents	Yes	16	8.914	0.002*
	No	57		
Child can't understand the lesions	Yes	53	4.183	0.040*
	No	20		
Child not prompt to school timings	Yes	50	54.433	0.000*
	No	23		
Both parents migrants	Yes	9	28.874	0.000*
	No	64		
Child unable to study on his own	Yes	28	37.940	0.000*
	No	45		
Child stay at other relatives' house	Yes	16	8.914	0.002*
	No	05		
Child unable to read	Yes	32	31.390	0.000*
	No	41		
Child unable to write	Yes	9	5.923	0.014
	No	66		
Child feel guilty as can't study	Yes	32	31.390	0.014*
	No	41		

p value significant at < 0.05

The researcher compared various parameters between 73 Scholastic Backwardness of the students to evaluate the determinants of scholastic backwardness (Table 3). Characteristics such as parental illiteracy, Migration of parents in father, mother, parents having unable to study their won, feel threatened, ability to write and read, were significantly associated with Scholastic Backwardness.

Discussion:

In the present study the influence of the migration among left behind children of migrants who were scholastic backwardness closely observed. The migration and the left behind children scholastic backwardness were associated. In actuality, a child picks up knowledge mainly from their parents. Often, being a parent means giving direction, instruction, nurturing, and care. Among the responsibilities women have at home is parenting. However in this study single parent migration and both parent migrants were also reported and their children were facing difficulty in study due to proper care on their children's education.

Nonetheless, the majority of the children in this study who are not stay with parents though the parents moved from their origin place to host place. Certain types of academic backwardness, such reading retardation, are more common in research studies conducted

in the West, according to Shenoy & Kapur. Furthermore, specific associations have been noted between difficulties in the classroom, inattention, and absence from school.

Conclusion:

The researcher comes to the conclusion that scholastic backwardness is a common occurrence in school-age children of migrant parents. There are many complex causes behind this namely parental migration, parental illiteracy, stay-at-home grandfathers, and the inability to read and write are among the traits. These traits can be utilized to recognize children who are more vulnerable and to start early intervention. This has an impact on the ways in which educators and parents can promote student achievement. As a result, in order to help these students, caregivers, educators, psychologists, and doctors must do the early identification of this issue on and take the necessary steps. Since psychological issues play a significant role in scholastic backwardness, individual counseling for parents, and students can help ensure that students make the necessary academic progress.

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WORKING WITH FEMALE ADOLESCENTS: A SOCIAL WORK PERSPECTIVE

Lakshmi Mallik
Teaching Assistant
D.O.S.in Social Work,
Karnatak University, Dharwad
lakshmimallik1112@gmail.com

Dhavaleshwar C U
Assistant Professor and Chairman
D.O.S.in Social Work,
Bagalkot University, Jamkhandi
chidananddhavaleshwar@rcub.ac.in

Abstract

Incidence of risk-taking behaviour among adolescent boys and girls has increased over the period across the world because of several factors like immaturity, curiosity about sexuality, psychological and physiological changes., a desire for experimentation, peer influence, the influence of media, lack of proper knowledge about various aspects of reproductive health, communication gap between parent-child relationships cultural inhibition for clarification of queries of adolescents about sexuality and other related issues in the educational institution and at home, lack of parental supervision and so on The genesis of most health problems in adolescents are environmental and behavioral, and social influences, good and bad, can foster, mitigate, or exacerbate immediate and long-term health consequences and conditions The proliferation of poor health outcomes among our nation's youths reflects their unmet needs and the inadequacies of our current investments. The social work profession values the fundamental underlying need for positive youth development to improve adolescent health. Social work has long acknowledged the need for a "new paradigm" in defining and addressing adolescent health by highlighting strengths and assets on which to build. In this context, the article has been reviewed to understand social work practice with adolescent health problems in health care settings. It made a few observations for social work practitioners and students to bring out essential resources to accomplish their mission.

Key Words: Adolescence, Health, Social work Intervention,

Introduction

Adolescence is a time of developmental transition considered second only to infancy in the magnitude of changes that occur. Adolescents experience numerous developmental challenges, including the need for independence, sprouting sexuality, transitioning through education and beginning employment, consolidating advanced cognitive abilities, and negotiating changing relationships with family, peers, and broader social networks (Lerner

& Villarruel, 1994; Cameron & Kanabarrow, 2003). These challenges are severe because they involve many risk factors, which may even impair their future if not addressed seriously on time (Schmied & Tully, 2009). These risk factors can be broadly classified into five domains: Personal, Familial, Peer, School, and Community. Schmied and Tully (2009) further stated that effective interventions would support adolescents in setting limits, building positive peer relationships, religiosity, a positive school climate, getting adult support, and having a positive outlook toward the future.

According to Hepworth & Larsen (1993:30), the purpose of Social Work intervention is to:

- Assist people to restore their equilibrium;
- promote people's growth and coping capacity;
- develop, mobilize, and make resources available;
- reduce stress and tension;
- satisfy problems and needs.

Where Social Work professionals can intervene and make an effort to educate and empower female adolescents to modulate their behavior with the help of other stakeholders such as adolescents" Parents, Teachers, Administrators/Policy Makers, and Community People. Hence there is a broader scope for Social Work intervention in this area of Adolescents" mentoring. By performing distinctive roles as Counsellor, Motivator, Educator, Guide, Philosopher, Mediator, Resource Mobilizer, Researcher, Public relations officer, Leader, etc., Social workers can intervene in different life situations of adolescents and help them. In social work, intervention refers to the action taken by the social workers to provide services and support to the needy individual through different methods.

Intervention in Social Work Methods

Committee for Social Work (1995:61) defines the Social Work Method as a professionally recognized procedure of Social workers supported by academic and professional training and research to accomplish the objective of Social Work. Employing the primary and ancillary methods distinctive of social work, it translates its objectives into various tangible functions of help rendering, such as Consultancy, Resource management, and Education (Tracy & DuBois, 1987; DuBois and Miley 1996, cited in Vimla Pillar 2002).

In a Democratic-Socialistic-Welfare state like India, the State often acts as a benefactor and provides various services to the needy beneficiary. Unless the impact of these services is evaluated from time to time to see whether those for whom these services are meant benefitted, the services may become a disservice over time. Professional Social Workers bear the responsibility of, besides enhancing the capacities of the needy, the social resource system, dispensing material resources, serving as agents of social control whenever feasible, etc., contributing to the development and modification of social policy (Pincus and Minahan 1973 cited in Vimla Pillari 2002), have to act as watchdogs by evaluating objectively the services and schemes to assess their efficacy. With their acumen in research and evaluation, they can impress upon the government to harness their expertise to get their services and schemes evaluated by adequately funding and supporting them. The research data collected about the aspects of the particular program" operation and strategies can be utilized to improve the existing service or for future programs.

Social Work Practitioners, with their professional skills, impress and prevail on the Government and Non-Government Organizations to seek their assistance in initiating adolescent awareness projects under their integral function of educating the needy/community. Professional social workers employ creative methods of educating the masses, such as street plays, puppet shows, folk media, etc., to attempt to alleviate prejudices and myths about the issues of sexual and reproductive health education. Besides, they can also campaign and disseminate accurate knowledge about these issues by organizing workshops, seminars, and conferences for various target groups such as Adolescents, Youth, Parents, the General Public, Teachers, and the like, who engage with adolescents in various contexts.

Referring to the growing tendency of risky behavior among adolescents revealed by the respondents in the present study, the researcher strongly recommends that social workers advocate for the enforcement of stringent laws to protect adolescents from bringing any harm to themselves or others. Professional Social Workers have to prevail on the State to adopt positive and proactive measures to alleviate adolescent risky behaviour. The

The "Rights Approach" to protecting adolescents' rights must be adopted wherever possible and whenever necessary. The Social Action method can be used to educate all the pertinent sections of the community that engage with adolescents and attract their attention to an effective policy for their protection and well-being.

Adolescent girls' peculiar needs and problems in a gendered state like India need to be vigorously addressed by employing both the basic and auxiliary methods of social work to enable them to realize their potential and utilize them appropriately. Besides, auxiliary methods such as social work research and social action are used preponderantly to campaign for their special status and rights. People need to be convinced that the future of the generations lies more in their security and well-being.

Taking cognizance of the increasing risks to adolescents in general and girls in particular, especially in schools, social workers can prevail on the State to harness their special skills of working with students as school social workers/counsellors by providing appropriate space/creating opportunities for them in the organizational hierarchy of schools. As the NASW (2003) standard for Social Work service states, "School Social workers shall work collaboratively to mobilize the resource of local education agencies and communities to meet the needs of students and families…" Professional Social Workers will be of much assistance to the school management. By taking over several of their responsibilities, school social workers can relieve school management and teachers from the time-consuming, tedious activities of organizing community contacts, resource mobilization, liaising with government and other agencies, conducting surveys and research, conducting awareness training and camps, besides counseling adolescent girls and boys, etc.

Professional social workers can also prevail on the government to mandate their inclusion in school crisis teams. These teams aim to intervene in crises such as suicidal threats, sexual abuse, severe behavioral problems, death, and violence and provide intervention to affected families and, if need be, refer cases to outside agencies.

Life skill education is yet another area that professional social workers can handle. Though life skill education is incorporated into the present curriculum, it is not conveyed. Social

workers can apprise authorities and teachers about its importance in adolescent development and see that it is initiated early. Professional Social Workers can work with adolescents in general and girls in particular at micro, mezzo, and macro levels to assist them in their holistic personality.

Models for Social Work Intervention

Social work is dynamic, and many program staff and customers have several goals to fulfil. Social workers are assisted by models of intervention to achieve desired and agreed-upon results for service users. Such models are presented with social worker awareness working at several different levels of society—with people, households, groups, and societies. Several models of practice influence how social workers want to help people achieve their goals.

Problem-Solving Model

This model owes its existence to Perlman. The main emphasis in this model is on social casework as an extension of ordinary living processes. Life consists of problem-solving activities. For much of the time, human beings are engaged in these activities without being consciously aware of their challenge to themselves. This model assists people with the problem-solving process. Rather than tell clients what to do, social workers teach clients how to apply a problem-solving method so they can develop their solutions. Similarly, Sam (2018) points out that the application of the model is practical and that it is important to integrate more direct and indirect social work practices. Direct practice includes one-on-one interviews, rapport building, facilitating ventilation, and promoting intervention techniques like clarification, reassurance, and counseling. Indirect casework practices involved referrals for health care and the use of local community resources. Pearlman" 's Problem-Solving Model can be successfully applied in the Indigenous setting by integrating direct and indirect social work practices to suit local needs and demands.

Task-Centred Practice

Task-cantered practice (TCP) is now well into its fourth decade as a social work model. It has matured as a social work generalist practice tool that can empower clients to solve various problems. Initially formulated by Laura Epstein (1914–1996) and William Reid (1928–2003) at the University of Chicago's School of Social Service Administration (SSA). It constitutes a particular model of short-term social work. It is a short-term treatment where clients establish specific, measurable goals. Social workers and clients collaborate and create specific strategies and steps to begin reaching those goals. This model suggests that task-centered practice is a social work technology intended to assist clients and practitioners in teaming up on specific, measurable, and achievable goals. It can be used with individuals, couples, families, and groups in various contexts of social work practice.

Many social work practice settings are excellent fits for TCP. Hospital settings with the prominence on brief treatment and discharge planning; schools, with the increasing emphasis on identifying specific behavioral and social/emotional goals for students to work on; private practice and community mental health settings wherein clients are optimistic to set tangible goals to accomplish the mandates of managed care and brief treatment; and

gerontology settings wherein older clients and their families need help identifying target problems and marshalling their resources to deal with those problems in a step-by-step.

Cognitive Behavioural Therapy

Nevertheless, in 1950 and 1960, cognitive behavioral therapy was developed to combat the primacy of psychoanalytic practice; it derived from social psychology. This is also an approach that deals with the perceptions, images, values, and actions of human beings and how they shape and influence human behavior. Therefore, cognitive behavior therapy focuses on changing the atmosphere from which behaviors occur, trigger, encourage, activate, and their effects, as well as explaining and pointing out the behavioral issues of clients with social behaviors.

Crisis Intervention Model

Crisis intervention is an emergency response to mental, social, physical, and behavioural distress immediately and in the short term. Crisis treatments help restore the equilibrium of a person to its biopsychosocial functioning and reduce the risk of long-term trauma or depression. Many crisis interventions are carried out at hospitals, schools, social facilities, alcohol treatment centres, or an individual's home by licensed crisis intervention counsellors. Crisis intervention is not meant to offer psychotherapy or equivalent care but is a short-term approach to help clients access assistance, services, stabilization, and support. A crisis allows social workers to impact others' coping capacities positively. Crisis intervention has been used in many different service groups with positive results, not just for people who are bereaved or diagnosed with life-threatening illnesses, which include depression, mental health problems, domestic violence, rape, etc.

Psychosocial Therapy Model

The Individuals may not be completely conscious of the relationship between the environment and their mental and emotional well-being. This was first widely used in the explanation of the phases of psychosocial development by the psychologist Erik Erikson. In a testing phase, Mary Richmond, founder of American Social Work, believed a causal link existed between cause and effect. In 1941, Gordon Hamilton changed the definition of "social evaluation" in 1917 to "psychosocial research." In 1964, Hollis began to develop psychosocial research emphasizing treatment models. This compares with complex social psychology, which seeks to describe human social behaviours. Problems that arise in one's psychosocial functioning can be referred to as "psychosocial deficiency" or "psychosocial morbidity," referring to the lack of growth or complex atrophy of the psychosocial self, frequently arising with other physical, mental, or cognitive dysfunctions. Psychosocial assessment considers many main areas relating to psychological, biological, and social functioning and service availability. This is a systemic inquiry arising from the initiation of complex interaction; it is an evolving cycle that occurs during treatment and is defined by the circularity of cause-effect / effect-cause. Hence, a good psychosocial evaluation leads to an effective psychosocial intervention that seeks to minimize grievances and improve functioning related to mental illness and/or social problems.(e.g., problems with personal relationships, job, or school) by addressing the various psychological and social factors affecting the patient.

Conclusion:

Adolescence is an important time in the Human development cycle, the development of Childhood and responsible adults. This is a fantastic experience, Opportunity, and potential as young people continue discovering their fizzing individuality and liberty and thinking objectively About themselves and the world around them. We continue to settle and adjust to the profound Increases in physiology, psychology, and culture and Challenges that are the teenage by-products. Thus, with these challenges, Social work intervention helps adolescents to alter habits to optimize life choices, foster equality and Interdependence, Stabilize or slow down depreciation and loss of self-employment, Cope with changed situations and transitions in life, Learn new skills, loss, remorse, and trauma and lastly supports to the growth of individuals to motivate them to interact in organizations, use local community resources or transfer to mainstream services.

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THE ROLE OF PROFESSIONAL SOCIAL WORKER IN MOTHER AND CHILD HEALTH SERVICES

B. S. Gunjal
Professor, Department of Studies in Social Work
Karnataka State Open University, Mukthagangotri, Mysuru
bsgunjal@gmail.com

Rani Chennamma
associate Professor, Department of Community Medicine
KBN Medical College, Kalaburagi, Karnataka
Ranihalase12@gmail.com

Abstract

This paper examines the pivotal role of professional social workers in implementing Mother and Child Health (MCH) services through various social work methods. Trained social workers, particularly in medical and psychiatric fields, play essential roles as health educators, planners, and administrators at different levels of healthcare systems. In India, professional social work education began in the mid-20th century, and today, social workers contribute significantly to family and child welfare programs. Their expertise helps bridge gaps between healthcare services and communities, ensuring effective utilization of national health programs like the Integrated Child Development Services (ICDS), National Health Mission (NHM), and Ayushman Bharat Yojana.

*The study highlights how social workers use key methods such as **Social Case Work**, **Social Group Work**, and **Community Organization** to enhance MCH services. Social Case Work helps address individual family needs, offering counseling on family planning, maternal health, and the psychological impact of early or repeated pregnancies. Social Group Work empowers women by facilitating discussions on health issues, personal hygiene, nutrition, and family planning, fostering peer learning and support. Community Organization enables social workers to mobilize local resources, raise awareness, and encourage community participation in health initiatives. They collaborate with frontline health workers like Anganwadi Workers (AWWs), Accredited Social Health Activists (ASHAs), and Auxiliary Nurse Midwives (ANMs) to ensure families access available healthcare services. Moreover, social work research aids in identifying psycho-social barriers to healthcare, such as ignorance, stigma, and financial constraints, leading to better strategies for intervention. Social workers, by integrating their knowledge and skills, serve as a crucial link between healthcare providers and communities, ultimately improving maternal and child health outcomes in India.*

Key Words: Mother and Child Health, Family Planning, Self-Help Groups, Community Participation.

Introduction:

Today the social work profession has become a very popular and widely accepted practice in meeting various social, psycho-social and health needs of the people in the world at large. The trained social workers especially Medical and Psychiatric, have been employed at different levels in the health institutions in most of the developed nations. They have been mainly participating in the health services as medical social workers, health educators, health advisers, planners, and administrators at the local/district as well as national level in the implementation of health services.

In India, the professional training in social work was introduced in mid-thirties of the 20th century. Banerji, D. (1983). Ever since almost all Government and Private Universities including colleges have introduced professional training in social work at the Post Graduate and the Under-Graduate level. Srivastava P.L et al (1986)

The trained social workers have been working successfully in the various fields of social welfare. Mother and Child Welfare is one of the important fields, where the trained social workers utilize their social work knowledge, skills and techniques in the implementation of Family and Child Welfare programmes in general and Mother and Child Health services in particular. Banerji, D. (1983). The trained social workers are armed with the basic knowledge of health and society, skills and techniques of application of various methods of social work in working with individuals, groups, families and the community.

Here, an attempt has been made to elucidate how the various methods of social work (Social Case Work, Social Group Work, Community Organization, Social Work Research and Social Welfare Administration) - are being used by the trained social workers in the implementation of Mother and Child Health services. Social Case Work as an important method of social work is applied in dealing with the individual in his own environment whenever he has some individual needs to be fulfilled. In the existing Indian socio-economic situation, the intervention of Social Case Work has its own importance in maintaining individual health. The Medical and Psychiatric Social Workers, Family Counsellors and Social Engineers get in touch with individual families, try to find out their socio-economic and psychological factors that influence the utilization of the available medical care facilities in improving their health condition.

Presently, in India, under National Family Planning Programme (1972), Integrated Child Development Services Scheme (1975-76) and National Health Programme (1983), Child Survival and Safe Motherhood Programme (CSSM-1992), Reproductive Child Health (RCH I & II 1997), National Rural Health Mission (2005), National Health Mission (2013), India New Born Action Plan (INAP-2014), Sivaraju. S (1986), Ayushman Bharat Yojana (2018) many facilities have been provided to the people e.g. treatment of diseases, supply of medicine, immunization and family planning services, etc. free of cost. In this situation professional social worker can play the role of a liaison between available resources and the client. A social worker by using Social Case Work method can help particular individual/family in need of these services through professional relationship. (https://www.india.gov.in/spotlight/ayushman-bharat-national-health-protection-mission)

A Social Case Worker can also play the role of family counsellor in the crisis situation of the family by dealing with the problem on scientific lines: diagnose the root causes and give socio-scientific solutions to overcome such problems. The best examples of these could be motivating the eligible couples to adopt the family planning methods, imparting knowledge about adverse effect of early marriage or late marriage, ill-effects of repeated pregnancies or abortions, on the health of the mother. Under such circumstances, a trained Social Worker as family counsellor can efficiently and effectively manage client problems by motivating to adopt either temporary/permanent methods of family planning. Only by means of professional relationship, a client and health worker could be made to share and understand the very personal and intimate issues such as: the use of contraceptives, misconceptions about health, etc. which are causing hurdles in the effective implementation of Mother and Child Health Services. It can be undoubtedly said here that the social work knowledge and training largely help to meet this task. Under the National Family Planning Programme. Yesudian C.A.K (1988)

Integrated Child Development Services Scheme, National Health Programme, various committees, right from the district level to grassroot level, have been assigned the target for motivation of eligible couples to adopt family planning methods and other preventive and promotive services related to health. In such committees the importance of small family, permanent or temporary methods of family planning and availability of health care facilities are discussed and guidance is given by the unqualified family planning/health workers. NIPCCD (1984). Given an opportunity, a Professional Social Worker may guide and supervise the work of these basic health workers - AWWs, ANMs, FFWs, Asha Workers, etc. and may help them to provide best services and may also become instrumental in attaining the objectives of our National Health Programme and services. Mathur S.S et al (1992)

The Social Group Work method could also be used in improving the Mother and Child Health Services: The needs which are not met through Social Case Work method could be met by means of Group Work. For example, a woman hesitant to discuss about her very personal health problems would be encouraged to do so when she is allowed to share her problem with other women, with the similar problem. In the group living, group experience could, thus, be helpful to overcome doubts, resistance and inhibition. Thus, if a group member tells the woman in question that she is ignoring her own health seriously by lack of personal hygiene, repeated pregnancies, lack of intake of nutritious food and lack of care during pre-natal and post-natal period, etc., she is likely to be more convinced about the need for change in her beliefs and practice, than when the suggestions are made by the health worker at one-to-one relationship.

The group work principles and skills are very much essential in the field of Mother and Child Health Services, particularly in health and nutrition education and motivation programmes. Further, the health workers can organize and train the women folk in organizing Self-Help Group in helping each other with their problems relating to health and wellbeing in a given locality/settlement. Women with expertise in cooking nutritious food could share their expertise with other members of the group. The group situation in

this manner may help promote the exchange of knowledge and experience. Similarly, to prepare the Oral Rehydration Solutions (ORS) women in a group may share their knowledge and help each other. The knowledgeable family members may even demonstrate to the entire group their knowledge and skills and can be mutually benefitted.

The Professional Social Worker can also avail the opportunity to impart knowledge to entire group about new skill or provide useful suggestion which may serve the common needs of the whole group. In the group, the phenomenon of identification also comes into play whereby one member learns from the example set by other members. The group situation provides opportunity for self- evaluation, self-perception, recognition, ventilation of feelings and to accept a new idea in a free atmosphere, as the group members share the feelings of oneness, and common interest. Thus, the phenomenon of group pressure and group contagion may be successfully utilized by the Social Group Worker to achieve the goal of Mother and Child Health Services.

Community organization is another basic method of social work focusing mainly upon bridging the gap between welfare needs and resources in the community. It is concerned essentially about the co-ordination and integration of the services available to the individuals, for example, the Social Worker as a community organizer has to first make the community develop an attitude to discontent towards the existing situation (regarding health and sanitation) and take steps to bring about a disease-free and healthy society. The Professional Social Worker may/can try to enhance community participation in the Mother and Child Health Services by making use of community organization techniques and skills in establishing contact with the local social agencies, local leaders, etc. The Professional Social Workers would be in a better position to enhance community participation.

At the level of 'improving the health promotion', the Professional Social Worker has to see that the people make the full use of the available facilities from the ICDS and the PHCs. Social Worker may visit the homes of rural/slum dwellers to find out: Why are they not making use of the services available next door or within close proximity? Why are they not sending their children for immunization and periodic health check-up? Why is supplementary nutrition food not being used? Why are they ignoring their personal health and hygiene? Why are they hesitant to adopt family planning, etc.? After obtaining answer for all these questions, the Social Worker would be in a better position to motivate the client(s) to make use of the facilities available within the vicinity of their own homes. Family planning, as mentioned earlier, is a powerful health promoting instrument which needs the help from different functionaries viz. CDPOs, AWWs, ANMs, Medical Officers, local people, village level organizations and so on. Thus, a Social Worker as a community organiser may bridge the gap between welfare needs and services of the community by coordinating the needs and resources. Jagadish V (1991)

The social work knowledge would also help in undertaking systematic study to identify the psycho-social problems which may be useful in early diagnosis of the problem and further help the health worker to undertake effective measures to provide the best treatment. For example, the mothers suffering from anaemia, the children suffering from malnutrition,

diarrhoea/ dysentery or mental retardation are not taken to a doctor at the earliest, is it because of the ignorance or stigma (as in the case of mental retardation or T.B.)? Why the mothers do not seek treatment at the earliest for their gynaecological problems? Is it due to the ignorance on their part or is it due to the financial burden? Are they so busy in their household chores and have little extra time to seek remedies for their psycho-social and physical problems? Do the husband/family members take adequate care of the ailments? Are the children at least the grown up and educated ones-paying due attention not only to their health but to their mother's health and well-being? These and many other questions could be understood and answered by making use of research knowledge. This knowledge may help in devising suitable measures in the successful implementation of mother and child health services in the society.

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EMPOWERMENT OF MARGINALISED GROUPS: A CASE STUDY OF SHOLIGAS

Shreenath R Patil
Ph D Research Scholar
Work Dept of Studies & Research in Social Work,
Rani Channamma University Belagavi
patilshreenathr@gmail.com

Chidanand Dhavaleshwar
Research Guide and Assistant Professor,
Dept of Studies & Research in Social
Rani Channamma University Belagavi,
patilshreenathr@gmail.com

Abstract

The present study seeks the socio-economic conditions of Sholigas, the primitive tribes of Parasgondan pally (P.G Pally) Gram panchayat of Kollegal block of Chamrajnagar District of Karnataka; Agriculture is the primary source of livelihood for the overwhelming majority of the tribal population in the study area. Different agricultural strategies have been launched after 1966in the country to bring about economic development in the agriculture sector. The study area, where agriculture is the tribals' primary occupation, is still backward. To eradicate the problems of tribal people, policymakers must identify and quantify the socio-economic factors that are inhibiting their growth and development. The present study adopted a descriptive research design and random sampling. The study reveals a need for more constrictive and practical-oriented policies and programmes for the betterment of these people.

Keywords*:* Empowerment, Marginalised, Sholigas, Sustainable, Natural farming. Bamboo. B R Hills.

Introduction:

The south Indian State of Karnataka, once part of several kingdoms and princely states of reputation in the Deccan peninsula, is rich in its historical, cultural and anthropological heritage. The state is home to 42,48,987 tribal people, of whom 50,870 belong to the primitive group. Although these people represent only 6.95 per cent of the population of the State, there are as many as 50 different tribes notified by the Government of India living in Karnataka, of which 14 tribes, including two primitive ones, are primarily natives of this State.

Sholaga (Sholigaru) tribes are scattered throughout Karnataka, Mysore, Biligiri Rangana Hills, Chamarajnagar, and other parts of India. The Sholiga tribal community of Karnataka is settled in several parts of this state and has enriched its culture and heritage with its distinctness. After surveying numerous places in Karnataka, I found these Sholaga tribes in Mysore District, Biligiri Rangana Hills, etc. Apart from the state, these Sholaga tribes are also found in other states of the Indian subcontinent.

Socio-Cultural and Economic Background:

The conversational language of this Sholaga tribal community is the beautiful language of the same name. Some people have also given alternative names to this language, viz. Solanayakkans, Sholiga, Solaga, Kadu Sholigar, Sholigar, Soligar, Sholanayika. As per the provision of the Indian Constitution, the Sholaga tribal community is one of the Scheduled tribes. This Sholaga tribal community belongs to the Kannada group.

Agriculture and farming are considered the primary occupations of the Sholaga tribal community. Quite a number of this Sholaga tribal community collect various products from the forest areas. This Sholaga tribal community is very pious, and the people of this group are religiously minded. Hinduism is the main religion. However, many of the members of this Sholaga tribal community still retain the local practices and customs of this community.

Nearly 50% of the Soligas (meaning those originating from Bamboo) income is from sustainable harvesting of minor forest produce. They live in pods or settlements of 10 to 50 thatched huts. Each of their headmen is highly knowledgeable with respectto nature and traditional, sustainable agriculture. Soligas practice subsistence agriculture for their sustenance. The indigenous cropping systems, animal rearing, and other agricultural activities are in tune with the rituals of the tribes. Soligas are also known for their rich knowledge of soil fertility and ecofriendly agricultural practices.

Since time immemorial, the Soligas have been practising shifting cultivation. They seldom plough the land, and they do not use chemical fertilizers or other chemical pest and disease control measures. They have been practising what modern man refers to as organic and natural farming practices.

Soligas have been leading their life in harmony with nature and possess a rich wealth of indigenous knowledge on forest conservation and sustainable agriculture. The Soligas isolated life with nature stopped when B.R.Hill's forests were declared a ‘protected’ area in 1974. This led to the eviction of the Soligas from their interior products. Shifting cultivation, hunting, and collecting minor forest produce were not allowed. There was a shift from a forest-based production system to a farm-grown production system.

Conceptual Framework:

Marginalised Groups:

According to the business dictionary, marginalised groups refer to the process whereby something or someone is pushed to the edge of a group and accorded lesser importance. This is predominantly a social phenomenon by which a minority or sub-group is excluded and their needs are desire ignored.

Empowerment:
Empowerment enhances individuals' and communities' political, social, economic or spiritual strength. Empowerment envelops individuals and communities' developing and building capacities to make them part of mainstream society. In the Indian situation, marginalised reference to sections like Scheduled Castes (SC), Scheduled Tribes (ST), Other Backward Classes (OBC), Religious Minorities and Women as they are highly away from social, political, and economic opportunities and rights.

Review of Literature:

Dhanya Bhaskar et al (2022): The article title "*Missing the food from the woods: the case of Soliga tribes of Western Ghats*," India This study specifically targets the Soliga tribes in the BiligiriRangaswamy Temple (BRT) Wildlife Sanctuary, consolidating knowledge related to forests, agro ecology, and food systems. A systematic search was conducted using keywords such as "Soliga", "BRT", and "traditional food system" in the Google Scholar database. This approach aimed to gather relevant materials that meet specific criteria related to the Soligas. The selected literature had to focus on the Soligas in BR Hills, addressing aspects like forests, biodiversity, agriculture, health, nutritional wellbeing, and socio-cultural practices linked to food systems. This ensured that the review was comprehensive and relevant. The review emphasizes the rich ecological knowledge possessed by the Soligas, which is crucial for effective forest conservation efforts. However, the literature suggests that this knowledge is not being utilized adequately in relevant domains. This literature review serves as a foundation for understanding the transformations in the traditional food systems of the Soliga tribes and their implications for food security and sovereignty.

Diana M Morlote et.al (2011) The article title "The Soliga, an isolated tribe from Southern India: genetic diversity and phylogenetic affinities" In this article The Soliga tribe, located in the BiligiriRangana Hills of Southern India, is considered one of the ancient populations of India, believed to be true autochthones of the country. Their isolation and unique lifestyle make them ideal candidates for studying human evolution and migrations, including potential connections to Australian aboriginal populations. Previous studies have suggested various migratory waves from India to Australia, with Birdsell proposing that physical similarities between southern Indian tribes and Australian aborigines could be due to migrations around 15,000 years ago. This hypothesis was supported by genetic data indicating a link between aboriginal Australians and populations from the Indian subcontinent. A genome-wide study indicated that modern Indian populations are a mixture of ancestral South Indians (ASI) and ancestral North Indians (ANI). The Soliga people, being a tribal community, represent a genetic isolate with limited gene flow from neighboring populations, which may have contributed to their distinct genetic profile.The study found significant genetic affinities between the Soliga tribe and two Australian aboriginal populations. This connection was evidenced by shared alleles and clustering in genetic analyses, suggesting a possible recent migration from India to Australia, contrary to earlier beliefs that similarities were solely due to ancient migrations. The Soliga people speak Soliganudi, a dialect with significant lexical similarity to Kannada, a Dravidian

language. Their cultural practices and subsistence-level agriculture under primitive conditions further highlight their unique position among Indian tribes. The literature indicates that while the Soliga tribe has ancient roots in India, their genetic uniqueness and affinities with Australian aboriginal populations warrant further investigation into the complexities of human migration and genetic diversity.

M. Sundara Rao and B. Lakshmana Rao s: (2010) This study lightens the situation of the Soligas During the British regimes and the British Government communities. did not pay much attention to the tribes living after Indian independence, the number of policies, and the interior forest areas. Ascertain by saying that in respect, programmes were initiated in the tribal areas, which had law and order, the British rulers enforced them with far-reaching consequences. As a result of the national iron hand. Their attitude toward the tribes was otherwise the forest policy of 1952, and the government began to discourage paternalism and protection. But the compulsion of the shifting cultivation. In 1956, the shifting cultivation situation forced them to send their engineers and restrict specific gradients of hills in the study area,

M. Jadegowda& M.N Ramesh (2008) This study describes that Soligas are the primary indigenous tribes of BR Hills situated in Chamarajanagar district of Karnataka state in south India. Since immemorial, Soligas have led a semi-nomadic life and were engaged in shifting cultivation. Collection of non-timber forest products (NTFPs) like honey, lichens, soap nut, roots of Magali (*Decalapishamiltonii*), fruits of Amla (*Emblicaofficinalis*), Chilla (*Strychnouspatatorum*) and Alale (*Terminaliachebula*), is another important, but relatively recent occupation. This study emphasises the economic condition of the Soligas and denotes that their inherent right to use the forest's subproducts is theirs

Victoria Reyes-García This study was conducted with the use of statistics to find the exact status of Soligas, and he pointed out in his words that I use multivariate regression analysis to evaluate the associations of the consumption and sale of NTFPs with a set of socio-economic attributes at the individual and household level. I used data collected from the Soligas, an Indigenous tribe that inhabits Biligiri Rangaswamy Temple Wildlife Sanctuary, southern India. I found that they needed to adopt more exclusive activities for the betterment of this primitive time in order to enhance their socio-economic life.

Research Gaps:
Earlier studies conceptualised the social life of the Soligas. However,comprehensively focused study is required. There is a shortage of studies relating to understanding the lifestyle improvement of the sholigas.

Objectives of Study*:*
The objectives were to Identify the Socio-Economic conditions of Sholiga(Sholaga) ‘s and to ***t***o assess the empowerment of the Sholigas

Methodology:

The researcher proposes to adopt a Descriptive research design for the study; the descriptive research design will be more helpful; the description is the fact-finding investigation with adequate interpretation, so to find the facts of development via govt initiation, we need to adopt this design. The study was conducted in JirageGadde, Havina mule, P.G Pallya, Mavattur, Udatti, Basavan Gudi, Haadi(Podu)s, P.G Palya Gram panchayat of Kollegal Block of Chamarajanagar District. A simple random sample technique was adopted, and 164 respondents were interviewed. Data was collected from both sources: Primary data was collected using semi-structured tools, and secondary data was collected from various sources, such as the Internet and government reports. and participatory observation method was used to record the researcher's impression of community change, development, and empowerment.

Research Instruments: No scales have been developed for the study purpose; therefore, the researcher will develop the appropriate research instruments within the given frame of the research schedule.

Data Analysis:

Table No. 1 Caste

Caste	No of Respondents	Percentage
Schedule caste	00	00%
Schedule Tribe	164	100%
OBC	00	00%
Total	164	100

The entire respondent group (100%) belongs to the Scheduled Tribe (ST) category, with no representation from Scheduled Castes (SC) or Other Backward Classes (OBC). This indicates that the study focuses solely on a tribal community, specifically the **Sholiga** tribe as mentioned in previous findings.

Table No. 2 Religion

Religion	No of Respondents	Percentage
Hindu	164	100%
Muslim	00	00%
Other	00	00%
Total	164	100%

The table shows the religious demographics of respondents, with all 164 participants identifying as Hindu, accounting for 100% of the sample. There were no respondents from Muslim or other religious groups, highlighting a lack of diversity in religious representation within this specific study sample.

Table No. 3 Education

Education	No of Respondents	Percentage
Graduation	00	00%
PUC	10	06%
High school	40	24%
Primary	30	18%
Literate	34	21%
Illiterate	50	30%
Total	164	100%

The table illustrates the educational background of 164 respondents. Among them, 30% are illiterate, forming the largest group. High school education accounts for 24%, while 21% are literate but lack formal schooling. Primary education represents 18%, and 6% have completed PUC (pre-university course). Notably, none of the respondents have achieved graduation. This data highlights a significant proportion with limited or no formal education within the sample.

Table No. 4 School dropouts

School dropouts	No of Respondents	Percentage
Boys	72	44%
Girls	92	66%
Total	164	100%

The table shows that majority 66% girls are school dropouts, and 44% boys are dropouts. The table highlights school dropout rates among 164 respondents. Girls constitute the majority, accounting for 66% of dropouts, while boys represent 44%. This data indicates a higher prevalence of school dropouts among girls compared to boys, reflecting potential gender disparities in education within the sample population.

Table No. 5 Literacy

Literate	No of Respondents	Percentage
Male	26	16%
Female	55	34%
Illiterate	83	50%
Total	164	100%

The table presents literacy levels among 164 respondents. Literate individuals include 16% males and 34% females, while 50% are illiterate. This data reveals a significant proportion of illiterate respondents and a higher literacy rate among females compared to males in the surveyed population.

Table No. 6 Taken loans

Loan	No of Respondents	Percentage
Yes	96	58%
No	68	42%
Total	164	100%

The table indicates that 58% of respondents have taken a loan, while 42% have not. This shows a majority of respondents have financial borrowing, with a notable portion without loans.

Table No. 7 Land ownership

Land ownership	No of Respondents	Percentage
01-03 acres	103	62%
03-05 acres	60	37%
06-10acres	01	01%
Total	164	100%

The table shows land ownership distribution among 164 respondents. A significant majority (62%) own 1-3 acres of land, while 37% own 3-5 acres. Only 1% of respondents have land ownership between 6-10 acres. This indicates that most respondents have relatively small land holdings.

Table No. 8 Type Ration cards

Type Ration cards	No of Respondents	Percentage
A.P.L	10	05%
B.P.L	138	94%
Antyodaya	02	01%
Not have	14	10%
Total	164	100%

The table presents the distribution of ration card types among 164 respondents. A majority of 94% possess BPL (Below Poverty Line) cards, followed by 5% with APL (Above Poverty Line) cards. Only 1% have Antyodaya cards, while 10% of respondents do not possess any ration card. This suggests that most respondents fall under the BPL category, reflecting the socio-economic status of the population in the sample.

Table No. 9 Use of toilets

Using toilets	No of Respondents	Percentage
Yes	13	08%
No	141	86%
Not related	10	06%
Total	164	100%

The table highlights toilet usage among 164 respondents. Only 8% reported using toilets, while a significant majority of 86% did not use toilets. Additionally, 6% of the responses were not related to toilet usage. The data reflects limited access or use of proper sanitation facilities among the respondents.

Table No. 10 Responses to Health Problems

Health Problems	No of Respondents	Percentage
Self-treatment	08	05%
Ayurveda	17	11%
Private Hospital	03	02%
Government Hospital	19	12%
Others	17	11%
Not related	100	61%
Total	164	100%

The table outlines the responses of 164 individuals to health problems. Among them, 5% opted for self-treatment, 11% chose Ayurveda, 2% visited private hospitals, and 12% relied on government hospitals. Additionally, 11% sought other remedies, while 61% indicated that their responses were unrelated to health problems. The data highlights the varied healthcare preferences of respondents, with a significant majority reporting no health-related responses.

Discussion of Research Findings:

1. Demographic and Social Structure:

The study reveals that all respondents belong to the Hindu religion and are part of the Sholiga tribe, a primitive tribal community. This homogeneity indicates a strong cultural and traditional bond within the community, which plays a crucial role in shaping their lifestyle, beliefs, and socio-economic conditions.

2. Family Dynamics:

A significant majority (76%) of families are male-headed, reflecting a patriarchal structure. Additionally, 68% of respondents live in a joint family system, suggesting a strong kinship network that may provide social and economic support but could also pose challenges in terms of resource allocation and individual autonomy.

3. Educational Challenges:

The findings highlight an alarming illiteracy rate, with 30% of respondents being illiterate, making it the highest educational challenge. Furthermore, school dropout rates are high, with 66% of girls and 44% of boys leaving school prematurely. This gender disparity suggests that cultural norms and economic constraints may be impacting girls' education more severely. These findings call for targeted educational interventions to improve literacy rates and reduce dropout rates.

4. Marital and Social Security Awareness:

A small yet significant portion (5%) of respondents are divorced and unaware of social security programs. This lack of awareness indicates a gap in welfare outreach, which needs to be addressed through awareness campaigns and better access to government social security initiatives.

5. Economic Conditions and Financial Inclusion:

While 58% of respondents have taken loans and are aware of banking services, a significant portion remains unaware. Financial literacy programs and access to banking services need to be improved to ensure financial inclusion for all members of the community.

6. Land Ownership and Agriculture:
A majority of respondents own land (92% dry land), indicating a reliance on agriculture for livelihood. However, the dry nature of the land suggests challenges in farming productivity, requiring interventions such as irrigation facilities, improved farming techniques, and government support for sustainable agriculture.

7. Livestock Rearing and Food Security:
A significant 94% of respondents are engaged in husbandry, indicating that livestock plays an essential role in their economy and sustenance. Additionally, 93% of respondents possess ration cards, with 94% holding Below Poverty Line (BPL) ration cards. This highlights their dependence on government support for food security.

8. Sanitation and Healthcare Access:
One of the most concerning findings is that 92% of respondents lack toilet facilities, leading to sanitation and hygiene challenges. This poses significant health risks and calls for urgent interventions in sanitation infrastructure. Moreover, only 12% of respondents access government hospital services, suggesting barriers in healthcare accessibility, possibly due to distance, awareness, or cultural factors.

Conclusion and Recommendations:
These findings highlight the need for targeted interventions in education, healthcare, financial literacy, sanitation, and agricultural support. Policy measures should focus on improving literacy and reducing school dropouts, enhancing financial inclusion, increasing awareness of social security schemes, improving healthcare access, and implementing better irrigation and sanitation infrastructure. Community participation and government collaboration will be key in bringing sustainable development to the Sholiga tribe. Following are the specific recommendations:

1. Special policies and institutions should be established to improve the literacy rate and literacy of adults. As school dropouts increase in number, they lead to many social consequences, and therefore, serious activities should be undertaken to work out the issue.
2. Divorced and separated women are unaware of social security programmes; therefore, social awareness programmes should be conducted regularly.
3. Migration is not an issue for them, but recent trends are leading them to migrate. However, to prevent it, employment-generation activities should be implemented.
4. Money lenders should be restricted and bank services extend to all
5. Social business activities should promote self-employment and income generation
6. Public toilets must be constructed, and motivation for private toilets should be greater. Arrangements for drainage and pure drinking water must be made.
7. Health hygiene and sanitation programmes are implemented strictly.
8. Housing facilities extend to all needy.

The primitive tribe system speaks about personal and cultural values. A personal value system is held by and applied to one individual only. A communal or cultural value system is held by and applied to a community/group/society. Some communal value systems are reflected in legal codes or laws. The changing patterns of the residency system, especially from tribal to rural and rural to urban lifestyle, have more impact on a value system. Social systems define and upgrade value systems according to contemporary needs and changes. It seems that rapid growth in socio-economic and cultural aspects related to the life of tribes

has given more prominence to the empowerment of the tribes. The government must have special schemes for Soligas.

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IMPACT OF LEPROSY ON CHILDREN: ADDRESSING CHILD MARRIAGE IN AFFECTED FAMILIES THROUGH SOCIAL WORK INTERVENTION

Suraqua Fahad
Ph.D. Scholar,
Department of Social Work, University of Delhi, New Delhi, India
Email ID: fahadsuraqua@gmail.com
Address: 12/B, Fort Enclave, Patwari ka Nagla, Barauli Road, Aligarh

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Abstract

This study explores the links between leprosy and child marriage in India, highlighting their health, societal, and human rights impacts. It aims to identify the interplay of socio-economic, health, and gender factors and assess existing interventions to propose integrated strategies for improving the well-being of affected individuals.

Using a mixed-methods convergent parallel design, the study assesses leprosy's socio-economic and psychological effects and the prevalence of child marriage in Aligarh District, Uttar Pradesh. Quantitative data were collected via structured surveys, and qualitative data through Key Informant Interviews (KIIs), Focus Group Discussions (FGDs), and In-depth Interviews (IDIs). Data were analysed quantitatively and thematically, with rigorous ethical standards.

The study identifies significant challenges in leprosy-affected families, including health issues (57.3%), mental health concerns (46.9%), and educational disruptions (31.3%). Child marriage, driven by poverty (46.9%) and dowry practices (26.0%), is compounded by stigma. It leads to early pregnancy complications (41.7%) and high dropout rates (52.1%). Government initiatives like Beti Bachao Beti Padhao are known, but non-governmental efforts are less visible. Targeted interventions are urgently needed.

Economic pressures, chronic health issues, and limited access to resources drive child marriage in leprosy-affected families. Addressing these through integrated legal, economic, healthcare, and educational strategies, with community involvement, is crucial to improving child welfare and combating child marriage.

Key Words: child marriage, integrated Social Work Practice, leprosy-affected families and socio-economic challenges.

1. INTRODUCTION

Mycobacterium leprae is the cause of leprosy, often known medically as *Hansen's* disease (Fahad, 2022). Historically, leprosy has created stigma and misconceptions that have affected both individuals and communities (Fahad, 2022 & Santacroce, *et.al.*, 2021). Despite continuous efforts to eradicate the disease, the World Health Organization (2023) reports about 2,00,000 new cases worldwide each year, with significant incidence in countries in Africa, India, Bangladesh, Brazil, and Indonesia. Beyond its physical manifestations, leprosy causes social distancing, stigma-driven seclusion, and financial

obstacles that disproportionately affect the opportunities and healthcare available to vulnerable communities.

Advances in leprosy control worldwide, including the use of multidrug medication and awareness campaigns, are intended to lessen stigma and improve healthcare. According to Fahad's research (2022), India alone is responsible for over 60% of new cases, suggesting ongoing pockets of prevalence, frequently in neglected areas.

The impact of leprosy on society will necessitate emancipatory social work interventions and coordinated measures to eliminate stigma and enhance healthcare accessibility for affected individuals and communities, alongside medical interventions. This emphasises the importance of adopting holistic approaches to reduce the burden of the disease.

1.1. Child Marriage within Leprosy Affected Families

Child marriage in leprosy-affected families in India is a complex issue intertwined with health, social, and human rights challenges. Despite legal reforms and awareness campaigns, high rates of child marriage and prevalent leprosy cases exacerbate vulnerabilities, especially among affected populations. Early marriage disrupts girls' education and healthcare access, further compounded by leprosy-related health issues and economic hardships driven by stigma.

Leprosy remains a significant public health concern in India, with fluctuating case numbers. In 2014-2015, India reported 125,785 new cases, which declined to 75,394 in 2021-2022 but rose to approximately 107,851 in 2023 (Press Information Bureau, Government of India; Statista). This variation highlights the need for sustained leprosy control efforts.

While comprehensive statistical data on child marriages due to leprosy is limited, anecdotal evidence suggests that affected families in rural leprosy colonies often resort to marrying off young girls. In 2022, a case was reported where a 13-year-old girl was forced into marriage by her stepmother due to the stigma surrounding leprosy (Latter-day Saint Magazine, 2022). Historically, societal discrimination has played a crucial role in marital exclusion. Ancient Indian texts like the *Laws of Manu* (circa 1500 BCE) prohibited marriages into leprosy-affected families, reinforcing social ostracisation (PMC, 2007). The persistent stigma and exclusion faced by leprosy sufferers, particularly women and children, highlight the urgent need for targeted interventions promoting social inclusion and legal protection.

Gender inequality and societal discrimination fuel both leprosy-related exclusion and child marriage, highlighting the need for holistic interventions. While child marriage is legally prohibited, enforcement remains weak, particularly in remote areas, making comprehensive social work interventions crucial to prevent child marriages and support vulnerable communities.

A holistic approach combining healthcare, education, legal advocacy, and community engagement is vital to address these multifaceted challenges and empower affected individuals, promote awareness, and foster inclusive social practices, breaking the cycle of stigma and vulnerability.

1.2. Problem and Its Recognition

The coexistence of leprosy and child marriage within affected families presents a significant challenge, particularly in regions like India, where socio-economic disparities,

health stigma, gender inequality, and weak law enforcement perpetuate early marriages. Despite legal reforms and awareness campaigns, child marriage remains prevalent in these vulnerable communities, exacerbating health risks, social exclusion, and human rights violations. This study aims to investigate the intricate relationship between leprosy and child marriage, exploring societal and structural factors that sustain the practice while evaluating existing interventions and their gaps. By proposing integrated solutions encompassing healthcare, education, legal advocacy, and community engagement, this research underscores the urgent need for holistic approaches to break the cycle of stigma and vulnerability. Addressing child marriage in leprosy-affected communities is crucial for safeguarding human rights, promoting gender equality, and fostering inclusive development, eventually leading to healthier, empowered, and resilient societies.

2. RETROSPECTIVE OVERVIEW

Leprosy and child marriage, both historically entrenched in India's societal fabric, have shaped cultural norms and social structures for centuries. Leprosy has long been associated with stigma, fear, and ostracization, as reflected in ancient texts like the Arthashastra and Manusmriti, which discuss social isolation practices for affected individuals (Santacroce *et al.*, 2021). Similarly, child marriage, historically perceived as a means to secure family alliances and manage economic burdens, finds references in ancient epics like the Ramayana and Mahabharata, underscoring its deep-rooted acceptance (Kapur, 2020; Gopal, 2020). Despite significant advancements in medical treatment, awareness, and legal reforms, leprosy persists in certain regions, just as child marriage continues due to socio-cultural norms, poverty, and lack of education, particularly in rural and marginalised communities. Government and non-governmental efforts, such as the National Leprosy Eradication Program (NLEP) focusing on early diagnosis and rehabilitation (Kumarasen, 2021), and organisations like Bachpan Bachao Andolan and Save the Children advocating for child rights, aim to dismantle these practices through education, awareness, and policy advocacy. While progress has been made, persistent societal challenges highlight the need for sustained interventions to eliminate both leprosy-related stigma and child marriage.

Leprosy exacerbates socio-economic hardships by causing societal exclusion and financial instability, which, in turn, push families towards child marriage as a coping mechanism (Seth *et al.*, 2018). Deep-rooted cultural norms further perpetuate early marriage, particularly in regions where adolescent marriages are customary, with leprosy intensifying vulnerabilities within these communities. Limited access to education and awareness also contributes to the issue, as the lack of schooling perpetuates the cycle of early marriage in leprosy-affected families (Zajacova & Lawrence, 2018). Although the National Family Health Survey (NFHS) reports that 27% of women aged 20–24 in India were married before turning 18, specific data on child marriage within leprosy-affected families remains unavailable (Nair, 2018). Children growing up in leprosy-affected households experience severe psychological and social challenges, including stigma-related isolation, bullying, and exclusion from schools and healthcare services, leading to emotional distress and social marginalisation (Santacroce, Del Prete, Charitos & Bottalico, 2021). Despite reductions in leprosy cases under the National Leprosy Eradication Program (NLEP), the persistent stigma and economic hardships continue to heighten children's vulnerability to early marriage and restricted educational opportunities (Rao & Suneetha, 2018). Addressing

these challenges requires a multi-dimensional approach, including inclusive education, psychosocial support, and community awareness initiatives.

Efforts to combat child marriage in leprosy-affected families involve legal, educational, and community-based interventions, but enforcement remains inconsistent. While the Prohibition of Child Marriage Act (2006) and the National Action Plan to Prevent Child Marriage (2013) provide legal frameworks, their implementation in leprosy-affected communities is inadequate. NGOs play a crucial role, with Sulabh International promoting vocational training (Pathak, 1999), The Leprosy Mission Trust India (TLMTI) focusing on skill development, and organisations like Pratham and CARE India working to improve educational access (Narayan et al., 2019). Breakthrough India also challenges cultural norms through advocacy. However, research gaps persist, particularly in understanding how leprosy-related stigma influences child marriage decisions. Existing interventions address leprosy and child marriage separately, lacking integrated strategies that tackle their intersection. The absence of empirical studies and specific data from high-prevalence regions underscores the need for targeted, contextually relevant research to develop effective policy responses.

3. METHODOLOGY

The study employs a mixed-methods approach with a convergent parallel design (Tomasi *et al.,* 2018) to assess the socio-economic and psychological impact of leprosy on children within affected families in Aligarh District, Uttar Pradesh, with a specific focus on child marriage. Quantitative data are collected through household surveys (n=384) using stratified random sampling to measure the prevalence of child marriage and associated socio-economic and health factors, while qualitative data are gathered through in-depth interviews (IDIs, n=20), key informant interviews (KIIs, n=12), and focus group discussions (FGDs, n=10) using purposive sampling to explore lived experiences. Data analysis includes univariate and bivariate statistical methods such as descriptive statistics, correlation, regression, chi-square tests, and t-tests, conducted using SPSS (IBM Corp., 2021), while qualitative data are thematically analysed (Braun & Clarke, 2006). Ethical considerations include informed consent, confidentiality, and sensitivity to participants' experiences, with safeguards against re-traumatisation. The study faces challenges such as sample distribution constraints, logistical difficulties, cultural variations, and resource limitations, mitigated through strategic adaptations like flexible data collection, local engagement, and optimised resource management. The inclusion criteria focus on leprosy-affected families with at least one diagnosed member and reported cases of child marriage in the last decade, while families outside Aligarh or without documented cases of leprosy or child marriage are excluded. Findings aim to bridge research gaps by triangulating data to develop targeted interventions addressing stigma, social exclusion, and human rights concerns within these vulnerable communities (Ajireloja, 2023; Staller, 2021).

4. FINDINGS

This section explores the effects of leprosy on children in affected families, focusing on health and well-being challenges such as physical and mental health issues. It highlights the impacts of discrimination and social stigma, examines educational barriers and limited access to services, and investigates the socio-cultural and economic factors contributing to child marriage and its consequences.

4.1. Impact of Leprosy on Children

One of the key aspects of this study is the health and well-being challenges faced by children in leprosy-affected families. The analysis of health and well-being challenges among children in leprosy-affected families highlighted several critical issues (depicted in Table No. 3).

This study projects significant health and well-being challenges faced by children in leprosy-affected families. Key issues include chronic physical health problems, such as skin lesions and limb deformities, affecting 57.3% of children, and mental health concerns like anxiety and depression impacting 46.9%. Limited healthcare access affects 41.7% of respondents, while nutritional deficiencies hinder 36.5% of children. Educational barriers, including frequent absences, affect 31.3%, and 26.0% experience stigma and social isolation. These findings emphasise the urgent need for targeted interventions to address health and well-being challenges faced by the children.

Table No. 3: Health and Well-Being Challenges

Indicators	Types	Number of Respondents	Total Number of Respondents (n=384)	Percentage (%)
Chronic Physical Health Issues	Skin Lesions	90 (40.9%)	220	57.3
	Neuropathy	80 (36.4%)		
	Limb Deformities	50 (22.7%)		
Mental Health Concerns	Anxiety	75 (41.7%)	180	46.9
	Depression	65 (36.1%)		
	Behavioural Issues	40 (22.2%)		
Limited Access to Healthcare	Inadequate Local Facilities	90 (56.3%)	160	41.7
	Financial Barriers	70 (43.8%)		
Nutritional Deficiencies	Underweight	80 (57.1%)	140	36.5
	Micronutrient Deficiencies	60 (42.9%)		
Educational Impact Due to Health	Frequent Absences	70 (58.3%)	120	31.3
	Reduced Academic Performance	50 (41.7%)		
Stigma and Social Isolation	Social Exclusion	60 (60.0%)	100	26.0
	Bullying	40 (40.0%)		

Furthermore, data on social exclusion and bullying in leprosy-affected communities reveal profound impacts on children's lives, affecting their social integration, self-esteem, and mental health (Table no. 4). Social bullying, particularly exclusion from friendships and the spreading of rumours, fosters isolation and rejection, as one respondent noted, *"My child often comes home upset because other children call him names and exclude him from their games."* Cyberbullying exacerbates these struggles by extending harassment into the digital space, with a parent stating, *"Even online, my daughter faces harsh comments and threats from other kids."* Emotional and psychological bullying, through belittling remarks and manipulation, erodes children's self-worth, leading to anxiety and depression, while relational bullying disrupts social connections, leaving them feeling isolated. Discriminatory bullying reinforces stigma, as one participant remarked, *"The constant stares and whispered comments make it clear we are not welcome."*

Table No. 4: Experiences in Social Exclusion and Bullying

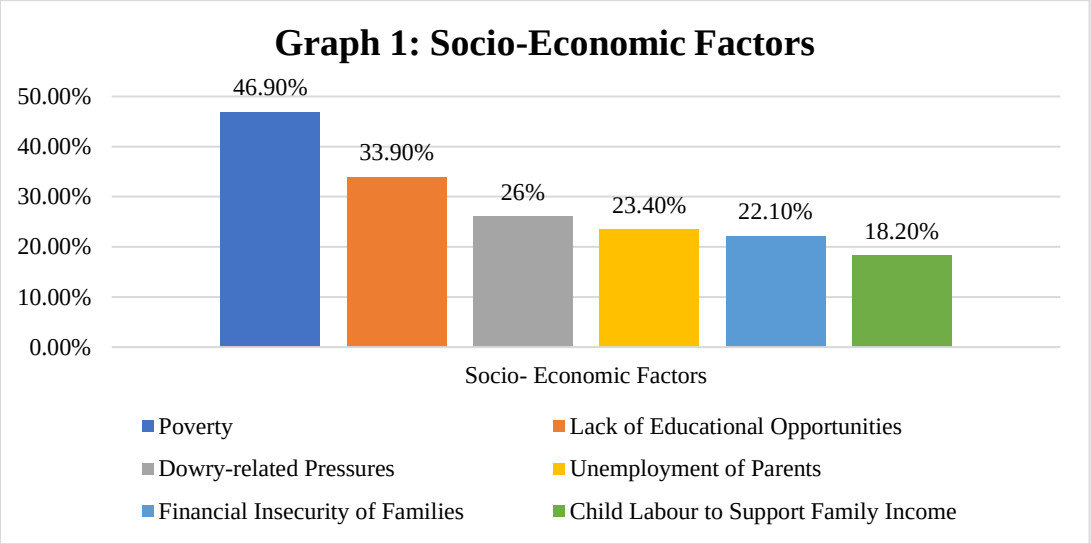
Social Challenge	Number of Respondents (n=384)	Percentage (%)
Social Exclusion		
Exclusion from Friendships	154	40.1
Isolation from Social Activities	115	30.0
Limited Social Interactions	77	20.1
Discrimination in Community Events	38	9.9
Bullying		
Name-calling	96	25.0
Rumour-spreading	77	20.1
Cyberbullying	58	15.1
Emotional Bullying	77	20.1
Relational Bullying	38	9.9
Discriminatory Bullying	38	9.9

Moreover, exclusionary bullying limits children's participation in activities, restricting opportunities for social and personal growth, as highlighted by a parent who shared, *"My child was not allowed to join the school team just because of her leprosy."* These compounded challenges highlight the urgent need for targeted interventions to address stigma, social exclusion, and mental health concerns among affected children

4.2. Child Marriage in Leprosy-Affected Families

Socio-economic factors play a pivotal role in driving child marriage in leprosy-affected areas, with 46.9% of respondents citing poverty as the primary cause (depicted in graph 1). Many families, burdened by financial hardships, feel pressured to marry off their children early to reduce the cost of their upbringing. One respondent from an in-depth interview (IDI) shared, "*We simply cannot afford to keep our daughters at home or send them to school. Marrying them early is the only way we can manage our expenses, especially with the stigma and healthcare costs related to leprosy*." Moreover, 33.9% of respondents pointed to the lack of educational opportunities, which leaves children with limited options,

increasing their vulnerability to early marriage. A participant from a focus group discussion (FGD) explained, "*With no schools nearby, my children have no future. My daughter will either work or get married; without education, there's no other choice.*"



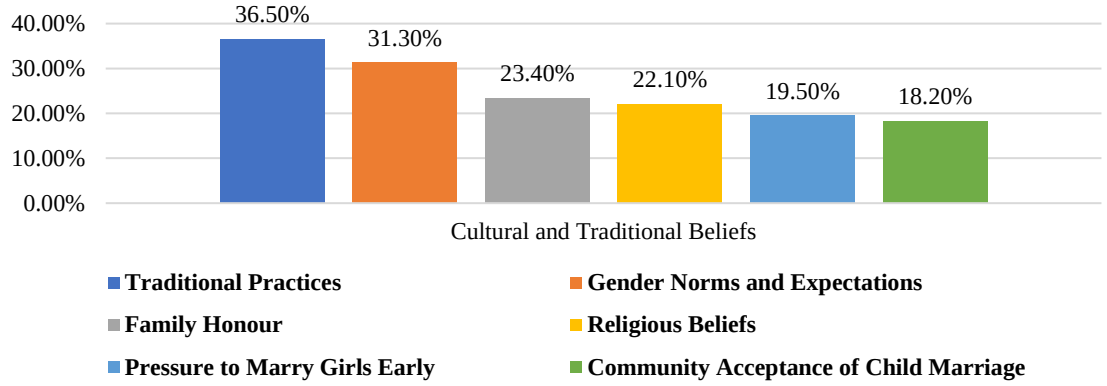
The persistent practice of dowry also contributes to this issue, with 26.0% of respondents acknowledging dowry pressures as a factor. One respondent from a key informant interview (KII) stated, "*The older a girl gets, the higher the dowry we have to pay, so it's better to marry her young. This tradition leaves us with no option but to push our daughters into early marriage.*" Unemployment of parents (23.4%) and financial insecurity (22.1%) further compound the issue, as families with unstable income streams are often forced into making such decisions. As an FGD participant noted, "*When we can't feed everyone, marrying off our daughter is a way to reduce the financial load, even if it's not what we want.*"

Furthermore, 18.2% of respondents identified child labour as a significant contributor, with children working to support the family, leaving little time for education. One IDI respondent remarked, *"Our children work from a young age to help us survive. Once they start working, it feels like marriage is the next step, as there's no future in school for them." These socio-economic pressures not only sustain the practice of child marriage but also entrench poverty, creating a cycle difficult for affected families to escape.

Cultural and traditional beliefs significantly contribute to the persistence of child marriage in leprosy-affected areas (depicted in graph 2), with 36.5% of respondents pointing to traditional practices as a driving factor. In many communities, early marriage is seen as a long-standing custom that families are reluctant to abandon. One respondent from an in-depth interview (IDI) stated, *"This is how our ancestors did it, and we follow their path. Marrying our daughters' young is considered right, and there's little room to question such traditions."* Gender norms and expectations were identified by 31.3% of respondents, reflecting deeply ingrained societal beliefs that a girl's primary role is to marry and take care of the household. A focus group discussion (FGD) participant explained, *"No matter*

how educated a girl becomes, her place is in the home. Education might delay marriage, but it doesn't change her destiny as a wife and mother."

Graph 2: Cultural and Traditional Beliefs



Family honour was another significant factor, with 23.4% of respondents noting that early marriage is tied to maintaining the family's reputation. As one key informant interview (KII) respondent shared, *"If we delay marriage, people start talking. Our daughter's honour is tied to her marriage, and keeping her unmarried for too long brings shame to the family."* Religious beliefs also play a role, with 22.1% of respondents pointing out that some faiths endorse early marriage as a spiritual duty. An FGD participant remarked, *"Our religion teaches that marrying young is part of a girl's spiritual journey, and going against that feels like defying our faith."*

Furthermore, 19.5% of respondents highlighted the pressure from family and community to marry girls early, making resistance difficult. One IDI respondent explained, *"Relatives and neighbours constantly tell us it's best to marry our daughters young. The pressure is enormous, and we fear judgment if we don't follow through."* Lastly, 18.2% of respondents noted that the widespread acceptance of child marriage within the community makes it a socially entrenched practice. A SMC member noted, *"Child marriage is so normal here that questioning it seems strange. It's how things have always been done, and changing that feels impossible."* These cultural and traditional beliefs create a powerful influence, making it difficult for families to break free from the practice of child marriage, despite its negative consequences.

Some other factors include Health-related stigma, social exclusion, and weak legal enforcement are significant contributors to child marriage in leprosy-affected areas, creating a cycle of vulnerability for these communities (mentioned in table no. 5). 41.7% of respondents identified leprosy-related stigma as a driving factor, with families feeling socially isolated and pressured to marry off their children early. One respondent shared, "*Leprosy makes us outcasts. People avoid us, and we worry our children will never get married unless we do it while they are still young*." 28.6% cited social exclusion, where marginalisation pushes families towards early marriage to secure their children's future.

One participant explained, "*We're treated like we don't belong. The only way we see our children being accepted is through marriage, even if it's at a young age.*"

Table no.5: Other Causes of Child Marriage

Other Causes of Child Marriage	Number of Respondents (n=384)	Percentage (%)
Health-Related Stigma and Exclusion		
Stigma Associated with Leprosy	160	41.7
Social Exclusion due to Leprosy	110	28.6
Fear of Not Finding a Suitable Partner	90	23.4
Pressure to Marry Off Children with Leprosy Early	75	19.5
Lack of Healthcare Access for Affected Families	70	18.2
Legal and Policy Barriers		
Weak Law Enforcement	100	26.0
Lack of Awareness of Legal Protections	85	22.1
Inconsistent Application of Child Marriage Laws	70	18.2
Corruption in Local Authorities	60	15.6
Lack of Government Support Programmes	50	13.0

Moreover, 23.4% expressed fear that their children might never find suitable partners if not marry young, with one respondent stating, "*As the stigma grows, the chances of finding a partner shrink. We know that if we don't marry our children young, they may never have the opportunity later*."

Other contributing factors include 19.5% feeling societal pressure to marry off children with leprosy early, 18.2% highlighting the lack of healthcare access, and 26.0% pointing to weak law enforcement against child marriage, with laws often inconsistently applied or not enforced at all. Together, these factors perpetuate the practice of early marriage in leprosy-affected communities.

Furthermore, the findings highlighted that child marriage has profound effects on children's health, education, and overall development, creating a cycle of disadvantage (mentioned in table no. 6). 41.7% of respondents reported early pregnancy complications as a major health issue, with one participant from an in-depth interview (IDI) noting, "*My*

daughter was married at 15, and her body was not ready for pregnancy. She faced many complications during childbirth."

Table No. 6: Impact of Child Marriage on Health, Education and Development

Impact Area	Number of Respondents (n=384)	Percentage (%)
Health		
Early Pregnancy Complications	160	41.7
Mental Health Issues	120	31.3
Malnutrition and Poor Health	90	23.4
Lack of Access to Healthcare	70	18.2
Increased Risk of Domestic Violence	50	13.0
Education		
School Dropout Due to Marriage	200	52.1
Limited Access to Education	130	33.9
Lack of Skill Development	100	26.0
Inability to Continue Higher Education	90	23.4
Development		
Restricted Social and Personal Growth	140	36.5
Lack of Independence	110	28.6
Limited Career Opportunities	95	24.7
Reduced Cognitive Development	80	20.8

Mental health issues, such as anxiety and depression, were also common, with 31.3% of respondents highlighting the emotional toll of early marriage. An FGD participant remarked, "*Being married so young leaves no time to understand life. The constant pressure is overwhelming*." In terms of education, 52.1% cited school dropout due to marriage as a significant consequence, with many girls forced to abandon their education. One respondent explained, "*Once my daughter was married, education was no longer an option. We needed her to focus on her new family duties.*"

This lack of education limits future opportunities, as reflected by 26.0% of respondents who reported a lack of skill development, leaving young individuals unprepared for the workforce. Regarding personal development, 36.5% mentioned restricted social and personal growth, with early marriage preventing children from exploring their potential. As one KII respondent shared, "*Marrying early stops them from dreaming, from thinking about careers or a life beyond family responsibilities*." Together, these health, educational, and developmental challenges highlight the urgent need for interventions that address the far-reaching impacts of child marriage in leprosy-affected communities.

4.3. Interventions and Strategies

Understanding the awareness of various interventions targeting child marriage is crucial for assessing their effectiveness and reach. By evaluating how well these programs are known among the community, we gain insight into their impact and identify areas where further outreach is needed. This perspective helps in refining strategies to ensure that all stakeholders are informed and engaged, thereby enhancing the overall effectiveness of these initiatives. It also provides a basis for improving future interventions to address gaps and strengthen efforts in combating child marriage.

The findings highlighted varying levels of awareness among respondents about interventions targeting child marriage in Aligarh (mentioned in table no. 7). Approximately 45.5% are aware of the Beti Bachao Beti Padhao Scheme, which helps improve the child-sex ratio and promotes girls' education. As one respondent from an IDI noted, "*The scheme has opened doors for many girls in our village to continue their education.*" A FGD participant added, "*I see more girls staying in school now because of the support provided under this program*." A KII respondent mentioned, "*The awareness campaigns about Beti Bachao have made a visible difference in how people value educating girls*."

Awareness of the Integrated Child Protection Scheme (35.75%) and Sarva Shiksha Abhiyan (39%) indicates recognition of their roles in safeguarding and educating children. An IDI respondent shared, "*ICPS has been crucial in protecting vulnerable children in our community*." An FGD participant observed, "*The SSA has helped keep many girls in school, reducing their risk of early marriage*." A Principal of Iqra Public School, Aligarh, highlighted, "*The support from SSA has encouraged parents to prioritize education for their daughters*."

Table No. 7: Awareness of Interventions Targeting Child Marriage in Aligarh District

Aspect	Details	Percentage	Number of Respondents Aware (n= 384)
Awareness of Government Interventions	Beti Bachao Beti Padhao Scheme	45.5%	175
	Integrated Child Protection Scheme (ICPS)	35.75%	137
	Sarva Shiksha Abhiyan (SSA)	39%	150
Awareness of Non-Governmental Interventions	Educational Programs and Scholarships	22.5%	86
	Community Awareness Campaigns	20%	77
	Legal Aid and Advocacy	17.5%	67

Non-governmental efforts such as educational programs (22.5%), community awareness campaigns (20%), and legal aid (17.5%) show lower awareness levels, highlighting a need for greater outreach. An IDI respondent commented, "*The scholarships from NGOs have enabled many girls to pursue their studies*." An FGD participant mentioned, "*Community*

campaigns have started important conversations about the harms of child marriage." A Shri Goga Ji Dham Trust member noted, "*Legal aid services are vital, but more people need to know about them to effectively prevent early marriages*." Increased awareness and engagement with these programs could enhance their effectiveness in reducing child marriage by fostering education, community support, and legal advocacy.

5. RECOMMENDATIONS:

To address child marriage in leprosy-affected families in Aligarh, policy interventions should focus on strengthening legal frameworks, including stricter enforcement of child marriage laws and penalties for violations. Social security schemes, such as targeted financial support for leprosy-affected families, can help alleviate economic pressures contributing to early marriages, with examples like expanding the Beti Bachao Beti Padhao Scheme. Raising awareness about the harmful effects of dowry practices and promoting gender equality through educational and employment opportunities for girls are essential steps. Integrating child marriage prevention into health programmes, offering counselling, and providing information about available support can tackle the root causes of child marriage.

Improving healthcare access in leprosy-affected areas through mobile clinics, telemedicine, and mental health support is crucial. Expanding nutritional programs and health education can enhance overall well-being and raise awareness about leprosy. Educational initiatives, such as establishing schools, providing scholarships, and integrating life skills training, will improve educational access and combat child marriage. Community engagement through awareness campaigns, workshops, and local leader involvement is vital, with a focus on the negative impacts of child marriage and the benefits of female education.

Advocacy and awareness campaigns, leveraging media and community events, should be initiated to educate communities. Strengthening collaborations among NGOs, community organisations, and religious leaders can further support efforts to challenge child marriage. Establishing monitoring and evaluation systems will help assess the effectiveness of these initiatives and ensure sustained progress in addressing child marriage in Aligarh.

6. SOCIAL WORK INTERVENTION:

The role of the social worker in addressing child marriage within leprosy-affected families in Aligarh district involves several key areas: policy advocacy, healthcare improvement, educational support, and community engagement.

Firstly, social workers are essential in advocating for the strengthening of legal frameworks to combat child marriage. By working with local authorities and policymakers, social workers can help enhance the enforcement of child marriage laws and advocate for stricter penalties for violations. For instance, rigorous inspections and monitoring, as recommended by scholars such as Raj *et al.* (2022), can ensure compliance with legal protections and address gaps in awareness (Raj *et al.*, 2022). Social workers can also support the development of targeted financial support programs for leprosy-affected families, drawing on successful models like the Beti Bachao Beti Padhao Scheme, which has shown promise in improving the child-sex ratio and promoting girls' education (Kumar *et al.*, 2021).

In the domain of healthcare, social workers play a crucial role in improving access and services. They can facilitate the establishment of mobile health units and telemedicine

services, which are effective strategies for reaching remote areas. Research by Gupta and Jain (2023) demonstrates that mobile clinics and telemedicine can significantly enhance healthcare access in rural areas (Gupta & Jain, 2023). Social workers can also coordinate mental health services by setting up dedicated clinics or integrating mental health care into existing facilities. This approach is supported by evidence from community-based mental health programs, which have successfully addressed emotional needs in similar contexts (Patel *et al.,* 2020).

Educational initiatives are another critical area where social workers contribute significantly. They are involved in establishing schools and learning centres within leprosy-affected communities, addressing the lack of educational infrastructure. For example, mobile learning units can be effective in improving educational access, as demonstrated by successful initiatives in other regions (Mishra & Sharma, 2021). Social workers can also assist in providing scholarships and financial aid to encourage school attendance among children from these families. Evidence from other districts suggests that such programs positively impact student enrolment and retention (Chaudhary *et al.,* 2019). Moreover, social workers play a key role in organising community-based educational programs and workshops to raise awareness about the importance of education and the negative impacts of child marriage (Singh & Patel, 2022).

Engaging with local leaders and influencers is another vital function of social workers. They can mobilise these figures to support educational initiatives and challenge traditional practices that perpetuate child marriage. Successful models from other regions, where campaigns led by community figures have effectively altered perceptions regarding education and child marriage, provide a framework for similar efforts in Aligarh (Sharma *et al.,* 2021). Social workers can also integrate life skills training into school curricula to help children develop resilience and coping mechanisms, as supported by evidence from life skills education programs in other districts (Srinivasan & Raj, 2020).

Social workers are instrumental in driving advocacy and awareness campaigns. By fostering collaborations among NGOs, community-based organisations, and advocacy groups, they can strengthen community networks and create a unified stance against child marriage. Research by Kumar and Singh (2021) highlights the effectiveness of collective efforts in mobilising community support and establishing a unified approach (Kumar & Singh, 2021). Social workers can also facilitate training for religious and community leaders to challenge traditional beliefs and promote progressive attitudes, as demonstrated by successful initiatives in Tamil Nadu (Ravi & Nair, 2019). Establishing a comprehensive monitoring and evaluation system is crucial for assessing the effectiveness of interventions, with regular reviews and adjustments ensuring strategies remain relevant and impactful (Patel *et al.,* 2020).

7. CONCLUSION:

This study highlights the complex interplay between leprosy and child marriage in Aligarh district, identifying economic pressures, stigma, and inadequate access to healthcare and education as key drivers. Findings reveal that 57.3% of children suffer from chronic physical health issues, 46.9% face mental health challenges, 41.7% encounter inadequate healthcare, and 31.3% experience educational disruptions, with social exclusion affecting 26.0%. By integrating quantitative data with qualitative insights, the research underscores the urgent need for targeted interventions addressing socio-economic vulnerabilities and

stigma. Future studies should explore the long-term impact of interventions, assess programme effectiveness, and consider innovative digital tools to support affected children. Addressing child marriage in leprosy-affected communities requires a holistic approach combining legal enforcement, healthcare improvements, financial aid, and community advocacy to dismantle harmful traditions and improve child welfare.

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STUDYING THE EFFECTS OF ADVERSITY ON THE PSYCHOLOGICAL AND FINANCIAL RESILIENCE IN ORGANIZATIONS

Vikrant Jeetendra Mahajan
Sir Parashurambhau College, Pune Email
Mahajanvik221@gmail.com

Arvind Kakulte
Head of Department of Psychology
Sir Parashurambhau College, Pune
kakulte.arvind@gmail.com

Abstract

Adversity, marked by significant challenges, is increasingly common in today's dynamic and uncertain business landscape. Organizations face economic downturns, technological disruptions, competition, natural disasters, and global pandemics, impacting their survival. This paper explores the link between adversity and organizational resilience, analyzing their interaction. It employs diverse data collection methods, combining quantitative analysis with qualitative insights. Qualitative data comes from interviews with leaders, managers, and employees experiencing adversity, aiming to understand coping techniques and their impacts. Quantitative data is gathered through a survey among employees, including those from Sanyo Special Steel Manufacturing India Private Limited. The survey, utilizing the Nicholson McBride Resilience Questionnaire, measures psychological resilience, including cognitive and behavioural responses, preparedness, and rebound ability. Data was collected from 103 employees. The results indicate that Sanyo Special Steel (SSS) employees show a significantly higher ($p<.05$) level of Psychological Resilience ($M=50.085$, $SD=5.759$), having been through numerous adversities, than do people who work elsewhere ($M=46.554$, $SD=8.534$). This paper, enhanced with qualitative insights, offers valuable guidance for organizations aiming to proactively build resilient work environments and develop strong business plans.

Keywords: Resilience, Psychological well-being, Organizations, Adversity, Case Study.

Introduction:

Much has changed in business and how they work throughout the last century. The world has seen organizations go through a dramatic increase, both in number and in size. Technology is now at the heart of organisations. Automation is the new trend. Machines have taken over numerous jobs in the past and are expected to continue doing so in the decades to come (World Economic Forum, 2020). The installation of industrial robots

has gone up by 10.28 % compound annual growth rate over the last 10 years (Flynn, 2023). 'Big data' is a term that has swept over the entire global industry. Organizations have become multicultural and multidimensional. Globalisation has seen organizations in various sectors and various regions of the world become codependent. But one thing persists. The presence of unforeseen adversities. Adversity is a common part of every business journey. No industry is immune to crises. Their nature may differ from industry to industry but they are inevitable. They may be classified into 'Black Swans' and 'Grey Rhinos'. Crises like the 9/11 attacks, the pandemic, Earthquakes, and other natural calamities are all 'Black Swan' (Low Probability, Unforeseen, but high impact) events. On the other hand, Crises like the Russian Invasion of Ukraine, Climate Change, and Brexit were all 'Grey Rhino' (High Probability, slowly emerging, obvious threat with high impact) events (Bernard, 2023). These events have varied effects on different industries. The pandemic, for example, had a favourable impact on the pharmaceutical and Toiletries industry but businesses in most other sectors suffered huge losses (Vidovic, 2022). Most had to adapt to a different way of functioning. 'Work from home' was the new norm. Some businesses, however, flourished under these conditions as they adapted and capitalised on the problem. The food delivery industry used the 'no contact' method, Streaming services offered discounts, and many businesses boosted their digital marketing as people no longer left their homes. This can be seen as companies being resilient in the face of a crisis. Resilience can prove to be the deciding factor in whether or not an organisation makes it through a crisis.

This paper aims to add to the already existing, but limited body of research done in the field of organisational resilience. The study of organisational resilience has only picked up in the last few decades. It has mostly centred on defining organisational resilience, measuring it and studying its effects, and assessing what factors influence it (Chen, Xie, & Liu, 2021). Almost all of it, however, is focused on how an organisation's resilience predicts its course through adversity. This paper tries to study how adversity can have an impact on an organisation's resilience. We hypothesised that adversity might build up an organisation's overall resilience. Sanyo Special Steel, which was once 'Mahindra Ugine Steel Company' (MUSCO), is no stranger to adversities. Hence, we attempted to study the bearing of these adversities on the resilience of employees in this organisation and compared it with that of people belonging to a variety of other organisations.

This paper is structured into four distinct sections. In Section 1, we introduce the paper and explain the rationale behind choosing this topic. We offer a comprehensive review of the existing literature pertaining to organizational resilience. We have carefully examined and condensed the research concerning various aspects, including the definitions of organizational resilience, methods for measuring it, and diverse viewpoints on the subject. Section 2, offers a comprehensive discussion of the various methods utilized for data collection, research design, the variables under investigation, the assessment tools for these variables, and the characteristics of the study's sample.

Moving on to section 3, we present all the results drawn from the data analysis, encompassing graphical representations and the raw data itself. The following section of

this paper further delves into the collected data, establishing connections with the initial hypothesis. This progression culminates in the final section of the study, which comprises our conclusions. Moreover, this section focuses on the practical implications of the study, outlines its limitations, and provides recommendations for future research in this domain.

So, what is organisational resilience? Resilience is explained as being able to bounce back or adapt swiftly in the face of adversity, according to Soanes and Stevenson (2006). In a more industrial context though, Somers (2009) talks about organizational resilience as the capacity of a firm to anticipate in advance and manage crises effectively. Giving a more detailed and precise definition of it, David Denyer (2003) says that Organizational Resilience denotes an organization's capability to foresee, prepare for, respond to, and adapt to gradual shifts and abrupt disruptions, ensuring its survival and growth. As can be seen, there is no rigid definition of this term. The study of organisational resilience, while being picked up only in the last few decades, has yielded multiple views from many different sources. For Chen, Xie, and Liu (Chen et al, 2021), most of the definitions that have come up since the dawn of this study can be segregated into 2 views and 4 perspectives. The Dynamic view consists of the capability perspective and the process perspective. Definitions in this category see Organisational resilience as a more responsive and changing trait of a company. It views resilience as the ability to learn new ways of coping, adapting to change and acknowledges the ability of organisations to acquire this trait. One of the definitions that fall under this category is that Organizational resilience encompasses an organization's capacity to not only endure and recover from unforeseen and severe events but also to adjust, rebound, and even flourish in challenging and turbulent circumstances (Ma, Xiao, & Yin, 2018). The Static view on the other hand sees resilience as a more unchanging trait. Organizational resilience is said to be characterized by strong, redundant, sufficient, and swift operational capabilities (Wicker, MaFilo, & Cuskelly, 2013).

Resilience is essentially a two-part process which involves positively adapting to change that may occur due to adversity (Luthar, Cicchetti, & Becker, 2000) and recovering from the impact that the adversity has had (Wut, Lee, & Xu, 2022). Adversities faced by organizations vary in intensity, form, and origin, influenced by factors such as size, manpower, corporate culture, and sector (Prayag, Spector, Orchiston, & Chowdhurry, 2020). Measuring organizational resilience lacks a straightforward formula due to these complexities, with emphasis often on organizational behaviour and strategic management (Chen et al., 2021). Qualitative and quantitative data continuously contribute to understanding this topic, with challenges in quantitative analysis due to variations in factors studied, such as planning ability, toughness, agility, integrity, and situational awareness. Despite these challenges, the study of organizational adaptability remains persistent, as explored further in this paper through qualitative data analysis. While the majority of studies on organizational resilience examine how an organization's inherent resilience influences its ability to overcome challenges, our focus is on investigating how adversity itself may impact an organization's resilience. As per Pinel's definition, resilience is the ability of a firm to sustain or regain an acceptable level of

performance despite disruptions or setbacks (Pinel, 2009). However, our curiosity led us to explore if this relationship also holds in the reverse direction. To address this, we present a case study of an organization that has navigated numerous adversities and continues to thrive to this day.

Sanyo Special Steel Manufacturing India Private Limited, located in Khopoli, an industrial town equidistant from Pune and Mumbai, has a rich history. It was originally established in 1962 as Mahindra Ugine Steel Company (MUSCO), a name that endures to this day. MUSCO swiftly gained a reputation as a reliable brand in the Indian alloy and special steel industry, marking a milestone as the country's first private-sector alloy steel plant. In 1993, it earned ISO 9000:2000 certification. A significant transformation occurred in 2012 when it collaborated with Sanyo Special Steel and Mitsui to become Mahindra Sanyo Special Steel, with MUSCO initially holding a 51% share. The following year, Mahindra and Mahindra Ltd. became the organization's holding company after acquiring MUSCO's entire 51% share. In 2018, Mahindra and Mahindra transferred 22% of its shares to Sanyo Special Steel, resulting in Sanyo Special Steel taking over 51% of the total shares and becoming the new holding company for Mahindra Sanyo. Presently, Mahindra and Mahindra have divested all their shareholdings, leaving behind a rich historical legacy in the organization's journey. (Mahindra Sanyo, n.d.)

In the past 15 years, this organization has undergone significant changes that have motivated us to conduct an in-depth study. The organization has transformed to the point where it hardly resembles its former self. However, it remains the same at its core, as many long-term employees have continued to work here despite the recent developments. Some have even endured the entire 15-year transition. Our research focuses on understanding how they coped with this period of change. While most studies on organizational resilience discuss how resilience helps organizations deal with challenges, our goal is to examine how these challenges impact an organization's resilience.

To study the resilience of our chosen organization, we first needed to grasp the key attributes of a resilient organization. To understand organizational resilience, grasping its key attributes is vital. Prioritising preventive measures is paramount, along with effective risk management and emergency preparedness (Ackoff & Warfield, 1974). Proactive monitoring of internal and external factors is crucial for timely action. Moreover, adaptive innovation plays a crucial role, allowing organizations to stay ahead of challenges and gain a competitive edge, as emphasized by Ackoff and Warfield's (1974) view which says that more often than not, organizations collapse not because they solve the correct issue in an incorrect manner, but rather because they solve the incorrect issue in the first place.

The 4sight methodology by Denyer (Denyer, 2017) highlights four major traits of resilient companies. Foresight: Always keeping an eye on opportunities and possible dangers to the organisation. Insight: The ability to view the bigger picture. Oversight:

Keeping a watch on what has happened and constantly moving towards positive change. Hindsight: Learning from past mistakes and improving on past decisions.

Objectives:
To measure the resilience levels of employees in organizations that have experienced adversities compared to those in organizations that have not.

To identify the factors contributing to differences in adversities, if any, through interview data analysis. Guided by researcher's intuition and previous literature, the following hypothesis was proposed.

Hypothesis H1 Sanyo Special Steel employees will be higher on resilience than employees from other organizatio

Methodology:

Research Design:

This was a between group comparative study. Our study uses multiple approaches to try and understand the topic at hand. Quantitative data was collected to confirm the hypothesis while qualitative data was collected via interviews to look for justifications for the findings.

Variables:

i. Independent Variable IV- Employment: Whether the person is an SSSMI employee or not decides which side of the comparison lie on.

ii. Dependent Variable DV- Resilience: "A stable trajectory of healthy functioning after a highly adverse event". (Southwick, Bonanno, Masten, Panter-Brick, & Yehuda, 2014).

In this study, Resilience will be computed as the total score on the Nicholson McBride Resilience Questionnaire, developed by John Nicolson in the year 2010 (NHS England & Wales., 2020).

iii. Control Variable- Age

Procedure:

A total of 103 responses were documented, the attributes of the sample have been mentioned in the Table 2. It was of course difficult to control some variables and still get a respectable sample size that could give us usable data. We tried our best to control these variables. Variables like gender, age, and employment sector, however, were only noted but not controlled. We tried also to get usable sample sizes of both SSSMI employees and non-SSSMI employees. Non-SSSMI employees were from as varied

backgrounds as possible to make sure we collected data from a lot of sectors. Upon the successful collection of data, it was carefully arranged and statistically analyzed via Google Sheets and Microsoft Excel and then put through independent t- tests.

As for the qualitative study, we officially interviewed 3 employees from SSSMI, one of which was the CFO of the organisation. We interviewed them about the adversities faced by the organisation and how those adversities have shaped the company and helped build organisational resilience, along with other questions related to the same. The interviews provided us with valuable insights regarding the focus of our study and helped us understand the factors involved in the obtained result.

Sample: Due to resource constraints, incidental and snowball sampling techniques were employed for this study, resulting in a sample of 103 employees with a mean age of 44.70 years, of whom 79 were male. Among the sample, 47 were employees of SSS. Further details regarding the employment background and other details of these participants are provided in Table 1.

Tools: Our quantitative data was collected through a Google form that was circulated amongst SSSMI employees and people from other organisations and sectors. The main purpose of the form was to measure employee resilience, the result of which can later be used for a comparative study. The form was bilingual to make sure everyone understands the questions before answering. It consisted of the *Nicholson-McBride Questionnaire* developed by NHS England & Wales in the year 2020 for measuring resilience. It is considered a valid and reliable tool for the assessment of resilience with a Cronbach's α value of around 0.80 (Pilafas, Strongylaki, Papaioannou, Menti, & Lyrakos, 2020.) The well-known *Brief Resilience Coping Scale* developed by Smith, Dalen, Wiggins, Tooley, Christopher, & Bernard in the year 2008 was used as the validation scale. The responses were recorded via a 5-point Likert scale ranging from 'Strongly Disagree' to 'Strongly Agree'. The main test consisted of 12 items while the validation scale consisted of 4 items. 60 was the highest possible score on the main scale while 12 was the lowest.

Results & Discussion:

This section transitions from theoretical background to empirical inquiry, focusing on the impact of adversity on organisational resilience. Our study centres on Sanyo Special Steel employees' resilience compared to counterparts in other organisations. Rooted in the premise that adversity shapes resilience, we aim to uncover insights into organisational dynamics. Through qualitative interviews and quantitative surveys, we explore the relationship between adversity, resilience, and employee experiences. By contextualising our findings within existing literature, we contribute to discussions on organisational effectiveness. Our analysis offers insights for organisational leaders and researchers, deepening understanding of resilience dynamics in adversity.

This study was a data-driven venture. Resilience data was collected from 103 employees and analysed using statistical software. The Shapiro-wilk value was significant, suggesting deviation from normality. Thus. non-parametric tests were also conducted.

Mann-Whitney U test was conducted on top of the frequently used Student's t-test. The Q-Q plots provide evidence of a close conformity between our dataset and the hypothesised population data.

The results of our study revealed a substantial difference between the mean scores of SSSMI employees and those of other employees, with the former group exhibiting higher resilience levels. The difference between the mean scores of the two groups was 3.767. The independent student's t-test yielded a p-value of 0.018, indicating statistical significance, as did the Mann-Whitney U test with a p-value of 0.031. These findings offer strong evidence backing our research hypothesis. SSSMI employees turned out to be more resilient than non-SSSMI employees by a statistically significant margin.

In our analysis, we observed a notable and healthy positive correlation ($\rho = 0.542$) between the scores of the main scale and the validation scale. This finding suggests that the responses obtained in our study exhibit a high degree of validity and can be reliably replicated. This strong correlation reinforces the consistency and reliability of our measurements, highlighting the confidence we can place in the accuracy of our results.

This paper uniquely examines how adversity impacts resilience, diverging from previous resilience-focused studies. By incorporating insights from industry leaders, it offers practical strategies for navigating challenges. The qualitative data, further in this paper, deepens our understanding of how organizations respond to adversity, enhancing our knowledge of resilience dynamics.

Interview with Mr. Shailendra Jain, Chief Finance Officer, Sanyo Special Steel.
Mr. Jain has been part of the company for the last 2 years and having joined amidst the recent pandemic has tackled his fair share of adversities regarding the very same. Before joining SSSMI, he worked as the Group CFO for a company called Krishna-Maruti Group based in Gurgaon. During this, he also had the experience of working as the country CFO for a French automotive component manufacturing company called Faurecia and another organisation in Delhi NCR, under his belt. With such vast experience working with organisations across multiple fields, Mr. Jain was more than prepared to deal with the problems arising in Sanyo Special Steel.

The steel industry heavily relies on coal, which has seen a consistent price increase over the past few decades due to its scarcity, adversely affecting steel manufacturers worldwide. However, Sanyo Special Steel, also known as MUSCO in its earlier days, distinguishes itself by not operating a blast furnace and, therefore, not depending on coal. Instead, it has always employed an electric furnace powered by electricity. Unfortunately, electricity costs have also risen significantly, with two tariff increases in the past 2-3 years, impacting production expenses profoundly. To tackle this, Mr. Jain and his team proposed establishing a solar power plant. Approved to create a Special Purpose Vehicle, this subsidiary exclusively supplies power to Sanyo Special Steel, reducing costs by over 50% compared to reliance on Maharashtra State Electricity Distribution Co. Ltd. (MSEDCL). "We always need to be agile, in terms of bringing

clarity and creativity to the thought process if we are to survive in this tough competition", says Mr. Jain. This reflects Ackoff and Warfield's (1974) view of adaptive innovation in organisations.

Ensuring employee motivation and fostering hope are essential for enhancing organizational efficiency, a principle deeply ingrained at SSSMI. Despite many employees' long tenures and initial allegiance to Mahindra, preserving their motivation during the transition to Sanyo and Mitsui's control was crucial. As Mr. Jain puts it, "Mahindra and Mahindra is a respected name in India, perhaps second only to Tata." Nonetheless, in terms of organizational size and profitability, both Sanyo Special Steel (the parent company) and Nippon Steel (the grandparent company) overshadow Mahindra. With robust support from these corporate giants, particularly Sanyo, SSSMI successfully navigated the challenges posed by the lockdowns during the pandemic. Employees have always found reassurance in knowing that their shareholders stand by them in adversity. An illustrative example is the Oxygen blast incident in late 2022, although devoid of casualties or injuries, stirred fear and safety concerns among employees. Despite the temporary shutdown for about a month, swift restoration of operations was vital to mitigate financial repercussions. Management prioritized addressing pervasive safety concerns, recognizing their prevalence in industrial settings. The Finance department carefully manages insurance to ensure every employee's financial protection during similar emergencies.
Government policies also significantly impact an organization's economy. In April 2023, MSEDCL increased the tariff to around Rs.10 per unit to compensate for industry inefficiencies, expected to rise by about 18% in FY 2024 (Joshi, 2023). Sanyo Special Steel's strategic decision to develop a solar power plant, exclusively for SSSMI's consumption, may inconvenience MSEDCL once operational. However, discontinuation of such investments by bodies like Maharashtra Electricity Regulatory Commission (MERC) could lead to substantial losses for companies already invested. The ongoing Ukraine-Russia conflict escalated raw material prices, impacting the Indian steel industry. Sanyo Special Steel, like others, faced unprecedented challenges, termed 'Black swans' in the industry. To address such adversities, SSSMI focused on setting realistic goals and fostering a team effort. Mr. Jain, rating his organization's preparedness a modest 6 out of 10, acknowledges room for improvement and emphasizes a proactive approach to adversity, aligning with Sanyo's ethos of prevention over post-mortem fixes.

The current goal for SSSMI is to be able to reduce production costs. That is the area that is hurting them and preventing them from being in competition with the bigger companies. Their plan is to make targeted investments to tackle the production value problem. After being in turmoil for over ten years, the organization has demonstrated steady growth in the last three quarters of 2022–2023. It appears to be gradually getting back on course. From Mr. Jain's interview, we gathered insights into how Sanyo Special Steel tackles adversity by innovating solutions and fostering employee motivation, showcasing organizational resilience. The company's proactive approach to challenges and strategic investments highlights its ability to adapt and thrive in a competitive landscape.

Interview with Mrs. Jyoti Indulkar, Human resources manager, Sanyo Special Steel.
Mrs. Indulkar has amassed 20 years of working experience since graduating from a commerce background, having started working in the late 90s. Before joining SSSMI, she worked with a company called Samrat Wires in their marketing department. She joined her current job around 2 years ago. Here, she works in particular with contract labours, their appointment, and compliance with them after that. From minimum wages to provident funds, she makes sure the labours are done justice by their contractors.

The steel industry, especially small-sized companies like SSSMI relies heavily on their labour force. For example, half of the workforce in SSSMI is comprised of contract workers. Thus, for the production to go smoothly, it is imperative that they take care of them and make the most of them. One major issue that a person dealing with contract labours confronts is labours skipping work days. It may not seem like a big issue right away but when multiple labours skip work days it becomes a major problem. It creates an incidental effect where ultimately the efficiency of the organisation as a whole goes down. To tackle this issue, Mrs. Indulkar believes talking to these labours one-on-one often helps. Because contract labours get paid on a daily or a weekly basis, they only come to work for the number of days that earn them enough money to feed themselves and their family for the short-term future. It is hence important to make them realise that they need to think of the long-term as well. Coming to work consistently helps not only them and their family but also the organisation as a whole. Mrs. Indulkar believes direct confrontation helps with that.

Recently an entire division had to be shut down, resulting in around 250 employees left jobless. The management however decided to utilise this manpower in other divisions of the organisation. Of course, they had to be trained to adapt to the new divisions as the machines and their workings were different. They were given around 2 months to learn the workings of the new division and were given the liberty to choose at the end of the training period if they wanted to continue with it. Management took the initiative to make sure so many deserving people aren't left jobless all at once. SSSMI considers the workforce as a fundamental resource for the organisation. The interview highlights the critical role of effective management of employees and the proactive measures taken by SSSMI to mitigate the impact of workforce disruptions, showcasing resilience in organizational response to adversity.

Interview with Mr. Vijay Prabhune, Assistant General Manager, Production department, SSSMI.
Mr. Prabhune has been a part of the workforce for almost the past three decades. Before joining SSSMI, or MUSCO back then, he gained experience working abroad as well. With this vast experience of working in the steel industry across multiple cultures, he knows exactly what goes on, what adversities are more frequent than others, how to handle those adversities in the most efficient and cost-effective manner, and how to make it out of those adversities stronger than before. To sum up, he knows exactly how an organisation becomes resilient in the face of adversity.

The steel industry in India heavily relies on manpower, even with significant automation. However, when the pandemic struck, manpower became scarce, leading to business shutdowns and salary cuts at SSSMI. Production resumed with reduced staff and increased working hours, anticipating a surge in demand post-pandemic. As predicted, demand skyrocketed, benefiting surviving companies like SSSMI. India's GDP and steel production saw notable increases in 2021- 2022. Despite the challenges, SSSMI values skilled employees who endured past turmoil, emphasizing motivation and teamwork. However, the plant's growth stagnates due to insufficient profits for automation investment, keeping it relatively unchanged for 15 years. Loyalty sustains employees, but SSSMI struggles to compete with higher-paying firms, relying on personal connections and motivation strategies to foster a cohesive team. As Mr. Prabhune exemplifies, understanding individual motivations and maintaining frequent communication are vital in a small- sized company like SSSMI.

Mr. Prabhune, having been here for so long, has worked through multiple corporate cultures, from Mahindra's to Sanyo's. While Mahindra's was a more collectivistic culture, Sanyo believes more in safety, discipline, and realisation of individual potential. We believe the ways of the respective cultures reflect highly in their corporate working styles. It is of course important to adapt to such changes. Flexibility is a crucial part of survival in the corporate world. A lot of the employees who started as a part of Mahindra even took up learning the Japanese language. A lot of people would've looked at the Japanese takeover as adversity, but the will to learn their culture and their language in order to adapt to the changing environment demonstrates the resilience in SSSMI employees. Mr. Prabhune's extensive experience emphasizes the importance of adaptability and initiative in SSSMI's resilience. It highlights the company's forward-thinking culture and the crucial role of experienced employees in navigating industry challenges.

In conclusion, this study highlights the complex relationship between adversity and resilience within organizational contexts. Our findings emphasize the pivotal role of adversity in cultivating resilience among employees, thereby enhancing overall organizational resilience. Through a combination of quantitative analysis and qualitative insights from SSSMI, we identified key factors contributing to organizational resilience, including creative problem-solving, risk awareness, honesty, policy flexibility, and preparedness. These insights offer valuable implications for organizational leaders seeking to navigate adversity effectively. By prioritizing strategies that promote resilience-building, organizations can better adapt to challenges, sustain performance, and cultivate a culture of resilience. Moving forward, continued research and practical application of these insights will be essential for enhancing organizational resilience in an ever-evolving business landscape.

The findings of our study suggest significant implications for organizations. It indicates that organizations facing adversity may naturally cultivate greater resilience, particularly among their employees. In response, organizations can proactively develop strategies to enhance overall resilience, prioritizing employee support, training, and development.

This emphasis on resilience can contribute to improved employee well-being and adaptability in the face of challenges. Furthermore, change initiatives and talent management practices can be adjusted to consider resilience as a valued trait. Our study also contributes to the broader field of research on organizational resilience, offering fresh research directions. This insight can inform leadership decisions, crisis management, and the development of training and development programs aimed at building resilience within our organizations.

Naturally, our study is subject to certain limitations. The constraints imposed by limited resources significantly affected our data collection efforts. We encountered challenges in gathering primary data, particularly from a broad sample. To address this, we supported our research with qualitative data. Securing interviews with high-ranking corporate personnel proved to be a complex task, allowing us to conduct only three such interviews.

Moreover, our study faced geographical limitations, as we had access to only one branch of the organization, preventing us from examining various corporate cultures within the company. When selecting adversities for our sample, we encountered a diverse array of events that could not be specified or controlled. It's important to note that not all adversities necessarily have positive impacts on organizations, and isolating specific adversities and their effects was challenging.

We also faced difficulties in controlling multiple variables while striving to maintain a reasonable sample size. Despite these constraints, we maximized the resources at our disposal to provide valuable insights within the scope of our study.

We suggest the following for future studies:

- Industry Diversification**:** Future research should explore various industries beyond steel manufacturing to gain a broader perspective on adversity and resilience.
- Direct Data Collection**:** Prioritize direct data collection methods like surveys, interviews, and observations for deeper insights into employee and organizational experiences during adversity.
- Multinational Focus: Consider case studies of multinational organizations to examine the impact of cultural differences on organizational resilience.
- Longitudinal Approach**:** Conduct long-term studies that analyse different types of adversities and their impact on resilience, aiding in the identification of effective strategies.
- Interdisciplinary Insights**:** Incorporate insights from various fields like psychology, sociology, and organizational behaviour to gain a more comprehensive understanding of adversity and resilience.
- Policy Implications**:** Explore the policy implications of resilience-building strategies at the organizational and governmental levels, providing guidance for organizations and policymakers.

- Cross-Cultural Research**:** Investigate how cultural factors influence organizational responses to adversity, particularly in cross-cultural contexts.

By pursuing these research approaches, future studies can continue to enrich the evolving body of knowledge on organizational resilience, offering practical insights for organizations facing adversity.

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STUDENTS WITH ADHD SYMPTOMS IN SCHOOL CLASSROOMS: TEACHERS PERCEPTION ON INATTENTION, HYPERACTIVITY AND IMPULSIVITY

Arvind Kakulte
Associate Professor Department of Psychology
Sir Parashurambhau College, Pune, Maharashtra
kakulte.arvind@gmail.com

Chitkala Venkareddy
Assistant Professor Department of Social Work.
Central University of Karnataka, Kalaburagi, Karnataka-India
chitkalav@cuk.ac.in

Abstract

Attention Deficit Hyperactivity Disorder (ADHD) is neurodevelopmental Disorder that affects 10% of school age children. These children suffer from low self-esteem, troubled relationships and academic backwardness. Teachers have very little knowledge in identifying, assessing, monitoring and reporting of the disorder. The present study focuses on the comparative perception of children exhibiting ADHD symptoms by teachers from Government aided and private aided and unaided schools. This study was conducted in different Government, Private aided and unaided Schools in Karnataka, India with a sample size of 500 from 37 schools. Random sampling method was utilized with a descriptive study design. Conner's scale was administered to teachers to identify children exhibiting ADHD symptoms. The data was analyzed by applying one-way ANOVA, Pair wise comparison followed by Tukey's Multiple Post-hoc Procedures test.

There is significant difference between teachers of Government, Private aided and Private unaided schools with respect to inattention, hyperactivity, impulsivity symptoms. No significant difference was perceived between male and female teachers. Hence the teachers' knowledge regarding ADHD has to be promoted. Teachers have to be assisted in gaining knowledge and misconceptions about ADHD with management solutions through collaborative partnership. An evidence-based in-service education can improve teacher's attitude and increase their understanding of the symptoms exhibited to assess the child's educational strengths and weakness at the early stages of development.

Key Words: ADHD, Perception, neurodevelopmental Disorder, Private aided and Private unaided schools, Government school.

Introduction:

ADHD affects approximately 10% of school-age children causing constant inattention, hyperactivity, and impulsivity. These behaviors persist at home, school, or work, making it challenging for t to pay attention and control impulses. Academic performance and social relationships suffer as a result with 15 to 30% experiencing learning disabilities requiring special educational programs. Teachers have to intervene using behavioral psychology, investing extra time and effort to support these students. Families of children with ADHD face higher behavioral, developmental, and academic disturbances, leading to increased time and energy demands. Treating ADHD and related psychiatric disorders also adds financial strain. Marital conflict is common, linked to poorer outcomes in such families.

Canals and Hidalgo (2018) examined 1,104 preschoolers (ages 3 to 6), finding a 5.40% ADHD incidence. Risk factors included male gender and first-born status. Parents' reports indicated more symptoms than instructors, and ADHD was associated with behavioral problems, autism spectrum disorders, and obsessive-compulsive issues. Gray (2014) observed that ADHD is a measurable impairment of normal brain function due to oxidative stress, not just a mental issue. Modern brain scans show clear differences about it. (Berk,2013). In unmarried-parent households, meeting children's needs for love, time, and attention can be challenging, especially during destabilizing events. Research suggests that about 60% of ADHD cases continue into adulthood, with symptoms changing over time. Stimulants benefit 75-90% of children, but long-term outcomes on peer relationships and educational abilities remain unclear. Candelas et al. (2017) found that children with ADHD symptoms had emotional understanding difficulties and impaired regulation compared to typically developing children. Researchers have investigated primary school teachers' comprehension of ADHD symptoms and their classroom management strategies when dealing with children with ADHD. Topkin, and Nicoette, V. (2010) also pointed out that their ADHD knowledge using the KADDS questionnaire. On average, 45% correctly identified responses. Teachers were more familiar with general ADHD features than specific symptoms, diagnosis, and treatment. Many instructors reported having received training on ADHD. Guerra et al. (2017) found that most teachers lacked ADHD coursework. Limited administrative support and professional development hindered inclusion.

ADHD research gaps include: long-term treatment outcomes, effective interventions for preschoolers' impact on family dynamics, teachers' understanding and training, and comorbidities/socio-demographic factors. Investigating these areas can improve ADHD management and support throughout individuals' lives. Researchers have expressed the need to bridge the gap among school professionals and to prepare individualized intervention plan. Hence the present study aims to Compare the perception of ADHD symptoms (inattention, hyperactivity, impulsivity) in children from teachers in government, private-aided, and unaided schools and suggest some appropriate practices to reduce the symptoms (Dilawari, and Tripathi, 2014).

Materials and Methods:

Participants and method of sampling: A sample of 500 students was randomly selected from 37 schools

Participants selection criteria: Based on the academic records (report cards), daily learning teachers identified children

Inclusion criteria*:* 1st -7th std. of primary/upper primary schools in the age group from (6-12) years were selected for study

Exclusion criteria*:* Children from Secondary schools that is from 8th -10th std are excluded from the study.

Variables of the study: Independent variable**:** Teachers***:*** Dependent Variable**:** Inattention, Hyperactivity. Impulsivity

Data collection procedure Permission was obtained from the BEO in July 2016, and a pilot study was conducted in August 2016. The fieldwork involved visiting 37 schools covering different types. Teachers and parents were involved in identifying children with ADHD symptoms. Data collection concluded by May 2017 with 500 children included in the study. Interviews were conducted at schools and residences, using regional languages and English.

Data collection tools- Interview schedules, questionnaires, and scales were used. Conners scale was employed. This scale is commonly used to screen for ADHD in children and adolescents and can be used during follow-up appointments to monitor behavioral changes. Conners Teacher Rating Scale (CTRS-R) Long Form versions with 59 items.

Statistical Analysis: The data was analysed in accordance by applying one-way ANOVA, followed by Turkey's multiple post-hoc procedures. Pair wise comparison, t test was used.

Results:

It is revealed the study had 500 respondents in total. The majority of respondents were between 8 to 10 years old (43.2%), most were male (71.4%). The majority of children (72.8%) were in 1st to 5th standard. English was the medium of instruction for 44%. Most children came from nuclear families (75%) with 3 to 4 family members (70%). About 56% of respondents had 1 to 2 siblings. middle-class category (60.2%). Father's having secondary education (38%). Mother's education with 40% having secondary education.

As regards to the Results of ANOVA Test Perceived between Teachers of Government-

Pvt. aided and Unaided Schools with respect to Inattention, Hyperactivity and Impulsivity Symptoms of ADHD in Children it is seen that there is significant difference perceived between teachers of government, aided and unaided schools with respect to inattention symptoms where $F=13.6171$, $p<0.05$ hyperactivity $F=27.1662$, $P<0.05$ impulsivity $F=27.8626$ $p<0.05$

As regards to the Pairwise Comparisons of Teachers of Government, Pvt. aided and Unaided Schools on Perceived Inattention, Hyperactivity and Impulsivity Symptoms of ADHD in Children by Tukey's Multiple Post-hoc Procedures it is found that the teachers of government School perceive higher inattention symptoms with mean value of (15.17, hyperactivity symptoms with mean value of (8.01) impulsivity symptoms with mean value of (5.49) among children as compared to private aided and unaided school teachers.

As regards to the Results of t test Perceived between Teachers of English and other Mediums with respect to Inattention, Hyperactivity and Impulsivity Symptoms of ADHD in Children it reveals that non- significant difference perceived between teachers with respect to inattention symptoms where $t=-0.6328$, $p>0.05$ a with respect to hyperactivity symptoms $t=3.5436$,$P<0.05$ means English medium teachers perceive to have lesser hyperactivity symptoms with mean value (6.30) compared to other medium with mean value (7.36) with respect to impulsivity symptoms $t=5.7406$, $p<05$ teachers perceive to have lesser impulsivity symptoms with mean value (4.31) compared to other medium with mean value (5.22.)

As regards to the Results of 't' test between Male and Female Teachers of Schools with respect to Inattention, Hyperactivity and Impulsivity Symptoms of ADHD in Children it is found that there **is** non-significant difference between male and female teachers related to perception of inattention symptoms where $t=0.5554$, $P>0.05$ Hyperactivity symptoms $t=0.0039$, $p>0.05$ impulsivity $t=-0.6564$, $p>0.05$.

Discussion:

The data reveals a profile of respondents comprising children aged 6 to 10, with a male majority (71.4%), English medium schooling (56%), and middle-class backgrounds (60.2%). The findings from the ANOVA analysis reveal significant differences in inattention, hyperactivity, and impulsivity levels between school Teachers The low p-values (<0.0001*) and high F-values suggest that variations are not due to chance. The Government school teachers perceive more symptoms. This implies that school environments may play a crucial role in shaping students' behaviors, potentially leading to targeted interventions and improved learning environments. Pham et.al. (2015) discovered a 7.7% ADHD prevalence in primary school children in South Vietnam," Inattention scores are highest in "Government" schools followed by Hyperactivity Impulsivity scores follow a similar pattern. The findings highlight variations in these traits across school types and can aid in understanding behavioral patterns, Ercan et al. (2015) conducted a study in İzmir, Turkey, with 419 randomly selected primary school children aged 6–14 years. The findings confirm that ADHD is highly prevalent in Turkish elementary school children, The

variables were measured in two different mediums: "other" and "English." that there are significant differences since the P-values are indicated 0.0001* for Impulsivity and 0.0004* for Hyperactivity where other medium have exhibited higher symptoms. Nimisha and Vishnoi (2001) observed that ADHD traits, affecting attention, impulse control, and activity levels in the classroom. There was no significant difference in the perception Male and Female Teachers of Schools. Mostafaee et al. (2016) found 11.3% ADHD prevalence in boys, significantly higher (19.4%) than girls ($P<0.01$).

Suggestions:

The presented instructional practices and strategies must be designed to meet the specific educational and behavioral needs of students, particularly those with ADHD, while promoting inclusivity for all learners. By collaborating with educators and parents, individualized plans can be created to align with students' dreams and goals. Utilizing audio-visual materials and co-operative learning engages students and improves subject understanding. Addressing challenges faced by students with ADHD involves providing advance organizers, breaking down assignments, and using assistive technology. Implementing behavioral contracts, self-management systems, and peer mediation fosters positive social interactions. Involving parents as partners encourages communication and collaboration. Classroom accommodations, like low-distraction work areas, facilitate a nurturing and inclusive learning environment for all students, supporting academic and personal development.

Conclusion:

Teachers' perceptions of ADHD symptoms are valuable but not a substitute for clinical diagnosis. Collaborating with healthcare professionals is crucial for early intervention. Providing structured environment, accommodations, and parental involvement support children with ADHD, fostering their academic and social development. Together, educators and healthcare experts can create a conducive and nurturing environment for these students to succeed.

Future Directions:

ADHD research in children has advanced since September 2021, exploring long-term outcomes, gender differences, comorbidities, etiology, and personalized approaches. Studies also investigate the impact of technology, social media, and cultural factors on ADHD. Improving understanding and management through diverse and comprehensive research aims to provide better interventions and support for affected individuals. Hence current scientific literature and authoritative sources for the latest updates could be consulted.

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SOUTH ASIAN JOURNAL OF PARTICIPATIVE DEVELOPMENT
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CALL FOR PAPERS ON MENTAL HEALTH - 2025

South Asian Journal of Participative Development: SAJPD is the UGC approved research and development oriented, peer reviewed, refereed, Bi-annual Periodical published with **ISSN No. 0976 2701** by the Centre for Social Research and Development (CSRD), Pune. The journal is a multi-disciplinary and covers the South Asian Countries for its circulation and as well as its academic and professional contribution. **SAJPD** is proud to announce its Silver Jubilee in 2025. In celebration of 25 years of academic and research excellence, the first issue of 2025 will be dedicated to the theme on **"Mental Health."** We cordially invite scholars, researchers, and mental health practitioners to contribute original, empirical research articles on mental health. Submissions may explore, but are not limited to, the following sub-themes:

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Abstract: A concise summary of up to 250 words.
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Submission Deadline: March 31, 2025.
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Dr. B. T. Lawani
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