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From Editor's Desk

Recently the United Nations Environment Conference 'COP 26' concluded in Glasgow, UK. India was praised at this conference, for Prime Minister Narendra Modi's "Panchamrit" commitment for safe environment. Today's environmental crisis is actually linked to the existence of humanity. The devastation caused by the changing climate is now affecting the common man all over the globe.

Cloudbursts in the Himalayan region of Uttarakhand, excessively low rainfall in some regions and excessive rainfall in some others, and resulting droughts and floods, and causing diseases and resulting in climate change inducing natural calamities, all are impacting lives in the country today. Globally, life on small islands is endangered due to rising sea levels. Environmental hazards are also becoming the cause of large-scale displacement. If we do not rise to the occasion, this earth will not remain a habitable place in the next few decades.

In view of this concern, environmental conferences are being organized under the auspices of the United Nations annually since 1994. These conferences are also called 'United Nations Framework Convention on Climate Change'. At the Environment Conference held in Kyoto, Japan a treaty was signed, known as the 'Kyoto Protocol', (with amendments in Doha's Environment Conference in 2012), according to which countries announced targets to reduce their emissions of greenhouse gases. The 'Kyoto Protocol' was the last such agreement in which developed countries accepted their responsibility to reduce the emission of greenhouse gases emissions; and the less developed and developing countries were exempted from the responsibility of reducing the emission of these gases for some time.

After the 2015 Paris's Environment Conference, India, with a liberal change in its earlier stance, unilaterally pledged to reduce emissions of greenhouse gases and made it clear that India would not only live up to its ambitions but also raise the same. But India had also made it clear that developed countries should desist from blaming India for environmental degradation or global warming. The reality

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is that if seen from the historical perspective, today the world is suffering the consequences of what happened in the last 100 years. Whereas the United States is responsible for 40 per cent of greenhouse gases emissions, Europe's and China's contribution is 10 per cent and 28 per cent respectively, India is responsible for merely three per cent for these emissions.

India had said that while the rich countries are responsible for a major part of the emissions, they had not lived up to their promise, made in Copenhagen, to provide \$100 billion to the developing and least-developed countries to deal with the environmental crisis. Moreover, given the magnitude of the problem and the efforts needed to deal with the same, even \$1 trillion may fall short of the requirement. Unfortunately, there is no reference to the commitment of \$100 billion in COP26's final document. Rather, all efforts are being made to put the blame on India for the environmental crisis due to over usage of coal. In the draft of the final document of the Environment Conference of Glasgow (UK), the rich countries included the condition to phase out of coal in the draft declaration, and when India refused to accept the same, a campaign was started in the western media to defame India that it is becoming an obstacle in the way to solution of environmental crisis.

Whereas the media in the west is trying to portray India as the villain of the environmental crisis for not accepting the condition to phase out coal usage in the final document, countries like the US, Europe and China, who are main culprits, are nowhere close to being held responsible. We need to understand that singling out coal will not serve the purpose. India's argument that other fossil fuels like petroleum and gas are equally responsible for emissions is a logical one. However, since the US and Europe have an advantage in using them (petroleum and gas), there is no mention of reducing emissions from these fossil fuels in the final document, which is downright unfair.

Today, when the developed countries are calling India a hindrance to the environmental treaty, they have to introspect and realize that the reason for the present environmental crisis is the uncontrolled consumption by those countries, which is reflected in the fact that the US and Europe alone — where only 14 per cent of the total world's population lives — account for 50 per cent of the greenhouse gas emissions in the last 100 years.

Not only this, even today the per capita emission of greenhouse gases in India is only 1.77 metric tons, while in America it is 14.24 metric tons and in England it is 4.85 metric tons, and in China also the per capita emission of greenhouse gases is 7.41 metric tons. The main reason for excessive greenhouse gas emissions in developed countries is wasteful and irresponsible consumption, which is due to their lifestyle. Developed countries today are not ready to concede that the present environmental crisis is due to their stubbornness to not change their lifestyle. The people of these countries and their leadership will have to realize that they have to control their consumption to overcome the current environmental crisis. Whether it is the goal of not allowing the world's temperature to rise more than 1.5 degrees from the pre-industrial level, or the reduction in smoke, the only solution is the control of consumption, for which the developed countries have the main responsibility.

Apart from this, the efforts made by developing countries and underdeveloped countries like India to reduce the emissions of greenhouse gases and global warming will require the use of technology. This technology is available mainly with the developed countries, which they want to share only for a hefty price. On the other hand, developing and underdeveloped countries will have to increase the use of renewable energy such as solar energy, wind energy, etc., for which they will need more investment and technology. The need of the hour is that if the earth is to be kept habitable, the developed countries have to make available their resources and technology for it, rich countries will have to come out of their colonial mindset, that they are the rulers of the world and can do anything they desire. It should not be forgotten that heat emanating from global warming will not spare even these rich countries.

Dr Ashwani Mahajan
Chief Editor

The Spirit of Women Health Workers in Combating the Covid-19 situation in India: An Ethnomethodological Study of Women Doctors

Dr. Tanuja V. Koli

Abstract

Evidences from colonial India's history shows that women in India died in large numbers due to lack of medical treatment, gender discrimination, conservative social values, and mainly the practice of female seclusion. The Indian women's lives began to change significantly in the late nineteenth century when the colonial government critical of the treatment of both Hindu and Muslim women, took support of Indian reformers who were keen to reform their own society. By the end of the nineteenth century, women were attending schools and colleges, becoming teachers and doctors (Bhadra, 2011).

The present paper is an ethnomethodological study which draws on the experiences of women doctors and their contribution in combating the Covid-19 situation in India. A case study method is applied to collect experiences of women doctor's. The paper ends with discussion focussing on feminist social reformers: Mahatma Jotirao Phule and Savitrimai Phule, as role models who tirelessly worked for women's education and sacrificed their life while taking care of plaque patients during the third pandemic of the bubonic plaque in 1855.

KEY WORDS: Health Workers, Covid-19, Ethnomethodology

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Research Methodology

The present study applies Ethnomethodology as a theoretical perspective, which displays real sensitivity to how a social situation or process is interpreted from a particular background and set of values and not simply based on the situation itself. Ethnomethodology as a methodology allows researcher to provide descriptive, in-depth and detailed experiences of the participant, which enables the readers to understand the meanings attached to the experience (Nayak & Singh, 2015:150). As Ethnomethodology accords well with egalitarian ethos of feminism(Gorelick, 1996:387), which helps in the present study to bring out the women doctors sensitive observation about women's violence which could have otherwise gone unrecorded and counted merely as Covid-19 cases. A case study method was used to collect experiences of three women doctors for the present research study.

The present research paper is based on primary data and supplemented with secondary data (research journal articles, books, etc.) to derive comprehensive understandings of aims and objectives.

Objectives of the Study:

- 1) To explore the background of women's health status in India from colonial period.
- 2) To explore women's entry as health workers and allied fields of health sector.
- 3) To investigate the spirit or force/s which drew women doctors in combating Covid-19 situation in India.
- 4) To discuss experiences of women doctors in combating Covid-19 situation in India.

Research Limitations/Implications

The analysis highlights how the women doctors in India contributed not only in combating Covid-19 crisis but also voiced gender issues and solved them. This research study is limited to only women doctors' contributions in combating Covid-19 situation, the study needs to be extended to other areas of everyday life.

Rationale of The Study

The present research study attempts to critically understand the spirit or force/s which drew women doctors in combating Covid-19 situation in India. The ethnomethodological study attempts to explore the contextual and complex meanings of women doctors' contribution

in combating the crisis situation emerged during the Covid-19 pandemic in India. Thus nuanced and multiple ways in which the experiences of women doctors in combating Covid-19 crisis gets translated and transformed in the context of ideologies and structures of patriarchies, caste, class and gender.

Introduction

The status of Indian women was the subject of critical investigation in the evolving discourses of colonial medicine. Brahma Public Opinion wrote in 1883: "If there be any one country where more than at another, the want of lady doctors is most keenly felt, it is no doubt India" (Mukherjee, 2005-06:1186). The British who came to India realised that the women of the conservative Indian society had hardly any access to the medical services of trained doctors who were all men. Therefore the only solution to this problem according to the British rulers was seen in making modern medicine available to women through women doctors. The women pioneers in medicine in the West who were denied a chance to practice in their own countries, considered coming to India as a unique opportunity to provide the much needed medical care to Indian women. Along with this great impetus for women's education by Brahma samaj, together created a favourable environment for Indian women to take to the medical profession. At the end of 19th century Indian women were attending schools and colleges, becoming teachers and doctors. Modern medicine was introduced in the eighteenth and early nineteenth centuries and gradually extended all over the country in a colonial set. Twentieth century's women were more awake to their intellect and talents and wanted to realise their social responsibilities. In post-independent India, efforts to deliver health care in terms of institutional structures, professional knowledge, training for qualified practitioners have been well documented (Bhadra, 2011:pp18-20).

I will begin with discussion on case studies of women doctors in the context of their experiences on their role in combating Covid-19 crisis in India. This discussion is followed by Analysis and Interpretation of the research study undertaken. Each case study will be foregrounded with discussion on the following:

- i) Understanding the inspiration or spirit to join the health care services during the Covid-19 pandemic, most importantly the First Wave of pandemic period during which India had undergone first lockdown.

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- ii) Experiences of women doctors in dealing with the society, patients, gender issues during the initial stage Covid of 19 pandemic crisis in India.

Discussion

Note: Pseudo names have been used to discuss the case studies of women doctors:

Dr. Shrishti

Dr. Shrishti is an Ayurvedic practitioner, aged 47 years. She provides medical care for about more than 20 years through her private clinic, which is situated in Thane district, Maharashtra.

Dr. Shrishti during our discussion began with the focus on existing social conditions during the First Wave of Covid-19 pandemic in India. She mentioned that nobody was prepared mentally, socially, & scientifically as how to face this situation. She further mentioned that even the Doctors were not prepared for it, as Covid-19 started in China first and then it came to India. Although the news had spread about Covid deaths in China, but its seriousness was not felt in India. This was because people here felt it will not happen in India as they related it to their experience of swine flu which was not so bad, explains Dr. Shrishti.

Dr. Shrishti informed that in the initial stage no one knew how to deal with this situation. Even the doctors did not had proper protocols for it. She further says, “we only knew symptoms and were treating accordingly. We only knew that we have to follow physical distancing, wear mask, do, CBC, CT scan etc.

According to Dr. Shrishti, the first response of people was that, they were frightened. During the First phase of Covid-19 when India had declared lockdown which continued in phases, the first question that people asked was ‘Is your clinic open’?. She mentions that for first eight days all the General Practitioners, Private Doctors, all were afraid to go to clinics. It was a ‘Do or Die’ situation. Eventually the doctors started receiving guidelines and there were post Covid clinics, seminars and meetings online organised for doctors. All this helped doctors in dealing the situation but in the meanwhile the patients aggravated.

While discussing the spirit behind joining the brigade of frontline workers by keeping her clinic open for all the people throughout the pandemic uptill now when it is still going on. Dr. Shrishti proudly mentions that it was much before taking the first oath ‘To serve People’, the dream of joining the medical fraternity and to serve people was

nurtured in to her mind by her mother when she was in std. VIII, and she is passionately following it. Dr. Shrishti mentions that she had to fight with her family members and had to go against their wishes to keep her clinic open, mainly during the First wave of Covid pandemic. Dr. Shristi in her narration mentions that how her mother could not cherish her dream of becoming a doctor due to existence practise of patriarchal norms of Indian society followed in her mother's family.

Dr. Shrishti while sharing her experiences in combating Covid-19 crisis in India focused on the impact of Covid-19 situations and its impact on women. While sharing her experiences Dr. Shrishti stated that Covid-19 pressurised women in multiple ways: carrying out the household chores, looking after children, elderly ...without much support from their male spouse, the husband. She mentions, if the family engine has to function, both the wheels has to run (work) equally, if that doesn't happen family will collapse. She further mentioned how Covid-19 affected the small children in the family who lacked space in terms of playing, elderly in the family who were forced to lock inside the houses and could not go for strolls in parks where they could meet people of their age group.

Dr. Shrishti also mentioned cases of female domestic violence during the Covid-19 pandemic. While narrating one such cases she mentioned how a women patient in her clinic had continuous complaints of headache while the reason for which could not be diagnosed even after number of clinical tests. It was only after an incidence when the women came to the clinic with all the bruises on her face (her face had turned red and blue...luckily her eyes were saved without permanent harm to them) .The reason for continuous unbearable headache was due to her alcoholic husband . The women's husband abused and beat her as he could not attend his workplace due to unavailability of trains and wasted money in buying and drinking alcohol instead of buying groceries for the family.

Dr. Jeevika

Dr. Jeevika is an Ayurvedic practitioner, aged 35. She also holds MBA degree in Health management. Dr. Jeevika is a consulting Ayurvedic practioner in central suburbs, for last 10 years . Dr. Jeevika is a receipt of Governor of India's appreciation letter for serving the society during Covid-19 pandemic. Also Dr. Jeevika was invited for hoisting the flag on 15th August 2020 in the local school to honour her for her services to society during pandemic.

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Dr. Jeevika during her interactions on Covid-19 to serve people she informed that “initially everyone was under the impression that Covid-19 pandemic will end soon”. She further said, “but it was by first week of April that she realised and felt uneasy about not doing anything”. Dr. Jeevika states: “If I became doctor passionately to serve people and if in crisis I am not working for them then what is the use of being a doctor”. With this spirit to serve people in mind and heart Dr. Jeevika approached her friends from medical fraternity and informed them about her interest to provide voluntary services to serve people during Covid. The hunt led her to BMC run hospital in suburbs. However initially the BMC officials denied saying there was no such requirement, mentioning that there is no such GR. As stated above Dr. Jeevika was very keen in taking up this task of serving people with her medical professional assistance, she got access to the GR and gave to the BMC officials. It was on 21st April 2020, Dr. Jeevika joined the central suburb based BMC run hospital to serve the people affected due to Covid-19 pandemic, during the first wave of Covid-19 pandemic. It was her clinical passion to see patients recover in front of her eyes, which is her most cherished dreams as a medical professional, that came true while serving people during pandemic. This shows her passion and spirit to serve people in adverse conditions of Covid-19.

Describing her experience while serving during the first phase of pandemic, Dr. Jeevika mentioned “like everyone else we also had fears in the beginning and used to take a lot of care for instance, did not remove mask while on duty or while wearing the PPE kit...if it was even slightly open from any end we used to seal it with sellow tapes”. She further adds, “that the fear was not for our own self but also for our family members, my daughter (who was kept away with her grandparents), old parents (whom she did not meet for 3 months though they stayed in the same building) and her spouse “. Dr. Jeevika did her duty in different centres allotted to her like, ‘Suspected Centre’ where there was lot of influx of people from slum areas. She also worked with the ‘Quarantine Centre’ which BMC had started for people from slum areas as people from slums faced space and hygiene issues in their localities.

Dr. Jeevika discussed the varied human social facts of life. She shared numerous life incidences, bringing out complex human relationships experienced during Covid-19 situation. Dr. Jeevika mentioned incidence of an old age women whose family members

refused to take her back home after her recovery from Covid-19. This led to the old aged women's death due to heart attack. Yet another incidence narrated by Dr. Jeevika she mentioned, when a young boy of 30 years of age admitted for Covid, was in critical condition and a doctor contacted his family members informing them about it they expressed no remorse but on the other hand they said 'do whatever you want to do with him'. The young boy died but his parents did not come to the hospital and so the funeral rites were performed by the ward boy. Dr. Jeevika mentions that Covid-19 situation brought mixed responses in society. Reminiscing the incidence of affection and extreme attachment, Dr. Jeevika narrated incidence of grandson whose grandmother was admitted in ICU for Covid. The grandson waited everyday outside the ICU ward from morning to night daily, inspite of being informed he will not be allowed to visit his grandmother inside the ICU.

Dr. Jeevika also unfolded lot of misconceptions people had about the Government hospitals and Covid. She mentioned how one of her relatives when consulted her about his father and sister who were Covid suspected cases and when Dr. Jeevika guided them to admit his father to hospital, he refused to do so. The relative's said they are not ready to admit their father aged 70 in hospital as they feared people above 60 years of age if admitted for Covid are left to die or killed in hospitals. Dr. Jeevika mentioned about yet another old aged patient, who on getting admitted asked her "whether I will be sent back home", to which the doctor enquired why is he asking such questions, he said "because old aged people once admitted for Covid, do not go back home". Dr. Jeevika specifically mentions that the old aged patient who was admitted for Covid recovered and was sent back home. Dr. Jeevika mentions that it is not only the Covid patients but also the BMC hospital employees had certain misconceptions. The young employee whose work was to check the register would never enter the Covid section room to check the about the number of people registered every day, instead from the door itself he would enquire with Dr. Jeevika about the entries of the patients admitted and discharged. Upon this he was once asked to stop such behaviour and to follow his duty, upon which he pleaded that since he is engaged and would get married soon, and if he gets Covid the people from his village will break his marriage alliance.

During our interactions Dr. Jeevika specifically mentioned about a women patient who was admitted as a Covid patient. But while taking her case history, the women patient informed Dr. Jeevika that the her brother in-law and his wife tried to burn her live as she was Covid positive.

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Dr. Veera

Dr. Veera is a 32 year old Dentist . She practices at her private clinic in the central suburbs of Mumbai. She received Governor's honour of appreciation letter as a Covid-19 warrior. While sharing her work experiences about Covid-19, which she took up voluntarily at a government hospital. Dr. Jeevika specifically informs the sufferings of women patients with Covid who faced problems of heavy menstrual flow and were given limited number of pads, while the male doctors neglected to this situation of women patients, most of whom belonged to the poor background. Dr. Veera shared her experience of domination of male co-doctors while at work, who unnecessarily kept delaying the work and making the patients feel anxiety and helpless, when she became vocal about it she was silenced. Dr. Jeevika further explained that she voiced this issue through twitter handle. Dr. Jeevika's spirit to serve people could be seen from the fact that she extended support to the helpless men and women on the road who belonged to the underprivileged background whom she met while travelling on deserted road while on her duty at the government hospital. She stopped and enquired about this people if they are not afraid to be on road during this Covid situation they replied to her their fear is not Covid much but they feared of not getting food due to loss of employment and housing due to Covid crisis everywhere. Dr. Jeevika managed to arrange the excess food from the hospital for this people on daily basis. Dr. Veera refers to this situation as dark side of the society.

Analysis and Interpretations of the Present Research Study:

- 1) The doctors in the present research study drew their spirit to serve the society during the Covid-19 crisis mainly from the passion to serve and care for the society, to heal people. All the three doctors in the present study showed their courage to serve the country people almost by staying away from their loved ones, and at times had to fight with their family members and convince them that they are passionate about serving people during the Covid-19 crisis situations.
- 2) All the three doctors succeeded in their attempt to combat Covid-19 situations in India as they supported the people stuck in this confused, fearful human created pathological crisis situation. They served their patients not only through medicines but also by updating their knowledge through online seminars, communicating with senior practitioners and by getting themselves trained to deal with Covid crisis.

- 3) The women doctors played role of sensitive observant towards gender oppression and gender violence by not only voicing women patients issues, but helped them to solve their problems. By doing so they also raised awareness about increase in gender based crimes during Covid-19 and avoided these cases being shown or counted as merely Covid death cases.

At the end of this discussion, I pay my homage to feminist social reformers: Mahatma Jotirao Phule and Savitrimai Phule, as role models of Indian society who tirelessly worked for women's education and sacrificed their life while taking care of plaque patients during the third pandemic of the bubonic plaque in 1855.

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Sociological Study of Women as Unpaid Caregivers- Indian Scenario

Dr. Hina Shah*

Ms. Shanthi Seshadri**

Abstract

Caregiving is an under-resourced, unpaid activity that falls disproportionately on women and girls worldwide. Those who care for a family member or loved one face an array of challenges as they juggle paid work, unpaid caregiving responsibilities, and their own personal needs and health- both of which are too often sacrificed yet, the work of carers is largely overlooked because it is not measured in traditional economic productivity indicators. Family caregiving responsibilities before and after the pandemic have largely fallen on women. According to the KFF Women's Health Survey, over half of mothers with school age children said that the stress and worry of the pandemic has affected their mental health. Family caregiving is more intensive, complex, long-lasting than in the past and caregivers rarely receive adequate preparation for their role. Various studies show that many caregivers experience negative psychological effects. The objective of the paper is to highlight the role of women as unpaid workers in combating the pandemic. The paper is based on secondary data. The paper emphasizes the need for policies that are required that allow family members to take the necessary leave from paid employment, make adaptations to their working environments, and implement flexible working

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arrangements to meet caregiving needs. Now as the world grapples with covid-19, it is the time to turn crisis into opportunity- and identify and implement innovative solutions to transform the world of caregiving and promote gender equality in the home and workplace. It emphasizes the need for the adoption of a gender sensitive approach by the government.

Key words-Covid-19 Pandemic, Gender Sensitivity, Women, paid and unpaid labour

Introduction

Caregiving is an under resourced unpaid activity that falls disproportionately on women and girls worldwide .Those who care for a family member or loved one face an array of challenges as they juggle paid work, unpaid caregiving responsibilities, and their own personal needs and health both of which are too often sacrificed yet, the world of carers is largely overlooked because it is not measured in traditional economic productivity indicators. Caregiving is a role that involves a lot of giving. Unfortunately, there is none to provide them with emotional support and help them avoid exhaustion and psychological disintegration. In India caregiving has been worked into our cultural milieu and consciousness through effective role models.

Entrenched stereotypes insist that men are breadwinners whilst women are homemakers and caregivers. According to the OECD, these stereotypes are present today in reality, with women across the world spending up to ten times more time on unpaid care work than men. Unpaid work is the main barricade preventing women from getting into , remaining and progressing in the labour force

All over the world women are the predominant providers of informal care for members with chronic medical conditions or disabilities, including the elderly and adults with mental illnesses. There are several societal and cultural demands on women to adopt the role of a family- caregiver. Stress coping theories propose that women are more likely to be exposed to caregiving stressors. Cultural norms in India have led us to expect that women and men will play differing roles in many family activities. According to ILO , women spend 4 times more time than men in Asia and the Pacific on unpaid care work which involves tending to others, cooking, cleaning, fetching water and fire wood and other non-market essential daily tasks within households that go unremunerated. In some countries , women end up spending 11 times more time than men on such tasks. Women also cater to the dependent family members in India.

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Family caregiving responsibilities before and after the pandemic have largely fallen on women. According to a KFF Women's health survey, over half of mothers with school age children said that the stress and worry of the pandemic has affected their mental health. Family care giving is more intensive, complex, long-lasting than in the past and caregivers rarely receive adequate preparation for their role. Various caregivers experience negative psychological effects. Family caregiving still remains a predominantly feminine activity despite the fact that with changing demographics and changes in social structures and norms, men are increasingly assuming roles as caregivers. While providing care may have its rewards for family- caregivers, it often entails bearing emotional, physical, social and financial burden, which makes the experience stressful.

Objective and Methodology

1. To highlight the role of women as unpaid workers in combating the pandemic.
2. To find out the involvement of male members in household work.
3. To analyse how women construct their identities in a socio-cultural environment where choices are limited .

The paper is based on Primary data: Pilot Survey: Google form and secondary data. .There is no consistent explanation about how gender influences caregiving.

Genders Collide While Caregiving

Disparities that existed prior to the pandemic have been magnified. Before the pandemic too women were shouldering a lot of family responsibilities. But after the pandemic their caregiving responsibilities have increased. Barry J. Jacob in his article explains how the family's double standard rankled the sisters with good reason: The mother expected the daughters to drive, feed, and cater to her, but praised her son as practically a hero for his weekly phone call." "We have cut back on our work hours to take care of mom, one sister complained to the other". "But Louis insists he's too important to miss time from his job. "He just assumes we'll continue caring for mom, no matter how it affects us" Cultural norms have led us to expect that women and men will play differing roles in many family activities.

Impact of COVID-19 on women as caregivers

1. Coronavirus lockdown is placing extra strain on carers. The disproportionate impact of unpaid caregiving on women and girls is one of the key facets of gender inequality.

2. The shelter-in -place or lockdown provisions to contain the spread of covid-19 put additional demands on families to care for children, the elderly and those who suffer from disease or disability. Carers are now faced with helping their loved ones without being able to rely on paid professionals in the home, school, or day care, placing layers of additional stress that most often fall on women. Some strived to combine caregiving with managing workplace responsibilities, while others joined the growing ranks of the homebound unemployed.

According to studies conducted by the Lancet Commission on Women and Health carers tend to put at risk their own health. Research shows women who take on heavy caregiving responsibilities at home face higher physical and emotional stressors. Many studies have pointed out that women with caregiving responsibilities did not have time to book or attend their own medical appointments which put them at the risk of falling ill.

3. Excessive home responsibilities and caregiving duties means women are less likely to have time to participate in the public sphere than men. The lack of female representation in public policy making means the needs of women are less likely to have time in the public sphere than men. The lack of female representation in public policy making means the needs of women are less likely to be taken into account when work as a result of their caregiving duties face financial hardships, and decisions are being made.
4. Caregiving for a family member is an unpaid role. Women who cannot work as a result of their caregiving duties face financial hardships, and often depend on male family members to earn an income that can support the household. This situation contributes to the opinion that women are second-class citizens and widens the gap in gender inequality as women are unable to be independent.
5. Having responsibilities within the household ,including the duty of caregiving, means girls may have less network, time to study and socialize with peers during their younger years. In the most extreme circumstances, young women who are required to perform unending family and work responsibilities have no choice but to leave the education system altogether.

Findings of the Study

1. Overall Caregiving responsibilities: Before the pandemic women were overburdened with domestic work. Many women reported

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that new caregiving responsibilities have increased after the Pandemic. It was observed that 86.5% of the women did household work. Only 13.5% of the women reported that they did not do the household work.

2. Domestic help from other family members: It was observed that during the pandemic in women's absence the household work was manageable. However, if the women are fit, she doesn't get any help and she end up doing all the domestic work. The study shows that 82.1% of the women said that they get help from other members of the family when she was sick. 17.9% of the women reported that they did not receive help from the family members when she fell sick.
3. Impact on the education of girl students: It was observed from the study that due to the pandemic the household responsibilities increased and this affected the studies of the girl students. The study showed that 70% of the girls couldn't attend online classes. While 30 % of the girls could attend the online classes.
4. Impact of caregiving responsibility on self-care: It was observed that since the majority of women were preoccupied with household work, they couldn't get time for exercise and rest. 43.4% of the women said that they could spend their time by watching television. The study showed that only 23.6% could spend their time doing exercise .19.8% of the women said that they could spend their time reading the newspaper.24.5% of the women said that they could spend time with their friends. 32.1% of women said that they could read newspapers, watch television ,spend time with friends and could also do exercise.
5. Caregiving a women's responsibility or Men's responsibility: Even today women feel that household work is a women's responsibility. This kind of attitude of women towards household work is reflected in the socialisation process in India. The study shows that 69.9% of the women felt that caregiving is a woman's responsibility. While 30.1% of women felt that caregiving is not a woman's responsibility. They felt that men too should help them in household work. 16% of the women said that they could not indulge themselves in any of the above activities.
6. Satisfaction with caregiving: In this survey results show that male members have realised the value of the women's work for the family. Here we can say that there is some change in the attitude of male members towards women's work in the house. 41.5% of women said that they received help from male members

of the family.50.5% of the women reported that they did not receive any help from the male members of the family.

7. Gender Differences in the caregiver burden: The study showed that 75% of the women said that they were engaged in ironing the clothes, cleaning the house, cooking the meals, vessel cleaning and other domestic activities. The study showed that around 25% of males did the ironing of clothes, cleaning of the house, cooking of the meals in the house and vessel cleaning and also engaged in other domestic activities. If we are talking about the 21st century and about globalisation the traditional social norms even today place more demands on women. Even today male provider family model remains very much fixed within societies: along with women's caring role in the family continuing to be the foremost.
8. Financial security of women: The pilot study showed that even after doing the unpaid work females still do not enjoy any financial security and facilities.77% of the women said that they do not have any savings account in their name. Only 22.6% of women said that they have savings accounts in their name.

General Findings:

1. The study showed that 95.8% of the women felt that that woman should be treated with respect. Only 2% of the women disagreed with the statement that women should be treated with respect
2. The study showed that 89.6% of the women felt that the government should draft a policy for gender equality.10.4% of the women were not in favour of a policy for gender equality .

Suggestions – What can be done?

1. The government should be conscious about a ‘ care budget’ – Investment and expenditure on care of children, elderly and persons with disabilities, as well as that of the household
2. There should be initiatives like the UN Cash-for-Care programme, for women who left the labour market due to increased care responsibilities as a result of covid-19. This can benefit those who were impacted the most.
3. Employers should enact family- friendly workplace policies, support employee's child care needs and provide gender neutral and health-related leaves.
4. To meet the needs of the economically weaker women in managing increased unpaid work and childcare load, the government should explore providing childcare support to

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households in the form of childcare allowances, cash transfers or vouchers. This can enable women to receive financial support without being required to work, which is critical in the ongoing crisis.

5. There is an urgent need to reopen childcare facilities, including Anganwadi centres (AWC), with safety measures and standards in place, staggered schedules, appropriate technical and financial assistance to personnel, and implementing robust testing and contact tracing through community involvement. This will reduce the hours spent by mothers on unpaid care by sharing their burden.

Conclusion

We must assess the covid-19 situation through a gender lens to address the unique challenges and unmet needs of the females. We must recognise that there will be no economic recovery unless we acknowledge the critical role that care plays in the wellbeing of households, societies, and economies. Covid-19 presents an occasion to encourage a lasting shift and instate a culture of fair and equitable division of domestic responsibilities.

Reorganising household care work as a productive, as opposed to an unproductive activity can change social norms around unpaid work and child care in the long run. . They can promote equal sharing of work by engaging men through educational systems, rolling out public campaigns, and flexible work arrangements to balance work and family commitments. There is a need for finding out the gender differences in caregiving. This will have major implications for development of gender-specific caregiver interventions. This will go a long way in improving the plight of female caregivers. We must protect women and girls at home and recognise women's care work that is sustaining us through the crisis.

There is a need for a gender sensitive approach at school level and college level. NGOS can play an important role in implementing government policies by creating awareness in our society which will help in bringing about an attitudinal change towards women. A cultural shift in society is needed to safeguard gender equity, which can only be achieved through education.

I would like to conclude with the quote given by Nelson Mandela, “ Education is the most powerful weapon which you can use to change the world.”

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“Is Unpaid Caring an Adventure”: In Context with the Women Caregivers during Covid 19

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Dr. Deepak Kumar Mudgal**

Abstract

The purpose of this paper is to study the evolution of the new role assigned to the woman. Taking care of the family and society is something which is always been respected in our Indian culture. It is expected by each one of the family member to respect and take care of the family. But when it comes to a woman, it is considered to be her sole responsibility to take care of various needs, requirements of the family and household. It is often termed as labour of love. A common belief is that the men are the breadwinners and women are the homemakers. It is considered as her prime responsibility to look after home and family. Women of poorer section are the biggest sufferers. The load of caregiving is only on women's shoulders which leads to the lack of time to study, entertain themselves and socialize with their peers at the younger age. During the covid, pandemic, lockdown women took the major responsibility in taking care of her family. In this paper the issues women caregivers face at home with special reference to the pandemic times. The source of information would be secondary based on newspaper reports, news channel reports and articles during the pandemic time.

Keywords: Pandemic, gender biased, equality, caregivers

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Introduction

Caregivers are the people who offers constant assistance to the people who are in need of some help on a regular basis. They could be the old age people of the family or people afflicted by some kind of chronic health conditions or met with some tragic issues. Such kind of care could be given at home by family or by hiring any caregiver which could also be a long term process. Another way of seeking care is to avail in any institutional settings under the guidance of the expert professionals. Home care is generally given by family, relatives, friends etc. which is mostly unpaid. Unpaid care from family or friends, prove to be the strength of the suffering person in family which serves to be the long term care to the people at home. At times when the care is given to a person you love, gives a feeling of fulfilment and learning the true meaning of life for oneself and for others. But at the same time the offered care is a burden or a bound task than the caregiver loses interest. When it comes to the boundation of one particular gender it becomes all the more difficult. "Gender is often an ignored factor during health emergencies, even though women comprise 70% of the global healthcare workforce. During the COVID-19 pandemic, the most effective policy responses will be those that account for how the crisis is experienced by women and girls." (Hersh, 2020) Apart from health and economy covid 19 has put a setback even to the societal norms and the daily routines of the people. The lifestyle has completely altered which was not the cup of tea for the common masses. The situation redefined the gender roles, where women are working and earning handsomely whereas it has deteriorated in the places with weaker economy of the family.

Care giving by some stereotyped is considered as the role of only a woman. It is considered just as the reproductive or domestic role in the society. And thus measured as the duty of the women to give her services which are neither recognised nor paid. There are evidences that prove women are giving much more time in the labour market as compared to the non-care givers and the economic reimbursement to them is much more lesser or either negligible as compared with the others. When the discretionary time devoted by her is compared by the time she devotes for the services offered, is very well thought out for her collective development and wellbeing. The formal working hours are less in comparison to informal working hours, time and energy she devotes in her family and the society, which becomes much more demanding for women in particular.

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The sole responsibility of caregiving falls on the shoulders of women which is again inappropriate on account of young girls and aspirational women. It leaves them with no time for schooling and education, social participation, working to earn money and for other economic activities and ultimately no time to meet their own potentials of life. They learn to balance unpaid care work and the time bound paid employment as well. This imbalanced representation leads to the gender wage gaps which underestimate the women labour. To monitor such issues, the International Center for Research on Women has been working with the European Bank for Reconstruction and Development (EBRD) to reduce the burden of caregiving on women and to promote the hiring of women, retaining their positions and promote women's participation in the corporate world and public sectors according to their deserving positions. (Sarah Gammage, 2019)

Caregiving becomes a burden when it falls on middle-aged women, especially socio economic weaker section of society. With low standards of education, economic condition of the family and very few sources of support it becomes mandatory for the women to justify their social standards by giving her hours of labour in giving the care to the family. Such kind of unpaid care affects their employment, social life, finances and most importantly their health. It also affects the type of care given by the caretaker. If she is affected by some psychological and health issues like depression, anxiety, irritability, muscle pain, and potentially weakening long-lasting problems in the body and joints, she will not be able to justify her work of caregiving which is the most demanding job. Caregiving requires patience, for the people one is taking care of is having some physical challenges. And if the care giver herself is not emotionally sound she will not be able to justify the needs and requirements of the patient. The emotional challenges of the care giver and her health conditions must be witnessed regularly by giving them the appropriate space they require.

Considering the current pandemic scenario, the care work has drastically increased due to the closure of schools, offices, day cares etc. shifting the responsibility to the households and ultimately to a woman. The shift in the opportunity for gender roles should have been taken place instead as an opportunity rather. Women even before this pandemic worked for more than three times than men with unpaid domestic work. But the current scenario only added the burden and challenged them to meet their responsibilities efficiently. From being a tutor to the children because of home schooling to the maid servant and the care taker for home and people suffering from illness during

pandemic. Women of different age groups have served to be a great help irrespective of their age. Women who worked in the health care industry and are on frontline have the burden of double caregiving. The demands of working for longer hours, the chances of getting infections are higher and meeting the family expectations at the same time is worth mentioning. At certain places of paid work the protocol for pandemic when not taken seriously have faced the adverse effects too. Women caregivers at lower levels works out of the great need. They avail very few professional benefits, including sick leave, poor protection for themselves etc. The caregivers who provide care in others home as a maid servant for home or the care taker for child, or a patient or an elderly. They inspite of spending longer hours are not paid off well and are not given any necessary protection. They are anytime marred with the monthly wages and the salary cut is there without any prior information. “Unpaid care work is indispensable to the development of the economy and societies and is central to human well-being.” (Duragova, 2020)

In a research by Mekko Graphics, the total minutes and time spent in unpaid care work and paid care work is also given here. (Goldstein, June19, 2019)

	A	B	C	D	E
1		Unpaid Care Work	Paid Work	Total	% of Time Spent on Unpaid Work
2	Women	265	183	448	0.591517857
3	Men	83	322	405	0.204938272
4					

Women caregivers at home must learn something to ease out from the adventurous life where they don't even get time for themselves and for self-care. The practice of saying 'no' must be learnt by them and there is a need to learn to prioritize oneself is there, on the contrary women make everything else the priority such attitude needs an amendment which actually starts from themselves. They need to create a supportive daily routine where they can seek the help of the family members in doing the daily chores which will again reduce the burden of doing everything by themselves. Unpaid care is underrated in our society which requires a lot of skill and it is highly demanding, it often goes unnoticed but plays an important and vital role in the development and well-being of the family. Additionally, covid -19 burdened the women with the unpaid care to be given to the family. Here she is affected when she working along with taking care of the family, she is burdened with childcare, old age care, taking care of people at home infected with covid and at the same time managing her work effortlessly

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and relentlessly. Lock down, curfews and the lack of social security has fuelled up gender biasedness. And if at all the women of the family is infected with the virus and become ill the condition will become more pitiable and intricate. Young girls of 5 to 14 years of age spend time at household chores instead of giving time to their education and to the things they love and passionate about as compared to the boys of the same age. They would be busy having fun and achieving their dreams and do what they actually wish to do. The paid work opportunities are limited to the girls of this age as they get very less time to devote for themselves to develop the skills at workplace, resulting into the limited employment opportunities. Therefore, the unpaid work is never acknowledged and the worth is determined by the one with higher income in the family which will obviously be a male member. Women become more susceptible and vulnerable to violence. According to an author of the article, “That requires promoting women to leadership roles. Women are skilled service providers, epidemiologists, caregivers, community leaders, and more. Above all, they are the best experts on their own lives and must be meaningfully engaged in all preparedness and response efforts. That means ensuring the participation of girls and women in all local, national, regional, and global task forces on COVID-19. Women must serve on local community councils and in legislative bodies where important decisions are made. At the international level, gender imbalances in global health leadership, where men hold 72% of the top positions, must urgently be addressed.” (Hersh, 2020)

The role of women as the caregiver is deeply rooted in the mindsets of people not only in India but whole through the world. The need is to shift the attitude and mindset of the people and their conventional way of thinking. The men working at home, doing household chores, cooking, washing is still considered as a societal taboo. The need to understand the fact that when a woman can work outside home shoulder to shoulder with men than why can't men work at home in the same way. When both the partners earning equal wages or may be more by the women at times than the workload at home needs to be shared and the social taboo of men working household chores need to be changed. Especially in the time of pandemic and lockdown situations where house help is also prohibited. The redistribution of work at home including childcare needs to be framed again. The need is also to acknowledge the role of unpaid caregiving for the functioning of society and family's economy. The progress of women will also remain slow if we did not rip to pieces such unfair culture of the society.

Conclusion

The need of the hour is to measure, understand, identify and recognise the services given by the women caregivers during covid-19 and non covid-19 times. Support the women for education and providing them with efficient health care facilities and reducing the burden from their shoulders. Monetary protection and economic protection which they deserve as individuals and for which they have the right also with the right to access that freedom for the services they offer should be given. Promoting men's participation in the care giving job and equal distribution of work will nurture and foster the essential conditions for the development of any society. The unappalled effects of covid-19 on the unpaid care work is recognised by many and the undaunted aftermaths of the crisis and calamity had the disastrous effect on the society and women in particular. The distinctive urge is for equal gender system and to acknowledge the work women offer at home(unpaid), output of the efforts laid by them will also result in the economic wellbeing of the society. The work performed by the women at home during lockdown as home schooling, providing day care etc. is presumed to be performed by the mothers whether she is a working mother or a house wife. The responsibility on men's shoulder is comparatively less, infact the expectations to work at home is also meekest by the society. This has increased the work load especially for women who continue to work even during pandemic. The time is to create an egalitarian society by equal distribution of work at home, the unpaid labour by both the sexes. It can happen only if flexible work arrangements are done, a comprehensive care system needs to be developed which debars the line of gender inequality for work and care giving. There is an urgent need to defeminize the care giving roles. (Patil, 2018)

Unpaid care is a worldwide issue, it affects almost all the women irrespective of their education, class, standards of their community and the country of their origin. In spite of making efforts to equally divide the care work between both males and females by many countries the biggest load persists on the women's shoulders. Participation from the sides of companies and both the sexes to encourage a more equal distribution of care work at the family level to be built by making the schedules flexible where both the parents get the efficient time to meet the expectations. The provision of taking necessary leaves from the paid employment, to meet and make the caregiving services instrumental, which will help to promote a balanced work and personal caregiving life.

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The gender biasedness must be gauged through the gender lens to encounter the unique situations in covid 19 pandemic which is yet to be fully covered. This will not only help to improve the situations and position of women but will also improve their quality of life, their health, their mental wellbeing. This is the time and the right opportunity when we can truly recognise, assess, the needs of a woman and can address them efficiently and effectively by bringing up the ground breaking rules buoyant systems to bring the reformation and renaissance in the world of caregivers and stimulate gender equality. Caring of family and the needy is the most humble and hospitable agenda of humanity which needs to be the centre of any national agenda. Covid 19 crisis are yet to be fully covered, government here needs to plan the policies for care givers and the system needs an infrastructure, public services to meet the different care needs of the population. The expected outcomes can be achieved by rearranging the gender wage gaps, balancing work life irrespective of gender differences and protection of rights in both formal and informal sector. Thus it will create high spirited, strong, irrepressible, gender responsive egalitarian society.

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Effect of Specific Training Methods on Selected Speed Performance among Fast Bowler in Cricket

Dr. Praveen Kumar*

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Abstract

The purpose of this study was to find out the effect of specific training methods on selected Speed performance among Fast bowler in Cricket. For this purpose, forty five fast bowler cricket players selected from various colleges affiliated to Ch. Charan Singh University, Meerut during the academic year of 2016-2017 were selected as subjects. The age, were ranged between 18 to 21 years. Subjects were divided into three equal groups of fifteen namely Plyometric training group, Weight training group and Control group. Experimental group such as Plyometric training group, Weight training group underwent respective training for 12 weeks duration. The dependent variable selected for this study was Speed. Speed was assessed through 50 meters run test. All the subjects were tested prior to and immediately after the training period of twelve weeks for all the selected variables. The data collected data from the three groups prior to and immediately after the training programme on the selected criterion variables were statistically analyzed with Analysis of Covariance (ANCOVA). Whenever the „F ratio for adjusted post test means was found to be significant, Scheffe

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s post hoc test was followed to determine which of the paired mean differences was significant. In all the cases 0.05 level of confidence was fixed to test the hypotheses. Speed showed significant difference among the groups. Plyometric training group showed better performance than other selected groups.

Keywords: Speed, Plyometric Training, Weight Training.

Introduction

Sports and Games sports are accepted as a cultural phenomenon. There is a constant endeavour to achieve higher standard of performance. As a result, today's sports and games demand optimum fitness and highest degree of performance.

Fitness has become increasingly important part of cricket both physical and mental fitness are required in cricket. The physical fitness components such as 1) Endurance 2) Speed 3) Agility 4) Strength 5) Power 6) Flexibility 7) Muscular Strength etc. and the mental fitness components like concentration, mechanism, executing power skill are very essential for the medium fast bowlers. Bowlers required arm and shoulder strength to maintain the speed in bowling.

Training is good for the development of the cardiovascular system. "It enables athletes to recover from tough workouts and helps to develop the capacity to increase repetitions" (Singh, 1991). "Training improves the functioning of the circulatory, respiratory and the muscular systems, while practice is largely aimed at improving the control of muscular activity by the nervous systems" (Kenneth, 1976). Systematic nature of the training process is reflected adequately by various means and methods and dynamic training tasks etcetera are all planned in order to achieve short or long term goals, keeping in view the interrelations of various elements, cyclic nature of performance, developments of long term goals of sports training.

Cricket is one of the most popular and richest in history of all ball games. There is no record available which shows when and by whom cricket was started in England. It is essentially an English game. Old work shows that it is as old as 13th Century. The game eventually developed in the 17th century with underarm bowling, curved bat and a wicket of two feet wide and one foot high with a hole in the ground between the stumps. Cricket is a game of intricate movements combined with great speed and accuracy. Great teams are developed by the meshing of fundamentally sound players weaving clever patterns of attack and defense tactics. It must be remembered that surprise is a big element in bowling, and bowlers will often shun these common tactical approaches in the hope of simply confusing the batsman into

playing the wrong shot. For example, bowling Fast bowling, sometimes known as pace bowling, is one of the two approaches to bowling in the sport of cricket. The other is spin bowling. Practitioners are usually known as fast bowlers or pace bowlers although sometimes the label used refers to the specific fast bowling technique the bowler prefers, such as swing bowler or seam bowler.

Methodology

To purpose of this study was to effect of specific training methods on selected Speed performance among Fast bowler in Cricket. The study was conducted on forty five (N=45) fast bowler cricket players who were randomly selected from various colleges affiliated to Ch. Charan Singh University, Meerut. All the Subjects selected for this study had represented Inter-Collegiate men cricket tournaments academic year 2016-2017 whose ages ranged between 18 to 21. The selected players was assigned in to three groups of fifteen each (n=15), Group –I underwent Plyometric training, Group –II underwent Weight training and Group III acted as Control. Speed was selected as dependent variable and it was assessed by 50 meters run test. All the subjects were tested prior to and immediately after the training period of twelve weeks for the entire selected variable. The data collected data from the three groups prior to and immediately after the training programme on the selected criterion variable were statistically analyzed with Analysis of Covariance (ANCOVA). Whenever the „F’ ratio for adjusted post test means was found to be significant, Scheffe s post hoc test was followed to determine which of the paired mean differences was significant. In all the cases .05 level of confidence was fixed to test the hypotheses.

Results and Discussion

The Analysis of covariance (ANCOVA) on Speed of Plyometric training, Weight training and Control group have been analyzed and presented in Table-I.

Table I.: Analysis of Covariance on Speed of Plyometric Training, Weight Training and Control Group

Certain Variables	Adjusted Post test Means			Source of Variance	Sum of Squares	df	Mean Squares	'F' Ratio
	Plyometric Training Group-(I)	Weight Training Group-(II)	Control Group (III)					
Speed	5.64	6.12	6.51	Between With in	5.12 9.73	2 41	2.56 0.24	10.25 *

*Significant at 0 .05 level of confidence

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(The table value required for significance at .05 level with df 2 and 41 is 3.23)

Table I shows that the adjusted post test mean values of Speed for Plyometric training, Weight training and Control group are 5.64, 6.12 and 6.51 respectively. The obtained F-ratios was 10.25 is more than the table value 3.23 for df 2 and 41 required for significance at 0.05 level of confidence. The results of the study indicate that there is a significant difference exists among the adjusted post test means of experimental groups showing the decrease in Speed. To determine which of the paired means had significant differences, Scheffe s test was applied as Post hoc test and the results are presented in Table II.

Table II: The scheffe s test for the differences between the adjusted post tests paired means on speed

Certain Variables	Adjusted Post test Means			Mean Difference	Confidence Interval
	Plyometric Training Group-(I)	Weight Training Group-(II)	Control Group (III)		
Speed	5.64	6.12		0.48*	0.44
	5.64		6.51	0.87*	0.44
		6.12	6.51	0.39*	0.44

* Significant at.05 level of confidence

Table-II shows that the adjusted post test mean for differences on speed between Plyometric training group and Weight training group, Plyometric training group and Control group, Weight training group and Control group are 0.48, 0.87 and 0.39. The values are greater than the confidence interval 0.44, which shows significant differences at 0.05 level of confidence.

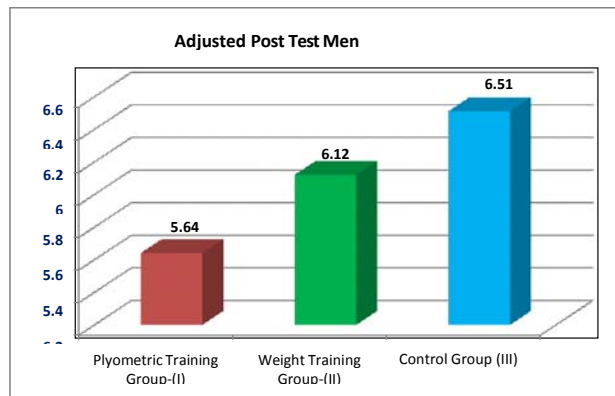


Figure I: The adjusted post test means values of Plyometric Training group, Weight training group and Control group on SpeedControl Group (III)

Conclusion

From the analysis of the data, the following conclusions were drawn.

1. The Experimental groups had registered significant improvement on the selected criterion variables namely Speed of fast bowler in Cricket
2. It may be concluded that the Plyometric training group is better than Weight training group and Control group in improving Speed of fast bowler in Cricket

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Assessment of Selected Psychological Ability of International and National Level Wushu Players of India

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Abstract

The subjects for this study were Fifty female Wushu players were randomly selected from different states and regions of India. The sample was collected from International level (n = 25), National level (n =25) female Wushu players. The ages of the players will be between 18 to 29. On the basis of review of related literature, expert's opinion in the field of wushu, sports psychology and scholar's own understanding, following variables were selected for the purpose of the study. Psychological Variables: Anxiety, Stress, and Self confidence. The particular design used would single group design national and international wushu players were compared on the basis of there psychological abilities required for the game of wushu. The data on psychological variables were collected by administering following standard tests: anxiety was measured by SCAT questionnaire, Stress was measured by Psychological Stress Scale Constructed developed questionnaire, Self Confidence was measured by self Confidence Inventory (ASCI),. To compare national and international wushu

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players and prepare the profiles on the psychological ability parameters Paired T- Test was used, mean and standard deviation were also calculated to find out the variability among the scores. The level of significance will be 0.05.

Key words: Wushu, Psychological Variables, Anxiety, Stress, and Self confidence.

Introduction

Physical education and sports have been part of human life almost since the time immemorial, it have been indispensable to mankind and become part of his culture, today physical education and sports have emerged as universal cultural phenomena. It is a comprehensive concept and not limited to all-round development of individuals, It has potentials not only to touch the lives of individuals but also to form an important and enduring part of the culture in which they live.

John T. Powell 1983 Physical education seems to have taken a new turn in the form of sport sciences. The sport sciences in turn have taken their substance and methodology from various basic sciences. For many years the research in sport was being undertaken within these basic sciences but with the advancement of knowledge the new specialization and micro-specialization have taken a respectable position. As a matter of fact that the research now-a-days embraces knowledge from various disciplines of human sciences. In India too in the recent years some research work had been going on in the basic discipline, pertaining to sport. Physical education has also experienced the impact of scientific advancements. Now the sportsman have been able to give outstanding performance because of involvement of new scientifically substantiated training methods and means of execution of sport exercises such as sports techniques as well as other components and conditions of the system of training.

Wushu is a game of intricate movements combined with great speed, power and accuracy. Great teams are developed by the meshing of fundamentally sound players weaving clever patterns of attack and defence tactics. The spectator realizes this subconsciously but in many cases cannot recognize. It makes little difference how well a team plays the game rather than winning or any other trophy but how does it performs the skills and plays the game it is a pleasure to admire and watch the skills alone.

Sports psychology as an applied psychology is considered as the greatest boon of the modern day sports. In a short time, sports

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psychology has completed long steps. The knowledge with we have in the all field of human hard working sector, especially of behavior has increase to such a level that we find ourselves helpless in order to discuss one character of behavior without giving the reference of others. Singer has rightly remarked, "Sports psychology explores one's behavior in athletics". At present, in the sports, the psychological aspects are getting more and more importance and getting the most important place in the study of psychological characteristics of time limit of performance of an individual in a high of competition.

We consider of psychological area in physical education and sports with motor performance, motor learning and motor acquisition. We have a clear large swing to toward a looser, more phenomenological approach to the psychology of physical activity and sport and it is shown by an increasing interest in the behavior of the participant in comparison of his performance. Therefore, if we make a behavioral analysis of the sports, we find in general terms that psychological, social and emotional aspect of an individual are in a context of physical activity and athletics.

This is psychology that provides to the teacher, coaches and sport psychologists the knowledge of the fact that individuals, through la like in many respects, are different from one another in personality make-up, capacities, and abilities, innate and acquired traits. They are response to stimuli and situations differently and in their own characteristics ways. We cannot drive them like animals with the same stick. The base of the athletic coaching is taken from the theory of individual differences. Each individual is a unique creation of nature and must be viewed as such. In physical education and sport, psychology is not merely an academic subject at the training colleges. Coaches and athletes practice it in the field setting Psychological interventions. Coping strategies metal skill like imagining, concentrating, focusing etc.

The objectives of the study will be as follows:

1. The objective of the study was to prepare profile of Psychological ability of International and National level female Wushu players of India.
2. To compare the Psychological ability of International and National level female Wushu players of India.
3. To establish the relationship between Psychological ability of International and National level female Wushu players at different levels of achievement.

On the basis of study reviewed and own understanding of the scholar about the problem, it is hypothesized that:

1. There will be no significant difference between International and National level Wushu players in relation to their selected Psychological variables.
2. There will be no significant relationship between International and National level Wushu players in relation to their selected Psychological variables.

Methodology

The subjects for this study were Fifty female Wushu players were randomly selected from different states and regions of India. The sample was collected from International level (n = 25), National level (n =25) female Wushu players. The ages of the players will be between 18 to 29. On the basis of review of related literature, expert's opinion in the field of wushu, sports psychology and scholar's own understanding, following variables were selected for the purpose of the study. Psychological Variables: 1) Anxiety will be measured by using Sports Competition Anxiety Questionnaire of Dr. Ravi Kant, MGKVP, Varanasi. 2) Stress will be measured by Psychological Stress Scale Constructed developed by Dr. A. K. Sirvastava and Dr. D. M. Pestonjee 3) Self Confidence will be measured by self Confidence Inventory (ASCI) questionnaire by Agnihotri's. The particular design used would single group design national and international wushu players were compared on the basis of there psychological abilities required for the game of wushu.

Analysis of Data and Results of the Study

The data of two groups namely was examined by applying mean, standard deviation and 'Paired T-Test' on the basis of there for comparison on Anxiety, Stress , Self Confidence Ability for 50 Girls of from International level (n = 25), National level (n =25) Wushu players selected by a simple random sampling.

The results pertaining to find the relationship and to find out the significant difference if any, between pre and post data for anxiety were found out with the help of 'T- Ratio. The analysis of data pertaining to National and international wushu player's data for anxiety is presented in Table 1.

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Table-1: Mean and Standard Deviation (National And International) of Anxiety of Female Wushu Players in Scat Questionarre

<i>Nature of Test</i>	<i>N</i>	<i>Mean</i>	<i>Standard Deviation</i>
National	25	256.78	35.68
International	25	278.89	36.89

The means and standard deviations for national and international wushu players data for anxiety it was found that the score of the subjects was normal as per the national standards in national players , difference is very significant as the score is in points and higher the score better the score, hence it could be said that the International Players can cope up with anxiety. The standard deviation in national and international wushu players was more or less same which suggests that the scores did not vitiate much among the subjects in national as well as international being from the same age group and sex.

To find out the significant difference if any, between national and international in test of anxiety of wushu players in SCAT Questionnaire were found out with the help of “Paired T-Test”. The analysis of data pertaining to is presented in Table 2.

TABLE-2: Paired T-test For National And International Wushu Players With Respect To Anxiety Of Female Subjects In Scat Questionarre

<i>Variable</i>	<i>Groups</i>	<i>df</i>	<i>T- Ratio</i>
Score in SCAT Questionnaire	2	24	2.58*

*Significant at .05 level of confidence.

$T_{.05}(2,24) = 0.867$

It is evident from Table - 2 that variability exists among the national and international wushu players of anxiety of national and international wushu players in SCAT Questionnaire. The difference is very significant as the score is in points and higher the timing betters the score, hence it could be said that the international players can cope up with anxiety better than the national players.

Difference between the means of anxiety of national and international wushu players in SCAT Questionnaire, is shown in Fig.- 1.

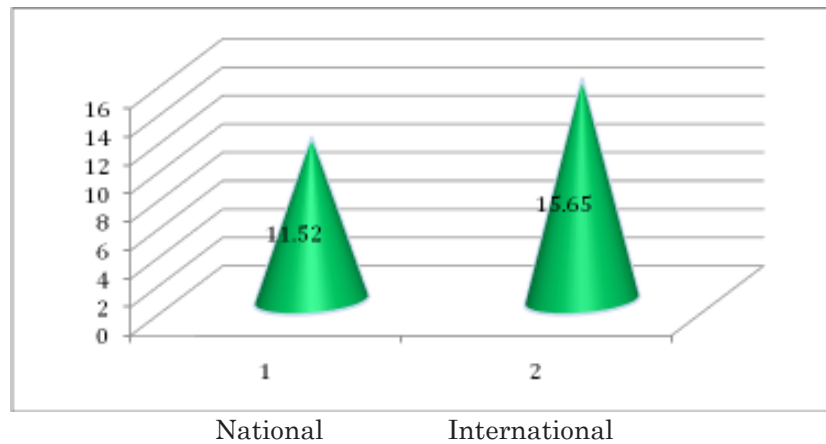


Fig.1: Bar Diagram Representing Means Of Anxiety Of National And International Wushu Players In Scat Questionarre

The analysis of data pertaining to National and international wushu player’s data for stress is presented in Table 3.

Table-3: Mean And Standard Deviation (National And International) Of Stress Of Female Wushu Players In Psychological Stress Scale Questionarre

<i>Nature of Test</i>	<i>N</i>	<i>Mean</i>	<i>Standard Deviation</i>
National	25	253.69	32.25
International	25	275.65	34.58

The means and standard deviations for national and international wushu players for stress it was found that the score of the subjects was normal as per the national standards in national players, difference is very significant as the score is in points and higher the score better the score, hence it could be said that the International Players can cope up with stress. The standard deviation in national and international wushu players was more or less same which suggests that the scores did not vitiate much among the subjects in national as well as international being from the same age group and sex.

To find out the significant difference if any, between national and international in test of stress of wushu players in psychological stress scale Questionnaire were found out with the help of “Paired T-Test”. The analysis of data pertaining to is presented in Table 4.

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Table-4: Paired T-test For National And International Wushu Players With Respect To Stress Of Female Subjects In Psychological Stress Scale Questionnarre

<i>Variable</i>	<i>Groups</i>	<i>df</i>	<i>T- Ratio</i>
Score in PSS Questionnaire	2	24	1.58*

*Significant at .05 level of confidence.

T.05 (2.24) = 0.867

It is evident from Table - 2 that variability exists among the national and international wushu players of anxiety of national and international wushu players in psychological stress scale Questionnaire. The difference is very significant as the score is in points and higher the timing better the score, hence it could be said that the international players can cope up with stress better than the national players.

Difference between the means of stress of national and international wushu players in psychological stress scale Questionnaire, is shown in Fig.- 2.

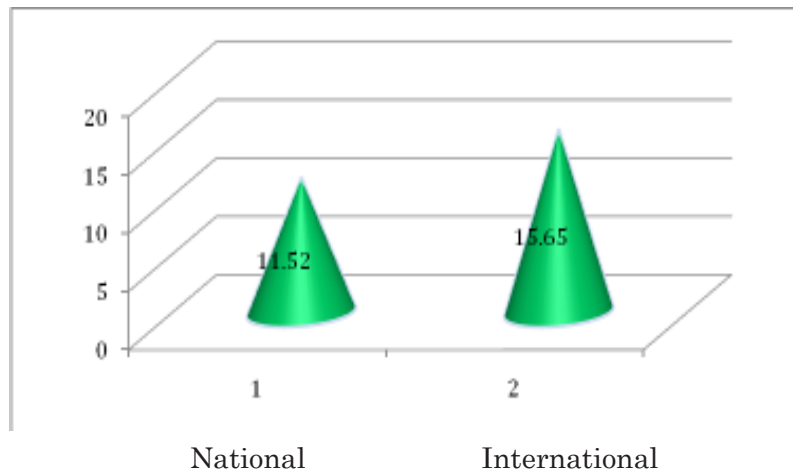


FIG.2: Bar Diagram Representing Means Of Stress Of National And International Wushu Players In Psychological Stress Scale Questionnarre

The analysis of data pertaining to National and international wushu player's data for self confidence is presented in Table 5.

Table-5: Mean And Standard Deviation (National And International) Of Stress Of Female Wushu Players In Agnihotri's Self Confidence Inventory (ASCI)

<i>Nature of Test</i>	<i>N</i>	<i>Mean</i>	<i>Standard Deviation</i>
National	25	245.68	35.25
International	25	285.65	28.58

The means and standard deviations for national and international wushu players for self confidence it was found that the score of the subjects was normal as per the national standards in national players, difference is very significant as the score is in points and higher the score better the score, hence it could be said that the International Players have higher self confidence. The standard deviation in national and international wushu players was more or less same which suggests that the scores did not vitiate much among the subjects in national as well as international being from the same age group and sex.

To find out the significant difference if any, between national and international in test of self confidence of wushu players in Agnihotri's Self Confidence Inventory (ASCI) were found out with the help of "Paired T-Test". The analysis of data pertaining to is presented in Table 6.

TABLE-6: Paired T-test For National And International Wushu Players With Respect To Self Confidence Of Female Subjects In Agnihotri's Self Confidence Inventory (ASCI)

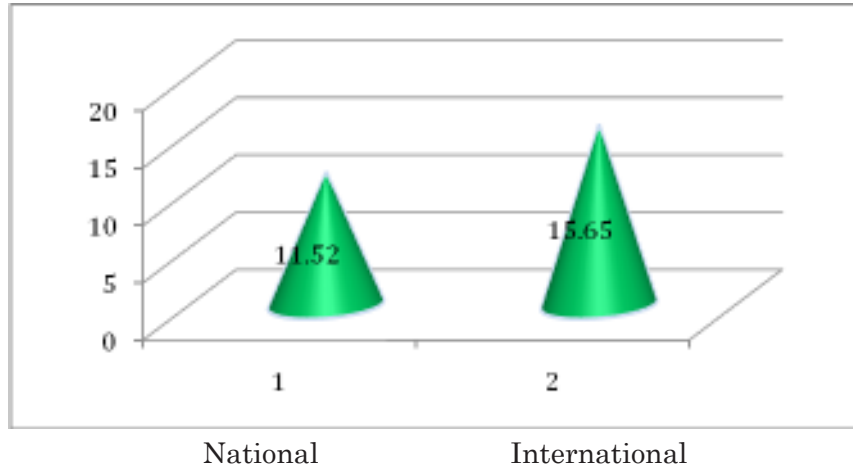
<i>Variable</i>	<i>Groups</i>	<i>df</i>	<i>T- Ratio</i>
Score in ASCI	2	24	1.45*

*Significant at .05 level of confidence.

T.05 (2.24) = 0.867

It is evident from Table - 2 that variability exists among the national and international wushu players of self confidence of national and international wushu players in Agnihotri's self Confidence Inventory (ASCI). The difference is very significant as the score is in points and higher the timing better the score, hence it could be said that the international players have higher self confidence, better than the national players. Difference between the means of self confidence of national and international wushu players in Agnihotri's self Confidence Inventory (ASCI), is shown in Fig.- 3.

FIG.3: Bar Diagram Representing Means Of Self Confidence Of National And International Wushu Players In Agnihotri's Self Confidence Inventory (ASCI)



Discussion of Findings

1. Paired T-Test was applied for testing the difference between the national and international wushu players in terms of anxiety of female subjects in SCAT Questionnaire of Dr. Ravi Kant, MGKVP, Varanasi. The groups showed significant difference as lower the timing better the performance. This depicts that international wushu players can control anxiety better than the national players, might be the cause they are at a higher level.
2. Paired T-Test was applied for testing the difference between the national and international wushu players in terms of stress of female subjects in Psychological Stress Scale Constructed developed questionnaire developed by Dr. A. K. Srivastava and Dr. D. M. Pestonjee. The groups showed significant difference as lower the timing better the performance. This depicts that international wushu players can control stress better than the national players, might be the cause they are at a higher level.
3. Paired T-Test was applied for testing the difference between the national and international wushu players in terms of self confidence of female subjects in Self Confidence was measured by self Confidence Inventory (ASCI) questionnaire by Agnihotri's. The groups showed significant difference as lower the timing better the performance. This depicts that

international wushu players have higher self confidence better than the national players, might be the cause they are at a higher level.

Conclusions

1. Paired T-Test was applied for testing the difference between the national and international wushu players in terms of anxiety of female subjects in SCAT Questionnaire of Dr. Ravi Kant, MGKVP, Varanasi. The groups showed significant difference as lower the timing better the performance. This depicts that international wushu players can control anxiety better than the national players, might be the cause they are at a higher level.
2. Paired T-Test was applied for testing the difference between the national and international wushu players in terms of stress of female subjects in Psychological Stress Scale Constructed developed questionnaire developed by Dr. A. K. Srivastava and Dr. D. M. Pestonjee. The groups showed significant difference as lower the timing better the performance. This depicts that international wushu players can control stress better than the national players, might be the cause they are at a higher level.
3. Paired T-Test was applied for testing the difference between the national and international wushu players in terms of self confidence of female subjects in Self Confidence was measured by self Confidence Inventory (ASCI) questionnaire by Agnihotri's. The groups showed significant difference as lower the timing better the performance. This depicts that international wushu players have higher self confidence better than the national players, might be the cause they are at a higher level.

Discussion of Hypothesis

1. It was hypothesized that there will not be any significant difference between national and international wushu players in terms of selected psychological variables in relation to female national and international wushu players may be rejected.
2. It was hypothesized that there will not be any significant relationship between national and international wushu players in terms of selected coordinative abilities in relation to female national and international wushu players may be rejected.

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A Study of Personality Profile of Identified Child Labour and Student Receiving General Education with Reference to their Family Environment at Firozabad District, UP

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Abstract

The Firozabad district of Uttar Pradesh is a home to the glass and bangle making industry of India. Unfortunately, it is also home to a large incidence of child labor. About 50,000 children are reported to be involved in this work. Further, the situation is complicated and tricky because it is mostly parents, who send children in bangle making units. The nature of bangle making work requires no advanced skills or expertise. Which means it's easy to train even very young children.

Families prefer the trade despite its low returns, because it still generates more and regular cash income than marginal farming or agricultural wages. The economic compulsions and perhaps relative lack of sensitivity has turned parents into exploiters of their own children. They willingly or unwillingly, wake up their children at 3a.m. to begin work. Bangle making is done in small, crowded, dark rooms with no ventilation and air circulation (it is important that there is no air to keep the flame from flickering). This creates various health hazards for children and adults.

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More than fifty thousand children are involved in the hazardous glass-bangle industry in Firozabad. The area is poor, and many of the people living there are deprived of their fundamental right to food, a stable livelihood and education. This makes children easy victims of exploitative labour situations that only reinforce the human rights violations that have driven them into work in the first place.

Keywords: Child labour, Education, family, environment, Firozabad District

Introduction

Located within the western interiors of the state of province, there's a quaint little town called Firozabad, which also goes by the name of 'Suhag Nagri'. Faithful this sobriquet which is emblematic of the rich colours related to marriage, Firozabad could be a hub of the bangle making industry. Clinking bangles of red-green-yellow-blue could be a common sight in Sardar Bazaar of Firozabad. However, look closer and you'd be petrified by the visible horror, and deafened by the hushed crying of the many dwellers of this place. Sardar Bazaar isn't just known for the gorgeous glass bangles it puts up available everyday-it is additionally infamously referred to as a market place where slave traffic still exists, now within the variety of child labourers.



Figure: Piles of Glass Bangles

Take the case of 18-year-old Vipun. A young, energetic boy, he dreamt of being a doctor and somehow salvaging himself and his family from this hellish existence. Extreme poverty and lack of support, emotional and financial, forced Vipun to take a seat near the stove in sweltering heat, making bangles out of delicate glass. He was then

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taken as a 'sponsored child' by Child Fund, which helped in improving his situation greatly. Vipun, however, is one in a very million. Child labour could be a reality which sort of a cancerous disease is spreading its tentacles across the town of Firozabad, and also the country at large. Consistent with Child's Rights and You (CRY), "Children constitute over one-third of India's population of 1.21 billion people, which implies India is home to 400 million children."

There are primarily two types of child labourers during this town. The first-where the youngsters work part time, like Vipun, and attend school. In another, more horrifying picture, children who are sometimes as young as 5-years-old, work full time for this industry. Meagre pay and atrocious, unhygienic work conditions have relegated their lives to a condition of maximum trauma. Several investigations, case studies and reports are disbursed to place a halt to the present. although the country has several laws and acts associated with the problem of kid labour just like the Factories Act of 1948, The Mines Act of 1952, the kid Labour (Prohibition and Regulation) Act of 1986, The Juvenile Justice (Care and Protection) of youngsters Act of 2000, they need completely didn't gain effect. As per reports, Ministry of Labour and Employment, which is officially responsible to implement the National Child Labour Project Scheme, has opened some schools. However, the everyday battle these innocent ones are thrust into, leave little space in their lives to review or maybe dream of studying.

When a baby is born during this world, as per a United Nations Convention on Child Rights, he/she is entitled to the elemental rights of survival, development, protection and participation. Interact with a toddler from Firozabad and ten minutes into the conversation, you'd be convinced that these 'rights' are reduced to a farce. Their development, physical and mental, has been deterred by abject poverty. Their participation in daily affairs has boiled all the way down to monotonously engaging in hours of wretched work. Surviving the storm is that the only thing they know but it's aloof from being a 'fundamental right'; it's rather the sole alternative they need to die.

There are five states which are India's biggest child labour employers – Bihar, Uttar Pradesh, Rajasthan, Madhya Pradesh and Maharashtra. Over 1/2 India's total child labour population works here. India's biggest hub of kid labour is state and it accounts for nearly 20% of India's child labourers. Consistent with a Campaign Against Child Labour (CAC) study, India has 1,26,66,377 child labourers of which UP has 19,27,997 child labourers.

Reduction in Child Labour over the Course of Your Time

India has seen a dramatic fall in child labour within the last two decades:

2004-2005 to 2009-10

For example, there was a marked 45% reduction in child labour between 2004-05 and 2009-10, because of schemes like Right to Education, MNREGA, Mid-Day Meal, which gave children an incentive to check. The role of NGOs was also important in bringing about this fall in child labour. As an example, Save the youngsters, which is widely hailed because the best NGO for charity has been working within the cotton farms of Maharashtra to mainstream the kid labourers into schools.

The Numbers from 2014

In 2014, there were even more optimistic signs – the number of child labourers decreased by 65% – from 1.26 crore to 82.2 lakh between Census 2001 to and Census 2011. This was part of an answer to a Rajya Sabha question about child labour, which also revealed that India's capital had seen over 1500 child labour rescues between 2013 and 2014.

Fighting Hazardous Occupation – A Critical Short Term Measure

While successive governments have fought to end child labour, a short-term initiative worthy of mention here is the efforts undertaken to eliminate child labour in hazardous occupations and processes. The 2014 National Child Labour Project (NCLP) scheme, enforced in 1988 in areas of high concentration of child labour sees children (9-14 years) rescued from hazardous occupations and given enrolment in NCLP training centres. These centres offer bridge education, vocational training, mid-day meal, stipend, healthcare services – all as a precursor to mainstream formal education. The scheme was rolled out in 24 districts in Odisha.

Pan-India Child Labour: Important Findings

Child labour is prominent in rural India – 80% of working children live in India's villages, where most of them work in agriculture. Some of them also work in household industries and are employed in home-based businesses. Children between 14-17 years engaged in hazardous

work account for 62.8% of the India's child labour workforce, 10% of whom are hired in family enterprises. Over half of working adolescents do not study. This number is higher for adolescents doing dangerous work. It is not surprising that more boys than girls (38.7 million vs. 8.8 million) are forced into doing hazardous work (according to International Labour Organization's World Report on Child Labour 2015).

Save the Children – Ending Child Labour in India

According to Census data, there are over 82 lakh child labourers (aged between 5 – 14 years) in India. Save the Children aims to make child labour not only redundant by a variety of schemes to empower children, but also to make it “socially and culturally unacceptable”. In the fight against a hidden and pervasive form of child labour, Save the Children has successfully withdrawn 50,000 child domestic workers from domestic help. Just last year, the NGO rescued 9337 children from the clutches of child labour. Today, the NGO has operations across 2000 villages and 9 Indian states dedicated to free children from exploitative working conditions, give them rehabilitation for the physical and psychological trauma of brutal working conditions. For all this it relies on donations. Going beyond a donation rebate in income tax, it is the desire to help every Indian child be the best they can be that should compel you to be a part of this change.

Child-Friendly Spaces during Calamities and Disasters

One of cruellest hubs of child labour is the site of any calamity or emergency. While children are vulnerable in such situations, there is the constant eye of child traffickers who seek to swoop in and steal them from refugee camps. Save the Children, via its Child Protection Programmes, protects such children, as well as others from different kinds of harms – abuse, neglect, exploitation, physical danger and violence. Child-Friendly Spaces are created for children to give them a safe environment to overcome the trauma. In 2014, Save the Children kept 1.65 lakh children away from harm.

Child Protection through Children's Groups

'Save the Children' works with the disadvantaged local communities, providing them information and awareness regarding children's rights and the importance of education for them. Children Groups formed by the NGO are taught to find useful solutions that help other children,

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fighting issues like child marriage, child trafficking, child abuse and the need to save child labour afflicted children. Similarly, preparedness programmes for disasters are designed to be child-centric.

Rescuing at-risk Children

At-risk children, including those who are out-of-school, surviving on the streets, and already engaged in child labour are led to schools via enrolment drives. For older children (above 14), 'Save the Children' initiates skill-based vocational training to find them meaningful employment.

Creating Opinion and Changing Policy

Policy and law changes can only be brought about by changes in perspective, via providing child labour information. As the aforementioned numbers show, child labour is no small problem in India. This has enabled the NGO to demand policy and legislative action to abolish child labour.

Every child deserves to be in school and not work in fields and factories. There can be no rhyme or reason to child labour. Support Save the Children's initiatives to pull children out of child labour and send them to school.

Conclusion

Glass and bangle industry of Firozabad provides employment to more than 500,000 men, women and children. A large number of children are engaged in bangle, glass (and carpet industry and agriculture sector) in Firozabad (and Agra) districts of Uttar Pradesh. They face multiple ranges of vulnerability and exploitation.

Secondary information reveals that 16 out of every 100 children worldwide are engaged in exploitative child labour – in violation of convention on the rights of the child and international labour standards. Almost three-fourth of them works in hazardous environments, such as mines or factories, or with dangerous substances, such as chemicals.

In this context child labour remains a serious problem both in Firozabad and Agra districts even though the government has established several legal instruments to address the problem of child labour. Children are working in highly polluted, dangerous, and unhealthy working environment, which in many instances is the primary source of a variety of serious health problems.

The child labourers face a number of problems which compel them to be in the same situation and they never come out of their situations.

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Constitutional Powers relating to Judicial Activism in India and in the State of Rajasthan

Neel Kamal

Abstract

The impact of judicial activism is enormous. It's utilized to assess the issue and enforce what's best for the community as a whole. The name "Justice" has no bounds, implying that it extends to everyone, regardless of their riches or physical might. The purpose of this research is to see how increased judicial activism may enhance Indian democracy. The Indian judiciary's efforts to enhance people lives have stretched throughout the nation. When it comes to protecting their constitutional rights, people from marginalized groups frequently discover that exercising their right to legal review and participating in pro-public interest litigation is a lifeline. In many cases, judicial activity in the executive and legislative branches of government offers society an advantage in securing justice. The legal system exists to ensure that everyone has access to 'Justice,' and to do all possible to protect that right. For judicial activism, essential rights should be included within the Indian constitution's legal structure.

Keywords: *Judicial activism too acts upon the basis of Constitutional provisions.*

Introduction:

For exercising any power by any authority, the essential requirement is it's basis, through which it exercises it's powers. Hence, even for exercising judicial powers in the form of Judicial Activism,

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Constitutional provisions are required. These become more important in a democratic society because a democratic government is made up of three branches: legislative, executive, and judiciary. The three pillars of governance make up the government's organs. Those powers and responsibilities are enshrined in India's constitution, which acts as or forms the country's supreme legislation. The legislative and executive branches are responsible for enacting and executing laws, while the judiciary is responsible for upholding the rule of law. The basic purpose of the state in India, according to the Constitution, is to ensure justice, liberty, equality, and fraternity to all people.¹ The fundamental rights and directive principles must put to protect people's of state policy into practice. The Indian Constitution grants the courts the power to investigate governmental activities as a safeguard against the government abdicating its responsibilities. As a consequence, India's judiciary has traditionally been regarded as the Constitution's staunchest guardian. Wherever required, the Indian judiciary has taken the lead in defending people's fundamental rights against the State's arbitrary, unreasonable, and unjust actions/inactions.

Legal activism is described by **Black's Law Dictionary** as the practice of judges deciding judgements based on their own opinions on public policy. This practice means that judges who adhere to this attitude are more likely than judges who do not discover constitutional problems and reject earlier rulings.

Constitutional Powers:

When state legislators empower courts to investigate their acts, this is known as judicial activism. When read with Article 32 and 226 of the Constitution, any legislative, executive, or administrative action that breaches the Indian Constitution may be ruled null and void. In Indian law, constitutional provisions such as the right to judicial review are embedded.²

The First Amendment of India was challenged on the basis that it violated fundamental rights. In **Shankari Prasad v. Union of India**³, in this case, Article 13(3) of the Constitution requires that the constitutional amendment law be included in this legislation, according to the argument. Since, the Supreme Court held that "law" in Article 13 refers to rules or regulations established in the exercise of constitutional power, Article 13(3) does not apply to Article 13(3) amendments.

Every Indian citizen has the right under Article 32 of the Indian Constitution to file a petition with the Supreme Court to guarantee

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that their fundamental rights are protected. Under Article 32 of the Constitution, the Supreme Court has the authority to issue any order to enforce a fundamental right. In *Fertilizer Corporation Kamgar Union v. Union of India*⁴, the Supreme Court concluded that Article 32 of the Indian Constitution is an integral part of the constitution's architecture because guaranteeing basic rights without a method to enforce them when they are violated is worthless. It will not be disrupted even in the case of an emergency. The Article 32 allows a private person to be served with an appropriate writ/order for the execution of Articles 17, 23, and 24.⁵

The Supreme Court was requested in the *Keshvananda Baharti's* case⁶, to rule on the validity of the 24th, 25th, and 29th Amendments in 1972. By creating the Basic Feature Doctrine and upholding its institutional role in constitutional powers vis-à-vis parliament, the Supreme Court won the case. The idea of the fundamental characteristic has since become the cornerstone of Indian constitutional interpretation.

In a rising number of cases, the Supreme Court has generously interpreted Article 32 to protect fundamental rights even when private firms are performing governmental functions.

Under Article 226 of the Indian Constitution, writs and orders issued by the High Courts of India may be used to enforce fundamental rights and other legal rights. The High Court is given greater power by Article 226 of the Constitution than the Supreme Court is given by Article 32 of the Constitution. Articles 32 and 226 of India's constitution provide the groundwork for the country's government. Furthermore, Article 227 empowers the High Court to oversee all inferior courts, special courts, and tribunals.

Under Article 136 of the Indian Constitution, any court or tribunal may appeal any judgement, decree, resolution, sentence, or order made by the Supreme Court.⁷ It is, the Supreme Court's responsibility to hear and consider cases involving grave injustice or a complex legal problem.

The discretionary authority granted by Article 136 may be utilised to make a judgement that is based on justice, equality, and good conscience. It must, however, be treated with caution and prudence. The Supreme Court ruled in *Pritam Singh v. The State*⁸, that Article 136 extensive discretionary jurisdiction should be applied sparingly and only in exceptional circumstances. According to the Supreme Court in *Tirupati Balaji Developers Pvt. Ltd. v. State of Bihar*⁹, there is no

right of appeal under Article 136, but the Supreme Court does have a lot of discretion to act based on fairness, duty, and preventing injustice.

While describing the powers bestowed under Article 142, the Court said in *Kalyan Chandra Sarkar v. Rajesh Ranjan*¹⁰, that it is an important constitutional authority entrusted to this court to protect citizens. In circumstances when the law is inadequate, the court can give remedies under Article 142 of the Constitution. The Supreme Court maintained that until substantive legislation is passed by the government, the court's Article 142 orders must "fill the vacuum". In a variety of situations, it has issued recommendations and instructions for the preservation, execution, and promotion of essential rights without the enactment of legislation.

The Court's power to give "complete justice" was characterised by the Court as a "corrective authority" that prioritises equity above law. According to the Supreme Court, Article 142 of the Constitution's inherent authority said that the Court could not overlook any substantive legislative provisions dealing with the matter while executing its plenary powers. The Supreme Court may also exercise its residuary jurisdiction, which is independent and different from the specific powers entrusted to it by statute, to guarantee that justice is served between the parties in all instances if required.

Thus, under Article 142 of the Constitution, the Supreme Court was granted the power to eliminate any stumbling blocks in the flow of justice, which might be seen as a tool for providing individualised justice. According to a recent judgement, the Court's competence to "do perfect justice" under Article 142(1) is on a different level and of a different sort. The Court would use its judgement in each case to evaluate whether complete justice is necessary, while also taking into consideration the express requirements of substantive law. The Court's constitutional jurisdiction cannot be limited by ordinary legislation. Once this Court has taken possession of the matter or topic at hand, it can issue any order or direction required to carry out "complete justice".

Until a law is passed, the Supreme Court¹¹ has established principles and standards that must be followed by all workplaces and other organizations. Using the power conferred by Article 32 of the Constitution, this Court proclaims that it will be treated as a law under Article 141 of the Constitution, guaranteeing the protection of fundamental rights.

Given the importance of Article 32 when read in combination with Article 142, the court must uphold its constitutional obligation to

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implement the rule of law in areas where there is no legislation.¹² In *Kalyan Chandra case (supra)*, the Supreme Court said that in the absence of any legislation, it has the authority to provide instructions and recommendations for the execution and preservation of essential rights under Article 142 of the Indian Constitution. The court reiterated that any order made to address a gap in the law is legal. Even though, the Supreme Court of India issued the Vishakha Guidelines for the Prevention of Sexual Harassment of Women in 1997, the Parliament retains the authority to amend such directives, such as the POSH Act, 2013.¹³

The Public Interest Litigation and Judicial Activism:

The relevance of today's public-interest or social-interest cases is well recognised. The traditional "Locus Standi" rule, which states that only the person whose rights have been infringed may file a petition, has lately been modified by the Supreme Court. Citizens holding the label "*Public-Spirited Citizens* may now file a lawsuit to have their constitutional and legal rights enforced.

Equal access to justice is a requirement of the rule of law, if justice is not accessible to everybody, cannot be created. People are unable to access the legal system for a variety of reasons, including a lack of fundamental prerequisites, illiteracy, poverty, racism, and other types of discrimination, as well as the insufficiency of the court system's infrastructure.

In many major cases, India's Supreme Court has recognised access to justice as a core human right.¹⁴ The Indian court has played a significant role in ensuring that the poor, members of the socially and educationally disadvantaged groups, victims of human trafficking, and transgender individuals have access to justice. Since independence, Indian courts have used novel techniques to remedy the rights of the downtrodden.¹⁵ The Supreme Court has acted purely on the basis of postal letters that showed violations of social human rights in a number of cases. Media reports of human rights violations have been taken into consideration by courts. The court will take into account what a petitioner is doing for the public good. After Indian courts overruled locus standi, litigation in the name of "public interest" developed.

A letter was written to the Supreme Court in the matter of Sheela Barse v. State of Maharashtra¹⁶, alleging that women prisoners in jail were subjected to custodial violence. For the piece, female detainees were questioned. The Supreme Court intervened by issuing an order to the appropriate authorities. Sunil Batra v. Delhi Administration¹⁷,

the Supreme Court invoked its epistolary authority to accept an inmate's letter as an appeal. According to the inmate's letter, the facility's Head Warden had brutally battered another detainee. The Supreme Court determined that technicalities cannot prevent the court from protecting people's civil liberties.

In *S.P. Gupta v. Union of India*¹⁸ is an example of a case affecting the public interest. In this decision, bar organisations were authorised to file writs of habeas corpus via PIL. It was argued that the High Court judges at random was in the public's interest in that questioning the executive's method of appointing. It is now well-established law that if someone has been victimised by a legal wrong or injury and their legal right or protected interest has been violated, but they are unable to approach the court due to a disability or for other good reasons, such as their socially or economically disadvantaged position, another party may seek assistance from the court to bring a lawsuit.

Aside from that, anybody who takes advantage of the public interest litigation should face consequences. It is not permissible to use this gadget to cause a disturbance or to obstruct the administration of justice.

Fundamental Rights Jurisprudence: Judicial Activism

Basic rights such as "the right to life and personal liberty" have gained traction in India as a result of judicial liberalisation. Inmates have access to courts and legal institutions¹⁹, as well as the right to visitation with family and friends²⁰, freedom of speech²¹, compensation²², mental privacy²³, and other basic rights, according to Supreme Court judgments.

The Precautionary and Polluter Principles, the principle of public trust²⁴, and other concepts of sustainable development²⁵ are among the basic rights to a healthy environment²⁶ that India's judiciary is entrusted with safeguarding.

The Supreme Court in *J.P. Unnikrishnan v. State of A.P.*²⁷ examined the constitutional validity of the right to education once again, Article 21 of the Indian Constitution, according to the Supreme Court of India, must be read in light of the guiding principles provided in Part IV. "His right to education is limited by the State's economic capabilities and advances" when a child/citizen reaches the age of 14.

The Supreme Court declared in *Mohini Jain v. State of Karnataka*²⁸, that the state to provide education to all of its citizens obligate under

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Articles 21, 38, 39(a) and 39(b), 41, and 45. The right to an education is intrinsically related to one's right to survive, according to the Supreme Court. Without the right to education, it is impossible to protect Article 21's right to life and a person's dignity. Finally, the state government must make every effort to guarantee that its inhabitants have access to educational opportunities at all levels, according to the Supreme Court.

The Supreme Court ordered the government to prohibit minors from working in circuses to guarantee that all youngsters have access to education. The authorities were ordered to perform raids to free youngsters from these circuses. The government was obliged by the court to give all rescued children shelter and rehabilitation in care and protection homes until they reached the age of 18.²⁹

Judicial Intervention or Judicial Activism:

The court has been accused of interfering in Parliamentary procedures on several occasions. The court has gone beyond its constitutional jurisdiction, according to Parliament.

According to the petitioners, in the case of *Prakash Singh v. Union of India*³⁰, the Indian Union and State Governments were urged to develop laws to guarantee that police officers are free to carry out their jobs without being coerced, as well as the separation of investigation and law enforcement activities.

In *Swaraj Abhiyan-(I) v. Union of India & Ors.*³¹, the Supreme Court, despite the passage of the Appropriation Bill, Finance Minister, Arun Jaitley expressed worry over the creation of a third fund in addition to the "*National and State Disaster Response Fund*".³² He highlighted his concern over India's budgeting practices.

The NJAC Act and Constitutional Amendment were declared unlawful by India's Supreme Court Constitution Bench on October 16, 2015, because they undermined judges' judicial independence. The judges declared that under the Court's existing system, collegium appointments and transfers would once again be "functioning". According to Justice Khehar, the judiciary's total independence from the other arms of government protects people's rights.³³

The court should also self-regulate. It should also, if necessary, set certain boundaries on its jurisdiction. Judges must recognise their bounds and not seek to dominate the government, according to *Divisional Manager, Aravali Golf Course v. Chander Haas*³⁴. They must keep a humble demeanour and refrain from behaving like emperors.

The legislative, executive and judicial branches of government all have separate functions and responsibilities under the Constitution, and each must treat the others with respect and refrain from interfering with the authority of the other.

One may argue that the NJAC's decision is not symptomatic of judicial overreach. It's encouraging that the Supreme Court wants to modernise the present collegiums framework and promotes a complete debate on the subject. Under the Indian Constitution, the Supreme Court and the High Courts of India enjoy special status. Any decision made by the Indian government at the legislative, executive, or administrative levels is subject to review by the Indian Supreme Court. Petitioners may file petitions on behalf of the general public in India's High Courts. Again, it's important to recall that the poor, members of socially and educationally marginalized groups, victims of human trafficking or begging, transsexuals, and others have only been able to get legal assistance in the defense of their fundamental rights due to judicial action. In addition, the Supreme Court has the jurisdiction, under Article 142 of the Indian Constitution, to adopt necessary decrees or orders to guarantee that any remaining matter is handled entirely.

Impact of Judicial Activism:

Judicial activism has had a profound influence on the relationship between the executive branch and the judiciary.

- a. When the administration fails to perform its commitments, enforcing constitutional constraints on executive authority.
- b. Compassionate reasoning is effective in alleviating people's concerns, but it does so at the price of existing norms and creates more legal ambiguity than is necessary.
- c. Judges make judgments based on their prejudices or those of their political masters, resulting in judicial tyranny.
- d. The outcome is a diversion of institutional resources to non-constitutionally authorised goals.
- e. It would benefit the interests of individuals from all walks of life if the government's obligations to the common people were expanded.

In other words, judicial activism is the notion that courts should intervene in social, economic, and political matters. The court has a responsibility to uphold the "guardian ethic" as a protector of the people. The power of judicial review, which has been transformed into "judicial activism", must be used judiciously and sparingly, only when necessary, and only to correct an error or omission and prevent a failure of justice;

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it should not be used as a weapon of power or prestige, to teach lessons or gain power, so that the masses do not perceive it as “judicial Terrorism”, as some thinkers have begun to point out in today’s society. The preamble’s ambitions can only be realised if these qualities are combined with a feeling of responsibility.

Conclusion:

Thus, judicial activism is influenced by constitutional interpretation, legislative construction, and the separation of powers. The distinction between advocacy and excess is razor-thin. Even when judicial activism is seen as useful to supplement the executive’s inadequacies, overreaching into the executive’s area is considered as an intrusion into the regular functioning of democracy.

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Role of Women Leader in Managing the Growth of Enterprises During Covid-19 Situation

Dr. Shobha Dedhia

Abstract

Purpose: The purpose of the study is to understand the role of women leaders in managing the firm with actions that can reduce the impact of the COVID-19 pandemic in a more sustainable way.

Design/Methodology/Approach: For the purpose of the study, a total of 30 women leaders (from different formal setups and enterprises) are interviewed with the help of a structured questionnaire. The data was collected from the professionals from Mumbai suburb and city in September 2021. Both open and close-ended questions were asked to fulfill the objectives of the study.

Research implications: COVID-19 has stumbled the world economy in a more disastrous manner. The leaders from different segments are trying to hold back their organizations on the severe effect felt by the pandemic situation. Women in the forefront are leading major institutions and play a significant role in managing the crisis in terms of both financial and personal. They are trying to support their ventures, giving due consideration to the growth, particularly in the pandemic situation. To some extent, they have tried to escape the grope of the pandemic and managed to mitigate the vibrant effect of the pandemic on their organizations and firms. Overall their leadership goals and patterns can be studied through the present research.

Findings: From the study, it is seen that the women entrepreneurs have led the group in a quite positive manner to combat the situation of financial pressure as well as sustain the competition during the pandemic period. They have adopted policies and changed the work

pattern to adjust with the societal norms and manage their firms together.

Limitations of the Study: As during the COVID-19 pandemic phase, it was difficult to meet the respondents personally and collect the data, the data could be only collected through telephonic interview and Google form links. This may reduce the validity of the data to some extent.

Keywords: Women managers, COVID-19 pandemic, financial crisis, leadership goals, structural policies

1. Introduction

The number of COVID-19 cases was rising day by day since January 2020. The health care systems of almost all the countries are affected. The distribution of health care services is not equitable. Women and girls are disproportionately affected, mainly women of low income groups, disability, women with poor health status. Caste and race is also another factor for the discrimination.

The economy of various countries has been affected badly. Various business organizations have been closed down due to the imposition of lockdown in many countries. This has brought huge unemployment in various countries. Every coin has two sides, similarly this pandemic has also given the other side for establishing new enterprises and businesses with new ideas. Women leaders are coming up with great courage showing equal worth in the present economic difficulties.

Women leaders are meeting this moment and taking on the work that comes with it. They are doing more than men in similar positions in supporting the people on their teams—for example, by helping team members navigate work–life challenges, ensuring that their workloads are manageable, and checking in on their overall well-being. Women leaders also spend more time than men on work that falls outside their formal job responsibilities, such as supporting employee resource groups and recruiting employees from underrepresented groups. Senior-level women are twice as likely as senior-level men to dedicate time to these tasks at least weekly. And finally, women leaders are showing up as more active allies to women of color. Compared with men in similar positions, women managers are taking more consistent action to promote employee well-being—including checking in on their team members, helping them manage their workloads, and providing support for team members who are dealing with burnout or navigating work–life challenges.

2. Objectives of the Study

- With the aim of studying the role of women leaders in managing the firm successfully, it is necessary to identify various problems faced by women to achieve the goals, to evaluate the skills required by the women entrepreneurs in managing their responsibilities at workplace and to showcase the pathways to overcome barriers and fight during the pandemic situation.
- The objective of the study is to understand the role of women leaders in handling the employees, clients/customers and all stakeholders with actions (traits) that can reduce the impact of the COVID-19 pandemic in a more sustainable way.

3. Research Methodology

- For the purpose of the study, 30 women leaders are interviewed with the help of a structured questionnaire.
- The data was collected from the owners of business and professionals from Mumbai in September 2021.
- Both open and close-ended questions were asked to fulfil the objectives of the study.
- The pilot study was conducted to denote the important skills essential by the women leaders/ entrepreneurs to manage their business, particularly during the pandemic period. Out of which the most chosen skills were identified and a survey was done on the relevance of these skills in managing the enterprises.

4. Various Problems Faced by the Women While Conducting Business Activities

4.1 Gender Discrimination - Generally while conducting the business activities the most important challenges that women face are the gender discrimination. Starting from the family, many times females don't get support from the family members to start the business. If any women are trying to conduct a business activity their family member by some or other way tries to stop them. Many times husbands feel insecure about the earnings of women. Along with family society also creates the gender discrimination.

4.2 Literacy- The overall literacy rate of India as of 2011 was 74.04%, office for female it was 65.46% and Male 82.46%. So there is a huge gap between both gender literacy rates. Many times families don't allow the girls to go to school. Also the rate of higher education for females is too low. Many females in India are allowed to study till

primary education i.e. school level only. This gives a little scope for the women to develop themselves. But the good point is that year by year the rate of literacy is rising.

4.3 Problem of capital - The most important thing while conducting the business is the capital. The amount of capital women have in India is low as compared to male. Male get support from the family in order to generate the capital, but generally female families are not willing to give their capital to start up the business. Various institutions also don't show their favor to give a loan for the females.

4.4 Balancing Responsibilities - Women's first responsibility is considered as towards their home. Various women are not just entrepreneurs, they have responsibilities towards spouses, families like cooking food, housework, and taking care of children. So women face the problem of balancing their work life.

4.5 Unfavorable Business Environment - From the various challenges that women experience are less-established business networks, and social and traditional constraints, which restrict the participation of women in the business activities. Religion and caste system in India hinders women from owning businesses. Many times females might need a male partner while dealings, negotiating, and being the face of the business. Regardless of these challenges, the business world is gradually accepting women's abilities and contributions.

5. Reaction of Women During Covid-19 Pandemic Towards Different Business

The pandemic has resulted in the shutdown and slowdown of the economy. The work culture has also changed. Various families have been affected and suffered due to loss of jobs and putting the question mark for running the house.

But overall this badly affected situation many women have come up with many startups such as selling the cooked food by taking online orders. For example making cakes, sweets, and food supplies. We have seen various creativity in this that is not easily available in shops. Many women are earning and running their home just by selling cakes and sweets. Not only in the food business, many women are selling the clothes online, some have made great start ups such as online coaching classes in various sectors like education, artwork like painting, drawing, music, beauty classes.

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Self Help Group has also played an important role in this pandemic for setting up the business. Many women's have escaped poverty through the SHG group. Various groups all over in India are working furiously for fulfilling the shortfall of the face masks and Personal Protective Equipment (PPE) kit. For example, in Odisha various poor rural females that at one time worked in stitching school uniforms are now using the face masks and PPE kits and eating the cash to run their house. These women as of April 2020, has made up more than 1 million cotton masks, for helping equip police personnel and health workers and also for earnings.

Till April 2020, more than 20 million masks had been produced by more than 20 thousand SHGs in 27 states in India, along with this more than 100,000 liters of sanitizer and nearly 50,000 liters of hand wash. Various women after lockdown are playing dual roles i.e. handling the housework and also earning for families in some or other ways.

6. Pathways To Strengthen Women's Leadership And Participation In The Covid-19

Response And Recovery

The many existing examples of women who are leading effective and inclusive responses to the pandemic should encourage governments, elected officials and various agencies to propel more women into decision-making processes and support more gender-balanced institutions. While governments have the most visible role in facilitating women's equal representation and participation in decision-making, parliamentarians and local elected officials—as well as non-governmental organizations (NGOs) and the private sector—all have a role to play. A year and a half into the COVID-19 pandemic, women have made important gains in representation, and especially in senior leadership. But the pandemic continues to take a toll. Women are now significantly more burned out—and increasingly more so than men. Despite this added stress and exhaustion, women are rising to the moment as stronger leaders and taking on the extra work that comes with this: compared with men at the same level, women are doing more to support their teams and advance diversity, equity, and inclusion efforts. They are also more likely to be allies to women of color.

6.1 Ensure that Decision-making Bodies are Gender-balanced

Government should conduct oversight of the gender composition of appointed task forces, crisis management commissions and other relevant COVID-19 response teams. They should also ensure that

decision-making bodies involved in the COVID-19 response include gender experts. Governments can be held accountable to commitments to gender balance in governmental bodies and committees by making information on women's representation in COVID-19 decision-making publicly available. Where balance does not exist, temporary special measures such as gender quotas should be put in place.

6.2 Harness Existing Gender Equality Institutions and Mechanisms in the Pandemic Response

Today at least 192 countries have dedicated gender equality mechanisms or focal points, although their influence and effectiveness varies across national contexts. The gender equality ministries in several countries in Africa report that they are substantially involved in COVID-19 response efforts, including in the development of guidelines for gender responsiveness. Similar actions should be taken by the Indian Government to maintain gender equality.

6.3 Ensure that gender equality concerns are embedded in the design and implementation of national COVID-19 policy responses and budgets

Governments and legislatures need to ensure policies and budgets enacted in response to COVID-19 are informed by sex-disaggregated data, include the results of gender impact assessments and analysis and have measures to track the COVID-19 response's impact on women and girls.

6.4 Improve access to public information for women and their organizations

With many of the traditional spaces of public engagement and debate unavailable, social media and the Internet are growing in importance as forums for information, consultation and deliberation. Information needs to be disseminated in a variety of languages despite the online dominance of English. Social media platforms must take action to discourage and prevent online harassment in virtual forums. Telecommunications companies and Internet service providers should help expand access to affordable connectivity. In some countries and regions, the Internet will remain inaccessible and other forms of information exchange, such as TV, radio and public announcements, must continue or be expanded for women audiences. Governments and their partners can organize smaller in-person meetings where social distancing is adhered to for women to obtain information and voice their needs and priorities.

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6.5 Include and support women and women's organizations in COVID-19 response decision-making.

Governments and donors should consult with women's organizations when carrying out assessments, and developing, implementing, monitoring and evaluating programmes and policies. Governments should facilitate the engagement by all institutions responsible for COVID-19 response at national and local levels with women activists and representatives of women's organizations. Governments should provide women's networks and CBOs with up-to-date information on the virus and the response and, if they require it, training and resources to act in emergencies. Donors and governments relying on the access and knowledge of women's organizations and other CBOs should also equip them with sufficient support to carry out their work. They should ensure dedicated and flexible funding to women's organizations for core costs, to purchase personal protective equipment, to continue their regular initiatives, and to carry out COVID-19 response and recovery.

6.6 Planning to increase the female literacy rate

The government as well as private institutions hold plans for increasing literacy rate mainly for the female. For this government has taken various initiatives such as free education for primary level and for females in various States the Government of India is giving free of cost education for scholarships and subsidies. To increase the literacy rate the government has taken various initiatives like mid-day meals. Along with the government, the private education institutions should also take various measures.

But for being a successful entrepreneur only basic education is not necessary, higher level education is also important. Various government institutions are providing free primary education, but what about higher education and competitive exams? School and college with a concessional rate should be developed. Various loan facilities should be given for higher education studies.

Along with providing various schemes, it is important that all these schemes are known to the people. So proper awareness is needed to make sure that everyone is aware about it and is able to take advantage of it. The family members need to explain about the importance of female education.

6.7 Providing the finance for setting up the business

It is needed that the government should bring up some various new schemes that can provide the finance for the women to set up the business. Some banks have come up with attractive loan packages for women entrepreneurs with low interest rates. Following are the few schemes.

7. Findings of the Study

This brief shines a light on the critical role of women’s leadership in responding to COVID-19 and preparing for a more equitable recovery. Across the globe, women are at the helm of institutions carrying out effective and inclusive COVID-19 responses, from the highest levels of decision-making to frontline service delivery. The results of the study can be discussed with the help of following graphs:

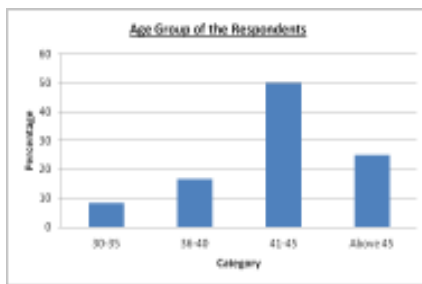


Figure 1 – Age of the Respondent



Figure 2 – Type of Organization

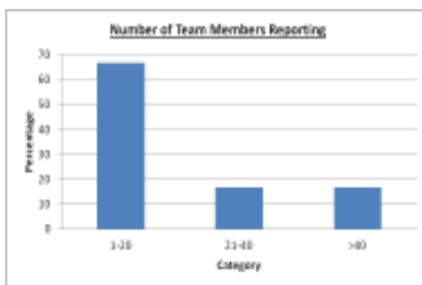


Figure 3 – Number of team members reporting in



Figure 4 – Work experience Years



Figure 5 - Skills of being a spokesperson

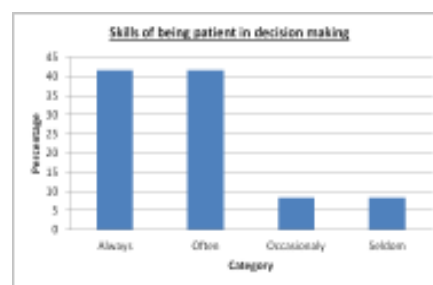


Figure 6 - Skills of being patient in decision making

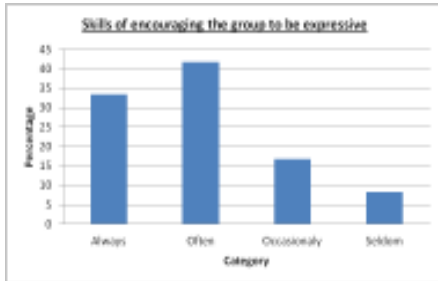


Figure 7 – Skills of encouraging the group to be expressive



Figure 8 – Giving more freedom to members during pandemic

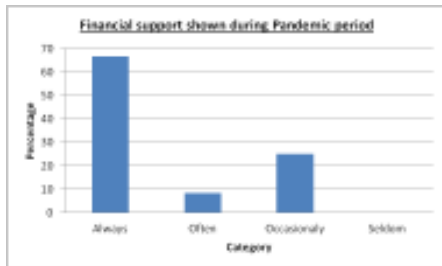


Figure 9 – Financial support shown during pandemic period

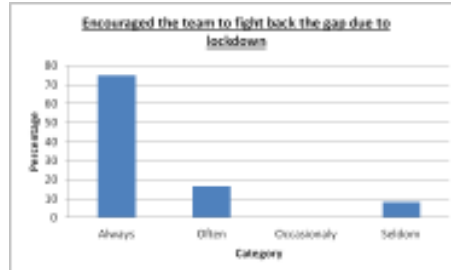


Figure 10 – Encouraged the team to fight back the gap due to lockdown

The primary data was collected from the various respondent. 50% respondents were of age groups of 41-45 years. 25% of respondents were more than 45 years old. 18% were of 36-40 years and 7% were of 30-35 years. Out of total 12, respondents 68% were from private organizations and 32% were owners and entrepreneurs. Around 59% respondent were having experience of more than 15 years, 25% were having experience of 6-10 years, 9% responded were having experience of 2-5 years and remaining were having experience of 10-15 years.

Around 50% of respondents said they have the skill of being a spokesperson. They often are open to the employees and speak to them in a more friendly way to understand their problems. When asked about the skill of being patient in decision making, nearly 42% each said that they usually are patient to understand and listen to the employees and make the decisions accordingly and the next 42% said that mostly they do that to function the institution properly. Also, the majority of respondents had the skill of encouraging the group to be

expressive. 50% respondent said they often give more freedom to the members in this pandemic, while 32% said they always give freedom and 18% said they give these occasionally. Nearly 66% respondents always showed financial support during the pandemic while 24% said occasionally. Around 72% of respondents were always encouraged to fight back the gap due to lockdown.

8. Interpretation

- From the study, it is seen that the women entrepreneurs have led the group in a quite positive manner to combat the situation of financial pressure as well as sustain the competition during the pandemic period.
- They adopted policies and changed the work pattern with specific traits to adjust with the societal norms as well as managed their firms.
- Different loan facilities allowed the women entrepreneurs to avail their capital requirements such as purchasing the plant and machinery, raw materials, paying wages and salary and other expenses.
- Women nowadays have entered in various different fields and sectors of business and are continuously trying to get success, they just need proper finance.
- Many of the organizations led by women are providing skill-based, self-employment to the people and ensuring monetary independence.

9. Conclusion

- COVID-19 has stumbled the world economy in a disastrous manner.
- Women of the select major institutions play a significant role in managing the crisis in terms of handling all stakeholders successfully. They are trying to support their ventures, giving due consideration to the growth, particularly in the pandemic situation.
- The women leaders from different segments possess certain traits like effective communication, empathy, art of motivation, decision making etc. which helped to overcome the pandemic situation smoothly.
- To some extent, they have tried to escape the grope of the pandemic and managed to mitigate the negative effects of the pandemic on their organizations.

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Role of Women Health Workers in Fighting COVID-19

Mrs. Samita Sengupta

Abstract :

Coronavirus are a group of viruses belonging to the family of coronavirus, which infect both animals and humans. Human coronavirus can cause mild disease similar to common cold, while another germs affect respiratory syndrome. A new coronavirus that previously has not been identified in human emerged in Wuhan, China in December 2019. Health workers are at the front of any outbreak and as such are more exposed to hazard that put them at risk of infection with an outbreak pathogen. Hazards include pathogen exposure, long working hours, psychological distress, fatigue, occupational burnt out, stigma and physical and psychological violence. In many situations, women are always leading front to take care of affected people. It is said that women health workers are always efficient, cool minded and are having presence of mind which is required to promote protection to covid affected people. For almost 100 hundred million female workers in health and care institutions, around the world balancing the work and family responsibility has always been a challenge. The outbreak has shed light on these long standing gender inequalities. It has also exposed and exacerbated an already existing global care crisis. Women frontline health workers are helping other women to overcome barriers in accessing health care. Women frontline health workers create solutions to many gender specific barriers to access health care such as needing permission from husbands, or not being able to visit male doctors. These challenges have only worsened during COVID-19, where women are twice likely as men lost access to health services. Time and time again women frontline workers are playing a key role in finding solutions, to overcome gender barriers

in health access. A study shows that nearly 3 in 10 people are hesitant to take vaccine, that is public mistrust can undermine the global effort to coordinate COVID-19 vaccine distribution. To overcome this the study shows that most of the people working directly with patients are women, the gender gap in health care leadership is alarming. Only 25% of global health care leadership are women and the figure is only 5% for women in low and middle income countries. Despite their immense contribution women are chronically underpaid, undervalued and often work in unsafe conditions, without resources and support. Therefore, it can be said that women health workers are working relentlessly in hospitals and also at home.

Introduction :

The Covid-19 pandemic has created a profound shock worldwide to many of men and women. Women are serving to a large number of people and the impact of the crisis on women is too much complicated burdens are faced by women health workers, continue to do the majority of unpaid care work in households, facing the risk of economic insecurity, and also face violence, exploitation, suppression, during times of crisis. Men population are affected more than female population. But as Covid-19 spreads around the world, women are getting more widely affected, women health workers are at the forefront of battle workers and are fought by women health workers. They make up 70% of health care workforce, therefore they are more exposed to greater risk of infection. In spite of that women health workers are under valued in leadership and decision making process. Around the world women are able to take up more care work than men, ten times more that is what the study reveals. Crucially, lockdown situations has increased various kind of exploitation, despite all these women's voice is still not registered. Proper policy should be framed so that the government can take positive steps to reduce negative consequences for women and society at large.

Objectives :

- i) To recognize women's sacrifice to combat Covid-19 pandemic and their contribution towards society.
- ii) To understand severity of economic and social impact of women labour force.
- iii) To ensure the needs of female labour force during Covid-19.
- iv) To acknowledge women are more vulnerable to Covid-19 pandemic because of existing gender inequalities.

Hypothesis

- A i) Women's sacrifice to combat Covid-19 pandemic and their contribution is recognized.
- A ii) Women's contribution to combat Covid-19 pandemic is totally unregistered.
- B i) There is no negligence to realize severity of economic and social impact of women labour force.
- B ii) There is negligence to realize severity of economic and social impact of women labour force.
- C i) There is surety to provide all facility to women health workers during Covid-19.
- C ii) There is no surety to provide all facilities to women health workers during Covid-19
- D i) To acknowledge women are not more vulnerable to Covid-19 pandemic because of gender inequality.
- D ii) To accept women are more vulnerable to Covid-19 pandemic because of gender inequality.

Methodology :

For the present study , the information is collected through secondary sources, that is statistical year book , various journals, newspapers, reference books.

Expanding Reach : Addressing gender barriers in Covid-19 vaccine roll out :

It is important for us to put gender equality at priority otherwise it will aggravate gender disparity. Ensuring gender equality is top most priority in providing vaccination. With the over 500 million doses of Covid-19 vaccines are distributed in all over the world is itself a responsible factor to create inequality; therefore very few doses are reaching the most affected women. Covid-19 vaccination roll out must reach to women, men and gender diverse people quickly and efficiently; so equitable distribution is essential to make vaccination available to all categories of people, curbing Covid-19 morbidity and mortality and reducing the existing burden on health systems.

Addressing Gender Barriers and Recovery :

Action oriented plan is needed to ensure women and girls must enjoy the primary health facilities in all their diversity during and beyond Covid-19 pandemic. While providing service to affected people, it is observed that women health workers are not getting all facilities or

equipments and other sources to provide effective treatments to affected people. Women pick up the lions share of unpaid care responsibilities starting from children to look after sick and elderly people of family. In fact there is total disruption of vital health and support services targeting women and girls who are totally deprived of basic health care facilities which cannot continue and they have specific and diverse health needs which must be availed to them and more profoundly it can be said that women health workers have equal rights to participate in and benefit from global recovery efforts in post pandemic period.

Upgrade the Position of Women in the Health and Care Workforce:

The people all over the world knows not women have been at the forefront of the pandemic response because they are more empathetic, sensible, more partially listening to people's problem and also able to provide amicable solutions to it. So it is important for every country to launch gender equal health and care work force initiative to increase the participation of women health and care workers in leadership and decision making process. The policy should support equal pay and recognition of unpaid care and aims to protect those who save us through decent working conditions including access to personal protective equipment, Covid-19 vaccines, protection against sexual harassment and violence at work.

Heroic Role of Women Health Workers in the Era of Physical Distancing

The Covid-19 pandemic has created a devastating effect on every people. It has brought about plenty of changes in relation to physical and social distancing. During this pandemic heroic role played by women health workers specially doctors and nurses during the pandemic in India and also in over the world. The entire world is suggested to stay home, stay safe, but these women health workers have risked their life, stepping out of their home in order to provide health care services. They challenged the world by healing the patients from contagious disease. It is a challenging task because at the same time they have to tackle double burden of work by being the dual earner in family and also maintain the household chores after returning house. Some challenges of women health workers are as follows:

- a) Extraordinary contribution for the medical assistance of patients - an exhaustive contribution has been made by women

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health workers right from distribution supplements, taking them for check up, providing immunization to every patients, ia a great responsibility and is performed with great accountability. In spite of facing various difficulties, they have been successful to provide relief measures to patients.

- b) Social stratification caused by medical casteism – Since those women health workers are providing services to infected patients, so they are totally debarred from society; and this kind of social ignorance has affected social health of women health workers. Untouchability caused by clinical casteism has reduced confidence among women health workers. The situation has become very worse; the neighborhood totally has marginalized women health workers from their community by discarding all forms of physical contact which affected social relations also.
- c) Affected their self esteem as doctors and nurses – The phobia of social discardedness and marginalization of women health workers has affected their self-esteem, self-confidence and their demand is to provide conducive work culture so that they must be able to work with dignity and respect. Nobody has given any appreciation to women health workers who has taken their lives at risk and providing qualitative services to patients.
- d) Handling both patients and the housework with finesse : After providing services to patients they came back home, cleanse themselves for not being contaminated with family member. In fact the critical situation is that the female health workers turned themselves into an generous condition where the lives of patients overpowered their own lives.

Women Health Workers : Working Implacably in Hospitals and at Home —

Covid-19 Pandemic has affected the world with unavoidable consequences on global health, economy and people's lives. As the virus started spreading different countries it started putting different impact on men as well as female population. Data related to gender analysis as well as disaggregated analysis presented different outcomes across groups of similar age and sex resulting into increase in mortality among men as compared to women. But at the same time various studies reflect that during the time of pandemic, whatever medicines, various

commodities, special benefits provided either by government, non-governmental organizations, private organizations to population; within that women are deprived of all these facilities, they are humiliated, and girl child also facing the trouble. Interestingly it can be said that the countries that has performed better against Covid-19 are guided by women. In some of the countries data reflects that women health workers are not involved in decision making process of health service facility, but women health workers have showed their best skill management. This is known as social Paradox where women health worker's skill is involved but decision making process is totally absent for them. Whatever policy formulation adopted by India and also all over the world are not enough because today male as well as female populations are equally standing in battle against Covid-19, but extra burden is imposed on women health workers indicating gender difference. Work life of women health workers have changed a lot wearing the protective equipment for the entire shift, making their life at risk against the fear of contagion, putting involuntary directly gloves touching the face. Women health workers are discouraged by extreme challenges, coping with emotional trauma. Sometimes facing difficulty of prioritizing care. Observers say that female health workers are more engaged in a more sympathetic approach compared to male colleagues. On the other hand, life outside work has been tremendously demanding specially for female health workers because they only assume the role of family care giver. Domestic responsibilities, care giving duties affecting most of the services which has enabled women workers to maintain work life balance, overloading them with a permanent challenging extra shift of responsibility and in spite of that the women health workers are maintaining their duties in an effective manner. Therefore we should support and protect such vulnerable employees better reshaping the world in an innovative manner so pandemic problem can be tackled in the best possible manner. Indian govt must provide certain training facilities like cognitive behavioural training, organizational directed measure such as task restructuring, maintaining job control should be specifically promoted and provided to women health workers. Various technological devices may support women health care professional facilitating some operational task during pandemics, and it is necessary for them to have all these facilities. Female community health workers operate in uncondusive environment and provide qualitative services to patients; but female

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health worker's needs and contributions are often ignored. The female health workers in these critical situations observes gendered hierarchy is seen in stronger settings where women comprise of bulk of health workers are in lower category of cadres. As a result they cannot work efficiently. As far as conducive work environment of female workers are concerned it is observed that there are certain factors which create obstacle in freely working. That is in weak health systems there is lack of resources, disturbing socio political factors, humanitarian crisis. Disturbing operational linkages between community structures, service providers, fragile population and undeserved communities are made vulnerable through legal and logistical barriers which create hindrances in availing health care services.

Barriers to inclusion and acceptance - some countries have acknowledged the contribution made by women health workers, for e.g. Nepal and they say that female community health workers have rendered quality services to population especially in maternal new born, child health, but this recognition is not common for all and also only small support is provided. Critical gendered issues affect the ability of health workers towards fully participation and thriving in the health work force. Both in spite of their great services, they get less financial compensation followed by absence of defined carrier path. They are often unpaid and they are regarded as secondary health workers. Prevailing typical gender stratification among male and female population often reinforce some sorts of devaluations which devalues female health workers contribution particularly in low research settings.

Providing Incentives that should be Included in the Health System :

A strong health care has to be adopted as well as developed where it includes financial incentives that should be complied with increasing demands and burden of duties which are undertaken by female health workers. Govt should do investment to health care system which creates benefits not only to patients but also to health workers. Govt should provide effective training facility to women health workers to achieve competency in their profession. When we talk about incentive schemes for health workers, it should include the following characteristics

- i) Definite objective
- ii) It should be realistic and deliverable

- iii) Reflect health professional's needs and preferences.
- iv) Health incentives should be well designed, strategic and well structured.
 - v) It should be fair, equitable and transparent.
 - vi) It should be evaluative in nature.
- vii) It should incorporate financial as well as non financial elements

An effective workforce resolutions must address the three important challenges i.e. improving recruitment, incentives to improve performance of existing work force, increasing permanently among women health workers. Incentives can play a dominant role in providing an effective health care system which can attract and retain skilled health professionals. When we talk about Financial as well as non financial incentives we can include the following

- A) Financial Incentives:
 - i) Wages and conditions .
 - ii) Performance increment payments .
 - iii) Other financial incentives .
- B) Non Financial Incentives
 - i) Professional and career enhancement
 - ii) Workload management
 - iii) Free and open discussion to solve any queries related to profession
 - iv) Providing motivational spirit

It is also observed that gender neutral policy making inherently neglects the needs of female health workers. Therefore it is compulsory to ensure all effective considerations to all women health core workers in order to understand the differential effect between different members of work force.

Suggestive Measures :

- 1) Policy responses must be immediate and they must be related to women's improvement.
- 2) Governments need to consider adopting emergency measures to help parents to managing work, caring responsibilities.
- 3) The governments need to introduce, reinforce and extend employment measure, expanding support to small business women and improving measure to help women victims.
- 4) All constructed policy resolutions must be able to satisfy women's needs, responsibilities and perspectives.

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- 5) Recognize and guarantee access to essential health services.
- 6) It is the responsibility of government to address the neglected epidemic of gender based violence against women and girls.
- 7) Importance must be given to adolescent girls and young women's education which will facilitate their lifestyle.
- 8) Value has to be given to women's work and everybody must contribute in unpaid care worker's job.

Conclusion :

In spite of so many challenges faced by women health workers they are successful to save life of many patients. It is indeed a great example of women's enablement in the present scenario; where their immense contribution and sacrifice for society needs to be emancipated as well as acknowledged. So we can say that , female doctors and nurses are leaders of Covid-19 pandemic which has presented a new concept of gender equality. So we should pay tribute to all female health workers for their enthralling efforts towards their patients and tremendous contribution as frontline warriors which should be glorified by every members of society in all over the world.

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Women and the Pandemic: The Role of Medicos

Dr. Sanobar Haider

OBJECTIVE: The purpose of this paper is to explore the role and contribution of women as medical professionals during the pandemic.

As the world was engulfed with the global crisis in the form of the corona virus, government in almost all the countries declared a nation wide lockdown in March 2020 to contain the spread of the disease. While the first wave of the deadly virus apparently got over, the second wave struck hard in April 2021 and took a toll on human lives. People succumbed to the fatal attack of covid 19 which claimed lives indiscriminately be it young or old, men or women. However, work continued online for some and offline for many.

And it is a fact that the worldwide pandemic of Corona infection certainly changed the way we had been spending our lives. A lot of online work has become a part of our daily lives. Similarly, we as academics were called upon to perform our duties of conducting online classes as a part of 'work from home' programme. So began a new era in the field of education, however while we were busy doing our duties from the safe confines of our homes there were many women who were exposed to the perils of the virus.

Such being the nature of their profession that these women were expected to execute their duties outside their homes, like the police women, doctors, women in the transport department, aviation industry and those related to such jobs which require field work.

Women constitute 70% of the health care workforce (according to the reports of OECD 2020) working at the forefront of the battle against the pandemic exposing them to greater risk of infection, while they are not proportionately represented in decision making and policy framing processes in the health care sector.

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Women workers from all walks of life during the struggle against the deadly virus are on the front lines of the fight against COVID-19. Nearly 80 percent of healthcare workers and 83 percent of workers who provide social assistance, including child care and emergency services, are women. And women-dominated occupations, such as nurses, flight attendants, and personal care aides, are among the most vulnerable to getting sick and spreading it to others.¹

For the past one and a half years, people have stayed home, stayed safe, and done the maximum possible to flatten the curve. This included work from home, developing new hobbies, reviving old ones, and doing every possible thing to stay sane throughout the turbulent times.

One section of society that worked on the forefront during this pandemic is the health care section. The doctors, nurses and the other related health care providers have worked tirelessly for saving millions of life. Wearing masks, donned in their PPE kits, these medicos faced this menace of the covid 19 head-on and have worked as healthcare professionals day and night for the people. And over the past year, they continued fighting tooth and nail to bring the world out of this terrible situation. Women medicos have been involved in this rigorous duty not being able to return home for several days together.

The primary job of a doctor lies in preserving and protecting human life which is the most beautiful creation of God on earth. However, sometimes, that is not the final result of their efforts, and during this ongoing global health crisis, that has become way too common an occurrence. The health care professionals have been exposed to the deadly virus more than any one else during the peak of the pandemic. The world saw the medical system collapsing all around the world and doctors despite all their efforts witnessed a catastrophic loss of life on an almost daily basis. They struggled to cope well even as the virus gripped many of the doctors both young and old and deprived them of their lives.

Moreover, these medicos many a times were subjected to assaults by the public out of fear that they could spread the virus because of their contact with affected patients. Many of such attacks were born by the health workers at their homes, on their way to and from work and even during funerals of health workers' colleagues who died from the virus. Another major cause grief over loss of family members also resulted in violence against health workers. Violence, although happening in many countries, was frequently reported in India.

In many of countries where lockdowns were strictly enforced, health workers were hurt on their way to or from work after being accused of

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disrespecting the lockdown. Health workers in some countries also faced the retaliation for either speaking out about the numbers of COVID-19 patients that did not tally with official figures or for demanding that they be provided with better personal protective equipment (PPE). All incidents affecting health care workers and facilities impact on the ability to deliver health care because they affect health worker deeply and make services less reliable and effective.² Interestingly, the countries that performed better against COVID-19 were guided by women, even if only 24% of females were involved in national governments' task forces dedicated to pandemic.³

The most disproportionately impacted during the pandemic lockdowns and restrictions were female workforce. The most affected being those who also have domestic responsibilities and caregiving duties. It has been an uphill task for them to find a work-life balance, overloading them more than ever, with a permanent, challenging, and invisible extra shift work. This included the mental load of the planning, scheduling, coordinating, prioritizing, and problem-solving. The daily emotional and mental pressures have been documented, showing a higher prevalence rate of anxiety, depression and suicide in female frontline workers.⁴

Work-life changed dramatically for women health-care providers during the pandemic. Wearing the protective equipment for the entire shift, fighting against the fear of contagion and bringing home the virus to relatives, dealing with the anxiety of masks or eyewear not fitting properly or involuntary dirty gloves touching the face put a great physical burden on the women doctors. Many of such health care providers being on the family way continued their duty undeterred. Many of them lost their lives or their near and dear ones to the deadly virus. The most recent case being that of Dr Sharda Suman, a 31-year-old resident doctor at Ram Manohar Lohia Institute of Medical Sciences (RMLIMS) in Lucknow, passed away at KIMS in Hyderabad. She had contracted Covid-19 while on duty during the second wave in April 2021 and her lungs were severely damaged. As a result, she had been on ventilator support for 140 days when she stopped breathing on September 5 due to an increase in the infection in her body. *In May 2020, Nirupma Attreya, 57, and her husband, both doctors, who serving were on COVID-19 duty when they tested positive for COVID-19. Both were hospitalised. The husband got fatally infected and passed away on June 28.*⁵ Many doctors who were expecting mothers, young mothers and even older mothers became a prey to the virus during the second wave of the corona virus.

Women had been involved in working on the frontlines in the fight against COVID 19, but the impact of the crisis on women has been relentless and very sharp. Women face doubled up burdens: besides managing their households and participating in their work related activities both within and outside the four walls of their houses. Women whether working or not continue to do the majority of unpaid care work in households. They also were exposed to high risks of economic insecurity, violence, exploitation, abuse or harassment during the corona lockdown. Incidents of domestic violence witnessed a rise during this period on women both working and non working exposing the existence of hollow relations specially on the domestic front.

Besides losing the battle to covid women have had to deal with the extreme challenges of caring for COVID-19 patients, coping with the difficult emotional task of communicating with patients and their relatives, dealing with people suffering and dying alone without any attendants and sometimes facing the difficult decision of prioritizing care. The entire period during the first and the second wave has been extremely disturbing and difficult for not only the medicos but their entire families.

As a result there has been a risk of developing the traumatic disorders (PTSD) amongst the healthcare professionals who experienced traumatic stress in the context of witnessing patients' dying and their lives being threatened, especially in cases of insufficient or inadequate intensive medical equipment. There have been situations where due to shortages of protective or medical equipment have caused potentially trauma due to the fear of infection and their own imminent death. Due to the severe course of the disease and being there as a witness to the threat to life or death of other people may lead to the accumulation of traumatic stress in amongst the health care providers. Studies showed that after the SARS epidemic in 2002/2003, PTSD developed more often in infected HCWs than in non-HCWs. It has been predicted that other professional groups such as employees of nursing homes and of other long-term care facilities also may experience some of these above mentioned traumatic stress factors.⁶

All health care workers faced some exceptional demands throughout the crisis, putting extra strain on the women care workers. The lockdown led to home confinement due to closure of educational institutions which led to increase in demand for (unpaid) work at home, much of which traditionally falls on women. Another problem faced by such care workers was either choosing or are compelled to isolate themselves after work in order to minimise the possibility of

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passing the infection to family members. Under such circumstances, it was very difficult for many women health and social care workers to fulfil both their professional responsibilities and their roles as homemakers. This includes elderly doctors also exposing them to even greater risk of infection. *The reports so far on the deaths of doctors (GPs or hospital physicians) due to COVID 19 in France has tended to be doctors/professional either in their later years of service or those who have responded to a call to return.*⁷

The tragic period of the pandemic infested world has definitely highlighted the importance of paid and unpaid care work. It thus provides us with an opportunity to understand and prioritize investments in the health and care sector. If we aim to come out of this crisis with more equitable societies, women need to be fully involved in the rethinking and redesigning of the world of work post-COVID-19.

The role and sacrifices of women medicos keeping in mind their dual responsibilities has been exceptional and overwhelming.

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Women amid Covid-19 Pandemic

Dr. Roshan Ara

Introduction

The recent outbreak of Covid-19 Pandemic which emerged from Wuhan City of China in December, 2019 is a dreadful and contagious disease that has so far consumed the lives of millions of people around the globe. It has engulfed the whole world without any discrimination on the basis of region, religion, caste, color, race or gender. Covid-19 Pandemic has brought an unexpected and un-estimated devastation to the whole world that was far beyond the human eye and imagination and all the doctors and scientists who have been engaged in curing this disease, are not yet reaching any logical conclusion. However, vaccination has to some extent proved beneficial but not a permanent cure. This Pandemic has not only shattered the millions of lives but also their livelihoods, the mental peace, the day to day routine life and created a confusion and chaos, frustration, violence and disturbance but also left people crippled with poverty, resourcelessness and helplessness. The evil impact of this Pandemic is no doubt being borne by all segments of the society but its impact upon women and girls has been of quite a different nature.

Women have been worst hit physically, economically, psychologically and emotionally. Enforcement of strict lockdown to protect lives from this deadly virus and making employees work from home has created a new social disorder in the form of poverty, hunger, loss of livelihood and led to an alarming violence against women. The increasing violence against women is acting as an alarm bell for all the stakeholders of the society to identify the reasons responsible for this violence and take a timely action to prevent it from further occurrence and help the women folk to tackle the situation.

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Viewing Covid-19 Pandemic closely from a 'Gender lens', an attempt is made in this paper to highlight its impact upon the society in general and on women in particular, make a comparative analysis of the incidence of violence against women before and after the pandemic, identify the reasons responsible for the adverse effects of this crisis upon women and suggest measures to tackle the situation.

Why a Gender Perspective?

The Global lockdown to ensure the safety and wellbeing of the people created a new social order, changed the daily routine of people from all walks of life like employees, businessmen, politicians, religious leaders, volunteers, students, children, elders, men as well as women. While stay at home became mandatory for all the people and brought in new experience for men the experience was no different for women as women are otherwise also more home-centric and prefer to avail this opportunity to take good care of their family especially children. However, due to the prevailing bread winner syndrome in our society, men are usually preferred to be out of home for the whole day and women stay within the home but this scenario changed due to the enforcement of the lockdown.

The lockdown resulted in a lot of turbulence and domestic fights only within a couple of days, and now it has been almost 2nd year of the pandemic and we are still living our lives under continuous siege. Domestic violence erupted all across the world intensely like a volcano and a spontaneous rise in the cases of violence against women was continuously reported since the outbreak of Covid 19 crises. This outbreak of virus proved more fatal for women as it did not only impact their health but their mental set up and emotional wellbeing as well. UN Secretary General termed the current pace of domestic violence as a war with women and appealed for a 'ceasefire' amid horrifying global surge of the pandemic. Thus, it became a serious concern for researchers, policy makers, Governments and activists to debate upon this newly emerging social conflict and come up with suggestions and recommendations about how to tackle the pandemic.

Domestic Violence before and after Pandemic

Covid-19 crises has brought in new challenges and changes in the day to day routine life of the people, men as well as women. This paper gives a broader understanding of the issues and concerns of Covid 19 pandemic and enables us to see and feel its repercussions upon people in general and women in particular. Before the Covid-19 pandemic,

domestic violence cases among girls and women aged 15-49 years across the world were 243 million. Usually in normal times, before Covid 19, domestic violence, which is basically a gender based violence, has been one of the greatest human rights violations on this planet but during the current situation, the increase in numbers is likely to impact their health, well being, mental status and their ability to participate and lead in the recovery of economy and society. The pandemic has crippled women economically, socially and psychologically because of the increased burden of household work which has fallen disproportionately upon their shoulders. Their space has shrunk as due to the prevailing scenario women are living in an extra-ordinary challenging situation. They got confined within the four walls of their homes, got victimized by their own intimate partners, their basic rights were violated easily and were left in isolation, totally separated from the outside world.

Women facing violence have no way to go out in the prevailing circumstances. Less than 10% women were able to seek help from police and other supportive agencies. They even couldn't visit their own relatives. If not dealt with properly, this Pandemic will further aggravate the problems of women and inflict more miseries upon them. According to United Nation's data, during the past one year, one in every five women worldwide experienced violence. Many of those women are now trapped in their homes with their abusers 'struggling to access services that are suffering from cuts and restrictions'. Worldwide, there has been an increase in the number of calls sought for help from women facing extreme violence. For example in Ukraine, the number of calls to the National Hotline which provides psychological support as well as legal support, information and counseling and even shelter to women suffering from Domestic Violence increased by almost 26% in the first week of lockdown compared to the prior week period.

The violence also escalated the issues of physical and mental health, insecurity and economic stress of women. For too many women, the safety from Covid 19 Virus did not ensure safety from violence and thus violence proved more fatal for them than the virus itself. During the lockdown, everything changed but the domestic work burden, the expectations of men and the timetable of women framed by the society centuries before did not change. However, it would be fair to say that women are suffering more from patriarchy which has been a centuries old virus attacking their lives physically as well as psychologically than the corona virus itself. The increasing violence needs to be addressed urgently with measures embedded in economic support and stimulus

packages that meet the gravity and scale of the challenge and reflect the needs of women.

Impact of Covid 19 Pandemic on Women

Though Covid 19 has affected all sections of society but women have been worst hit. Covid 19 is deepening the already existing inequalities and having devastating social and economic consequences for women and girls that could reverse limited progress towards Gender Equality over the last 25 years. Across every sphere, from health to Economy, Security to social protection, the impact of Covid 19 is exacerbated for women and girls simply because of their sex. Women are at greater risk as the early data indicates that mortality rates from Covid 19 were higher for men as compared to women. According to feminist economist, Michell Tertilt her, the worldwide lockdown has resulted in widespread job losses and many Economies are likely to face recession.

Unemployment isn't falling equally across the board which is in part due to the unique circumstances of this particular economic downturn. In U.S, 20 million people have become jobless and this is the largest spike since 1975. Women have been hit harder than men with a 0.9% increase in unemployment as compared to a 0.7% increase for men. Around the world, 60% of women work in the informal economy, earning less, saving less and are at a greater risk of falling into poverty. Poverty became more feminized in comparison to the normal times. The gender pay gap compounds this inequality. Not only are women losing jobs at higher rates but also making less money to begin with. Natasha Mudgakar, co-founder of the 'world we want' observes that low paid and young working class women have been hit hard due to the pandemic from the economic perspective (<https://www.bbc.com>, future Article, 9/4/2021). It was found that 17% of employed women work in critical occupations compared to 24% of men. She and her colleagues found that a business analyst might well be in a position to work from home but a bartender cannot. She also found that more men had jobs that were telecommutable versus only 22% for women.

The Pandemic has increased the burden of un-paid work exponentially for women due to lack of domestic help, closure of schools and children being at home and the increased demands of family members sitting at home has also added to the burden of women. Millions of women's jobs have been lost during the current Pandemic as women are mostly working as care takers, domestic helpers, call

girls, sales girls, receptionists', baby sitters, launderers etc, which are most hit in the current crisis. Women make up 39% of global employment but account for 54% of overall job losses. Michell Tertilt found that more men had jobs that were tele-commutable than men with 28% for men and 22% for women. Mothers having small children have lost their jobs three times in comparison to fathers of small children who lost only 4% jobs which acts as a threat to the gender equality (pewtrusts.org.) This is an admitted fact that women are more vulnerable to Covid-19 related economic crisis because of the existing gender inequalities.

A research study carried out by U.K's Institute of Fiscal Studies, comes out with a similar picture that in United Kingdom women are about 1/3rd more likely than men to work in a sector that has been heavily affected or entirely shut down due to the prevailing Pandemic such as Retail and Hospitality Industry. Thus low paid, young working class women are hit harder than men in the lockdown.

Health emergencies always have their impact upon men and women differently, be it any outbreak like Cholera, Zika Virus, Ebola Virus or Corona Virus. Many female health workers in India who are termed as ASHA workers (Accredited social health activists) working as daily wagers in the field of health suffered a lot during this pandemic. An ASHA worker in Kashmir while reporting from the field history of the people who have come from outside the state or visited outside the state was attacked with an axe when he came to know that his visit has been reported. Though this was an attempt to murder but anyhow she had a narrow escape. This shows how the women frontline workers have been working in an unsafe and insecure environment As per a recent study at Hanzhong University of Science and Technology in Wuhan, China, scientists analyzed the Plasma of 331 confirmed Covid-19 patients and found that in most severe cases, women had a higher level of anti-bodies than men. Despite this, Covid vaccine trials underway in U.S are not really considering sex yet.

Contributing Factors

Reasons responsible for increase in the incidence of violence against women amid covid-19 pandemic include the following:

1. Since home is considered the first site of violence, the first reason responsible for the increasing violence against women has been "staying of men at home" during the pandemic. Men are not usually feeling comfortable at home as their socialization and the masculinity taboo makes them fit for the outside world only

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and home is their kingdom where they rule and command over their wives and seek obedience from them. Now majority of men feel frustrated while sitting indoors since the outside world is totally shut. They get involved in petty domestic issues and inflict miseries upon their partners.

2. The work outside the home gives men not only financial strength, power, authority, prestige and amusement but also a feeling of superiority at home. Many men feel now they have lost their prestige and power at workplace and they are not getting the same attention from their partners while sitting at home.
3. Majority of women work in the informal sector of the economy and have less paid and secure jobs. During the current pandemic, this sector got worst hit and women workers were the first casualty. The condition of women in developing countries is very worse where almost 70% of women work in the informal sector with least social or economic protection. During pandemic women lost their livelihood and got confined to their homes with no option but to perform the household drudgery. Men are engaged in market oriented tasks which helped them to earn while sitting at home through telecommuting.
4. One most important reason responsible for this increasing violence has been the closure of Bars, Dance Clubs, Gyms, Night Clubs, Golf Clubs, Tour trips, Hotels and Restaurants and other amusement and entertainment sites which are usually hot spots for men. During pandemic men don't have any access to these places and lockdown has locked down their ill habits. In many cases more violence has been inflicted by alcoholic and aggressive men.
5. The Pandemic has placed women at a higher risk of domestic violence from their intimate partners because of the heightened tensions in the household. In many homes it was the role reversal as women working in the field of health had to attend their emergency duties in hospitals as front line health workers tackling the Covid 19 cases but at home their partners did not cooperate with them in handling the household affairs. They quarreled with them while they came back from their duties. They refused support in child care, cooking, washing and other duties as this duty is still treated as the duty of women.
6. As women constitute majority of frontline health workers globally as 70% of world's health care staff meaning, a vital

force in tackling the Covid 19 crisis is that of women. Many women health workers were compelled to resign from their jobs because of the burden men had to share in their absence. This snatched their livelihood forever and made them economically dependent upon their spouses.

7. Men are not ready to shoulder their responsibilities towards their homes as work is being divided among women and men according to the prescribed gender roles which puts all the household burden upon women and relieves men for outside tasks but in the present circumstances, men were bound to share the burden as they had no option to be out of home because of lockdown. They had to operate from home in performing their official or business assignments.
8. One of the major causes of domestic conflict was that due to lockdown, domestic helpers and maids were prohibited to enter the homes. Thus, there was least scope for men to stay away from sharing the household chores and resulted in aggravating the situation further. This Pandemic has left no option open for such women but to live with their aggressive and abusive partners 24x7.
9. Work from home which was made mandatory for all employees world over has also put women employees in stressful situations. Usually women have to take care of all household chores and then attend their official meetings and assignments while as men prioritize their official work over their household duties. Many men have turned their homes into virtual workplaces and left very less scope for their partner's official work. Women's work load enhanced further as children do not go to schools. They need full monitoring and care, support them attend their classes, assisting them in completing their home assignments. For working moms this led to a new nightmare.
10. Women are caught in a dual conflict of work and home and are juggling to balance these two roles by putting themselves into a lot of trouble. Stay at home for women workers especially mothers has increased the expectations of the family members. They give their jobs a secondary preference and hence forget that they need a proper timing for the completion of their official assignments. They are not getting a suitable environment for office work and are caught in a new dilemma which has put them under a lot of stress and strain as they are not in a position to avoid these demands. They have to care for the sick and elderly simultaneously.

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11. The closure of schools has brought in new challenges for mothers and changed their work schedules. They have to switch over to the newly created roles in order to fill the time gaps. Due to pandemic children are at home and have to be cared full time, fed properly and helped in homework and exam preparations. Balancing work and family has been a tough job for working mothers always but the pandemic has increased this pressure many fold. Some of the working mothers have left their jobs for the care of their kids as they are considered the primary care givers of the babies.
12. In most of the families, loss of job, lack of money and loss of earning has also led to domestic violence. The financial worries can be an important cause of fights between the partners.

Conclusion and Suggestions

This paper gives a broader understanding of the issues and concerns of Covid 19 pandemic and enables us to see and feel its repercussions upon people in general and women in particular. From the overall analysis and past experiences of the global historical outbreaks, it is expected that due to Covid-19 global recession will result in a prolonged dip in women's incomes and labour force participation and thereby push them into a morass of poverty. We need to change the culture of overburdening women and this would need a thorough re-ordering of gender roles and norms. The families are the basic units of the society which lay the foundation for future growth and prosperity of a nation. Therefore, it becomes imperative for all the stakeholders to create a peaceful and happy family structure free from violence so that the basic family foundation becomes strong. The issues of women need to be identified and addressed separately in order to overcome the challenges of current pandemic. Gender roles need to be changed and men need to be involved in domestic affairs, housekeeping and child care. It is only reproductive role that can't be performed by men but all other roles are fit for them. We need to change the centuries old socially constructed time table of 24x7 for women and men folk should understand the biology of women.

Government needs to frame schemes and policies to allow child care subsidies for women working at home and provide trained and trust worthy child care providers with payments as is being done in many parts of the developed world. Increasing of paternity leave will change the attitude of men to take more interest in caring for their spouses and children. Governments need to announce special package for the

jobless women working at homes or provide them with new alternatives of work since the work of informal workers cannot be performed at home like any formal work. Corporates can also extend their sincere help to such women by spending a minimum percentage of their CSR for their welfare. We need develop an understanding among all the stakeholders of the society that domestic violence is not the fight that takes place on roads or public places and something left to law enforcing agencies to resolve .Since is a fight which takes place in homes, and disturbs the psyche and the overall environment of families, it becomes imperative for all stakeholders to take a due cognizance of this issue and try to eradicate it from the society once for all.

Portrayal of Dalit Women in Indian Literature

Shivani Kirad

Abstract: The focus of this study is to analyze due representation of Dalit women in texts by some of the known progressive writers of the nation. Due to the writings available, I will take instances from Premchand's *Godan*, Mulk Raj Anand's *Untouchable*, K. Sivarama Karanth's *Chomana Dudi* and Gopinath Mahanty's *Harijan*. I will explore how these writers have handled and presented their gendered subjects. While looking at the way in which untouchable body has seen and portrayed by these writers in their texts. It will be engrossing to see how many contemporary writers like Mahasweta Devi have dealt with the same theme but with different approaches.

Although the hierarchical status of India and its clear demarcation in exercise of power is centuries old but the literature of the nation, until recently, never gave much attention to the issue of inequality. India is one of the most hierarchical among the identified civilizations and this is could be the reason why issues like inequality and injustice never got much attention. The literature by and large, was the representation of the powerful section of the society. When people in power holds the pen, it is not difficult to understand why the people outside the arena of authority do not get ant space in the canonized texts of the nation. Even if by chance there is presentation of the powerless section of the society, it is also colored with the perspective of the powerful. The credibility of representation comes in doubt when the weaker class is projected through the lens of authority. This scenario saw some changes only towards the culmination of 19th century when a few anomalous texts take up social oppression as their chief concern, and with the advent of 20th century, there is increasing awareness in literary world of those who have so far remained at the periphery of

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this society: the landless, the tribals, the outcasts and especially women irrespective of the boundary of class, caste and ethnicity.

It is a surprising paradox that very often the body of a tribal or lower caste women is romanticized as having a vigor, energy that owing to her seclusion mainstream women do not possess. *'In Am I That Name?': Feminism and the Category of 'women'* (1998) by Denise Riley, she puts forth her opinion about the subjectivity of women's bodies and writes:

“That women's bodies become women's bodies only as they are caught up in the tyrannies, the overwhelming incursions of both nature and men – or, more optimistically, that there are also vehement pleasures and delights to offset a history of unbridled and violent subjection. But to be faithful to the suggestion that ‘the body’ is really constantly altering as a concept means that we must back off from the supposition that women's bodies are systematically and exhaustively different, that they are unified in an integral otherness. Instead, we would need to maintain that women only sometimes live in the flesh distinctively of women, as it were, and this is a function of historical categorizations as well as of an individual daily phenomenology.”

The issues related to the weaker sections and marginalized started getting some attention with the arrival of Progressive Writers Association in 1936. Now, the earlier overlooked issue of gender inequality also got some significance. Writers who committed to write about injustice and inequality in the society played a significant role in bringing revolution in literature which was termed as “literary radicalism” by Priyamvada Gopal. As the paper is aimed to focus at the issue of gender subjectivity, let us see the way in which body of lower caste woman has been dealt with by these writers. *Choma's Drum* by Shivaram Karanth's is a very early text deals with theme of inequality in context of both class and caste. Choma is an untouchable who comes from Holeya community. He happens to be a bonded labour who is working for an upper caste landlord, Sankappayya. He is tied to his landlord through the Jajmani system. Even his entire family is working for the landlord without getting anything in return. Choma harbors the dream to be a farmer and to work on his own piece of land. As the novel progresses, his ambition to be a farmer crumbles down as he faced by one tragic event after another. First, he loses his two-estrapping son Guruva and Chania: one because of his conversion to Christianity, another died. Belli, his only daughter is young and looking after the entire family as her mother is already dead. She takes place of her brothers by working in coffee plantation. She works day and night with the aim to save money for the repayment of the loan. But

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there she has to fight other battles as well. Firstly, she is seduced by the supervisor, Manuel and then she faces sexual assault at the hand of the plantation owner, Michael. The author makes it clear that seemed like Belli does not mind giving up her body to these villains as she only is only concerned with saving maximum amount of money for the payment of loan. Her plight is described by author herself

“Within a week, Manuel’s gestures gradually dawned on her. For the first time in her life, she began to succumb to the desires and thoughtless impetuosity natural to youth. She did not want to spurn his overtures. Before long she unresistingly gave in to the call of the flesh. As she accumulated the occasional cash she received from Manuel, she grew confident of paying of the debt.” (p.100) This shows the essential perspective of people in power which makes them believe that women who belong to lower strata of society are so powerless that they cannot even think of protecting their owner and self-respect in the state of misfortune. This view presents chastity as something which is important only for the women of upper strata.

Paula Rabinowitz in her writing, *Labour and Desire: Women’s Revolutionary Fiction in Depression America* (1991) in draws attention to different strings of radical fiction written by women and men. She shows that while fiction written by men deals with labour, body and history whereas the language and desire are two prime subjects in case of radical women writings. Conforming to the observation of Rabinowitz in *Untouchable* by Mulk Raj Anand deals with the history, body and labor of untouchables. The novel is document against the caste system prevalent in Indian society and it presents modernity as an alternative to put an end to several reprehensible caste practices. An untouchable family is shown in the novel which comprises of Lakha, Bakha and Sohini. A gaze into novel shows how this family is suffering because of the inhumane caste system. It examines the dehumanizing and oppressive condition of lower castes in Indian society, it also exposes the double-faced character of the upper castes in this novel.

Anand makes this novel a compelling case against oppression of these people. Anand’s anger in this novel against practices of caste Hindus comes from his exposure to western civilization rather than from his own Hindu society. It is a possibility that his stay in England made Anand more thoughtful about these issues as society in England is relatively more equalitarian. Sohini is introduced by Anand as

“She has a sylph- like form, not thin but full bodied within the limits of her graceful frame, well- rounded on the hips, with an arched narrow waist from which descended the folds of her salwars and above

which were full, round, globular breasts, jerking slightly, for lack of a bodice, under her transparent muslin shirt...she was beautiful..." (p.26) The detailed description of Sohini is both realistic and exotic. Although she is socially degraded but she is presented as physically attractive. The way Sohini has been presented by Anand; it seems like Anand had hidden agenda to give to his readers a vague impression that Sohini is almost naked. Perhaps, he does this intentionally to expose the degraded the state of the untouchable. To put it in other words, Sohini's poverty is her undisguised nakedness. The priest, Pandit Kalinath is drawn towards Sohini looking at her body. The voyeuristic presentation Sohini becomes clear with the following words of Anand

"The fresh, young form whose full breasts with their dark beads of nipples stood out so conspicuously under muslin shirt, whose innocent look of wonder seemed to stir chord in his person, hardened by the congenital weakness of his mind, brazened by the authority he exercised over the faithful and devout. And he was inclined to be kind to her."

Pandit Kalinath uses his caste and tires to sexually assault Sohini in the backyard of the temple. And when Sohini screams for help, he takes the advantage of his caste and instead blames Sohini for polluting him. This is not a caricature of a debauchee Brahmin priest using his caste system to exploit the powerless. It also questions the entire idea of 'pollution'. In the similar manner C. D. Narasimhaiah in *The Swan and the Eagle* (1969) utters

"We are now shown brother and sister suffering ignominy and shame, with the lie not in their hearts but in those who pretended to keep the truth of God, his abode and themselves in pristine purity. The untouchables, Anand art has made us to see, are not Bakha and his sister, but those others called them so." (p.115) It is to be made clear here that enjoyment of carnal desires results in flouting the norms of their much-valued caste purity. So, the utter hypocrite values of upper caste have been exposed through this novel. Moreover, the description of Sohini makes it clear that she is viewed as only a potential sex object to satisfy male hunger.

But she is not the only lower caste girl in Indian literature to be presented as a victim of the greed on the upper castes. There are many other examples of this kind in other Indian writings. The next example would be taken from the novel *Godan* by Premchand. *Godan* holds a special place in Indian literature because it the most clear and inclusive document that captures almost every kind of exploitation that these poor peasants are made to face. Premchand has shown the real picture of peasants who are mercilessly exploited by the greedy moneylenders

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and landlords. The ill-treatment by upper caste is made clear with the presence of two characters- Matadin and Datadin. First of all, Premchand shows the transition of feudal society into capitalistic society. In this new social space people do not limit themselves to their ancestral profession instead they have adopted new professions to better their financial position. This is the reason why a Brahmin character Datadin is a moneylender in this text. He already belongs to upper caste which means he already has a privileged position in the society and additional monetary resources gives puts him in better position to exploit the peasants. Similar to capitalist Mr. Khanna and zamindar Rai Saheb in the text, Datadin aims to make his own estate where Hori is working as a share- farmer. In the end Hori is made to give upon his land and the result is that he becomes a daily wage laborer. And this cycle of exploitation ends with his death only.

This pattern of exploitation is not a recent phenomenon in the conventional Hindu society. As these upper castes are the law maker and they are also the law giver in the society, the norms and rules are made widely in his favor. Favorable position of this caste becomes unfavorable for other castes. This is the reason why Datadin's son, Matadin repeatedly assault Siliya, a low caste girl. Although he is the father of the child who is given birth by Siliya but still Siliya never gets the respect and position that she deserves. She is treated like a domestic servant because of her identity as a Chamar girl, all her identities whether be of a wife, a mother, a daughter-in-law are obliterated because of her lower caste identity. Along with her caste her socio- economic condition makes her more vulnerable. She gets a sari in return of the labour she does the entire day. She works day and night to better their monetary condition and to satisfy the sexual desires of an upper caste man. We get a sense of permanency about the powerful position of Brahmins in the society, at least in rural areas which is visible to us even today.

Premchand is similar to Anand in his presentation of realistic picture of the society. Both of them do not waver from describing the physical features of tribal and lower caste women. Premchand's description of Siliya goes like "Siliya was a dark, provocative, lively young thing, attractive though perhaps not beautiful. There was joyful abandon in her laugh, in her glances and in sensuous limbs, as though every part of her were dancing." (p.303) Premchand also present contrast between the tribal women and a city woman, Malati. He highlights vigor and health of the tribal woman and which is in contrast to pallid and bland city-bred, Malati. He comments

“The girl was- very dark, in fact. Her clothes were extremely dirty and coarse, her hair was tangled, and her only ornaments were the two bangles on each arm. None of her features could have been called beautiful; but the fresh and pure surrounding had given her dark complexion such luster, and being raised in the lap of the nature had made her body so trim and shapely, that an artist seeking model of ideal youth could have found no greater beauty. Her robust health seemed to radiate strength and energy to Mehta.” (p.103) It is very evident that the bodies of the tribal and lower caste women have been perceived as having qualities like vitality and primal energy that the mainstream women have lost in their seclusion. And Premchand is not the only one doing so. Parallels of this type can be made from various other authors. Clearly most of the writers belong to upper class and are male. For instance, the take of Anantha Murthy on the question of bodies of untouchables.

Samskara is a very famous novel depicts the two untouchable women, Chandri and Belli as sensual characters. A contrast is presented between Brahmin women who are presented as cold with withered bodies and lower caste women. Murthy goes to the extent to compare the physical beauty of Belli with the famous heroine of Kalidas, Shakuntala: “Which Brahmin girl, -cheek sunken, breast withered, mouth stinking of lentil soup, - which Brahmin girl was equal to Belli? Her thighs are full...not utterly black-skinned, nor pale white, her body s color of the earth, fertile, ready for sed, warmed by an early sun.” (p.37) Though the character of Shripati is not positive but his sexual assault of Belli is overlooked by the narrator because his wife is not appetizing and eroticism of Belli is irresistible: “her hair washed in warm water, wearing only a piece below her waist, naked above, waves of hair pouring over her back and face.” (p.40)

Another author with similar stand is Gopinath Murthy who in his novel *Harijan* presents unfiltered view of the exploitation of a sweeper girl. Puni is a lower-class girl who is molested by Aghor who is a son of upper caste/class contractor. Instead of looking down upon the incident Mohanty comments that it was a clear chance for an untouchable girl like her to give her body to an upper caste man. It seems like Puni is favored by his act of sexual assault. He refuses to look at it as an act of exploitation, Mohanty presents the act with spontaneity and naturalness. Puni engages herself in the thought of union of insects and animal and she tries not to think too much about whatever has happened to her. Underneath I am quoting Mohanty’s justification of this act in accordance of my translation:

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“Nothing has happened to Puni. What really has happened? Puni passes her days as usual laughing at her little worries and gets consolation. She thinks this primitive desire has been the rule of law throughout the world. Everyone does it: from the insects of the gutter to the big people of the glittering palatial buildings. Therefore, she was not wrong. Such philosophical thoughts console Puni and she learns to reconcile her troubling mind. Her once soft skin, which has already turned to become rough like bricks due to her daily dirty work of scavenging, is surely entitled for a sensuous touch.” (p.196) This is very evident that this is a biased opinion is of an upper caste Hindu male writer. There is a high probability that Mohanty would not have written about woman of his own community in the similar manner.

When we put to comparison all the above-mentioned progressive writers with women writers, we see a startling difference between their treatment of women’s violation. For instance, we can take up the case of Mahasweta Devi. In the story ‘*Draupadi*’ (1970) Senanayak is unable to face the naked Dopdi. The courageous chief of army collapses before a helpless and unarmed women who is wounded and naked. The vivid manner in which the account has been presented between Dopdi and Senanayak is described here:

“Draupadi shakes with an indomitable laughter that Senanayak simply cannot understand. Her ravaged lips bleed as she brings laughing. Draupadi wipes the blood on her palm and says...You can stripe me, but how can you clothe me again? Are you a man? She looks around and choose the front of Senanayak’s white bush shirt to spit a bloody gob at and says, there is not a man here that I should be ashamed. I will not let you put my cloth on me. What more can you do? Counter me- come on, counter me?” (p.196)

Mahasweta Devi unlike other writers do not just adhere to social customs instead she refuses to accept those practices and beliefs of this society. She presents her work as a statement against this injustice and asks for their resolution. In her writings, she goes against the representation of women as divine creatures and other images of women created by men for their own comfort. She holds the opinion that these glorified images have resulted in exploitation of women. The Hindu society has valorized the role of mother who is a nurturing figure, who gives its milk to a baby. This valorization has been subverted by Mahasweta Devi in another story called ‘*Standayini*’ (breast giver). This story was originally written in 1980s in Bengali. Jashoda (this name has been used to evoke the image of mother of lord Krishna and the abundance of milk, curd and cream in her house) is a wet nurse

employed by a wealthy family. She keeps on giving birth to babies so that she can keep her breasts full. This process results in her own twenty children and she feeds fifty more children in the employer's extended family, this combines her biological and professional roles through the exploitation of her body. In the end she dies of breast cancer but she is all alone in the hospital., she is neither attended by her own children nor by the children who survived drinking her milk. Even her husband is not present in the hospital. Mahasweta Devi in a very critical manner destroys the image of an all sacrificing and nurturing mother: "Jashoda was God-manifest, others do, and did whatever she thought. Jahoda's death was also the death of God. When a mortal plays God here below, she is forgotten by all and she must die alone." (p.276)

Mahasweta Devi is among those writers in India who is unyieldingly exposing intersectional points between the subjugation of Dalits, Adibasis, peasants, women and other oppressed groups. Her mode of writing involves both realistic and allegorical portrayal. The presentation of characters (Draupadi who evokes the epic character and the incident related to her disrobing; Senanayak evokes the power of armed forces; Jashoda who reminds the readers of mother of lord Krishna) are indictive of her accounts taken from ordinary life.

Finally, in writing on the issue of untouchability and lower strata women all the writers like Mulk Raj Anand, Anantha Murthy, Premchand and Mahasweta Devi have presented different facets of exploitation. There is no doubt over the idea that they have tried their best to be honest in presentation of these characters. But when these male progressive writers are compared to their contemporary women writers, we come to the understanding that they have failed miserably in depiction of these lower class/caste women. Although their approach is to discuss the atrocities meted out on these lower caste people but in this approach, women are only presented as sexed bodies. The difference in portrayal can be because of differences in their viewpoints. As it is clear to all that literature is only representation of human experience. So as long as these texts raises new questions and give voice to the silenced individuals, it has worked for the society. This very reason makes the contribution of these writers relevant in current times.

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Role of Young Nurses during Covid -19 Pandemic and its Consequences on their Resilience

Patki Archana*

Purandare Mrinalini**

Abstract

This study was conducted to find out the impact on Resilience of nurses who participated as frontline workers during the pandemic Covid 19. 20 young nurses in the age group of 18 to 25 years serving in the metropolis of Mumbai coming from the vulnerable economic strata of society were selected as a sample. The nurses worked 8 hours a day for 6 days in a week as frontline workers at a Covid treatment Facility. 12 nurses completed the post Covid testing.

Covid 19 pandemic threw up unforeseen challenges especially for these frontline workers and they performed their duty amidst the raging circumstances of the pandemic. This paper is a comparative study exploring their Pre Covid and Post Covid resilience measures to see if and how the pandemic affected this group of nurses who performed their duties diligently. Resilience is a person's ability to bounce back after a period of trauma/stress. Whilst appreciating the contribution of these frontline workers this paper deals with the possible consequences on their resilience and suggests measures for the same. T test was used as a measure of test of significance for comparing the

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pre Covid & post Covid scores on Resilience. The results showed that there was a significant decrease in Resilience ($t=p<.01$)

Key words – Nurses, Young women, Covid, Resilience, Vulnerable.

Introduction

Nurses form an important component of the category of frontline health workers who played a crucial role in handling the Covid 19 catastrophe. The International Council of Nursing said that nurses “are central to successful progress in suppressing [the pandemic] and will be the mainstay of post COVID-19 health systems” (Roush Karen, 2020). Health worker’s role was the most significant one during the COVID-19 pandemic response. They provided access to essential health services along with balancing additional service delivery needs and deployment for Covid 19 vaccines. They also faced a higher risk of infection involved as they were, in the efforts to protect the rest of the population. They also worried about carrying the infection to their homes. This exposed them to other risks such as stress & fatigue. In view of all these the WHO provided guidance, advice and training for both health workers and administrators.

During the pandemic the health workers also served as role models by getting the vaccine & protecting themselves and helping their patients and the public understand its benefits. The WHO had recommended special measures for prevention of fatigue by specifying the number of working hours, the number of shifts or frequent rest breaks and minimum consecutive hours of rest between work shifts. Excessive hours of work was to be avoided and just in case that was totally unavoidable, then necessary compensatory measures such as overtime pay, compensatory time, being gender sensitive were strongly recommended. Above all health workers safety was accorded topmost priority. The role played by health workers during pandemic has been applauded by all sections of the society. Hence the question was have there been any consequences for them in terms of Mental health since the mental health and well-being of women health workers would be a primary concern. Resilience can be considered as the sole index of Mental health (Connors, 2016).

The word Resilience has originated from the Latin word ‘resiliens’, referring to the pliant or elastic quality of a substance (R. R. Greene et al., 2002). Resilience is the process of adjusting well in the face of

hardship, trauma or tragedy. It is managing well inspite of threats or significant sources of stress. They could be in the realm of family and relationship problems, serious health problems or workplace and financial stressors. Resilience basically is “bouncing back” from difficult experiences. It refers to a class of phenomenon characterized by good outcomes in spite of threats to adaptation or development (Masten, 2001).

Poor well-being among health care workers termed as professional burnout, is commonly seen. The coronavirus disease 2019 (COVID-19) pandemic has further strained the health care workers. Factors found to be significantly associated with higher levels of resilience were having positive perceptions about the organization’s understanding of the emotional support needs of health care workers during the pandemic, believing enough resources were available for managing the care of patients, positively viewing the leadership support, having positive perceptions of the redeployment policy, and having a higher degree of psychological safety (Munn, Lindsay Thompson ; Liu, Tsai-Ling; Swick, Maureen; Rose, Robert; Broyhill, Britne; New Luci; Gibbs, Michael MD, 2021).Several work environment factors have significantly affected health care workers’ well-being and resilience during the COVID-19 pandemic. Like other frontline workers, nurses have undergone many workplace hardships and faced moral dilemmas this year, along with the routine strain (Fauteux Nicole,2021).

The Paper compares the pre-Covid and post Covid resilience scores of a group of young nurses who functioned as frontline workers during the pandemic. They belonged to the economically vulnerable sections of society. The study was conducted to see if the Resilience of young nurses had increased or decreased after the experience of serving as a frontline workers.

Problem

To find out whether the experience - role played by nurses during the Covid 19 pandemic had any influence on their resilience.

Hypothesis

There will be a significant difference between the pre- Covid scores & post Covid scores on Resilience of young nurses who worked as frontline workers during the Covid 19 pandemic.

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Design

One Group design.

Pre-Covid test of R	Experience during the pandemic as a Frontline worker	Post-Covid test of Resilience
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Independent Variable- Frontline duty during Covid 19 pandemic

Dependent Variable- Resilience - One's ability to bounce back as measured by the Brief Resilience Scale. Higher the score, higher the resilience.

Methodology -

Sample: The sample characteristics of selected sample were as follows-

Age Range: 18- 25 years.

Gender: Female.

Education level: ANM Nursing

Socio economic Status: Low income group. Those nurses whose families were entitled to Orange Ration Cards from the State Government - Annual income level Rs 15,000/- to Rs 100,000/-

Geographical area: Urban Metropolitan - City of Mumbai.

Procedure

Background - Part I of the Experiment -Survey

77 Young Nurses belonging to the economically vulnerable group were tested for their Resilience using the CD scale.

Part II

20 Low Resilient Nurses were selected. Resilience scores were measured using the BRS. They were provided Life skills training. Resilience measures showed an improvement.

Current study Part III

Nurses were again tested for Resilience with a gap of one year. The period covered the Covid 19 pandemic frontline duty.

Duties involved were History taking, Monitoring of vitals, Feeding and ensuring nutrition, Managing emergencies, Stock taking & getting essential medicines & PPE kits, Medication of patients, Investigations, Health Education, Psychological support, Social support.

The hours of duty were 8 hours per day for 6 days a week.

Tools

Resilience:

Brief Resilience Scale - Developed by Bruce Smith et al in 2008 It is a 6 item Self report measure used for adults (mean age range is 19-62). Each item is to be responded to on a 5-point Likert Scale ranging from 5 Strongly agree to 1 strongly disagree. The range of total scores is 6 to 30. Item 2,4, 6 are reverse scored. The total score is averaged to give the Resilience score. Scores ranging from 1.00 to 2.99 are considered as low resilience, 3.00 to 4.30 as average or normal resilience and 4.31 to 5.00 as high resilience. The test Retest Reliability tested after one month was found to be .69 and .62 after three months.

Connor Davidson Resilience Scale (CD-RISC Connor Davidson 2003).

It is a 25-item scale measuring the ability to cope with stress & adversity. Alpha Reliability $\alpha=0.89$ (Psychometric evaluation on Indian population by Singh Kamlesh et al).

Results

Data Analysis-

Mean as a Measure of Central Tendency.

Standard Deviation as a Measure of Variability

Table 1. Analysis of Group Performance on Resilience

	Pre-Pandemic R	Post Pandemic R
Total	51.67	37.4
Mean	4.31	3.12
SD	0.31	0.46
t Test		9.51

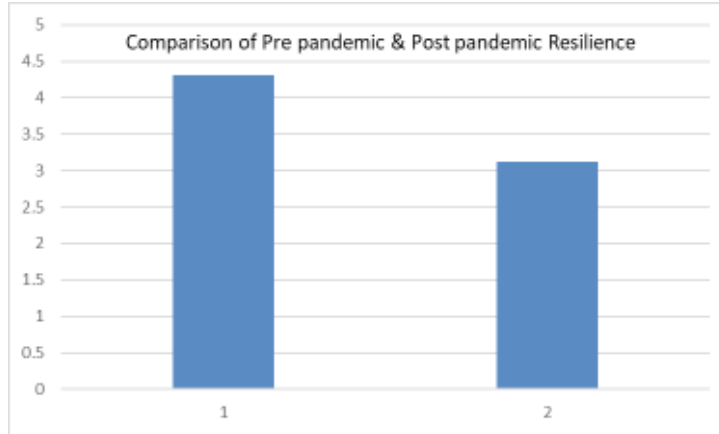
Table 2. Analysis of Group Performance on Resilience at Pre intervention, post intervention/Pre Pandemic & Post Pandemic period.

	Pre-intervention R	Pre-Pandemic R	Post Pandemic R
Total	38.52	51.67	37.4
Mean	3.21	4.31	3.12
SD	0.30	0.31	0.46

t-test was used to measure Significance of difference

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Graph 1 : Comparison of Pre Pandemic & Post Pandemic R



Graph No 2 : Comparison of Pre-Intervention, Post intervention/ Pre Pandemic & Post Pandemic Resilience



Discussion

Record of Participant's scores reveals that the Mean for Resilience for pre-Covid (post intervention phase) is 4.31 & for post-test performance is 3.12. It shows a decrease in the average performance on the post-test. The Student t Test shows the difference is significant ($t = p < .01$) The Variability of the group measured using Standard Deviation shows 0.31 during pre-test and 0.46 during post-test (Table No 1) demonstrates that the variability in the group increased. The hypothesis that "There will be a significant difference between the pre-

pandemic scores & post pandemic scores on Resilience of young nurses who worked as frontline workers during the pandemic” is supported. The Resilience showed a decline.

The data analysis shows that 60% participants responded for the Post Covid phase - the current study. 40% were too busy with the hassles of daily living so could not participate. Decline in Resilience was seen for every single participant without exception. Of the ones who responded in 41.67% participants resilience declined even below their pre-life skills intervention level; another 41.67% participants Resilience declined but remained above the pre intervention level and in 16.67% the resilience declined to their pre intervention levels.

The role played by frontline workers during the Covid 19 Pandemic has been exemplary. Young nurses were suddenly thrown into an unfamiliar situation and no one was actually prepared to deal with such a major health crisis. Stories of heroism, personal sacrifices, testing of strength & stamina abound in medical circles. Instances of doctors & nurses reporting for work immediately following funerals of their close family members have been heard of. Isolating oneself after returning home post duty due to fear of infecting family members was common for all health workers. All this along with the daily stress and strain of medical duties and family responsibilities, travel hassles could have impacted the grit & Resilience of these young nurses. “Working as a ‘frontline’ health or social care professional during a global disease pandemic, like COVID-19, can be very stressful. Over time, the negative effects of stress can lead to mental health problems such as depression and anxiety, which, in turn, may affect work, family and other social relationships. Healthcare providers can use various strategies to support resilience and mental well-being in their frontline healthcare professionals. These could include work-based interventions, such as changing routines or improving equipment; or psychological support interventions, such as counselling.

It would be essential to undertake measures to rebuild Resilience and to take steps to ensure that the resilience of a group of nurses who are an essential frontline work force does not diminish. The measures as recommended by the important authorities are enlisted below-The 2019 consensus report by the National Academy of Medicine, highlights the devastating effects of burnout while highlighting how resilience can alleviate this state especially since careers and lives of best nurses are being lost. They proposed that it is important to look at the systemic difficulties such as adequate recruitment, the electronic health record, and unsatisfactory conditions in the workplace. It is recommended that

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leaders take on the responsibility of resilience for their teams and implement systemwide resilience opportunities to strengthen leaders and nurse managers with time, funding, and ideas about how to enhance support staff. It was proposed that time should be built in during regular shifts for staff to practice resilience activities, as well as time for paid “resilience retreats” for staff to practice self-care as a group. It was realised that nurses should take on resilience practices when they are off-duty too. The need for establishing a chief resilience officer (CRO) or chief wellness officer (CWO) role with provision of a good budget was also realised. This role would prioritize advocating for bedside clinicians, changing staffing structures, addressing systems & concerns that cause unnecessary stress on staff, and support evidence-based resiliency programs.

The ICN and the National Academies group recommend ensuring support of nurses on the front lines through measures such as increasing staffing; providing hazard pay; facilitating childcare, eldercare and transportation; and, of primary importance, ensuring the availability of appropriate PPE. What is important is that both underline the importance of psychological support for nurses through counselling services, stress management, and appropriate time off.

Life skills workshops on the ten life skills as recommended by the WHO would be a good step forward for empowerment of Nurses to further build resilience. Building Psychosocial competencies is a proven method for increasing Resilience.

Conclusion

The extraordinary strain experienced by nurses to cope with the role they played as the frontline workforce during the pandemic Covid 19 may have affected their resilience significantly.

Limitation of the Study

There was no comparative group of nurses who did not undergo the Covid 19 duties.

Application Value

The study brings about the possible consequences for the Mental Health and Wellbeing of young Nurses and suggests measures for the same. More research in this area has been recommended by experts indicating tremendous scope for further research. Research could also be done to find ways of extending the effect of Life skills intervention.

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A Study to Assess the Level of Stress, Stress Related Behaviour, Factors Causing Stress and the Coping Strategies Practiced by BSc Nursing Students to Manage Stress While Working in Isolation Unit of Covid 19 in Selected Metropolitan City

Mrs. Shilpa Ashok Shettigar

ABSTRACT

Introduction:

The world is facing unprecedented challenges in the face of a global pandemic. Isolation unit, are risked for nursing students and family.

The objective to assess level of stress, related behaviour, factors causing stress and coping strategies practiced by Nursing students to manage stress in isolation unit of covid 19.

Methodology:

A non-experimental quantitative research approach, descriptive survey design. An online google survey was conducted using self reported rating scale and purposive sampling techniques from 120 nursing students.

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Results:

The demographic findings of study shows that 79 (65.8%) were aged between 20 – 24 years , most 104 (86.7%) of the students were from Basic Bsc. Nursing.111(92.5%) were given pre training whereas 113(94.2%) received prophylaxis treatment. Most 60(50%) students showed low stress related to behavior and 65(54.2%) students displayed moderate perceived stress. Among factors causing stress maximum mean percentage was depicted in Social media stress (32%), Nursing responsibility (29.1%), Personal protection and safety (27.5%) and Knowledge and skill deficiency (30.2%). Among coping strategies practiced by students maximum mean percentage was seen in Adaptive coping strategy (47%) and Confrontative coping strategy (44.8%) was the most used by students to combat stress. Correlation between stress and Coping strategies shows there is no statistical correlation between them. Stress is associated and dependent on Age, Nursing course, Prophylaxis treatment, Medical facility provided

Conclusion:

Moderate perceived stress related to Social media, Knowledge, skill deficiency and responsibility and Personal protection and safety stress.

Orientation, training programme and provision of personal safety and protection will definitely help to reduce stress. Recommended research needed for reducing level of stress by using innovative supervision technique and practices .

KEY WORDS:- Perceived Stress Coping Strategies.

Introduction:

“Stress is the trash of modern life we all generate it but if you don’t dispose of it properly, it will pile up and overtake your life. – Danzae Pace1

In January 2020 the World Health Organization (WHO) declared the outbreak of a new coronavirus disease, COVID-19, to be a Public Health Emergency of International Concern. WHO stated that there is a high risk of COVID-19 spreading to other countries around the world. In March 2020, WHO made the assessment that COVID-19 can be characterized as a pandemic. WHO and public health authorities around the world are acting to control the COVID-19 outbreak. However, this time of crisis is generating stress throughout the population.²

Health-care workers will go to clinics and hospitals, putting themselves at high risk from COVID-2019. Figures from China’s

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National Health Commission show that more than 3300 health-care workers have been infected .according to local media, by the end of February at least 22 had died. In Italy, 20% of responding health-care workers were infected, and some have died. Reports from medical staff describe physical and mental exhaustion, the torment of difficult triage decisions, and the pain of losing patients and colleagues, all in addition to the infection risk. As the pandemic accelerates, access to personal protective equipment (PPE) for health workers is a key concern. Alongside concerns for their personal safety, health-care workers are anxious about passing the infection to their families. Health-care workers who care for elderly parents or young children will be drastically affected by school closures, social distancing policies, and disruption in the availability of food and other essentials.³

The world is facing unprecedented challenges in the face of a global pandemic. Isolation unit, are risked for nursing students and family.

Background of the Study

Health care personnel (HCP) worldwide are at-risk for contracting SARS-CoV-2, the virus that causes coronavirus disease 2019 (COVID-19). On 3 April 2020 in the People's Republic of China, 4.4% of those who fell ill were health care personnel. In Italy, the rate of infected health care personnel reached 20%. In the United States, more than 10,000 cases were registered among health care personnel in only the first two months of the pandemic. Among health care personnel, nurses are at a particularly high risk of illness and death from COVID-19 due to the physical proximity and duration of time spent providing direct care to patients.⁴

Need for the Study

prospective cohort study were to analyse the mental health and health related quality of life (HRQoL) of a broad sample of healthcare workers (HCWs) in Spain. 2089 HCWs who completed the Generalized Anxiety Disorder 7 item (GAD 7) Scale. Major findings of study shows that the group of HCWs suffering the worst mental state were nursing home workers.50.17% were nurses or auxiliaries; 80.42% of the health workers have directly treated patients with Covid 19 and 12.28% have themselves tested positive for Covid 19. 38.58% of HCWs had clinical depression; over half (51.75%) had clinical anxiety; 60.4% had clinical stress; and 21.57% had clinical insomnia. Older professionals (>55 years) reported lower rates of anxiety, depression, insomnia, and stress. study confirms that symptomatology of anxiety, depression, stress,

insomnia, and HRQoL were affected amongst HCW during the Covid 19 pandemic.⁵

The psychological impact of the 2003 outbreak of severe acute respiratory syndrome (SARS) on hospital employees in Beijing, China. Randomly selected employees 549 of a hospital in Beijing were surveyed concerning their exposure to the 2003 SARS outbreak. The findings shows 10% of the respondents had experienced high levels of post-traumatic stress (PTS) symptoms since the SARS outbreak. Perceptions of SARS-related risks were significantly positively associated with PTS symptom levels and partially mediated the effects of exposure. ⁶

A descriptive correlational study to explore the relationship between job stress and coping strategies of Hong Kong nurses working in an acute surgical unit. Data were collected from 98 Hong Kong surgical nurses using the Nursing Stress Scale and the Jalowiec Coping Scale. Results showed that workload, lack of support and inadequate preparation are the most common stressors for Hong Kong surgical nurses. The most frequent strategies used by nurses to cope with stress can be characterized as evasive, confrontive, and optimistic. All of which are also rated as the most effective strategies in reducing stress levels. Only the confrontive, optimistic, supportant, and emotive coping strategies reveal significant correlations, with the stress levels of nurses. Recognizing the impacts of job-related stress and making use of effective coping methods play a vital role in reducing nurse's stress. ⁷

Problem Statement

A study to assess the level of stress, stress related behaviour, factors causing stress and the coping strategies practised by Bsc Nursing students to manage stress while working in isolation unit of covid 19.

Objectives:

- 1) To assess the level of stress among the nursing students while working in isolation unit of covid 19.
- 2) To assess the stress related behaviour among nursing students while working in isolation unit of covid 19.
- 3) To assess the factors causing stress among nursing students while working in isolation unit of covid 19
- 4) To assess the coping strategies practised by students to manage stress while working in isolation unit of covid 19.
- 5) To find correlation of the coping strategies practised by students to manage stress while working in isolation unit of covid 19

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- 6) To find out the association between selected demographic variables, factors causing stress and coping strategies practised by the nursing students while working in isolation unit of covid 19.

Hypothesis

H_0 - There will no correlation between level of stress among the nursing students while working in isolation unit of Covid19 and the coping strategies practiced by them.

H_1 - There will a correlation between level of stress among the nursing students while working in isolation unit of Covid19 and the coping strategies practiced by them.

Assumptions

High level of stress while working is leading to adopt negative coping strategies in student nurses.

High level of stress is leading to poor performance in clinical field in student nurses.

Review of Literature

Being novel corona virus very few literatures is available. Studies and articles reviewed are arranged under following headings.

- Studies and articles related to stress among the nursing students
- Studies about stress related behaviour, causes of stress in nursing profession and health impact of it .
- Studies related to various coping strategies adopted by nursing students .

Conceptual Frame Work :- Health Belief Model

The health belief model asserts that when a nursing students believes he or she is susceptible to a health problem with severe consequences, she will more likely conclude that the benefits outweigh the barriers associated with changing one's behavior to prevent the problem and Improve quality of life

Research Methodology

Quantitative Research Approach and non-experimental Descriptive Survey Design was used. 120 Sample of nursing students who has experience of working in covid19 isolation unit was selected by using purposive sampling technique .Technique and tool for data collection

used was stress related behaviour ,perceived stress score -10 points / statement , factors causing stress is five point rating scale with 34 items divided in social media, personal protection and safety support academic and financial ,nursing role and responsibility,knowledge and skill deficiency. Coping strategy used ; -46 statements are divided in to adaptive, emotional, confrontative, optimistic and evasive

Validity of the Tool

The validity of the tool was obtained by giving it to the experts in various fields. Various suggestions given by the experts were incorporated in the Demographic data, social stigma stress and coping strategies and Modification of objectives.

FINDINGS OF THE STUDY

SECTION I : This section analyses the demographic data of the nursing students while working in isolation unit of Covid19.

The data is represented as Table 1 in terms of frequency and percentage.

Table 1 - Distribution of Nursing students according to their demographic data like Age, Sex, BscNsg Batch and Medium

Sr. No.	Demographic characteristic	Frequency	Percentage
1	Age		
	18 – 20 years	39	32.5
	20 – 24 years	79	65.8
	Above 24 years	2	1.7
2	Sex		
	Male ()	0	0
	Female ()	120	100.0
3	Nursing course		
	RANM	16	13.3
	Basic Bsc. Nursing	104	86.7
4	Nursing course year		
	2nd year	56	46.7
	3rd year	40	33.3
	4th year	24	20.0
5	Whether training given to work in Covid unit		
	No	9	7.5
	Yes	111	92.5

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6	Whether Prophylaxis treatment given	
No	7	5.8
Yes	113	94.2
7	Whether medical facility provided	
No	7	5.8
Yes	113	94.2

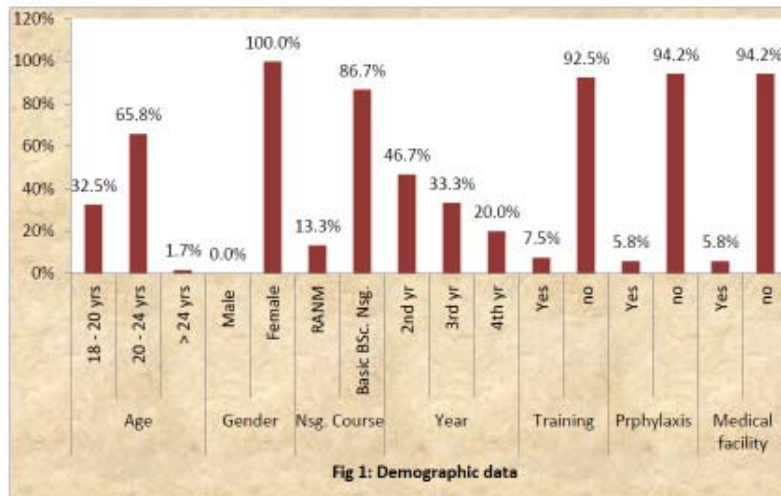


Table 1 and figure 1 represents the demographic data of the nursing students.

Data of age shows that maximum students 79 (65.8%) were aged between 20 – 24 years and 39 (32.5%) students were aged between 18 – 20 years. Only 2 (1.7 %) of the students were aged above 24 yrs.

Gender data shows that all the students 120 (100 %) were females and none were males.

Most of the 104 (86.7%) of the students had completed Basic B.sc. Nursing. Rest 16(13.3%) students had completed RANM Course. 47 (39.2%) students were in their 4th year, 52 (43.3%) students were in the 3rd year and rest 21 (17.5%) students were in their 2nd year.

111(92.5%) students were given training regarding working in Covid unit, 113(94.2%) students were given Prophylaxis treatment and 113 (94.2%) students said they were given medical facility.

SECTION II- This section assesses the level of stress faced by the nursing students while working in isolation unit of Covid19.

Table 2- Assessment of stress related behaviour and sign and symptoms among nursing students

<i>Sr. no.</i>	<i>Stress related behaviour and sign and symptoms</i>	<i>Frequency</i>	<i>Percentage</i>
1	Low stress related behaviour	60	50.0
2	Moderate stress related behaviour	45	37.5
3	High stress related behaviour	15	12.5
	Total	120	100

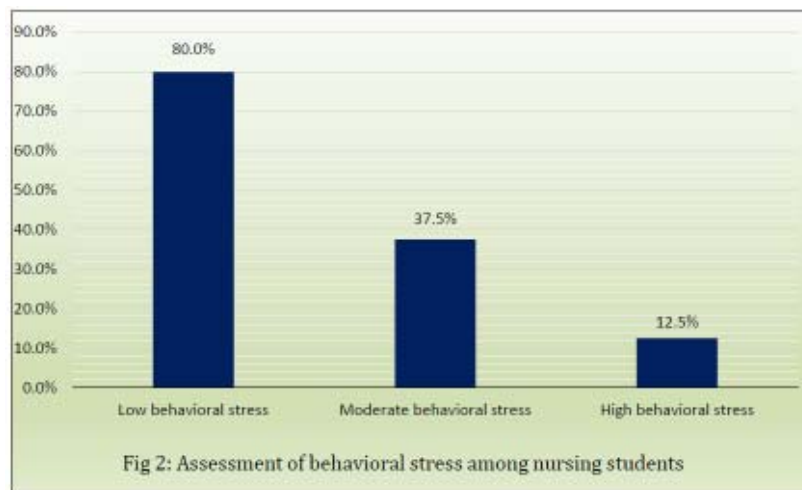


Table 2 and fig 2 focuses on Assessment of stress related behaviour and sign and symptoms among nursing students working in Covid Isolation unit. Most 60(50%) students displayed Low stress related behaviour and sign and symptoms, 45(37.5%) students displayed moderate stress related behaviour and sign and symptoms and rest 15(12.5%) students displayed high stress related behaviour and sign and symptoms.

Table 3- Assessment of Perceived stress scale among nursing students

<i>Sr. no.</i>	<i>Perceived stress scale</i>	<i>Frequency</i>	<i>Percentage</i>
1	Low perceived stress	51	42.5
2	Moderate perceived stress	65	54.2
3	High perceived stress	4	3.3
	Total	120	100

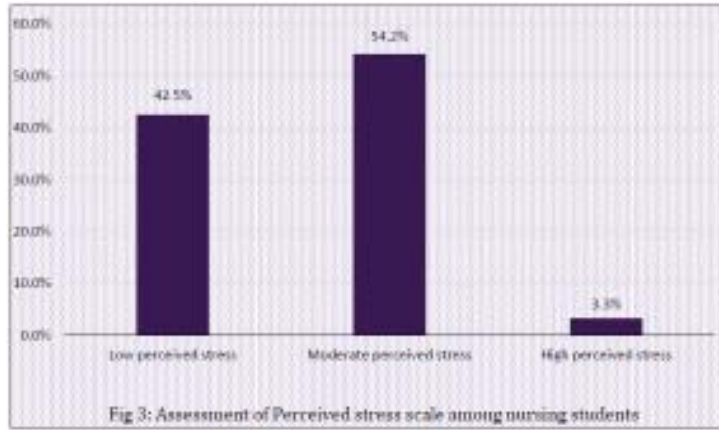


Table 3 and fig 3 displays assessment of Perceived stress scale among nursing students working in Covid Isolation unit. Most 65(54.2%) students displayed moderate Perceived stress scale, 51(42.5%) students displayed low Perceived stress scale and rest few 4(3.3%) students displayed high Perceived stress scale.

Table 4 - Assessment of factors causing stress among nursing students

Sr. no.	Factors causing stress	Max score	Mean	Mean Percentage
1	Social media stress	20	6.40	32.0
2	Personal protection and safety stress	32	8.79	27.5
3	Academic and financial stress	24	5.68	23.7
4	Nursing responsibility stress	32	9.31	29.1
5	Knowledge and skill deficiency stress	28	8.45	30.2

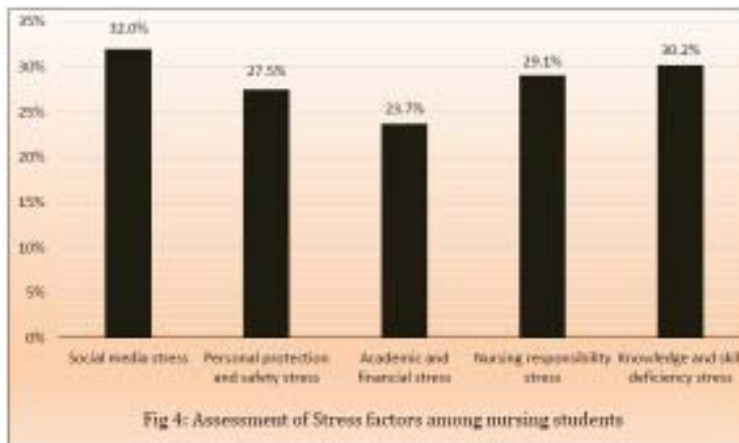


Table 4 and figure 4 shows assessment of Stress factors among nursing students while working in isolation unit of Covid19.

Social media stress area showed highest mean percent of 32. Then Knowledge and skill deficiency stress was 30.2 mean percent. Next Nursing role and responsibility stress was 29.1 mean percent. Personal protection and safety stress displayed 27.5 mean percent. Least mean percent of 23.7 was in area of Academic and financial stress.

SECTION III - This section assesses the Coping strategies practiced by the nursing students while working in isolation unit of Covid19.

Table 5 - Assessment of Coping strategies among nursing students

Sr. no.	Coping strategies	Max score	Mean	Mean Percentage
1	Adaptive coping	30	14.10	47.0
2	Optimistic coping	39	15.83	40.6
3	Evasive coping	24	9.97	41.5
4	Emotional coping	21	8.73	41.6
5	Confrontative coping	24	10.76	44.8

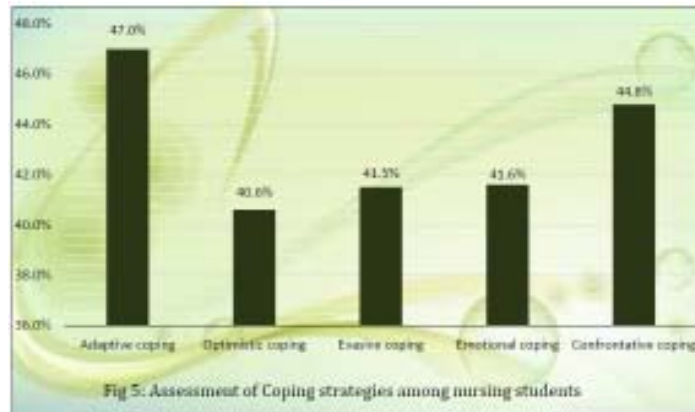


Table 5 and figure 5 shows assessment of various Coping strategies among nursing students while working in isolation unit of Covid19.

Maximum coping was seen in adaptive coping with 47 mean percent. Next 44.8 mean percent was seen in Confrontative coping. Then Optimistic coping showed mean percent of 40.6, Evasive coping showed mean percent of 41.5 and similarly 41.6 mean percent was seen in Emotional coping.

SECTION IV - The correlation between level of stress and Coping strategies among the nursing students working in Covid Isolation unit

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is tested in this section. As the data being in nonparametric format, Spearman's correlation test is conducted to find the correlation

Table 6 –To determine the correlation between Stress and Coping strategies among nursing students.

Correlation	<i>n</i>	Spearman's correlation value <i>r</i>	Spearman's table value <i>r</i>	Significance at 0.05 level <i>p</i>
Stress	120	- 0.132	0.189	0.151
Coping strategies	120			

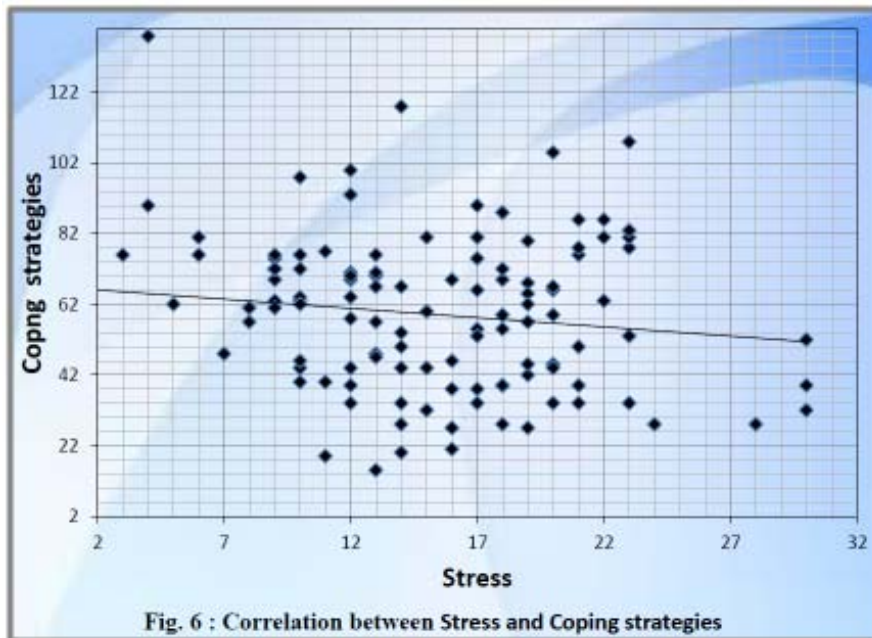


Table 6 and scatter plot 6 depicts the correlation between level of stress and Coping strategies among the nursing students working in Covid Isolation unit by Spearman's correlation method. It is seen that the Spearman's table (*r_s*) table value is 0.189 at a level of significance 0.05 with no of pairs being 120.

The calculated '*r_s*' value is - 0.132 which is less than the (*r_s*) table value. Hence we can say that statistically there is no correlation between level of stress and Coping strategies. Thus it can be said that level of stress is not associated or correlated with Coping strategies among the nursing students working in Covid Isolation unit.

SECTION V – This section deals with Analysis and interpretation of data in order to find out association of Stress and coping strategies with selected demographic variables among nursing students working in Covid Isolation unit..

As the Stress and coping strategies data being in non parametric format, the Kruskal wallis Test is used to find out if any association exists between Stress and coping strategies with selected demographic variables.

Table 7 - Association of demographic variables with Stress among nursing students.

Association of demographic variable with Stress		n	Mean Rank	df	Calc. X ² value	Table X ² value	P value
Age	18 – 20 yrs	39	48.62	2	9.12	5.99	0.010
	20 – 24 yrs	79	67.18				
	Above 24 yrs	2	28.50				
Nursing course	RANM	16	40.70	1	6.92	3.84	0.011
	Basic Bsc. Nursing	104	62.94				
Nursing course year	2 nd year	56	46.48	2	4.71	5.99	0.095
	3 rd year	40	65.94				
	4 th year	24	60.74				
Training	No	9	58.17	1	0.04	3.84	0.834
	Yes	111	60.69				
Prophylaxis	No	7	24.64	1	7.93	3.84	0.005
	Yes	113	62.72				
Medical facility	No	7	27.93	1	6.54	3.84	0.011
	Yes	113	62.52				

Table 7 displays association of demographic variables with stress among nursing students working in Covid Isolation unit.

The Kruskal wallis test for independent samples was conducted to find the significant difference between groups of Age, Nursing course, Nursing course year, Whether training given, Whether Prophylaxis treatment given and Whether Medical facility was provided with respect to stress . The calculated X² value of stress for Age, Nursing course, Whether Prophylaxis treatment given and Whether Medical facility provided were more than the table value, hence significant at 0.05

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level. Whereas the calculated X^2 value of stress for Nursing course year and Whether training given were less than the table value, hence not significant at 0.05 level

This shows that stress is independent of demographic variables Nursing course year and Whether training given. Whereas stress is associated and dependent on demographic variables Age, Nursing course, Whether Prophylaxis treatment given and Whether Medical facility provided.

Table 8 - Association of demographic variables with Coping strategies among nursing students.

Association of demographic variable with Coping strategy		n	Mean Rank	df	Calc. X^2 value	Table X^2 value	p value
Age	18 – 20 yrs	39	63.78	2	0.84	5.99	0.657
	20 – 24 yrs	79	58.57				
	Above 24 yrs	2	72.75				
Nursing course	RANM	16	63.10	1	1.11	3.84	0.374
	Basic Bsc. Nursing	104	59.79				
Nursing course year	2 nd year	56	63.67	2	0.46	5.99	0.794
	3 rd year	40	61.49				
	4 th year	24	57.99				
Training	No	9	67.72	1	0.42	3.84	0.517
	Yes	111	59.91				
Prophylaxis	No	7	74.86	1	1.27	3.84	0.260
	Yes	113	59.61				
Medical facility	No	7	71.36	1	0.73	3.84	0.395
	Yes	113	59.83				

Table 8 displays association of demographic variables with coping strategy among nursing students working in Covid Isolation unit.

The Kruskal wallis test for independent samples was conducted to find the significant difference between groups of demographic variables with respect to coping strategy. The calculated X^2 value of coping strategy for all the selected demographic was less than their respective table value, hence not significant at 0.05 level.

This shows that coping strategy is independent of demographic variables Age, Nursing course, Nursing course year, Whether training given, Whether Prophylaxis treatment given and Whether Medical facility was provided, hence not associated with them.

Conclusion:

Moderate perceived stress related to Social media, Knowledge, skill deficiency and responsibility and Personal protection and safety stress.

Orientation, training programme and provision of personal safety and protection will definitely help to reduce stress.

Recommendation

Research needed for reducing level of stress by using innovative supervision technique and practices. Need to study by practicing stress control measures,therapy.

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Manufactures and Industries of Rohilkhand in the Nineteenth Century

Dr. Anita Prakash

Rohilkhand is the name given to the fertile region lying north-west of Awadh, between Ganges on the south and Kumaun hills on the north. It came under the British rule during the governor-generalship of Lord Wellesley, as a ceded province, and became a part of North-Western Provinces. After the administrative reorganisation that followed the Charter Act of 1833, Rohilkhand division of North Western Provinces came to consist of five districts of Bijnor, Moradabad, Badaun, Bareilly (including Pilibhit) and Shahjahanpur. Later on, Pilibhit was made a separate district and thus the number of districts of Rohilkhand Division rose to six, and remained so throughout the nineteenth and even the twentieth century.

The present paper aims to make a brief survey of some major local manufactures and industries of these six districts of Rohilkhand in the nineteenth century. At the outset, it would be worthwhile to delineate briefly the two major factors which shaped the pattern of industrial growth of Rohilkhand Division. These are one, the availability of raw material and secondly the means of transport.

Most of the raw material for industries was available, in the form of agricultural products grown locally like sugar, indigo, cotton, etc. or was obtained from nearby hilly regions and forests, in the form of saltpetre and efflorescences, which were used in glass manufacture and timber from hilly forested region, which was used for making furniture. As an exception, metals were obtained from outside the division.

The prevalent means of transport also played a vital role. The cities well-connected with rail and roads had the propensity of becoming major commercial centres of the division. Bareilly, Moradabad and

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Shahjahanpur were the chief commercial centres of the division, owing to better means of communication. The main line of Oudh-Rohilkhand Railway passed through these districts. On the other hand, these were well connected with principal highways with each other and with other important cities like Meerut and Lucknow. As it lay on the main route of Oudh-Rohilkhand Railway, connected by road and rail with Lucknow, Shahjahanpur became one of those districts, where early European industries were established. Pilibhit served the purpose of transit trade with its proximity to hills and forests. Bijnor was connected by metalled roads to Muzaffarnagar and Meerut. Goods manufactured here were sent outside through these commercial routes. In contrast, Badaun lacked good means of communication and thus remained commercially and industrially backward. Nevertheless, it did have a number of local markets at which locally manufactured goods were bought and sold. Thus, availability of raw material and transport was a crucial factor in the level of growth of industries in the region.

The state of some major industries of the region is now discussed.

Sugar

Rohilkhand constituted the sugarcane growing belt of the province. As such, sugar industry in particular, was a very flourishing industry in the early nineteenth century Rohilkhand. Besides local consumption, it was also the chief item of local trade. The main centres of local sugar industry in Rohilkhand were Sambal, Chandausi and Bilari in Moradabad district, Ujhani and Bijnor city in Bijnor district, Mirganj and Bareilly city in Bareilly district and towns of Pilibhit and Shahjahanpur. At many of these places, sugar was still manufactured through traditional methods, but with the growth of science and technology, modern methods began to be adopted, mainly due to initiative of European industrialists. One of the earliest example of this comes from European controlled Rosa factory of Shahjahanpur, which started refining sugar from 1839, thus replacing it from traditional khand, which was manufactured and consumed throughout the province. Till 1903, it began to refine 10% to 13% of the sugar produced in Shahjahanpur district. This heralded the beginning of modernisation of indigenous sugar industry of Rohilkhand division, on the one hand and replacement of it by foreign sugar and ultimately destruction of it under colonial rule.

Indigo

Indigo was the most valued commodity of export to Europe. As such, its cultivation was much encouraged by the Europeans in the nineteenth

century and continued to be so till it was replaced by German dyes later on. Indigo plantation and manufacture were very profitable investments and were manned purely by Europeans. Manufacture of indigo was the only industry till 1880 in Badaun. Factories were located at Kakrala and Bilsa. Maxwell and Debram were the leading manufacturer in the district. A factory was set up at Tilhar in Shahjahanpur district. Bareilly district too had some indigo factories. In short, manufacture of indigo remained a thriving industry in nineteenth century.

Metals

The metal industry, with its main centre at Moradabad was also very important. Large quantities of ordinary brass vessels were made of moulded brass. More expensive and durable vessels prepared by imported sheet brass were also made for upper classes. The first stage in the making of Moradabad brass-ware was that of tinning the finished product followed by engraving of tinned surface, the result of which was the production of ornamental coloured vessels, revealing the brass underneath. All types of articles such as trays, bowls, picture-frames, candlesticks and boxes were made of ornamental brass. Ordinary brass-vessels were made at Dhanaura and several other places of the district. Amroha in district Moradabad was famous for the manufacture of brass fittings for palanquins, carts, chairs etc. The workmanship was of high quality. Dhampur in Bijnor district was also a very big centre of trade and manufacture of ironware and other metal goods. Its ironsmiths and braziers were very famous within the district. Ironlocks, plates, brass candlesticks, carriage ornaments, gongs and bells, prepared of a mixture compounded from copper and lead were manufactured in abundance. Matchlocks were another famous manufacture of Dhampur. They were used by the armies of East India Company. A few matchlocks of these places were exhibited at the Paris Exhibition in 1867, where they won prizes and were sold out readily. Najibabad of Bijnor district was another region famous for its dishes and vessels made of copper, iron, bell-metal and brass. Ordinary cooking utensils, tools, gold and silver ornaments were also made in Bijnor, Bareilly and Shahjahanpur district of Rohilkhand.

Glass

The manufacture of glass was more or less concentrated in Bijnor district, where it flourished as the most important industry of the district, and served local needs. Glass was manufactured from an amalgam of reh and saltpetre and had greenish-blue colour. Glass

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bottles prepared here were supplied to many places like Hardwar where pilgrims used them to carry the sacred gangajal in flasks made in Bijnor. The local medical practitioners used these glass bottles for supplying medicine. The glassware prepared by the manihars of Nagina was transported to Calcutta and other faroff places. Moradabad district too had some crude glass factories. Crude country glass for bangles was manufactured locally from saline efflorescences at Hasanpur in Moradabad district. Some attempts for manufacture of glass was made in Bareilly and Shahjahanpur also.

Textiles

The competition of factory-made European cloth hampered the growth of local textile industry. Still, as far as hand weaving of coarse cloth, known as garha and gazi used by ordinary people is concerned, these were manufactured in many small and big towns of Rohilkhand, the chief centres being Thakurdwara, Hasannpur, Kundarakhi in Moradabad district, Daranagar, Burhpur and Najibabad in Bijnor district, Bareilly and Shahjahanpur. There were several cotton ginning mills and presses at Chandausi in Moradabad district. A spinning mill was also erected at Moradabad. The fabrics made here included, besides the ordinary garha and gazi cloths, checks and stripes of various kinds, handkerchiefs, towels, twills and dhotis in large quantities. Much of the plain cloth made in the city was used for cotton prints for which Moradabad was famous and had a good market even outside the division. Burhpur in Bijnor district was very famous for its dyeing industry.

Besides these, carpets, daris, blankets etc. were also manufactured in Rohilkhand. Amroha and Bijnor were famous for its carpet-making. The embroidered carpets of Sherkot in Bijnor district had a good sale in higher circles as an article of luxury. Woollen blankets of Bijnor had a very good market. Though a little coarse, they were made of pure wool and were very durable and warm. Cotton durries were also made in Moradabad. Embroidery of caps in silk and velvet was carried out in Amroha. The finished goods were sent to all parts of U.P. and also to Bengal.

Woodwork

Bareilly was the most important centre of furniture, not only of Rohilkhand division, but of entire province. The lacquered furniture made in Bareilly could be seen in Indian and European reception rooms all over the province, and even beyond. In Pilibhit also, some coarse kind of carpentry flourished and though all wood intended for furniture passed on to Bareilly, country-carts were manufactured there only. During the early phase, it also had a big boat-building industry. At

Amroha, carts and articles of furniture were produced including camp-beds of a very good quality. Dholaks and tom-toms were a speciality of the place. In Najibabad too, carts were made on order. Ebony carving was tastefully done in Nagina in Bijnor district.

Wines and Spirits

Wine and rum were distilled in some big distilleries of the province. A distillery was started by John Maxwell in Kanpur which was later shifted to Rosa in 1834. In 1838, the company passed into the hands of Russell, Carew and his wines earned a good name. They were in great demand throughout the North-Western Provinces and were also sent outside the province to Bengal and Punjab. Wine was distilled in Moradabad district also.

Pottery and Earthenware

Pottery made of dark grey or black clay was made almost everywhere to fulfil local needs, but a few places were renowned for manufacturing special varieties. Amroha, Bijnor and Bareilly are worth-mentioning in this regard. In Amroha, cups, vases and similar articles were shaped by hand on potter's wheel, while for figures, brackets etc. moulds were used. The earthenware pipe bowls (chillams), jugs (surahis) of Bijnor were especially famous. Tiles and earthenware employing native methods were produced quite abundantly in Bareilly district also.

Handicrafts

For handicrafts, Amroha and Sambal deserve special mention. Sarai Tarin, a suburb of Sambal was noted for its manufacture of articles made of horn. These were chiefly combs made in both European and Indian styles. The workmanship was excellent and some of the combs were highly decorated with gold and silver. The horns were cut into slices, which were cleaned, softened by gentle heat and then straightened by wooden press. They were subsequently filed and polished after which the teeth were made by means of a saw. In Bijnor too, a few minor luxury items such as paper knives, paper mache candlesticks, bells etc were manufactured. The paper mache inkstands and writing cases were made on a large scale in Badaun district also. In Mandawar town of Bijnor district a small manufacturing unit produced artistic little boxes, pen-trays and paper knives, like those produced in Badaun.

After this brief account of manufactures and industries in Rohilkhand, it would be worthwhile to conclude with a few observations regarding the industrial growth of Rohilkhand during the nineteenth century. As is evident from the above account, modernising influences

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of British rule had begun to creep in, but could not become a strong element in the economic and social life of the people of Rohilkhand. The modern means of transport, upon which the growth of modern industries depend, were not yet much developed in the region. As such the growth of modern industries was still not a significant phenomenon in Rohilkhand of the nineteenth century. There were only a few industries which could be called 'modern' in the best sense of the word, and these were mostly controlled by the Europeans. Indigenous traditional methods of production were still applied in most of the industries of Rohilkhand. Though a few luxury –goods were also manufactured, the products made in these industries were by and large meant for local consumption and fulfilled the daily needs of the people. This fact also signifies that self-sufficiency was still an important feature of the economy of the region. Towards the close of the nineteenth century, however this self sufficiency was hampered under the yoke of British rule and certain industries showed a tendency towards decline, which was undoubtedly the outcome of the growing competition of foreign goods.

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