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Impact of Covid-19: The Psycho-Social and Livelihood Perspectives



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CONTENTS

1. Managing Epidemics: The Importance of a Social Work Approach in Dealing with High Impacting Disease Outbreaks
KT Nandu09
2. Work from Home: A Psycho- Social Analysis of Employees During Covid-19
Suadath. V, Riya Chhikkara, Deekshya Bhal & Sanjna Ghosh.....21
3. Experiencing the Covid-19 pandemic: A Psychosocial perspective
Sowmya K Sukumaran.....33
4. The Implications of Covid-19 and School Closures on the Health and Well-being of Children
Subhitha Menon U.....45
5. Living with Co-morbidities During the Pandemic: A Case Study Among the Cancer Patients from Kerala
Vandana KR.....56
6. Worried but an Attempt to be Insightful: Quarantine Experiences of Young Persons
Dr. Justin P J & Aswin Alfred65
7. Covid–19 Impacts on Agricultural Finance
Vikas George & Amala P Rosh76
8. Regional Disparity in Malabar Districts of Kerala and General Healthcare Services during Covid-19 Pandemic
Sajid M S.....87
9. IT Sector Coping with the Covid-19 Pandemic: Exploring new Frontiers and Finding Possibilities
Nipton Varghese96
10. Exploring Education in the time of a Pandemic: Implication and Application among School going Children in India.
Minimol James & Animol James 101

EDITORIAL

FR JOSE MELETTUKOCHIYIL CST

The world has still not recovered from the grip of the Covid -19 pandemic. Everyday new threats are posed by the variants of the virus. Every aspect of human life is affected by the pandemic like never before. The invention of vaccines by various nations and mass vaccination drives also seem to be inadequate in bringing life back to normal. The various strategies to cope with the restrictions in the education, economic, health and other spheres of life such as work from home, online learning, online consultations etc, are never free of flaws. A complete accord of the consequences of the corona virus, its new variants and the new way of life of man are still under study. It is in this context that the editorial team of LISSAH Journal considers it appropriate to discuss the impact of Covid-19 in this issue. This issue consists of 10 articles that emphasise the serious consequences of the pandemic in the areas of education, employment and health.

‘Managing Epidemics: The Importance of a Social Work Approach in Dealing with High Impacting Disease Outbreaks’ is an empirical study from Pozhuthana in Wayanad that focuses on people’s perception of health and the need for social work approach in holistic health. People’s perception of health includes various determinants such as nutrition, drinking water, employment, education, housing, entertainment, etc. The author further establishes the role of social worker in the health care system as an active participant in addressing the social determinants of health.

‘Work from Home: A Psycho-Social Analysis of Employees During Covid-19’ an article by Sudanth V, Riya Chhikkara, Deekshya Bhal & Sanjna Ghosh established both the merits and demerits of work from home culture. The respondents have felt that professionalism, focus, team unity and weekends are at stake in the new culture. Reduced travelling, less expenditure, flexibility and gender role changes are perceived as the merits by some of the respondents. However, this article is a truthful experience of people working from home.

The article titled ‘Experiencing the Covid-19 pandemic: A Psychosocial Perspective’ by Sowmya K. Sukumaran highlights the strategies adopted by the District Corona Control Cell in effectively managing the pandemic and discusses the problems faced by the covid positive patients in the First-Line Treatment Centres in the initial phase of

the pandemic based on the authors' experience with the District Corona Control Cell by the Department of Health in her capacity as a Clinical Psychologist.

The article titled 'The Implications of Covid-19 and School Closures on the Health and Well-being of Children' by Subhitha Menon U outlines the adverse effects on children's physical and mental health and emotional development due to the forced online education imposed by the pandemic. She further emphasises the need to devise strategies to fill the gaps created by the new learning mode when the schools re-open to the old offline mode.

'Living with Co-morbidities During the Pandemic: A Case Study Among the Cancer Patients from Kerala' by Vandana K.R is an article that portrays a realistic picture of the hardships faced by cancer patients during covid. The hardships range from late diagnosis due to restrictions on movement to inability to continue treatment due to financial crisis as a result of the pandemic. The procedures in availing medical services and inability of family members to visit and escort the patients to hospital due to isolation and quarantine made life all the more difficult for them.

'Worried but an Attempt to be Insightful: Quarantine Experiences of Young Persons' is an article by Dr Justin P J & Aswin Alfred in which the authors have explained the multidimensional quarantine experience of youngsters in Kerala. The various dimensions explained in the article are isolation, stigma, anxiety, stress, reflection on personal life, spirituality, dependence on social media relationships, social support system and recreation during quarantine. The respondents showed mixed reactions to these aspects but the article ends on a positive note that despite the difficulties during quarantine, they were hopeful of a better tomorrow.

'Covid -19 impacts on Agricultural Finance' by Vikas George & Amala P Rosh focussed on the impact of the pandemic on the repayment of agricultural finance. The article has succeeded in bringing to light the plight of farmers due to reduced agricultural production, low price for the products, non-availability of markets and lack of raw materials which are the direct consequences of the pandemic.

'Regional Disparity in Malabar Districts of Kerala and General Healthcare Services during Covid-19 Pandemic' by Sajid M has emphasised the disparity in the distribution of health care services in Kerala in the government sector among the northern and southern regions and that the people in the Malabar region were therefore worst hit during

the pandemic when the general health care system brought about a service shift from general health care to covid care and crisis management.

‘IT Sector Coping with the Covid-19 Pandemic: Exploring new Frontiers and Finding Possibilities’ is an article by Nipton Varghese based on ONTASH LTd’s experience of changes in their work culture due to pandemic and the strategies adopted by them to enrich the work life of employees. The ‘Five-Step Model’ of Ontash to facilitate a new work style is a model for similar organisations to emulate.

‘Exploring Education in the time of a Pandemic: Implication and Application among School going Children in India’ is an empirical article by Minimol James & Animol James covering five schools in the North and South India which focuses on the paradigm shift in education amidst pandemic and how schools and students have accommodated themselves to the changing demands. Accountability and affordability are the major hurdles. Effectiveness and continuity are also at risk. Learning has become monotonous for children. The article reveals that online learning can never be a replacement for the traditional offline learning and cannot be equally effective for all groups.

MANAGING EPIDEMICS: THE IMPORTANCE OF A SOCIAL WORK APPROACH IN DEALING WITH HIGH IMPACTING DISEASE OUTBREAKS

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Abstract

The present paper is looking into the scope and role of social work practice through people's perception on their health and definitions of public health in the literature. Methods: the present study is based on the data collected through a year long field work conducted in a rural village called Pozhuthana, Wayanad, Kerala, during March 2019-April 2020. The role and scope of social work as a discipline and practice in health management are analysed at two levels, first at the level of individual subjective experience of health, and the second at the level of defining public health in the literature. In addition to the medical professionals like doctors and nurses, the social workers role in the laymen's conceptualisation of health management, the social workers role in conceptualisation of public health in the literature is also discussed.

Key Words: Social Work, Approach, Covid-19, Disease Outbreaks

Introduction

Social work practice is an integral element of people's health management and hence an essential component of the public health and health care system across the world. Social workers are engaged in settings across the health care continuum, providing services to individuals and families throughout the lifespan, and addressing the full range of bio-psychosocial issues that impact their well-being (NASW, 2021). However, the core values and principles of social work do not satisfy a practitioner to limit their work in the mere provision of such services. Social workers play a vital role in promoting social policies that reduce health disparities and improve equity in health care, especially for the vulnerable populations (Bacher, 2019). However, in practice, the role of social workers in health, especially in health care services, are limited and disoriented to the core values and functions of social work in countries like India. In the contemporary period, their position in health settings ranges from housekeeping to healthcare marketing to psychosocial assessment and counselling. Their number in hospital settings of similar

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size ranges from around 50 in the United States and only four in Ethiopia and even zero in many hospitals of similar size in India. However during the Covid-19 outbreak, at a time when we are looking back to the basics of public health, there is a massive cry for social work professionals in various settings of public health practice. In this context, the present paper looks into the scope and role of social work practice through people's perception of their health and health management.

The thoughts over ill-health generally presuppose remedies through doctors, drugs, and hospitals. Where does the role of a social worker come here? As the social determinants of health generally do not conjure up, the role of social workers is least remembered. However, evidence shows that social factors have a more direct and fundamental influence in inducing adversity or enrichment in health outcomes (Cockerham, 2013). Further, health care utilization among various social groups also shows increasing evidence for valuing expert ideas from institutionalized formal health services along with ideas on social determinants on health. Who deal better with social issues in health other than the social workers? Even though social workers are usually associated with community practices at the macro level, while doing direct services and clinical practices, they give equal importance to community practices by viewing clients and their environment from an ecological perspective. Specifically, while doing direct practices, they engage in community practice to make client referrals, assess community resources, develop client social support etc. In fact, social work is “a configuration of elements none of which is unique but which in combination, represent a contribution quite distinct from that rendered by any other profession” (Bartlett, 1970).

Generally, social workers focus on helping people improve their social functioning, which ultimately helps people strengthen their capabilities to enhance well-being. According to Pincus & Minahan, 1973, social work is “concerned with the interaction between people and their social environment which affects the ability of people to accomplish their life tasks and realize their aspirations and values”. The functions and methods of social work in various settings are thus developed in relation to their social environment. The competencies of such complex care providers are developed in the context of the continuum of care they provide from health care facilities to social service agencies. They get tools, information, and resources to enhance the capabilities of individuals, families, and communities to improve their health. In other words, social work professionals serve individuals and communities with multiple medical, mental health, and social needs across the continuum of care from health care facilities to social service agencies (Wright, n.d).

As social work practice and social work discipline have diverse roles in maintaining the health of people, this paper will briefly discuss people's perception of health in relation to social work practice in the context of the present Covid-19 public health emergency.

Methods

The role and scope of social work as a discipline and practice in health management are analyzed at the level of the individual subjective experience of health. In addition to the medical professionals like doctors and nurses, does the social worker have any role in lay men's conceptualization of health management? This is what is analyzed here. The present study is based on data collected from a yearlong fieldwork conducted in a rural village called Pozhuthana in the district of Wayanad in Kerala from March 2019 to April 2020. In-depth interviews were conducted with 50 households with at least one member having an acute illness during the last 15 days, any hospitalization cases during the last one year, and any chronic health issues. Fifty individuals and households were selected from a baseline survey conducted in the village with around 700 individuals of 150 households. While selecting the households for detailed study, participation of the major occupational groups and socioeconomic groups in the village was ensured. For that, local criteria specific to the village were developed with the help of local leaders to understand the better-off and comparatively poor people in the village. Similarly, to have an in-depth understanding of the social hierarchy in the village social history of all major social groups was explored. In the in-depth interviews and discussions, the concept of health and social work was discussed with people from various socioeconomic groups. Further, the data collected is analyzed by looking into the historical development of orientations in public health and contemporary developments in social work practice.

People's Perception of Health and their Health Management

What does health mean to you? This is a question many studies have asked ordinary people and find that health is something on which individuals can have very different views. Further, health is also a concept that has inspired endless theorizing and dispute throughout the centuries (Blaxter, 2010). When the same question is asked to people from a rural village in the state of Kerala in India, their replies range from the thoughtful to something unworthy of consideration. Why are such drastic differences in conceptualizing health among people of a small rural village with 6406 population and 1571 households? Does their differential perception on health need to be considered while organizing health care services / while shaping the broader health system of the region? People from different

socioeconomic groups in Pozhuthana village of Wayanad district are interviewed to find answers to these questions.

So what does health mean? When the question is asked to daily wage labours in the study village, the important aspect in their answers was 'being able to do day to day activities without any difficulties'. Does such a conceptualization of health holds any value by the formal systems of medicine and its professionals is open to question, but such a definition of health is inevitable for daily wage labours in the village. What is important in their conceptualization of health is they understand their health in relation to their work. It is the daily wage labours and workers who engage in heavy physical activities like workers in coffee plantation who gives importance to such an explanation of health. They have understood their health in relation to their work; hence symptoms that do not incapacitate their daily activities are not considered as diseases or sickness. What they do is defining health through their own perception of their experience of symptoms or feeling of illness. In other words, they define health as the absence of self-perceived illness.

When a daily wage labourer was asked, why she went for work even when she had a chronic leg pain. Her answer was not related to financial constraints. She said that 'if I don't work now, some other big diseases may easily come'. As her symptom is not too disabling, it is not enough for her to consider it as an illness in which complete rest is required. Similarly, most of the daily wage labours in the village who have some kind of back pain or leg pain have the opinion that if someone is engaged in heavy physical activity they are expected to experience such pains. It is not considered as an illness that requires medical attention rather followed self medications based on the local health tradition. Thus, their definition of health goes beyond the dichotomous definitions of with or without the disease. So what it reflects is, they embody the symptoms like minor back pain and leg pain with their life experience and express the desire for good health in the future by engaging in work at present. So, in a sense for her doing work becomes a therapeutic act and a symbol of health. It is not just work; they also spell out the importance of food and nutrition in maintaining health. In their dietary pattern, they differentiate two kinds of food – hard and soft. The hard ones are capable of ensuring strength to the body [in which they include boiled rice], and the soft ones will just satisfy the hunger and taste [example is non-boiled rice]. They need strength to body in order to perform heavy physical duty thus prefer the hard type of foods in their daily diet. This shows there is a strong food-work-health relation among the daily wage laborers in the village. For them, it is impossible to describe health without pointing out the work-food-health relation which they follow.

Another important conception of health among villagers, especially among the better-off, professionals, salaried employees and those who possess higher social status in the community is 'normality'. They considered illness as something deviant from this normal state of the human body. The respondents from this category talked much about self-control and responsibility while talking about good health. They believe that self-control is important in maintaining good health through controlled diet, exercise, avoiding unhealthy habits etc. Similarly, they are also concerned about both individual and collective responsibility of maintaining health. Individual responsibility includes not engaging in unhealthy behaviour/ habits, continuous monitoring of own health etc. And collective responsibilities they mentioned are related to the immediate environment, especially the river pollution, water contaminations and the use of pesticides in the coffee plantation in their village. It is also found common among them to talk about the nutritional content of various foods, the importance of using pesticide-free vegetables and fruits, the importance of consulting a physician at the earliest, availing of health insurance, and being aware of health information. From their health care utilization, it is found that the social determinants of health related to self-control and responsibility are translated to clinical medicine through the concept of normality. Most of the respondents from this category consider clinical standards of physical and other biological measures as important in defining good health. Most of them are well aware of many of their physical and biological measures. Any conditions away from the normal of certain parameters are treated as illness; for example, those who have blood pressure above normal is called hypertension. Those who consider normality as the base are found trying to maintain normality of various counts by adjustment in determinants of health, including social determinants.

Another important aspect of health mentioned, especially by members of the economically better-off class in the community is 'health as fitness'. Here fitness is derived from the functioning of an individual by considering the conditions and abilities without reference to their actual use in daily activities. Different from daily wage labours, without having any heavy physical activity to perform, maintaining physical and psychological fitness is what they do. Doing regular exercises, monitoring psychological and physical progress, ensuring a proper environment for the progress of fitness irrespective of the actual use of such fitness are what individuals focus on in such cases. Such a definition has the advantage of offering a continuous scale that can run from the least fit to the extremely fit in understanding health.

Another explanation, mainly by the Adivasi community and to a lesser extent by Thiyya and Muslim community in the village is health as a balance. By balance, they mean a balanced relationship between individuals and surroundings, which can be seen in the ancient idea of homeostasis. The implicit understanding is that to avoid illness and secure prosperity, the individual has to maintain a balanced relationship with the land where one lives, and their ancestors lived. Further, they must observe certain taboos and follow certain rules and rituals. When a person falls sick, the implicit understanding is often that he/she has broken one or the other rule and has therefore lost the protection of his/her ancestors. While dealing with such understandings of health, it is easy to sideline them by pointing out the unscientific acts and beliefs related to it. But what matters is that scientific medicine on the other side is not able to maintain the good health of people by accepting their culture and ensuring their cultural safety. For example, the well-established primary health centre in the village expects the indigenous community members to act in a particular manner to avail their care and for the subsequent cure. The indigenous community members are expected to follow the timing and working days of the PHC, they are expected to follow the hygiene standards like removing their slippers while entering the PHC complex, expected to follow the prescriptions like medicines before/after breakfast/lunch/dinner. Such prescriptions and standards are imposed on them at a time when the Adivasis themselves do not follow a breakfast – lunch – dinner meals system, when many among them even use slippers in their sacred places and many don't even use slippers to be conscious about such hygiene standards. So what it reflects is that they have conceptualized health as a balance in relation to the wider social determinates of health which include social, cultural and economic and political factors.

Another important aspect that shows Adivasis relationship with health and their immediate environment is their folk medical practice. One of the folk medical practitioners in the village explained that they believe the medicine prepared through plants grown in the immediate vicinity of a person is the most suitable for him because the individual and the ingredients of the medicine are grown under the same rain, wind, sunlight, and conditions. On the other hand, the medicines and treatment at the CHC are something centrally prepared medicines and solutions that originated from far away parts of the world. What is important to understand here is their conceptualization of disease and its management as a balanced relationship with nature, and modern medicine and its practice is something that comes from outside and does not share the values of their social life.

People's perception of health shows that instead of a single coherent understanding, a much broader range of social factors like food, environment, belief, culture, housing, income, and employment conjure up while discussing the concept of health. People from different socioeconomic backgrounds conceptualize health differently in close relation to their socioeconomic and cultural background. However, on the other side, while dealing with the health of people, beyond ensuring quality health care, the food requirement, education of children, housing requirement, and livelihood of the family are all given the lowest importance by the governments at various levels. The existing health services in the village and beyond at the district and state level shows the predominance of health service system specialized in an allopathic curative system with the lowest importance to social determinants of health. On the other hand, health management pattern and conceptualization of health by villagers show multiple ways of dealing with illness. The wide dependence on local health tradition, environmental management, behavioural changes, considering work as a therapeutic are examples of this. The high self-treatment among all social groups and the existence of several folk healers and their clients in the village are examples of multiple ways of dealing with illness. The preference of illness management among different social groups reflects their socioeconomic, cultural characteristics and their perception of health, illness, and medical systems available. Now how do we work with people who differently define health? Is the current health service system capable of addressing the health issues conceptualized under various definitions of health?

Discussion: People's Perception and Shaping of Social Work Response

People's perception of health shows that in addition to the medical professionals like doctors, nurses, and other local health workers, there is a need to involve health workers who will be able to cater to the social determinants of health. In those people's understanding, illness is conceived as multiple causations, unless all causes are addressed there remains a sense of incompleteness and they continue in to search for better management. This is because one particular discipline or its professionals may not be able to satisfy their perception of the disease and its causation. On the other hand, the health service system in our country is shaped through conscious and consistent decision-making process set up by medical institutions. Funds are allocated, administrators are appointed and the syllabi are set in the design of curative, non-epidemiological approach. The centralization of technology, the hierarchy of specialization, the

emphasiz of population control, the distance from people, the elitist culture in health institutions (Qadeer, 2000). The case of the formal health service system in the study village is not different from this broader idea of health service development in the state and the country.

The people's perception on health, pointed out by the respondents, suggests that various socioeconomic groups understand their health in relation to wider socio-cultural aspects including work, food, nutrition, life experiences, income, environment, social functions, social relation, balanced relation with the environment, cultural beliefs, self-control, individual and collective responsibility, local health tradition and other social determinants of health like water, nutrition, employment, education, housing and entertainment. The existing health service system and its professionals are not capable of addressing these diverse aspects and thereby ensuring inclusiveness in providing services (Banerji, 1973). The organization of local health service system by considering the social and cultural aspects of various communities will ensure better results. Evidence of poor health and lower health care utilization due to cultural negligence by the local health care system is already pointed out in the state (George et al., 2020). The health of the people depends upon the social and environmental conditions under which they live and work; and the primary health care approach addresses social factors of the disease situation and engages through socially acceptable methods and technology with the involvement of community. However, health planning generally assumes that such social factors are the accountability of other sectors, and it limits itself in formulating technology-based measures for intervention. As we have already seen in case of Covid -19 outbreak a techno centric approach focus on disease eradication through drugs and vaccines alone is not a sufficient and sustainable way to deal with disease outbreaks and overall health and wellbeing of people. A good health system needs to incorporate primary health approach to promote general health and wellbeing of a community and it is essential to effectively prevent and minimize the effect of any disease outbreak.

What is the alternative? Quite clearly, the epidemiological nature of ill health points to the need for a major programme for people's health emphasizing the preventive and social aspects of health services (Qadeer, 2008). But the class in the present health service system is not enthusiastic about undertaking this. Which discipline and its professionals will undertake the task of ensuring social, economic, political, and cultural aspects of health which are basic prerequisites of a healthy life that people are entitled to? The role of social workers, who see the individual as a

whole person, a member of a larger social group whose health is eventually associated with the social conditions of life, seems to be the most apposite here. Such functions which deal with social aspects of health are also carried out by someone or other in the society, but none perform all these functions in a cluster as social workers are expected to do (Bartlett, 1970). The basic training to social workers ensures their practice in health to be based in the idea of social justice, equity, and subjective experience of individuals.

Distinct from medical services, social work as a profession, to start with, emphasized the ‘social’ aspect of the problem. It has the capacity to work with social aspects of life at the community and individual level, usually through various methods of social work, including community organization, social action and direct clinical social work services. Further, while providing clinical services, different from other professionals, social workers deeply engage in community practice in the form of client referrals, assessment of community resources, development of client social support systems, and advocacy to policymakers for programs to meet clients’ needs. This is one of the ways in which social work gives a public health orientation to the health service system instead of the existing clinical orientation. Conceptually public health services are distinct from medical services, and their goal is to reduce population exposure to disease by assuring food safety, vector control, waste management, and provision of safe drinking water etc (Dasgupta, 2005). In fact, such services are largely invisible in the day to day life as part of health service provision, and they come into the discussion only when an epidemic like dengue, malaria, or recent Covid-19 like outbreaks occur. But the people’s perception of health discussed in the previous session shows that people value the importance of a wide range of social factors and its professionals in dealing with the health of individuals. On the contrary, a health service system based on curative services and its professionals focuses on the need of individual patients from a clinical point of view. But social factors, environmental services, and other social determinants of health are actually of higher priority for assuring good health for the population as a whole.

Here comes the importance of social work which claims an ecological perspective. Social work professionals view the client and the situation as an ‘ecological unit’ for a proper focus for assessment and intervention. Furthermore, such an ecological perspective will help us to place environmental modification and provision of concrete services on an equal plane with direct, face-to-face intervention with the client (Whittaker & Garbarino, 1983). Since social work recognizes the multiplicity of causation of problems, it is concerned with both giving one-to-one direct

help to clients in need and providing macro-level services with the aim of changing the societal conditions causing or contributing to human suffering and maladjustment.

Thus what we understood so far is while dealing with disease outbreaks, it is important to consider the socio-cultural environment of the affected population, and it is the social work professionals who are trained to ensure this throughout the continuum of care. If so, what we have to understand next is the status of social work as a discipline and profession in this rapidly changing world. Social work is supposedly linked to social development in developing countries, where development encompasses a social change process. However, due to its orientation to industrialized countries, social work education and practice in many developing countries seem to focus on the individual work and therapy or clinical work (Pawar, 2014), overlooking that social work requires community-level engagements to mobilize communities for social transformation/change. Whereas, data from the present study shows that health management by people is essentially involved by wider community level engagements in social, economic, political, and cultural aspects. Hence orientations towards society through community level engagements along with individual and community work are the need of the hour from a social work perspective to deal with epidemic diseases.

At the same time, at the level of individual engagement, social work in all accounts needs to diagnose individuals in terms of their relationship with others and their social situation. However, around 1920, the Freudian psychological theories started affecting social work practice. Freudian theory over-shadowed all other approaches to social problems and orientations about behavior” (Goldstein 1973). The effect of Freudian theories on social work practice slowly started decreasing with the advent of neo-Freudians like Adler, Fromm Sullivan etc. Social work, under the influence of these authors once again, resumed its ‘social’ focus in its work. In the 1960s’ social’ of social work got a further boost because of the emphasis on developmental aspects (as opposed to residual) of social welfare.

Such changes in the focus of social work over the period have led to a misunderstanding of the roles of social workers by other professionals (Ayalew, 2016). Many social workers now engage in various fields and activities without any consideration of the core values and principles of the profession. In the contemporary period, their works in health settings range from housekeeping works to healthcare marketing to psychosocial assessment and counselling. It is even found that tertiary care private health care institutions are employing social workers to negotiate with

patients regarding the cost of treatment in the emerging medical markets of Kerala. They are mainly employed in the tertiary level institutions with the least engagements at the primary or secondary levels of care. With such an insignificant number of social workers in primary health care, it is impossible for the profession to provide a reasoned response to individual and community health issues.

In such a scenario of social work in the contemporary period, the current global crisis could be considered a challenge and an opportunity for social work as a profession and academic discipline. A challenge in the form of a public health emergency has its wider implications in various spheres of life in which social workers have competency. An opportunity to look back at the history from antiquity to the present, to redefine some concepts and basic understandings in social work to make them suited to the diverse nature of contemporary social life. Like redefining or conceptualizing some basic concepts in public health in the context of social work practice. ‘Social distance’ is a term increasingly used by academicians and practitioners of various disciplines during the time of the Covid-19 pandemic. Does the Covid-19 virus have anything to do with ‘social distance’, or does it have more to do with ‘physical distance’ in relation to spreading the virus. The professionals in a highly biomedical-oriented curative health service system would not be interested or not trained to examine such concepts in relation to the wider social structure of the society.

Similarly, medical professionals of biomedical and clinical orientation will not be able to propound for strengthening social solidarity and global connectedness at a time when physical distance and lockdowns of various natures become normal in the daily life of people across the globe. But the International Federation of Social Workers and its partners have identified “co-building an inclusive social transformation” as an overarching framework for their action from 2020 to 2030, and the first theme from 2020 to 2022 as “Ubuntu: Strengthening Social Solidarity and Global connectedness”. Isn’t it important to talk about social solidarity and global connectedness during these difficult times? Evidence, like the importance of social aspects in health among people’s perception show that it is of foremost importance and to ensure discussions in these directions, serious interventions in various aspects of social life are required.

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WORK FROM HOME: A PSYCHO- SOCIAL ANALYSIS OF EMPLOYEES DURING COVID-19

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Abstract

Given our ongoing health situation, working from home has been one of the most significant changes we have made in the past year, and it's had a range of impacts on us as a "new normal". This study investigates different effects of work from home, such as self-satisfaction, social interactions, organizational alignments, work-life balance, productivity, mental health, etc., by taking employees from diverse sectors into consideration. This analysis focuses on workload management of an individual in relation to space, time and finance. The research is carried out by examining a regular individual working day, as well as dealing with everyday living activities and potential interruption throughout this time. The data for this study was gathered through an in-depth telephone interview and secondary sources. This research attempts to explore the micro subtleties of working day during the epidemic, as well as the cultural alterations attached to it by evoking multiple sociological ideas.

Key Words: Work-from-home, Cultural shift, Work-life balance, Social relation

Introduction

Human societies are known for their interactions with one another. Every aspect of human existence is influenced by their culture and its interaction, whether tangible or abstract. Any notion we pick from society is nothing more than a collection of people, their way of life, and the way they deal with problems in the real world. True, we cannot deny the existence of individuals; yet, the way society has shaped us as societal

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creatures who are impacted by and influence their environment. On the other hand, humans were not used to living in isolation until recently. Since the beginning, the notion of progress has been fundamental in every culture. Each country, civilization, neighbourhood, or even small group aspired to be better than the next. Curiosity and research drove humans to develop many things, including technology, which defined what it meant to be an advanced society. Along with the alterations that technology development has brought to our personal lives, it has also resulted in enormous societal changes. The nature and character of intercultural contact have evolved in recent decades as a result of technology improvements in terms of content, regularity, complexity, and other factors.

When the world was exposed to a virus in 2020, it became stuck in a world that is characterized as busy and growth driven. When the World Health Organization declared covid-19 a pandemic and a global catastrophe, all countries advised their citizens to take the required precautions to avoid being infected. Along with the worldwide bans, fines, and lockdowns, we made a number of lifestyle adjustments, such as working from home, engaging in online activities, and remaining restricted to our families in order to avoid non-essential activities outside the house. Telework, which is defined as work done from a faraway location (such as the home), is not a new concept, although it has been associated with the public sphere. Prior to the Industrial Revolution, most individuals worked close to or at home. However, with the introduction of the Industrial revolution as an entire transformation in the professional work sphere characterized by digitization and automation of every aspect of the firm and the production process, telework has resurfaced as a topic of debate. The advent of affordable and powerful computers and communication networks has greatly assisted this alternate manner of arranging labor, making telework more accessible and less expensive to employ (Harpaz, 2002).

Despite the fact that our era is recognized for distant contacts that transcend spatio-temporal boundaries and make information the object of work, the consequences of the adjustments we made to deal with the crisis have become a significant topic of concern. Particularly the employment sector, because it plays such a large part in a country's economy and because work has penetrated the private sphere of people's lives. Work from home has its own set of benefits, but it was tough for companies and individuals to establish during the early phase. However, as previously said, the crisis began to wreak havoc on the economy and job sector, and as the epidemic continues, working from home has become a need that has been the norm in recent times.

In a sociological context, this study attempts to investigate the ramifications of working from home, as well as other changes in people's lives. How they dealt with the paradigm change from a conventional environment to one where technology was intensified and overused. The paper explored the psychosocial elements of an individual's life as he adjusts to the "new normal" from his private space, which is now his work space. Work from home as a norm has the ability to transform everything about work, which might lead to changes in personal and social life structure over time. It's also a test of our capability to adjust to new situations, as the world may continue to function in this manner in the future. In such circumstances, the new norm also raises issues about individual mobility, emotional settings, and social relationships. That is where we required studies in order to fully comprehend such notions.

Literature Review

When considering the phenomena of working from home, the theoretical framework of Marxian theory is relevant. In *Das Capital* (1996), Marx provides a mathematical explanation of what constitutes 'Surplus Value'. According to Marx, labor power is purchased and sold at its value, which is the amount of time required to produce it. This essential working time of the labor, on the other hand, cannot establish the boundaries of the working day's scope. A working day is divided into two sections that are essential labor power and surplus labor time. It is worth noting that, according to Marx, "The Working Day is not a constant, but a changeable number," because the amount of surplus labor is continuously changing. As a result, the working day is determinable to some extent in terms of required labor time, but it is indeterminate in terms of the variable length of excess labor. The defining boundaries of a working day for a capitalist are considerably different from those described from the standpoint of a laborer. The capitalist is the single personification of capital, whose life is predicated on extracting as much labor power as possible. We knew why day and night shifts exist, and amidst the pandemic, we see such old systems of work blending into new systems of work in a composite fashion.

Sennett's (1998) work is crucial to understanding the issues our homeworkers confront, such as the difficulty to engage truly and meaningfully with both "work" and "home", as both are "greedy" institutions that require unwavering and constant devotion. Sennett's description of the 'Davos man' (pp. 60–3), with his lack of temporal attachment (the ability to unproblematically let go of the past) and

confidence in accepting fragmentation, is relevant because the respondents had become tolerant of such fragmentation and considered the diversity of involvement fascinating and exciting. His insights explain how such a scenario leads to a hierarchy between the powerful and wealthy and others who are less privileged.

The notion of work-life balance is extremely important. The notion that balancing work and family obligations is important for workers' well-being, dedication, productivity, long-term employment, and reduced stress (Voydanoff, 2004) is relevant in this case. Giddens' concept of social relationships being disembedded from their local context and restructured over indeterminate time and space as a key aspect of modernization is applicable (1990:21). Individuals become human agents who work from home, bringing fundamental concerns concerning the development of human personalities and identities to the fore.

Lack of access to resources, rights, and the capacity to engage in social interactions are all examples of social exclusion. Social exclusion has an impact on people's quality of life as well as societal equality and cohesion (Barclay, et al., 2019). For everyone, the new way of living is not the same. Because of the adjustments we made in the midst of the epidemic, there is a gender dividend and other exclusion. "A [moral] norm may claim validity [to be justified] only if everyone who may be impacted by it reach (or would reach) agreement that it is legitimate [in their capacity] as participants in a practical discourse" (Habermas, 1990, p. 71). So it is becoming more important as working from home becomes more common.

Methodology

This was a primary descriptive study that intended to investigate how the nature of work has changed as a result of the pandemic. The data for the study is primary in nature because it was obtained directly from the respondents by the researcher using semi-structured telephone interview schedules. The interview questions ranged from determinative to ordinal scale to open-ended inquiries on separate aspects of a working day amid the ongoing crisis. Reviewing literature from published sources such as journal papers and books supplemented the original data. The sample size for this cross-sectional study was limited to 50 respondents from various Indian states. The respondents were chosen using a non-random convenience sampling approach, although there was a conscious attempt to ensure that male and female respondents were represented equally.

Analysis

The economic and health effects of the current crisis are still a popular topic of discussion. In the previous two years, it has had an impact on every sector. As the virus began to spread in waves, people's lives began to alter. It all starts with livelihoods and how individuals earn money when it comes to the consequences on human existence. As it is linked with other sectors in both the private and public realms, the employment sector is critical. The changes we made to survive the Covid-19 crisis are primarily connected to the employment sector as a whole, and so have a wide impact. As we become increasingly confined to the walls of our houses and virtual gatherings, the significance of domestic life has grown since the majority of people began living with their families. Everything, including the wonderful art of work-life balance, family time, and personal time, has been changed or merged. Moreover, many direct effects of covid-19 exist today, such as job losses, food shortages, and higher household work burdens, depletion of savings and assets, as well as pandemic-related widowhood, which would make a recovery difficult.

People who work from home, on the other hand, have faced several obstacles. Working people, who are restricted to their houses both during and after lockdown, are in a strange position: they must digitally socialize with others while working long hours in solitude to meet targets. Many questions emerge, such as how do they cope with being thrown off of their routine? How do they feel about working from home? What changes do they make in their personal life to make room for a professional mindset? How can one contribute to the institutions in which they are a member, whether it is their family or their company? How do they presently manage their social relationships? According to this study that gathered data from workers in various regions of the country who work in a variety of professions ranging from local non-governmental organizations to multinational corporations, all enterprises, private and public, are adapting to the digital revolution.

When it comes to working from home, about 35% of them have done so before the pandemic, despite the fact that 70% of all respondents have begun employment within the previous six years. To stay safe, save money, and relax, 80 percent of respondents are presently living with their family. However, more than half of women and 30% of men are dissatisfied and unaccustomed to working from home. A quarter of the overall respondents had an unfavorable attitude about the condition. People who oppose working from home like to have an office ambiance

and culture. They feel that such arrangements enable them to be more professional and focused. Those who have mixed feelings about the new work culture like their independence at home, but are frustrated by the hard workload. Those who preferred not to travel, wanted to save money, or worked in more creative sectors benefited from the convenience and comfort of working from home. Most of them said that working from home relieves stress and gives them more flexibility to pursue their passions and express their creativity.

Despite the fact that work hours have not changed significantly, around 60-65 percent of workers claim to work without a set finish time every day — citing ‘no fixed time.’ Employees are allowed 24 hours to finish the tasks, and they frequently work beyond ‘normal’ hours, contrary to the workplace ethos, which had a set clocking out time. “We can get up and go at 6 p.m. if we are in the office,” one responder stated, “but when we are working from home, we cannot make excuses if we don’t complete the task.” Many people responded that work has now translated into greater procrastination than usual. Though some believe that no substantial changes have occurred, the most of them are having difficulty managing their job. This was stated as a result of other personal commitments, domestic tasks, and general episodes of procrastination or boredom. Approximately half of the respondents are engaged in activities other than their profession, and many are handling home tasks or personal commitments every other day. Those who procrastinated less than usual exhibited the attitude of wanting to end their workday as soon as feasible. The majority of respondents stated that they are now prioritizing work more and delaying in areas of their personal lives.

Another important trend in work from home culture is weekend active work. Everyone works on weekends in some way, such as every weekend, alternating weekends, and so on. Even if they don’t have appropriate holidays, most of them plan ahead to manage missing work hours in order to meet deadlines and other obligations. The majority of individuals work using work schedules provided by their employers or created by themselves, while the other half does not. Surprisingly, as a group or individually, half of the respondents have additional planned work such as freelancing, hobbies or interests, personal commitments, meetings, and so on. A total of 60% kept a regular journal in various forms of reminders, calendar entries, and so on, both formally and informally.

Owing to the fact that more than half of respondents said their company gave them enough assistance to work from home (laptops,

broadband connections, greater working hours, a less hierarchized approach, etc.), the majority of them said they were less productive from home than at work. Miscommunication between employees and clients and authorities, a lack of team contacts, and other obligations have all impacted productivity. Though some argue that working from home provides a more relaxed environment, many who prefer the office agree that maintaining professionalism and reducing multitasking requires more supervision, systematization, and surveillance.

According to data from the McKinsey Global Institute research (2020), women's careers are 1.8 times more vulnerable to the pandemic than men's. Despite the fact that women and men work in various sectors, women account for 39 percent of global employment but 54 percent of overall job losses, suggesting that women's employment is falling at a faster rate than men's. Women accounted up 20% of the workforce in India before Covid-19; their share of job losses due to industry mix alone is estimated to be 17%, more than double the rate for males, and unemployment surveys suggest they account for 23% of overall job losses. Women will be driven out of the productive workforce and economy if current trends continue (Centre for Monitoring Indian Economy, 2020). The women respondents add to this by claiming that they are carrying a double burden. One female respondent described it as forcing oneself into a new culture and sticking with it in order to avoid getting laid off.

Since our interpersonal and social connections have such a big impact on our lives, the state of communication and relationship maintenance for working people was a major focus in this extraordinary living situation. We even referred to it as a period of enhancing family bonds. The situation is rather hierarchical when it comes to social relationships and communication during the pandemic. Around half of the respondents communicate with their family on a daily basis, while the rest communicate with them once a week. However, more individuals are contacting their professional team than their family, because most organizations provide immediate feedback after submitting their work. The trend in social relationships, on the other hand, is low. Most people said they were contacting friends to check up on them, either because it was urgent or because they hadn't seen them in a long. It's worth noting that the most of the respondents could only sit for the interview at night, implying that this was their only free time to have a 45-minute phone conversation about something other than work or the nearby area.

People who are adjusting to their new surroundings have set up a separate workstation, frequently isolating themselves to a room, alleging a need of privacy, while some families are deliberately controlling communication time over an evening tea or supper and discussing various topics. As many men in the home have just begun to contribute to tasks resulted in stronger family bonds. But Deshpande (2021) states that men who had shared some household duties with their spouses under lockdown generally reverted to pre-Covid levels once they returned to work in urban middle-class families. On the other hand, a sizable percentage of people enjoy working from home and claim they wouldn't miss it for the world. Being at home, enjoying the freedom, wearing comfortable clothing, eating homely food, and working in their own way with substantial emotional support, a few individuals are concerned about how they will continue their social lives, and this is where work from home becomes somewhat digestible. Despite the fact that everyone is available online in the current circumstances, the inclination to maintain a connection through good communication appears to be quite low. In social circles, there is a growing of gap.

Speaking of work-life balance, one person said, "When it comes to working from home, there is no ideal work-life balance." A good work-life balance is described as a condition of equilibrium in which an individual can balance his professional responsibilities with his own commitments at the same time. It is critical to maintain mental and physical wellness. Traditional job patterns allowed people to plan their lives on time and according to their priorities. However, the consequences of working from home have blurred the borders. As previously stated, the high incidence of overtime and weekend work has made it hard to have a personal life. According to the study, half of people are driven to work extra because of individual goals, while about 40% are motivated by external deadlines and project pressure.

Other elements to consider in the psycho-social sphere include sleep patterns, mental wellbeing, individual confidence, and so on, all of which have a significant impact on the art of work-life balance. When it comes to sleeping patterns, it appears that individuals have a more relaxed attitude since they have less interrupted sleep and the freedom to get up later than normal. Even if this liberty is often sacrificed by sleeping later than normal at night, the majority of people continue to work late into the night as a result. However, when they finish their work, the family is asleep, and vice versa. As a result, there was less work-life balance. "We need effective execution plans and shared responsibilities from each

member of the family,” one responder said. Otherwise, it’ll be a flop.” Some depended on the office’s dense work density and infrastructure to maintain balance, and they miss member support and well-organized schedules. People who believe in a comprehensive work-life balance, on the other hand, stick to a tight schedule. The majority of respondents stated that despite compartmentalizing their lives, they were unable to attain the necessary work-life balance.

Only around half of the respondents engage in their interests on a regular basis. “I am irritated all of the time at home because of the office culture,” one of survey respondents remarked. Even while the number of employees facing pay cuts is decreasing, many feel that they are not being adequately compensated. Some people have considered quitting their jobs in the interim. However, due to restrictions such as financial necessities, fewer recruiting opportunities, the fear of having a gap in their resume, and the desire to avoid unemployment, this concept of resigning was finally abandoned. Financial, work, and health concerns were claimed to be causing abnormally high levels of mental stress. Less than half of the respondents’ employers provided assistance in coping with mental health difficulties by giving contact information for resource persons, hosting online sessions, and so on, and even less than half of the respondents attended sessions. Women are more likely than males to experience mental stress as a result of all of these factors, as well as mobility limitations. With the present gender gap, lockdowns, quarantines, and a double responsibility, women have less opportunities to relax. “We are everything, frustrated patients and even self-therapists, since else we wouldn’t be able to handle the work atmosphere right now,” says a 24-year-old female employee.

LinkedIn Workforce Confidence Index (Paul & Gupta, 2021), states that the Individual Confidence Index score for female professionals decreased from +57 in March 2021 to +49 while ICI for working men decreased from +58 in March to +56 during the same period in early June 2021. People who previously worked non-remotely have expressed their dissatisfaction with the increased job expectations. It’s not only about mental stress; it’s also about physical problems like back pain and neck discomfort. Respondents consider the blending of personal and professional concerns to be negative since no one has time to switch from one mode to another. People who viewed travel times or drove back home as their own time, which is likewise blurred as a result of this. Some people mentioned ‘burnout,’ which is exhaustion caused by the monotony of working remotely mixed with family demands, lack of sociability, household management, and misunderstanding with coworkers.

People have acclimated to the new normal in certain ways, but many are still coping with the screwed up schedules. Except for ten percent of the respondents, everyone has experienced a significant change in their daily routine as a result of the new standards. Most males experienced good changes in their daily routine as a result of living with family, but most working women rely on external sources such as catering, which is expensive, or preparing and storing food in the fridge on alternate days. Surprisingly, several women have stated that they now take baths on alternate days. It is clear that the process of doing what individuals were doing previously has changed. In some ways, virtual meetings have made many things simpler, such as hosting webinars, meetups, and conferences, which allow individuals to stay updated and improve technically. However, as many responders pointed out, individuals have not yet learnt the ethics and etiquette of how to act in the virtual world. People are concerned that organizations will continue to employ remote work and technology-based alternatives in the future, which will undoubtedly have negative repercussions if they are fully integrated. The vast majority of people believe there will be no challenges if they request to resume their previous work schedule. Even though they are skeptical about transportation, being active, food, and so on, they are extremely concerned about their social abilities. To summarize, individuals are accepting work from home as a new normal in order to stay immersed and survive.

Conclusion

Daily life of the working people have changed significantly. It is a cultural shift that can be defined as a new or unique component becoming part of an already existing group, it is clear that a new cultural wave is sweeping around us. Working from home has now become the new standard in everyone's life. Though some individuals are ready to integrate into it, the majority are still in a quandary. For many of the responders, working from home is still uncommon. There are shifts in time, space, work, and life. People are fighting to maintain their quality of life – whether it emotional, social or physical – as a result of the redefinition of workplace, which has generated more worry and alienation than inspiration.

Working from home causes people to become more psychologically exhausted and irritated, and they get disconnected from their hobbies/activities, as well as their social and personal lives, in order to conform to a work-oriented lifestyle. People's biological cycles are disrupted, and their daily routines are mainly unpredictable. Those who were active during the lockdown but afterwards saw a drop in physical activity. Even

while there is an increase in work time, as previously said, it is not just the increased amount of work that generates work-related stress, but also the uncertainty about the end-time, giving the impression that their work hours have grown.

Since the accountability of time at home, as opposed to at work, has expanded to other aspects of our lives, there have been many additional changes in family bonding, gender roles, and so on, but they do not appear to be permanent. The majority of the modifications are akin to those seen in a survival game, and they will be reversed as soon as the previous day restarts. The art of balancing work and life is no longer visible. In order to effectively handle the inevitable burnouts, a good work-life balance necessitates a separation from work space and home, which many people are unable to do in the thick of the epidemic. People's psychological well-being is also suffering from a slew of negative effects, making a good work-life balance hard to achieve. The unbalanced work-life balance is to blame for the lack of productivity in the work-from-home culture.

The social relationship has changed noticeably. A significant gap in professional team unity and a significant decline in interaction with peers or individuals beyond their local vicinity outside of the work domain. People were able to handle both relationships to some extent, but today there is a paradox: the perceived pressure of work as well as seeming ease at home have become contradictory in this situation. Social relationships, on the other hand, are on the fall. In some ways, the technology we used to contact and sustain such relationships has become a full-time element in our lives, which has had a detrimental impact on the former. However, the change at the individual level necessitates a different analysis. During this time, the necessity of physical proximity in establishing social ties became abundantly clear.

Despite the fact that this study was confined to employees' perspectives, it is apparent that individuals still regard working from home to be an unusual situation and wish to return to their "normal" work life. Individuals want to return to their former offline lifestyles when this shift in culture is deemed necessary for survival. As a result, these changes are more likely to be regarded as positional than structural. More research from many perspectives is needed to determine whether positional shifts are becoming structural in any aspect of life while the world remains stuck at home.

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EXPERIENCING THE COVID-19 PANDEMIC: A PSYCHO-SOCIAL PERSPECTIVE

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Introduction

Covid-19 is marked in history. It has become one of the major milestones in the life of people around the globe. As the Viral spread turned in to pandemic, the scientific community as a whole conglomerated to pool in all their research and knowledge. The focus was on understanding the new virus, the nature of its spread, treatment and finally the methods to control its spread. Heartfelt gratitude to all the human brains who have made this possible till this date. As we go through the gateway of the pandemic, along with physical issues there are mental health issues too.

The novel coronavirus infectious disease is an ongoing explicit strain of the infection of COVID 19 which has caused the severe acute respiratory syndrome. The COVID pandemic originally appeared in Wuhan City in China in late December 2019. The WHO declared the Covid 19 pandemic as public health emergency as the “International Concern”. The psychosocial after effects the pandemic created is yet to be studied.

This article accumulates findings from the research studies published in this area of literature. Also, insights from work at Covid control room, covid mental health helpline and element from patients attending OP at GMHC (Government Mental Health Centre) Calicut is also included

Key Words: Covid 19, Pandemic, Psycho-Social Perspective

Method

This article is descriptive in nature. The data is based on author’s experience and insight developed from the participant observation as a member of the District Corona Control Team in the capacity of a clinical psychologist and the telephonic interaction with 300 covid positive patients admitted in different First-Line Treatment Centres (FLTC) and health workers as part of the covid helpline project initiated by the District Mental Health Programme in Kozhikode district. The data pertains to the period from July to December 2020. Content analysis of the data from the COVID helpline and relevant literature is also included to formulate the study.

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The Objectives of this Article are

1. To highlight the strategies adopted by the District Corona Control Room in effectively managing the pandemic.
2. To highlight the problems faced by the patients who tested positive for Covid -19.

Strategies Adopted by District Corona Control Room

Findings from the researcher's experience through participant observation and clinical intervention with the members of the District Corona Control Team on the strategies of the control room is summarized here. The control room set up at the civil station, Calicut, was part of a well-organized and well-documented disaster management system. Functioning was delegated to different teams who work round the clock to deliver services and information. Among the various desks, the following desks were allotted to Clinical Psychologist to render immediate professional help through teleconsultation and support the staff working in the control room round the clock.

Patient Welfare Team

Their source of data was information given from First-Line Treatment Center (FLTC) datasheet. Their nature of work was to interact through the telephone with FLTC Medical Officer, head nurse, staff nurse and sanitation workers. They also randomly called at least five patients per day. The calls were made to check on their needs and disseminate timely services to coordinate with other desks. As the number of cases increased, they were stressed. Interacting with them to ease their stress and improve their motivation was the target of the clinical psychologist.

Call Center Management & Call Training Desk

Their work was contact tracing of positive cases, make a list and handing it over to volunteers for data collection of travel and contact history. The helpline number of the collector's page was managed at this desk. The usual queries were regarding quarantine rules, pass for travel and complaints. Improving their communication skills and time management was the target of the clinical psychologist.

Health Care Workers Surveillance Team

This desk took care of data related to health care workers. The assigned staff regularly updated the data sheets regarding the discharge

of patients. They contributed data to the Chief Minister's and Central Government online portal. This work was not only tiresome but also created some other additional challenges too. As the number of cases increased, the control room desks faced the challenges of an insufficient number of laptops and phone connections, an inadequate number of volunteers. Later, when the number of the workforce increased, the control room needed to be extended too.

All calls that reached the corona control room were attended and recorded with necessary information. On detailed examination, it was impressive to note that every call was answered, redirected and intervened in the best possible way. Managing burnout and exhaustion was the target of a clinical psychologist.

The Summary of Enquiries Received at District Covid Control Room Helpline

Any enquiry that reached the helpline was well documented. The calls could be roughly categorized in the following areas. This is included to gain an understanding on the issues that people faced at the time of the pandemic.

- ◆ Enquiries regarding quarantine
- ◆ Enquiries regarding travel pass
- ◆ Calling for ambulance or transportation
- ◆ Enquiries on Norka registration
- ◆ Telemedicine consultation
- ◆ Lockdown policy enquiry
- ◆ Patients absconding from isolation
- ◆ Destitute management
- ◆ Enquiries on hot spot areas
- ◆ Return of inter-state migrant workers
- ◆ Marriage policies
- ◆ Delay in travel pass
- ◆ Social stigma issues
- ◆ Enquiries on disinfection

- ◆ Enquiry on symptom
- ◆ Precautions for travelers
- ◆ Enquiries on usage of mask
- ◆ Shop owners' enquiries on working policies
- ◆ Complaints on people breaking rules
- ◆ Paid quarantine enquiry
- ◆ Reverse quarantine enquiry

These queries were noted, and community awareness programs and information dissemination through social media were planned accordingly. At present, when we go through these queries, it seems that we are well aware of these areas and any information is available in the Govt websites. The planned task force, documentation, analysis of data and periodic revision of plans were the strategies through which this system got organized to smooth functioning.

Problems Faced by the Covid Positive Patients and Health Workers

This summarizes the experiences shared by individuals the researcher contacted through the COVID -19 helpline started by the District Mental Health Programme of Kozhikode District. The major issues identified are:

Social Stigma

Ignorance about the disease and its outcomes is one of the reasons for social stigma related to those tested positive for COVID. Social stigma is the disapproval of or discrimination against a person based on a perceivable social characteristic that serves to distinguish them from other members of the society. It may also be described as a label that associates a person with a set of unwanted characteristics that form a stereotype. At the onset of the pandemic, any person who tested positive in the nearby vicinity itself created panic. People reacted with discrimination. Refusal to use the road in front of the infected person's house, refusal to render help, expressions of hostility and critical comments were also common. Any individuals after testing negative were also marginalized. The scenario began changing as the information and education programs became vigorous. Gradually social stigma reduced.

Isolation

The quarantine periods rendered mixed results. For some, it was a period of rest from their hectic schedules, while for others, it was a period of stress. New mothers who needed to be isolated from their babies, children who were isolated from their parents, the geriatric group who were replanted to new places found it very stressful. Internet and telecommunication channels were the only stress buster.

The Label of Primary Contact

The issues faced by people who fell in the category of primary contact was also stressful. They also needed to be quarantined and tested. They were conceptualized as silent carriers of the virus. At times the presence of similar symptoms also created confusions.

Stress Caused by Phone Calls

Any individual who was tested positive received an average of 8-10 calls from various departments regarding their health conditions, their requirements and progression of the disease. At times, patients were irritated with the same questions that was being asked. Some were happy that they were attended.

Issues of Admissions to FLTC

Depending upon the severity of symptoms they were either assigned to a hospital or First Line Treatment centers (FLTC). The admissions were based on availability of beds. Members of same family getting admitted at different centers was a stress. Some people saw it as community living while others felt it as an interference in privacy. Lack of facilities also bothered a few.

Financial Crisis

Due to the lock downs and containment zones, many people lost their jobs or got restricted. Even though ration system and food kits were available, that was not sufficient enough for many. Adding burden to their issues were pending house rents, rents of shops and pending loans.

Oxygen Shortage

The panic created by the dip in oxygen levels and oxygen cylinder shortage was beyond imagination. Behaviours such as rushing to hospitals for help, hoarding oxygen cylinders, purchasing pulse oximeters etc., were noticed. Anxiety was reduced by the news of government opening up new oxygen production plants.

Increasing Death Rates

The media exposure to surging death rates was indeed anxiety-provoking. The statistics of other countries were also alarming. This created panic, exaggeration of minor symptoms and generalised stress. Lack of hospital beds was also a matter of concern.

The Sudden Death of Family Members

Due to the nature of the disease, an asymptomatic person turning sick quickly lead to the unexpected death of close family members. Children losing both their parents and single survivor in a family became a community concern. Covid protocol-based cremation left the loved ones so incapacitated that they could not pay the last rituals to the deceased. The post-traumatic stress was too high in accepting that a family member is no more became difficult. The isolation of family due to being a primary contact distanced them from close relatives and made them feel lonelier.

The post covid issues

The quality of life of a person affected by the virus was definitely different from their pre morbid condition. Lack of energy, shortness of breath, difficulty to focus, mood swings and lack of initiation are some of the after-effects. Some are still on long term medication to regain their health.

The Anxiety of Delayed Test Results

Being a primary contact and extended quarantine periods due to delays in test results was also a matter of concern. The helplines were used to share their delay in test results.

Workload

The helpline meant for health care workers was indeed very essential. The general calls also seemed that all the task forces were mobilized to run the corona control room and enforce prevention programs. The nursing staff were taking the workload. Their life was inside PPE kits to serve humanity. Facing all the risk of getting infected, many lost their lives too. The Doctors who pooled up all the treatment information regarding the illness to cure the symptom was also to be appreciated. The Police force were the one who were persistently on the streets to enforce containment zones, social distancing and travelling restrictions. The teachers switched on to online mode to support the school population by making the classes happen at their homes. Due to frequent infections, lack of staff in offices

lead to lot of pending work. As a matter of fact, everyone was happily bearing the burden with the hope of better tomorrow.

Mental Health Issues Reported in the Helpline

An elevated fear is a crisis for global health, which for the long term increases the risk of higher mental health concerns.

Anxiety

Anxiety is an emotion characterized by feelings of tension, worried thoughts and physical changes like increased blood pressure, increased heart rate, sweating etc. Anxiety during the pandemic was noted at different levels. The anxiety of getting infected, due to uncertainty of disease condition, increasing positive cases, from isolation and created by the daily statistics are common features. Generally, a feeling of insecurity prevailed. But teleconsultations and online consultations could handle many of the issues. Online education programs discussing anxiety and remedial measures like relaxation techniques uploaded on the internet were quick interventions.

Anxiety can also cause an opposite reaction. Denying or refusal to believe that the situation is serious is the most common way of expression. They may ignore symptoms or ignore public health orders or recommendations from health authorities. A better place is somewhere in the middle. Using correct information to manage any problem is the best option.

It's important to take care of oneself. This is an anxiety-provoking time for everyone. And it is normal if one feels anxious more than usual. It is essential to take a break and talk to somebody or seek professional help if required.

Sleep Disturbance

Sleep issues were common in post covid cases. The most common complaints were difficulty falling asleep and lack of unrefreshed sleep. Sleep neurologists have researched to call it COVID-somnia. It is an increased sleep disturbance linked to the pandemic. From insomnia to hypersomnia, night terrors to the misuse of sleep medications, the phenomenon is reported and treated not only in people recovering from COVID 19 but in the far larger number of people whose lives have been turned upside down by the fear and social isolation.

Sleep wake patterns can quickly erode if people spend their days indoors, socially and physically isolated, participating in video meetings and watching television at night. The lack of circadian cues from the sun during the morning and abnormal exposure to blue light from the electronic screen at night severally disrupts their circadian rhythms.

They should avoid watching anxiety-provoking news programs before bedtime as this would heighten anxiety and perpetuate insomnia, while the blue light from the screen would stimulate the circadian clock delaying sleep. The best thing is to maintain normal daily routines, maximize activities that promote alertness during the day time and avoid behaviors that promote arousal at bed time. But there is a subset of population who are actually sleeping better, because they don't have to get up as early for work and may experience less stress from not having to commute.

Depression

Covid 19 can result in psychological issues due to both pandemic stress and the physical effects of the disease. Even when the early symptoms of COVID go away, one may not feel completely normal. The usual complaints are headaches, fatigue, nervousness, disturbed sleep and appetite along with depressed mood. During the period of treatment, lack of accessibility to caregivers and lack of feedback about their condition was also a cause for depression. Those with a previous diagnosis of depression felt worsening of their symptoms like lack of initiation, feeling of doom, and waiting for death to happen.

Death of near and dear ones day by day was one of the relevant reasons of depression

Studies show that depressive conditions came from emotional and mental stress, including

- ◆ Social isolation
- ◆ The psychological impact of a severe and potentially fatal illness
- ◆ Concerns about infecting other people
- ◆ The stigma related to COVID 19 infection

Addictive Behaviours

The pandemic created indoor life and isolation. A growing number of people are resorting to alcohol and food for relief. Most of them are

using substances to cope with the stress of stay-at-home orders and overall uncertainty. People who relied on programs like Alcoholic Anonymous now found themselves stuck at home. People relapsed behind closed doors.

Internet addiction also turned out to be a parallel epidemic. The doors of the internet, smartphones and tablets were all open for children for their educational purposes. Parents found it very confusing to balance the internet usage of their children. Guidance and help from experts and regulating programs by digital applications was the only relief.

The burden of internet addiction in children turned out to be one of the outcomes of the pandemic. The world of the internet brought in games, gambling, pornography, social media and shopping. It's like a whirlpool and it starts influencing one's personal, social and occupational functioning.

Awareness of addictive behaviours and an effort to balance the usage is the best solution. If that doesn't work, the next clever step is to get professional help.

Effect of COVID 19 on Geriatric Population

Older individuals are confronted with challenging contexts and events such as the loss of loved ones and disease factors. Several studies on the association between ego integrity, despair and late adults mental health during the pandemic show mixed results. It is postulated that three innate psychological needs are essential for individual thriving and wellbeing. The main contributions are the researches of Ryan & Deci (2019) and Vansteenkiste et al (2020).

- ◆ The need for autonomy denotes experiencing a sense of personal freedom and choice
- ◆ The need for competence refers to the experience of mastery and effectiveness. Being able to pursue personally important goals successfully signifies complete satisfaction.
- ◆ The need for relatedness entails experiencing a sense of belonging and mutual care.

Due to COVID 19 Pandemic, individuals are likely to experience difficulties in getting their needs met thereby experiencing instant restriction of choice (autonomy frustration), solitude and social alienation (relatedness frustration) and inadequacy in pursuing important goals (competence frustration). At the same time, the geriatric population enjoyed the warmth of togetherness in the family as part of lockdowns.

The Enforced Isolation of Children

Children's lifestyle changed at the time of pandemic. The areas determined are nutrition, sleep, play, communication with friends and amount of screen time.

The imbalance of nutritional and sleep habits can harm children's physical and mental health. Rundel et al(2020) pointed out that unbalance nutrition, decreased physical activity and closure of schools results in unhealthy weight gain. The stress caused by confinement and social isolation resulted in an irritable mood, limitations in recreational activities, demanding behaviour and they are left with a complete change in lifestyle. Children can be termed as the invisible victims of the pandemic.

Ghosh et al (2020) have emphatically stated that despite being physically resistant to the COVID 19 virus, they are nevertheless hit the hardest by the psychosocial impact of the pandemic. Being quarantined in homes and institutions may impose a greater psychological burden than the physical suffering caused by the virus.

Loades et al., (2020) states the social distancing and school closures are likely to result in increased loneliness in children and adolescents whose usual social contacts are curtailed by the disease containment measures. Loneliness is the painful emotional experience of a discrepancy between actual and desired social contact. Although social isolation is not necessarily synonymous with loneliness, early studies in the COVID 19 context indicate that more than one-third of adolescents report high levels of loneliness and almost half of 18-24 year old is lonely during the lockdown.

However, there were some benefits too. People spending time at home helped them rediscover the lighter parts of life with nothing else to do. The pleasure of spending time on one's own hobbies, dedicating ample time to reading, writing, cooking, listening to music, painting and experimenting with newly found interests. Learning to share and enjoying togetherness in family relationships were also some benefits child ren reaped during the pandemic.

Role of Media During the Pandemic

The television channels, social media, and newspapers first reported on coronavirus as a word of caution that it would spread across the globe. All modes of telecommunications kept the viewers and listeners updated on whatever was happening around them. At times, individuals

exaggerated and overreported cases that created panic. But United Nations and government policies took appropriate actions to curb the spread of wrong information.

As a blessing in disguise, the same platform came up as a medium to educate people regarding the pandemic. A new COVID protocol was formulated and it was ensured that all citizens act responsibly to stop the spread of the virus. Control rooms and websites opened up by the government helped to unify the circulation of correct information.

Influence of Covid Protocol on Human Relations

The Indian culture promotes healthy interpersonal social behaviour. The protocols of wearing masks, social distancing and avoiding crowds took a great toll on the social life of people.

At the onset of the pandemic, everyone expected that it would end with a single lockdown. Stay safe at home campaigns, social distancing etc., were perceived at first as a short-term arrangement to curb the pandemic. People could follow the protocol as part of safety behaviour. But as days, weeks, months and years passed by, adhering to this behaviour was creating a crisis. The perception of every other person as dangerous carriers of the virus creates a sense of insecurity when you are near people.

The security boundaries created by the social groups in themselves became threatening. Getting connected with each other, yet maintaining a social distance, was like a new developmental milestone. Anyway, human beings are adaptable. Now we have learnt to live behind masks, with a very personalized image of the other person. Eyes greeted people and body language supplemented too.

Roles of Clinical Psychologists During the Pandemic

How the pandemic changed humankind's outlook, attitude, and way of thinking is interesting. Living in a community renders a sense of security. The protocol to be followed during the pandemic instilled the feeling of perceiving the other person as a dangerous carrier of the virus, leading to social insecurity. Avoiding groups, being alone was promoted. The new lifestyle with the support of telecommunications and mass media was overwhelming.

Individuals understood all the precious invisible blessings of life. Freedom, need for connectedness, need for physical proximity, and living life without the fear of infections are the major priorities now. Everyone who needed professional help was ready to seek help. Major modes of

psychological principles used were empathy, unconditional positive regard, relaxation techniques and supportive psychotherapy.

As with other branches, this was the first-hand experience of clinical psychologists. Supporting the human mind in distress during the pandemic requires extensive reading, discussions with peers, and up-to-date track on the new findings and new protocols. Each query on the helpline was a challenge.

Empathetic listening, mobilizing requirements by contacting the concerned departments, and follow-up calls to monitor a case were the basic operation modes. Professional help is extended by involving in training programs, preparing IEC materials to be circulated for psychoeducation and uploading online sessions of common areas of concern.

Whatever may be the technique, the basic intention was to instill feelings of HOPE and positive thinking. Travelling through the pandemic, we all human beings have redefined happiness and that we strongly feel “everything is going to be fine”.

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THE IMPLICATIONS OF COVID - 19 AND SCHOOL CLOSURES ON THE HEALTH AND WELL-BEING OF CHILDREN

*SUBHITHA MENON U

Abstract

Schools in India have been closed for even more than a year and a half due to Covid-19 pandemic. In Kerala, children have been continuing their online education since the first week of March 2020. In the previous academic year, newly enrolled students in schools did not even get the opportunity to meet their teachers and peers in person. Schooling is not just for educational goals; it's also for social and emotional development. The school environment encourages students to be physically active, follow a consistent schedule and eat a balanced diet, learn new skills, participate in interactive play activities, and practice mindfulness, among other things. The objectives of this study are to examine the impact of Covid-19 and closure of schools on the health and well-being of children, and also to examine the role of parents and other support systems for the mental health care of the children. The research design used for this study was descriptive. The non - probability sampling procedure and the convenient sampling method were adopted. 83 per cent of the respondents stated that the closure of schools is having a huge impact on their children's overall wellness, and only 43 per cent of the respondents agree that they are providing healthy parenting. 73 per cent of the respondents stated that their children became addicted to visual medias. 5 per cent of the respondents participated in Life Skill Training to ensure good parenting. The study suggests online physical training and art sessions for the children by the schools, if the closure of schools continues for an extended period.

Keywords: Children, COVID – 19, School Closure, Health & Well-being

Introduction

A school is a place where children can explore new interests, form relationships, interact with their peers, mature, and become adults. In response to the recent Covid-19 emergency, the Kerala government closed all schools in March 2019 to prevent the virus from spreading throughout the country. It is stated (UNICEF, 2020) that, “armed conflicts, forced

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displacement, natural disasters caused by climate change, and long-term crises have disrupted the education of 75 million children and youth worldwide. With the spread of Covid-19, this number is increasing at an unprecedented rate. The Covid-19 pandemic has had a particularly severe impact on education, affecting 87.1 percent of the world's total enrolled students. As a result of this massive disruption in education access, drop-out rates are likely to rise around the world". Online education increased educational deprivation and social inequalities, particularly among the youngest children, who missed nearly a year and a half of schooling.

The absence of structured daily school life and interactions with peers, combined with an unpredictable quarantine routine, had an impact on children's emotional and behavioural conditions. The behavioural and emotional impairments were more significant in primary school students than in middle school students: unstable and poorly structured distance learning for the youngest resulted in increased levels of restlessness and aggression, little commitment during lessons, and little autonomy (Scarpellini et al., 2021). Distance education exacerbated educational deprivation and social inequalities, especially among the youngest children, who missed nearly a year of schooling. The situation was even worse for disabled children, who were largely ignored by institutions (Scarpellini et al., 2021). This period should be viewed as an opportunity to strengthen the flaws in our educational system. For children whose fundamental foundational learning (reading, math, languages, etc.) was weak to begin with, there is a real risk of regression.

Many children's routines have been disrupted by the pandemic related measures. Young and adolescent girls are twice as likely to be out of school in crisis situations. Refugees, displaced and migrant children must be catered for in any global responses to this crisis. Education is lifesaving for the most vulnerable children who rely on it for their wellbeing and development (UNICEF, 2020). School drop-out children are more likely to be exposed to risks such as family violence, child labour, forced marriage, trafficking, and exploitation, especially the household finances become more stretched and shrunken during pandemic period.

The most vulnerable and marginalised children, as well as their families, bear the brunt of the consequences of school closures. During school closure, the children and youth miss out on opportunities for growth and development. The disadvantages are disproportionate for underprivileged students with fewer educational opportunities outside of school. UNESCO (2020) stated that, "for food and healthy nutrition, many

children and youth rely on free or reduced-price school meals. Nutrition is severely compromised when schools close. Working parents frequently leave their children alone when schools close in the absence of alternative options, which can lead to risky behaviours such as increased peer pressure and substance abuse”. This paper presents the findings of the study on the effects of Covid-19 and school closures on children’s health and well-being. The goals are to investigate the impact of Covid- 19 on the health, hygiene, and behavioural problems of children who are confined at home; and also to examine the role of parents and other support systems for the mental health care of the children.

Impact of COVID–19 and School Closures on the Health and Well-being of Children

According to a survey by the National Center for Child Health and Development, Japan (NCCHD, 2021) conducted in November and December 2020, when the number of COVID-19 cases increased, 30 percent of the 344 high school students surveyed had symptoms of moderate to severe depression as a result of the pandemic. Furthermore, such symptoms were observed in 15% of the 261 elementary school students and 24% of the 110 junior high school students polled. Since, the Covid-19 pandemic and policy responses need to be studied in the context of the escalated number of suicides among children of school-going age.

Schools are hotspots for social interaction. During the period of school closure, many children missed out on the opportunity for essential social contact, which is critical for their learning and development. When schools were closed down, parents were frequently asked to facilitate their children’s learning at home, and they may struggle to do so. This is especially true for parents who have limited educational and financial resources. Schools also contribute to the reduction of inequalities in physical health for socio-economically disadvantaged children. The global scale and speed of the educational disruption, according to UNESCO, will be unprecedented. There is an ongoing debate about the effectiveness of school closures on transmission rates, but the fact that schools are closed for extended periods of time may have negative effects on students’ physical and mental health (James et al., 2021).

Recent research has highlighted the impact of the COVID-19 pandemic on children and adolescents, as we have seen. Childhood malnutrition, abuse, and adverse childhood experiences (ACEs) all have a negative impact on children. More importantly, depending on COVID-19

policy responses in socioeconomically vulnerable settings can worsen children's health and well-being. As a result, we must carefully consider COVID-19's negative impact as well as the policy response's impact on children. (Nakamura, 2021) stated in their study that. "COVID-19 is likely to have a negative impact on children's health and well-being, including an increased risk of mental illness, abuse, and suicide. Policy responses are likely to have a variety of unanticipated consequences and effects. As a result, policymakers, social workers, and other professionals must always consider how policy responses will affect children and adolescents."

Many studies have discovered a decrease in physical activity and an increase in unhealthy food consumption. In one centre in the United States, there was also an increase in the number of children who had suffered physical child abuse trauma. Another study on the impact of COVID-19 on families and children discovered an increase in parental stress as a result of the suspension of classroom activities, social isolation measures, nutritional risks, children's exposure to toxic stress, depressive and anxiety symptoms, particularly in previously unstructured homes, and a lack of physical activities (Rajmil et al., 2021).

Individuals whose living arrangements changed as a result of the COVID -19 pandemic are more likely to report increased stress and family conflict than those whose living arrangements did not change. This has important implications for public health and wider policy because prolonged periods of stress can lead to serious health problems, and policymakers must be aware that services may need to flex to accommodate these new, albeit temporary, ways of life (Evandrou M & Qin M, 2020). As a result, the impact of school closures on parents' perspectives was also investigated in this study.

The Study

Schooling isn't just for educational goals; it's also for social and emotional development. Schools in India have closed for more than a year and a half due to the COVID - 19 pandemic. In Kerala, children have been continuing their online education since the first week of March 2020. Different aspects of a student's life has been influenced by online educational platforms. It has had a significant impact on both the students' mental health and academic performance. Although a large proportion of respondents are satisfied with online education, a significant proportion of students are not and to deal with the psychological effects on children, authorities should optimise online education systems and implement effective interventions (Ma et al., 2021). Many studies have also found

that children's screen time has increased significantly and their routines have been disrupted by the coronavirus pandemic.

Transitioning to at-home learning as a result of stay-at-home orders and school closures may reduce physical activity and increase sedentary behaviours (White et al., 2021). Global movement behaviour guidelines recommend that preschool children accumulate at least 180 min physical activity, engage in no more than 1-hour sedentary screen time, and have 10–13 hours good-quality sleep per day. As a result of the coronavirus disease pandemic, opportunities for children to meet the guidelines have been affected by school closures (Guan et al., 2020). Likewise, hand hygiene is one of the most effective methods for removing germs, preventing the spread of infectious pathogens, and staying healthy. The importance of caring for children in the face of disease lies above all in ensuring the proper measures for preventing contagion caused by the current condition. The present study has undertaken with the following objectives:

Objectives of the Study

- 1) To examine the impact of COVID - 19 and closure of schools on the health and well-being of children
- 2) To analyze the hygiene practices of children during COVID – 19
- 3) To assess the behavioral problems of children during home confinement
- 4) To examine the opinion of the parents on the impact of the closure of schools

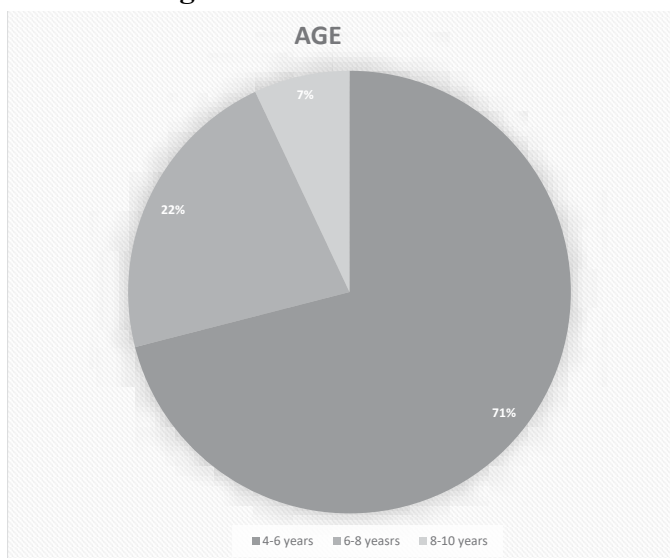
Methodology

The descriptive research design was used for this study. The non - probability sampling procedure and the convenient sampling method were adopted. The sample size was 100, and the tool used was a Google form questionnaire. The Google form has been distributed to the parents of children under the age of ten in both government and private/aided schools in the Palakkad and Thrissur districts. The data was collected during the first week of April, 2021. The researcher has received 113 responses and removed thirteen responses during the editing process. The data was analysed with the aid of statistical techniques like percentage and weighted average. Descriptive Statistical methods with tabular and graphical representation has been used for the analysis and presentation of data.

Findings and Discussions Profile of the Respondents

Half of the respondents were from the Palakkad district, and the other half were from the Thrissur district, with 25 per cent heading from government and 25 per cent from private/aided school-going students' parents. The majority of respondents (73%) are mothers of children, of only 32 per cent working. The remaining 27 per cent of respondents who are fathers of children, on the other hand, are all employed. The distribution of the children's ages is depicted in Chart 1.

Chart 1: Age wise distribution of the children



The majority of respondents' (71%) children are between the ages of 8 and 10 years old, indicating that they are in the third to fifth grades. 7 per cent of the children are between the ages of 4 and 6, and they are in kindergarten or first grade. Due to the pandemic, these newly enrolled students in schools did not even have the opportunity to meet their teachers and peers in person.

Health and Well-Being of Children

School routines also allow children to have regular bed/wake times and physical activity, while restricting sedentary behaviours and/or non-educational screen time. The most significant change in children's daily lives under COVID-19 may have been the closure of schools and the

implementation of digital home schooling. The most significant change in children’s daily lives under COVID-19 may have been the closure of schools and the implementation of digital home schooling. School closures and lockdowns have negative long-term and short-term effects on children’s health and well-being. The tables and charts below depict the study’s findings on the health and well-being of children as a result of school closures.

**Table 1:
Health and well – being of children during school closure**

Variables	Yes Per cent
Children infected with COVID - 19	0
Occurrence of usual fever, cough, & cold among children became less.	76
Eating junk food frequently	42
Increased risk of obesity	34
Increased risk of being malnourished	23
The child’s awareness and level of handwashing, sanitizer use, and other hygiene practices have improved	100
Closure of schools affected the daily routine of the children.	48

The above table depicts that no children in this study were infected with COVID – 19. It is noteworthy that the majority of respondents (76%) stated that the occurrence of typical fever, cough, and cold among children decreased during these pandemic days due to school closure. 34% of respondents stated that the school closure increased their children’s risk of obesity, and 42% of respondents admit that their children eat junk food frequently while at home. Whereas 23% of respondents were concerned about their children’s increased risk of malnutrition. All respondents agreed that their child’s awareness and level of handwashing, sanitizer use, and other hygiene practises had improved. Nearly half of the respondents (48%) agreed that the closure of schools had an impact on the children’s daily routine.

The risk of weight gain in children as a result of school closure during the coronavirus disease-2019 (COVID-19) pandemic has been

acknowledged. Increased childhood obesity and vitamin D deficiency were discovered within six months. In their study, Kang et al. (2021) stated that the length of school closure was significantly associated with an increased BMI, and being normal weight does not eliminate the risk of gaining weight. The purpose of the mentioned study was to look at changes in anthropometric and metabolic parameters in children after a 6-month period of social isolation and school closure due to the pandemic.

Public health interventions such as social distancing, avoiding large group activities, and facemask use has been shown to reduce COVID-19 transmission in the general population but have been implemented inconsistently. The most unexpected decrease was seen in emergency department visits and hospitalizations for acute events, specifically fever and pain. It is also worth noting that patients with chronic pain, who are typically heavy users, have decreased their utilization (Nowlin et al., 2020)

Table 2:
Children’s behaviour changes as a result of school closure

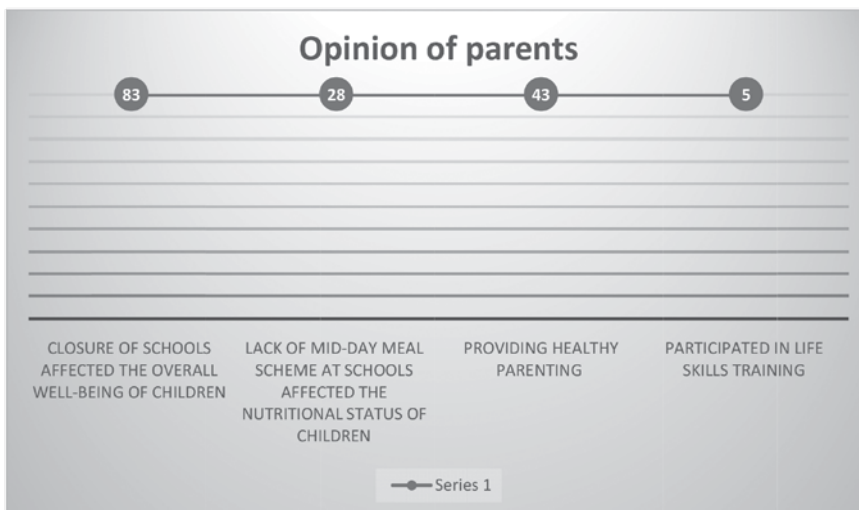
Variables	Yes Per cent
Addicted to visual media	73
Increased sibling rivalry	89
Increased hyperactivity	47
Decreased chances for interaction with peer group	31
Engaged in outdoor games became less	75
Feeling loneliness	36

The above table clearly shows that changes in child behaviour are visible as a result of school closure. The majority of the respondents (89%) agree that increased sibling rivalry and hyperactivity (47%) occur during home confinement. 73% of the respondents admit that their child’s addiction to visual media has increased, and 75% report that their child’s outdoor activities have decreased. 36% of the respondents reported that their children were lonely, and 31% reported that their children had fewer opportunities to interact with their peer group.

The prolonged partial closures of schools could have detrimental social and health consequences for children during epidemics. In their study, Kim et al., (2021) examined whether parental stress level or

depression were positively associated with problem behaviours, media exposure, and sleep problems of primary school children during school closure under Covid-19. The result shows that children gained body weight and spent less time in physical activities and more media usage during school closure. YouTube was the highly used social media platform (87.6%), and games followed (78.3%) during closure. McCormack et al., (2020) examines the associations between COVID-19 anxiety and physical activity and sedentary behaviours among school-aged children in their study. Children of anxious parents were more likely to spend 2 hours per day computing or gaming compared with children of less anxious parents. This study suggests the need for strategies to counteract the unintended consequences of the public health measures on parent and child wellbeing

Chart 2: Opinion of parents



The majority of respondents (83%) believe that school closures have harmed children’s overall well-being and 28 per cent believe that the lack of a mid-day meal programme in schools has negatively affected their children’s nutritional status. 43 per cent of respondents stated that they provide healthy parenting, and 5 per cent have participated in Life Skills Training to manage their children during their home confinement due to school closure.

USGLC (U.S. Global Leadership Coalition, 2021) stated that almost every country experienced increased food insecurity as a result of the COVID-19 pandemic. Famines are possible in a dozen countries

and this pandemic has exacerbated the child hunger and malnutrition. A study was conducted by Malik Seema et al., (2020) among parents of pre-primary and primary school students, from ten public schools in the Delhi National Capital Region to investigate the difficulties parents face when their children study online. Twenty-nine per cent of the respondents said that giving their children individualized attention would improve the conditions precipitated by the pandemic. This study addresses the digital divide that parents face and examines the online teaching-learning process from the perspective of parents, which can help policymakers.

Conclusion

Covid-19 affects the entire global population, and there is only uncertainty about ending of the pandemic. This pandemic is threatening people's health and well-being. The current study is significant because it emphasises the importance of school for our children's future, as well as its ability to protect children's educational rights and psychological well-being. Schools can initiate art and craft sessions, online physical training, digital socialisation with peers, and other activities to reduce children's loneliness and hyperactivity as a result of school closure. Family bonding activities such as shape out family time, exercise together, play games, and reading together should be initiated in each family. Encourage children to spend time outside in order to reduce their screen time. To reduce obesity, steps should be taken to establish a healthy daily routine as well as healthy eating. Children from disadvantaged backgrounds have poorer physical health during school closures. The lack of midday meals in schools should be compensated by the ICDS's effective supplementary nutrition programme for school-aged children from low-income families until school reopens. Parents can learn and apply life skills to help their children with behavioural issues such as sibling rivalry, hyperactivity, and so on. According to the findings of this study, school closures will exacerbate health disparities, and when schools reopen, measures will need to be put in place to close the physical health gap.

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LIVING WITH CO-MORBIDITIES DURING THE PANDEMIC: A CASE STUDY AMONG THE CANCER PATIENTS FROM KERALA

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Abstract

Cancer patients are highly susceptible category of individuals when the world is fighting against the Covid-19 pandemic. The personal and public health challenges induced by the pandemic is visible in every aspect of cancer care, right from the diagnosis process, psychological support, social support, and the lengthy duration of cancer treatment procedures. In many cases, the disease can be completely curable if it is diagnosed in the early stages. The efficiency of early diagnosis mechanisms and health care facilities that support are in a dubious state due to current circumstances perpetuated by curfews, lockdowns, and social distancing. Additionally, the diagnosis procedures and bio-medical treatments of cancer, including chemotherapy, surgery, and radiation, pose a risk to the patients for accessing the services in the pandemic context.

Keywords: Breast Cancer, Covid-19, Cancer Treatment, Pandemic.

Introduction

Currently, the whole world is struggling with the Coronavirus pandemic and its repercussions. The nationwide lockdown measures to tackle the Covid-virus have been associated with increasing concern about the individuals with co-morbidities requiring access to health care services. Being a novel disease, Covid-19 is still understudied, however, the clinical expertise from the data that emerged from the incidences shows that co-morbidities increase the chances of infection. Elderly people with long term care facilities, people having medical conditions like diabetes, lung or cardiovascular diseases, liver disease, kidney disease, cancer patients undergoing chemotherapy, people who take steroids, smokers, and organ transplant recipients are considered as a higher risk category for Covid-19 infection (Jindal V et.al.,2020).

In the case of cancer patients, the disease as well as the treatments make the patient immune-compromised and susceptible to the Covid infection. Apart from that, experiencing the cancer diagnosis, making a

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decision regarding the treatment options, approaching a health facility for treatment, and undergoing the cancer treatment is very challenging during this pandemic. The medical professionals are also equally experiencing many challenges as they are confronted with a novel disease with limited resources and the diversion of human resources into handling the national health emergency (Liang et.al.,2020). The mainstream allopathic treatment for cancer is a long-duration treatment protocol consisting of Chemotherapy, Surgery, and Radiation therapies which demand repeated hospital visits. Hence, the cancer patients are currently in the double burden of cancer disease and the Covid-19 pandemic.

Since the beginning of the pandemic, professional bodies have advocated multiple changes in cancer care globally, with substantial heterogeneity in the implementation of the recommendations. Kerala Health & Family Welfare Department issued an order with a special cancer treatment strategy, dated 07/05/2020, for the Covid-19 epidemic. This order includes general principles, general guidelines, and cancer treatment strategies for cancer centers associated with Covid hospitals. Some of the major recommendations based on this order are, the Covid positive cancer patients should be treated for Covid before initiation/continuation of cancer treatment, the cancer treatment or evaluation of all Covid suspected patients only after a Covid test, all Covid positive patients with cancer or undergoing diagnosis for cancer should be treated in a Covid hospital with a cancer care facility, surgeries may not be advisable for mild/moderate symptomatic Covid patients except emergency cases and biopsy/surgery interventions in Covid positive patients may be postponed till patients become Covid negative. It also advocated that patients requiring cancer treatment need prior appointment by the referring doctor and they will be assessed at a Covid care reception and by a Multi-disciplinary Medical Board. (Government of Kerala, G.O (Rt) No.845/2020/H&FWD). To ease the patient load at the hospitals, the Kerala government took initiatives to administer oral chemotherapy medications and hormonal treatments for cancer patients at their doorsteps along with the support of the primary health care department. Setting up of psychological support team and arranging online consultations with mental health professionals are other strategies by the government to manage the mental health issues of cancer patients during the pandemic (Sivanandan A et.al, 2020).

Objectives

This particular study intended to analyze the challenges faced by breast cancer patients in accessing the treatment options in Thrissur

district, Kerala, in the light of public health emergencies in the health care sector due to the pandemic. Additionally, the paper aims to explore the distress faced by the cancer patients as part of the cancer diagnosis during the pandemic.

Procedure and Data Collection

Fourteen women who had been recently diagnosed with breast cancer and undergoing treatment were contacted through palliative care nurses of different Community Health Centers of Thrissur district. The purposive sampling method was used to identify the respondents. The palliative care nurses were well informed of the study objectives and required population criteria of the study. Further, the women were contacted through telephone, and data was collected by using a checklist. The respondents are in different stages (Stage I, II & III) of breast cancer and undergoing different treatment regimens. Among the respondents, 10 women are undergoing treatment from government medical colleges and 4 from private medical colleges who are in the age group of 35 to 62. The ASHA (Accredited Social Health Activists) workers are assigned to report the cancer patients to the Community Health Centers in their jurisdiction. The Palliative Care Unit of the respective health centres is trying to visit the cancer patients further, register their names, and ensure their support (clinical and psycho-social) for the entire treatment period and beyond. Terminally ill cancer patients and patients availing only the palliative services are not included in the study.

Ethical Considerations

The researcher undertook all measures to ensure that the research process from beginning to end completely considered the ethical concerns of its participants. Verbal consent was obtained from the respondents after communicating the purpose of the research. Participation was always voluntary, where the respondents had the right to withdraw at any stage of the interview, and they had the complete right to deny answering particular questions in the interview guide. The researcher respected and maintained the anonymity and confidentiality of the respondents. Audiotapes or any other materials collected during the research were only used by maintaining the confidentiality and the ethics of the research.

Findings

Psychological issues: New Cancer diagnosis itself is a stressful and life-changing incident in the life of any individual as they are encountering

a significant amount of uncertainty. The fear of disease progression, social stigma, the economic burden for the cancer treatment, shame and guilt can adversely affect the patient's mental health. Being diagnosed with any cancer, including breast cancer, during a pandemic outbreak is double the disease burden.

“What a worse time to diagnose with this disease”

“I think this is the final stage of my life; either cancer or corona will end my life”

“This diagnosis is dreadful in this testing time” are some of the responses from participants about their diagnosis.

The responses revealed that the women are worried about the cancer diagnosis more than the impacts of the pandemic in their lives. An institutional cross-sectional prospective study conducted in the Trivandrum Medical College among 208 cancer patients also found out that (90.9%) respondents are worried about the ‘Cancer’ than Covid-19 (Sivanandan A et.al., 2020). The body image concerns after mastectomy, surgical complications after the mastectomy, and concerns about the accessibility of treatment facilities in the onset of the third wave of the pandemic, anticipating more struggles to complete their cancer treatments and to get proper care from health care professionals are other main issues reported by them.

‘Lockdown’ is the most extreme public health measure imposed during the Covid-19 pandemic, which restricts the movement of people. Social isolation due to prolonged lockdown and the side effects of cancer treatment had instilled insecurity and hopelessness among the respondents (Ganesan B et.al., 2021).

In this study, isolation, loss of employment, financial crisis, and stress due to the current situation cause distress on women who are undergoing breast cancer treatment. Many of the respondents shared that they are longing to see their immediate family members, friends, or relatives staying in different parts of the world who can't visit due to travel restrictions. None of the respondents has approached the online mental health service initiatives during the pandemic, rather they like to share their feelings with their family members or grass-root health workers like ASHA or palliative workers. Those respondents who have used online technological services are trying to maintain their social networks and social relationships, even though they are not accessing the online health care sector services. The interpersonal relationship issues

with family members, lack of mental support from spouse and children, reduced monthly income, absence of peaceful atmosphere are some of the reasons reported from the respondents which have been disturbing them badly. Sorrow & grief due to the loss of immediate family members due to corona infection or the fear of being detected with corona is also reported among the respondents. Many studies found out that preventive measures are taken to tackle the covid-19 infection around the world like the lockdown, quarantine, social isolation and curfews still had a huge impact on the mental health of the people due to various psychological, social, and economic factors such as stress, anxiety, social isolation, loss of loved ones, substance abuse and employment loss. Studies also stated that the likelihood was higher in frontline workers, persons with a history of mental illness, and patients with chronic diseases. (Sher L, 2020, Zortea TC et.al., 2020, & John A et.al, 2020).

Late Diagnosis

Breast cancer is a disease that is highly curable if it is diagnosed in the early stages. Literature shows a combination of factors that seems responsible for the late diagnosis of breast cancer among women in India. Lack of awareness is one of the main reasons; even after detecting an abnormality such as a lump, the visit to a doctor for diagnosis and treatment is postponed substantially as the initial manifestations are not associated with pain or other troublesome symptoms. Kerala has attained various social indices like low high literacy rate, low birth and death rate etc, but the cancer prevalence in the state is higher than the low performing states of the country.

Two respondents reported that they had waited more than a period of six months to visit a health facility after noticing the changes in the breast. The lack of awareness of the symptoms of breast cancer, the lockdown difficulties, and the lack of support from the husband are the main reasons reported behind the late diagnosis even after the pain and suffering from the symptoms. A national population-based study conducted across the UK estimated the impact of delays in diagnosis of cancer survival outcomes in four cancers, including breast cancer. The data revealed that there was a substantial increase in the number of avoidable cancer deaths due to diagnosis delays (Maringe Camille et.al., 2020). The state-wide data regarding the late diagnosis of breast cancer during the pandemic or any such studies are not available.

Issues with the Health Service System

In this covid-19 outbreak, the major risk for patients with cancer is the inability to receive hassle free medical services both in terms of getting to the hospital and provision of medical care. Those women undergoing chemotherapy sessions had shared a lot of hardships they suffered to get the treatment and related tests. The following narrative from a respondent depicts the situation of attending chemotherapy from the government medical college during the lockdown.

“During lockdown days, we had to arrange the doctor’s letter and a letter from the nearest police station for going to the medical college and many formalities at the medical college. It would take a lot of time to get the medicine. My chemotherapy got canceled two times because they said there was a shortage of medicine and the medicine had not reached from Trivandrum. It was tedious work to book the appointment again and attend the treatment”, said one respondent. This narrative represents the experience of the majority of the respondents who attended cancer treatments during the lockdown. Apart from the systemic challenges, patients had to suffer many physical and psychological side effects as part of the cancer treatment.

Referral to the nearby district’s medical colleges for radiation therapy is very common in the government medical college in Thrissur, often due to the nonfunctioning of radiation machines or the patient load. A minimum of 15 days of regular travelling is needed for attending the radiation therapy in the nearest districts (mostly Ernakulum) medical college. In the absence of train services, those who were referred had to hire private vehicles or had to shift an accommodation near the medical college; both the options were physically and economically challenging for the patient and families. Additionally, those patients also had to wait a long period to get an appointment from the respective medical colleges for radiation therapy. Women who underwent radiation therapy from the private medical college were satisfied with their treatment; however, reaching the health facility was tiresome for them. Few respondents reported the lack of emotional support from the healthcare workers during their treatment course and doctor consultations. They also had the self-realization that the pandemic and the social distancing made the doctor-patient relationship very formal.

Economic Issues

Every cancer, including breast cancer, is associated with a substantial economic and medical burden. Cancer treatment is a costly

affair, the medication cost (direct cost) of breast cancer treatment depends on the stage of the disease, the age of the patient; the treatment regimen recommended by the hospital, and the insurance coverage (Pakseresht S, 2011). Health insurance schemes and government financial support like 'Karunya' benevolent fund are great to help the patients cover the treatment expenses in public health care institutions. However, it is reported that the procedures to sanction these economic assistances involve many visits to local self-government offices during this pandemic. Especially it isn't very easy for single women and those who are not having a solid support system. Catastrophic health expenditures like hospital admissions due to associated illness during cancer treatments create a substantial economic burden on the patients. Respondents undergoing treatment from private health care facilities shared that they had to take hospital admission at least once due to weakness and low blood count after a chemotherapy session.

Residential associations, charity organizations, and religious institutions also acted as a source of social and financial support for patients from the lower middle class. However, these supports are very meager as the pandemic and the economic crisis strike every family. The main attention of these social good funds is turning their attention to Corona relief activities.

The public transportation system is not functioning properly in the district even after the lockdown relaxations, the patients had to spend a lot of indirect expenditures for transportations because of this reason. Taking special permissions from the police and health authorities for traveling, repeated hospital visits for doctor consultations, medicines, and lab tests requires a lot of expenses.

Covid-19 Vaccination

The medical experts recommend that most patients with cancer or those who have a history of cancer are eligible for covid-19 vaccination under the guidance of their doctors. The majority of the respondents are already vaccinated either before or after the chemotherapy sessions. The primary healthcare workers provide vaccinations for all the cancer patients at their doorsteps if they have any issues visiting a vaccination centre. Those respondents, who have not taken the vaccinations, either follow their doctor's advice because of immunodeficiency or they have a fear of adverse side effects of the vaccine.

Conclusion

The Covid-19 Pandemic has traumatized the entire world physically, mentally, socially, and economically. It is important to give the cancer awareness activities equal importance along with the Corona-19 awareness activities for early detection of cancer symptoms and better prognosis. Ensuring professional psycho-social support at the grassroots level will help the services reach more patients. Information regarding online mental health services should also reach patients from all socio-economic strata.

The economic burden of breast cancer is so high that middle-class families are struggling to complete the treatment. Social health insurances have to be more flexible and should increase their limit. Availability of all the Cancer treatment options, including radiotherapy, should be available in all tertiary care government health care facilities in every district. The best possible evidence-based cancer care management and high-quality treatment at an affordable cost for all cancer patients during this time of crisis and uncertainty are the need of the hour.

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WORRIED BUT AN ATTEMPT TO BE INSIGHTFUL: QUARANTINE EXPERIENCES OF YOUNG PERSONS

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Abstract

Young people around the globe are one of the most affected populations during Covid 19. Many young persons were quarantined as a precaution during the span of Covid 19, even from the time when the first case was reported in India in January 2020. The article is prepared by studying the young people who returned to Kerala, from abroad and other Indian states. The study aimed at listening to the voices of young people about their experience of being in quarantine. A mixed methodology is used in this study. In-depth telephonic interviews were conducted with selected participants from a total number of thirty. The results showed mixed experiences, both positive and negative. Many of them have used the quarantine period to reflect on their personal life, but they had also experienced stigma and isolation.

Key words: Quarantine, Experience, Young person, Stigma, Covid 19

Introduction

From an endemic that originated in Wuhan, China, to a pandemic worrying people over countries and continents, COVID 19 has taken its turn very swiftly. The pandemic led to global social and economic disruption which ended in the largest global crisis (Atkeson, 2020, Laing, 2020, Mckibbin & Fernando, 2020). It prevented people from gathering and socializing, and it even led to tensions between countries over many reasons such as vaccine distribution, international travel ban etc. The virus had led to unemployment in many countries, resulting in the fall of GDP, which became the reason for the economic recession (Fernandes, 2020). Even the developed countries are struggling to tackle down this disease (Lancet, 2020). It is assumed that the globalization and international travel have contributed to the vast spread of the disease (Coma, Jones & Marty, 2020). In India, the first coronavirus case was reported on 30th January 2020 in Kerala's Thrissur district when a student returned home from Wuhan University in China (Ministry of Health and Family Welfare,

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2020). At the initial stage, things were under control, but soon clusters had formed in different parts of the country which finally gave way to the widespread.

As on mid of September 2020, India stands second among world countries and first among the Asian countries in the number of total Covid cases. Like any other country, in the initial phase, India followed strict preventive measures to tackle the spread of the disease. Soon as the total cases hit 500, a voluntary curfew of fourteen-hour was announced on Sunday, 22nd March. Within two days from that, on March 24th, Prime Minister Narendra Modi had announced a complete lockdown of 21 days, restricting all the movements of the entire population. On April 15th, a phase two lockdown was announced that extended the existing lockdown period for a period of 19 days. Later, lockdown phases 3 and 4 were announced for 14 days on May 14 and 18, respectively. At the time of the second wave of Covid-19, different states took independent measures to tackle down the virus as it became essential to curve the graph of the diseased. Social distancing, self-isolation and self-quarantine are some of the common methods used to prevent further infections. By definition, both isolation and quarantine restrict the movement of individuals. While voluntary isolation and quarantine are often successful, the involuntary restriction may be required in some circumstances or with particular individuals (Heymann, 2004). It is seen that the young people are the ones most affected by quarantine measures. Since they are in their productive years, they will always have fun doing all the activities they like and finding leisure time for all the entertainment. They never want to be harnessed or caged. A sudden restriction in their activities may lead them to distress. Quarantined people are significantly more likely to report exhaustion, detachment from others, irritability, insomnia, poor concentration and indecisiveness, deteriorating work performance, and reluctance to work or prefer for resignation (Brooks et al., 2020). It is observed that the young people during quarantine experience excessive tiredness without any physical activity even though they are healthy and do not have any symptoms (Hammami et al., 2020). Young people are highly stressed as they are frequently updated through social media about the spread of disease (Qiu, J et al., 2020).

The other psychological problems associated with this are detachment from others, even to their closest ones due to the fear of making them affected by the disease. Most of them are getting irritated even for silly reasons because of the immense stress in which they're undergoing. Many are having sleepless nights because of their worries for their near

ones and the uncertainty about their future. The people who are working from home are showing poor performance and are not able to contribute with productive results. As they decline in their work performance, many of them are not willing to work and some of them are considering quitting their job. Quitting the job may lead to financial loss, can be a problem during quarantine, with people unable to work and having to interrupt their professional activities with no advanced planning; the effects appear to be long lasting (Brooks et al., 2020:919). Some people who lost their job on or before quarantine are still struggling to meet the two ends of their life. People who are addicted to alcohol or any other narcotic substances undergo de-toxification (Rosca et al., 2020) during this period which may be shown in the form of withdrawal symptoms. The severity of these symptoms differs from person to person. Some may even show restlessness and shakiness which may be misunderstood as psychiatric symptoms. It is seen that suicidal tendencies are also increasing in people during the quarantine period. Suicides of young people have been reported during quarantine (Gunnel et al, 2020:469).

People also follow health compromising behaviours like skipping breakfast and low intake of nutritious food. This leads to health problems such as vitamin deficiencies and even anaemia. Inadequate intake of nutritious food destroy their immune system and make them severely exposed to the disease, as Covid is likely to attack people who have a low immune system (Arora and Grey, 2020:1159). Some people lack personal hygiene during this period, leading to infections and skin-related diseases (Elston, 2020:1085).

There are some unconventional tendencies in society to stigmatize or isolate those in quarantine (He, 2020:2933). Most commonly, these attitudes come from neighbours. This is because of the fear and lack of awareness about the disease. This may affect their social relationship and social capital during an uncertain period in life.

Young people experience post-traumatic stress disorders (Liang et al., 2020:7) as an effect of the disease. They experience anxiety, nightmares and flashbacks that sustain even after their quarantine period. One of the most significant challenges to the field of traumatic stress has observed that many individuals who coped at the time of their traumatic exposure became unwell at the later stage. The long-term costs of traumatic stress: intertwined physical and psychological consequences (McFARLANE, 2010:3) this may take days or months to show symptoms and people often mistake and relate them to substance abuse so they would not get

proper treatment. Without adequate and timely consultation, PTSD (Post Traumatic Stress Disorder) can induce long-lasting effects on them.

Materials and Methods

The study used a mixed methodology. Basic information was collected using the quantitative method. Later, ten participants were interviewed by employing the qualitative method to understand their lived experiences in-depth. The sample size consisted of a total number of thirty young persons, of which 60% were male, and 40 % were females. The participants were between the age group of 21 and 33 years. All of them belonged to the state of Kerala and natives of various districts. They had been working out of state or the country as migrant workers.

A purposive sampling method was used to select the participant for the study. The inclusion criteria for sampling includes; people between the age group of 18 and 35 years, domestically or internationally migrated for job purposes, who have not tested positive for Covid-19 and quarantined for a period of a minimum of seven days. They were informed of the purpose and objectives of the study. An informed consent was taken from the participants and those who agreed were given the opportunity to participate in the study. The selected participants were provided with an online questionnaire through Google forms. The questionnaire included both closed-ended as well as open-ended inquiries. Once the quantitative data has been analysed, the researchers have selected ten participants for in-depth telephonic interviews where the researcher qualitatively explored the lived experiences. The telephonic interviews were recorded with their consent.

Result

1. About the Participants

The participants had been working in foreign countries such as UAE, Saudi Arabia, Germany, Canada, UK, Australia and some participants worked in various Indian states such as Tamil Nadu, Maharashtra, Gujarat, Rajasthan, Karnataka, Telengana and Delhi. Among participants, 52.6%, 47.4% respectively completed postgraduation and degree or Diploma. More than half of the participants (52.6%) were unmarried, and 47.4% were married. The participants were engaged in different professions such as Teaching, Nursing, Professional photography, IT Profession, Engineering, Government services, Marine professional, Mechanic, etc. Major reasons to return to home in Kerala the expiration of the visa, loss of job, regular leave and other medical reasons.

2. Quarantine Details

The days of the quarantine period is decided by the health officials occasionally as per the guidelines by central and state governments. Generally, it was advised to follow seven days quarantine in the initial stage. Later, it was increased to a fourteen days period as the incubation period varied as some people showed symptoms even after the 14 days of quarantine. Further, the days of quarantine has been increased to twenty-eight days. The government has arranged places such as hostels, lodges and other institutions as quarantine centres, however, it was paid service. Later, the government has introduced free quarantine centres in certain geographical locations. When the number of persons coming to the state increased enormously, the government has decided to implement home quarantine with proper guidelines and instructions for the people and their family members. In such cases, they were given instructions to stay alone in a given portion of the house and no other family member was supposed to be in direct contact with the person. In some cases, if the other family members are aged, the person was advised to be in quarantine to avoid contact with them. In some cases, family members were advised to leave the house to do his/her quarantine days alone at home. Some people opted for room quarantine if multi-storey facilities are there in the house so that the family can be on one floor and the quarantined person can be on the other. The result shows that a 63.2% of the participants stayed alone at home and 21.1 % with their families in the same house here their other family members stayed, but without any direct contact and 15.8% in other facilities by govt. Among participants, 31.6 % were under quarantine for 14 days, 5.3 % for 21 days and 57.9% for 28 days and 5.3% more than 28 days.

The experiences and impact of being quarantined are varied based on the place of quarantine. A respondent expressed that

“Initially, I was advised to be in quarantine for 14 days and I was about to complete it, and certain plans were made to rejoin my job and I was terribly missing my son. But I was disappointed to hear from the health authorities that it is extended to 28 days. I was so angry and broken even 14 days are too much for me and now it is the situation, no way and I said okay”

3. Isolation/Rejection/Loneliness/Stigma

A major content of quarantine experience of young persons was coloured with isolation and stigma. It is indeed difficult to be alone for a few days without all friends and hangouts. 36.8% of participants have experienced isolation during quarantine and 42 % shared that they felt lonely during the period. Stigma mainly comes from society, there were incidence shared by the participants that their neighbours have shifted to another place worried chances of infection. And two participants were asked by their neighbours why they came there to get others in trouble. There were incidents in which the participant got calls from the Police since someone reported the person in quarantine was standing outside house premises, which was wrong information.

One stated that, *“Even the closest neighbours started to show their disapproval. When I opened the windows of my room they used to say, we have children here. So please don't open the windows”* these kinds of attitudes increased their feeling of loneliness and rejection and they started to feel isolated.

The misconception of people also created a stigma in the community. A person felt really irritated by the comment that, ‘he has been in quarantine because he tested positive’. It was a comment from a misconception, and in Kerala, one who tested positive was not allowed to stay at home as they were taken to the treatment centre soon after the results.

Other misconceptions regarding the spread of the disease such as; the virus can travel through air for long distances and make others infected, add up to these kinds of attitudes and finally leads to isolation of the individual.

4. Worries and Stress

The participants had shared a lot of worries that they have experienced during the quarantine. They reported that they were worried about the financial condition (68.4 %), family-related (58%), uncertain future (52.6%), loss of job (47.4%). Job loss and lack of any other income source darkened their days and put many of them into stress. The future seems to be hopeless for many of them. The repayment of loans without any proper livelihood options disturbed them.

One respondent said that, *“It was my regular leave and I was so excited to see my newborn daughter, but the condition was very worse everywhere, so no arguments, I must follow the instruction, It was painful*

to accept but no other way, so the quarantine was full of disappointment that I missed to see my kid as early as possible”

Some respondents shared their concerns over getting screened positive for Covid-19 and were worried about their family in case if something happen to them. Home quarantined people also shared the concerns that whether they will get immediate medical attention if something happens to them during the quarantine period. *“I don’t know who will take me to he hospital if something happens to me here”* said one respondent.

People who were in government quarantine institutions comparatively had more stress than those who were on home quarantine, observed as because of the change in the environment. These people stated that they missed the comfort and security of the home environment throughout the quarantine days, which added to the stress. Few participants (31.6%) were worried about their health. Many of them (47.4%) were doubtful about small bodily changes as symptoms of Covid 19. Some (31.6%) of them had nightmares during quarantine in which they saw their family was in some harmful situation.

5. Reflection of Personal Life

Quarantine has been utilized by the majority (84.2%) of the participants to retrospect their personal lives. It is infrequent that young people sit and think about life during their busy schedules. Being alone, free from other hectic schedules, quarantine allowed them with plenty of time to ponder on life, past, present and future. Most of them (63.2%) have tried to rethink some decisions they have taken in the past and its effect on their lives. Some people thought on the relationships, future plans, and support systems in much needed time, changing lifestyles, realities of life. Many of them decided to make a difference in their lives. A young man said that *“I have been a jerk in my whole life and I took the decision to change myself”*. It exemplifies that the quarantine had influenced some young minds and brought positive changes.

6. Spirituality

Spirituality here not simply limited to the purview of religion and religious, but everything that helped them be calm, which gave them hope and peace of mind. Among participants, 63% have expressed their source of spirituality is religion, where they practised and attended religious prayers and related things. But many (47 %) of them shared nature as their source of such experience. Spirituality helped to isolate themselves

from hard and painful experiences. This was very useful to reduce their stress during the quarantine time. It also helped to reduce the negativity inside them, change their perceptions about life, and make them believe that ‘everything happens for a reason’.

7. Social Media

The use of social media was one of the major time spending activities among the participants. Whatsapp, Facebook, Instagram, Youtube and Telegram were major platforms in such cases. Media had a mixed kind of influence on young persons during quarantine. It has updated them with news from all over the world and they could sustain their relationships through these platforms. But at the same time, it was terrifying to know about the spread of the disease to more countries and escalating number of cases. It is reported that the fake news scrolled through social media platforms increased many disturbances and tensions among the participants. Still the updates about the vaccine researches of different countries gave them hope. Some found time to use social media to share their life experiences during quarantine since social media allows them to connect with millions of people. Many depended on Telegram and Youtube for watching films since they were not supposed to go out. These social platforms served as entertainment options during this quarantine period.

8. Relationships

Maintaining relationships was tremendous during quarantine, as opined by the participants. 63.2% of the participants expressed this view and most (73.7%) shared that they could find their old classmates and friends during the quarantine. This was one of the positive experiences that came out due to quarantine. One said that *“Getting my old friends back was one of the best things that happened to me during this quarantine. With them, I found happiness. We even laughed at the dumbest jokes”*. Being with friends had helped them a lot in overcoming this situation. They played games together and shared valuable memories. It was like a voyage to the good old days. These relationships enormously helped them to overcome stress during this lonely time of their life.

9. Support System

The familial and social support system was crucial to young people during the quarantine period. The support came in the form of emotional, material, financial and spiritual means. Family members were the primary

source of support for the majority of the participants. They arranged everything even before the person arrived at home. Every need of the person has been addressed during and before the quarantine. They bought all the essential materials for the proposed period of quarantine. Food items, groceries, things for personal use, everything was arranged well in advance by discussing with participants. Some of the participants shared that their parents cooked food for them, considering the infected can be free from cooking activities. Regular phone calls were made to ensure that the participants had their food on time and their health was alright. Friends were also the source of support during the quarantine; they contacted the participant through social media and spent time with them, which reduced their stress levels. Some shared that friends bought them their favourite food and kept them in front of the house so that they could take them and have it. These things have made them to feel so special and helped to realize that they were never alone.

10. Recreation/Entertainments

The majority of the participants shared that quarantine days had prevented them from their regular entertainments like hanging out with friends and recreation. But during quarantine, they had alternative ways of recreation which was already there, but the time spent on those activities had increased. Major recreations were listening to music, reading books, watching movies etc. More than half (58%) of the respondents said that they had tried their art and literary talents during their quarantine. Some of (47.4%) them have found new talents and skills and spent time to practice them. When the participants were asked what did they missed most during quarantine period, participants answered ‘travelling, friends in work place, weekend parties, time with family and eating at restaurant’.

11. Future Plan

There are a few things that young participants want to do soon after their quarantine period. Some of the things are, reunion with friends, spending time with family, joining for job, roam in home town, eagerly waiting for the wedding day. And some even had plans for contributing something to the society.

12. Perception of Quarantine

The participants have perceived the term quarantine in unique ways based on their experiences. They have perceived it as ‘a period in which we can save others as well as ourselves from Covid in a safe and

comfortable manner’, ‘Good diet, less exposure, less pollution and earth is healing itself’, ‘time to relax our body and mind ’, ‘rethinking and hope’, ‘freedom’, ‘most necessary preventive action to stop spreading of Covid-19’.

Conclusion

The attempt to listen to young people’s voices was seen as a way to understand their view of the world during Covid 19. In a way, they experienced trouble due to the extraordinary events that the world has seen in last few months. But the study gave hope that they have looked at the future with hope even amid difficulties. It was really an attempt to be insightful about life and the world. Many examples prove that people could bring the best out of them during their quarantine. They could learn to appreciate little things in life and look for the brighter side of everything. People who succeeded in making the quarantine insightful say that “ *If someone has to do something, first they must find the fun in it*”. Considering this time as an interval from their normal busy life and using this time to evaluate one’s own personal lives to find out the flaws may help them to sort it out in the future. Not socializing give them an opportunity to sit and reflect on their life their mistakes, strength and weaknesses. Many people who believed to be introverts discovered the other side of them. Using this time for meditation and spirituality gave them peace and hope for the future. Quarantine made people realize the fact that “they can live on less than they thought they could”. This was really an eye-opener to those who always complaining about what they do not have in life. Developing an attitude of gratitude could change the whole life pattern of a person and enables them to change their perspectives about life by helping them to take critical decisions about their career and personal life. So it is visible that the quarantine had made a bunch of optimists out of the youth.

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COVID – 19 IMPACTS ON AGRICULTURAL FINANCE

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Abstract

This paper aims to analyse the impact of covid-19 on agriculture finance. Agriculture is the process of producing food, feed, fiber, and many other desired products by cultivating certain plants and allied livestock activities. Agricultural finance refers to financial services ranging from short, medium and long-term loans to leasing, to crop and livestock insurance, covering the entire agricultural value chain - input supply, production and distribution, wholesaling, processing and marketing. Ensuring timeliness and credit adequacy to farmers has posed the most serious challenge for banks while financing the agricultural sector. The crisis due to covid-19 is magnifying the repaying dilemma. The success of agriculture in our country depends not only on the use of new technology in the shape of application of high yielding varieties to more and more areas, use of better seeds, fertilizers and plant protection methods, development of water resources and improvement in the soil conservation practices, but also in the provision of adequate credit at the right time. The performances of loan contracts determine the profitability and stability of financial institutions, screening and credit analysis of applications is a key process in minimizing credit risk. It helps to reduce the financial risk of loan issuer. We suggest procedural simplification for better access to agriculture credit of smallholders and less-educated/illiterate farmers. From this study, it is understood that the farmers face a number of difficulties and problems in availing agricultural loans. Farmers get agricultural credits from banks, institutions, money lenders and societies. Farmers stated that high rate and varying of interest is the major problem faced by them. The climate often adversely affects crops and agriculture, and it will reduce productivity. Along with these issues the economic slowdown due to covid-19 increases the financial burden of farmers for repaying their agriculture finance.

Key Words: Agriculture finance, Credits, Repayments, Profit.

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Introduction

The World Health Organization (WHO) declared COVID-19 a pandemic in January 2020; the virus has spread to more than 190 countries. According to the International Monetary Fund (IMF), the global economy is expected to shrink by over 3% in 2020. The unprecedented rise in infections led to a nationwide lockdown, which has affected the country both economically and socially. Impact of the lockdown on the Indian agriculture sector has been complex and varied across diverse segments that constitute the agricultural value chain. Several activities across the agriculture value chain have been the most hit. Acute shortage of labour, reverse migration, harvest, transportation and logistics and exports were some of the unforeseen challenges that the stakeholders across the value chain witnessed.

Credit, which played a vital role in the development of the agricultural sector, was instrumental in developing Indian agriculture. In fact, credit has acted as a means to provide control over resources to enable the farmers to acquire the required capital for increasing agricultural production, facilitating technological up-gradation and commercialization of agriculture. It enabled the farmers to go for short-term credit for purchase of inputs and other services and the long-term credit for investment purposes. There was a drastic change happens due to the COVID -19 pandemic. The repaying capacities of farmers are adversely affect the economic slowdown.

Statement of the Problem

The study was conceptualized and launched with the major objective of assessing the impact of COVID-19 on repayment of agriculture finance. This study also aims to analyse how the covid-19 clashes farmers who availed agriculture finance. Some of the reasons for the decline in agricultural activities includes lack of availability of labour and machines, need for social distancing, and restrictions on free movement of men and machinery. Through this study, an attempt has also been made to gauge the magnitude of the impact of covid-19 and resultant lockdown on various sub-sectors of the agricultural activities.

Objectives

- To analyse the impacts of covid-19 on agricultural finance.
- To identify the repayment problems of agriculture finance during the covid-19 pandemic.

Hypotheses of the Study

- ❖ H_0 : There is no significant relationship between the income of farmers and repayment problems of agriculture finance.
- ❖ H_1 : There is a significant relationship between the income of farmers and repayment problems of agriculture finance.
- ❖ H_0 : There is no significant relationship between the demographic factors and problems in repayment faced by the farmers.
- ❖ H_1 : There is a significant relationship between the demographic factors and problems in repayment faced by the farmers.

Research Methodology

This study is descriptive in nature and is mainly based on the primary data. Primary data were collected from a sample of 143 respondents through the convenient sampling method from Kozhikode district. In order to fulfil the objectives outlined above, a questionnaire was prepared for obtaining feedback from respondents was designed and checked internally. In view of the restricted mobility of people owing lockdown, online survey was the only option available to solicit responses from the field. The questionnaire was designed in such a manner so as to assess whether the lockdown imposed due to the covid-19 pandemic had impacted the various activities in agriculture and its subsequent effect on repayment of agriculture finance. The questionnaire contained questions to analyse the impact of covid-19 on agricultural production, prices of inputs and outputs, availability and wage of labour, marketing of agricultural produce, banking activities, and microfinance activities. To interpret the data percentage analysis, the chi-square and ANOVA tests were applied.

Literature Review

Gadgil (1986) The article titled “Agricultural Credit in India: A Review of Performance and Policies” analyzed the flow and stock of production credit from all credit institutions in India for the period 1973-74 to 1982-83 and found that the compound growth in nominal terms was 14.52 per cent while in real terms it was only 3.72 per cent. The corresponding figures for Kerala were 24.32 and 12.61 per cent, respectively. The compound growth rates of flow and stock of investment credit in India for the period 1973-74 to 1982-83 in nominal terms and real terms were 17.12 per cent and 8.22 per cent, respectively. The corresponding figures for Kerala were 18.85 per cent and 9.81 per cent respectively. Production credit per hectare in Kerala increased from Rs.171.26 during 1973-74 to

Rs.500.67 during 1982-83, while the investment credit increased from Rs.82.81 to 193.15, the total credit increased from Rs.254.07 to Rs.693.82.

Ashok Kumar, Pandey and Sushita Kaul (1987) According to the authors the study titled “Study of Growth and Disparity in Agricultural Advances by Commercial Banks” stated the number of commercial bank branches and their advances to agriculture in Kerala have growth with a compound growth rate of 10.5 per cent and 28.49 per cent respectively during 1969 and 1982. They also found that the per hectare flow in agricultural credit from commercial banks in Kerala increased from Rs.28.70 during 1969 to Rs.714.11 during 1982.

Samar K. Datta (2003), “An Institutional Economics Approach to the Problems of Small Farmer Credit in India” noted that the tools of institutional economics, especially those pertaining to informational asymmetry and transaction costs for studying the credit problems of small farmers in India, who, in spite of a vast network of credit institutions developed over a long period of time under government ownership and/or control, are alleged as not getting a share of formal sector credit commensurate with their statistical dominance. It uses data collected by the Agro-economic Research Centers and Units under the Ministry of Agriculture, Government of India from a carefully selected sample of 700 borrower households across the country over a period of three years (1997-1998 to 1999-2000) to provide a preliminary explanation of the various dimensions of a credit package in terms of variation in borrower’s village, household and other loan attributes.

Conceptual Framework

The covid-19 pandemic has occurred at a time when the global and Indian economic growth was already expected to decelerate. The economic implications of the novel Coronavirus (COVID-19) pandemic have brought the agricultural sector into sharp focus and heightened its responsibility to feed and employ thousands who might have lost livelihoods. Many new farmers have to face a difficulty in starting up new farm operations like producing agricultural produces or to continue the old ways of farming when funds are not available. Also, due to the high cost, they fear to choose the agricultural and allied activities. And, they fail to pay the debts, get problems in getting finance which leads them to commit suicide. Some of the problems that farmers face are summed up as:

- ❖ Lack of knowledge and Information: Lack of information on credit and subsidies available for agricultural activities.

- ❖ Technology: In new farm operations farmers always require new updated technology for which they face difficulty as funds are not available to them for purchasing of such new technology, machines, etc.
- ❖ Credit related Issues: Timely credit is not available at adequate level and there is undue delay in the dispensation of credit.
- ❖ Documentation and security norms: Some of the farmers have expressed unhappiness about the collateral security and documentation process as well as faced difficulty in understanding the process.
- ❖ Markets: To fulfil the demand of customers, the farmers need funds to meet their requirements like good quality of agro-products.

The last few quarters have witnessed a moderation of growth rate of the Indian economy, with quarterly growth in GVA declining from 7.63% in Q4 in 2017-18 to 3.04% in Q4 of 2019-20. The declining trend may have become more severe due to covid-19, as indicated by many factors. For instance, recently released estimates by Govt. of India indicate that production in the eight core sectors of our economy contracted for the third month in a row, with output declining 23.4 per cent in May 2020. Overall growth has been adversely affected in most core sectors

The spread of the pandemic and the subsequent lockdown that was imposed by the government had a significant impact on the farm gate prices of commodities in agriculture and the allied sector. This was mainly due to the fact that with the shutting down of major sectors of the economy, the demand for these commodities also dried up due to lack of transport, shutting down of rural bazaars/markets and shops which led to a decrease in prices across many districts of the country.

As part of the fight against COVID-19, the Government of India announced the Atmanirbhar Bharat Abhiyan (self-reliant India initiative), aimed at seizing all possible opportunities to “revive and reboot” the economy. The third tranche of the government announcements were focused on the agriculture sector. The 11 measures announced favouring agricultural and allied activities include strengthening infrastructure, logistics, governance and administrative reforms. The prime minister highlighted the ability to turn this crisis into an opportunity for the country by ‘going vocal for local’- reinventing the domestic agriculture supply chain to meet local as well as global demand

Results and Discussions

Table 1 - Demographic Profile of the Participants

Variables	Category	Frequency	Percentage
Age	Less than 40	32	22
	More than 40	111	78
Annual Income	Less than 40000	59	41
	Between 41000 and 70000	46	32
	Above 70000	38	27
Marital Status	Married	98	69
	Unmarried	45	31
Farm Size	Less than 2 acre	32	22
	Between 2 acre and 5acre	72	51
	Above 5 acre	39	27

Source: Primary Data

The data was collected based on the four demographic factors i.e., age, annual income, availability of cultivated land area and marital status of the farmers. During this study, it is observed that the young farmers who have less than 40 years do not prefer agriculture for their livelihood as compared to the farmers having the age above 40years. However, 51 % of the farmers have agricultural land area between 2 to 5 acres and only 22% of farmers have less than 2 acres of agricultural land area. On the other hand, 41 % of farmers have less than Rs.40000 as Annual income which is a meagre amount in the current economic scenario.

2: Relation between Income of Farmers and Repayment Problems of Agriculture Finance

❖ Null hypothesis (H0)

There is no significant relationship between income of farmers and repayment problems of agriculture finance.

❖ Alternative hypothesis (H1)

There is a significant relationship between income of farmers and repayment problems of agriculture finance.

Table 2: Relation between Income of Farmers and Repayment Problems of Agriculture Finance

Income Levels	Repayment Problems					Total
	Low price of Agriculture Products	Lack of market	High rate of interest	Un-availability of Inputs	Increase the cost of cultivation	
Below 40000	20	5	5	14	15	59
41000-70000	13	5	5	11	12	46
Above 70000	12	4	5	7	10	38
Total	45	14	15	32	37	143

Source: Primary Data.

Table : 3 Chi-Square Table

Observed (O)	Expected (E)	(O-E)	(O-E) ²	(O-E) ² /E
20	18.5	1.5	2.25	0.122
13	14.5	-1.5	2.25	0.155
12	12	0	0	0
5	5.8	-0.8	0.64	0.110
9	8.2	0.8	0.64	0.078
5	6.2	-1.2	1.44	0.232
10	8.8	1.2	1.44	0.163
14	13.2	0.7	0.49	0.037
11	10.3	0.7	0.49	0.047
7	8.5	-1.5	2.25	0.264
15	15.3	-0.3	0.09	0.006
12	11.9	0.1	0.01	0.0008
10	9.8	0.2	0.04	0.004
Total				1.2188

Degree of freedom= (5-1) (3-1), $4 \times 2 = 8$

Level of Significance = .05

Table value = 15.51

Calculated Value = 1.22

If the chi square calculated value is less than the chi square table value numerically the test statistic falls in the acceptance region and so we accept the null hypothesis.

Here the table value is greater than the calculated value. So we accept the null hypothesis (H_0) and rejecting alternative hypothesis (H_1). It was concluded that there was no significant relationship between the income of farmers and repayment problems of agriculture finance. It means the repayment problems are same for all farmers irrespective of their income level. Here the income levels are categorized in to three like: Below 40000, between 41000 and 70000, above 70000. The loan repayment problem is categorized in to five like: Low price of Agriculture Products, Lack of market, High rate of interest, Unavailability of Inputs, Increase cost of cultivation. From the above analysis, it was understood that the impact of covid-19 is adversely affected the repayment of agriculture finance without considering the income level of people.

The feedback on availability and prices of various agriculture inputs viz. seeds, fertilizers, pesticides, rentals agricultural machinery, fodder/ cattle feed, etc. were obtained to gain greater insights into the agriculture sector during the lockdown period. The reasons for decline in availability of inputs were disruption in supply due to restrictions on movement of vehicles, closure of shops and markets, etc. lower availability is expected to result in higher prices. The reasons for the increase in prices of agriculture inputs included lower availability due to disruption in supply, closure of markets and shops, and decline in purchasing power of farmers as they were facing difficulty in marketing their produce. Some of the reasons for the decline in agricultural activities include lack of availability of labour and machines, need for social distancing, and restrictions on the free movement of men and machinery.

3) Relationship between the demographic factors and problems in repayment faced by the farmers

❖ Null hypothesis (H0)

There is no significant relationship between the demographic factors and problems in repayment faced by the farmers.

❖ **Alternative hypothesis (H1)**

There is a significant relationship between the demographic factors and problems in repayment faced by the farmers.

Table : 4 The Demographic Factors And Problems In Repayment Faced By The Farmers.

Education of farmers	Repayment Problems					Total
	Family Size	Lack of Market	Lack of Banking services	Lack of Govt. Subsidies	Increase the cost of cultivation	
	4	9	12	9	2	36
Farm Size	8	7	4	3	12	34
Number of Dependents	6	12	3	7	11	39
	11	5	5	6	7	34
TOTAL	29	33	24	25	32	143

Source: Primary Data

Table : 5 Anova Table

SOURCE OF VARIANCE	SUM OF SQUARES	DEGREE OF FREEDOM	MEAN SQUARE	F RATIO
BETWEEN COLUMNS	16.3	4	4.075	FC = 3.699 FR = 13.508
BETWEEN ROWS	3.35	3	1.116	
RESIDUAL VALUE	180.9	12	15.075	
TOTAL	200.55	19		

Between Columns

Degree of Freedom (4, 12)

Table Value of F : 3.25

Calculated value of F : 3.70 which is less than table value.

That is we accept the null hypothesis. There is no significant relationship between the demographic factors and problems in repayment faced by the farmers.

Between Rows

Degree of Freedom (3, 12)

Table Value of F : 3.49

Calculated value of F : 13.51 which is less than table value.

Here the researchers accept the null hypothesis. There is no significant relationship between the variables.

From the analysis, it was clearly understood that the repayment capacity of farmers' agriculture finance was affected due to the covid-19 pandemic without considering the demographic factors of farmers. The demographic factors like Education of farmers, Family Size, Family Farming, Availability of Land, Number of Dependent etc., had an impact on the repayment behavior of agriculture finance.

In order to assess the impact of covid-19 on the marketing of agricultural produces, the study included questions relating to multiple dimensions of the marketing of agricultural produce. The analysis of received responses depicted a significant adverse impact on different aspects of the marketing of agricultural produce. This was mainly because of the complete ban on operation of such rural bazaars and local markets by the administration to stop the gathering of people to check the spread of the corona virus.

The banking sector carries much significance for the livelihoods of the agricultural population by providing basic banking services such as deposits, withdrawals, credit, etc. For example, timely availability of credit through Kisan Credit Cards (KCC) to farmers in the form of working capital is a substantial factor determining the agricultural sector's production. Therefore, the survey attempted to capture the impact of covid-19 and resultant lockdown on various banking services viz. KCC, term lending to agriculture sector, basic banking services, recovery and digital banking services.

Conclusion

The impact of covid-19 and the resultant lockdown had been quite harsh on agriculture and its allied activities. The major impacts are in the form of decreasing agricultural productions, low price of agriculture commodities, non-availability of agricultural inputs and its high cost, supply, demand and wages of labour, lack of markets and marketing techniques, issues in smooth banking services, absences of micro-financing activities apart of these the farmers are the victims of the overall slowdown faced by the economy. All these issues lead to a decrease in the income of farmers. Indeed, it affects the loan repaying capacity of the farmers. This study helps to gauge the magnitude of the impact of covid-19 and resultant lockdown on various agricultural sectors, which act as a cause of loan repayment issues faced by farmers.

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REGIONAL DISPARITY IN MALABAR DISTRICTS OF KERALA AND GENERAL HEALTHCARE SERVICES DURING COVID-19 PANDEMIC

*SAJID M.S.

Abstract

The Indian state of Kerala is considered as 'successful' in managing the Covid-19 pandemic by reducing mortality and containing the virus spread. The health service system has transformed, in a way to 'Covid-19 task force' to achieve this position. However, issues related to general healthcare service delivery was least discussed due to the higher concentration given to the pandemic containment. Districts like Malappuram and Kasaragode, which are poorly provisioned in public health infrastructure, affected this 'service shift' severely. People from these districts largely depend on private and philanthropic sectors for healthcare services. This not only makes an impact on the accessibility of health services but also the economic condition of poor families. This paper reviews various literature covering regional disparity in healthcare service facilities between north and south parts of Kerala. The outcome of 'service shift', from general healthcare to covid care will also be addressed in the second section of the paper. Since the analysis is based on secondary data sources, various government reports and previous studies will be used for the review. The author conducted field surveys for another study during 2018 in the pre-pandemic period, which will be considered field observation for the analysis part. The paper tries to bring the discussion in to the academic sphere of how regional disparity in provisioning of healthcare facilities makes impact in general healthcare delivery in a situation where the service system is dedicated to covid care programmes.

Keywords: Regional disparity, Covid-19, Malabar backwardness, Kerala model

Introduction

Initially, Indian state of Kerala is considered 'successful' in managing the Covid-19 pandemic by reducing mortality and containing the spread of the virus (WHO, 2020). The first case was reported on January 27, 2020 in Thrissur district who had returned from Wuhan China (Andrews et al.,

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2020) the place is considered as the epicentre of the disease (WHO, 2020). Later the cases increased gradually and as of today (03.09.2021) Kerala has only 5.62 per cent active cases with 93.85 per cent recovery rate and 0.51 per cent deaths (GoK Dashboard, 2021). However, Kerala accounts for 50 per cent of the cases in India with the highest test positivity rate of 18.57 in an average of seven days. Where the active cases at national level is 1.22 per cent with 97.45 per cent recovery and 1.34 per cent death. The initial success stories were attributed to the robust public health system and previous experiences in the outbreak response to NIPAH in 2019. The entire public health system had dedicated to contain the virus spread, which seems peripherally ‘successful’ but the other side is witnessed that the weakening of general healthcare service delivery. This article discusses the state of public health infrastructure across Kerala’s two geographical regions that act as key-centres to deliver healthcare services in a pandemic period.

The public healthcare infrastructure in Kerala played a pivotal role in achieving an internationally renowned social development model despite a relatively low economic growth rate, known as ‘Kerala Model of Development’ (hereafter KMD) (Kabir & Krisnan, 1996; Veron, 2001; Sajid, 2019). Social development indicators such as literacy, maternal and child mortality and life expectancy in Kerala are better than all other Indian states for many consecutive years (NFHS-4 and Government of Kerala (GoK), 2019). It is a matter of fact that the availability and accessibility of public institution and healthcare services have contributed to the KMD (Ratcliff, 1977; Jeffrey, 1976; Veron, 2001). A favourable environment to access the services is created only when the healthcare infrastructure is available in particular regions. Availability of health infrastructure influences the health-seeking behaviour of the people along with other indicators (Acharya, 2018). Hence, availability of healthcare infrastructure is a prerequisite to better health services. This section analyses the development of the infrastructure such as hospitals, associated facilities and health service providers in two different regions namely North and South or in other terms Malabar and Travancore respectively. For the purpose, a systematic review on studies conducted on development of healthcare infrastructure, regional disparity and inequality in provisioning was done. It includes state government’s planning reports, economic review of planning commission and annual reports published by the directorate of health service, Kerala. Hence, it compiles the review and observations from a field survey conducted in 2018, the pre-pandemic period.

Regional Inequality in Public Infrastructure for Health

The Constitution of India mandates health as a responsibility of the State. Hence, the provisioning of health-enhancing services is a principal duty of the government. The availability of public hospitals, healthcare service providers and other facilities are considered as a prerequisite to better health service delivery. The strategic and egalitarian intervention of the government can reduce the inequality in the provisioning of healthcare infrastructure. However, in the case of Kerala regional inequality persists over the period and has not been eliminated (HDR, 2005; Jacob, 2014; Sajid, 2020). This section broadly looks into the availability of healthcare systems such as infrastructure and human resources for healthcare services in two regions of Kerala.

The state is geographically divided as Malabar in the northern region and Travancore in southern part of the state. The geographical division is based on the historical reasons that reflect in the latter socio-political development in the region and state. Malabar region consists of six districts with 44 per cent of the population and Travancore has eight districts with a population of 56 per cent. All districts in Malabar were ranked bottom in the last Human Development Report-2005 (HDR, 2005). Public healthcare institutions like hospitals and dispensaries are one of the important inputs that ensure equality in healthcare access. Various national and state surveys indicate that the public healthcare institutions are the only resort to the poor in the era of highly expensive medical care (DLHS-4; NFHS-4). Literature points out that health services' availability, accessibility, and affordability influence public health. Hence, availability and accessibility are crucial in achieving 'health equity'.

However, there is evidence to suggest that the state's northern region lags behind in terms of infrastructure. Here we consider healthcare infrastructure as institutions like Community Health Centres (CHC), general hospitals, district hospitals, family health centres and women & children hospitals (Table-1). A cumulative data of the healthcare institutions and total bed strength of these institutions based on the population size in the two regions are taken into account.

Table-1: Healthcare Infrastructure for Average Population in North and South

Regions of Kerala-2018

Regions	Travancore	Malabar	Kerala
Total population (in millions)	19.47(56%)	15.22(44%)	34.69(100%)
Population/one CHC	1,34,308	1,92,711	1,54,906
Pop/one institution	26,282	28,089	27,045
Population/bed	797	1135	917

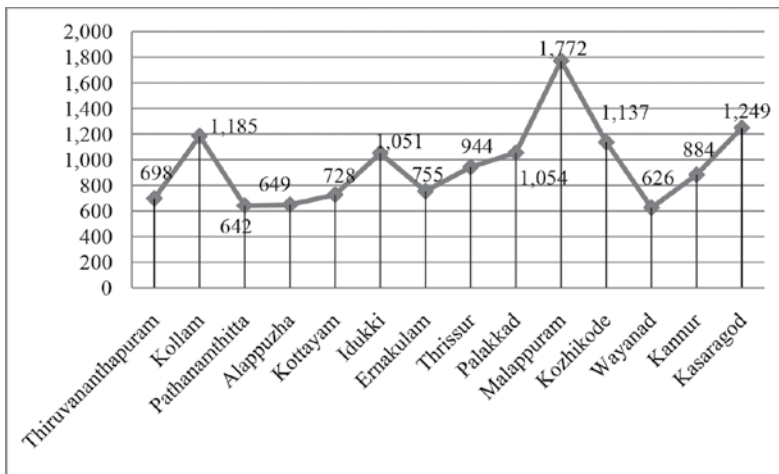
Source: Government of Kerala Directorate of Health Service, 2019

The evidence suggests that the average population depends on one Community Health Centre (CHC) higher in Malabar than the Travancore region. In Malabar, 1.92 lakhs persons depend on one CHC which is higher than the state average and much higher than the number of persons depends on CHC in Travancore (1.34 lakh). Since an ideal CHC is supposed to serves 250,000 persons, the population depending on one CHC in Kerala is 1.54 lakhs which is considerably better. Whereas the difference is brought here in order to understand the unequal distribution of health infrastructure resources in two different regions. Table-1 shows that the number of CHC in Malabar region is lower than that of the state and Travancore. Similarly, the population depends on any public healthcare institution in Malabar is 28,089, higher than 26,282 persons in Travancore. In the case of bed availability, 1135 persons depend on one bed in the Malabar region whereas 797 in Travancore (Table-1).

The density of healthcare seekers in one institution inversely affects the quality of service delivery. The outcome is multifaceted; over-duty, mood-disorder and hostility towards the seekers will result in the chance of human error and negligence that affect in the access and ultimately leads to the iniquitous access to health (Acharya, 2018). Another concomitant consequence of the deficit is ‘booming of private institutions’ and economic vulnerability. Hence, there is evidence to suggest that regional disparity persists in social and economic dimensions. District level estimation of per capita income for the year 2015-16 assessed by the state government substantiates the disparity (GoK, 2015). Kerala ranked top for out of pocket (OOP) expenditure on health among other Indian states

because of the booming privatisation of healthcare services (Dilip, 2008; Oommen, 2017). Malappuram, among other districts is most privatised due to the shortage of public services (Dilip, 2010). By considering these, KMD is questioned among scholars (Nithya, 2013 and Oommen, 2017) due to the exclusion of vulnerable groups (Devika, 2010) privatisation and declining of public sector development (Dilip, 2008 and Thresia, 2014). An important drawback of KMD is the regional inequity of provisioning of public health infrastructure (Jacob, 2014; Sajid, 2020) between Southern (Travancore) and Northern (Malabar) districts of Kerala, which is least addressed in earlier literature.

Figure-1 Number of People Depend upon one Hospital Bed in Public Sector



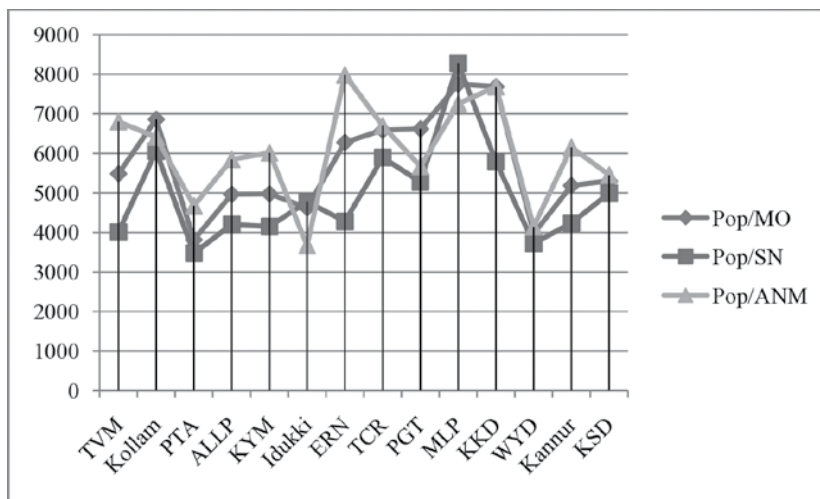
Source: Government of Kerala Economic Review, 2020

Hospital beds are one of the indicators of institutional infrastructure for better healthcare services. It reflects the state of institution having in-patient capacity. Figure-2 shows the cumulative bed strength available in allopathic, ayurvedic and homoeopathic institutions in the public sector. There are 38,097 beds spread over 1,284 institutions from these systems of medicine (Figure-2 omitted beds available in the district TB centres due to missing data) with an average of 955 persons per one bed. It suggests that districts with coastal and hilly regions face a shortage of beds in the public sector, of which the highest dependency reported in Malappuram (1772 persons depend on one bed) followed by Kasaragod (1249). Kollam (1185) followed by Idukki (1051) districts from the south having higher dependency than state average 955. It suggests inter (between the regions)

and intraregional (within a single region) disparity exists in south and north regions of Kerala. Apart from this, 60 per cent of the total beds available in the healthcare system belong to private sector. The shortage not only deteriorates the public health status but also aggravates the economic burden.

By considering three positions of healthcare providers to understand the inequality in human resource distribution in this field, brings new dimensions to the front. The medical officer (MO), staff nurse (SN) and ANM perform key functions in a healthcare setting. The MOs integrate all the public health promotion activities under the institution. Staff nurse ensures basic facilities to the patients accessing public health centres while ANM provides maternal and child healthcare services. Figure-2 includes population per one medical officer, one staff nurse and one ANM in every district. In all these three incidents, Malappuram district faces severe shortage of health personals. It is observed from the table that southern districts except Kollam have better provision. Among these, a paradoxical phenomenon is that poor health indicators of Thiruvananthapuram despite best healthcare infrastructure available in the public sector.

Figure-2 Population Depend on one Medical Officer, one Staff Nurse and one ANM



Source: Government of Kerala, Economic Review, 2020

It suggests that there is ample evidence to substantiate the significant inter and intra-regional disparity exists in social and economic development. If the comparison extends to other domains of social life,

the disparity will be much wider than we found in the public health sector. It accelerates the private entities in the sector as we experience in Kerala. Hence, the development issues are same as those faced by other backward regions of the country. Disparities between the north and south regions of the state have emerged long-back and continue to persist till today. The socio-economic development in the Malabar region was slower due to the hostility between British and native people. On the other hand infrastructure development had taken place in erstwhile Travancore under the aegis of British. The first school, the first medical college and many other public institutions were opened in Travancore. Christian missionary organisations partly filled the remaining shortage of public institutions in Travancore. These were missing in Malabar in early decades of 20th century. It can be substantiated by analysing that of Travancore region. The active engagement of missionary organisations in education and health care in Travancore region made fruitful effects in the life of vulnerable sections (Osella & Osella, 2009).

Disaster Preparedness in a Pandemic Period

Covid-19 pandemic was first identified in January 2020, since then the incident rate has been increased gradually. As a result the health service system of the state has concentrated fighting covid pandemic and general healthcare delivery was severely affected. District and other major hospitals were transformed into covid centres to contain the virus spread and reduce mortality rate. But the question is whether the state's healthcare system is prepared to fight a disaster when the infrastructure and other human resource are unequally distributed. The surge in covid cases increased the need of institutional and human support to the critically affected persons. Unfortunately the shortage of staff nurse and hospital beds indicates an impending crunch in the resources. People from Malabar region rely on private care centres for general health service like maternity care due to the shortage. For many years people from Kasaragode district depend on Mangalore one of the hospital hubs in the neighbouring state was closed due to the surge in Kerala. There are reports of giving birth in the private vehicle en-route to the hospitals in Mangalore and death due to the unavailability of critical care. It warrants serious thought on Kerala model of development that Why does this ferrying of patients in critical condition from a place which is renowned for 'egalitarian social development' occur recurrently?

Public health is very much associated with the healthcare infrastructure and human resource availability. It is the duty of respective

state government to ensure health and wellbeing of people. Therefore inequalities are socially unjust and inequitable. It is defined as “the absence of systemic and potentially remediable differences in one or more aspects of health across populations disaggregated by social, economic, demographic and geographical characteristics” (Acharya, 2018). Geographical disparity creates impediment in the way of achieving ‘health for all’ a millennium development goal

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IT SECTOR COPING WITH THE COVID-19 PANDEMIC: EXPLORING NEW FRONTIERS AND FINDING POSSIBILITIES - AN EXPERIENTIAL ARTICLE ON THE LIFE OF EMPLOYEES AT ONTASH INDIA TECHNOLOGIES PVT LTD.

***NIPTON VARGHESE**

Abstract

This Exploratory article is on the journey of employees at Ontash India Technologies PVT Ltd through the COVID pandemic changes in their work-life and how the organization took measures to enrich the life of employees. It is a journey of mutual enrichment to find possibilities during the pandemic crisis. Even though uncertainties are a part of life, the crisis posed at the onset of the pandemic was startling. Adhering to the COVID 19 protocols and still continuing work was the demand of the situation. When all sectors were struck at their work, the safety blanket of telecommunications- “world of internet” became the medium of work and universal platform. Indian cultural mythologies talk about heaven and hell. This pandemic crisis brought in the new third world- the digital world as a new medium for work and an effective tool to fight against the pandemic. In this scenario, the practical issues, as well as the remedial measures followed, are also included in this article.

Key words: IT Sector, Employees, Covid-19, Coping

ONTASH India Technologies Pvt Ltd- A Brief Profile

Ontash India Technologies Private Limited is a multinational organisation with its headquarter in New Jersey, United States and branches at Govt. Cyberpark, at Calicut and at Kochi, Kerala in India, and at Colombo in Sri Lanka. Ontash has been providing technology solutions since 1993, staying at the forefront of innovation and placing clients as its priority. Ontash has established server connectivity when the world was just beginning to learn the transformative power of the internet, Ontash has completed two successful decades in providing technology solutions globally. With a progressive team of technologists, without losing time, Ontash realized that access to unlimited amounts of data does not give much benefit unless it is organised, to reveal the quality power of unknown strength. Ontash has designed mobile applications for

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larger requirements, creates Cloud solutions, developed a Comprehensive Hospital Management System and has developed customized software solutions meeting client's requirements. In short, Ontash is in the business of doing things better, faster, cheaper by harnessing data and serving it up in whatever way works best for the client. Whether helping hospitals optimize their Medicare and Medical reimbursements or automating their work processes, Ontash looks for cutting-edge yet cost-effective solutions.

METHODOLOGY:

The Objectives of the Study

1. To assess the change in the work-life of employees at Ontash amidst covid 19 pandemic.
2. To highlight the strategies adopted by Ontash to balance professional life amidst the pandemic

The article is exploratory in nature and is a case study of the journey of employees at Ontash India Technologies PVT Ltd through the COVID pandemic; changes in their work-life, and how the organization took measures to enrich the life of employees. The source of data is the experience of the author's interaction with 100 employees as the Human Resource Manager of Ontash India Technologies Private Limited.

Disguised Benefits at the Time of Pandemic:

Pandemic brought in adaptations of current lifestyle. Amidst the crisis, new possibilities came into the limelight. Each COVID wave creating a lot of uncertainties was a general crisis. Finding HOPE that life will return back to normal or adapting to the new normal was the need of the situation. Everyone stood together in every possible way to count on the positives as a hopeful way of surviving the pandemic. The noticeable factor can be summarised as the concept of work from home.

Work from Home:

The work from home concept was a leap in history. It is a concept where employees do not commute to an office but do their jobs from home. It's a form of flexible working that enables employees to perform their normal work tasks from home through the use of information and telecommunication technology that allows instant communication anywhere and at any time. Employees who shifted to their homes had multiple benefits. Employees could save a little better. They could have food on time, spend quality time with family because travelling time

was another saving. It is observed that the physical health had improved. There was a perfect balance of professional and personal life. The hours of time they spent on work online was qualitatively good. New mothers as employees could return back to work as early as possible without any anxiety and hesitation. For them, physical presence with their babies gave better work-life balance. The absenteeism or need for leave was indeed managed well hand in hand.

New Demands of Current Scenario:

- ◆ An employee work record tracking system became inevitable. Daily work reports and daily target achievement from each employee to their reporting officer was an added burden.
- ◆ The online connectivity platform is very much effective in office spaces. Slowness or disturbances in internet connectivity and system issues was a difficulty for employees from remote areas. Restoring, providing system support and overcoming the distances was a challenge.
- ◆ Developing an employee-employer institution bond at the online platform needed new approaches.
- ◆ Missing the official work environment and the workgroup was a universal issue. At the same time, re-creating the office at home was a new challenge.

The New Lifestyle devised at Ontash India Technologies:

Comfortable office spaces, Human Resource Management and congenial interpersonal relationships are the core of organizational culture. Bringing all these into the online platform had to be planned. This was devised and tailor-made for the organization after quick brainstorming. The basic assumptions followed are:

- ◆ Keeping communications open
- ◆ Ensuring clarity and consistency
- ◆ Celebrating milestones
- ◆ Sharing knowledge
- ◆ Encouraging to discuss points of disagreement.
- ◆ Facilitate innovation

The Five Step Model of Ontash in facilitating new work style:

Step 1: When the job offer is accepted:

The newly selected employee is provided with an offer letter. Incorporation into the new institution is done keeping in mind the following focus:

- ◆ The employee feels excited about the new opportunity
- ◆ The employee feels that the opportunity is beneficial.

Step 2: When orientation is completed, the focus is on:

- ◆ The employee feels prepared to be on the job
- ◆ It feels like “the new team needs me”

Step 3: Human resource reviews:

The review focuses on the installation of employee feelings of:

- ◆ “I know I belong here”
- ◆ “I know I matter”
- ◆ The company “cares about me”

Step 4: Stay on phase

- ◆ As the employee stays on, the issues are intervened as soon as possible.
- ◆ Conducting regular informal conference calls to keep the group connected.

Step 5: The transition phase

When employee plans on changing the institutions for new offers, motivational questioning is done with the focus on:

- ◆ “I am benefited and so is the company”
- ◆ “I am pursuing my new priorities”
- ◆ “I will keep in touch”

This new online era has opened up new possibilities and opportunities fostering growth of IT sector. Using the internet world as the new mind

matter platform to keep employees connected was effective. The HR and operations section has taken up the new online challenges very well and is on the go for exploring newer possibilities. Change is the only inevitable. Organizations that will adapt according to change will survive and the rest will be history and Ontash India Technologies has successfully adapted changes to be successful in its business.

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EXPLORING EDUCATION IN THE TIME OF A PANDEMIC: IMPLICATION AND APPLICATION AMONG SCHOOL GOING CHILDREN IN INDIA.

*MINIMOL JAMES & **ANIMOL JAMES

Abstract

The COVID-19 outbreak affected all segments of the population, but it has adverse effects on individuals in the most vulnerable social groups. It continues to affect populations such as those living in poverty, the elderly, people with different abilities, youth, children and indigenous people. Education for children during the pandemic has taken a complete shift. The pandemic has changed the whole contexts of education across the globe. Educators are reconsidering and exploring new contexts to accommodate the new normal as part of education. This article highlights how the Covid 19 pandemic has affected the children who are a part of the education system in India. A qualitative phenomenological study was conducted among 5 schools in Southern India and 5 schools in Northern India to understand the challenges and interventions adapted by the schools in order to cope with the online pedagogy. An attempt to draw references to the changes in the traditional pedagogy by educators and students.

Keywords: Online education, Covid pandemic, schools, children, Indian education

Introduction

The impact of coronavirus on our lives is simply unprecedented. It may not be an exaggeration to state that no one alive has seen anything close to it. It has impacted the day-to-day life of everyone across the globe, no matter what their age, gender or economic status. The pandemic has had a severe impact on the overall economy with different sectors being affected and are facing a financial crisis (Sengupta, 2020). This is not merely due to the huge requirement of resources or the impact on the lives of those directly affected, but the much more widespread interruption of economic activity specifically due to the introduction of the 'lockdown' in most countries to slow down the spread of the virus. In India, 247 million children enrolled in elementary and secondary schools have been affected by the closure of 1.5 million schools because of the pandemic

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and lockdowns in 2020. Only one out of every four children have access to digital devices and Internet connectivity, so online education is not an option for everyone. (UNESCO, 2020). The pandemic situation is disrupting the lives of many students, as the entire education system in the country is being rattled by online classes, as a lack of clarity in the learning time is causing a great deal of concern about the children's future. In India, just 8% of the population has access to online classes (Kundu, 2020). Taking an online class is challenging for people who live in remote places or have just one smartphone. Due to restricted 2G network coverage rather than 4G, students and teachers in various parts of the country are unable to access online classrooms or suffer hurdles (Hindustan Times, 2020).

In addition, a large percentage of teachers lacked the necessary skills to run an online teaching platform (Kundu, 2020). While online education has enhanced access for some, many people have been left behind in the race for educational equality. It is the hyper marketisation of education as a commodity that is generating a digital divide between the haves and have-nots, and in online pedagogy, teachers/educators presume that students are active listeners who can cope with the shift in delivery modality (Meyers, 2008). Bettinger (2017) found that taking an online course lowered students' achievement and progress in school compared to taking an in-person course. Compared to traditional face-to-face sessions, grades for online and prospective courses were lower, and dropout rates were higher. Londesborough (2020) in the paper mentioned that "Schools need to be at the heart of a new covenant between the government and our children" The schools have been shut down all across the country to reduce the spread of infection. The government's attempt to provide technology to underprivileged children at home has not been entirely successful. This demonstrates that the covenant has been shattered. The institutions are attempting to assure system fairness by developing a more wide, more inclusive method of evaluating student, school, and system success. This paper tries to highlight how the pandemic has affected Indian education among children. The various alternatives and models adopted by schools in the country to keep academics functioning without interruption are discussed.

Material and Methods

The study explores different alternatives for continuing the education of school going children in the midst of a pandemic by conducting a retrospective review of various literatures and exploring alternative solutions to overcome the constraints that prevent students from pursuing

their academic goals. The methodology of the study is exploratory, in which an attempt is made to predict the outcome of the education for children post covid times. A qualitative phenomenological study was conducted among 10 government and private schools in India. Five school teachers and five students were selected and interviewed from both the regions (south and north regions in India) using an in-depth interview guide to understand and explore the academic changes in Covid-19 pandemic situation. All the teachers participated in this study have a minimum 4 years of work experience in order to have a better perception on education of children pre covid and post covid times. The students in this study are of 7th grade to 12th grade who were clearly communicated the purpose of the study.

The main objectives of this study were,

1. To explore academic and non-academic challenges of school education during Covid-19 pandemic
2. To understand the methods of adaptability in academics, evaluation, the overall curriculum in schools in the country during Covid-19 pandemic.

1. Transformation in the Pattern of Education

The connection between a student and a teacher, as well as between a student and another student, is a crucial part of classroom-based learning. The student, as well as the instructor, must make mental, physical, social, and environmental adjustments when learning online (McPherson, 2015). During this pandemic we are completely reliant on technology to be connected for academic, professional, and personal work. A student's success is determined by his or her learning experiences, which are influenced by a variety of criteria such as accessibility, teaching efficiency, modalities of deliverables, and the student's total participation (Harasim, 2000). The change in the pattern and adopting online methodology for education is a relatively new concept among the school-going children in India. The below section emphasizes the change in the pattern of education among the schools in India and its aftermath among the school going students in India.

1.1 Accessibility, Affordability and Availability for All

Online classes have their own set of benefits and drawbacks. It is necessary to maintain equity and incorporation of teaching and learning techniques at all times. The cost of online education is a major consideration. Most South Asian countries face these difficulties in ensuring that online

classes are accessible to all citizens (McCloskey, 2020). Education is the right of every child but due to the online classes many of them are not getting the access to it due to the limited availability of resources.

“I have 2 siblings and we all use the same phone for our classes. Sometimes we clash our timings but we don't have an option because our father goes for work and he takes his phone then it's my mother's phone that we use. We cannot afford separate devices for all.”

-Student, 8th Grade, Tamil Nadu

“My classes are on the VICTOR Channel from 4:30 to 5pm after that we have a discussion with our teachers on google meet. When it rains the sun direct dish doesn't work well so it affects my class. Network is also very weak in my house for google meet. I have to go sit in the terrace to get good signal”

-Student, 9th Grade, Kerala

“I like online classes because I don't have to get up in the morning and get all dressed up but it's difficult for me to cope with classes. I am already weak in mathematics and now due to the online class I feel even more confused due to the less interaction. I feel it is difficult to study”

-Student, 8th grade, Bihar

“I miss being in School with my students. I feel there's a disconnect even if we are connected online. Physical presence is very important in a teaching profession to make sure you are able to give your 100% to students.”

- Teacher from Bihar

“My students are small children. I tell their parents to make them watch the videos I share in the class groups. I conduct classes on zoom for them but the attention span for these children is very low during online classes. They get distracted with their phones and they start using it for nonacademic purpose”

-Teacher from Delhi

The above-mentioned narratives highlight how teachers and students are having difficulty with online courses in terms of accessibility and affordability. Students' participation on online platforms is difficult in and of itself. Teachers on the other hand, consider that the idea of an online class is more of a requirement than obligation to teach. Even the teachers feel the offline mode could lead to more output and efficient growth and learnings among the students.

1.2 Shift in Teaching Methodology: BOON or BANE

Educational institutions due to covid are looking for temporary solutions to keep teaching going, but it's crucial to remember that the quality of learning is directly proportional to the level of digital access and efficiency (Saxena, 2020). When it comes to student motivation, satisfaction, and interaction, the online learning environment is vastly different from the typical classroom setting. To begin with, the transition to online mode was hasty due to an unprecedented lockdown imposed to control the COVID-19, and the institutes did not have time to prepare and implement online course content. According to Arora and Srinivasan (2020) the types of encounters that may occur online vs in traditional classrooms varies significantly, and the impact of interacting in one environment versus another can have a direct impact on students' and teachers' perspectives.

“Keeping track of all students and their presence in class is difficult. We don't know if they are actively listening because many of them have their cameras turned off due to the limited internet access.”

-Teacher from Bihar

“Since the classes are online, I can help my father in his shop as well as attend the classes. I am not missing out on my studies. It is a huge relief for my father as a helping hand is always needed in our shop.”

-Student, 9th Grade, Kerala

“I miss the Annual Day program and other Cultural programs in school. We have birthday celebrations online but it is not fun. I miss going to school in a colour dress and enjoying my day. It gave me immense happiness but now due to the pandemic we all are sad that we cannot meet our friends and teachers. Classroom interaction is limited over zoom calls.”

-Student, 9th Grade, Karnataka

“Making students feel engaged in the online class is a huge task. Most of the students join late and there could be reasons like power cuts or internet issues etc. We try our best to make them interactive during the classes. Give them activity-based learnings and project work that would help them learn and grow better”

-Teacher from Delhi

When analyzing the changes that occurred in school education as a result of the covid 19 pandemic, it is necessary to analyse various perspectives on the problems and benefits of the pandemic. The narrative clearly emphasizes that the issues of adaptability are linked to situational crisis, infrastructural inadequacy, and challenges of educational continuity and follow-up. The above narratives are showing that as a result of the covid pandemic, the curriculum and schools have chosen to provide students with alternatives without sacrificing quality or experiences.

1.3 Challenges of Online Pedagogy

The occasions of Covid 19 have started the computerized change of advanced education and provoked its capacity to react instantly and successfully. Schools adopted relevant technologies, prepared learning and staff resources, set systems and infrastructure, established new teaching protocols, and adjusted their curricula. Online learning refers to a learning environment that uses the Internet and other technological devices and tools for synchronous and asynchronous instructional delivery and management of academic programs (Usher & Barak, 2020; Huang, 2019)

“I don't get the mid-day meal because of the school closure due to the pandemic but we are getting the materials like Rice, dal from schools. It is a help to many families like mine otherwise it would be difficult to sustain”

-Student, 7th grade, Kerala

“Since the schools are shut and the classes are online, there is a high drop out among girls in our region. Their family gets them married as they believe the ultimate goal of a girl should be to become a wife and take care of household work. If schools were not shut, we wouldn't have experienced such high dropout rates”

-Teacher from Uttarpradesh

Based on the above narratives it can be understood that dropping out can lead to more child marriages, domestic violence, early pregnancies, and a wide range of other developmental issues. The migration to a new learning space has faced several major concerns relating to policy, pedagogy, logistics, socioeconomic factors, technology, and psychosocial factors (Donitsa et'al, 2020). Teachers, who were used to the traditional lecture delivery method, were also obliged to embrace technology despite their lack of technological literacy and awareness. The transition was challenging especially for the senior teachers. Online learning webinars and

peer support systems were launched to address this problem and facilitate smooth transition. On the part of the students, dropout rates increased due to economic, psychological, and academic reasons. Academically, although it is virtually possible for students to learn anything online, learning may perhaps be less than optimal, especially in courses that require face-to-face contact and direct interactions, practical demonstrations. The quality of learning seems to be compromised (Franchi, 2020).

2. The “NEW NORMAL” in Education

Technology in education system is not a new concept. The pandemic has simply increased its reach and acceptance (Tayade and Kulkarni, 2011). Following the 2020 lockdown, educational institutions around the world were forced to move classes online and implement digital learning and assessment methodologies into their syllabus. The majority of India’s traditional schools were unprepared for this abrupt shift in learning. The change was smooth for certain schools yet unpleasant for other people, especially those from developing countries with limited resources. (Pham & Nguyen, 2020; Simbulan, 2020). The below mentioned narratives are the experiences of teachers and students after the shift in the pattern of education to online mode.

“I have started attending classes through my phone and now I think I am used to it. Everyday we have a timetable that is followed and the link for the meet is sent in the class group by the subject teacher. We join the class and attend. It has become a routine for me just how getting up and wearing uniform was a routine for us once upon a time.”

Student, 9th grade, Delhi

“In a year, we conduct about 3 parents-teachers meetings to keep the parents updated about their child’s academic and non-academic progress but due to the pandemic, the PTA meetings are held through zoom. We are trying our best to utilize all possible interventions that could help us in continuing the academic year for the children.”

Teacher from Karnataka

Cultural programs like the Independence Day program, Birthday celebrations, and regional festivals are celebrated in the schools. We dress up and sit in our home with our cameras on and few students prepare performances related to the theme. Every class has its own programs and the class teacher helps in coordinate with the class monitor.

Student, 7th grade, Kerala

They have, however, grown comfortable with the use of technology throughout the course of the year. As classroom education was halted, the pandemic has highlighted the importance of digitization across the country and given a boost to online learning (Juwah, 2006) It quickly became a cure for maintaining momentum throughout the lockdown, since all that was required was a computer, tablet, or smartphone, with access to the internet.

2.1 Innovative curriculum among Schools in India

The sudden shift in the education pattern has led to a transformation in the system. Schools have adapted methodologies based on the needs of the students as well as the academic mandate required for their academic growth. The whole idea of traditional brick and mortar schools have been revamped with technology and tele classes.

“We conduct classes online through google meet, zoom where we can share screen presentations for the class. We try to make students switch the cameras on while taking attendance or if they have any doubts or during their exams or assessment. We have conducted a quiz for students online using google forms.”

-Teacher from Delhi

“We share videos with students related to their subjects which can be visually appealing for them. We have redrafted the curriculum while keeping in mind the need of the hour. We have adapted Synchronous and asynchronous classes in order to make the classes more accessible to all students even if they have limited internet access”

-Teacher from Delhi

“In my school we are given project work to do. We made the project and sent pictures to the teacher. We had to create posters for science subjects. We have oral presentations for few subjects”

-Student, 9th grade, Uttar Pradesh

Both synchronous and asynchronous methods have advantages and disadvantages. It is entirely up to the student to take advantage of this and ensure positive learning outcomes. This can have both positive and negative consequences. In these circumstances, the impact is subjective.

2.2 Altering the evaluation and assessment for promotion

Different innovative methodologies for school curriculum were introduced as a result of the pandemic situation. The following are some

of the emerging perspectives by teachers and students on this new mode of curriculum. Institutions were attempting to adapt to the best resources available to students.

“We conduct exams through google forms. In the Unit test, MCQs are given and students have to choose the answers. For half yearly we sent the students question paper in the class group and told them to answer it with their cameras on and send pictures for correction of the paper”

- Teacher from Kerala

“Schools have to reframe evaluation methods and make sure no student is left out. There are few students who have only one smartphone at home but they have siblings who also use the same phone for their classes. We as a teacher has to make sure that no student is missing out on their academics so we reschedule the timing in order to avoid clash of time”

-Teacher from Karnataka

“I like online classes because we don't have exams. Most of the evaluations are based on assignments and project work. Our final exams were conducted through zoom. We had to write answers and send pictures. All the students in my class have started to score really high marks once the online class started”

-Student, 9th grade, Uttar Pradesh

It's also essential to know the efficacy of alternative methods adapted by schools for their students in India. The digital divide, according to the above-mentioned narratives, prevents face-to-face interaction, rapport-building, and knowledge exchange on online platforms. It's difficult to ensure knowledge acquisition and academic interaction in an online class (Chandra, 2020). The use of online space and possibilities to ensure knowledge delivery and practice is a viable option. At the same time, given our country's demographic diversity, the effectiveness of academic teaching and interactions remains a challenge.

Results and Discussions

Based on a review of the limited literature available on the covid pandemic and how it has impacted the education in India it is clear that schools have begun to offer online classes for courses through various platforms such as Zoom, Google Meet, and Hangouts. The availability of resources is a basic requirement of online education, adequate resources combined with effective participation can ensure teaching and learning outcomes (Varkonyi, 2018). The accessibility and affordability of online platforms and resources were the most common challenges associated

with online education. Students faced digital divide as those who can afford gadgets and connectivity were able to join classes on time but others missed out on their academic needs. The efficiency of online learning varies by age group (Misra, 2020) Children, especially younger ones, require a structured environment, because they are more easily distracted. Several teachers and students encountered difficulties as a result of the abrupt shift to online learning. They lacked the necessary infrastructure, knowledge, and access to accomplish in a virtual learning environment (Kundu, 2020) The traditional way a school deals with promoting students have changed due to changes in instructional methods and evaluation methodologies. The mode of instruction was entirely online, and schools used a variety of teaching methodologies. The most commonly used teaching methodologies include online recordings of classes, self-learning, synchronous and asynchronous classes (Saxena, 2020). Exams were either conducted using MCQs in Google Forms or converted into Project work. Exams were held online using webcams and zoom or google meetings. Students can now get an education from the convenience of their own homes. Online classes, unlike those offered in physical schools, allow students to save money on transportation, uniforms, and study materials (Chandra, 2020). It is also more flexible; rather than attending rigid 9-5 offline classes, students can record and watch lectures whenever they want, ensuring that they never miss a class if they have access to good connectivity. Digital education does not imply watching videos of teachers giving lectures on blackboards over the internet. It's about finding the right platforms, technology, tools, interactivity, curation, and content, among other things (Sengupta, 2020) We're completely unprepared for this. Government schools and colleges are unable to provide digital education due to a lack of resources. Private colleges and schools are no exception. They all want parents to pay the full fee so that they can pay their staff and maintain their facilities. Instead of listening to teachers' lectures in class, students listen to them at home (Londesborough, 2020) Similarly, rather than doing homework at home, student do it in class with other students. All of this necessitates a shift in perspective and framework.

Despite the difficulties and early setbacks, many schools have embraced this visionary medium as a viable alternative. COVID-19 will never be eradicated from traditional schools unless all teachers and students are vaccinated (Hossain, 2020). Vaccination would also have to happen frequently enough to cover immunity periods. Online education can protect people from being infected with the virus until the entire population is vaccinated (Chellathurai 2020). There is still a long way to go before the education sector is completely digitized, but the lockdown

is pushing us in the right direction. Digital education is not a provisional solution, if properly planned and delivered to all students equally, it has the potential to open up a world of possibilities for students.

Conclusion

One of the biggest barriers to online learning is the lack of strong and stable internet connections, as most home internet connections are either poor bandwidth or have reached their limits. Assessing students through a Multiple-Choice Question (MCQ) mechanism is still possible as a stopgap in online learning, but real learning is measured through a subjective assessment, which is one of the biggest challenges for traditional digital learning solutions that are predominantly MCQ based. There can be more distractions than usual when studying at home or wherever students are, especially if family and possibly younger siblings are present. The most significant disadvantages of online learning are monotony and boredom, which are caused by increased screen time and the practice of sitting in one place for long periods of time. Teachers and educational institutions are responsible for breaking this boredom or fatigue. There must be a consistent effort to make the session as interactive as possible.

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