

Perspectives in Social Work

College of Social Work (Autonomous),
Nirmala Niketan
Mumbai

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- Work with a preferential option for the vulnerable and exploited, both locally and globally.
- Build cadre of young, competent professionals having a global perspective and a strong value base of compassion, personal integrity, moderation, tolerance and self-respect.

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EDITORIAL

As we turn the pages of our August issue, we find ourselves at the crossroads of the year. Embracing Diverse Perspectives in Social Work. Welcome to the August issue of Perspectives in Social Work, where we celebrate the richness of our field through the lens of diverse voices and innovative practices. Social work is inherently interdisciplinary, drawing from various schools of thought to address the complex needs of individuals, families, and communities.

The first article by Lilly Pushpam and Dr. M. Daniel Solomon on the topic Knowledge of Child Rights among School Teachers: A key factor for Inclusive Education in Udupi District. This article highlight the importance of this study in addressing a crucial gap in the implementation of inclusive education. By investigating the level of child rights knowledge among school teachers in Udupi District, we aim to contribute to the ongoing efforts of making education a truly inclusive and transformative force for all children.

The second article by Robin Choudhary on the topic Identification, Categorization and Sub-Categorization of Scheduled Castes: A Review: the concept of Scheduled Castes (SCs) plays a vital role in India's social and political framework, as these communities have historically faced social exclusion, economic deprivation, and systemic discrimination. These policies, enshrined in the Indian Constitution, are designed to promote social justice and equitable development. Sub-categorization is a critical step in addressing the internal disparities within SCs and creating a more inclusive framework for social justice.

The third article by Dr. Pratima Kaushik on the topic Cave Syndrome: A State of Re-entry Anxiety Linked to Covid-19 Pandemic. This cave syndrome escribes a state of heightened

anxiety and reluctance to re-engage with the outside world, despite the lifting of restrictions and the increasing safety of social interactions. Cave Syndrome highlights the long-lasting psychological effects of the Covid-19 pandemic, particularly as society's transition to a post-pandemic world. It emphasizes the need to approach re-entry with empathy and understanding, recognizing that while some may be eager to resume normal life, others may struggle with significant anxiety.

The fourth article by Saji. J and Dr. Antony Palackal on the topic *Waves of Pain in a Fishing Community in Kerala - An Ethnographic Exploration of Domestic Violence*. Fishing communities, often celebrated for their rich culture and tight-knit social bonds, also face a unique set of challenges stemming from economic uncertainty, seasonal work, and socio-cultural factors. In Kerala, a state known for its strong fishing economy, these communities are particularly vulnerable to domestic violence. This ethnographic exploration seeks to uncover the hidden dimensions of domestic violence in a fishing community in Kerala, analyzing its roots, manifestations, and the socio-economic factors that perpetuate this cycle of abuse. This ethnographic exploration reveals that domestic violence in Kerala's fishing communities is not merely a personal or family issue; it is a deeply entrenched social problem influenced by economic pressures, patriarchal norms, and cultural attitudes.

The final article by Joseph Xavier. K, Sethuramalingam. V and Nirmala. D on the topic *Socio - Demographic and Alcohol use-related factors associated with self-esteem among adult regular drinkers - a cross-sectional study in selected villages of Sivaganga District, Tamilnadu, India*. In rural areas, regular alcohol use is prevalent, often associated with complex socio-economic and cultural factors. Addressing low self-esteem in this population requires a holistic approach, including education, employment opportunities, and support for reducing alcohol dependence. Intervention programs aimed at reducing alcohol use, promoting mental health awareness, and offering support for self-esteem

enhancement could lead to better health and well-being in these communities.

In closing, we extend our deepest thanks to our authors for their contributions, to our reviewers for their invaluable feedback, and to you, our readers, for your continued engagement. Together, we navigate the ever-changing landscape of knowledge, seeking to illuminate the paths that lie ahead. We hope you find this issue insightful, and we look forward to the conversations it will undoubtedly inspire.

Editorial Team

KNOWLEDGE OF CHILD RIGHTS AMONG SCHOOL TEACHERS: A KEY FACTOR FOR INCLUSIVE EDUCATION IN UDUPI DISTRICT

Lilly Pushpam¹ and Dr. M. Daniel Solomon²

Abstract

Child Rights are Children's basic needs and their legitimate wants. School teachers' knowledge about child rights is a key factor for successful, inclusive education. The objective of the study was to explore school teachers' level of knowledge on child rights in Udupi District in relation to the type of school taught. With the descriptive method, a sample of 392 teachers was selected through stratified random sampling technique. Self Prepared Questionnaire was used as a tool of data collection. Data was analyzed using the statistical ANOVA test. The result showed that more than half (53 percent) of the respondents had low level of knowledge on children's rights. With highly significant variance among the type of schools taught and knowledge of child rights—the government school teachers showed higher level of knowledge than the aided and unaided school teachers. Hence the private school teachers need to be addressed to enhance their knowledge regarding child rights.

Key Words: Child Rights, Knowledge, School Teachers, Inclusive, Inclusive Education

INTRODUCTION

Children's rights are human rights that are accustomed explicitly to the children's needs, wants and overall well-being (Save the Children 2020). The human rights of children are fundamental international human rights that protect all children against abuse by adults and caregivers (Shumba 2003).

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The United Nation Convention on the Rights of the Child (UNCRC) installed in 1989 is a new vision of children's citizenship that recognizes children as rights holders (Višnjić-Jevtić, Sadownik & Engdahl 2021) and outlines fundamental human rights that cover all political, social, economic and cultural rights of every child (Elizabeth & Jyothi 2016). As a fundamental guarantee and a legally-binding international body the UNCRC affirms that all the rights guaranteed by the convention must be affordable to all children without discrimination of any kind (UNCRC Art 2). The convention holds that the protection of the children from all forms of violence is an obligation of all State parties and the responsibilities of all adults (UNCRC Art 18, 19 & 28; Saini 2013; Alderson 2008). Hence protecting children is a collective responsibility of different stakeholders including parents, teachers and medical persons who should involve in the process of detecting, managing and preventing all sorts of maltreatment of children (Mehek 2014).

But despite this progress, the Child Rights Convention is still not fully implemented neither is it widely known nor understood sufficiently as millions of children continue to suffer violations of their rights while they are denied adequate health care, nutrition, education and protection from violence (UNICEF). The continued exclusion of groups of children limits their access to rights (Grewal & Singh 2011). An estimated one billion children are still living with one or more forms of material deprivation (UNICEF 2009). Human Rights violation against children continues around the world (Covell, Howe & McNeil 2010). The sheer frequency and kind of ways in which children's rights are violated across the globe every day is staggering (Fernando 2001). According to a global study nearly 3 out of 4 children experience violence each year and around 1.7 billion children experience some form of abuse over the course of a year (Ratcliffe 2017). Perhaps every day, every minute a child suffers from some type of maltreatment. The residual effect of the abuse, neglect and sexual abuse experienced by children can be witnessed more often in school settings (Tower 1992).

Child Rights Violation in India: India faces an immense challenge in providing every child his/her right to survival, protection and development. Many are denied basic rights, opportunities, and a secure childhood (Chopra 2015). Violation of child rights in Indian society is very common and closely linked to socio-economic, demographic and cultural beliefs and practices (Deb 2013). 'Violence against children is widespread and pervasive and remains a harsh reality for millions of children in India. Denial and violation of child rights through violence, exploitation and abuse of children occur in the families, schools, care and justice systems and communities across all contexts of the country' (UNICEF).

Violation of Child Rights in Schools: School is one of the key agencies for child protection (Baginsky 2000) and educators have a keen sense of professional responsibility towards children's care (Diane 1979). But unfortunately breaches of children's rights in schools are happening every day across the world (Lundy & Sainz 2018). 'Violence in schools seems to be one of the most visible forms of violence against children that includes physical, psychological and sexual violence. School violence has been reported as one of the most important and devastating social problems facing school children and their parents, to the extent that students perceive their school context as an unsafe environment' (Astor, & Meyer 2001; Aluede 2004). This raises a query about whether school personnel have the knowledge and practice on child rights in school settings. Surprisingly very few studies explore how teachers think about their roles surrounding violence issues in schools (Behre, Astor & Meyer 2001).

Teachers' Role in Child Protection: The School teachers' role is not limited to academic achievement. School teachers also have a greater role in the growth and well-being of children (Briggs 2020). Teachers who hold a significant place in the life of pupils not only impart education, but also play key role in the overall development of children (Ulug, Ozdenb & Eryilmaz 2011). By virtue of their work, teachers occupy a vital position within the

framework of their *collective responsibility* towards child protection through their daily contact and relationship with children (Brown 2008). As key stakeholders of child protection, the teachers have an obligation to care for children, responsive to students' needs and duty bound to protect children's rights (O'Neill 1988; Graham, Phelps & Fitzgerald 2011; Sathiyaraj & Jayaraman 2013). Unfortunately television and newspapers report daily the incidence of violence in and around schools (Center for Medical Health in Schools 2015). Studies have disclosed varied forms of child abuse and corporal punishments by teachers (Sengupta 2009) resulting in violation of children's rights. The persisting nature and intensity of child abuse by teachers resulting in the violation of children's rights in schools poses a need to examine the school teachers' awareness about the rights of children (Shahid 2009). Sadly there are very scarce Indian works about nation builders' awareness about the specific rights of children (Lal 2014; Kumari & Allam 2014; Thakur 2014; Navdeep 2014; Dugharwal & Tripathi 2019) and only a small number of scientific studies are carried out on school educators' knowledge pertaining to all the rights of children (Krishnaveni & Sarada 2000; Usha 2013; Sathiyaraj 2013, Bhargava 2015; Deb et.all 2016; Dilip 2016; Arora & Thakur 2017).

Child Rights' Knowledge among teachers is vital for Inclusive Education: Inclusive education is treated as a fundamental right of every child to get free and compulsory education (Singh 2016). Identification and exploration of issues affecting children and addressing them promotes a positive senses of inclusivity (Nutbrown 2009). The UN Convention on the Rights of the Child (1989) stipulates the right for all children to receive education without the discrimination on any grounds and the goal of *Education for All* (EFA) – the global movement ensures inclusive and equitable quality education for every child. In tune with this UN convention and the global movement, the *New Education Policy 2020* of our country emphasizes equity and inclusion as indispensable in all schools and educational settings. While *Equity* ensures fair concern and equal importance for the education of all

learners, *Inclusion* is responding to the diversity of needs among all learners and overcoming barriers to education of all children, thus making inclusive education as a process of strengthening the capacity of the education system to reach out to all needs of all learners (UNESCO 2015). As fair education without any discrimination is a right of every child, equity and inclusive education should be the goal of every educational institution and ensuring learning without any discrimination and meeting all needs of the learners have to be the duty of every teacher. Hence a sound knowledge on child rights among school teachers is a requisite of equity and inclusive education.

Respect for children's rights seems more urgent for those children in greatest need, as respect for children's rights will enhance the wellness of children as well as adults everywhere (Alderson 2008). If the teachers do not value children's rights, it does not only affect the development of students, but will also affect student-teacher relationship leading to discontent in pupils and further affecting their socio-emotional well-being (Lo 2020). Teachers need to be educated in child rights and the ways in which child protection can be carried out in schools so to prevent all sort of violence in the school environment (Arora & Thakur 2017). It is detrimental if school teachers do not possess adequate knowledge on children's rights as they hold a vital role in educating children about their rights and nurturing rights concerning students (Osler & Starkey 2010).

Significance of Social Work Intervention in Schools: 'Social Work with children can be undertaken at different levels. The vision of Social Work with children is to ensure child rights and child protection for every child in the society' (Nigudkar 2017). Child Social Work practice has larger scope in school settings (Mann 2017; AASW 2020). As Social Work intervention plays a central role in establishing the child protection system in school educational establishments through its coordinating function among school staff, children, parents and the community at large. By responding to children with problems, training and capacity

building of teachers with knowledge and practice on child protection, educating parents on parenting skills and creating community awareness on the need for protection and promotion of children's rights. In order to secure a child friendly environment in the families, schools and the communities as well resulting in the well-being of children and families (Dash & Kunder 2015; UNICEF 2022).

Stimulus factor of the Present Study: The investigator being a child rights Social Worker while working with children, parents, teachers and other stakeholders of child protection noted in Udupi region of Karnataka school drop outs. Child abuse and child rights violation in school settings and absence of teachers' responsibility in addressing pupils' problems persist to a greater extent. Such a situation stimulated the researcher to make a study on teachers' awareness about children's rights. Hence the present study is an attempt to assess the school teachers' knowledge on child rights in Udupi District with an intention to work towards enhancing child rights' knowledge among school personnel and other stakeholders of child protection.

Why the present study is needed

Children are rightful and full citizens who are entitled to have their human rights. The Convention on the rights of the child urges for ensuring the well-being of all children and a basic quality of life to be the right and a privilege of every child. The Convention mandates 'protection of children' to be an obligation of every adult and a primary responsibility of all stakeholders working with children. Hence as stakeholders of child protection the primary requirement of the school teachers is to know about children's rights and to ensure protection of children under their care. The present study is indeed essential to stimulate teachers' understanding, awareness and their approach towards child rights, to enhance teachers' knowledge about the rights of children and to promote their practice of child protection. It is a significant work to measure the existing level of knowledge on child rights among school teachers in Udupi and further towards their capacity

building with regard to their care, protection and promotion of child rights' practice. This study could enlighten the local education departments and school management authorities to plan and implement strategies to promote child rights' knowledge and practice among school teachers by enabling them to know all the rights of children, to respect children's views, to identify and address the issues of students that affect their childhood life and thus respond to educational as well as other safety and security needs of children. This research work could be useful to varied personnel and institutions working with children; researchers, social workers, research centers, school educators, educational institutions, educational departments, Non Governmental organizations, and such other stakeholders of child protection could refer this study to assess the level of knowledge on child rights among school personnel as well as other stakeholders of child protection.

Review of Literature

UNICEF (2014) in its' booklet “Teachers, Inclusive, child-centred teaching and pedagogy” stresses that teachers are crucial in providing quality education for children. But despite efforts many schools still lack teachers who are adequately trained to meet student's needs. While inclusive education is crucial to ensure for all children a quality education, the core knowledge and values required of inclusive teachers are equality, respect for rights and participation of children. For the '**National Education Policy 2020**' of India, inclusive and equitable education in all school education is an essential goal of the policy which affirms that no child in India will lose any opportunity to learn and excel for any reason. According to **Shumba (2003)** the teachers in Zimbabwe had lack of knowledge on child rights as given in the United Nations Convention on the Rights of the Child: While 63 percent of the teacher trainees were not aware of the regulations related to corporal punishments, 57 percent of the teachers were not in knowledge of legal provisions for child rights. A study by **Bhargava & Ahamad (2015)** revealed that most of the schools in Chandigarh showed lack of awareness regarding the standards of

child protection. The teachers did not have sufficient knowledge about laws polices and programmes related to child rights, Constitutional provision for child protection and National and State Commissions for Protection of Child Rights. For **Shah, Shrestha & Thapa 2016**) in government schools of Dharan nearly half 47 percent of the teachers had inadequate knowledge while majority 87 percent of them showed positive attitude about child rights. The teachers with more teaching experience showed positive attitude towards child rights. **Arora & Thakur (2017)** explored that in Jammu majority of the personnel in both government as well as private schools showed average level of knowledge on child rights while less than half of the government school personnel had average levels of attitude towards child rights. **Raman, Kadir & Seth (2017)** revealed that a multi-country study report by UNICEF showed that 9 in 10 children in India reported witnessing a teacher administering corporal punishment. **Lo (2020)** found that in Hong Kong although the pre-service teachers possessed positive attitude towards children's rights in general, when it came to child rights in specific contexts, the teachers were more reserved. Half of the respondents had considered corporal punishment as justifiable for the purpose of discipline. Most of the teachers gave less approval towards children's right to opinion and association of decision.

Research Methodology

With a descriptive method the present study aimed to assess the school teachers' knowledge on child rights in Udupi Karnataka with an objective to measure the level of knowledge on child rights among the respondents of this study. Using stratified random sampling technique a sample of 392 teachers were selected from the universe of 7799 school teachers (Data from Primary and Secondary Education Department Udupi 2016) considering 5 percent of the sample from government, aided and unaided schools. Applying the Likert 5-point scale method a self prepared and self-administered questionnaire was used as a tool of data collection. All items in the Questionnaire were brought under six factors of child rights knowledge: Child rights specified in United

Nation Convention on the rights of the child, government schemes for children, problems faced by children, measures for child safety in schools, legislations for the protection of children and mechanisms of child protection in India. Using SPSS, 23 versions of the statistical analysis have been done. The statistical ANOVA test was applied to draw the inference of the study.

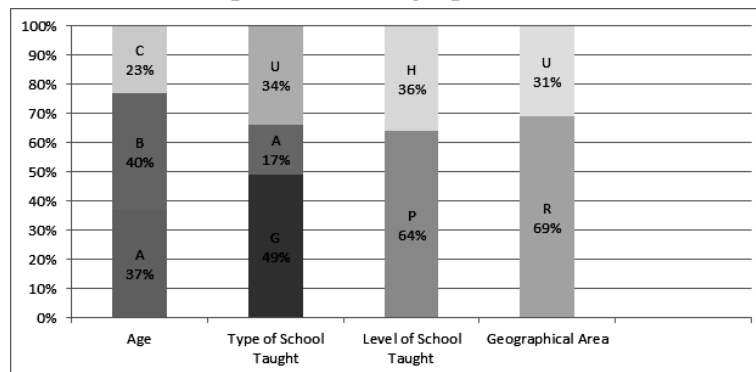
RESULTS AND DISCUSSION

Demographic description

Table – 1: Distribution of Demographic Variables

Variable	Sub variable	N	Percentage
Age	22 – 35 Years	146	37
	36- 50 Years	157	40
	51 – 70 Years	89	23
Type of School Taught	Government	192	49
	Aided	68	17
	Unaided	132	34
Level of School Taught	Primary	251	64
	High School	141	36
Geographical Area	Rural	272	69
	Urban	120	31

**Graph
Description of Demographic Variables**



Note:

1. Age: A – (25-35 Years) B- (36-50 Years) C- (51-70 Years)

2. Type of School: G- Govt School A - Aided School U- Unaided School

3. Level of School: P- Primary School H- High School

4. Geographical Area: R- Rural U- Urban

The data analyzed indicate that less than half (40 percent) of the respondents were in the age group between 36 to 50 years, more than one third (37 percent) of them were in 22 to 35 years age group and less than one fourth (23 percent) of the respondents belonged to the group of 51 to 70 years of age. Shahid (2009) held a related sample study. With regard to type of school taught it was noted that nearly half (49 percent) of the participants served in Government schools while more than one third (34 percent) of them were teaching in unaided schools and a considerable portion (17 percent) of the participants worked in aided schools which is similar with the work of Naik (2017). From the distribution of respondents teaching in the level of school it was clear that nearly two third (64 percent) of the teachers were working in the primary schools while more than one third (36 percent) of them were found teaching at the High School level. From the data it was evident that more than two third (69 percent) of the respondents were from the schools in rural area and more than one fourth (31 percent) of them were of urban schools.

Level of Child Rights' Knowledge among the Respondents

Table- 2: Level of Child Rights' Knowledge among the Respondents

Dimensions of CR knowledge	Level of CR Knowledge	Frequency	Percentage
Child rights specified in UN Convention	Low	219	56
	High	173	44
Government schemes for children	Low	197	51
	High	195	49
Problems faced by children	Low	205	52
	High	187	48
Measures for child safety in schools	Low	206	53
	High	186	47
Legislations for the protection of children	Low	206	53
	High	186	47
Mechanisms for child protection in India	Low	248	63
	High	144	37
Overall knowledge on child rights	Low	209	53
	High	183	47

Using the Likert-5 point scale model of questionnaire the child rights' knowledge of the school teachers of this research study was assessed. The knowledge score of the respondents analyzed statistically revealed that nearly two third (63 percent) of the participants showed low level of knowledge pertaining to the mechanisms for child protection in India. Interestingly it could be seen that even in all other five factors of child rights knowledge more than half (56, 53, 53, 52 and 51 percent) of the teachers were having a low level of knowledge regarding child rights specified in the UN Convention, measures for child safety in schools, legislations for the protection of children, problems faced by children and government schemes for children respectively. Consequently the study revealed that more than half (53 percent) of the school teachers of this present study showed a low level in the overall knowledge on child rights.

The result of this study is in line with the finding of Alam & Wahab (2013) who explored that the prospective teachers in Hyderabad portrayed a very low level of human rights awareness. Sathiyaraj & Jayaraman (2013) found that in Tiruchirappalli nearly three fourth (73 percent) of the primary school teachers had low or average level of awareness in child rights. For Kenny 2004 most of the teachers were unaware of the signs and symptoms of child maltreatment and the reporting procedure. Deb & Mathew (2012) found that the Indian parents and teachers showed poor knowledge about legislations promoting rights of children. Topkin & Roman (2015) was of the discovery that only more than one third (45 percent) of the teachers were in the knowledge of the attention deficient disorder of the students in the class. Goldman (2007) found that the prospective teachers showed lack of confidence and ability in identifying the problems of child sexual abuse and Kenny (2004) reported majority of his respondents were unaware of the signs and symptoms of child maltreatment and their reporting procedure.

However in contrast Srinivasarao (2020) discovered that in

Guntur the awareness of child rights education among the school teachers was of high level. According to Akbar & Hameed (2019) the Public school teachers in Punjab had high level of awareness about child rights. Naik (2017) discovered that majority of the teachers in Davanagere District were knowledgeable about child rights and Walsh et.all (2013) learnt that school teachers of his study were knowledgeable of legislation and policy based reporting duties regarding issues of child sexual abuse.

Table – 3: Analysis of Variance among the Respondents' Type of school and child rights' Knowledge

Factor	School level	N	Mean	SD		Mean Square	df	F	P
CR in UN Convention	A	92	27.427	3.899	Between group	33.048	2	2.791	.063
	B	68	26.823	2.982	Within group	11.840	389		
	C	132	26.530	2.904					
Govt Schemes for children	A	192	23.562	2.612	Between group	1.621	2	.232	.793
	B	68	23.308	3.201	Within group	6.984	389		
	C	132	23.484	2.355					
Problems faced by children	A	192	27.072	3.129	Between group	18.350	2	2.004	.136
	B	68	27.485	2.729	Within group	9.155	389		
	C	132	26.613	3.015					
Measures for child safety in schools	A	192	26.135	3.083	Between group	167.195	2	18.769	.000
	B	68	24.588	2.855	Within group	8.908	389		
	C	132	24.166	2.900					
Legislations for protection of children	A	192	25.828	3.390	Between group	37.777	2	3.987	.019
	B	68	25.602	2.721	Within group	9.475	389		
	C	132	24.856	2.754					
Mechanisms for child protection	A	192	20.218	1.501	Between group	3.227	2	1.258	.286
	B	68	19.867	1.930	Within group	2.566	389		
	C	132	20.181	1.557					
Overall knowledge on child rights	A	192	150.244	11.398	Between group	777.848	2	7.033	.001
	B	68	147.676	9.945	Within group	110.593	389		
	C	132	148.313	9.400					

Note: CR= Child Rights UN= United Nation

A= Government School

B= Aided School

C= Unaided School

P<0.05 = Not Significant

P>0.05 = Significant

P>0.001 = Highly Significant

The One way Analysis of Variance statistical test table illustrates that in the overall knowledge on child rights the respondents who were teaching in Government schools had higher mean score (150.2448) in knowledge on child rights followed by mean score of those who were working in unaided schools (148.3138) and

aided schools (147.6765) with the significant 'p' value of .001 which indicates that there is high level of statistically significant variance among the respondents' type of school taught and knowledge on child rights ($P > 0.01$). It has been inferred that the respondents who served in government schools had possessed higher level of knowledge on child rights than those from unaided and aided schools. In reverse to this result Naik 2017 indicated that majority of the government school teachers had moderate level of knowledge about child rights while most of the private school teachers showed low and high level of knowledge in child rights. But for Dungarwal & Tripathi 2019 both government and private school teachers had the same level of knowledge regarding children's rights.

The analysis on the factor regarding the knowledge on measures for child safety in schools the mean score of the government school teachers (26.135) is higher than the mean score of the aided and unaided school teachers (24.588 and 24.166 respectively) with the 'p' value of .000 showing that there is highly significant variance among the type of school and knowledge pertaining to the child safety measures in schools ($P > 0.01$). This is parallel to the finding of Samridhi & Ruchi 2017. Regarding knowledge on the legislation for the protection of children in India the mean score of the teachers in government schools (25.828) is higher than the mean score (25.602) and (24.856) of the teachers serving in aided and unaided schools respectively. The 'p' value 0.019 reveals that there is significant variance among the types of schools taught and knowledge of the teachers on child rights ($P > 0.05$). Oppositely, for Navdeep 2014 there is no significant difference between government and private school teachers with regard to their knowledge on Right to Education Act.

From the statistics above it is observed that there is no significant variance among the school type and child rights' knowledge pertaining to the four factors: Child rights given in UN convention, government schemes for children, problems faced by children and mechanisms for child protection at the value of $P < 0.05$. This is in line with the result of Dilip (2015) who found that there is no significant variance among the type of institution and awareness on child rights among the secondary school

teachers.

From the discussion and interpretation of the current and the existing related studies it is evident that there exists a lack of knowledge on child rights in school teachers. Hence perceiving the dire need to enhance child rights' knowledge among the nation builders the researcher proposes the following recommendations.

Recommendations

1. Child rights and child protection should be made part of the teacher training curriculum by both Central and State Board of Education
2. The Department of Education at the district level needs to organize workshops and trainings on child rights awareness for all the teachers at the block level.
3. The respective managements of Government, Aided and Unaided schools could take responsibility to organize ongoing awareness programmes on child rights for their teachers.
4. Both the educational department and school managements need to provide varied sources of reading materials related to child rights for their staff and students.
5. The school management could display in the school premises varied posters and write ups pertaining to child rights to impart information regarding child protection among the school personnel and the students as well
6. It is vital for all the schools to have a Child Protection Policy and the school managements to be responsible for their respective school staffs to have sufficient knowledge about it.
7. All school teachers could take personal interest and initiative to enhance their knowledge and practice on child rights so to exercise their responsibility towards child protection.
8. Both Social Work Educators and the Practitioners could extend their intervention towards establishing and managing child protection system in schools and other educational institutions.
9. The Social Workers could widen their Social Group Work approach and functions towards enhancing child rights' knowledge among school personnel

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10. The Social Researchers may perhaps take up many more similar studies to suggest ways and means for the enhanced child rights knowledge and practice among school teachers.

Conclusion:

Teaching is a noble profession and teachers are the nation builders. Hence teachers hold a vital role not only in the development of children but also in the care, safety and protection of children under their care. Therefore knowledge regarding child rights and child protection is a key factor for the inclusive education in the light of the New Education Policy of our country. From the findings of this study it is evident that in Udupi Karnataka irrespective of the type of school taught, majority of the teachers portrayed low level of knowledge on child rights. And the inference is that there is highly significant variance among the type of school taught and overall knowledge about child rights by the respondents. Hence there is a need for enhancement of knowledge in various dimensions of Child Rights among teachers which could impact their responsibility towards the care and protection of children further contributing towards the successive inclusive education.

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IDENTIFICATION, CATEGORIZATION AND SUB-CATEGORIZATION OF SCHEDULED CASTES: A REVIEW

Robin Choudhary¹

Abstract

India is a diverse country with an estimated population of 1.37 billion with 16.2 percent Scheduled Caste (SC) population comprising 1108 *Jati's*. These *Jati's* among the Scheduled Caste Category are heterogeneous in their social and economic conditions and the process of their social mobility. Also in everyday life, caste identity is experienced and practiced as *Jati* (Srinivas, 1976). But all these heterogeneous *Jati's* have been identified and categorized for addressing the issue of untouchability and socio-economic upliftment. But, the broader Categories SC, ST are not perfect and there can be a good deal of variation in the social and educational conditions of different endogamous groups within any particular category (Madan,2020). In the same line this paper attempts to summarize historical identification, categorization and sub categorization of Scheduled Caste population during the colonial and post-colonial period. Also, this paper describes the theories of origin and evolution of sub-castes by various thinkers. A historical journey starting from identifying and listing untouchable castes with a common label as “Depressed Class” to post independence Scheduled Caste categorization is discussed in the paper. This work, based on secondary data; aims to describe the nature of sub castes in India. There will be four major sources of Secondary data: National Sample Survey Organisation, Census of India, National Family Health Survey, Research Papers, and Books.

**Keywords-Scheduled Caste, Intra-Caste, Sub-Categorization
*Jati***

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Introduction

India is a diverse country with an estimated population of 1.37 billion with 16.2 percent Scheduled Caste population comprising 1108 castes. Caste is hereditary from social classes and social stratification in Hinduism that restrict the occupation of their members and their association with other caste members. It is a social stratification of different groups characterized by hereditary status, endogamy, and social barriers sanctioned by custom, law, or religion. These are the castes in the country that suffer from extreme social, educational, and economic backwardness arising out of age-old practice of untouchability and lack of infrastructure facilities and geographical isolation, and who need special consideration for safeguarding their interests and overall development. Even though education is fundamental for overall development, Scheduled Castes (SCs) are still considered educationally backward in India. Also, Article 46 of Constitution directs the State to protect the educational interests of the weaker sections of society, especially the Scheduled Castes and Scheduled Tribes.

The sole major source of assistance was the implementation of affirmative action programmes to protect their rights and assure their representation in the public arena. This leads to work in the public sector, which improves their economic situation, level of education, and political inclusion. However, due to a lack of information and political inactivity, all *Jati's* were unable to equally avail/claim affirmative action policies. There is enough evidence of intra-caste differences among Scheduled Castes. Munshi discovered that the network of individual Jati members is critical in delivering insurance, jobs, and credit to Jati members. The political social framework outlined above has given rise to unique economic networks organised around certain castes (*Jati's*). The existing educational attainment disparity between SC/STs and higher castes is enormous. The educational gap is no less than two years. Affirmative action legislation clearly played a substantial part in closing the caste gap, but caste-based networks may also have contributed by capitalising on possibilities made available by the globalising economy.

Lanjouw and Rao (2011) used a decomposition method to try to analyse intra-caste inequality in Palanpur village in Moradabad district from 1975 to 2009. Income has decreased at the Jati level, according to the results. In 1984, income fell from 39% in 1975 to 29%. According to Palanpur's most current projections, this percentage has fallen to 17% by 2009. In a study based on secondary data from the Indian census from 1961 to 2001. Jati-based differences in educational attainment are greater than inter-caste disparities. Kumar and Somanathan discovered persisting differences in educational results between jatis using census data, showing that socio-economic hierarchies have remained stable since independence. They examined the educational performance of all scheduled castes and discovered that Dhobis and Pasis have historically had the best results, whilst Musahars and Bhuiyas have tended to stagnate. According to Prof. Aman Madan 2020's secondary research on caste dynamics, the wider Categories are not flawless, and there can be significant differences in the social and educational status of distinct endogamous groups within any given category. According to Rao and Ban's secondary research, there is a variance in access to social programmes based on the strength of a particular Jati. Politics and the strength of a particular Jati influence how Jatis are classed in broad official "caste" classifications (Banerjee and Somanathan 2007). These studies show how the demand or need of sub-categorization is/was out of socio-economic upliftment of few castes over different Scheduled Castes within States. This paper does not argue whether sub-categorization is an effective method to reach all the castes. This paper is summarizing the phases and factors of sub categorization in India and specific states.

Objective of the Paper

Currently, India has extensive social and economic literature on border groups used in national level census i.e., Most of this work focuses on a comparison of four social groups named as Scheduled Castes (SC), Scheduled Tribes (ST), Other Backward Classes (OBC), and a residual category often referred to as General. *Jati* level or intra-caste studies could not manage to become the

priority of scholars. In the same lines the major purpose of this paper is to describe the identification, categorization and sub categorization of Scheduled Caste population during the colonial and post-colonial period. Also, this paper is an attempt to understand the historical evolution of sub-castes by various thinkers. This paper aims to summarize the intra-schedule caste differences through various phases.

Research Methodology

This work is based on secondary data; the study aims to describe the nature of sub castes with special reference to Scheduled Castes. A historical journey starting from identifying and listing untouchable castes with common label as “Depressed Class” to post independence Scheduled Caste Categorization and Sub-Categorization is discussed. There will be four major sources of Secondary data: National Sample Survey Organisation, Census of India, National Family Health Survey, Research Papers and Books.

Defining Subcaste

Different Scholars identified and defined Sub-castes differently. There are various theories by both British and Indian scholars on the origin of Caste and Sub-caste. According to Majumdar (1958), subcastes leave the main castes or tribes in order to advance themselves. On the other hand Chauhan (1966) highlighted that the creation of sub-castes was a result of the fission process caused by migration, altered customs, political decisions, etc. Krikpatrick (1912) also had the same views that Sub-castes, or fragmented caste groups, were formerly created as a result of migration and other political and social circumstances. Today, however, they are a result of affluent caste members' attempts to disassociate themselves from their less fortunate caste community or group and ascend the social ladder by taking on a new name, one with a dubious past, and connecting themselves with some higher caste. Andre Beteille (1965) emphasized the subsumption of multiple sub-castes by a caste and the multi-polarity in caste functioning. Ghurye identifies six characteristics of caste societies. Six traits of

a caste society are outlined by Ghurye. A caste society has six characteristics. The first three are castes, whereas the following three are subcastes. There are three functions for subcastes: 1) Marriage-related restrictions 2) limiting and regulating sexual intercourse 3) To control communal life inside what have been called "small and complete social worlds in themselves". The three functions of castes are: 1) Establishing status, 2) Limitation of civil and religious rights, and 3) Restricting the freedom to choose any occupation. Out of these traits Ghurye recognized sub-castes as real castes. A.C. Mayer (1960) also addressed the importance of distinguishing between caste and sub-caste. He supported Ghurye's references to caste and sub-caste, which were significant for both the individual and society as a whole. He contended that while referring to members of a caste, their sub-caste is more important to them, but when referring to members of other castes, caste is the crucial point for cognition. As a result, he believes that neither caste or subcaste is more authentic than the other and that they can coexist. Irawati Karve (1938) considers sub-castes to be the ultimate units of analysis. Because of the ambiguity surrounding the two categories, contends that it is preferable to ignore the distinction between caste and sub-caste. This is not conceivable, however, because the two play quite distinct roles. Out of the above highlighted arguments an important question arises, What is the fundamental unit of caste? Is it a caste or a sub-caste? The sub-caste, according to Srinivas, is the "true" caste system unit, however, his primary research had been limited to a particular geographical area in Mysore, Karnataka. In the same lines Mayer (1960) has a slightly different view, A sub-caste may be the unit of both intra-caste and inter-caste interactions at the regional level, but inside the village, inter-caste ties are viewed in terms of castes rather than sub-castes

Journey from Depressed to Scheduled Caste

The identity of particular Jati among untouchables has been a debatable issue since the beginning of categorization. The major debatable question which needs to be addressed before various committees or authorities, whom (*Jati*) to consider? How to

consider? These questions were equally needed to be justified for both before and after Independence committees or authorities. Another issue of both social-psychological impact for creating common identity was a big challenge. Because in everyday life, caste identity is experienced and practiced as *Jati* (Srinivas, 1976). Also, Prominent social psychologist, Henri Tajfel in his Social Identity Theory (1969) highlighted that when people are classified into groups, differences between them are emphasised, while differences between members of the same group are minimised. Over the years, different labels or nomenclatures have been used to describe the Indian untouchables. Each time a new nomenclature appeared; it contributed a new salient aspect to Dalit identity. Therefore, it is important to comprehend how these many identities and nomenclatures have changed over time. For example, different classifications such as Depressed Classes, Harijans, and Scheduled Castes were political responses to a variety of compulsions, from formal documentation required by the colonial framework to the cultural struggles by the caste-Hindu and untouchable communities (Rao, 2009). Census Commissioner E. A. Gait in 1911 made the very first categorization to calculate the population of untouchables. With the introduction to this different census survey collection, separate castes and tribes list comes into picture. There were ten different criteria for separate enumerations of Caste and Tribes. Most of the criteria were closely related to traditional Hindu practices and manuscripts.

The term “Depressed class” was used to identify and count untouchables in India. The specific definition for Depressed Castes were those whose touch or contact is impure, also the contact promotes purification rites. Because it was recognised that situations varied so greatly from province to province, region to region, and even from district to district within the same provinces, no exact definition of Depressed Castes or instructions were given to the Superintendents of Census Operations. It was therefore deemed undesirable to bind the Superintendents of Census Operations with excessively detailed instructions. This led

to an unclear picture of the actual population of Untouchables. Although the term "Depressed Classes" had been in use before 1931, was neither conceptualised nor given a precise definition.

Dr. B R Ambedkar concentrated the focus of British authorities to the most disadvantaged and discriminated communities of India by various means. In 1930 he formed an association named All India Depressed Classes Association to give a voice to these disadvantaged communities. British colonial officials designated a broad category of "depressed classes," and in the Scheduled Caste Order of 1936, they formed an official list of caste groups that were socially and economically disadvantaged in each province of India (Bandhyopadhyay 1992). The other attempt to recognise the disadvantaged social groups was made under Government of India Act, 1935, by providing some political representation to these classes. A schedule including the list of depressed classes was formed. More than 400 disadvantaged groups were listed in the first scheduled under Government of India Act, 1935. By the introduction of the Scheduled Castes order, 1936, different castes, tribes and races got a new common identity called as Scheduled Castes. All these scheduled castes used to identify as Depressed Class prior the Government of India Act, 1935.

The 1931 census report created a "schedule" of these communities and used the following phrases to categorise certain castes as Depressed Classes:

- Does the caste in question pollute a high caste Hindu by contact or by proximity.
- Castes/classes from whose hands a high caste Hindu can take water.
- Castes/classes i.e., barbers, water carriers, tailors, etc. who serve high caste-Hindus.
- Can the caste/class in question be served by clean Brahmin or not.
- Caste/class that cannot enter the Hindu temples.
- Caste/class that cannot use public conveniences, wells, schools etc.

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- Castes/class that are isolated, illiterate, or poor but for that would be subject to no social disability.
 - Caste/class that are depressed due to the occupation practised and would not be subject to any social disability but for that occupation.

This time the enumerations were much more defined and justified from previous times. All these untouchable groups were scheduled in 1936 to give effect to the provisions for special electoral participation in the Government of India Act, 1935. Later, after independence the constitution of India adopted these groups as two collective groups named as Scheduled Caste and Scheduled Tribes. It became a formal and legal term as it was mentioned in the Constitution of India. Formation of two different groups was also an attempt to generalize the castes and their occupation, which led to common development programmes/policies. Eventually, this led to a common social identity to thousands of castes and tribes.

This categorization parallelly made it easy to reach out to disadvantaged people but also created intra-caste tensions. For instance, Chamars in Uttar Pradesh, Ad Dharmi in Punjab, Mahar in Maharashtra were relatively at good positions than other Scheduled Castes. Some of the castes were relatively educated, some of the castes were relatively near to political leaders, some the castes were having relatively respectable occupation. A significant amount of structural inequality was always there leading to disputes after getting a single common label, i.e., Scheduled Castes and Scheduled Tribe. Also, as per Constitution, "Scheduled Castes" refers particularly to the caste list that the President creates in accordance with Article 341. Except for a specific purpose of Article 330, which refers to the reservation of seats for Scheduled Castes (SCs) in the House of People, i.e., the Lok Sabha, and State Assemblies. It is also evident from the article 341 of the Constitution of India that there is no provision to subdivide and sub-classify these castes named in the Presidential List of Scheduled Castes, except for a restricted power for exclusion or inclusion in the list by the Parliament. A new

categorization by sub-classification is neither required by law nor even permitted to any State assemblies or Uts.

In the same lines The Indian Constitution, 1950 adopted both the established categories: Scheduled Castes (SC) and Scheduled Tribes (ST) without any reconsideration. The Constitution (Scheduled Castes) Order of 1950 lists 1108 Scheduled Castes in 28 states of India. The structure of the schedule alone reveals that Dalits were not a homogeneous or monolithic community, but rather were divided into various castes with hierarchical disparities in marriage and food exchange (Teltumbde A, 2017). Furthermore, several of these castes had their own sub-castes that functioned similarly to the country's castes. The Constitution (Scheduled Tribes) Order of 1950 lists 744 Scheduled Tribes in 22 states. Since the establishment of these two broad categories, all national-level surveys and independent studies have focused on the susceptibility of these two broad groups (SCs and STs). In terms of hierarchy and the practice of eating and marrying amongst one another.

Rising voices of Dominant Caste for Reservation

The dominating castes are those who possess large land holdings and are considered to be important demographic groups (Srinivas,1950). In the recent times India has witnessed the mobilization of individual castes in different states in the name of quota where the power and domination of individual caste can be seen evidently. Also, Caste-based agitations by historically dominant caste groups have revealed clear fracture lines in Indian politics, from the Marathas in Maharashtra to the *Patidars* in Gujrat and *Jats* in Haryana. It is very interesting to know that the population of all three castes is above 30 percent in their respective states. Although the Patels, Marathas, and Jats are undoubtedly in the majority, their mobilisation reveals some information about structural issues facing the Indian economy.

Marathas in Maharashtra

Approximately 31% of Maharashtra's population is Marathas, making them one of the largest communities. They have a significant influence on both State and National politics. They represent a variety of castes, from warriors to peasants to landowners. Surnames like Deshmukh, Bhonsle, More, Shirke, and Jadhav are common among Marathas. Nowadays, farming is the most common source of living for Marathas. There is a total 96 different *Jati's* among Marathas. The majority of Marathas are small-scale farmers with less than two hectares of land. Most Maratha farmers who are experiencing financial hardship is due to their small landholdings' low yields and frequent droughts. For this reason, the Maratha caste agitation finds its epicentre in the Marathwada region for reservation. A commission led by the then-CM of Maharashtra, Narayan Rane, suggested in 2014 that Marathas be given a 16 percent quota. The Bombay High Court stayed the action of Maharashtra government. In 2018, a massive violent protest by Marathas demanding reservations for Marathas. On November 30, 2018, a bill giving Marathas sixteen percent reservation in jobs and education was enacted by the administration of Chief Minister Devendra Fadnavis. Following the identification of the Marathas as a socially and educationally backward class by the Maharashtra State Backward Class Commission (MSBCC), chaired by retired judge Sunil Shukre, the government introduced the Bill. The Maharashtra State Reservation for Socially and Educationally Backward Classes Act, 2024.

Patidars in Gujrat

The Patidars, also known as the Patels, identify as Lord Ram's descendants. They are separated into Leuva Patels and Kadva Patels, two major sub-castes that identify as descended from Ram's twins, Luv and Kush, respectively. Other sub-castes include the Satpanthis, who are primarily concentrated in the Kutch district and who practice certain social practices similar to those of Muslims, such as adhering to a Pir Baba. Additionally, there are Chaudhary Patels, who are categorised as OBC and are

primarily found in North Gujarat. Patidars are dispersed throughout Gujarat, with a concentration that is highest in North Gujarat.

In July of 2015, Patidars began public protests throughout Gujarat in support of their community's OBC designation, which would grant them a reserved seat in government employment and educational institutions. With the help of Sardar Patel Sevalal, a community service group, they established the Patidar Anamat Andolan Samiti (PAAS), led by Hardik Patel, specifically for this purpose. The group called itself an apolitical organisation. Although the Khodaldham Trust later volunteered to mediate between the youth and the administration, four prominent Patidar organisations denied any role in the protest.

PAAS protested with thousands of Patidars in Ahmedabad on August 25, 2015. When the police attempted to scatter the crowds, the gathering descended into violence. Across the state, there were clashes between Patidar crowds and the police that resulted in 14 deaths and several arrests, including for sedition. By the time, The Patidars' desire had shifted from OBC designation to EWS reservation by 2016. The Patidar movement fizzled out after the Gujarat government declared a 10% quota for EWS in May 2016, which was subsequently approved by the Central government as well.

Jats' in Haryana

The Jat community, in Northern India, has historically been an agrarian community. There are around 95.5 million *Jat* Population in India. They comprise 30 percent of the total population of Haryana. Seven of the state's ten chief ministers were *Jats* as of now. They represent 30%, 18%, and 17% of the overall population in Delhi, Punjab, and Rajasthan, respectively.

The *Jats'* calls for their inclusion in the Other Backward Caste(OBC) list in Haryana State bear similarities of past movements, such as the Patels and Marathas. In a massive protest of *Jats* in 2016 sixteen people died. In March, 2016, the ruling

BJP party introduced a new law named as "Haryana Backward Classes (Reservation in Services and Admission in Educational Institutions) Act, 2016", which granted reservation to the *Jats* and five other communities under the newly constituted Backward Class 'C' category. In Schedule-3, the act granted them with a 10% quota in Class 3 and 4 government employment and educational institutions, as well as 6% in Class 1 and 2 postings. The majority of these protests call for reservations, which don't seem to make much sense in practice given that a Supreme Court ruling prohibits more than 50% reservations and that job growth in the public sector, where reservations are valid, has slowed down along with a reduction in the government's role in the economy.

Sub Categorization of Dalits after Independence

Sub-categorization of Scheduled Castes for reservation purposes entails identifying classes within a Scheduled Caste that have previously been unable to benefit from reservation and have consequently remained socially and economically disadvantaged. The Supreme Court has ruled against the subclassification of Scheduled Castes for the purpose of reservation. The Scheduled Castes are granted special attention because of the social injustice of untouchability that they have endured for generations. Thus, the social or economic backwardness test is inappropriate for SC. However, some argue in favour of the concept of subcategorization. The right to equality states that unequal's should not be treated equally since it would be a severe injustice.

Subcategorization of Dalits in various States i.e., Punjab, Andhra Pradesh, Haryana and Bihar has been discussed briefly below :-

The issue of bifurcation of quota is not new. The Punjab Government, led by Chief Minister Giani Zail Singh, established a special quota for two of the most disadvantaged communities, Mazhabi Sikh and Balmiki, in 1975. The Mazhabi Sikhs are traditionally associated with cleaning jobs. They are the largest SC bloc in Punjab, accounting for 31.5% of the total scheduled castes. Mazhabi Sikhs are followed by Valmiki In Punjab's SC hierarchy

account for 11% of total SC population. They, like the Mazhabis, have traditionally worked in sanitation and cleaning. Government divided the 25% SC reservation into two groups. The first group was allocated for the Balmiki and Mazhbi Sikh communities, which were regarded as the most economically and educationally inferior. The second category contained the rest of SC communities. This was one of the first cases of 'sub-classification' of reservations. Although, the subcategorization was challenged in the court. While the notification stayed in effect for nearly 30 years, it encountered legal challenges in 2004, when a five-judge Constitution Bench in the Chinnaiiah case overturned a similar ordinance enacted by Andhra Pradesh in 2000 for violating the right to equality. Two years later, in *Dr. Kishan Pal v. State of Punjab*, the Punjab & Haryana High Court overturned the 1975 notification. The Supreme Court stated that the legislative assembly lacks the authority to subcategorize the Scheduled Caste quota under Article 314(1).

The government of Andhra Pradesh decided in June 1997 to categorise its SC population into A, B, C, and D categories based on the recommendations of the Ramachandra Rao Commission. It also established a specific quota of seats against each of the caste categories. This was done in reaction to the Madigas' Dandora campaign, which called for the quota system to be rationalised. However, in 1998, an Andhra Pradesh high court bench consisting of just one judge overturned the state government's decree. Afterwards, The Andhra Pradesh government suggested making it an Act, which the state assembly duly approved in 2000. However, legal challenges arose. The Andhra Pradesh SCs (Rationalisation of Reservations) Act, 2000, which formalized this classification, faced scrutiny. Initially, the High Court of Andhra Pradesh dismissed the case, but it eventually reached the Supreme Court for further review. The well-known case *E.V. Chinnaiiah v/s State of Andhra(2005)* in which the Supreme Court nullified the sub-categorisation on the grounds of homogeneity of all the Scheduled Castes and violation of article 14. In addition, the Supreme Court stated that the legislative assembly lacks the authority to

subcategorize the Scheduled Caste quota under Article 314(1).

The State Mahadalit Commission was established in 2007 by the Nitish Kumar-led NDA government in Bihar with the recommendation that the Scheduled Castes be expanded to include the incredibly weaker castes under the Mahadalit category. In the beginning, 18 Jatis in all were classified as Mahadalits in Bihar in need of social and economic advancement. Later, the Paswans and Dusadhs were the only two Scheduled Caste groups left out when three more were added. Of the 22 Scheduled Castes in the state, the commission has designated 21 of them as Mahadalits, or Scheduled Castes in Bihar. In Bihar, the Dalits make up more than 15% of the population, while the Mahadalits make up about 10%. Mostly, Mahadalits are landless people and work as agricultural labourer at Yadav family's land.

Haryana government also attempted the same in 1992 by divided Scheduled Caste Reservation into two categories in 1990: SC-A and SC-B. The block A and block B used to be call Chamar and Non-Chamar block respectively. This was future merged by the Congress government. Meanwhile, the current BJP government repeated the same thing in 2020. The very recent categorization of Scheduled Caste happens in Haryana where approximately 11% of the people in Haryana belong to the Chamar caste. However when it comes to representation in government employment, they make up 11, 11, 31, and 11.8 percent of Groups A, B, and C, respectively. However, just 4.7%, 4.14%, and 6.27% of the rest of the SC population, which is made up of 36 different castes, are employed in Group A, Group B, and Group C services, respectively (Govt. of Haryana, 2020). There is a significant variation of about 6% across all the services. Neither the Block A scheduled castes nor the disadvantaged scheduled castes were as educated, as per the statistics from the Socio-Economic Caste Census, 2011. The Haryana Scheduled Castes (Reservation in Admission in Government Educational Institutions) Act, 2020, was recently passed by the Haryana government on these reasons, dividing the 20% quota for SC students seeking admission to the

state's higher education institutions. "Deprived Scheduled Castes" (DSC) is the name of a newly constituted caste category. Except for the Chamar caste, DSC includes all 36 castes. According to Section 3(2) of the Act, 50% of the 20% SC quota seats are set aside for admission to higher education institutions, including colleges and universities.

As discussed above, there is no provision in Parliament for subdividing, subclassifying, or subgrouping the castes included in the Presidential List of Scheduled Castes. As a result, it is clear that the Constitution intended the full list of castes to be members of one umbrella group for the purposes of Article 15 and Article 16(4) of the Indian Constitution. A further categorisation by way of sub-classification is neither prescribed nor authorised under the Constitution. The current debate on Dalit sub-classification raises both an old topic and a fresh problem. It has been with us as an existential fact since time immemorial, but the enormity of the catastrophe has only recently emerged, as it is a comparatively new occurrence.

Conclusion:

The socioeconomic and political liberation of SCs is significantly impacted by intra-SC inequalities. The representation of SCs with less privilege in governmental institutions and other decision-making organisations is negatively impacted by the inequity that exists within the community. In addition, it may restrict their access to prospects for a good education, career, and socioeconomic standing. The practice of subcategorization was first used in the state of Punjab in 1975 by dividing the 25 percent Scheduled Caste quota into two sections. Haryana continues this practice by compiling two distinct lists known as SC-A and SC-B. These categorizations become the foundation for other States and individual *Jatis* raised their voice for the same. Every judicial and legislative forum, including Parliament, the Supreme Court, several High Courts, and legislative assemblies, is debating the largest case of Andhra Pradesh to divide the Scheduled Quota into four different groups. The important question arises whether this

method is actually helping to address the cause. The size of individual *Jati* is the most common justification given by competent authorities for this unequal access of affirmative action policies. According to current data released by the Government of Haryana, the Chamar caste claims over 11% of jobs in Haryana, while the remaining 36 scheduled castes receive 4%. This appears to be quite contradictory, as it is not only the size; there could be other elements that demand additional investigation. Also, it is being observed that intra-caste conflict within the restricted communities has been greatly fuelled by the state and its political power brokers. Thus, the Dalit movement in the post-colonial period is confronted with a twofold contradictory challenge of forging Dalit solidarity against repressive upper castes while simultaneously engaging with divisive forces within the Dalits (Rao,2009).

A more nuanced and subtle approach is required to solve and address the issue. Sub-categorisation may offer a solution, but it must be used carefully to reduce the possibility of creating new divisions. Any new categorization or sub categorization also have a psycho-social impact on the divided population. The psycho-social insecurity must be a by-product if classification was a conscious endeavour. Because when people are classified, differences between them are emphasised, while differences between members of the same group are minimised (Tajfel,1969). The government should take steps to improve the socio-economic situation and access to affirmative action policies, which can help creating a level playing field and reduce inequality at Jati Level. Intra-caste differences could also be promoted through various other affirmative actions like giving them scholarships instead of dividing or subcategorizing existing categories.

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CAVE SYNDROME: A STATE OF RE-ENTRY ANXIETY LINKED TO COVID-19 PANDEMIC

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Abstract:

Background: Many people resist returning to the pre-pandemic lifestyle after spending more than two years in pandemic-related restrictions. Despite being fully vaccinated, people are anxious about transitioning to their previous lives. People experienced Cave Syndrome due to the pandemic-related behavioral changes that have resulted in fear and uneasiness due to the risk of illness, death, and repercussions in numerous life zones.

Purpose: The present research aimed to examine the lives of Indian adults, find the reasons for 'resisting to return' to the pre-pandemic lifestyle, and gain insight into the impact of the COVID-19 pandemic on their lives.

Method: A descriptive, cross-sectional online survey design was used for the present study. The self-designed open-ended questionnaire related to Cave Syndrome, including informed consent and sociodemographic data sheet, was entered into Google Forms and shared with the participants using emails and WhatsApp to the investigator's personal contact information, following snowballing principles. English-speaking Indian male and female adults who are fully/partially vaccinated were included in the study.

Results: Findings suggested that despite being fully/ partially vaccinated, most adult participants admitted being uncomfortable about returning to in-person interactions and feared infection. Participants also reported discomfort in compromising the benefits of mandatory social distancing and social isolation and

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have become accustomed to the "new normal." They were comfortable doing everything from home and limiting in-person interactions. Adult subjects, in particular, revealed that they experience fear of going out (FOGO). These elevated scores indicate anxiety among people about engaging in a pre-pandemic lifestyle.

Conclusion: This study is a preliminary step to get insight into the impact of the pandemic on the increased levels of distress and mental health liabilities demanding psychosocial intervention. The findings significantly contribute to framing interventions and preventive measures for pandemic-affected people.

Keywords: Cave Syndrome, new normal, pandemic, anxiety, covid-19, psychosocial impact

Introduction

The journey of more than two years in isolation due to pandemic-related restrictions had led to developing an intimate understanding of being socially isolated and fear of returning to their pre-pandemic lives despite being fully vaccinated. This phenomenon is known as 'Cave Syndrome' (also called re-entry anxiety/ languishing behavior). Flaskerud (2021) stated that it is difficult for some people to transition into society after more than a year of being locked inside. Although some positive changes were felt by people, like more choices for remote employment, increased telehealth options, and the precedence for staying home from work when we're ill, the tragedies of the pandemic have overpowered all (Ritchie, 2021). This caused rational and irrational anxiety is making it difficult for many people to move on from the pandemic.

A report by the American Psychological Association (2021) stated that 49% of surveyed adults who have received vaccines anticipated being uncomfortable about returning to in-person interactions when the pandemic ends and are reluctant to resume their pre-COVID lives for several reasons (Newsome, 2021). It is

even difficult for people who suffered from social anxiety before the pandemic to be particularly fearful of re-entry. Some of them still fear the disease, while others do not want to forfeit what they found to be the positive benefits they derived from forced isolation and solitude (Flaskerud, 2021). As the world progressed towards the end of the COVID-19 pandemic, many people struggled languishing alone. During the pandemic, government and non-government agencies set awareness campaigns, but in the later phase, there is no sensitization for people that helps them to readapt to pre-pandemic times. Since it is common to process emotions after experiencing trauma that creates a mental block that holds back, it can be frustrating. People may feel anxious about transmitting the infection to kids and the elderly staying with them. The pandemic, as a collective trauma and almost two years of varying restriction levels, made it hard to feel comfortable in public spaces. Furthermore, tough experiences such as physical and financial losses, becoming ill, or even the death of close relatives inhibited accepting the sudden changes required in post-pandemic conditions.

Sardar (2021) stated that Fear of Going Out (FoGO) of the new perceived comfort zone is expected, as it is difficult for humans to readapt to the status quo before COVID-19 with some extra appendages. Moreover, Florida et al. (2021) argued that this new normal has affected cities' structures and lifestyles. The more often it continues, the more difficult it becomes to return to the previous model unless communities need re-learning, as the unlearning happened over time. Additionally, there are two categories of people who report fear about returning to normality: one who is worried about doing things they have not done for a long time while the others who have anxiety from issues that were hidden in pre-pandemic and became more apparent during the pandemic. When the new normal has been shown, the new opportunities to join in virtual mode have been felt easier (Stephens, 2020; da Silva et al., 2020). A survey conducted in the USA reported that the majority felt anxious about resuming normalcy due to fear of

illness and being comfortable with the learned routine built during the pandemic, while some don't want to lose the positive changes experienced in their lifestyles during the pandemic related restrictions (Samuel, 2021; Rodriguez, 2021).

In the Indian context, fewer studies explore Cave Syndrome and its links to the COVID-19 pandemic. The present research focused on examining the experiences of Indian adults, finding the reasons for 'resisting to return' to the pre-pandemic lifestyle, and gaining insight into the impact of the COVID-19 pandemic on day to day lives. The objectives of the present research are to explore:

1. The effects of COVID-19 on acquiring new behavioral and thought patterns.
2. Ascertain reasons for fears and anxiety about returning to the new normal.
3. The effect of restricted lifestyle due to the COVID-19 pandemic on mental health.
4. Suggest interventions and preventive measures for pandemic-affected people.

Methodology

Material and Methods:

The present study followed a descriptive, cross-sectional online survey designed with the help of Google Forms generated using an email id was adopted to obtain the data from December 15, 2021, to January 22, 2022. The survey was circulated through text messages and emails using snowball sampling. This online open-ended survey questionnaire was distributed with an informed consent form regarding participation in the study affixed to it. After consenting to participate in the survey, it asked for demographic details and questions related to the variables studied in this research.

Sampling Technique and Procedure:

The sampling method was non-random purposive sampling. The survey included an informed consent sheet, a sociodemographic

datasheet, and a self-designed questionnaire uploaded to Google Forms. Participants were selected from the first researcher's contact list, invited by WhatsApp, and emailed to complete the online survey. Subjects who were English-speaking male and female adults and had been vaccinated (at least a single dose) were included in the study. The questionnaire distribution was extended to many parts of the country. The responses were also received from Indians staying out of India experiencing restrictions due to the ongoing pandemic. Two hundred individuals who met the inclusion criteria participated in the study.

Tools

Sociodemographic Datasheet

The author prepared a sociodemographic data sheet to collect information such as age, gender, education, occupation, family income, demographic background, location, vaccination status, and pandemic-related impact of the participants.

Thematic Analysis

For the analysis of the participants' subjective responses to an open-ended questionnaire, the thematic analysis proposed by Clarke and Braun (2013). After the initial coding of the transcripts, all the codes were organized into broader themes. The formulated themes were reviewed to ensure coherence and distinction among the identified themes. Thereafter, the themes were refined into main themes and sub-themes in context with the whole data set. After defining all the themes in the final process, the relationship between the main themes and sub-themes was established to construct the thematic model.

Ethical considerations

Informed consent was obtained from the participants. The anonymity of the subject's details was maintained, and the researcher's contact details were provided with the survey if someone wanted to seek help. The confidentiality of the participants was ensured by keeping their identifying information

details undisclosed. Participant's voluntary participation was ensured.

Results and Data Analysis

Findings from the demographic sheet in the form of percentages suggested that the maximum participation was done by females (55%). The students (71%) pursuing undergraduate courses (60%) were majorly citizens of India. Maximum participation was from New Delhi (40%). Out of 200 participants, 43% reported contracting COVID-19 infection, and 65% are still experiencing post-COVID effects, including physical and psychological (20%). 55% of the participants reported losing a family member/loved one to COVID-19. 87% of the participants have received both vaccination doses, while 14% have received the only first vaccination dose.

The subjective data was interpreted using the thematic analysis method. The data transcript was coded and categorized into various themes. Three themes were derived: the Pandemic of Social Isolation, Re-entry Anxiety, and Facets of Cave Syndrome. Using the thematic model (Fig. 1) obtained, the analysis themes and their codes are discussed below:

Theme 1: The Pandemic of Social Isolation

After the declaration of lockdown in March 2020, a substantial proportion of the world population was suddenly homebound, raising questions about the impact of closures and restrictions on mental and physical well-being. The following subthemes were derived under this theme:

a) Dealing with Stress and Anxieties: Some of the subjects felt fearful and stressed. They reported having a constant sense of financial apprehensions, academic loss, and increased irritability. One of the subjects stated, "*I feel stressed about managing the financial problems. My father's salary is cut down. Financial management is difficult*". One of the students added, "*I am*

constantly fearful and apprehensive about the examination as online classes are not as interactive as offline classes." Another said that he has become less efficient and less productive. The grief of loss was another stressor and precursor for mental health issues. One of the participants reported, *"I lost my dad, almost had an eating disorder, overthinking led me to think I might have ADHD, anxiety, and depression. Getting irritated and bored very easily"*.

b) Languishing Behavior

As a result of the current pandemic, a languishing state was prevalent, with a sense of stagnation and emptiness that had a detrimental impact on an individual's physical and mental state. The COVID-19 pandemic was when everyone had to go through a rapid transition. Although people adapted to psychosocial and academic needs, they suffered from a state of confusion and emotionally draining. They tried to function adequately per social demands but lacked fulfillment and vitality. Participants reported an increased and persistent sense of uncertainty, financial concerns, internal conflicts, and insecurity about losing their jobs. At the thought level, one of the participants reported worrying about life's uncertainty and matters related to financial management. Another participant specified developing hoarding tendencies related to groceries, sanitizers, and other essential items. While another participant added, *"I constantly worry about the future aspects, take unnecessary tensions, and increase feelings of being unworthy and loneliness."* Another participant stated, *"I keep overthinking and worrying about what others think about me."*

Along with compulsive behavioral patterns, intrusive thoughts were also reported. One added, *"I have become overprotective and keep sanitizing time and again and concerned about mask covering nose and mouth properly whenever I am out."* One of the students stated, *"I feel insecure about getting a job in the future as we are not as skilled and experienced in regular studies due to the closure of academic institutions for almost two years. This feeling*

haunts me, and I visit organization websites many times a day to check if the job opportunity is available".

Respondents mentioned their mental health-related issues, emotional instability, stigma related to contracting COVID infection, post-COVID side effects, the grief of the death of loved ones, psychosocial impairment, disturbed activities of daily living, and workdays lost or cut are closely associated with languishing and depression.

c) Opportunity for Introspection and Self-Exploration: The participants' experiences were mixed with positive and negative emotions. It was an opportunity for some to explore themselves and enhance their strengths. One of the subjects reported spending time alone for introspection and self-reflection—another participant best utilized this period of social isolation. One of the participants said, *"I spend more time focusing on things I enjoyed doing, my hobbies, more time to grow as an individual. Easier to multitask while attending online college, hence having a balance between work and play."* another subject added, *"I developed new skills during this pandemic. I was cased but constantly working on my new learnings"*.

Theme 2: Re-entry Anxiety

Many participants reported their fears about returning to a pre-pandemic lifestyle. Data suggested that they have developed COVID stress syndrome, characterized by fear of infection, touching surfaces or things that could be contaminated with novel coronavirus, COVID-related checking and reassurance-seeking, and losses and death-related grief and trauma. Characteristics of agoraphobia were also accounted for, making them reluctant to leave their comfort zone and return to pre-pandemic lives. Below are the concerns shared by the participants:

a) Uncomfortable with Physical Access to Workplace/ Academic Spaces: Most participants disagree with reopening the

workplace/ places of study for physical access. A few of the participants shared their related personal suggestions. One of the participants suggested, *"Instead of full-fledged reopening, an alternate day or twice/ thrice a day in a week can be started initially."* Another student subject revealed, *"I can support only if everyone is vaccinated and wears masks. Knowing that not everyone has received both doses, will follow the COVID-related protocol, and will not wear masks properly, I do not support a full-fledged reopening. Rather, it is good to keep academics in hybrid mode"*. Another subject added, *"I can only agree provided that the pandemic protocols are strictly followed in my workplace/ academic places with top priority."* Moreover, another subject who is a counselor suggested, *"It depends, so if the clients coming for sessions are completely vaccinated and not in contact with any COVID-impacted person, then yes, the person can come for offline sessions, but then also it is necessary for them to wear their masks and follow SOPs of sanitization."*

b) Too Much Dependency on Technology: Enhanced use of technology was a boon to participants in two primary ways: it was a crutch to their solitude and ensured a continuous income via working virtually. However, it didn't allow them to sustain and make human connections; non-virtual connections were different. The participants emphasized that physical touch was missing. The increased remote linking does not essentially mean increased human closeness. Moreover, how long these connections could be sustained could be doubtful. Similarly, though working from home sustained the livelihood of participants, it was the source of colossal stress and blurring of boundaries. Another significant change in participants' attitudes was comfortable attending virtual official meetings instead of going out. The advancement of technology and maximum usage during the past two years of the pandemic have made this possible. Participants discussed both the pros and cons of virtual meetings. One of the participants mentioned, *"It depends; I would not say it's better or worse; it's different and accessible. It's easier to contact my friends across*

India or worldwide within seconds. We still build the same memories, have fun, and play games, except they're online now. It's just different. Different does not mean better or worse".

While another respondent was against virtual meetings, it was reported, "*Meeting cannot be virtually better as, official meetings can be better, sometimes yes, sometimes no... It depends; I would not say it's better. It depends on the kind of interaction only sometimes, if it allows. Maybe I feel that both of these have pros and cons when compared. So, sometimes, in some situations, virtual meetings do. It is in both ways. Sometimes, not every time.*". One of the students stated that virtual classes are not solving the purpose of education. Many students face network issues, and mobile screens also harm students' physical and mental health.

c) Comfortable in Following Newly Learned Behavior:

Participants also stated that they have started feeling comfortable following learned behaviors like isolation, not touching, social distancing, and masking. One of the participants said, "*Mask should be, but other options are not so comfortable*". Another participant pointed out the importance of this learned behavior for survival and added, "*It's essential at this point. I can't count comfort as a factor to avoid it*". Yet another stated, "*Social distancing and masking has had some positive effect. People are more careful about their environment and cleanliness*".

Participants revealed that though these learned behaviors are not natural, adapting to them is essential. One of the participants reported, "*Pandemics have occurred in the past. So I think it is okay for humans, but it is not natural per se, and we need to adapt if needed. It is not natural, but for safety, it is mandatory. It wasn't before, but now it is*". Respondents also suggested that they have become comfortable but not accustomed to the 'new normal' and are comfortable doing everything from home and limiting in-person interactions. One of the participants added, "*It is comfortable but not happy. Accustomed- yes. But not comfortable*".

doing everything from home. There are limitations to it".

Theme 3: Facets of Cave Syndrome

During the COVID-19 pandemic, the world has learned a new reality. While most people returned after the pandemic phase, many still had difficulty re-engaging with regular life after pandemic-related restrictions were lifted. They experienced discomfort and uneasiness while participating in daily activities outside the home. The following subthemes describe the facets of Cave Syndrome.

a) Apprehensions of Infection Despite Fully/Partially Vaccinated and Assurances by Health Organizations and Governing Bodies: Even after repeated assurances by healthcare organizations and governing bodies about the benefits of vaccination against COVID-19, people cannot bring out the fear associated with the threatening conditions after COVID-19 infection. One of the participants added, "*COVID vaccines do not prevent serious COVID illness and deaths; they are less effective at spreading infections. The infection will still spread, but the effect caused afterward will not be as bad*". Another participant added, "*no health organization has assured me that vaccines protect me completely from COVID-19, so yes, I have apprehensions*". While another responded, "*a little bit was infected after receiving both doses of the vaccine sometimes, so feel fearful.*"

b) Uneasiness to Re-Enter as It May Jeopardize Their Ability to Stay Employed/ Pursue A Career: One of the participants also felt uneasy about entering into a crowded marketplace/ grocery store/full-strength college/ workplace if it significantly jeopardizes their ability to stay employed/pursue a career. It was revealed, "*Maybe if some measures are really followed...we should step ahead together. I think it should be closed. I wouldn't like to lose my job*".

c) Staying Indoors felt safe to Protect from Infection and

Death: Since the onset of the pandemic, the government has implemented COVID-related restrictions, including staying indoors. Participants' views were taken to check if staying indoors could protect them from the risk of infection and death. One of the participants stated, *"For a sensible set of population, moving outdoors won't be a risk, but particularly in my country, staying inside is much safer because most of the remaining population are violating protocols, not taking precautions, and showing irresponsible behavior towards government guidelines and COVID-19 protocols"*. Another participant responded, *"yes it is safe, but we will be lacking many important things. Social distancing is important when necessary, but it is okay to go outside when it is safer as per the government's guidelines"*. Yet another participant added, *"While staying indoors during the peak of the waves can protect my family and me. Still, it can't be an option always to stay locked indoors. This is something we have to live with now. It depends on the precautions mainly. Not all the time, but mostly"*.

d) FOGO, "Fear of Going Out" and Fear of Going in Open or

Crowded Area: When asked if they feel fearful of going out in a crowded area, one of the participants replied that they would avoid going out if it is crowded. In contrast, another responded to visit outside only when it is very much urgent. Another participant added, *"Yes, but not so much because I always try to go outside if mandatory and go outside with full protection."* People fear going out, especially when the number of active cases rises or the intensity of the COVID/variant is reported to have higher intensity. One of the participants said, *"I experience fear of going out (FOGO) only when meeting my known ones due to social anxiety. I feel little protective in crowded places. I experienced FOGO for the first time when there was a breakthrough in the pandemic. Whenever there are reports about a new variant of COVID-19,"*. A college student also reported, *"along with FOGO, I suffered FOMO related to college life, internships, personality development experiences, etc."*

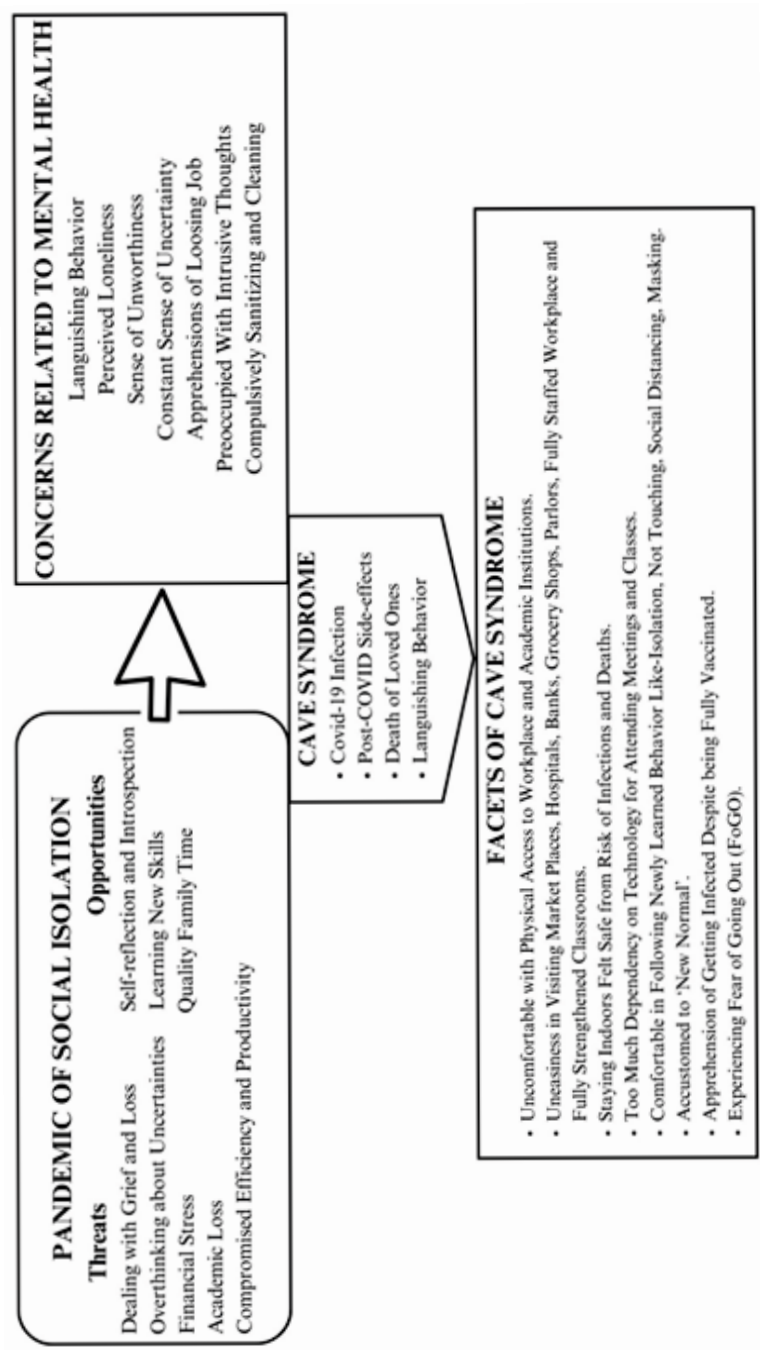


Fig 1 Thematic Model Depicting the Network of Associations among Themes in the Analysis Suggestions and Interventions to Manage Cave Syndrome

Many people felt strained and apprehensive when COVID-19 pandemic-related restrictions were lifted. They were not mentally prepared to re-enter the pre-pandemic lifestyle due to pandemic mental cognition (Leotti, 2021), causing panic driven by fear. This mental condition needs to be changed by counseling that is focused on passion for a better life. The counseling should be centered around sensitizing clients toward the fact that constant change is the truth of life and how to become calm when face difficulty in readaptation. This would help them to overcome the fear of death. The counseling modality needs to embed with generating hunger for life and establishing meaning and purpose of life. Okri (2020) suggested that if Counseling manages to engrain in people's minds, they can overcome the negative effects of mental contagion. Sensitization of the masses can be done to inculcate the idea of practicing introspection and helping those who find difficulty in adapting to the change. The call from the government to the common people regarding forming creative policies or modifying existing ones; the tools and procedures that address the apprehensions and anxieties related to re-entry. The wider campaigns need to be set to address the unaddressed issues; enabling societies and communities to take collective pause and reflection through healthier communication could bring changes in pandemic-related mental cognition. Psychoeducation and psychological first-aid, including relaxation techniques, can facilitate the change and adaptation to post-pandemic demands. Efforts must be made to reach the masses by mitigating the differences in socioeconomic differences, migrations, unemployment, inequality, and poverty. As suggested by Buheji and Buheji (2020), transitioning needs to filter the new capacities and compensate for the new competency demands that the pandemic brought, emphasizing the 5Ps: proactiveness, preparedness, pull-together, problem-solving, and publication. These would complement and compensate for the resistance to

change represented by the capacity brought by the 5Rs, i.e., being able to react, realize, resolve, reshape, and be resilient. Creating the formula from these would bring a lot of profound knowledge about optimizing best policies, defining counseling approaches to ease the transformation, and enhancing readiness for future foresighted post-pandemic spillovers and challenges. The present study recommends that it is genuine to have re-entry anxiety after prolonged pandemic-related restrictions and lockdown; measures for returning to the normal “pre-covid” phase need to be gradual, and considering the learnings from pandemic time like social distancing, masking, sanitizing, e-learning, working from home, and e-trading, etc.

Discussion

This study aimed to explore and understand the impact of the COVID-19 pandemic, related behavioral changes, and fears associated with returning to a pre-pandemic lifestyle after pandemic-related restrictions were lifted. For this purpose, the Google form-based survey consisted of closed-ended and open-ended questions. This analysis bestowed findings congruent with existing literature and some new territories that previous research has not explored.

Social isolation during the COVID-19 pandemic has a significant global impact, especially psychological consequences. The findings from this study are in coherence with the previous studies on re-entry syndrome and the pandemic. When asked about their perspectives on restoring post-pandemic normalcy, it was reported that the pandemic had affected their lives. The majority indicated issues related to mental health deterioration, increased household responsibilities, and increased conflicts with family members. Participants also attributed social isolation/lockdown due to the pandemic, reported increased screen/phone time, reduced outdoor activity, complaints of irregular sleep patterns, decreased physical activity, being preoccupied with thinking about the future and having less social interaction (Plasencia, 2021; Marples, 2021).

Prolonged isolation adversely affects physical and emotional

health, sleep disturbances, and poor metabolism due to less opportunity for physical movement. Participants in the study reported experiencing anxiety, overthinking about the effect of the pandemic on their future lives, and overestimating the risk and probability of getting infected and suffering related loss. Prolonged isolation can restrict natural channels of human expressions and pleasures, thereby becoming depressed and reporting poor subjective well-being (Nardone & Speciani, 2015). During the COVID-19 pandemic, stay-at-home orders have led to significant changes in how people work. One of these changes is an increased dependency on video conferencing to communicate or hold work meetings (Peters, 2020; Thorp-Lancaster, 2020). It is predicted that video conferencing practice is likely to continue even after the pandemic ends (Standaert et al., 2021). Participants in this study were also somewhat comfortable having official meetings in virtual mode instead of going out. The fundamental primary need is to have a sense of safety and enjoy the freedom to move freely in the surrounding world. But when it fails, the individual develops "learned helplessness" that blocks the possibility of change (Rogers et al., 2020; Rossi et al., 2020; Karl et al., 2021).

Participants added that they still feel apprehensive about COVID-19/ Variant infection or spread despite being fully/partially vaccinated and assurances by health organizations and governing bodies. The bitter experience of following social isolation that persists throughout and beyond the pandemic is loneliness and interpersonal disconnection, making people more socially vulnerable (Pietrabissa & Simpson, 2020).

With the onset of COVID-19, enforced social isolation is likely to exacerbate a significant issue in our society (Hughes et al., 2004; Hughes et al., 2017). Death anxiety emerges as a transdiagnostic construct involved in various disorders, such as panic, anxiety, and depressive disorders (Iverach et al., 2014). Studies have found that individuals experience grief and mental health problems due to the death of a loved one (Menzies & Menzies, 2020). The present

study also presented coherent findings. Eisma et al. (2021) found higher grief levels in individuals bereaved due to COVID-19, which indicates that deaths due to COVID-19 could potentially increase the risk of an adverse outcome in terms of grief. Such negative consequences are due to a family member's death, which usually causes emotional shock and trauma to the family members. However, the sudden death of a young and healthy family member due to COVID-19 can subject families to extra shock and distress (Han et al., 2021; Das et al., 2021). The associated experience of guilt originates from a psychological crisis. In the process of adaptation, they face many problems and challenges in the form of psychological shock due to the death of their family members, and their mental health is severely threatened (Mohammadi, 2021).

Implications of the Study

This study addresses the impact of COVID-19 restrictions on the mental cognition of people, their re-entry anxieties, and facets of Cave Syndrome. The study recommends gradual adaptations to the changes demanded by the post-pandemic phase by utilizing specialized counseling to meet individual needs and deploying policies and decisions to help people overcome the Cave Syndrome. The study sheds light on visualizing inspirational, people-sensitive, and economy-driven approaches, which is a defining moment where communities could utilize and even optimize for the betterment of their societal development. The study also seeks to picture and give recommendations for the people who strive to overcome the impact of a challenging COVID-19 pandemic and similar conditions. Furthermore, the study enables policymakers, mental health professionals, and social workers to formulate solutions that would carefully step into the transformation mechanisms needed to help people through their collective experiences and generate preparedness for dealing with such calamities in the future.

Conclusion:

The study explored the lives of Indian adults, found the reasons for

'resisting to return' to the pre-pandemic lifestyle, and gained insight into the impact of the COVID-19 pandemic on their lives. The discussions highlighted the role of social isolation and perceived threat due to the pandemic has led to the making sense of their experience related to Cave Syndrome or re-entry anxiety. The discussions highlighted the probable causes for mental health deterioration and behavioral changes and the characteristics of Cave Syndrome resulting from these unprecedented times.

Limitations and Future Directions:

The unique context of the participants was assessed. Therefore, results can't be generalized for all adult individuals. But results can be generalized to individuals sharing similar circumstances. Furthermore, the study lacks the complete representativeness of the sample because young adults were invited to be a part of this research via social media. The small sample group can be another limitation. During the unprecedented time of the ongoing pandemic, several severely affected people chose not to participate in the study. Yet another limitation of the study was its scope which was limited to individuals living in metropolitan areas and with digital access. The data was collected using a self-constructed online survey. The lack of a standardized questionnaire to understand the effect of the pandemic on participants' mental health and behavior to characterize Cave Syndrome can pose yet another limitation. In addition, the study's findings highlight the importance and need for holistic psychosocial evaluation and intervention for such vulnerable groups.

Further research can look into the intervention approaches required to deal with the distress of such groups in such situations. The characteristics of Cave Syndrome presented can be used to develop specialized intervention plans. These can be useful for mental health professionals and public policymakers.

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WAVES OF PAIN IN A FISHING COMMUNITY IN KERALA - AN ETHNOGRAPHIC EXPLORATION OF DOMESTIC VIOLENCE

Saji J¹, Antony Palackal²

Abstract

Objective: *This ethnographic study aims to explore the experiences and effects of domestic violence on married couples within intimate partner relationships in a closed coastal setting.*

Method: *Through an ethnographic study, the researchers delve into in-depth interviews with female married couples who have been victims of domestic violence; this study seeks to provide a comprehensive understanding of the psychological and social consequences of such violence.*

Results: *The analysis of the ethnographic data reveals critical themes related to female married couples' relationships with their husbands, including Alcoholism, extramarital affairs, irresponsibility, and paranoid behavior. Additionally, the study uncovers the psycho-social challenges faced by the victims, such as thoughts of suicide, feelings of hopelessness and helplessness, anxiety about the future, fear, and insomnia.*

Conclusion: *By shedding light on the intense experiences of domestic violence survivors, this research contributes to a deeper understanding of this pervasive issue and highlights the urgent need for intervention in the community and psycho-social support.*

Key Words: *Domestic violence, Intimate partner relationship, Fishing community, Ethnographic study, Community Intervention, Kerala*

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1. Introduction

Domestic violence is a widespread societal problem that impacts individuals from various cultural backgrounds and societies. It encompasses a range of abusive behaviours, such as physical, psychological, and sexual mistreatment, perpetrated by one partner against another in an intimate relationship. The effects of domestic violence have wide-reaching implications, significantly affecting the welfare and general quality of life of those who experience it. In India, incidents of domestic abuse, as defined by law under "cruelty by husband or his relatives," are reported every five minutes (Nayar, 2010).

Domestic violence involves a pattern of harmful behaviours, ranging from physical, emotional, economic, and sexual aggression to intimidation, isolation, and coercion. It mainly occurs within close relationships, such as marriages, partnerships, or dating relationships. The impacts of domestic violence are profound and harmful, influencing the victim's physical health, work life, and relationships. In India, approximately 66% of married women experience domestic abuse, with 70% of married women aged 13 to 49 facing physical assault, sexual violence, or coerced sexual acts. (Shukla and Singh, 2023).

Typical causes of domestic violence against women in India involve issues like dowry disputes, disagreements with partners, sexual refusal, child neglect, and inadequate care for in-laws. There are cases where female infertility leads to attacks by relatives. In response to these challenges, India introduced the Protection of Women from Domestic Violence Act (PWDVA) in 2005.

This ethnographic research aims to delve into the complex and nuanced experiences of individuals in the fishing community who have endured domestic violence and shed light on the complex dynamics within abusive relationships. It focuses on the impact of domestic violence on women, who are considered to be the weaker section and more vulnerable to such violence.

The leading source of harm among women is domestic violence, which includes both physical and emotional mistreatment. Emotional abuse has a profound effect on the victim's mental health. The objective of this study is to ascertain the difficulties encountered by victims of domestic abuse and get insight into their experiences and struggles, specifically within the fishing community. The fields of social work, sociology, and gender studies are highly important, particularly concerning domestic violence victims, as social workers frequently interact closely with their emotional well-being. Domestic abuse pervades all racial and ethnic communities, as well as all socioeconomic ones. The report also highlights the impact of domestic abuse on children, family members, friends, colleagues, and the wider community (Shukla and Singh, 2023).

Domestic violence is a severe issue in fishing communities in Kerala, India. Several factors contribute to domestic violence in fishing communities in Kerala. One factor is the high level of poverty and Alcoholism among fishermen. Another factor is the isolation of fishing communities, making it difficult for women to seek help.

One factor is the patriarchal nature of fishing communities. Men are typically the heads of households and have much more control over their wives' lives. This can lead to situations where women are afraid to speak out about their abuse for fear of retaliation. Another factor is the economic insecurity of fishing communities. Fishing is dangerous and unpredictable, and fishermen often have difficulty making ends meet. This can lead to stress and tension in the home, which can increase the risk of domestic violence.

Finally, the isolation of fishing communities can also contribute to domestic violence. Fishing communities are often located in remote areas with limited access to resources and services. This can make it difficult for women to escape abusive relationships.

2. Research Question

General Research Question

- ❖ What are the experiences and challenges faced by the women in marital relationships of domestic violence in the Marianad Fishing Community?

Specific Research Questions

- ❖ What are the factors contributing to the domestic violence of women in marital relationships?
- ❖ What physical and psychological effects does domestic violence have on women in marital relationships, including rates of medical conditions like depression and chronic pain?
- ❖ How do cultural and social elements affect the women in marital relationships' decisions to seek help and engage with initiatives aimed at acknowledging and combating domestic violence?
- ❖ How does domestic violence impact the children of women in marital relationships, considering the emotional and psychological consequences, as well as the collateral damage from exposure to domestic abuse?
- ❖ What viewpoints do women in marital relationships hold regarding their encounters with domestic violence, and how do they cope with them?

3. Theoretical and Conceptual Context

The American Psychological Association (APA) defines psychological trauma as an emotional reaction to a disturbing event that can impede an individual's regular functioning. Domestic violence has a profound impact on children, family members, friends, colleagues, and the wider community. In households where domestic violence occurs, children may witness the abuse, become direct victims, or face indirect consequences (Alejo, 2014).

While the Indian Constitution ensures the fundamental right to gender equality, the transformation from the intense oppression of women in the nineteenth century to their equality in the mid-twentieth century was not solely due to technological progress. The status of women in Indian society has been intricate. It is not an exaggeration to propose that the recent strides in women's status in India mirror a return to their position during the early Vedic period (Ahuja, 1998).

Individuals learn to be violent within their own families and communities by observing and imitating those around them. Genetics and illness are not the underlying factors. This behaviour persists because it is effective. Due to the victim's compliance with the abuser's dominance through intimidation and fear, the cycle of domestic violence perpetuates itself. (Alejo, 2014).

According to a survey conducted by the Centre for Development Studies in Thiruvananthapuram, 40% of women residing in fishing communities have been subjected to physical violence by their spouses or partners. Additionally, the study revealed that women living in fishing communities are at a higher risk of encountering emotional and economic abuse compared to women living in different areas (Samuel, 2007).

The primary objective of all types of domestic abuse is to establish and retain dominance over the victim. Abusers employ a variety of strategies to assert control over their spouse or partner, such as dominance, humiliation, isolation, threats, intimidation, denial, and blame (Seeley & Plunkett, 2022).

There are numerous and varied explanations that span the entire country. According to a report by the United Nations Population Fund, over two-thirds of married women in India experience domestic violence. Up to 70% of married women in India, aged 13 to 49, experience physical abuse, sexual assault, or coerced sexual activity. (Alejo, 2014). Occasionally, female infertility might result in victimisation by relatives. In rural communities, domestic

violence against women is primarily driven by the covetousness for dowry, the desire for male offspring, and the addiction to alcohol exhibited by the spouse (Bornstein, 2022).

Domestic Violence Victims and Intimate Partner Relationships

Domestic violence is a pattern of abusive behaviors by one partner against another in an intimate relationship. An intimate partner is a person with whom one has a close, personal relationship. In the context of domestic violence, this includes individuals who are married, living together, dating, and in a romantic relationship (Douglas, 2021). Essentially, an intimate partner is someone with whom one has a significant emotional or physical connection. It is important to note that domestic violence can occur in any type of intimate relationship, regardless of the couple's sexual orientation, gender, or age partners (Douglas, 2021). The study focuses on the domestic violence of female married couples as intimate partners.

Domestic violence continues to occur in India due to three primary factors.

1. Patriarchal society: Despite the emergence of women in prominent positions, India has always been and continues to be a culture dominated by men.

2. Limited knowledge of legislation: Individuals who experience domestic abuse are hesitant to voice their concerns due to a lack of understanding or, more specifically, a lack of effort to educate them about their legal entitlements.

3. Bureaucracy and Fear: When a third party reports incidents of domestic abuse, they are subjected to scrutiny and viewed as an intruder and troublemaker by the community. (Kadam & Chaudhari, 2011).

Acts on Domestic Violence

The Indian government implemented the Protection of Women

from Domestic Violence Act (PWDVA) on October 26, 2005. (Kadam & Chaudhari, 2011). Under the PWDVA, any action, inaction, or behavior of the accused is classified as domestic violence if it: a) Causes harm, injury, or poses a threat to the health, safety, life, limb, or overall well-being (both mental and physical) of the victim. This covers physical, sexual, verbal, emotional, and economic abuse. It involves harassing, harming, injuring, or endangering the victim to force her or anyone linked to her to fulfill an illegal dowry, property, or valuable security demand. Additionally, it includes threatening the victim or those connected to her using the behaviours described in clauses (a) or (b), as well as causing physical or mental harm to the victim in any other way.

4. Methodology

Research Design: This study employs an ethnographic research design, which involves collecting and analysing qualitative data to understand the female married couples' lived experiences. Ethnographic interviews were conducted with six women in marital relationships who have been victims of domestic violence in the Marianad fishing community. The interviews were semi-structured, allowing for flexibility and exploration of emergent themes. The data collected were transcribed and analysed using thematic analysis.

Women in marital relationships: The women in marital relationships in this study were purposefully selected based on their firsthand experiences of domestic violence. The inclusion criteria included being female, having experienced domestic violence within an intimate partner relationship, and being willing to share their experiences. The female married couples' identities are protected through the use of pseudonyms.

Data Collection: Each participant was interviewed individually, ensuring a safe and confidential environment. The interviews followed a flexible guide that allowed female married couples to share their stories and perspectives. The interview questions

focused on the female married couples' relationships with their partners, the factors contributing to the violence, and the psychological and social challenges they faced. Field notes were also taken during the interviews to capture non-verbal cues and contextual information.

5. Analysis and Discussion

Thematic analysis was employed to analyze the interview transcripts and identify key themes and patterns within the data. The analysis involved systematically coding, categorizing, and interpreting the data. Through an iterative process, themes related to the female married couples' relationships, such as Alcoholism, extramarital affairs, irresponsibility, and paranoid behavior, as well as psycho-social challenges, including thoughts of suicide, feelings of hopelessness and helplessness, anxiety about the future, fear, and insomnia, were identified.

Extramarital Relationship and Alcoholism of the Husbands

The analysis of the data revealed that domestic violence had a profound impact on the participant's psychological and social well-being. The respondents shared stories of emotional and physical abuse inflicted by their partners, describing them as alcoholics, selfish, and prone to abusive behaviour. Alcoholism emerged as a common factor contributing to the occurrence of violence. The respondent also highlighted the case of extramarital affairs, where their male partners engaged in relationships outside of marriage, leading to increased violence and strained relationships. Irresponsibility and paranoid behaviour were additional factors that exacerbated the abusive dynamics within the relationships.

Alcoholism emerged as a central theme, significantly contributing to domestic violence. All respondents mentioned their husbands' Alcoholism, which led to both physical and psychological abuse.

The respondent's husband and his family had Alcoholism, leading to daily abuse.

"My husband was an alcoholic, and he was also not very lovable and considerable to me... Slowly, day by day, the situation started to get worse; they started to torture me both physically and psychologically."

The respondent's husband would threaten and abuse her after consuming alcohol. The woman in a marital relationship described severe physical abuse following her husband's drinking.

Extramarital Affairs of Women in Marital Relationships, Irresponsibility, and Paranoid Behaviour

Extramarital affairs were another significant factor leading to domestic violence. The respondent's husband engaged in an affair, leading to severe physical and emotional abuse.

"When I was in the labour room for my first delivery, my husband went from the hospital by saying that I would arrange money and would come back after 2 hours, and from the hospital, he directly went to Karunkulam to his relative's house by taking another woman with him."

The respondent's husband left to live with another woman, leading to emotional detachment and increased violence.

Irresponsibility was a common trait among abusive husbands, leaving the women to bear the family burdens alone. The respondent managed the household alone, even during her daughter's marriage.

"Even during my daughter's marriage, he didn't help me. I suffered all the cruelty and stayed with him for my children."

Paranoid behaviour in abusive partners was evident, often leading to irrational accusations and increased violence. The female married couple was accused of infidelity whenever she went to work.

"When I am going to work, they are saying that I am going in search of men."

The respondent faced violence if she interacted with men in public.

"In the shop, I could not call anyone 'Anna...' 'Chettaa.' If he heard that I was calling anyone like this, he would beat me like anything by saying that I have some relation with those men."

Psycho-Social Challenges

Psychological torture was widespread, manifesting as insults, humiliation, and infidelity. The psychological effect of domestic violence is so severe that the perspective on the lives of these victims may change gradually, leading to a non-caring attitude. Due to the physical and psychological violence, common problems that respondents experienced include:

Thoughts of Suicide, Hopelessness, and Helplessness

Thoughts of suicide were common among the respondents due to the severe emotional and physical strain. The female married couple tolerated abuse for the sake of her children.

"When I think of my life, sometimes I feel like I am ending it. The only reason I am alive is because of my children."

The respondent attempted suicide due to frustration.

Feelings of hopelessness and helplessness were prevalent, with respondents feeling trapped. Respondents expressed a sense of resignation to their fates.

"I bear everything in life because I do not have anywhere to go. My life doesn't have any meaning." "I don't hope my life will change and turn as expected. So I decided to be with the way life goes."

Due to continuous abuse and frustration in life, the victims believe that their condition is their fate. They feel hopeless and find no one will change their lives and hardships.

Many women feel like leaving their husbands, but still, they stay in abusive relationships because the fear of leaving is more significant for them than the fear of staying. In such conditions, they develop a feeling of helplessness.

Anxiety, Fear, and Insomnia

Anxiety about children's futures was a significant concern for the respondents. The respondent was worried about her son's behaviour and future. She said that

“My son is like his father; he is arrogant and short-tempered. Earlier, he used to spend most of his time with family, but now he will not stay in the house; he will always be outside with friends.”

Children are affected by domestic violence, either directly or indirectly. Having children in a violent relationship adds extra stress for women, who often worry about their children's safety. The women also felt anxious about their children's futures. Victims experienced anxiety about their children's prospects, and some of the children exhibited antisocial and abnormal behaviors. Additionally, victims feared their children might follow in their father's footsteps.

Fear was a constant presence, affecting the respondents' daily lives and social functioning. Fear of being attacked led to physical symptoms like unintentional urination. Fear is widespread in abusive relationships. The fear can be of different types. She said that,

“The first reaction that I have when I am worried or tensed is unintentional urinating, which was not there in my early period. Even I had the feeling that something was going to happen when I heard the sound of my elder's sound (son's sound is a high-pitched sound).”

These women in marital relationships face fear throughout life. Some have fears about the abuses and their consequences, and others have fear when they even think about the traumatic event. The fear that they are experiencing now affects their social functioning.

Insomnia was expected due to constant anxiety and fear. The female married couple struggled to sleep at night. The victims were not getting proper sleep at night. They took too long to fall asleep. Even though they fall asleep, they get easily distracted by tiny sounds. A female married couple said,

"At night, I am not at all getting sleep. I think about my future and children and stay asleep. Some days, I will be so tired that I fall asleep."

Another respondent stated, *"On most nights, thinking about all this, I couldn't fall asleep. If I heard small sounds at night, I would wake up, and I wouldn't be able to sleep till morning. I have the fear that someone is coming to attack us."*

However, yet another respondent states that.

"I am not able to sleep at night. If I sleep, I have nightmares, and I will wake up in between the sleep, and after that, it takes a too long time to fall asleep again."

Due to the fear of getting attacked and anxiety about the future, the victims have less sleep at night; they are also experiencing nightmares.

Fear and Physical and Sexual Abuse

Children witnessing domestic violence develop significant fear and anxiety. The respondent's children were afraid of their father and had nightmares. Most of the children experience fear after witnessing the abuse of their parents. They have the fear that their mother will be attacked, and they feel fear of being close to their father—a female married couple said.

"My children had witnessed all types of cruelty that the family is showing me. Many nights, they had bad dreams and woke up crying. My daughter is studying 9th grade and will not sleep at night without me. She will cover me with her legs; she told me that she is afraid of Papa, and he will be coming to beat us at night."

Another respondent stated, *"My children have witnessed all types of cruelty that the family is showing me. Many nights, they had bad dreams and woke up crying."*

The children witness the abuse, and they have a fear of getting attacked. They have only minimal intimacy with the father. Children sometimes face direct physical or sexual abuse. A family member sexually harassed the respondent's daughter.

A respondent stated, *"My daughter was terrified and would not lock the door when she bathed. I would stand outside until she completed her bath. One day, when my daughter was bathing, I worked in the kitchen. After completing my work, I went near the bathroom and saw that my sister-in-law's elder daughter was taking a video of my daughter."*

From the respondents, the researcher understood that children are facing either physical or sexual abuse from the family itself. When the children come in between the parents during the violence, they get physical abuse; sometimes, they may experience sexual violence. In some cases, sexual violence is experienced by other family members.

Psycho-Social Challenges

Significant psycho-social challenges marked the female married couples' experiences of domestic violence. Thoughts of suicide were prevalent among the victims, driven by feelings of despair and exhaustion. The female married couples expressed a sense of hopelessness and helplessness, feeling trapped in their abusive relationships with little perceived agency to effect change.

Anxiety about the future, particularly concerning the well-being of their children, was a constant source of distress. Fear, both of the abuser and the potential consequences of their actions permeated the female married couples' lives. Insomnia further compounded their struggles, with disrupted sleep patterns and heightened vigilance.

6. Findings

The researchers did an in-depth presentation of the ethnographic data and analysis of the domestic violence victims in the fishing community. From the study and analysis of the case, the researcher drew the following significant findings:

Alcoholism: When men in marital relationships consume alcohol, they become violent and act like animals. This led to the physical and emotional abuse of their partners.

Extramarital affairs: When men in marital relationships have extramarital affairs, they feel that their wives are a burden and may even demand a divorce. This can lead to emotional detachment and frustration for the victims.

Husband's irresponsibility: When husbands are irresponsible and do not share the family burden, this can create frustration in women. In some cases, women may decide to end the relationship or even consider suicide.

Paranoid behaviour: Men in marital relationships may use paranoid behaviour to control their victims and make them emotionally weak. When victims are constantly doubted by their partners, they become emotionally detached and frustrated.

Stress and hopelessness: The respondents who were the victims of domestic violence often faced overwhelming stress and hopelessness, leading to thoughts of suicide. This is evident in the respondents, where the victims have attempted suicide multiple times.

Helplessness: The fear of leaving an abusive relationship often outweighs the desire to escape, trapping victims in a cycle of abuse. Respondents exemplify this feeling of helplessness, stating that they are unsure of where to go if they leave their abusive partner.

Acceptance of abuse as destiny: Chronic abuse can lead to a sense of resignation and a belief that their situation is unchangeable. Respondents express this belief, stating that she feels no one can change her life and that her hardships will continue.

Anxiety about children's future: The female married couple victims worry about the impact of domestic violence on their children, who may develop behavioural problems such as substance abuse and personality issues. This is observed in respondents where the children exhibit antisocial behaviours.

Fear and anxiety: The victims of domestic violence lived in constant fear of abuse and its consequences, affecting their social functioning and sleep. Insomnia, nightmares, and suppressing emotions are everyday experiences among the respondents.

Isolation and reduced social interaction: The victims of domestic violence were forced to isolate themselves from family and friends, either by the abuser or out of shame. This could lead to emotional detachment and a lack of support.

Increased reliance on religion: Facing domestic violence could lead to a stronger attachment to religion as a source of comfort and solace. Respondents expressed that their belief in God had increased after enduring prolonged suffering.

Self-reliance: In some cases, domestic violence could foster self-reliance as victims could take responsibility for their lives and become financially independent. Respondents have found ways to earn money and support themselves.

Children who witnessed parental abuse were living in fear of being attacked themselves. They had minimal intimacy with their abusive fathers.

Children experienced physical, emotional, or sexual violence from the abusive parent or other family members. One case shared that her child faced both physical and sexual abuse within the family.

Boys might unconsciously model their fathers' behaviour, such as consuming illegal substances, seeing their fathers' violent character shape their development.

7. Suggestions

Special domestic violence courts should be created and technologically equipped to document victim statements sensitively. Women's commissions require expanded resources, personnel, and enforcement powers beyond referrals.

A coordinated response from the police, administration, and judiciary is needed to address violence against women effectively. The government can utilise NGOs to raise public awareness.

All police stations should have legal assistance cells for domestic violence victims. Police require training to take these crimes as seriously as other offences.

Premarital and postmarital counselling should be standardised to help minimise family breakdowns. Mobile counselling can conveniently support abuse victims.

8. Social Work Implications for Intervention

- **Establishment of Support Centres, Helplines, and Outreach:** NGOs, Government officials, and mental

health workers could create local support centres that provide counselling, legal advice, and emergency assistance for victims. They could develop confidential helplines and outreach programs to assist victims of domestic violence in seeking help without fear of stigma.

- **Training for Law Enforcement and Victim Protection Protocols** Awareness campaigns on the Protection of Women from Domestic Violence Act (PWDVA) should be expanded to ensure women know their rights. Police stations should have dedicated cells with trained personnel to handle domestic violence cases with sensitivity. Provide specialized training for police and legal professionals on handling domestic violence cases sensitively and effectively. Implement strict protocols to protect victims during and after reporting incidents of domestic violence.
- **Counselling Services and Child-Focused Programs:** Social workers need to offer psychological counselling and support groups for survivors to address trauma and build coping strategies. Develop programs that specifically address the psychological and emotional needs of children who witness domestic violence.
- **Skill Development Programs and Microfinance Opportunities:** Implement vocational training and skill development initiatives for women to enhance their economic independence. Facilitate access to microfinance for women to support entrepreneurial ventures, reducing financial dependency on abusive partners.
- **Partnerships and Community Mobilization:** Raising awareness within the community about the harmful effects of domestic violence, gender equality, and the

rights of women can create a culture of zero tolerance for abuse. Programs should also target reducing the stigma around reporting domestic violence.

- **Monitoring and Evaluating and Ongoing Research:** Social workers could establish systems to monitor and evaluate the effectiveness of interventions over time to ensure they meet the community's needs. Design interventions that are culturally sensitive and tailored to the unique dynamics of fishing communities. Encourage further research into the specific needs and experiences of domestic violence victims in fishing communities to inform targeted interventions.

These interventions can more effectively support victims of domestic violence and foster a safer, more supportive community environment (Sabri, Bushra, Rai, Abha and Rameshkumar, Arthi, 2022).

9. Conclusion

The findings reveal that domestic violence has ongoing psychological and social impacts on victims throughout their lives. Effects include hopelessness, insomnia, fear, despair, PTSD, and depression symptoms. Socially, victims withdraw from others. Interventions require coordination across legislation, NGOs, the media, and the police. Simply removing victims from abusive situations is inadequate; proper support services are vital to alleviate psychological trauma and restore social functioning.

It has provided valuable insights into the experiences and consequences of domestic violence on individuals within intimate partner relationships. The findings highlight the detrimental effects of violence on the psychological and social well-being of victims. The analysis revealed critical themes related to female married couples' relationships with their partners, including Alcoholism, extramarital affairs, irresponsibility, and paranoid behaviour. Additionally, the study uncovered the psycho-social

challenges faced by the victims, such as thoughts of suicide, feelings of hopelessness and helplessness, anxiety about the future, fear, and insomnia. These findings emphasise the urgent need for interventions and support services for domestic violence survivors. By amplifying the voices of those affected by domestic violence, this research contributes to a deeper understanding of this pervasive issue and advocates for a more compassionate and supportive society (Johnson, 2023).

More research is needed into intervention strategies beyond essential removal from abuse. Access to comprehensive services can better control impacts and enable victims' fuller societal participation. In summary, this study met its goals in examining domestic violence challenges, highlighting the depth of the resulting personal and social disruptions. Ongoing work must build knowledge and interventions to truly transform victims' life trajectories by addressing trauma and restoring functioning. Coordinated societal efforts are imperative.

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SOCIO-DEMOGRAPHIC AND ALCOHOL USE-RELATED FACTORS ASSOCIATED WITH SELF-ESTEEM AMONG ADULT REGULAR DRINKERS - A CROSS-SECTIONAL STUDY IN SELECTED VILLAGES OF SIVAGANGA DISTRICT, TAMIL NADU, INDIA.

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Abstract: *Objectives: This research work attempts to assess self-esteem (Rosenberg's scale) among alcoholics and to examine its association with selected socio-demographic and alcohol use-related factors. Method: Data was obtained from 306 adult habitual drinkers (men aged 21–60) recruited from 10 villages in the Sivaganga district of Tamil Nadu using a cross-sectional approach. Frequency tables, cross-tabulations (with means, standard deviations, and One-way ANOVA / t-test), and multiple linear regression analysis have been performed. Results: Results highlight that age at onset of alcohol dependence, quantity of alcohol drink, and AUDIT score have demonstrated negative association with self-esteem, whereas educational level and annual personal income have exhibited positive association. While self-esteem is higher among those in joint families and who drink alcohol with a companion, such a score is lower among those who usually drink alcohol in the morning and evening. Conclusion: Self-esteem is primarily associated with both socio-demographic and alcohol use-related factors.*

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Keywords: *Self-Esteem, Socio-demographic Factors, Alcohol Use, Multiple Linear Regression*

Introduction

Among people around the world, the consumption of alcohol is noted as one of the pertinent psychoactive substances. As per the World Health Organization (2018) report, young boys and girls start consumption of alcohol at the age of 15 years or less and around 2016, it is estimated that an adolescent of 15 years old is likely to consume 6.4 litres of alcohol per year, which comes to, an average, 32.8 grams pure alcohol per day. This figure shows a comparatively higher prevalence of consuming alcohol among people (say about 43% of those aged 15+ years) that may result in alcohol dependence. It is also stated to be a significant cause of low self-esteem. Rosenberg et al. (1989) defined self-esteem 'as a positive attitude towards oneself'. It can also be said that there is 'satisfaction and dissatisfaction with oneself'. It is a psychological resource for healthy human development among those who are not taking alcohol and drinking to a limited extent.

The association between alcohol consumption and self-esteem is not clear to a modest extent because alcohol use at times serves as a protection factor as well as a risk factor. Such patterns were observed due to the role played by socio-demographic factors of those drinking alcohol, family environment, and type of populations studied, besides the setting in which research studies were conducted. In view of these intricacies, this research study is planned and executed.

Review of Literature

A considerable number of earlier studies have looked into the association between alcohol use disorder identification test (AUDIT) score / problematic drinking and self-esteem (Rosenberg's self-esteem scale score) of regular alcoholic drinkers. The majority of these studies have established that there exists a negative association/correlation between AUDIT score (or similar scores like the severity of alcohol dependent

questionnaire, SADQ score) and self-esteem. i.e., a higher AUDIT / SADQ score would result in a lowering of self-esteem among different sample populations. They include alcohol dependents (n=60) of two psychiatric centres at Jaipur (Singh & Saxena, 2014), both male (n=517) and female (n=172) problematic drinkers (AUDIT score >8) in Harbin city, China (Zhai et al., 2015), adolescents (aged 18-20 years; n=60) whose AUDIT score is at risk level (8–15) in Chennai city, Tamil Nadu (Suvitha et al., 2017) and also among alcohol addicts (n=36) in Gornja Toponica, Serbia (Mitrovic et al., 2014). Conversely, self-esteem is found to be positively correlated with the drinking behaviour of young adult college students (n=326), especially among White students in the USA (Pedersen et al., 2013); however, a study of in-patients of a de-addiction centre (n=40) in Ranchi, Jharkhand (Tikka et al., 2014) has shown that the self-esteem is not correlated with SADQ score. Further, it is conspicuous to note that a study among American Indian adolescent students (n=3498) from 11 states in the USA (Schick et al., 2020) revealed that intra-personal self-esteem (from intrinsic sources) is negatively associated with alcohol consumption. In contrast, inter-personal self-esteem (from extrinsic sources) is positively associated with alcohol consumption. On the other hand, a systematic review with meta-analysis (8 articles out of 140; published during 2002–2014) carried out by Vázquez et al. (2018) has concluded that “there exists a negative grouped correlation, in other words, higher the alcohol consumption, the lesser self-esteem is”.

Some of the studies have explored the socio-demographic correlates of self-esteem in community-based and alcohol-drinking populations. Frank et al. (2015), in a study among elderly (60+ years, n=201) visiting a hospital in Kermanshah, Iran, noted significant (positive) differences in mean self-esteem scores across their level of education, career, and economic status/income, whereas such score is higher among married than others. Zhai et al. (2015) in Harbin City, China, observed that, among both males and females, self-esteem (mean score) has

increased with their level of education and household income. Further, such a score is higher among married males than single males but is not associated with their age. A study (Dhanalakshmi, 2017) among 53 members who visited a de-addiction centre in Tiruchirappalli City, Tamil Nadu, showed that the mean score of self-esteem is high among those engaged in business as against those doing the private job and coolie work. It was also found that self-esteem positively correlates with age and monthly income, but it is statistically weak. A study by El-Hameed et al. (2019) among infertile male outpatients (n=100) of a university hospital in Egypt revealed that the percentage of respondents classified as 'high & normal' self-esteem is higher in professional workers and employees and those educated beyond the university level as against manual workers and farmers and educated up to lower levels. However, such differences were insignificant across their age groups (<27, 28-37, and 38+ years).

Based on a study of patients (n=200) with alcohol use disorder attending treatment at a de-addiction department of a medical college in Mumbai, Ghorpade et al. (2020) noted that the percentage of those categorised as high self-esteem is somewhat higher among those who studied up to college level and unmarried/widowed / divorced/separated as against their counterparts but lacks statistical significance. Quadras et al. (2020), in their study among 60 patients (aged 36–55) admitted into a psychiatric ward of a Teaching hospital in Bangalore, observed that self-esteem is negatively associated with their age at the beginning of alcoholism and quantity of consumption of alcohol per day, whereas positively with their income. However, self-esteem is not associated with age, education, or occupation. The study by Karki et al. (2021) among older adult participants (60+ years; n=239) in Nepal showed that the mean score of self-esteem increased with an increase in their age (60-64 to 75+ years), whereas similar scores decreased with their level of education. Further, such a score is higher among those engaged in business and labour than those engaged in agriculture and service; however, statistically, all these associations are weak. On the other

hand, there exists a significant positive correlation between ethnicity and self-esteem (lower among Brahmins, higher in social position, as against Dalits, lower in social standing). Orodiran et al. (2022), in their study of mastectomy patients (n=120) at a hospital in Nigeria, observed that the percentage of those with high self-esteem increased with their age group (30-39 to 60+); however, a similar percentage has shown a declining trend with their educational level. Among 150 persons (aged 20–50 years) with obsessive-compulsive disorder (OCD) on treatment at the mental health institute in Dewada, Chhatisgarh, Ranjan et al. (2022) found that self-esteem is positive with their family income, whereas self-esteem is higher among unemployed as against employed. While age, education, and marital status (married) have exhibited positive net effects on self-esteem, the joint family has established a net negative effect, but all these associations are statistically insignificant.

An overview of the review of the above literature highlights that few studies have exclusively focused on self-esteem and its association or correlation with AUDIT score or problematic/risky alcoholic use. On the other hand, some studies have examined the socio-demographic factors associated with self-esteem in different sample populations, viz., alcoholic dependents, de-addiction, and other patients, adolescents, elderly / older adults, etc. However, studies that examined both these factors about self-esteem are scanty. Moreover, the associations of self-esteem with core socio-demographic and alcohol use-related factors are, to a large extent, in the expected direction. However, at times, such associations are mixed or not clear. The present study has been carried out with these research gaps in mind.

Methodology

Objectives

Following are the prime objectives of this study: (i) to understand the socio-demographic characteristics and factors related to alcohol use among adult regular drinkers, (ii) to assess the self-

esteem of adult regular drinkers through a standardised scale and examine its differentials across their socio-demographic and other factors related to alcohol use, and (iii) to identify the principal factors that are associated with self-esteem among adult regular drinkers.

Research Design and Sampling Procedures

The researchers have adopted descriptive as well as analytical (statistical) designs since the data is collected mainly on a cross-sectional basis from those drinking alcohol regularly. For this purpose, ten villages (out of 40 revenue villages) of Tiruppathur Panchayat Union / Block (out of 12 Blocks) are selected randomly (on a lottery basis) from the purposively selected Sivaganga district, Tamil Nadu. Based on a benchmark survey carried out by the researchers in these selected villages, they ascertained that there are 7197 persons consuming alcohol, of which 5700 are social drinkers, and 1497 are adult regular drinkers (21+ years old persons consuming five drinks or more on any day / 15 drinks or more per week), who form as the sample frame for this study. Of these regular drinkers, making use of Krejcie & Morgan's (1970) formula of sample determination, the sample size has been estimated as 306, and these sample regular drinkers have been selected adopting the stratified proportionate (random) sampling technique giving an equal (proportion of) representation to regular drinkers in the chosen villages.

Description of Tools of data collection, Variables and Data Analysis

A structured interview schedule has been developed for this study. By administering the same, information related to the socio-demographic characteristics and factors related to alcohol use and self-esteem has been collected. Data on the self-esteem of sample respondents is gathered with the help of a standardised scale developed by Rosenberg (1965). This is a 10-item Likert scale with responses on a four-point scale – from strongly agree = 3, agree = 2, disagree = 1 to strongly disagree = 0. However, item

numbers 2,5,6,8 and 9 are reversely coded. The pooled scores range between 10 and 30, which forms the dependent variable. In view of this, a higher score indicates higher self-esteem and vice versa. Further, this scale's Chronbach coefficient value (∞) has come to 0.851, indicating that the self-esteem measurement through Rosenberg's scale is satisfactory and reasonably reliable in sample respondents.

The independent (or explanatory) variables used in this study are primarily self-explanatory (Table 1), except the AUDIT score, which has been measured as follows. All the respondents of the present study have been screened for AUDIT scores through a standardised scale, which is brief and flexible, developed by Babor et al. (2001) representing the World Health Organization. The AUDIT scale has 10 questions, with each question having potential replies scored on a scale of 0, 1, 2, 3, or 4, except for questions 9 and 10, which have possible responses of 0, 2, and 4. The possible cumulative scores fall in the range of 0–40. However, in the case of the present sample, such a score range was observed between 8 and 35 (as the respondents are regular drinkers). Hence, based on the pooled scores and according to the WHO, all the respondents have been classified as 'harmful' (score 8–14) 'hazardous' (score 15–19), and 'alcohol dependence' (20–35) levels. According to the original classification, these categories are labelled as 'medium risk', 'high risk', and 'addiction likely (or moderate-severe alcohol use disorder). Cronbach's Alfa (∞) value of this scale emerged as 0.929, which is pretty high. Therefore, the measurement of the AUDIT score among the respondents using the AUDIT scale can be said to be highly satisfactory and reliable.

The data was gathered from the respondents through face-to-face interviews in privacy after getting their informed consent. The data collection was completed in about five months, i.e., April –August 2022. The data was analysed using the software SPSS-AMOS (IBM Corp., 2018), 24.0 version for Windows. Frequency tables, cross-tabulations with means, standard deviations, one-

way ANOVA/t-test, and multiple linear regression analysis were carried out to fulfil the objectives of this study.

Results

Socio-demographic Characteristics and Factors Related to Alcohol Use of Respondents

Table 1: Distribution of Respondents and Mean Scores of Self-Esteem across their Socio-demographic and Alcohol Use Related Factors

Socio-demographic and Alcohol Use Related Factors	%	N	Mean Score of Self-esteem	S. D.	F/t-Value; (d.f.); p-Value
1. Current Age (in Yrs.)					
≤ 35	31.4	96	20.53	3.955	323.517; (2, 303); 0.001
36 – 45	42.5	130	15.98	2.414	
46 – 60	26.1	80	9.41	1.940	
2. Marital Status					
Unmarried	9.8	30	22.00	2.792	7.791; (304); 0.001
Married / Widowed	90.2	276	15.10	4.824	
3. Social Standing					
Scheduled Castes/Tribes	19.0	58	16.88	4.469	5.071; (2, 303); 0.01
Most Backward Castes	38.2	117	16.26	4.618	
Backward Castes	42.8	131	14.66	5.602	
4. Type of Family					
Nuclear Family	62.1	190	14.93	5.094	3.420; (304); 0.001
Joint Family	37.9	116	16.95	4.890	
5. Educational Status					
Up to Middle School	36.9	113	12.18	4.293	66.076; (2, 303); 0.001
High/Higher Sec. School	38.9	119	16.95	4.044	
College & Above	24.2	74	19.04	4.594	
6. Occupational Status					
Wage Labourers & Semi-skilled	26.5	81	15.38	4.409	12.169; (2, 303); 0.001
Agriculture & Business	42.5	130	14.40	5.503	
Employees	31.0	95	17.73	4.781	
7. Annual Income (in Rs.)					
≤ 1,39,999	28.8	88	11.19	3.437	111.763; (2, 303); 0.001
1,40,000 – 1,69,999	39.2	120	15.70	3.616	
1,70,000 +	32.0	98	19.72	4.531	
8. Age at Onset of Alcohol Dependence (in Years)					
≤ 25	28.4	87	17.29	6.142	9.602; (2, 303); 0.001
26 – 30	42.5	130	15.78	4.376	
31 +	29.1	89	14.01	4.473	

9. Quantity of Alcohol Use per Week (in ml.)					
< 1000	34.3	105	17.63	5.775	20.619;
1001 – 1500	24.5	75	16.40	4.259	(2, 303);
1500 & above	41.2	126	13.66	4.182	0.001
10. AUDIT Score					
8 – 14 (Medium Risk)	17.7	54	21.70	3.648	65.194;
15 – 19 (High Risk)	13.7	42	15.07	4.533	(2, 303);
20 – 35 (Addiction Likely)	68.6	210	14.27	4.382	0.001
11. Time of Alcohol Use					
Night Only	25.2	77	17.53	5.462	3.782; (304);
Morning & Evening	68.3	209	15.07	4.387	0.001
12. Alcohol Use with Companion					
No (Alone)	48.0	147	14.24	5.182	4.951; (304);
Yes (With Friends/Others)	52.0	159	17.03	4.663	0.001
Total		306	15.69	5.105	

Information provided in Table 1 illustrates that the average age of the respondents is 39.55 years (Range: 21–60), and a simple majority (42.5%) are 36-45 years of age. As high as 90% of them are married (including a few widowed), more than two-fifths of them (43%) belonged to the Backward Castes, closely followed by the Most Backward Castes (38%), and a large majority of them (62%) are living as nuclear families. A sizeable percentage of respondents (39%) were educated up to higher / higher secondary school level, closely followed by up to middle school level (37%), and the remaining 24% of them have completed collegiate education and above. A little over two-fifths of respondents (42.5%) are engaged in agricultural activities/business, whereas three-tenths of them (31%) are employees in Government and private establishments, and the remaining 26.5% of them are working as wage labourers and semi-skilled workers. The average annual income of respondents is 1.53,145 (Range: Rs. 70,000–2,49,600), and around two-fifths of them (39%) have an annual income of Rs. 1,40,000–1,69,999.

The average onset of alcohol dependence is 29.0 years (Range: 21–45), and a simple majority of them (42.5%) become alcohol dependent at the ages of 26–30 years. The average quantity of alcohol consumed by respondents per week is 1170 ml, and around two-fifths of them (41%) stated drinking 1500 ml and above

alcohol per week; a great majority of the respondents (69%) reported being alcohol dependent (or addicted) status (AUDIT score 20–35). A large majority of respondents (68%) reported taking alcohol mostly both in the morning and evening (at times even both times while engaged in agricultural and semi-skilled works), and more than half of them (52%) used to have alcohol with the company of 'friends and others'.

Magnitude of Self-Esteem among Respondents

Based on Rosenberg's self-esteem scale, the mean self-esteem score of respondents is computed as 15.69 ± 5.11 (last row of Table 1). This magnitude of self-esteem is said to be a little over the average expected score on the scale, i.e., 15.0.

Results of Cross-tabular Analysis on Self-Esteem of Respondents

Results from Table 1 show that respondents' mean self-esteem score is strikingly dwindling with an increase in their current age (from 35 years or less to 46–60 years). Such lessening pattern in the mean score of self-esteem is also well established with an increase in respondents' AUDIT score (8–14 to 20–35), quantity of alcohol drink per week (from 1000 ml & less to 1500 ml above), age at onset of alcohol dependence (from 25 years & less to 31 years & above) and also with an increase in their social standing (caste hierarchy from SC/STs to BCs). On the other hand, the mean score of self-esteem is noticeably on the increasing side with an increase in respondents' educational status (from those studied up to the middle school to collegiate level above), occupational grading (from wage labourers semi-skilled to employees) and their annual earnings/income (from Rs. <1,39,999 to 1,70,000 & above). Further, it is pertinent to note that the mean score of self-esteem is lower among those respondents who are currently married and also among those who are drinking alcohol mostly during morning and evening times as against their counterparts. Conversely, the mean score of self-esteem is found to be on the higher side among those who are part of joint families and drink

alcohol with the company of friends/others as against their counterparts. The one-way ANOVA and t-test results about all these differentials in mean self-esteem scores across their background and alcohol use-related factors have emerged as statistically highly significant ($p < 0.001$ or $p < 0.01$).

Prime Factors Associated with the Self-Esteem of Respondents

Table 2: Determinants of Self-Esteem: Insights from Multiple Linear Regression

Selected Characteristics of Respondents (Explanatory Variables)		t-Value	p-Level
Constant	--	7.471	0.001
Education (Years of Schooling)	0.180	3.573	0.001
Annual (Personal) Income (In INR)	0.373	7.572	0.001
Social Standing (3 Ordinal Categories)	-0.180	-4.778	0.001
Marital Status (Married / Widowed)	-0.007	-0.127	0.899
Type of Family (Joint / Extended)	0.089	2.341	0.05
Quantity of Alcohol Drink per Week (in ml.)	0.218	3.121	0.001
AUDIT Score (Score 8 – 40)	-0.344	-4.634	0.001
Age at onset of Alcohol Dependence (in Years)	-0.132	-2.901	0.01
Alcohol with Companion (Yes)	0.110	2.656	0.001
Usual Time Drink Alcohol (Morning & Evening)	-0.130	-2.590	0.01
R² (in %); N F-Value; Sig. Level		60.8; 306 45.811; 0.001	

In order to identify the significant factors and their independent net effects in influencing the self-esteem of respondents, multiple linear regression analysis has been carried out. However, in the preliminary analysis, it is learned that current age nullifies all the individual effects of other variables on self-esteem. Therefore, it is not included in the model. Additionally, the respondents' occupational status is not included in the model as it has a high correlation with educational status and annual personal income. The data presented in Table 2 indicate that the 10 variables together account for about 60.8% of the variance in respondents'

self-esteem. Further, these results reiterated that the AUDIT score of respondents closely followed by the quantity of alcohol drunk per week, social standing, and age at the onset of alcohol dependence exhibited significant adverse net effects on their self-esteem ($\beta=-0.344$, -0.218 , -0.180 , and -0.132 , respectively; $p<0.001$ for first three and $p<0.01$ for the last one). Similarly, the likelihood of self-esteem is significantly lower among those who usually drink alcohol during the morning and evening ($\beta=-0.130$, $p<0.01$) as against those who used to drink at night only. Likewise, such likelihood of self-esteem is noted as lower among married than their unmarried counterparts, but this finding lacks statistical significance. In contrast, respondents' annual income and educational status have demonstrated significant positive net effects on their self-esteem ($\beta=0.373$ and $\beta=0.180$; $p<0.001$ for both). Equally, it is conspicuous to note that the odds of self-esteem are found to be higher among those who used to take alcohol with a companion ($\beta=0.110$; $p<0.01$) and also among those who belonged to a joint family ($\beta=0.089$; $p<0.05$) as against their respective counterparts.

Conclusion and Discussions

Overall, this study exemplifies that the magnitude of self-esteem of sample respondents (regular alcohol drinkers) is slightly over the expected average level (15.7 in the range of scores 10–30). Self-esteem is seen as a pertinent decreasing trend with an increase in sample respondents (regular alcohol drinkers). This finding appears somewhat contradictory or inconsistent compared to earlier studies. For example, based on a meta-analysis of 191 articles published during 1975–2016, Orth (2018) concluded that typically, self-esteem experiences an upward trend during early and middle childhood, remains stable during adolescence without any decrease, significantly rises during young adulthood, continues to increase during middle adulthood, reaches its highest point between the ages of 60 and 70, and then gradually decreases during old age, with a more pronounced decline in very old age. Few recent studies have also shown a positive association of self-

esteem with age – among alcoholics (Dhanalakshmi, 2017), elderly (60+ years) persons (Karki et al., 2021), and post-surgical mastectomy participants (Orodiran et al., 2022) – and positive & insignificant association among OCD patients (Ranjan et al., 2022).

Some more noteworthy conclusions of this study are the outstanding negative associations of self-esteem with AUDIT score and quantity of alcoholic drinks. These are further supported by the fact that self-esteem is negatively correlated with early age at the onset of alcoholic dependence, which indirectly hints that by becoming alcohol dependent at an early age, such persons are likely to take more quantity of alcohol over a more extended period and thereby, reported to be with higher AUDIT score. Such findings are evident as the sample respondents are regular drinkers whose self-esteem is severely affected by alcohol dependence / problematic drinking, besides more quantity of alcohol intake as seen in some of the earlier studies (Singh & Saxena, 2014; Mitrovic et al., 2014; Zhai et al., 2015; Suvitha et al., 2017; Vázquez et al., 2018; Quadras et al., 2020; Schick et al., 2020). This study also highlighted that respondents who drink alcohol frequently in the morning and evening tend to have lower self-esteem. In contrast, those who primarily consume alcohol in the company of friends or others have shown higher self-esteem. While the former finding may be mainly due to a higher quantity of drinking, the latter one is possibly on account of a restricted (or limited) quantity of taking alcohol in the presence of friends/others and soliciting each other(s) about the need for small amounts of alcohol (such situations mainly occur in social gatherings/functions, etc.).

Socio-demographic variables, too, have shown significant net effects on self-esteem. This study has conclusively established that a higher level of education and annual (personal) income of the respondents would enhance their self-esteem. It is understandable that people who are highly educated and earn moderately higher incomes are mostly better in their standard of

living and get good respect from the people, which they would likely keep up over time; these factors work as positive forces to boost their self-esteem. Moreover, both these factors are, to a large extent, associated with their occupational grading, which is also found to be positively associated with their self-esteem. With a few exceptions, all these findings are mostly consistent with the ones noted in some of the earlier studies (Frank et al., 2015; Zhai et al., 2015; Dhanalakshimi, 2017; El-Hameed et al., 2019; Ghorpade et al., 2020; Quadras et al., 2020; Karki et al., 2021; Ranjan et al., 2022). In addition, this study found that respondents from joint families appeared to have higher self-esteem than their counterparts in the nuclear family. Such a result is possible because members of a joint family are likely to be controlled by other family members to drink to a limited extent besides extending emotional support. This study also showed that married (including a few widowed) respondents have exhibited lower self-esteem than the unmarried. Financial constraints arise due to family maintenance, including rearing children, being forced to earn money for family members, emotionally distant parents, sexual, physical, and emotional abuse from partner (spouse) after some years of marriage, etc., which might be some of the reasons for such finding. Another major conclusion one can draw from this study is that social standing is negatively affecting the self-esteem of respondents, indicating higher self-esteem among SC/STs, who are on the lower side of social strata) as against those who are from the Backward Castes who are said to be modestly at higher in social standing, besides having higher education, occupying higher positions (jobs) and earning reasonably good income. More or less similar findings have also been noted in Nepal by Karki et al. (2021). A few explanations for such higher self-esteem among persons with lower social standing (Dalits or SC/STs) could be that they may have more satisfaction with their present life, have better confidence in their work, and not overthink about their future life.

In view of the findings described above and the conclusions of this study, some of the following suggestions are put forward for

enhancing the self-esteem of regular alcohol drinkers. First and foremost, regular drinkers have to be motivated to lessen their drinking patterns, like taking less quantity of alcohol, besides frequency of drinking. They may be provided with health educational interventions about the pros and cons of alcohol drinking, in addition to not falling prey to alcohol addiction at an early age. A joint family system may be promoted in rural areas through which members of the family would extend moral support and control the regular drinkers to reduce the quantity and frequency of drinking besides inculcating high self-esteem. Strategies may be evolved to provide regular employment so that rural people can earn money and increase their confidence in looking after their families and children. On the research front, there is a need for examining holistic large-scale studies to find out the significant factors and validate the existing findings related to self-esteem's association with socio-demographics and other factors related to alcohol use.

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Perspectives in Social Work

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The book review can include the following aspects.

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- Objective/theme of the book
- Contents/organization of the book
- Intended audience for the book
- Perceived response of the audience/user (would you recommend it to the user)
- Approach of the book (topical/analytical/chronological /descriptive/ biographical)
- Concise summary of contents
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- Remarks on the strengths and limitations of the book, originality, implications for practice, contribution to knowledge, contemporary relevance, applicability to Indian conditions in case of a foreign book, adherence to ethical practices in referencing information)
- Conclusion

A book review could also include:

- A catchy quip/anecdote that succinctly delivers the reviewer's perspective/viewpoint/argument
- Relevant information of the author, where he/she stands in the genre/field of enquiry
- A note (where appropriate) on how well the text is supported by tables/ diagrams illustration
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Points to note when the book is an edited version comprising chapters from many authors:

- Summary of each chapter or section (in keeping with the abovementioned guidelines)
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- Name of the author and related information

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This is an article based on an original research project/study, involving information from primary data sources. Such an article contains the following sections:

- Introduction
 - Description of the subject
 - Critical Summary of available information
 - Background of the research
 - Problem identification / analysis
 - Research questions
 - Rationale for the study
- Methodology
 - Aims of the research
 - Research design
 - Variables
 - Operational definitions
 - Sampling strategy
 - Description of the tools of the data collection
 - Techniques for analysis
 - Limitations of the study, if any
- Discussion:
 - Results of the study: This should include a summarized description of the statistical figures and techniques as well as a concise note on the key findings which could be descriptive or numeric
 - Interpretation of the data in terms of:
 - Validation of the hypothesis
 - Corroboration with cited literature
- Conclusion and recommendations:

This section should include the following

 - Recommendations to improve/remedy the situation
 - Implication for the future research and field practice

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- Introduction:
 - Description of the background and importance of the subject under consideration

- Statement of purpose
- Rationale for the article

- Discussion:
 - Critical review of literature
- Gaps in knowledge/services and emerging area addressed:
 - Intervention methods
- Conclusion:
 - Summary of key points
 - Recommendations

III. Writing an Article based on Field Experiences

This article stems from the experiences of the author. It focuses on a specific issue / problem / project / program that is within the purview of the author's professional practice and is descriptive in nature. It provides details of how the author dealt with the specific issue / problem or implemented the program / project under consideration. An overview of such an article is given below.

- Introduction:
 - Description of the subject under consideration
 - Critical review of relevant literature
 - Problem identification/analysis
 - Rationale for intervention
- Discussion:
 - Details of the problem/issue/program/project under consideration
 - Action plan to improve/remedy the situation
 - Details of implementation of the action plan
 - Critical assessment of effectiveness of intervention
 - Learning in relation to existing theory
 - Limitations and suggested modifications
- Conclusion:
 - Summary of key points
 - Suggestions for future work

Submissions that do not conform to the above guidelines will be returned for modifications before entering the review process.



N.A.A.C 'A' ACCREDITED
With CGPA of 3.53 on Four Point Scale
Valid upto December 31,2024

College of Social Work (Autonomous)

**Nirmala Niketan Institute,
38, New Marine Lines, Mumbai-400 020
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