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Editorial

KAPS is proud to announce its thrust activities in areas concerning the profession. For a first, we have been not only advocating, but spearheading as well, the National Council Bill on Social Work Education thanks to Dr. Ipe Varghese, the General Secretary of KAPS in his position as Convenor for the South India zone for National Campaign, networking with likeminded organisations and persons including Prof. Ghandi Doss, Dr. Vimala Nadkarni, Prof. Sanjai Bhatt, Prof. Murli Desai, Dr. Shewli Kumar, Dr. Helen Joseph and B. Deviprasad. KAPS has participated in number of National-level Zonal Meets since first initiated by NiTIAayog, as well as convened around 30 state and southern regional meetings and are indeed at the threshold of finalising and pushing the same through the Parliament. This author (Sonny Jose) and Dr. Joseph are having responsibility as state coordinator for the campaign in Kerala. The second area is the promotion of research and publication; KAPS had organised several workshops including an international workshop on research publication chaired by Prof. Rudy Roose (Belgium), the Chief Editor of the European Journal of Social Work.

The present issue, the second issue of the KAPS official journal presents five articles on diverse themes to promote eclecticism and alternate thinking, blending the perspectives of both academicians and practitioners. Keeping this in view, we have handpicked articles that may feature personal and political experiences and perspectives, not necessarily the views held by the Journal. Two of the articles travel history and dwell on real but seemingly controversial themes. The other two are conventional discussions on Gerontology and Suicidology. The last theme is a qualitative paper attempting to integrate motivational theories into self-care in Health-care.

The paper titled PSYCHOSOCIAL PROBLEMS OF ELDERLY WOMEN UNDER INSTITUTIONAL CARE by Shilpa Mani explores the psychosocial problems encountered by elderly women under institutional care. The study adopted a descriptive research design. The subjects purposively chosen from

different old age homes in Idukki district, were administered a questionnaire, which also included the WHO-QOL BREF scale. The study indicated that the elderly encountered various psychological issues such as depression, anxiety, stress, loneliness, dementia, etc.; besides they also experienced various social problems such as social isolation and elder abuse as well as economic problems in their late life. This study also suggests that care and the quality of life of elderly under institutional care was better compared to their homes.

The article 'REVISITING YOUTH AND SUICIDE: A QUALITATIVE STUDY' by Riya K. Aniyam, Dency Mary Reji, Francina P. X. & Sonny Jose is a qualitative study regarding the vulnerability of youth to high-risk behaviour. It explores the high rate of suicidality among the youth and interviews attemptees to understand the causal factors of suicide attempts, dynamics of self-harm behaviours and coping strategies.

The article titled 'NOMADIC SUBJECT, CRIMINALISATION AND CATEGORY CONSTRUCTION IN INDIA: ANALYSING THE TRANSITION FROM 'CRIMINAL TRIBE' TO 'DE-NOTIFIED TRIBE' by VikasKeshavJadhav is a historical-cum-contemporary situational analysis of legislative and policy discourse regarding the transition of the category labelled 'Criminal Tribe' during the Colonial-era, to 'De-notified Tribe' (DNT). It examines whether this transition has led to the recognition of the DNTs in response to their historical stigmatisation and marginalisation. He leaves it for the reader to decide whether the changes brought about are substantive.

The article titled 'STATEHOOD FOR VIDARBHA BEYOND ELECTORAL POLITICS: LESSONS FROM SURVIVAL TO FUTURE-PREPAREDNESS' by PradnyasuryaShende, explores the story of the evolution of the demand for statehood for Vidarbha. The descriptive study starts with elections in post-Maharashtra state formation scenario at the behest of the Congress, until the 1970s. The later years witness the involvement of various CSOs and eventually the BJP taking over given the sense of disillusionment that crept in. The paper makes a faint reference to the possibility of using Social Action foisted on the dissent to reinforce the demand for the statehood Vidarbha as a

political response.

The article titled ‘SOCIAL MEDIA USAGE AND FEAR OF MISSING OUT (FOMO) AMONG COLLEGE STUDENTS: A QUANTITATIVE STUDY IN KERALA by Anithamol Babu and Blessymol give attention to the effects of Social media usage among college students which leads to ‘fear of missing out’

THE SATISFACTION OF PSYCHOLOGICAL NEEDS AMONG HEALTHCARE PROFESSIONALS DURING EPIDEMICS: FROM THE PERSPECTIVES OF THE ERG THEORY AND THE ACHIEVEMENT MOTIVATIONAL THEORY, a study by Anithamol Babu and Sonny Jose Chennattusseri Ph.D., is a qualitative study exploring the extent of achievement of psychological needs during the COVID-19, among health-care professionals. The discussion imports the ERG Theory and the Achievement Motivational Theory. It confirms that the need for power, achievement, and affiliation was very well satisfied during epidemics, leaving the health-care professionals to contribute better in caregiving. In contrast, existence needs and relatedness needs among healthcare professionals are only partially fulfilled.

Sonny Jose Ph.D.
Editor

The statehood for Vidarbha beyond electoral politics: Lessons from survival to future-preparedness

Pradnyasurya Shende*

Abstract

In India, the demand for separate statehoods has existed prior to her Independence. Those who became victims of political suitability during and after the linguistic state re-organisation of 1956 raised it in various ways. Based on the available literature and secondary data collected from different sources, the paper explores the journey of demand for Vidarbha state with elections in post-Maharashtra state formation as a guide to future preparedness for political responses. Firstly, the findings show that the trigger of this journey remained the Indian National Congress (INC), known as Congress, until the 1970s. Secondly, concerned local leaders, activists, and cadres across political affiliations, Civil Society Organisations (CSOs), and like-minded individuals supporting independent Vidarbha state had broken Congress monopoly in the 1970s-80s. But, this momentum didn't continue in the following years. Thirdly, a politically motivated gap that has existed since then was bridged by Bhartiya Janata Party (BJP), during the general elections to Loksabha and State Legislative Assembly, 2014. However, these results have only kindled expectations to return to the golden days of statehood for Vidarbha. Fourthly, these altogether have increased the political visibility of the statehood for Vidarbha and taken this demand to another level on the national canvas of electoral politics.

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Keywords: Vidarbha state, political responses, Lok Sabha, State Legislative Assembly, electoral politics

Introduction

Vidarbha contributes to 16.50 per cent of the state gross domestic product (SGDP) of Maharashtra. The SGDP per capita of Vidarbha region is ₹52,282. The development deficit of all sectors taken together for the Vidarbha region stands 48.30 per cent (GoM, 2013; Talule, 2020), and is a consolidated outcome of diversion, inadequate utilisation and non-allocation of development funds. These deficits were ignored and side-lined during different regimes of the state government and added to the backwardness in the Vidarbha region. Hence, it served and continues to be the core to the demand for a separate Vidarbha state.

The demand for a separate Vidarbha state was not part of the party agenda in Congress. At the end of the nineteenth century, it was introduced within the Congress by the vested interest of concerned local leaders, office bearers, activists, cadres, etc. However, this attempt failed to appeal to the masses from the Vidarbha region. It was mainly because of the absence of mass consensus within the Congress and support from the central leadership. However, statehood for Vidarbha was included in the national agenda of Congress by convincing top leaders. As a result, the demand for a separate Vidarbha state was first raised during the 1899 Lucknow Congress (Amrutkar, 2009), pursued in the Annual National Sessions of Congress in the following years. Similarly, Congress has also supported such nationwide demands and provided patronage in the best interest of the national movement.

After the Independence, regional demands had transformed into full-fledged movements for a linguistic state. This was intensified after the formation of Andhra Pradesh in 1953 (Kamble, 2018). Therefore, the Government of India had appointed the State Re-organisation Commission (SRC) under the chairmanship of Justice Fazal Ali in December 1953. The purpose behind this was to suggest a mechanism for state re-organisation in India. The Report

of the SRC (1955) had recommended the 'linguistic' re-organisation of the state. Likewise, it has also suggested the creation of an independent Vidarbha state. Taking cognisance of the matter, the government of India had enacted State Reorganisation Act, 1956, to re-organise the states based on the 'one-state one language' formula. But, Congress did not use the same principle for Vidarbha during linguistic state re-organisation to satisfy the vested interest of leaders from Western Maharashtra. Following this, Vidarbha became part of Mumbai bi-lingual state in 1956, followed by Maharashtra in 1960. Indeed, Maharashtra state has politically transformed over the years and set some unique examples in the history of parliamentary democracy.

The formation of the Maharashtra state has shaken the politics of the Vidarbha region concerning the demand for a separate Vidarbha state and presented various implications. One of those has seen in splitting concerned local leaders, office-bearers, activists, and cadres of Congress supporting demand for separate Vidarbha state into two groups. The first faction that remained loyal to Congress did have a shining political career. Nevertheless, they could not raise the demand for a separate Vidarbha state within and outside Congress due to fear of getting expelled and losing patronage from the central leadership. On the other hand, the second faction has fearlessly raised the demand for separate Vidarbha states within the Congress and built a mass movement outside the Congress. However, their commitment has been seen in bringing statehood for Vidarbha state closer to the election. Subsequently, it has also compelled political parties to consider the statehood for Vidarbha in the election. But, the actual conversance of this failed to appear through election results with few exceptions in the past. Nevertheless, the approach and behaviour of BJP to the demand for a separate Vidarbha state ahead of the general election to Lok Sabha of 2014 was one of the exceptional milestones in this journey.

In light of these undercurrents, the paper explores the history of the demand for the Vidarbha state as a political agenda with specific reference to the post-formation of Maharashtra state for three reasons. The first is to under-

stand the validation of demand for Vidarbha state as a political concern in the general elections to Lok Sabha and State Legislative Assembly. The second is to understand the political sustenance of demand for the Vidarbha state through the lens of social work discipline. The third and final is to showcase the scope for future preparedness through political responses by concerned local leaders, activists, and cadres across political affiliations, CSOs, and like-minded individuals supporting statehood for Vidarbha.

Methodology

This paper is based on the secondary data on the available literature on the demand for Vidarbha state and the backwardness and development backlog of Vidarbha as a part of the ongoing doctoral research study. The results of the general election to Lok Sabha and Maharashtra State Legislative Assembly, 2014, are added to support the central argument. Primarily, the paper aims to explore the journey of making demand for separate Vidarbha state as an election agenda ever since the formation of Maharashtra state. Secondly, the paper attempts to guide concerned local leaders, activists, and cadres across political affiliations, CSOs, and like-minded individuals supporting statehood for Vidarbha to draw inferences for future preparedness in the perspective of the general elections to Lok Sabha and State Legislative Assembly, 2014 in the Vidarbha region. The paper, however, does not consider the contemporary dynamics of the demand for a separate Vidarbha state, the Vidarbha movement and the results of rural and urban local body elections for the analysis purposes.

Findings & Discussion

The Journey of Making Demand for Separate Vidarbha State as an Election Agenda- experiences from post-formation of Maharashtra State

Soon after the Maharashtra state formation, it became clear that Congress would hold on to the demand for a separate Vidarbha state until pressure from people prevailed. However, leaders, activists and cadres supporting statehood

for Vidarbha have worked very hard for this within Congress and outside to build the Vidarbha movement. These included Bapuji Aney, Brijlal Biyani, Ramrao Deshmukh, G.T. Madkholkar, M.S. Kannamwar, etc.

Among the leaders, BapujiAney, a Congressman, and a staunch supporter of the Vidarbha state, put across his stand very vehemently on separate Vidarbha state and questioned Congress for its sceptical stance on the Vidarbha state formation. As a result, Congress did not allow BapujiAney to contest for the Loksabha election in 1962. The Nag-Vidarbha Andolan Samiti had extended support to him in the election. However, BapujiAney won the election with massive votes(Aney, 2016). Indeed, this was one of the initial attempts to prove the political existence of the demand for a separate Vidarbha state within the Maharashtra state and motivated others to take it forward. Therefore, 'Vidarbhavadi Samyukt Aaghadi,' i.e. Pro-Vidarbha United Alliance consisting of Nag-VidarbhaAndolanSamiti, Republican Party of India, People's Socialist Party, Adivasi Sewa Mandal, and Pruthak Vidarbha Sangharsh Samiti, all stepped into the Loksabha and Vidhansabha election with the only agenda of demand for separate Vidarbha state in 1967 (Wasnik, 2016; Aney, 2016b).

After the death of Bapuji Aney, Jambuvantrao Dhote led the Vidarbha movement. People from the region had believed in him. He won the Vidhansabha election from Yavatmal as a 'Forward Block' candidate in 1962, 1967, and 1978. The Nag-VidarbhaAndolanSamiti had supported him during the fifth and seventh Loksabha elections and made him a Member of Parliament (MP) from Nagpur constituency (Aney, 2016b). In another instance, pro-Vidarbha candidate Ram Hedau won the Ramtek seat during Loksabha by-polls held in 1973 (Wasnik, 2016). Meanwhile, eighteen pro-Vidarbha state candidates under the leadership of Jambuvantrao Dhote won the Vidhansabha election in 1984. The winning candidates included Subhash Karemore, Harish Mandhna, ShankarraoBobde, Shivchand Chudivar, Nanabhau Embadwar, and Ram Hedau. Similarly, Nag-Vidarbha Andolan Samiti had won three out of seven Loksabha seats and won more than half of the Municipal Corporations in the region. Jambuvantrao Dhote had protested on the street and put forth an

effective political option in front of people (Aney, 2016b). Besides this, the “Loksabha election from Nagpur constituency was won by candidates who supported and even today support Vidarbha’s statehood. Vidarbha’s statehood has, either directly or indirectly, always have been an election issue for Vidarbha right from 1961” (Aney, 2016a, p.43) onward (see Table 1).

Ever since the formation of Maharashtra state, the journey of demanding a separate Vidarbha state as an election agenda was confronted with certain factors. These are the non-static approach of Congress, including the absence of strong pressure group in the form of Vidarbha movement, ‘convenience’ of political parties, ‘political will’ during different regimes in central and state government, ‘accommodation of vested interest of various entities, etc. This left a gap between the demand for a separate Vidarbha state and electoral politics. Indeed, this is the political contradiction that statehood for Vidarbha has confronted after the formation of the Maharashtra state. The demand for a separate Vidarbha state peaked during the 1970s-80s due to collective and conscious efforts of concerned local leaders, activists, and cadres across political affiliations, CSOs, and other concerned individuals supporting independent Vidarbha state. It has been reflected in the results of the elections during the said period and the failure to go long. Yet, demand for a separate Vidarbha state as a part of electoral politics has travelled a long path.

Currently, change has been reported with the traditional approach of keeping distance from the statehood for Vidarbha in the elections ahead of general elections to Loksabha and Maharashtra State Legislative Assembly, 2014. The BJP has supported the statehood for Vidarbha. Moreover, demand for a separate Vidarbha state was also formally recognised in electoral politics. Indeed, it was the first time to accept the need for the Vidarbha state as agenda for national-level election by national political party.

Changing face of Statehood for Vidarbha ahead of the General Election to Loksabha, 2014

The status-quo of article 371(2) was challenged in the Bombay High Court.

Honourable Bombay High Court delivered a judgment on this matter on March 1, 2013, stating that the directives of the Governor under article 371 (2) are valuable but not mandatory to the state government. The judgement has come just one year before the end of the tenure of the United Progressive Alliance (UPA-II). This verdict disappointed the pro-Vidarbha people and organisations, resulting in rage against the government. By this time, the statehood issue for Vidarbha state had started appearing in a newer form, beyond the Vidarbha movement operating at a local level. Thus, Pro-Vidarbha state people like Ex. DIG Prabeer Chakravarty, Ex. Member of Legislative Assembly (MLA) Vamanrao Chatap, Deepak Nilawar, Ahmed Kadar, and Ram Newale from Shetkari Sanghatana, Vilas Kale, Aashish Deshmukh, Shrihari Aney, Ananaji Rajderkar, Ganesh Sharma, Baba Tarekar and others had organised a protest on August 5, 2013, at Jantar Mantar, New Delhi. The rain had given the national turn to the protest. After this, organisers had a Press Conference at the Press Club for a separate Vidarbha state. Nearly 500-600 people participated in the protest (Aney, 2016b). The purpose behind these attempts was to sensationalise the issue of demand for a separate Vidarbha state and prepare the ground for the electoral defeat of Congress and allies in Lok Sabha and State Legislative Assembly Election in 2014.

By this time, massive mobilisations were carried out against Congress and its national and regional alliance partners on various issues such as demand for a separate Vidarbha state. Indeed, mishandling of this demand by Congress led to generating interest among multiple stakeholders, especially political parties like BJP and other non-political parties, ahead of the Lok Sabha Election of 2014. Thus, the office of Vidarbha Rajya Andolan Samiti (VRAS) opened at Nagpur in 2014. The purpose behind this was to take the Vidarbha movement to another level (Aney, 2016b) ahead of the general election to Lok Sabha and State Legislative Assembly Election, 2014 and get some political benefits in the election for pressure building.

The BJP has won 282 out of 428 contested seats (Verma & Kumar, 2014) with 31.0 per cent votes share in the general election to Lok Sabha, 2014. More-

over, the success per cent and seat share of BJP was about 65.89 and 51.93. It is the first time in history when BJP has won most of the seats on its own. It is the only second time in India that a non-Congress party has succeeded in securing a majority (Loksabha Secretariat, 2014). Similarly, BJP-SHS (Shiv Sena) alliance has won all ten Loksabha seats with 49.7 votes per cent against 31.6 of the INC-Nationalist Congress Party (NCP) alliance (Birmal& Deshpande, 2014) in the Vidarbha region of Maharashtra state (see Table 2).

Thus, BJP led the National Democratic Alliance (NDA), won 336 seats with a 38.3 vote share (Verma& Kumar, 2014), and formed the government in 2014. The BJP's promise of creating a Vidarbha state has also contributed to this. Adding to this, BJP has used this opportunity to prepare for the Maharashtra State Legislative Assembly Election of 2014. Despite this, BJP has emphasised the backwardness of Vidarbha and the need for the Vidarbha state. However, expectations of the people had increased after BJP came to power in the centre. Nevertheless, this faith has once again been reflected in the result of the State Legislative Assembly election. Indeed, this went against the INC-NCP alliance (see Table 3).

Traditionally, Congress has a good support base in the Vidarbha region. But, the electorate of the Vidarbha have refused it and showed faith in the BJP-SHS alliance. The BJP and SHS won 44 and 10 seats respectively in the region. However, Congress won only ten seats. Perhaps, this was the worst performance of Congress ever since the demand for the formation of a state in the Vidarbha. On the other hand, these results have provided avenues for the concerned local leaders, activists, and cadres across political affiliations, CSOs, and like-minded individuals supporting independent Vidarbha state to get activated to track BJP on their poll promise in the following years.

Understanding Future Preparedness of Statehood Demand for Vidarbha beyond Elections from Social Work perspective

Based on the recommendation of SRC (1955), the government of India re-organised states under the principle of 'one language-one state.' This

move has compromised the statehood aspiration of regions within the newly formed states and was not welcomed unanimously across India. In this context, those aspirations were translated into demands for statehood and fuelled by regional autonomy movements. Nevertheless, these regional movements share a connection with social work theory and practice.

These kinds of movements are integral parts of one of the secondary methods of social work called social action, under which social movement is an important means. By definition, the social movement is a collective effort to promote or resist change (Horton & Hunt, 1968). It is in this context, change with political nature is instrumental in the regional autonomy movements. Indeed, an organisation plays a crucial role to bring such intended change. However, each organisation has a specific context behind emergence, function and sustenance guided by theories, approaches and methods.

Theories like 'strain and relative deprivation' provide insights to form organisations in social movements in general and particularly regional autonomy movements. Later, local circumstances decide whether to participate in the autonomy movement. On the other hand, theories like 'Revitalisation', 'Resource Mobilisation' and 'Political Process' theory directs in designing programmes in the organisation. The purpose behind this is to expand and ensure a mass support base within and outside the state. By doing this, a network is built among like-minded organisations and conduct public advocacy when needed. Alongside this, community organisation models such as 'Locality Development', 'Social Planning and 'Social Action' (Rothman, 1970) can be utilised. They aim to empower the local community through involvement in decision-making processes. Likewise, social work principles like 'client self-determination and 'individualisation' can shape people's perceptions about statehood demands. Indeed, these two aspects ensure organisation programme implementation on the ground. Subsequently, taking all these aspects together, political responses are manufactured and disseminated by concerned local leaders, activists, and cadres across political affiliations, CSOs, and like-minded individuals on regional autonomy movements in gen-

eral and statehood for Vidarbha in particular (see Figure 1).

Conclusion

The recommendations of SRC on independent Vidarbha state formation was not accepted during the linguistic state formation in 1956 by the Government of India. Indeed, this act has laid the foundation to re-imagine the statehood for Vidarbha in post-independence and was executed through making statehood for Vidarbha as an election plan and building the Vidarbha movement to raise the demand for a separate Vidarbha state outside the election. Indeed, it was possible due to collective and conscious efforts of concerned local leaders, activists, and cadres cum staunch supporters of statehood for the Vidarbha within and outside Congress, pro-Vidarbha state CSOs, etc.

Their sincerity and commitment towards statehood for Vidarbha have paid well during the 1970s-80s in general elections to the State Legislative Assembly. Similarly, the Vidarbha movement was also at its peak during the said period. But, it never continues to have the same momentum in the subsequent years. As far as election is concerned, despite being critical to independent Vidarbha state, Congress had alone benefited from it. The central leadership of Congress is passing the ball of statehood for Vidarbha to the local leaders without providing them with any legitimate powers.

They served base to build various perceptions about political existence and future of demand for separate Vidarbha state. The opponents often argue that people from the region prefer development over statehood, which has repeatedly been proved in the elections. But, the election does not exist as the only yardstick to prove this. However, the Vidarbha movement has kept the spirit of statehood for Vidarbha alive throughout these years.

The intention behind this was to raise the demand through social-political mobilisation if it did not work as an election agenda. In connection to this, the experience of Jharkhand, Chhattisgarh, Uttarakhand, and Telangana state formation gives these kinds of expressions.

The demand for a separate Vidarbha state as a matter of electoral politics has changed after the Maharashtra state formation. Recently, the stand of BJP on the statehood for Vidarbha before the general election to Loksabha, 2014 has fuelled it. Indeed, it indicates that the new political phase of the demand for a separate Vidarbha state has begun. However, it would be quite early to argue that the electoral politics on demand for separate Vidarbha has produced viable political alternatives like national political parties like BJP. Such experiences work as guidance to the concerned local leaders, activists, and cadres across political affiliations, CSOs, and like-minded individuals supporting independent Vidarbha state to introspect, retrospect and design political responses accordingly. Nevertheless, the formation of an independent Vidarbha state has always remained a matter of political will.

Notes

1. It is one of the five administrative regions of Maharashtra state in India and comprises eleven districts and two revenue divisions such as Nagpur and Amravati. The other four regions are Marathwada (Aurangabad Division), Konkan (Konkan Division), North Maharashtra (Nashik Division), and Western Maharashtra (Pune Division).

2. House of People and the lower house of India's bicameral parliament.
3. The lower house of bicameral legislatures in states and union territories.
4. Marathi nomenclature to the State Legislative Assembly

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Table 1

MP of Nagpur Loksabha Constituency (1962 to 2009)

Sl No	Name	Political party	Year	Total votes secured	Votes (in %)
1	MadhaoShrihariAney	Independent	1962	131740	40.53
2	N.R. Deoghare	INC	1967	129736	36.56
3	JambuwantraoDhote	Forward Block	1971	125552	37.09
4	GevAwari	INC	1977	172010	44.55
5	JambuwantraoDhote	INC (I)	1980	246397	53.85
6	BanwarilalPurohit	INC	1984	293739	52.99
7	DattaMeghe	INC	1991	274448	45.97
8	BanwarilalPurohit	BJP	1996	353547	45.45
9	Vilas Muttemwar	INC	1998	486928	57.41
10	Vilas Muttemwar	INC	1999	424450	52.38
11	Vilas Muttemwar	INC	2004	373769	47.17
12	Vilas Muttemwar	INC	2009	315148	41.72

Source: Aney, 2016a, p.44; Election Commission of India, n.d.a.

Table 2

The Vidarbha Region-based Constituency wise Result of the General Election to Loksabha, 2014

Sl No	Name of Loksabha constituency	Political party	Total votes secured	% of Vote secured	
				Over total electors in the constituency	Over total votes polled in the constituency
1	Buldhana	SHS	509145	31.91	52.01
2	Akola	BJP	456472	27.29	46.64
3	Amravati	SHS	467212	28.97	46.51
4	Wardha	BJP	537518	34.36	53.03
5	Ramtek	SHS	519892	31	49.48
6	Nagpur	BJP	587767	30.92	54.13
7	Bhandara-Gondiya	BJP	606129	36.61	50.62
8	Gadchiroli-Chimur	BJP	535982	36.5	52.11
9	Chandrapur	BJP	508049	28.97	45.77
10	Yavatmal-Washim	SHS	477905	27.23	46.25

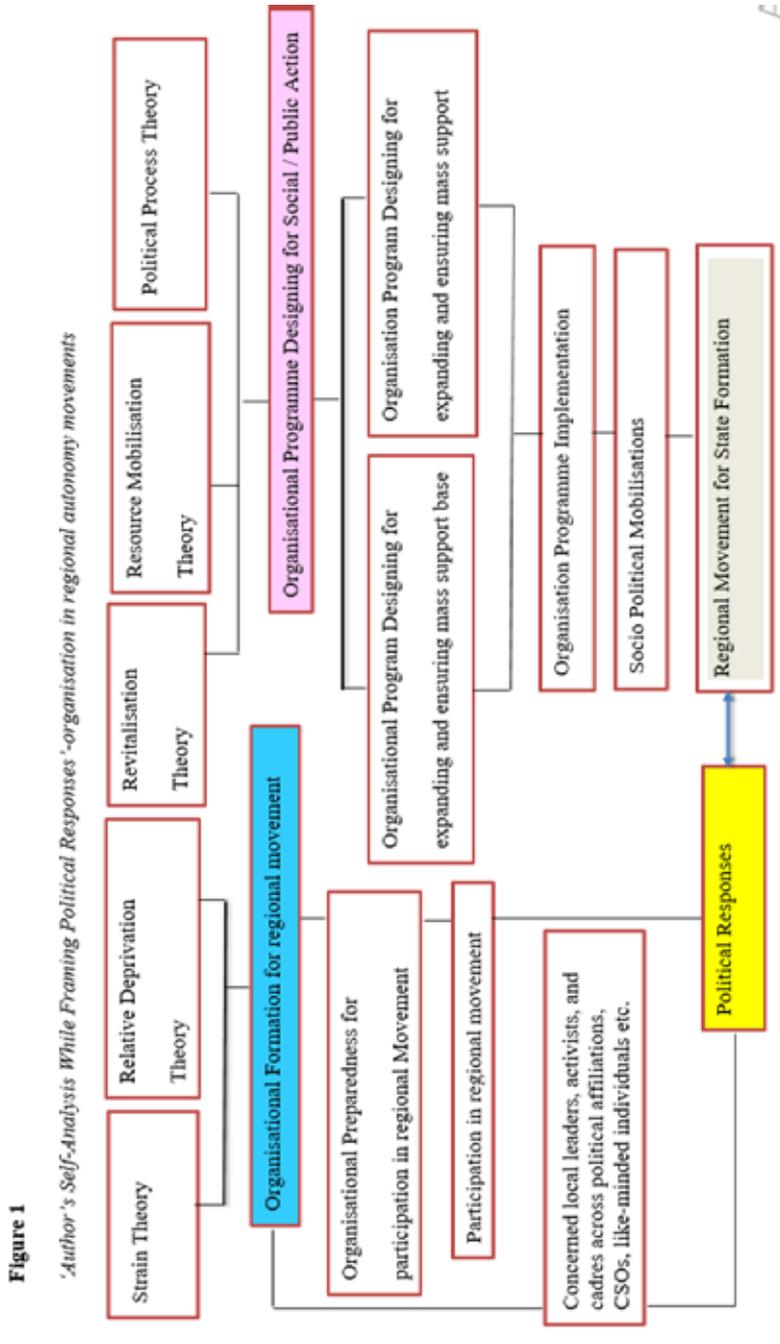
Source: Election Commission of India, n.d.a.

Table 3

The Vidarbha Region-based Constituency wise Result of the General Election to Maharashtra State Legislative Assembly, 2014

Sl No	Division	Name of district	Total number of State Legislative Assembly constituency in the district	Political party-wise seat win				
				BJP	INC	NCP	SHS	Others (independent, registered- unrecognised party, state parties- other states)
1	Nagpur	Nagpur	12	11	1	0	0	0
2		Wardha	4	2	2	0	0	0
3		Bhandara	3	3	0	0	0	0
4		Chandrapur	6	4	1	0	1	0
5		Gadchiroli	3	3	0	0	0	0
6		Gondiya	4	3	1	0	0	0
7	Amravati	Amravati	8	4	2	0	0	2
8		Akola	5	4	0	0	0	1
9		Yavatmal	7	5	0	1	1	0
10		Buldhana	7	3	2	0	2	0
11		Washim	3	2	1	0	0	0
Total			62	44	10	1	4	3

Source: Election Commission of India, n.d.b.



Nomadic subject, criminalisation and category construction in India: Analysing the transition from 'Criminal tribe' to 'De-notified tribe'

Vikas Keshav Jadhav*

Abstract

De-notified Tribe (DNT) in India emerged as a category for recognising the sections of nomadic society that were converted into a 'Nomadic Subject' as 'Criminal Subject'. The Colonial Rule administered the labelling of 190 communities as criminals through Criminal Tribe Act (CTA), 1871, followed by various amendments, which inferred that they were delinquents by birth and practised crime as a profession. In post-colonial India, in 1952, the repeal of CTA took place. It officially de-notified the nomadic groups, which were criminalised by the British. However, the presence of DNTs in society still stigmatises their identity as criminals in contemporary India. Given the mentioned scenario, the article studies the transition of the category 'Criminal Tribe' to 'De-notified Tribe' and further examines whether this transition has led to the recognition of the DNTs in response to their historical stigmatisation and marginalisation. The paper mainly provides a historical and contemporary situational analysis of legislative and policy discourse through examining the statutes, statutory bodies' reports, some prominent examples in the public domain and selective literature analysis.

Keyword: Nomadic Subject, Criminal Tribes, De-notified Tribe, Recognition, Stigma

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De-notified Tribes are the sections of the nomadic society of India which have got little recognition as compared to the administrative categories such as Scheduled Caste, Scheduled Tribe, Other Backward Classes and very recently, the Economically Weaker Section. Among these communities, some pose tribal characteristics, and some also are victims of the economic and cultural supremacy of the caste system in India. However, the widespread project of labelling 190 communities as 'criminal tribes' was administered by the Colonial Rule. This makes them one of the most marginalised sections of Indian society. As per Renke Commission Report (2008), their approximate population based on 1931 census and some other relevant data can be estimated between 10-12 crores; however, there is a need of proper census enumeration.

To trace the history, it was understood by the British Government that the pastoral groups, the itinerant traders and other unsettled communities were different from the settled agricultural groups. Such wandering communities, for the British, could not be located within the defined social, economic and administrative slots. Therefore, they were sited as aberrant characters within the predictable and tractable human settings and had to be restricted through the legal and penal institution for 'Law and Order' maintenance (Dandekar, 2009). With such rationale, the Criminal Tribes Act (CTA) came into existence in 1871, gradually targeting around 190 communities as criminal tribes, implying that these communities were criminal by birth and practiced crime as a profession (CTA-1871, 1908, 1911, 1924). The said law gave the colonial administration power to brand, punish severely, forcibly segregate and sedentarise certain nomadic groups (Dandekar, 2009)).

After the independence, the CTA was repealed with De-notified Tribe (DNT) Act, 1952. Thus, in postcolonial India, after the repeal of the CTA, the new category 'De-notified Tribe' came into existence as a new label for the communities that were notified as criminal tribes during colonial rule. However, the presence of DNTs in the society still stigmatises their identity as criminals in contemporary India.

Problem Statement

The repeal brought the DNTs out from the settlement colonies where they were forced to get settled, but the stigma of criminality on their identity and lack of livelihood did not allow them to get back entirely to nomadism nor to incorporate themselves with the larger society through settling along with the other settled communities. They are still considered criminals by state apparatuses such as police and the so-called mainstream society, no matter what identity the state has provided to them after de-notification. In contemporary context, one can witness the situation empirically, where the colonial state's legal identity (Criminal Tribe) is understood as their original identity. Such situation provides a scope to examine the colonial perception and construction of the category 'criminal tribe' and its further transition to 'de-notified tribe'.

Methodology

The paper is largely derived from one of the sections of the PhD work of the scholar. It does a historical and contemporary situational analysis whereby historically the focus is on understanding colonial construction of 'criminal tribes'. In contrast, the contemporary aspect largely deals with postcolonial interventions since the de-notification of CTA and the recognition of recognition DNTs. In view of the above the study has been conducted through qualitative methods such as collating and selective literature analysis from the field of social sciences, document analysis of the legal statues and statutory bodies/government commissions' reports and bringing in light some examples of DNT issues in public domain.

Results

Colonial Perception towards Nomadism in India

There exist numerous reasons regarding why the British administration in India subscribed to the thought of criminalising certain sections in order to administer and govern Indian society. One of the most popular discourses that emerged relates to the changes in the colonial policies which took place

post 1857-58 rebellion or the Sepoy Mutiny. Though the 1857 rebellion is mainly considered to be led by the princely state rulers, it was also supported by various tribal groups (Bokil and Raghavan, 2016). The British administration had therefore formed an official perception of these groups as “predatory, “savage”, “uncivilised” and “violent” (Bokil and Raghavan, 2016).

Subsequently, through forest regulations since 1865 that further led to the passing of the Indian Forest Act, 1927, the British began claiming control of the colonial State over the forests and its produce, which brought them in clash with the forest dwelling groups and other communities which were traditionally dependent on forests, which included tribal groups as well as many nomadic communities (Gadgil and Guha, 1992). These conflicts resulted in locating the nomadic and the hunting communities on the derogatory side of the legal framework of the colonial administration. This also led to the loss of their livelihoods. Moreover, the justification for criminalisation of these communities was carried out based on the reasoning that if primitive communities lost their legitimate livelihoods because of new interventions, they would have no other option but to survive by engaging in criminal activities (Radhakrishna, 2001).

Furthermore, the British colonial administration's encounter with the phenomenon of nomadism had been in the context of the gypsies, who were seen as deviant with criminal traits. They replicated same social construct on the Indian nomadic groups and took similar measures in India through criminalisation (Radhakrishna, 2001, Bokil and Raghavan, 2016). They were suspicious about the nomadic phenomena in itself, as their constant movement made it difficult to trace them and these communities were found to be repellent towards the decisions imposed by the administration (Rana, 2011). They were thus criminalised through CTA, 1871.

Above scenario suggests that there was not a single reason that led the British to criminalise the nomadic groups, but it was multiplicity of constructed colonial rationalities. Such an approach further suggests that the colonial project of criminalising nomads was multi-dimensional wherein parallel

discourses were created, for instance, reformation and the civilising mission for tribal development, wildlife conservation, administrative procedures, etc. Such cumulative colonial reasoning, at different stages, led to the different mechanisms of criminalisation the nomadic groups in India.

Constructing ‘Criminal Tribe’

Prior to the discourse on criminal tribes, the British administration began with a focus on the notion of the ‘thug’ and ‘thuggee’, addressing the collective crime phenomena in Indian society. The Magistrate of Etawah (in Uttar Pradesh), Thomas Perry, during 1808, had witnessed the existence of gangs engaged in executing attacks in the area (Lloyd, 2006). In order to counter the thuggee phenomena, this period witnessed the creation of the Thuggee and Dacoity Department in the Northern India (Singha, 1993). Subsequently, in the Central Provinces, W. H. Sleeman, in-charge of the Thuggee and Dacoity Department, Jabalpur, accelerated the operation of the department through expanding surveillance and conducting trials against the so called thugs (Schwarz, 2010). The institutional arrangement through departmental provisions also led to knowledge creation regarding thuggee as a unique criminal tendency as a social characteristic of India, thus establishing the ground for the need for a special legislation called ‘Anti Thuggee Act, 1836’ to counter such crimes and criminal groups (Singha, 1993). A series of such legislations since 1836 not only expanded the domain of the Thuggee and Dacoity Department and constructed a discourse on thuggee, it also culminated in a discourse on criminal tribes or criminal communities, creating the foundation for legislating the Criminal Tribes Act (CTA) of 1871 (Bhattacharya, 2020).

The process of criminalisation also finds its root in the feature unique to India that is application of the caste phenomena to categorise criminal tribes. Post the 1857 rebellion, the colonial enterprise began providing enormous significance to caste as a prime unit of social classification of Indian society. The colonial State generated and viewed anthropological knowledge not just to understand and control the Indian communities better, but also to legiti-

mise their administration and rule (Cohen, 1996). During the initial period of the British rule in India, with regard to information gathering and knowledge generation of different groups, there was influence of caste elites of the sub-continent (Cohen, 1996; Dirks, 2001). This led to the categories such as caste becoming necessary and appropriate for ethnographic description and it acquired a canonised and formalised status in colonial documentations. Moreover, by the end of the nineteenth century, the systematisation of the colonial official knowledge regarding India led to standardisation of ethnology as a subject matter (Dirks, 2001). Since 1872, the task of generating information regarding caste was invested in the census operation. While the uniform application of the caste phenomena to major Indian communities made caste as the major entity of analysis to study the features of the Indian social structure, it created confusion through applying caste to the communities which had distinct or mixed characteristics of caste and other distinct social units. The categorical formation of the notion 'criminal tribe/castes' appears to be the product of the above described colonial manipulation of caste, wherein a case was developed that if certain communities were found to be engaged in crime, it was rational to consider in a caste driven society that their criminal occupations were hereditary in nature. As James Fitzjames Stephan (1871) testifies before the legislature when judicial apparatus of control of the criminal castes was being brought in place:

“Traders go by castes in India: a family of carpenters now will be a family of carpenters a century or five centuries hence, if they last so long.... If we only keep this in mind when we speak of “professional criminals,” we shall then realise what the term really does mean. It means a tribe whose ancestors were criminals from time immemorial, who are themselves destined by the usages of caste to commit crime, and whose descendants will be offenders against the law, until the whole tribe is exterminated or accounted for” (Governor-General of India 1871:419-420 as cited in Tolen, 1991).

The above scenario suggests that there existed a system which perceived the social positions of the nomadic groups before CTA came into existence.

Eventually, in a due course of time, a detailed account of the deviant lifestyles, illegitimate occupations, and unexpected and abnormal cultural practices of many communities were constructed by British administration paving the way to the creation of colonial 'body of knowledge' regarding the category 'criminal tribe'.

Since 1871 a legislative discourse was introduced through series of criminal tribe acts. The initial act provided authority to the local Government to tag groups of people as criminal, with the permission from the Governor General in Council (CTA, 1871). It was initially made applicable to the northern part of Indian and was further extended to Bengal province. In 1897 an amendment was introduced that impressed on having the provision of separate reformatory settlement for the minors of the criminal tribe adults (Munshi, 1939). Compulsory fingerprinting and stricter punitive measures were some of the crucial characteristics of this act (Technical Advisory Group Report, 2006). In 1908, Criminal Settlement Act was introduced to have reformatory settlement colonies for families of criminal tribes, managed by Salvation Army. Salvation Army was a religious missionary group who was given charge of many Settlement Colonies where the so called Criminal Tribes were made to settle (Radhakrishna, 2001). Moreover during the same year the act was extended to the Bombay Presidency.

In 1911 another amendment replaced the 1871 act and became applicable as All Indian Criminal Tribe Act. It introduced stringent punishments targeted the notified criminal tribes through executive actions and denying access to common law (CTA, 1911).

Furthermore, in 1924, a final all India amendment was announced to the CTA which incorporated all the acts and was comprehensively made applicable (CTA, 1924). It provided freedom to the regional and local governments to make management rules and regulations to implement the legislation (Technical Advisory Group Report, 2006).

The above legislations at the macro level expanded its domain from one

region to another and one community to another. Further at the micro, it expanded its realm from individuals to their families and children and ultimately segregated them from society. Such a framework comprehensively criminalised around 190 communities and constructed a rigid stigma that they are criminals by birth and practiced crime as a profession in the larger society. Moreover, the provision of settlement colonies also forcibly sedentarised the nomadic communities.

Postcolonial transition from 'Criminal Tribe' to 'De-notified Tribe'

In response to the mentioned history of stigmatisation and discrimination, it is expected that the process of recognition of De-notified Tribes to have de-notification of the legal statutes that labeled them as criminals, exclusive constitutional categorisation for their identification, reservation provisions and protective measure towards prohibiting the social practice of criminalising these communities. Hence it would be crucial to see what kind of process of recognition did the post colonial state actually followed to target the historical discrimination of the DNTs.

A chronology of the amendments in the Act and Commissions is presented below:

1. Ayyangar Committee Report, 1949-1950: The Committee provided the list of around 190 notified criminal tribes (Ayyangar, 1950). It further recommended the repeal of CTA 1924 (Ayyangar, 1950, p.106). This led to the national level repeal of the CTA on 31st August 1952, ie – after five years of India's independence.

2. Kakasaheb Kalelkar Committee Report, 1953: This was the first Backward Classes Commission appointed on the 29th January 1953. It recommended that the former 'Criminal Tribes' should not be called as 'Tribes' and the name 'Criminal' or 'Ex-criminal' should not be attached to them. Rather, they should be called as 'De-Notified Communities' (Kalelkar, 1953). The Committee further recommended the 'assimilation' of these communities

into the mainstream and tried to end their isolation. The Kalelkar Committee also took special note of the 'wandering communities' and recommended their proper rehabilitation and providing them facilities towards a 'settled life' (Kalelkar, 1953).

3. Lokur Committee Report, 1965: It was mainly constituted as an advisory committee for the revision of the Scheduled Castes and Scheduled Tribes list. The committee had given quite favourable recommendations with regard to DNTs. It was aware of the anomalous situation of the communities being listed as SC in one State and as ST in another. The Committee understood, 'this anomalous classification to have had its origin in the fact that members of the de-notified and nomadic communities possess a complex combination of tribal characteristics, traditional untouchability, nomadic traits, and anti-social heritage' (Lokur, 1965). Hence, the Committee's remarks on De-Notified and Nomadic Tribes were quite interesting. In defining them as De-Notified and Nomadic Tribes, the Lokur Committee recommended that it be more scientific to refer them as 'communities' (Lokur, 1965). The committee recommended that these communities be in the best interest if they are taken out from the lists of Scheduled Castes and Scheduled Tribes and treated exclusively as a distinct group, with schemes specially designed to suit their principal characteristics (Lokur, 1965).

4. National Commission for De-Notified Nomadic and Semi-Nomadic Tribes, 2005-2008 – The commission also known as Renke Commission gave 76 recommendations. To highlight most important, it strongly emphasised on doing proper enlisting of the De-notified Tribes and putting them under a new schedule, as parallel to that of SC/ST/OBC (Renke, 2008). Further it also talked about the formulation of new category to be supplemented with two provisions – 1) separate reservation provisions in education and employment and electoral politics in order to ensure their socio-economic mobility and political representation, 2) Extend the provision of SC/ST atrocity act to the DNTs as well, in order to have a mechanism to counter the kind of violence

and discrimination faced by them (Renke, 2008).

5. National Commission for De-notified Nomadic and Semi-Nomadic Tribe 2015, known as Idate Commission, who prepared its report in December 2017 gave twenty recommendations, moreover it supported the recommendations of 2005 DNT commission. It also emphasised on having a permanent commission, separate department and directorate for DNTs (Idate, 2017). Moreover, it also recommends for the census i.e 2021 census, to have proper caste-based counting of DNTs and bring all of them at least under SC, ST or OBC. According to the committee, DNT groups also fall outside these three categories (Idate, 2017).

At this juncture, the Union Cabinet has approved – 1) the setting up of a Committee under the Chairpersonship of Vice-Chairman-NITI Aayog which will complete the process of identification of the De-notified, Nomadic and Semi-Nomadic Communities (DNCs) that have not yet been formally classified 2) constitution of Development and Welfare Board for De-notified, Nomadic and Semi-nomadic Communities (DNCs) under the aegis of Ministry of Social Justice and Empowerment to implement development and welfare programmes for De-notified, Nomadic and Semi-nomadic Communities. Moreover, for the first time in the Indian history, one could see specific allocation in the name of the DNTs in 2020-21 budget, however the funding allocation continued to be 'pinched' from the OBC funds .

In view of the recommendations of the above mentioned statutory bodies it can be said that the recommendation were always given in the direction which emphasised on comprehensive recognition of De-notified Tribes of India in response to the history of their stigmatisation and oppression, however it is found that the implementation of these recommendations at the national level mainly happened only in terms of De-notification, whereas the constitutional categorisation, exclusive reservation and protective and developmental measures did not happen as recommended and hence the process of recognition of these communities remain incomplete. The Constitution Review Committee in 2002 also reminds about the commissions addressing the issue

of recognition and the problems of De-notified Tribes, and addresses the issue of no steps taken towards the fulfillment of those recommendations mentioned in the reports (Venkatachaliah,2002). This actually highlights the issue of less political representation of these communities, had there been any political representation of the DNT communities at large their issue would have come into the prime agenda of the Government as well as the political parties.

Reflecton and Discussion

In the independent India, based on the recommendations of Ayyangar Committee Report (1950), the national level repeal of the CTA took place in the year 1952, however, the same committee had also recommended for having provision of Habitual Offenders Act. This provision again targeted the people of the communities which were de-notified from the CTA.Hence, though the repeal officially decriminalised the De-notified Tribes, their identity even in contemporary times is understood as criminal by the state machinery such as police. In addition other legislative discourses Indian Forest Act, 1927, beggary prevention laws, the wildlife protection law, law to prevent of cruelty to animals reproduced and imposed the stigma of criminality on livelihood practices and so their identity too. .Moreover, this stigma of criminality on them also prevails as a social phenomenon.

The de-notification officially allowed the criminal tribes to become citizens of the country; however their exclusive categorisation in consideration with their history of criminalisation initially never happened. In total, as per the Idate Commission Report (2017), the number of DNTs that fall under SC category are 160, under ST are 27, under OBC are 156. However, despite being thus categorised, welfare measures meant for the SC/ST/OBC communities are of little use considering their singular backwardness characterised due to nomadism and criminal stigma. In contemporary times very few and that too in rare states such as Maharashtra and Tamil Nadu some have got the exclusive status of VJ (Vimukta Jati) for 14 communities and MBC (Most Backward

Sources: <https://www.indiabudget.gov.in/doc/eb/sbe92.pdf>

Class) for 68 communities respectively. and under exclusive category are 82 (under VJ and MBC) (Idate, 2017). Whereas, 94 DNTs are not included in any of the lists (Idate, 2017). Furthermore, the problem of recognition becomes more complicated in the context where the same community is categorised differently in different states.

Though the repeal officially decriminalised the De-notified Tribes, their identity even in the contemporary times is understood as criminal by the state machinery such as police. Moreover, this stigma of criminality on them also prevails as a social phenomenon. To provide few examples –

- Case – Ankush Maruti Shinde v/s State of Maharashtra - On 5th March, 2019 Supreme court acquitted 6 death row convicts on 05.03.2019, after 16 years of imprisonment, and has directed reinvestigation of the crime committed in June 2003.

- On 12th January, 2020, in the Madhya Pradesh Public Service Commission (MPPSC) preliminary examination question paper, the Bhil tribe was referred to as 'criminal-minded' and engaged in immoral and illegal activities.

- On 2nd August, 2016, the Lieutenant Governor of Puducherry tweeted a statement – “Ex-criminal tribes are known to be very cruel. They are hardcore professionals in committing crimes. Rarely caught and /or convicted...” Later on she also apologised for her statement.

- On 13th May, 2020, a father and two sons of a Pardhi family were murdered by the dominant caste group in Beed, Maharashtra over land dispute.

A decade after condemning to death six nomadic tribe members for murder and rape, SC finds them innocent - The Hindu

Supreme Court Judgement - Ankush Maruti Shinde . vs State Of Maharashtra on 5 March, 2019 (indiankanoon.org)

Madhya Pradesh Exam Paper Calls Bhil Tribe “Criminal Minded”, “Alcoholics”, Stir Controversy (thequint.com)

NGOs protest Kiran Bedi tweet on 'ex-criminal tribes' | Jaipur News - Times of India (indiatimes.com)

Father, two sons from Pardhi tribe murdered in Beed over land dispute: Police | Cities News, The Indian Express.

Maharashtra: Three Pardhi Men Killed for Asserting Their Land Rights (thewire.in)

Being such situation, the National Crime Records Bureau (NCRB) who publishes data on atrocities against Scheduled Castes and Scheduled Tribes, does not have any provision of having separate data that would help to assess the rate and nature of violence and other forms of atrocities of which the members of de-notified tribes/communities become victims. Moreover, not all DNTs are part of SC or ST category, therefore the provision of SC and ST (Prevention of Atrocities) Act 1989, does not become applicable to all.

With regard to the commissions it becomes quite complicated to understand why most of the commissions mainly had a task of enlisting the communities when Ayyangar Committee itself has given the list of 190 communities of ex-criminal tribes.

Also, the situation can be witnessed that most of the communities are either part of the SC, ST or OBC category in the post-colonial context. In such cases a sub-category can be thought of within the these categories for DNTs with separate fund allocation for their development, however, one will have to think of how to bring DNTs which come under OBC category under the ambit of Prohibition of Atrocities Act, as there are cases of serious discrimination and violence as similar to that of the SCs and STs.

Moreover, there are also cases wherein the DNTs consider themselves distinct from SCs and STs. Hence, in such case, either separate or consolidated with other groups, DNTs require a special attention for their effective recognition in response to the history and present of their stigmatisation, exclusion and precarious state.

Conclusion

In the post independent context except the repeal of the criminal tribe act there exist no comprehensive legal intervention recognising the identity and problems of DNTs. The kind of initiatives which can be witnessed are mostly in terms of constituting temporary statutory bodies/commissions whose role largely remained limited to study and evaluate the condition of the groups and

provide recommendations. However the decision of the implementation of those recommendations has been mainly invested in the hand of the respective ministries. The best example to mention here is - The National Commission for De-notified, Nomadic and Semi-Nomadic Tribes (NCDNSNT) proposed that DNTs should be notified as a scheduled community by amending the Constitution and 10 per cent of government jobs should be reserved for them, even if the total reservation quota exceeds the 50 per cent ceiling imposed by the Supreme Court (Renke, 2008). However, the Government is yet to create a new category and a separate quota for DNTs.

This brings into question the category 'De-notified Tribe' in terms of comprehensive categorisation of all the groups which were criminalised during colonial rule, institutional safety arrangements for countering their stigmatisation and unique marginalisation due to nomadic life pattern, rehabilitation and development policies for livelihood and education, and socio-political awareness regarding the rights of the groups.

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The satisfaction of psychological needs among healthcare professionals during epidemics: From the perspectives of the Erg theory and the Achievement motivational theory

Anithamol Babu* and Jose S.Chennattusseri **

Abstract

The first novel corona virus infections in the 21st Century was recorded during SARS in 2002, and the second, was MERS in 2012; COVID-19 is the third of such kind. In contrast with SARS and MERS, COVID-19 was more contagious and apparently spread faster with higher fatality during the first wave. Besides, there is still much that the scientific community does not know about COVID-19. The present study aims to document health-care professionals' satisfaction of psychological needs during the COVID-19 pandemic from the perspective of ERG Theory and the Achievement Motivational Theory. The study adopts a qualitative descriptive design, and ten healthcare professionals were selected using a purposive sampling technique. An interview schedule is used for collecting the data, and the data were analysed in the light of the theories mentioned earlier. The results confirm that the need for power, achievement, and affiliation was very well satisfied during epidemics spread leaving the health-care professionals to contribute better in caregiving. In contrast, healthcare professionals could only partially fulfil the existence needs and relatedness needs. Besides, there they were not able to meet their growth needs by way of knowledge regarding management and strategies, for-

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mulating psychological first aid, etc. in COVID management, which needs to be addressed by the health authorities.

Key Words: epidemic, health-care professionals, satisfaction of needs, care-giving

Epidemics impose high burden on health-care professionals. Adverse psychological reactions are 'higher' among healthcare professionals' during epidemics, than everyday situations (Lee et al., 2007). The increased workload, mental and physical exhaustion, inadequate personal protective equipment kits, nosocomial transmission, and the need to make ethically tricky decisions on the rationing of care may dramatically affect mental health of professionals (Liu et al., 2020). They experience extraordinary stress, burnout, and secondary trauma, given the high risk of infection, stigmatisation, understaffing, and uncertainty (Maunder et al., 2003). Besides, they risk carrying the infection from the hospital to their loved ones at home. Moreover, they have to compromise by isolation and loss of social support of friends and relatives.

Previous viral outbreaks have shown that healthcare professionals are at 'high risk of infection and adverse physical health outcomes (Xiao et al., 2020). They feared contagion and infection of their family, friends, and colleagues, felt uncertainty and stigmatisation (Maunder et al., 2003). Bai et al. (2004) reported reluctance to work or contemplated resignation and reported experiencing high levels of stress, anxiety, and depression symptoms, which could have long-term psychological implications. When SARS spread rapidly, most healthcare professionals experienced severe burnout as well as secondary trauma, and sometimes refused to care for patients; sometimes, in other cases, authorities forced healthcare professionals to care for the patients (Shiao et al., 2007).

The increasing number of confirmed and suspected cases, widespread media coverage on analysis of each country's mortality rate and an absence of specific drugs, directly affect healthcare professionals, families, and the public.

Also, since no caregivers or bystanders were allowed with a COVID-19 infected or 'suspect', primary care became important during outbreaks (McGillis et al., 2016). The strict infection prevention guidelines disallowed psychiatrists, psychologists, counsellors, and social workers to provide direct psychological support to the patients (Duen& Zhu, 2020), resulting in the absence of psychological, physical, and emotional support to the patients (Gillick, 2013).

Psychological assistance services, including telephone counselling, internet counselling, and application-based counselling or intervention, have been widely deployed by local and national mental health institutions in response to the COVID-19 outbreak. This has mounted enormous pressure on care-professionals - psychiatrists, social workers, counsellors, and psychologists. Siskind et al. (2020) claimed that because of the pandemic COVID-19, psychiatrists find themselves in the clinical situation of being asked by patients, family members, healthcare professionals, and patient advocacy societies to help ensure access to Clozapine as a medication critical for ongoing patient care. Clozapine levels can increase with acute systemic infection, leading to acute clozapine toxicity symptoms, including sedation, myoclonus, and seizures. Studies from around the world claim that the health emergency due to the pandemic COVID-19, the healthcare professionals involving the tasks related to COVID-19 are at high risk of mental health on account of fatalities. Given these demands and complications, review of literature suggest evidence-based evaluations targeting mental health issues among healthcare professionals are relatively less (Lai et al., 2020).

Theoretical-conceptual framework

The researchers observed that the care professionals continued to work away from their families and care for clients, in spite of the mounting casualties and apparent lack of systemic and government support. They were motivated on some grounds beyond material and immediate rewards. This promoted the researchers to look at two motivational theories. The study's theoretical framework was thus developed by blending two prominent theories:

The ERG theory of Alderfer and the Achievement Motivation Theory of McClelland.

The ERG theory: Alderfer (1969) extended his theory by summarising Maslow's five needs into three kinds of conditions: existence needs, relatedness needs, and growth needs. The ERG theory's defines existence needs to include psychological and safety needs, including survival, such as air, food, drink, shelter, clothing, warmth, sex, sleep, protection from elements, security, and freedom from fear, safety, etc. Similarly, related needs covered an individual's requirement of love and belongingness, including interpersonal relationships, friendship, intimacy, receiving and giving affection and love, affiliation, etc. Growth needs refer to esteem and self-actualisation needs, including esteem for oneself and desire for reputation or respect from others such as dignity, knowledge, achievement, mastery, independence, status, prestige, realising personal potential, self-fulfilment, productivity, complete meaningful tasks, seeking personal growth and peak experiences.

The Achievement Motivation Theory: McClelland's Achievement Motivation Theory states that every person has one of three main driving motivators - needs for achievement, affiliation, or power - not inherent; but developed through our culture and life experiences. Achievers like to solve problems and achieve goals. Thus, the need for achievement is the desire to accomplish something difficult, attain a high standard of success, master complex tasks, and surpass others (Daft, 2008). The need of power is defined as a concern with the control of the means of influencing a person, and Daft (2008) claimed that the need for power is the desire to influence or control others, be responsible for others, and have authority over others (McClelland, 1961).

Methods

The current study adopts the qualitative descriptive design. The researchers purposefully selected the healthcare professionals in the age group 24-50 years, with more than three years of work experience, and engaged for over two months in COVID-19 care. The data were collected during the period

2-20 June 2020. The researchers adopted a critical case sampling technique of purposive sampling to select participants. After interviewing 10 samples, both the researchers confirmed the data saturation by verifying the transcripts. A voluntary consent was taken from each of the participants prior to each interview. The data were analysed using grounded theory approach by comparing the cases with previous cases.

Results

The researchers interviewed ten healthcare professionals; two each among them in the age group 30-40 years and 40-50 years had more than 10 years and 20 years of working experience respectively. The remaining in the age group 20-30 years had 5-10 years of work-experience.

Table 1

Characteristics of the participants in Phase 2

Sl. No	Profession	Gender	Age	Religion	Marital Status	Educational qualification	Working time/week	Work experience
1.	Nurse	Female	45	Christian	Married	Graduation	48 hrs	22
2.	Nurse	Female	27	Christian	Unmarried	Graduation	50 hrs	5
3.	Nurse	Female	38	Christian	Married	Graduation	48 hrs	15
4.	Nurse	Female	34	Christian	Married	Graduation	48 hrs	11
5.	Nurse	Male	30	Christian	Married	Graduation	50 hrs	6
6.	Doctor	Female	29	Christian	Unmarried	Graduation	48 hrs	5
7.	Social Worker	Male	29	Hindu	Unmarried	PG	52 hrs	6
8.	Social Worker	Female	27	Hindu	Unmarried	PG	48 hrs	5
9.	Counsellor	Male	49	Hindu	Married	Ph.D.	30 hrs	21
10.	Psychologist	Male	43	Christian	Married	Ph.D.	28 hrs	15

The ten healthcare professionals include five nurses, one doctor, two social workers, one psychologist, and one counsellor, were all interviewed anywhere between 30-60 minutes to document their experiences with COVID-19-related tasks ongoing. More than half of the participants were women and in the age group 24 – 45 years. The participants are mostly Christian, women, nurses, and graduates. Six participants were working in the COVID-19 isolation ward, while one was part of the Rapid Action Force. The rest provided psychological first aid (PFA) to COVID-19, patients and health-care professionals. Except for those who offer to counsel, all others are working 8-10 hours per day.

Findings

The healthcare professionals considered the challenging situation and the uncertainty arising as a motivation to continue work in future outbreaks. This may be regarded as a logic to explain the achieving of growth needs. The strict infection control guidelines, specialised equipment, recognition of their efforts by hospital management, the Government, reduction in reported cases, and adequate protective equipment provided by the hospitals were other factors that equipped them to work. In alignment with the current result, Cai et al. (2020) reported that nurses used strategies such as strict protective measures, knowledge of virus prevention and transmission, social isolation measures, and positive self-attitude to fight against COVID-19.

The existential needs, such as physical health and safety, were among the primary concerns of frontline healthcare professionals. They considered PPE as a protective factor (Yin & Zeng, 2020). Healthcare professionals believed that a surgical mask is not enough to prevent the cross-infection of COVID-19. However, wearing Personal Protection Equipment kits for long hours also created psychological distress for them (Liu et al., 2020). Therefore, the safety of the workforce should be a significant concern of the authorities. To reduce the fear and uncertainty of the condition, every hospital must provide adequate safety supplies, provide knowledge about infection, manage empathetically,

infected as well as 'suspect' patients, besides providing quarantine to frontline care workers, including those who are in the rapid action and screening teams (Liu et al., 2020).

Healthcare professionals' relatedness needs are partially satisfied during epidemics because they may not have physical contact with their family members to avoid unnecessary infection. Also, their work demands close contact with patients and suspects. Sometimes they heed the worries besides witnessing the pain of the patients and those quarantined. Thus, emotional involvement may emotionally drain healthcare professionals. Those healthcare professionals providing counselling services to patients, suspects, and working healthcare professionals, claimed that healthcare professionals, including them, are affected. Knowing colleagues are infected may lead to extraordinary stress while working as a part of a multidisciplinary team.

For all participants, COVID-19 was the first exposure to a massive epidemic. Thus, the need of knowledge should be one of the primary requirements of healthcare professionals. Studying and understanding the model adopted by other countries, which managed COVID-19 spreading the beginning of 2020, may help all healthcare professionals. During epidemic spread, all the three needs of the achievement motivational theory should be satisfied because those needs' satisfaction may lead to compassion satisfaction among the healthcare professionals. The public's awareness and insight about the epidemic may change people's perceptions of healthcare professionals, families, patients, and suspected. Otherwise, social stigma may create distress among healthcare professionals. The healthcare professionals have to toe the existing knowledge and new knowledge of psychological decompression to adjust them and actively or passively use techniques, such as engagement in fun activities, physical activities, etc. This study is the first step toward addressing healthcare professionals' needs and challenges from Kerala. However, there is a requirement of formulating crisis intervention during health emergencies and epidemics spread for both healthcare professionals and the general public. The Government has the responsibility to protect the psychological

well-being of the care community worldwide. Thus, there is a need to conduct multiple kinds of research from all parts of the world. They were furthermore analysing how the lessons from previous epidemics spread contributed to the management of the next. There is a requirement for conducting studies using mixed methods with the same logic as the current study.

Besides, there is a requirement for providing additional training and education to healthcare professionals about the management of fast-spreading epidemics and the incorporation of frontier technologies besides robots, cost-effective and fool-proof testing kits, etc. There is a necessity to ensure healthcare professionals' safety in the workplace by providing personal protection kits, sanitizers, and digital monitoring and diagnosing mechanisms in each hospital. It will reduce the risks of carrying infection from hospital to home. Proper awareness of healthcare professionals' precautions will ease the families of healthcare professionals' worries and prevent the community's stigma and isolation. It will improve mental health and reduce the fear of getting the infection by caring for others. There is a requirement to study the various practices followed by countries like China, Japan, New Zealand, Vietnam, etc., for finding suitable strategies that can cope with cultural and resource availability. There is a need for formulating self-care policies in each hospital. Additional studies should explore the same professional groups, including cops with large numbers of samples.

Narration and Discussion

Explanation and specific examples of the categories:

The following discussion attempt to explain the connection between the motivational theories – Aldeferer's ERG Theory and McClelland's Theory of Achievement Need to the perception and responses of health-care professionals to a very challenging context.

The unsatisfied existence needs during epidemics outbreak

The existence needs of the health-care professionals, especially of those

working in the hospital settings and the community, could not be satisfied during outbreaks. They were stressed because of workload and overtime work, and they were overwhelmed having learned that COVID-19 had infected someone in the community they have been visited recently as part of work. The information about 'COVID-19 infection among their colleagues in healthcare and the 'uncertainty' of the progress of the patients made them feel more vulnerable.

P3: "... when ever my colleagues' cough or sneeze, I get so worried".

The participants reported that COVID-19 was their 'first ever exposure' to a pandemic. Hence, the participants are concerned about their safety, as well as their mental and physical health. The participants working in the hospital are wearing Personal Protection Equipments (PPE) and reported their 'much-difficulty' to work continuously by wearing PPE kits. The social workers and nurses said they are doing 'overtime work' because of 'staff shortage'.

(P4): "Wearing the whole set of PPE is very uncomfortable. I have difficulty in breathing, and I feel sweltering heat inside PPE kits."

(P2) "I know that the current situation demands more work....sometimes I have to work overtime...because of staff shortage..."

The participants are worried that exposure to infected patients during work can increase the risk of getting infected. Thus, theoretically, the participants could not satisfy their existence needs as espoused by the ERG Theory; this could lead to burnout. The counsellors and psychologists seem to be affected by healthcare professionals' experiences because 'being in the helping profession' can be the common factor in connecting with their clients.

Relatedness Needs and Need of Affiliation: The path directed to mental health issues

The related needs are restricted during epidemics, because they are wary of interpersonal interaction for the fear of causing unnecessary infection to colleagues. Thus, the healthcare professionals in hospital settings witness and

hear the patients' 'pain and suffering' and the bore the 'tremendous workload' and 'overtime work-schedule'.

They point out that even though they are 'worried,' 'tired,' 'stressed,' and 'afraid,' they were willing to continue their work with the spirit to win the battle. They regard it 'a duty and moral responsibility' to continue work as the only way to ensure their safety as well as of the people around them, especially their family. The counsellors, social workers, and psychologists claimed that the tele-counselling drained lots of energy from them. Some nurses and doctors stated that they 'engage in some fun activity' to remain relaxed. Furthermore, the nurses are in a position to pay attention to patients' worries and 'support them emotionally' and continue work from 'medication to bath' (for severely affected patients).

P5: "Many patients share their worries with us, and we are very friendly to them.... we always motivate them..."

However, 'hearing' and 'witnessing' the patients' sufferings, can also lead to the development of secondary trauma. The participants claimed that they are 'affected' by witnessing the 'sufferings' especially coming to understand of the death of young patients or someone they had identified themselves with.

P4: "I am a little bit affected...seeing the helplessness of COVID-19 patients...they don't have anyone with them to support other than us, because family members or friends are not allowed to visit them... I think the isolation is very painful for them and for us"

The nurses shared their pain having learnt of the 'social stigma' and experiences of 'isolation' encountered by their families just because they were at working in COVID-19 related environments. However, the participants rationalised these challenges to be situational, an outcome due to the sudden outbreaks. They continued 'what was happening around us mattered little, since we were focussed on saving a lives'.

Unmarried healthcare professionals are more concerned about the safe-

ty of their parents. In contrast, married healthcare professionals are worried about families' safety, especially their children and older parents with lifestyle diseases. The social stigma of the public towards the families of healthcare professionals, which was prevalent at the beginning of the COVID-19 outbreak, contributed to stress among healthcare professionals. However, all the participants were supported by their families, contributing to compassion satisfaction and better coping (strategies). The related needs and existence needs of healthcare professionals when compared to other professionals, remain unsatisfied during epidemics.

P2: "While screening the suspects, we don't know those who are infected and not infected till now the vaccines are not invented... I am worried about my family members' safety"

Besides, the participants claimed that 'every work related to COVID-19 is the 'outcome of teamwork'. Thus, the participants met their 'need of affiliation' by working as a 'team' and interacting with the patients more than in any other situation due to 'bystander restrictions' and the 'restriction' of healthcare professionals that do not permit the healthcare professionals to move outside the hospital. Besides, 'the need for affiliation' was met among healthcare professionals, especially nurses and doctors. They reported engaged in fun activities as a coping strategy; thus burnout and secondary trauma were managed to a great extent.

The need of power, motivation, growth and achievement: The hidden push factors

The participant health-care professionals could satisfy the 'need of power' to a large extent; the following was happening around them: 1. media was hailing them as the 'superheroes,' 2. the higher authorities and the celebrities too, appreciated their genuine work and sacrifice; and 3. the gratitude (callback) and acknowledgements of the COVID-19 survivors and their relatives. Not many patients express their gratitude to healthcare professionals in typical situations since the public regarded caring for others their duty. However,

during the COVID-19 outbreak, the public became more sensitive of the challenges encountered by healthcare professionals through the media.

The ERG theory claims that it is possible to achieve higher levels of needs without satisfying the lower needs. This was explained because most of the participants being young adults were idealistic and available. The healthcare professionals pointed out that there were very many motivations for them to work, such as appreciations from the Government, motivational chats with film stars and other people of repute, support of family, neighbours, and the 'words' COVID-19 survivors. They were vocal:

P1: "I got appreciation from the Government for my commitment..."

P10: "It is indeed a very challenging situation, ... but if they are less motivated, who will take up their roles... all the people working for COVID-19 related duties are under severe stress... they know that they are risking their life... moreover, they are living away from their family... for them, one single word of motivation matters a lot."

A counsellor with a Ph.D. as the highest educational qualification claimed that their Ph.D. in grief counselling helped deal with such cases. Furthermore, a social worker claimed that the education and grooming helped that person to be more flexible and disposed to multi-tasking. However, the doctors and nurses with graduation as the highest educational qualification seem more committed in battle. They consider the engagement in COVID-19 related tasks as their responsibility since they know professionally care for others. The participants also claimed the desire to get additional training from those countries that managed COVID-19 spreading. The healthcare professionals are working in hospital settings considered 'saving' patients' lives as the 'major goal' and achievement during the pandemic COVID-19. The satisfaction of growth needs and the need of achievement can contribute to experiencing compassion satisfaction among healthcare professionals.

Conclusion

COVID-19 being caused by the novel corona virus has been a great teacher for governments and health-care. It has exposed the lack of preparedness of the entire system, especially health care and the care professionals. However, resilient as all humans are, care-professionals have been quick to adapt in novel and creative ways to match the novel corona virus. This adaptation is explained by way of the coping mechanisms employed so that they satisfy their needs – existence, power and affiliation. The theories by Alderfer and McClelland blended together, provided by provide plausible explanations for this resilience and adaptation while engaging with a very difficult and challenging scenario arising out of COVID-19.

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Revisting youth and suicide: A qualitative study

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Abstract

Youth, the strength in any society, aspire adequate physical, mental, social and psychological well-being. However, their living environment renders them vulnerable to high-risk behaviour and hazardous life situations. 37.8% of suicides in India are allegedly by those below the age of 30 years. The fact that 71% of suicides in India are by persons below the age of 44 years imposes a huge social, emotional and economic burden on our society (Vijaykumar, 2007).

The present paper aims to explore the perception regarding the causal factors of suicide attempts, dynamics of self-harm behaviours and coping strategies. The study sourced data from cases identified through convenient sampling method from a suicide prevention clinic of Thiruvananthapuram district. The data were collected after obtaining the necessary consent, using in-depth interviews based on an interview guide. Severe mental stability, interpersonal stress, relationship difficulties, use of alcohol, etc. were identified as factors triggering suicide among youth. There are significant dynamics in self-harm behaviors leading to suicidal tendencies.

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Keywords: mental instability, self-harm, suicide attempts, coping strategies

The story of suicide is probably as old as man himself. Through the ages, suicide has variously been glorified, romanticized, bemoaned, and even condemned. Be it the Greek heroes - Aegeus, Demosthenes, or the Roman figures - Brutus, Cassius, Mark Anthony or the Egyptian princess Cleopatra of the Old Testament; or the suicide bombers in the present world, the universality of suicide transcends religion and culture (Radhakrishnan & Andrade, 2012).

Suicide is defined as death caused by self-directed injurious behaviour with the intent to die. More than 8, 00,000 people succumb to suicide annually globally. Suicide accounts for 1.4% of all deaths and happens to be the 15th leading cause of death. Suicide being the second leading cause of death among 15-29 year-olds globally, as of 2016, needs to be considered with more significance (World Health Organization, 2021). Suicide doesnot always happen exclusively out of psychological causes, rather it could be social, emotional, financial and physiological too. Every suicide affects families, communities and even the country and has long-lasting effects on the people left behind.

‘Youth’ refers to those persons between the age of 15 and 24 years, in a period of transition from the dependence of childhood, into the independence, that comes with adulthood. This period of life offers several challenges with regard to building their own identity, developing self-esteem, acquiring increasing independence and responsibility, and building new intimate relationships, etc. They are often overwhelmed by the high expectations of parents and peers. Situations of this kind can evoke tensions and bio-psycho-social stress and spark suicidal ideations in them. They must have favourable resources such as a stable living condition, sincere friendships, financial support system and a sound environment, which contribute to their healthy coping strategies to overcome vulnerable situations (Bilsen, 2018).

The present study focuses on the causes of suicidal attempts and the forces of self-harm behaviour along with the coping mechanisms developed by the attempters. The paper deals with four case studies selected conveniently to explore the above-mentioned factors.

Review of Literature

The literature very briefly revisits the historical perspective and extends itself to studies related to how suicide is prevalent among youth, its causes and its intensity due to self-harm behaviours. The area also describes about the studies already done related to suicide attempts and coping skills.

Suicidal causes at young age: Poor social contacts were significantly associated with increased chances for suicidal ideation (Tang & Qin, 2015). A difficulty in managing the various, often strong and mixed emotions and mood fluctuations is another risk factor for youth suicide, probably partly influenced by bio-neurological factors. Young people who committed suicide were also found to have had poorer problem-solving skills than their peers (Bilsen, 2018).

About 25–33% of all cases of suicide were preceded by an earlier suicide attempt, a phenomenon that was more prevalent among boys than girls (Bilsen, 2018). Another study indicated that attempters experienced significantly more life events especially untoward events, whereas the control group experienced more desirable and impersonal life events (Kumar & George, 2013). Attempted suicide is of particular interest, as it has been found to be one of the predictors of the future suicide (Radhakrishnan & Andrade, 2012).

A psychological autopsy study; where 24% of suicides had a psychiatric diagnosis, namely major depressive disorders, bipolar affective disorders, or schizophrenia (Radhakrishnan & Andrade, 2012). Mental disorders, previous suicide attempts, specific personality characteristics, genetic loading and family processes in combination with triggering psychosocial stressors, exposure to inspiring models and availability of means of committing suicide are key

risk factors in youth suicide (Bilsen, 2018). Chronic alcohol/substance dependence or social isolation, such as divorce or unemployment, makes a depressive state worse (Yoshimasu et al., 2008).

Domestic violence (35%), mental illness (24%), failure in academic achievement (15.8%) and end of a romantic relationship (8.7%) were found to be common causes of committing suicide. There were 87 cases suspected to have committed suicide because of academic failure among which 46.6% belonged to a grade ten level (Mishra et al., 2013).

Prevalence of history of self-harm: Self-harm is a sign of serious emotional distress. Self-harm and suicidal behaviour are emotional disorders on a similar continuum as they are both in response to stress (Burton, 2019). Psychological autopsy studies suggest that prevalence of mental disorder in adolescents who die by suicide is similar to that seen in adolescent patients who self-harm (Hawton et al., 2012). Self-harm is oftentimes confused with suicidal behavior. Most people who engage in self-harm do so as a means to cope with their distress (avoid suicide) rather than escape it by committing suicide. (Lohmann, 2012). A study conducted in adolescents defines deliberate self-harm as an intentional act of causing physical injury to oneself without wanting to die. The term intended self-harm have been used to define 'parasuicide' and 'attempted suicide' the latter to describe self-harm in which the primary motivation is to end life (Lauw et al., 2015).

As per the study of Cooper, et al. (2005) included 7,968 deliberate self-harm attendees at the emergency departments of four hospital trusts in the neighboring cities of Manchester and Salford, in northwest England confirms a markedly high risk of subsequent suicide among patients who visit the emergency department after deliberate self-harm, relative to the general population (Cooper, et al., 2005). There is a strong association between self-harm and risk of future suicide, with approximately 50% of adolescents, who die by suicide, having previously self-harmed. Studies show that self-harm, increased the risk of death by suicide approximately tenfold (Harris et al., 2019).

Coping Skills: Coping is the way people deal with and overcome difficulties. Coping skills are the methods available for individual in doing each action. This will strengthen individual's sense of control and self-direction. But when a person's vulnerability is high, the individual shows non-adaptive behavior even in times of mild stresses. No significant relationship was found between age, sex and marital status for the coping strategies used by individuals (Bazrafshan et al., 2014).

Coping styles can be classified as problem-focused and emotion focused. Whereas problem focused coping has been linked to better mental health, emotion-focused coping strategies have been shown to be linked to poorer mental health. Another method of classifying coping styles is adaptive and maladaptive coping which are respectively related to better and poorer mental health. Coping has also been classified as proactive and reactive (Bhattacharyya et al., 2018).

Statement of the Problem

Youth is a period of increased vulnerability and suicide is found to be the leading cause of death among youth (Bilsen, 2018). A qualitative in-depth study would perhaps yield a better understanding about the causes that drive the youth towards suicide and make it possible for early detection and intervention. The paper looks into four case studies and descriptively gives an account of the causes that lead to suicidal thoughts in four people's lives.

The topic is relevant to the time as resilience is matter of question among youth. Being nurtured in a family where all materialistic needs are met without a delay, emotional support remains vague and irrelevant. The early identification of factors leading to suicidal thoughts will prevent further advancement of it. The study points out common psychological stressors in the life of youth which leads to suicidal ideations and the importance of coping skills which is either developed naturally or with the help of the professionals. There have been several studies that showed the difference between self-harm and suicide attempts but only a few showed how self-harm gradually lead to sui-

cide attempts. The concept of 'self-acceptance' in terms of instable condition of mind is least discussed in studies as the base of coping up and the most effective way to get rid of the clutches of suicidal thoughts.

Research questions

1. What are the causative factors leading to suicide attempts among youth?
2. What are the dynamics of self-harm behavior in young suicide attempts?
3. What are the coping strategies of young people towards suicide ideations?

Significance of the study

Poor mental health renders young ones more vulnerable to situations that make them more fragile. Lack of mental stability and pressure from outside world create insecurity and loss of control. There is an urgent need to create awareness among younger generations about the importance of addressing mental health issues and empower them with a space for discussing their issues normally. The challenges and successful coping strategies related to suicidal tendencies must be addressed. These coping strategies could be developed with the help of several supporting resources and supportive relations with family and friends.

Seeking help from a psychologist or psychiatrist continues to be a stigma in Indian context. The first line responsibility of parents is not just looking after the children but also helping them learn and grow into a productive adult with sound mind along with a sound body. Thus, a study on the circumstances leading to suicidal ideations aware the stakeholders, about the primary need to address mental health issues, furthermore, the importance of early intervention. This study also discusses the coping strategies developed among youth that has been found useful to overcome the existing suicidal thoughts.

Methodology

The research is qualitative in nature and follows a descriptive case study design. Data collection was done through in-depth semi structured interviews. Four cases were undertaken and selected by the way of convenient sampling method from a private clinic in Thiruvananthapuram district. Ethical concerns were taken into account and consents achieved from the private clinic in Thiruvananthapuram district to get access to four clients in order to do the study. Confidentiality is maintained in terms personal details of the cases.

Case Narration

Case 1

X was a 23 year old who experienced intrusive thoughts during his 8th grade; these thoughts mostly against what he 'believed to be ethical' were extremely overpowering. The loneliness he underwent on living in a family where the father was busy with 'business' and mother working as a high school teacher and his only sibling staying away in a school hostel, aggravated his dilemma with obsessive thoughts and behavior during that time. By the time he reached 10th grade he was tremendously affected by the pain his thoughts caused. He got upset on seeing even a paper tip folded in a book or a thread pulled out of his shirt button.

Mr. X once tried to open up to his mother for the first time who only ended up scolding and demanding his 'full concentration' in his studies. This thwarted his desire to vent out. He shared:

"Some days I used to wait for everyone to leave home so that I can cry and scream into the pillow. I started hurting myself with scissors once hatred on my existence preponderated. Even though this might cool down the immediate mess, the situation gets worse again"

Mr. X was a person who loved to read, think and analyze about things; but

the thoughts gradually ‘whirled out of control’. Sleep deprivation that emerged out of stress initiated suicidal ideations in Mr. X. One day when in 12th grade, X climbed on-top the roof top since nobody was at home. He felt so exhausted due to obsessive thoughts that came on and the ‘pressure’ of being unable to ‘open up anything to anyone’.

“I made up my mind to jump off from the roof top as I knew that I will not be able to manage this situation any longer. Somehow I didn’t kill myself that day. All I could remember was me stepping away and falling unconscious and nothing changed in my life. I used to breakdown under the shower each other day”.

After that incident he attempted opening up to a few; but even a slight hint of people ‘doubting or disbelieving’ him stopped him from any further ventilation. Just before an exam, he tried to open up with his cousin, who had same intrusive thoughts. Later he shifted to a hostel, all under the pretext of doing CA Entrance Coaching, so that he could seek help from a psychologist. The psychologist referred him to a psychiatrist as he showed severe OCD and Bi-polar disorder symptoms. He took medication from the psychiatrist and opted services provided by the psychologist in parallel.

Being a CA student, he required rigorous practice to clear papers, an almost impossible task with OCD. He took medication, did exercise and followed a ‘10 day preparatory method’ that he himself developed through reading some self-help books on mental health.

“I used to keep myself away from social media for 10 days so that I will not be stuck with incidents that trigger me to overthink. I might read some good books, explore places, try good food and so, this will keep me engaged and helps to stay away from those ‘disturbing thoughts’. Keeping my mind fresh for 10 days gradually helped me to take a decision to focus on studies from the 11th day onwards”.

Another method that helped him focus on a task ahead was to do a written elaboration on it. Action based coping skills like making notes, focusing

on studies, following prescribed psychological exercise, and taking medicines were his primary coping methods. He accepted that he had the disorder and gradually learned how to keep it 'under control'.

Case 2

Ms. Y was a respondent of age 22. Ms. Y was very fond of literature and writing. During school days, she started having relationships that lasted for only a short stretch of time. Even though Ms. Y maintained a good relation with her mother who was a school teacher, her love affair with a boy belonging to another religion created a lot of pressure within the family for which she had to end the relationship.

During the course of time she had several inconsistent relations which made her believe that she was not capable of maintaining long term relations. By the time Ms. Y turned 20, she had a relationship with Mr. A, who exerted his control over everything possible in her life. Ms. Y started depending on him as she shifted to another city for post-graduation. Gradually restrictions were placed upon her mobility, on making friends and enjoying her new life. At a certain point she broke up with Mr. A. Later, she never wanted to have another relationship but her loneliness demanded a person's presence and care. "One day I met a person in college courtyard with whom I happened to have a conversation. I suddenly felt that we had a similar kind of wavelength. Even, once I told him that nobody in this city felt like home for me, but him".

Ms. Y demanded the kind of attention that she used to receive through her past relation. It reached a peak level that she started doing self-harm to get the intended amount of attention. Ms. Y was never complacent with her hostel room which had no ventilation and thus sunlight never entered in. She wished to indulge herself in reading more books so that she will get engaged in something and thus a room of her own was necessary.

Ms. Y started to have sleep issues; she stopped sharing problems with her friends who only blamed her saying 'why do you overreact for anything and everything?' Ms. Y lost track of what was happening in her academic life.

Ms. Y felt lonely as Mr. B started avoiding her. She started doing self-harm to induce pain, which in turn startled her friends. She never thought of suicide rather than self-harm until the day she felt worthless as she failed in exams. Thereafter she, abstained contacting her family and was being deliberately avoided by her friends at gatherings. This got bad and finally she who wanted to be a writer stopped reading books and used pens only to make wounds on her body. Ms. Y showed several signs of depression. She lost interest in doing what she loved to do before, lost appetite and sleep. Thoughts of worthlessness and guilt of doing nothing for her future career made her anxious.

Even though self-harm was not a new thing for her, venting out to one of her close friends, who also recommended consulting a psychologist, suddenly gave her a lot of relief. As time went by Mr. B demanded a break up, which initiated suicidal thoughts in her. The first suicide attempt happened as she consumed several 'Paracetamol' tablets. The medicine made her unconscious for the next whole day but did not take her life. She was not convinced by the psychologist she met and thus dropped seeking his service. The second suicide attempt was done when she made wounds on her wrist as everyone else in the hostel left to college. She took a picture of the wound and sent it to Mr. B. "He stormed in after sometime and found me still conscious but in tears. The wound wasn't deep enough to cut my veins to bleed much". The next day Mr. B himself took Ms. Y to another psychologist who helped her with the situation. She vented out a lot and enjoyed such a relief after a long time. She was suggested to do PCOD profile test, and found diagnosed with it in a moderate level. She was made to attend group therapy and counseling sessions which gradually made changes in her. As an emotion based coping strategy, she found ventilation through her close friend and the psychologist. She followed timetables and kept herself engaged as staying idle made her overthink. Her thoughts were mostly clouded that her psychologist helped to bring clarity to it. Ms. Y developed new hobbies and restarted writing journals, which was her best strategy to let out the pressure. She jotted down all the emotions that painstakingly disturbed her. Crying was another effective way of getting relief.

She avoided situations that made her depend on people. She focused on clearing NET, spent more time in college libraries, joined 'ukulele' classes and even travelled to explore places. She is still in need of understanding the root issue for which she is suggested to meet a psychoanalyst.

Case 3

Ms. W was a 24 year old, working in one of the top accounting firms of the country. Since the age of two, Ms W stayed away from her parents. This separation lasted for more than 7 years. After few years, parents took Ms. W with them. She was happy to see her new-born brother, but felt moody and sad almost all the time. Her parents tried to entertain her, which resulted in vain. She was admitted to one of the top schools, but due to the tough syllabus, she found hard to follow them. She couldn't handle the situation and thus intentionally distanced herself from other people. She shared: "I felt like, no one even cared about my presence in the family. I was a child too, maybe not as young as my brother. They betrayed me when I was born, and now they want me to reach their expectations".

It was during her 7th grade that she started having suicidal thoughts. When she was in 7th standard, she got failed in two exams. This incident broke her heart and induced the thoughts of going away from everyone. Her decision on consuming rat poison was to get rid of what she was going through. For her luck, her father caught her trying to eat the poison before something fatal happened. Those incidents made them realize the need to console her and motivate her to perform better at school. But all that they could do was to make her feel comfortable at home for a few days. She was in need for counseling but was denied one because of the stigma that her parents believed to exist.

When in college, she had good friends and slowly started to manage. Things were going smooth until she got into a relationship with Mr. M, one of her classmates. She shared everything with him as she got the space she never got from anyone at home; a place where her voice was heard. Ms. W got into sexual relationship with Mr. M who promised to marry her and this

continued for a short period. One day Mr. M disappeared, and she later learnt that he had migrated to another city for a job. Just like all the other things, she covered up the matter from her friends. Ms. W acted as if nothing happened to her and that she was doing well. She found it exhausting to pretend in front of everyone but somehow she managed to do it. She shared: “Even though I wanted to talk to someone about this, the thought of being a shame for my family muted me”.

Slowly, she started getting into sexual self-harassment hurt practices, which somehow helped her to escape from the sorrows. Harassing oneself in such a way brought a kind of pleasure and satisfaction in her. She said: “I couldn’t believe that I was going through all these. This gave me relief from my thoughts and sense of abandonment”.

Being broken and tired of life, she cut her veins after writing a suicide note and fell unconscious in the bathroom. Luckily, her roommate found her lying with a bleeding hand and took her to hospital along with friends. Her parents were informed and they got educated by the counselor about the issues. Later she was given adequate treatment by the parents. Ms. W slowly explored more about her interest areas to divert her focus. Connecting with her family was the major one out of all of them. Even though it was a difficult task, she tried to establish a good friendship with her mother.

“Getting a job and earning for myself made me stronger as a person. Financial stability made me less insecure. People appreciated me and that gave me hope for dreaming for a brighter future”.

Case 4

Mr. Q was a 22 year old IT Engineer who was immensely attached to his family. At his first year of engineering course, he felt homesick and refused to leave home once he came back from hostel. As he got along with his classmates, his bond with friends became more deep and stronger. He got into road trips and alcohol. ‘Just one sip is not a big deal’ was the excuse they used all the time. Little by little he got addicted to alcohol and could not stop using

it even for a day. "Friendship was my first addiction. I valued that more than anything. Alcohol was just a factor that held us together."

Due to peer pressure he proposed Ms. N, a senior girl in his college. Later the girl became serious about him and accepted his proposal. Mr. Q was least serious about this and thought that the relation will come to an end when she leaves college after graduation. Later when Ms. N was done with her studies, she asked Mr. Q to discuss about their future, from whereon Mr. Q started to his maximum to avoid her.

One day Ms. N had to fight with her family as they forced her to get married. She left home to talk to Mr. Q in person. He made it clear that he was never serious about the relationship, hearing this; Ms. N made suicide threats and left the place. The situation became quite hard for him to handle and therefore he took his friends' help. They helped them to get married in a Registrar Office and move Ms. N to a hostel. Mr. Q was very disturbed and said Ms. N that he will discuss with his parents and come back soon. Saying this, he left to his house, where his brother's marriage arrangements were going on. Even though Ms. N and her friends were constantly calling him to enquire about the same, he couldn't even utter a word about this to his family at that time. He was unable to manage the pressure and this made him depend on the alcohol more and more. He used to sit in his closed room and drink alcohol that he stole from his father's room. All the mental pressure along with continuous drinking forced him to get pills to sleep. He shared: "There was everyone at my house, enjoying their day blessing my brother's marriage. I could not talk about anything of such sort at that time."

He was not able to control his fear and anxiety. One day, Ms. N with her parents visited Mr. Q's house and gave all the details to his parents. They were shocked and couldn't believe that Mr. Q was involved in something of this sort. Mr. Q's parents requested them to not to make it as a big issue until their elder one got married. Ms. N's parents furiously filed a case against Mr. Q. They were given 10 days to make a decision on the matter. Mr. Q said: "Those were most difficult days of my life. Everyone started hating me for creating

such a situation at home. ”

From the second day on wards he showed withdrawal symptoms as he could in no way manage to get alcohol. By the fifth day he decided to end everything. He decided to take several pills together to see an end to this. It was their servant who came in to give him dinner, saw him lying unconsciously. Immediately, he was taken to the hospital and got recovered. After a few days, the case against him regarding Ms. N was solved by paying a compensation amount.

As he got graduated, Mr. Q went abroad for a job and tried to get engaged by working over-time. He still had suicidal thoughts and could not stop using alcohol. Even though he isolated himself from the outside world, he visited a psychologist occasionally when he found it really difficult to cope up. Thus he could not build any kind of coping strategies other than concentrating in work.

Analysis and Discussion

Table 1

Causative factors and dynamics of self-harm

Sl. No	Cases	Age	Suicide Attempt (No.)	Casulative Factors	Dynamics of Self-Harm Behaviors
1.	Mr. X	23	1	<ul style="list-style-type: none"> • OCD & Bipolar symptoms • Lack of space for ventilation 	<ul style="list-style-type: none"> • Indented suicidal self-harm • (Injuring self with sharp objects)
2.	Ms. Y	22	2	<ul style="list-style-type: none"> • Toxic relationship • Symptoms of depression 	<ul style="list-style-type: none"> • Initially, self-harm as a negative coping tool • Gradually

				<ul style="list-style-type: none"> • Lack of family support • Lack of space for ventilation 	<p>developed suicidal thoughts.</p> <ul style="list-style-type: none"> • (hurting oneself using sharp objects)
3.	Ms. W	24	2	<ul style="list-style-type: none"> • Childhood breakdown • Deceitful relationship • Academic failure • Undiagnosed fear and anxiety • Inactive ventilation • Parents' stigma on psychological interventions 	<ul style="list-style-type: none"> • Deliberate self-harm (as an escape from reality). • (sexual self-harassment)
4.	Mr. Q	22	1	<ul style="list-style-type: none"> • Negative peer Influence • Chronic alcohol dependence • Disloyal relationship • Anxiety and Fear 	<ul style="list-style-type: none"> • Initially, self-harm as a negative coping tool • Gradually developed suicidal thoughts. • (over-usage of pills)

All the four cases shared common factors that triggered self-harm behaviours and coping strategies. The cases witnessed symptoms of mental health issues including depression, OCD, anxiety and so on.

Mr. X was showing OCD and bipolar symptoms. He got upset on seeing even a paper tip folded in a book or a thread pulled out of his shirt button.

He explained; “This might sound too silly for others, but for me, this might consume a night’s sleep”.

Y stopped sharing problems with her friends who only blamed her saying ‘why do you overreact for anything and everything?’ She felt she could not share this with her parents or siblings. Bottling up all the emotions herself got her life stuck without moving forward.

Ms. Y had relationship issues which lead to the development of symptoms of depression. PCOD caused hormonal imbalances and resulted in frequent mood swings. Both Mr. X and Ms. Y showed poor academic and social development due to deviance in their behavior. Both W and Q were suffering from anxiety and fear due to certain social issues including wrong relationships, academic failure and so on. Childhood breakdown of W with regard to detachment from her parents disturbed her emotions and thus she found difficulty in expressing her feeling to the parents. Negative peer influence caused Q to fall in wrong relationship.

In Case 1, 2 and 3, suicidal ideations aroused due to the lack of opportunity to ventilate. It took a lot of time for them to understand that the issue must be addressed so that there was a degree of universalisation. Ms. Y said: “People are not given their space to cry out the emotions but are asked for a specific reason for doing so. It is always not necessary to have a reason for it; or at least not a specific one to say”.

There is a strong connection between the mental and social factors of a person. The unhealthy mind disturbed the young people to meet the societal expectations, which later evoked a feeling of worthlessness. Mr. X and Ms. Y couldn’t perform well in studies due to their mental compatibility, while Ms. W’s failure in academics and inability to meet family expectations intensified her suicidal thoughts.

Another common factor among all the cases was that all of them were hardly aware about the services they could avail from various resources. The refusal by the family to identify with their problem as something ‘real’ wors-

ened the situation. W's parents' stigma on giving proper counseling support for their daughter ruined her condition. In the case of X, Y and Q, over-expectations of their parents stopped them from discussing their actual life situations. This throws light to the fact that, family's perception on satisfying children with materialistic needs was not a solution to addressing 'mental instability'. They failed to understand the intensity of issue until a suicide attempt was made. Siblings did not have a role in their situation at all. Friends played a deeper and sometimes misleading role which resulted as a major blow in life.

Table 2

Coping strategies developed by cases against suicidal ideations

	Action based coping Strategies	Proactive coping strategies	Emotional coping strategies
Mr. X	<ul style="list-style-type: none"> • Reading • Regular workout • Watching movies 	<ul style="list-style-type: none"> • 10 days preparatory method before exams • Time table 	<ul style="list-style-type: none"> • Assistance from psychiatrist and psychologist • Relaxation tips • Medication
Ms. Y	<ul style="list-style-type: none"> • Focusing on studies • Writing • Travelling 	<ul style="list-style-type: none"> • Preparing for competitive exams (NET) 	<ul style="list-style-type: none"> • Consulting psychologist • Relaxation techniques • Ventilating emotions • Medication for PCOD
Ms. W	<ul style="list-style-type: none"> • Reading books • Music and dance 	<ul style="list-style-type: none"> • Getting engaged in productive activities, focusing on interest areas. 	<ul style="list-style-type: none"> • Avoiding negative thoughts • Following expert psychological advice
Mr. Q	<ul style="list-style-type: none"> • Working over-time 	<ul style="list-style-type: none"> • Concentrating on career 	<ul style="list-style-type: none"> • Psychological support

Availing professional assistance from a psychologist was in all the cases the basis of coping process. It helped in maintaining their emotional stability and increase self-confidence to eliminate insecure feelings and negative self-image. X shared “Never refuse to meet a doctor when it comes to mental health. Mental issue is not a sin; it is as natural as any other physical issue”. Self-acceptance’ was one of the significant elements that they acquired through professional psychological support.

Y explained “People are not given their space to cry out the emotions as they are asked for a specific reason for doing so. It is always not necessary to have a reason for it; or at least not a specific one to say”.

Also, W found a great relief in sharing her feelings with parents and started involving in productive activities. Q consulted a psychologist and developed certain relaxation techniques against negative thoughts. X and Y faced symptoms of severe psychiatric issues, where they took medical assistance from a psychiatrist and psychologist to follow a proper treatment plan.

Besides, all the cases developed action based coping strategies including reading, travelling, writing, and so on. X expressed “I might read some good books, explore places, try good food and so, this will keep me engaged and helps to stay away from those ‘disturbing thoughts’. These strategies deviated their attention from consuming thoughts and focus on a prolific life.

Also proactive strategies helped the cases to set a goal in the future. Time table, preparing for exam prior 10 days by avoiding negative thoughts helped X to do well. Y started writing journal and kept focus on her skills. W and Q concentrated on career by finding good jobs and working over-time. W shared “Getting a job and earning for myself made me stronger as a person. Financial stability made me less insecure.” These methods prevented them from reverting to a previous state of pessimism.

Findings

As an outcome of the study the causes of suicide were listed as:

Negative social events including academic failure, wrong relationships, unsupportive peers and drug abuse caused suicidal ideations in youngsters. Failure in meeting societal expectations ensued a feeling of worthlessness and guilt.

Absence of an appropriate space for ventilation intensified their thoughts to kill themselves. Even though, they were surrounded by many, none was approachable to share what they were suffering from.

Absence of family support or denial (in identifying or accepting mental illness) on the part of the family aggravates and perhaps stalls help seeking behavior. All the cases were well educated and the parents focused on reaching a so called 'normal life'. They stressed on achieving materialistic needs but failed to gather emotional support

A psychiatric condition was obscurely present in two of the case (Case 1 and 2). Stigma on receiving expert psychological advice denied them proper treatment during the initial days.

There are both deliberate (not wanting to die) and suicide intended self-harm. Deliberate self-harm can turn to suicide when the situation get worse. The hopeless feeling gradually tends the victim to end the life. A few might use self-harm as a negative coping or as an escape from reality. Nevertheless, both the behaviours mark a peril in the young generation.

Coping strategies are divided into three- action based, proactive and emotional based.

Action based strategies are when they are aware about the stressors and divert their thoughts by reading, writing, travelling, watching good movies and so on.

Proactive coping strategy by anticipating a negative situation in the coming days and working from the present moment to avoid. Preparing 10 days prior exams, time tables, focusing on career and passion are some of them.

Emotional coping was done with the help of a professional psychological support, where they availed services of a psychologist as well as psychiatrists. Relaxation techniques, medications and exercises helped them in managing severe suicidal ideations. Crying out, writing up emotions, ventilating and managing stressors helped them in coping.

Suggestions

Establishing Mental Health Guidance Cell through ICDS centers to impart early and primary mental health education to acquire self-awareness among both children and parents.

Re-modeling educational system with an objective to promote holistic development of the child, which includes substantial role of parents in retaining mental soundness.

Establishing de-addiction counseling and suicide prevention centers in colleges to address substance abuse and family issues.

Conclusion

Suicide is the result of an interplay of numerous contributing factors which demands to be addressed. The paper calls for the urgent need to sensitize the stakeholders, especially parents regarding how intricate mental health is. Family being the primary support system has a great role in creating a space of trust and expression. Exposure to the right intervention at the right time can reduce the severity of the problems faced by young people of our society. The stigma of getting treated for psychological issue is one of the reasons why people show denial to the need to deal with mental instability. The need to suicide does not arise all of a sudden; the desire strengthens gradually reinforced through the piling up of unpleasant experiences. The study is limited given the lack of large samples. Issues of confidentiality and sensitivity of the matter made the study confined itself to analyzing only four case studies.

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Covid 19 and youth: Understanding the perception

Sreekutty M. J. and Joseph M.K

Abstract

India stands youngest among the ageing world. Youth in India constitutes one fifth of the total population of the country who has an active role in developing the skilled human capital of the nation. The COVID-19 pandemic has negatively impacted the young population of the country. It has a negative impact on all aspects of the lives of the young population viz income, employment, health especially mental health and other social aspects of the life. The study aimed to identify the youth perception about the covid19 situation, government's response to covid19 situation, youths' future after covid19 in terms of education, employment and other engagements. The study outlines findings from an online survey of youth in the age group of 14-35. The study tried to explore the youth perception on their education, employment, income, mental health and other social factors of their life.

Key words: covid19, youth perception

There are more than 1.2 billion youth which constitute almost 18 percent of the global population. The covid19 pandemic has impacted the people around the world including the youth in an unexpected way. Various countries started regional and national level containment measures to protect from the in-

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fection of corona virus since January 2020. At individual level, the measures adopted were included wearing face mask, washing hands, using sanitizer, practicing social distancing which was not normal in the day to day lives. At a societal level closure of educational and employment institutes and other activity area lead the people in distress, anxiety, emotional swings and feeling of helplessness.

It has been noticed that compared to adults, the youth have an increased consequence of covid19 pandemic. The nature and extend of covid19 impact on youth centers around a numbers of vulnerability factors like the mental health condition, financial well-being, employment status, job demand, social interactive pattern, higher educational aspirations etc.

Mental health impacts may be more severe among adults under the age of 35 (Yeen Huang and Ning Zhao, 2020).According to the ILO report, Youth and COVID-19: impacts on jobs, education, rights and mental well-being , 65 per cent of young people reported having learned less since the beginning of the pandemic because of the transition from classroom to online and distance learning during lockdown. Despite their efforts to continue studying and training, half of them believed their studies would be delayed and nine per cent thought that they might fail.

As many as 41 lakh youth in India lost jobs due to the Covid-19 pandemic. Most of them face job losses in the construction and farm sector according to a joint report by the International Labour Organization and the Asian Development Bank.

In the case of education in India during COVID-19, online education is considered to be the best alternative for regular school going education practice. During lockdown, students are using popular social media platforms like WhatsApp, Zoom, Google meet, Telegram, YouTube live, Facebook live, educational channels of many kind etc. for online teaching and learning system. ICT initiative of MHRD is a unique platform which combines all digital resources for online education.

Study shown that adolescents and young adults had higher risk perception of covid19 for their relatives than for themselves. There are many factors associated to this higher risk perception which includes higher disease knowledge, presence of chronic disease and use of immunosuppressants. Adolescents and young adults who has high risk perception of covid19 are more likely to engage in the covid19 preventive measures (Yang, 2020).

In a study conducted to evaluate the social and emotional impact of covid19 revealed that there are changes in their relationship with family and friends during the covid19 pandemic (Adam A. Rogers, 2021). It also revealed that these perceived social and emotional changes were associated with elevated depressive symptoms, anxiety symptoms, and loneliness.

Studies related to the perception of young people on covid19 shown their concern about their relatives and loved one than themselves. Also, young people worried about their education and future social life after covid19. Studies also revealed that information being informed about and trusting the information received had reduced the anxiety level of the youth population (Atle Dyregrov, 2020).

India stands youngest among the ageing world. Youth in India constitutes one fifth of the total population of the country who has an active role in developing the skilled human capital of the nation. The COVID-19 pandemic has negatively impacted the young population of the country. It has a negative impact on all aspects of the lives of the young population viz income, employment, health especially mental health and other social aspects of the life. These determinants have an impact on the lives of the youth during covid19.

The theoretical underpinnings of the study centres around social model of health in which social, economic and environmental determinants should be addressed in order to address health gains. Here, the determinants like income, gender, employment, education, mental health need to be addressed in order to cope with the covid 19 pandemic. For these determinants have an impact on the daily lives of individuals in the community which questions

the sustainability of their lives. These determinants are interlinked and it will aggravate the social inequalities in the society.

Objectives

1. To understand the basic profile of the youth population
2. To identify youth's perceptions about the COVID-19 lockdown situation
3. To explore youth's perception about the Government's COVID-19 response
4. To know youth's perception about their future after COVID-19 in terms of education, engagement and economic opportunities

Methodology

The study is based on both primary data, which is collected from an online survey and secondary data, which includes various articles and other available resources. The primary data collected with the help of a questionnaire. The respondents included youth between the age 15 to 35. The questionnaire for the study included the following part: 1) Demographic information 2) and youth's perceptions about the current COVID-19 lockdown situation 3) youth's perception about the Government's COVID-19 response 4) youth's perception about their future after COVID-19 in terms of education, engagement and economic opportunities. A basic analysis of collected data was done.

Results and Discussion

Table 1

Gender of the respondents

Gender	Total
Male	23
Female	42
Total	65

The above table shows the gender of the respondents. Female constitutes the

majority of respondents followed by male. There are 42 female respondents and 23 female respondents.

Table No. 2

Age of the respondents

Age	Category
14 to 17	6
18 to 21	6
22 to 25	28
26 to 29	20
30 and above	5
Total	65

Table No.2 depicts the age of the respondents. Majority of the respondents are in the age group of 22 to 25. It was followed by the age category 26 to 29. The least number of respondents included 30 and above.

Table No. 3

Source of information on covid19

No	Source	Response
1	WhatsApp	7
2	Television	17
3	Radio	0
4	Social media	14
5	Family members and elders	4
6	Religious leaders	0
7	Friends	1
8	Mobile phone	22
9	Total	65

Table no.2 shows source of information of COVID-19 pandemic. Majority of the people relies on mobile phone to get information on the COVID-19

followed by television and social media respectively.

Studies shown that youth received information regarding covid19 from social media, news and govt notifications. They found it to be more reliable.

Table No. 4

The activities of youth to prevent spread of COVID-19

No.	Activities	Response
1	Social distancing, staying at home and washing hands regularly	44
2	Serving vulnerable members of community and raising awareness	8
3	Dispelling rumours and fake information	1
4	Working with organizations focused on the Coronavirus relief effort	7
5	Supporting local government by providing feedback and suggestions	5
6	Total	65

Table No.3 shows the activities of youth during COVID-19 for its prevention. Majority of the respondents kept social distancing, staying at home and washing hands regularly to reduce the spread of the corona virus. Activities were not only included at individual level, they practiced covid19 preventive measures at societal level. Many studies shown that young population worried more about their relatives and loved ones than themselves during covid19.

Table No.5*Impact on mental health*

No.	Impact	Response
1	Yes	31
2	No	13
3	I am not sure	7
4	May be	14
5	Total	65

Mental health is an important area where COVID-19 situation impacted. In this study 31 respondents believed that COVID-19 impacted their mental health. 13 respondents believed that their mental health is not impacted by COVID-19. Also, there are people who are not sure about whether their mental health is impacted by COVID-19. The data can be substantiated with literatures available. Studies revealed that young population undergone anxiety and depressive symptoms during covid19 pandemic.

Table No. 6*Opinion on closure of educational institutes*

No	Opinion	Response
1	Strongly agree	21
2	Agree	29
3	Neither agree nor disagree	11
4	Disagree	3
5	Strongly disagree	1
6	Total	65

The opinion of the youth on the statement “National guidelines on school closure and limitation of movement are effective in preventing the spread of coronavirus” is listed in the above table. Majority of the young population responded that they agree to this statement followed by 21 are strongly agreed

to the statement. 11 of them neither agreed nor disagreed with the statement.

Studies shown that adolescents and young adults have high risk perception on covid19 and are more likely to engage in preventive measures. In the present study, the youth population are engaged in the individual preventive measures and also community level awareness making. The youth have shown high risk perception in terms of their relatives than for themselves.

It was shown in the studies that youth seek information from trusted sources. The youth in the present study also seek covid related information from trusted sources. The various sources from which the information seek was social media websites of various government organisations, television and mobile phones. Trusting reliable sources has reduced anxiety level of the individuals. Mental and emotional health impact was also discussed in related studies.

Limitations

The study sample was youth in the age group of 14-35 who have accessed the questionnaire of the survey anonymously. It was not easy to rule out that someone outside of the sample unit has participated in the study. The background information asked was short and it seemed that there is a decreased representativeness of the people who responded.

Conclusion

The perception of youth population on covid19 pandemic was mostly about the risk for infection of covid19 to their relatives and loved ones. Furthermore, they are worried about the mental health condition, financial well-being, employment status, job demand, social interactive pattern, higher educational aspirations etc. many of them are happy with the measures taken by the government agencies to tackle the pandemic situation.

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Social media usage and fear of missing out (FoMO) among college students: A quantitative study in Kerala

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Abstract

Over the past decade, the constant increase in social media use has made college students to choose it as a primary way of interacting. In addition to the link between social media use and poor mental health, studies show that college students are struggling in maintaining social media sustainability. Given the documented emotional and psychological effects of social media use, it is crucial to understand psychological mechanisms associated with social media use with harmful effects. Therefore, the aim of the study is to assess the social media influence and FoMO among college students. The study adopted quantitative descriptive research design. The participants were selected using the online survey method and two hundred fifty college students participated in the study. The data was collected using the Demographic and Social Media Usage Questionnaire, Social Media Use Integration Scale and Fear of Missing Out Scale. Descriptive and inferential statistics were used to analyse the quantitative data. The study results show that there is a strong correlation between FoMO and Social Media Use. The test result also shows no relationship between gender with FoMO [P -value .304] and Social Media Use [P - Value.228]. Also, no relationship was found between education qualifications

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with FOMO [P – Value.155]. Besides, there is an association between education qualification and social media use [P-value. 011].

Keywords: Fear of Missing Out, College Students, Social Media Use, Mental Health, Social Rejection

People have a fundamental need to establish and maintain social ties with others: participation in social media is seen as a practical way to meet such social needs, while promoting a sense of belonging and a meeting on cohesion (Chiou et al., 2015). The purpose of social media is to simplify communication between people. Social networks like Facebook, Twitter, Snapchat and Instagram aim to remove the boundaries of geographic distance and create many social relationships that people can connect to at any time (Twenge, 2017). By promoting deeper relationships through constant relationships, it is possible to continue connecting with others to avoid the discomfort of social segregation, loneliness and isolation (Twenge, 2017). The expected benefits of using social media are particularly attractive as college students adapt to new environments. New stressors and adult responsibility often arise when adapting to college life (Drouin et al., 2018). As a result, college students see social media as an integral part of their social life and show their penchant for social media interaction and interest in face-to-face dating (Twenge, 2017). The desire for useful social interaction does not come from social networks (Begley, 2017). The motives for creating social contacts have evolutionary roots, and as a result, people have an innate desire to accept and belong that promotes survival (Twenge, 2017).

There are signs that the use of social media does not provide this expected income support and has quite negative consequences (Ryan et al., 2017). College students are increasingly replacing face-to-face contact with virtual interactions and creating voids of meaningful emotional connection that has been associated with loneliness, anxiety, and depression, declining self-esteem, di-

inished connection to peers, poor subjective well-being, and sensitivity to social exclusion (Cain, 2018).

People have the basic needs of socialisation. Social media is seen as an attractive and effective way to gain social acceptance and belonging, but the negative psychological consequences of social exclusion are easy to experience. College students say they feel madness, segregation, pain and fear when they cannot join social media accounts (Begley, 2017) in other words; separation hinders the need to be a part of it (Twenge, 2017). To relieve the anxiety caused by thwarted belonging, information is shared on social media to feel noticed, validated, liked, and avoid feelings of social exclusion (Dossey, 2014). Checking social media can also be a negative experience as individuals anxiously wait for people to like and comment on their posts. Getting fewer likes and comments compared to a person's social media contacts is also a source of stress (Begley, 2017; Twenge, 2017). In addition, people feel compelled to browse endless streams of blog posts, tweets, feeds, photos, videos, and comments to not miss out on potentially rewarding social experiences (Begley, 2017). This compulsive control of social media has recently been referred to in the literature as fear of absence (Przybylski et al., 2013).

The fear of missing out is defined as a worry of maintaining constant connections to what others are doing; This stems from a persistent fear of being absent or excluded from rewarding social experiences (Przybylski et al., 2013). Studies show that the fear of missing out results from psychological need deficits, including the need to belong, where individuals with unmet psychological needs engage in continuous social surveillance (i.e., using social networking sites for the purpose of tracking and monitoring the behaviours, beliefs, and activities of others) in efforts to fulfil those needs and avoid feeling left out of meaningful social experiences (Oberst et al., 2017). This triggers extreme social surveillance behaviour and forces individuals to track many status updates, photos and videos in their social media contacts to explain social activities that individuals have not been invited (Buglass et even., 2017).

Growing literature shows that the extent to which people fear neglect is different (Przybylski et al., 2013). Those who fear greater involvement in social media abuse are not sure that fear of missing out will force the use of social media, restore social contacts or if social media monitoring is ironic to allow for social exclusion (Buglass et al., 2017). 2018). In addition to evidence of the link between social media use and poor mental health, the study shows that college students are busy maintaining sustainability in social media: both inhibiting academic activity and performance (2018). Much of the research focuses on FOMO's impact on the use of social media. Most of the research on FOMO and social media use comes from Europe, the US, and other developed countries. Therefore, the current study sought to investigate the effects of social media and FOMO among college students in Kerala.

Theoretical-conceptual framework

Self-determination Theory: FOMO was first conceptualized using self-determination theory (SDT), developed by Ryan & Deci and applied by Buglass et al. to understand what drives FOMO. SDT attempts to explain how personality is formed and the psychological needs that drive personality formation. SDT proposes that intrinsic (rather than extrinsic) motivation for reward is essential in promoting mental health and that intrinsic motivation is best promoted when one feels socially connected to others. Therefore, in SDT, social relatedness can drive intrinsic motivation, which can encourage positive mental health. Przybylski et al. applied SDT to FOMO, proposing that FOMO is a negative emotional state resulting from unmet social relatedness needs. The conceptualization that FOMO involves negative effects from unmet social needs is similar to theories about the negative emotional effects of social ostracism

Attribution Theory: The desire to explain the behaviors of others is a reflection of the fact that humans are a fundamentally social species whose survival and success are determined in part by how well they can predict and navigate their social world. Kelley noted that humans are influenced by the real, implied or imagined presence of others.

Methods

The study adopts descriptive research design. Participants are selected using the survey method (a quarter of the data were collected directly from the participants and the remaining data were collected through posting the tool to social media sites). Two hundred fifty college students from the north, south and central parts of Kerala participated in the study. The researchers used Socio-demographic Information and Social Media Use Questionnaire, FoMO Scale (FoMOs), and Social Media Use Integration Scale to collect the data. The quantitative data were analyzed using descriptive and inferential statistics and qualitative data were analyzed using content analysis.

Ethical consideration: Data was collected through social media platforms, but personal identification details were not collected. Collected data was saved in google drive with password protection. Besides, data were handled only by the researchers. The researchers maintained the confidentiality of the information supplied by research subjects, and the anonymity of the respondents was respected. Also, the researcher got ethical clearance from the researcher's institution.

Results

The current study results show that all the participants are 18-28 years old. The majority (65.6%) of the participants are female, and only 34.4% are male. Besides, 59.2% of participants were graduates, and the rest were postgraduates.

Table 1

Characteristics of the participants

Characteristics		%
Age	18-28	100
Gender	Male	34.4
	Female	65.6
Educational qualifications	Graduation	59.2
	Post-graduation	40.8

Participants were asked to provide information related to their social networking use. About 76.0% of respondents using internet connectivity through mobile internet. 23.6% of the participants used WIFI, and only 0.4% of the respondents' used hotspots for internet connectivity. More than three-quarters of the participants (77.8%) indicated that they used social networking sites to connect with friends and family, 3.6% to interact with fans and followers, 65.4% to gain information about what is going on in the world, and 22.4% choose other reason.

All the participants reported using social networking sites; 89.2% use What's App, 72.8% use YouTube, 62.4% reported having an Instagram account, 41.6% use Facebook, 9.4% reported having a Twitter account, and 30% choose others.

The study results show that 82% of respondents indicated that they use social networking sites 5-7 days per week, 11.2% of participants indicated use 3-5 days per week and only 6.4% participants use 1-3 days per week. Additionally, participants were asked how many times per day they assessed social networking sites, 34.8% indicated more than 20 times per day, 25.8% indicated 6-10 times per day, 18.6% indicated 10-15 times per day, 14.8% indicated 16-20 times per day, 6% participants indicated assessing their social networking sites less than 5 times per day.

Table 2

Social Networking Site Usage Questions

Characteristics	%	
Type of Internet Connectivity	WIFI	23.6
	Hotspot	.4
	Mobile Internet	76.0
Reasons for Social Networking Use	To connect with friends / Family	77.8
	To interact with fans	3.6
	To gain information about what's going on in the world	65.4
	Other	22.4

Social Networking Site Used		
	Facebook	41.6
	Twitter	9.4
	YouTube	72.8
	WhatsApp	89.2
	Instagram	62.4
	Others(Specify)	13
Social Networking Use-Days Per Week		
	1-3 days	6.4
	3-5 days	11.2
	5-7 days	82.0
Social Networking Use –Times Per Day		
	Less than 5 times	6.0
	6-10 times	25.8
	10-15 times	18.6
	16-20 times	14.8
	More than 20 times	34.8
Negative Experience on Social Networking Site		
	Yes	30.6
	No	69.4
Response to Negative Experience		
	No response	31.8
	Reported the negative content to an authority figure	18.4
	Other	0.6

Concerning social networking use, participants were asked to respond to the items related to positive and negative content directed to them as young adults on social networking sites. The majority of participants, 69.4%, reported experiencing negative content directed at them as a young adult; 30.6% of participants experienced negative content directed towards them as young adults on social networking sites. Participants who experienced negative content directed at them as young adults were asked to share how they responded to the content and selected multiple choices; 31.8% reported no response,

18.4% reported the negative content to an authority figure, 0.6% of participants reported other reasons

Table 3

Social media usage of the participants

	Mean	Median	Standard Deviation
FoMO	27.86	28.00	7.505
Social Media Usage	25.37	25.00	8.516

Raw scores collected were converted to test scores using scale interpretation. The test score results show that the average level of FoMO is 27.86 and Social Media Usage is 25.37 with a standard deviation of ± 7.505 and ± 8.516 , respectively.

Table 4

Association between gender and education with FoMO and Social Media Usage

	FoMO	Social Media Usage
Gender	.304	.228
Education	.155	.011

The Kruskal Wallis Test results show no relationship between gender with FOMO [P -value is 0.304] and Social Media Use [P - Value is 0.228]. Also, there is no relationship between education qualification with FOMO [P -Value is 0.155]. Besides, there is an association between education qualification and social media use [P- value is 0.011].

Table 5

Correlations between Age with FoMO and Social Media Usage

	FoMO	Social Media Usage
Age	-.089	-.055
FoMO	1.000	.590**
Social Media Usage		1.000

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

Table 5, indicating Spearman's correlation results show a very weak negative correlation between Age and FoMO [P-Value -0.089]. Also, the result shows that there is a moderately strong positive correlation between FoMO and Social Media Usage [P-Value 0.590]

Discussion

Understanding the relationship between social media use and FoMO helps researchers better explain the importance of social media on psychological function. It provides information on possible interventions against the emerging adult population. The current study is based on more accurate and sophisticated research on the relationship between social media use and mental health outcomes. It is crucial to study the use of social media in young adults with high use of social media. This is the stage of development of stress and significant changes that can predispose emerging adults to experience negative psychological outcomes. Psychological experiences during this period can lead individuals towards future happiness or misery.

A growing literature suggests that social media may be a factor in a university student's poor mental health (Cain, 2018). Studies have shown that young people who use social media are at risk of psychological stress; using three or more social media platforms significantly increased the risk of anxiety and depression compared to those who used fewer platforms (Primack et al., 2017). The use of social media for more than two hours a day than those who use social media less is also associated with reducing mental health outcomes and

psychological stress (Royal Public Health Association, 2017).

In addition to psychological distress, research indicates social media use interferes with academic performance and motivation, as college students who report using social media more often studied fewer hours, had lower grade point averages, and reported lower academic motivation compared to students using social media infrequently (Leyrer-Jackson & Wilson, 2018; Wohn & LaRose, 2014). Paradoxically, college students report using social media as a primary avenue of connecting with people and seeking social support in times of stress while simultaneously acknowledging that social media is a source of stress and anxiety (Begley, 2017; Drouin, Reining, Flanagan, Carpenter, & Toscos, 2018). It is crucial to study how the most important methods of social interaction between college students affect the mental health, academic results and overall happiness of college students.

The current study helps to identify potential risk factors for the development of negative psychological functions in response to the use of social media. In terms of mental health outcomes, the effects can be affected by the identification of measures and emotions can help with prevention and intervention services.

The consequences of depression and anxiety in adulthood have significant medical, academic, economic and social effects. There are two important ways to solve and reduce FoMO among college students. Firstly, by sending a positive message. Secondly, it can motivate and inspire college students to cultivate positive behaviour and prevent them from quickly falling into FoMO. Controlling the use of social media is an effective solution because it is an important part of a person's well-being.

On the other hand, it is still important to limit and control the use of social media. Social media is just one way to meet strict birth standards, but affection must be reduced. This can be achieved by emphasising the importance of using it only for productive purposes, such as maintaining and establishing real relations. It is interesting to study fomo's relationship to other personality

traits such as self-esteem and self-control.

Future research on the effects of social media and Fomo's impact on students is expected to focus on a wider range of students. It is very important to continue research into the direct effect of social media use on the perception of social relationships and cognitive models.

Social exclusion is a painful psychological experience, and the link between social exclusion has been identified as the cause of frustrated cohesion and psychological stress (Gere & MacDonald, 2010). Given the importance of college students on social media, it is important to study the effect and extent of the use of social media on social exclusion. Few studies deal with the relationship between an individual's specific needs and the use of social media (Empire and Warder, 2013). However, no studies have been done to determine whether fear of neglect contributed to a sense of social exclusion (Buglass, 2017). The study helped bridge the gap in the literature by studying the differences between the needs for individual cohesion, fear of neglect and the use of social exemptions that affect college students on social media.

However, findings from this study suggest that overt forms of rejection are not necessary to trigger feelings of social rejection and negative emotional and behavioural reactions; social media played a role in these perceptions and reactions to rejection. Moreover, it is becoming increasingly common practice for students with psychological problems to be assessed for social media addiction (Cain, 2018). One goal of this study was to extend the literature by examining factors that may suggest why social media use has been associated with psychological difficulties.

This study suggests that perceptions of social rejection is one such factor. Campus therapists may find the present study's findings useful insofar as they suggest one way in which thwarted belonging, social media, and fear of missing out caused by social media surveillance may be contributing to feeling socially rejected accompanied by psychological distress. Therefore, this information can be used, for example, to provide appropriate diagnostic and ther-

apeutic strategies. B asks students to engage online and teach them healthy social media habits to promote meaningful social interaction.

Studies should critically investigate the effects of integrating individuals into social networking sites through vertical studies, particularly those most involved in this activity. The current research area does not yet cover Kerala and other Indian researchers. As a result, researchers were unable to find Indian literature related to the use of FoMO and social media among college students in Kerala and India. Due to the epidemic, the researchers collected a quarter of the data directly from the participants. The rest of the data is collected through online platforms using Google forms. Another possible limitation is that people find it difficult to understand real behavior when using investigative tools on a network site. Although interest in studies on this topic has increased (Beyens et al., 2016), researchers are aware that “fear of staying” is a key area to explore. The results of the sex effect as a preacher in the “fear of missing out” have not been confirmed.

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