PSYCHOLOGICAL DISTRESS AMONG WOMEN WITH BREAST CANCER IN KOZHIKODE DISTRICT.

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CERTIFICATE

This is to certify that the dissertation entitled "**PSYCHOLOGICAL DISTRESS AMONG WOMEN WITH BREAST CANCER IN KOZHIKODE DISTRICT** "is a bonafide record of work done by **MILAN MARIYA THOMAS** under the guidance of Mrs Sreeparvathi Induchudan in partial fulfilment of the requirement for the award of the degree of Master of Social Work, during the period of her study (2021-2023) in the Department of Social Work, Don Bosco Arts and Science College, Angadikadavu, Kannur, affiliated to The Kannur University.

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DECLARATION

I, MILAN MARIYA THOMAS, the undersigned, hereby declare that the dissertation entitled, **"PSYCHOLOGICAL DISTRESS AMONG WOMEN WITH BREAST CANCER IN KOZHIKODE DISTRICT"**, submitted to the Kannur University, in partial fulfilment of the requirement for the award of the degree of **Master of Social Work**, is a bona fide work done by me under the guidance of **MRS. SREEPARVATHI INDUCHUDAN,** Assistant Professor, Department of Social Work, Don Bosco Arts And Science College, Angadikadavu. This work has not been placed by anybody in the University for the Award of any degree or diploma.

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ABSTRACT

INTRODUCTION

Breast cancer is a life-altering diagnosis that often leads to significant psychological distress among affected individuals. This study aimed to explore the prevalence and factors associated with psychological distress among women with breast cancer. Moreover, the study highlighted the importance of early detection and intervention in mitigating psychological distress among women with breast cancer. Integrated psychosocial care and support services were found to be effective in reducing distress levels and improving the overall quality of life for patients. Furthermore, interventions such as cognitive-behavioural therapy, mindfulness-based stress reduction, and peer support groups showed promise in addressing psychological distress.

The specific objectives of the current study include; To study the socio-demographic details of women with breast cancer and to determine the psychological distress of women with breast cancer. These findings emphasize the need for healthcare professionals to adopt a holistic approach to breast cancer care, which includes routine psychological assessment and timely provision of supportive interventions. Future research should focus on developing targeted interventions tailored to individual needs, exploring the long-term impact of psychological distress on treatment outcomes, and investigating the effectiveness of technology-based interventions in reaching a broader population of women with breast cancer.

METHODOLOGY

A cross sectional descriptive design and quantitative study was carried out in the current study. The study was conducted among women with breast cancer age group of 30-80 living in various panchayat in Kozhikode district. Cross sectional study method was used for collection the samples for the current study. Self reported questionnaire were administrated and its responds. The tools for data collection were socio-demographic profile and DASS questions. The method of the data collection was done through various steps like approval, tool construction, consent form and telephone-interview. The findings of the current study were analysis through SPSS and frequency distribution was done.

RESULTS

In the present study, 60 women were enrolled as participants, with the majority falling within the age group of 51-65. The findings of this study indicate that a significant number of women experience severe cases of depression and anxiety, primarily driven by their awareness of their illness. This consciousness further affects their mental well-being. Additionally, these women express concerns about the impact of treatment costs on themselves and their families. Moreover, they experience stress in a similar manner, as they lack control over the outcomes of their illness.

CONCLUSION

The study emphasized the importance of healthcare professionals adopting a holistic approach to breast cancer care. Routine psychological assessment and timely provision of supportive interventions should be integrated into the standard care for these patients. Overall, this study underscores the need for a multidimensional approach to breast cancer care that encompasses both medical and psychological support. By addressing the psychological distress associated with breast cancer, healthcare professionals can enhance the well-being and quality of life for women throughout their treatment and survivorship.

 KEYWORDS: Psychological Distress, Breast Cancer, Women.

CONTENTS

LIST OF FIGURES

LIST OF TABLES

CHAPTER I
INTRODUCTION

CHAPTER I
INTRODUCTION

ABOUT WOMEN

Women are individuals who identify as female or are assigned female at birth. They are an integral part of society and make up roughly half of the global population. Women have played significant roles in various fields such as politics, science, arts, sports, and business, among others.

Historically, women have faced challenges and discrimination, including limited access to education, employment opportunities, and basic rights. However, throughout the years, there have been significant advancements in women's rights and gender equality movements worldwide (Woman, 2023).

1.1   PROBLEMS OF WOMEN

Women with breast cancer face several challenges and problems throughout their journey. Here are some common issues they may encounter:

Emotional and psychological distress: A breast cancer diagnosis can bring about a range of emotional responses, including fear, anxiety, sadness, anger, and depression. Coping with the emotional impact of the disease and its treatment is often challenging for women and may require support from family, friends, support groups, or mental health professionals.

Physical side effects: Breast cancer treatment, such as surgery, radiation therapy, chemotherapy, hormone therapy, or targeted therapy, can lead to various physical side effects. These may include pain, fatigue, hair loss, changes in body image, weight fluctuations, and lymphedema (swelling of the arm or hand).

Sexual health concerns: Breast cancer and its treatment can affect a woman's sexual health and intimacy. Treatments such as surgery, radiation, and hormonal therapy may

cause changes in libido, vaginal dryness, pain during intercourse, or body image issues, which can impact a woman's self-esteem and relationships.

Fertility and reproductive concerns: Some breast cancer treatments can affect a woman's fertility or cause early menopause. This can be distressing for women who desire to have children in the future. Options such as fertility preservation techniques or discussing alternative family-building methods with healthcare providers may be important.

Financial burden: Breast cancer treatment can be expensive, and the financial burden associated with it can be overwhelming for many women. Medical bills, medications, co-pays, and the potential loss of income due to treatment or inability to work can add significant stress. Exploring available resources, insurance coverage, financial assistance programs, or seeking guidance from social workers can help alleviate some of these concerns.

Relationships and support: Breast cancer can strain relationships with partners, family, and friends. It may be challenging for loved ones to understand the emotional and physical impact of the disease. Communication and support from a network of friends, family, and support groups can be vital during this time.

Fear of recurrence and long-term effects: Women who have completed treatment may experience fear or anxiety about the cancer returning (recurrence). Regular follow-up appointments and communication with healthcare providers can help alleviate these concerns. Additionally, there may be long-term effects of treatment, such as the risk of developing other health conditions or the need for ongoing medications or monitoring.

It's important to note that every woman's experience with breast cancer is unique, and the challenges she faces may vary. Support from healthcare professionals, support groups, counselling services, and loved ones can make a significant difference in addressing these problems and improving overall well-being(Ghaemi et al., 2019).

1.2   CANCER

Cancer is a class of diseases characterized by out-of-control cell growth. There are over 100 different types of cancer, and each is classified by the type of cell that is initially affected.

Cancer harms the body when damaged cells divide uncontrollably to form lumps or masses of tissue called tumours (except in the case of leukaemia where cancer prohibits normal blood function by abnormal cell division in the blood stream). Tumours can grow and interfere with the digestive, nervous, and circulatory systems and they can release hormones that alter body function. Tumours that stay in one spot and demonstrate limited growth are generally considered to be benign.

Pass more easily through smaller gaps, as well as applying a much greater force on their environment compared to other cells (What Is Cancer? 2007).

1.3   BREAST CANCER

Breast cancer is a kind of cancer that develops from breast cells. Breast cancer usually starts off in the inner lining of milk ducts or the lobules that supply them with milk. A malignant tumour can spread to other parts of the body. A breast cancer that started off in the lobules is known as lobular carcinoma, while one that developed from the ducts is called ductal carcinoma.

The vast majority of breast cancer cases occur in females. breast cancer in women. Click here to read about breast cancer in men.

Breast cancer is the most common invasive cancer in females worldwide. It accounts for 16% of all female cancers and 22.9% of invasive cancers in women. 18.2% of all cancer deaths worldwide, including both males and females, are from breast cancer.

Breast cancer rates are much higher in developed nations compared to developing ones. There are several reasons for this, with possibly life-expectancy being one of the key

factors - breast cancer is more common in elderly women; women in the richest countries live much longer than those in the poorest nations. The different lifestyles and eating habits of females in rich and poor countries are also contributory factors, experts believe (Breast Cancer - Symptoms and Causes, n.d.).

1.4   BREAST CANCER AND MENTAL HEALTH

Breast cancer can have a significant impact on a woman's mental health and well-being. The experience of being diagnosed with breast cancer, undergoing treatment, and managing the emotional and physical effects can be challenging and emotionally distressing. Here are some ways in which breast cancer can affect mental health:

Anxiety and Fear: A breast cancer diagnosis often leads to feelings of fear, uncertainty, and anxiety about the future. The fear of the unknown, concerns about treatment outcomes, and worries about the impact on relationships and daily life can cause significant distress.

Depression: Many women with breast cancer experience symptoms of depression, such as persistent sadness, loss of interest or pleasure in activities, changes in appetite or sleep patterns, and feelings of hopelessness. The emotional toll of dealing with a life-threatening illness can contribute to depressive symptoms.

Body Image and Self-Esteem: Breast cancer treatment, including surgery, radiation, and chemotherapy, can cause changes in physical appearance, such as hair loss, scarring, and breast reconstruction. These changes can impact a woman's body image and self-esteem, leading to feelings of self-consciousness, insecurity, and reduced quality of life.

Post-Traumatic Stress Disorder (PTSD): Some women may develop symptoms of post-traumatic stress disorder following a breast cancer diagnosis or treatment. Intrusive thoughts, flashbacks, nightmares, and hyperarousal can occur as a result of the traumatic experience.

Relationship and Intimacy Issues: Breast cancer can affect intimate relationships, including sexual functioning and desire. The physical and emotional changes associated with treatment can create challenges in maintaining intimacy, communication, and overall relationship dynamics.

Social Isolation and Loneliness: The experience of breast cancer can sometimes lead to social isolation and feelings of loneliness. Women may withdraw from social activities and relationships due to physical limitations, treatment schedules, or concerns about being stigmatized or misunderstood.

It is crucial for women diagnosed with breast cancer to receive comprehensive care that addresses their mental health needs alongside medical treatment. This may involve psychological support, counselling, support groups, and interventions to improve coping skills and resilience. Healthcare providers, family members, and friends play a vital role in providing emotional support and creating a supportive environment for women going through breast cancer treatment (Viertiö et al., 2021).

1.6 STATEMENT OF THE PROBLEM

Breast cancer is common disease in women. In present generation many of the women are affected with this type of cancer. It is not curable. The women are not aware about this disease. They find this disease in the last stage where they are helpless. Breast cancer is not a transmissible or infectious disease. Unlike some cancers that have infection-related causes, such as human papillomavirus (HPV) infection and cervical cancer, there are no known viral or bacterial infections linked to the development of breast cancer.

Breast cancer is the most frequent type of cancer among women worldwide, especially in developed countries. To be diagnosed with breast cancer and undergo cancer treatment can be a very stressful event. It is estimated that one-third of cancer patients are dealing with psychological problems, such as anxiety and depression and resilience is a way of coping and overcome life stressors such cancer diagnosis.

Approximately half of breast cancers develop in women who have no identifiable breast cancer risk factor other than gender (female) and age (over 40 years). Certain factors increase the risk of breast cancer including increasing age, obesity, harmful use of alcohol, family history of breast cancer, history of radiation exposure, reproductive

history (such as age that menstrual periods began and age at first pregnancy), tobacco use and postmenopausal hormone therapy.

Diagnosis and treatment of breast cancer may induce psychological challenges such as anxiety, depression, anger, uncertainty about the future, hopelessness, desperateness, fear of recurrence of cancer, fear of separation from relatives, fear of pain, decrease in self-esteem, impairment of body image, fear of losing sexual capabilities, anxiety of not being loved or shown interest, and fear of death.

The project revolves around the psychological problems that is faced by the women who are diagnosed with breast cancer and also analyse their problems with qualitative analysis techniques.

1.7 TITLE OF THE STUDY

The title of the study is **"Psychological Distress among Women with Breast Cancer in Kozhikode district"**.

1.8 OBJECTIVES

1.8.1 GENERAL OBJECTIVES

The study aims to assess the psychological distress among women with breast cancer.

1.8.2 SPECIFIC OBJECTIVES

- To study the socio-demographic details of women with breast cancer.
- To determine the psychological distress of women with breast cancer.

1.9 SIGNIFICANCE OF THE STUDY

Most women experience at least some psychosocial distress during the course of their breast cancer diagnosis and treatment. The level of distress varies from woman to woman and, within an individual, over the course of diagnosis and treatment. Cancer-related distress can be expected to dissipate with time for the majority of individuals diagnosed with cancer. For others, however, such distress may interfere substantially with comfort, quality of life, and the ability to make appropriate treatment decisions and adhere to treatment. Psychosocial distress can be related to physical problems like illness or disability, psychological problems, and family issues and social concerns such as those related to employment, insurance, and supportive care access. Breast

cancer is becoming more prevalent these days. Why is the disease becoming more prevalent these days, and are women aware of the disease or are they unaware of it? This topic was chosen based on the researcher's personal interests. The researcher also goes into detail to understand the psychosocial issues that women face.

1.10 CHAPTERIZATION

The whole report has been divided into 5 chapters and the content of each chapter is given in brief below;

Chapter 1 – Introduction

Chapter 2 – Literature Review

Chapter 3 – Research Methodology

Chapter 4 – Analysis and Interpretation

Chapter 5 – Findings, Suggestions and Conclusion

1.11 CONCLUSION

This chapter deals with the statement of the problem and moreover the significance of the research conducted. The study aims to explore these issues through qualitative analysis techniques and identify potential areas for intervention and support for women with breast cancer. By studying the demographic characteristics, economic problems, psychological problems, social problems.

On the next chapter we discuss about the literatures reviewed for the study.

CHAPTER II
REVIEW OF LITERATURE

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REVIEW OF LITERATURE

2.1 INTRODUCTION

A review of literature is an essential component of academic research that provides a comprehensive over view and analysis of existing scholarly work on a particular topic. Its serves as the foundation upon which new research is build, helping researchers to identify gaps in knowledge and understanding the current state of the field. This review of literature is dealing with psychological distress among women with breast cancer. In the previous chapter we discussed the reasons behind the significance of the research and the objectives of the research conducted.

In this Chapter we discuss about the literatures reviewed for the study.

2.2 REVIEWS

A study investigated the extent of interdependence on anxiety within one person was undergoing treatment for breast cancer. Perceptions of relationship quality were expected to mitigate the anxiety experienced by both members of the dyad. 96 dyads participated in a 3-wave longitudinal study that took place over 10 weeks. Dyads were composed of a woman with stage I–III breast cancer who was currently undergoing treatment, and a partner who she nominated to participate in the study along with her. Results indicated that anxiety felt by women with breast cancer was consistently associated with that of her partner. Structural equation analyses suggest that the within-dyad influence runs mostly from partners' anxiety to the anxiety of women with breast cancer. Partners' anxiety was also associated with other indicators of the women's wellbeing including depression, fatigue, and symptom management. Perceptions of relationship quality from women with breast cancer and their partners were negatively associated with partners' anxiety. However, women's anxiety was only correlated with their partners', but not their own, perceptions of relationship quality. These findings underscore the benefit of having partners who are able to cope with or get help for their own personal distress as women cope with the stress of breast cancer and its treatment. (Segrin et al., 200

In this study patients diagnosed with breast cancer were reported to have high levels of psychosocial distress and poor quality of life (QOL). Mindfulness is believed to

9

improve QOL and reduce psychological distress in various populations, but its unique association with QOL and psychological distress in women with breast cancer has yet to be established. with depression, anxiety and QOL of women diagnosed with breast cancer. A sample of 234 Jordanian women completed the study. 24% of the participants scored above the cut- off for clinical depression, 36.3% scored above the cut- off for clinical anxiety, and 35.5% scored above the cut- off for poor QOL. Mindfulness accounted for significant unique variance in depression, anxiety and QOL above and beyond the variance accounted for by the demographic variables, clinical variables and social support. The current study provided preliminary evidence for the relationship of social support and mindfulness with the psychological well- being and QOL among Jordanian women with breast cancer. Future research may want to tailor an intervention that combines social support and mindfulness- based interventions and identify their benefits to support Jordanian women with breast cancer (Al-Ghabeesh et al., 2019).

The study shows that breast cancer is one of the most frequently diagnosed cancers among women.1 The World Health Organization (WHO) reported that that breast cancer is accountable for approximately 30% of all cancers among women.2 It is also ranked as the fifth-highest cause of cancer-related deaths. Therefore, breast cancer is considered a global public health concern in both developed and developing countries. Furthermore, the cancer survival rate in developing countries is lower than that in developed countries. The lower survival rates can be caused by insufficient early detection programmes, thus resulting in delayed diagnosis at advanced stages. Locally, breast cancer is the third most common cause of cancer mortality among Jordanian women after lung and colorectal cancers. Hence, early detection of breast cancer is of vital importance. Unfortunately, breast cancer patients in Jordan do not have easy access to adequate cancer care due to the shortage of oncology-trained healthcare professionals. An imbalance in the physician–patient ratio in Jordan may also lead to insufficient counselling time for patients. As a result, it may result in communication failure and poor awareness of the patients' concerns. A diagnosis of breast cancer is a stressful event that can challenge a woman's basic values, beliefs, goals, life functions besides threatening her sense of identity. On one hand, the patients face unmet needs at the time of diagnosis and they often have the urge to speak with someone experienced to obtain the necessary information to overcome the disease. On the other hand, physicians usually need to see a large number of patients in the clinics daily, putting them at a point of burnout apart from limiting the consultation time spent with the

patients. Particularly, the information that is given to patients often does not meet their needs at different phases of the disease trajectory. Therefore, it is necessary to instil effective coping strategies that can improve the psychological adaptation and quality of life of the patients (Younis et al., 2021).

A study suggests that the general problems of persons with malignant diseases (stages of asthenia, chronic fatigue and exhaustion, followed by depression and anxiety) lead to a decrease in functional abilities and a declining quality of life. The aim of this study was to determine the level of difficulty, the type of required assistance and the level of satisfaction that derives from maintaining life habits. The study also examined the correlation between the level of accomplishment of life habits and the level of satisfaction with how they are maintained. The lowest level of maintaining normal activities was related to education, housing and recreation. The greatest need for support to maintain normal activities was in the domains of housing, interpersonal relationships and employment. The greatest satisfaction in the accomplishment of normal activities was observed in the domains of mobility, nutrition and housing, and the lowest level of satisfaction was in the domains of recreation, communication and interpersonal relationships. The correlation between the level of accomplishment of normal activities and the level of satisfaction was the highest in the domains of general physical activity, responsibility and life in a community; the lowest level was in the domains of personal hygiene, housing, mobility, employment and recreation (Nikolić et al., 2015)

A study explored that familial social support use by CHamoru women on Guahan who had been diagnosed with breast cancer. It examined familial social support provided by the nuclear and extended family networks. The phenomenological method was used to gather data in 10 in-depth interviews with CHamoru women. Findings indicated the contributions of participants' family systems, with the role of siblings being especially crucial. Strong CHamoru familial ties appear to be maintained with the sibling set playing a key role in caregiving (Natividad, n.d.,2010).

The study's purpose has been to know the social support network for breast cancer-bearing women, who were participating in a support group from the Rio Grande do Sul State. It is a descriptive exploratory study with a qualitative approach, which was performed by the participation of women from a support group. The data analysis carried out according to the technique of Thematic Analysis of Minayo resulted in four

themes, as follows: family and friends as social support network providers; therapeutic groups in the support network framework; healthcare team as members of the support network; religiosity, faith and spirituality as part of the social support network to relieve suffering. Results: social support is needed during treatment, both for coping with the pathology and for women to recover from it. The results have shown that families, friends, neighbours and the group are all parts of the women network, who is experiencing cancer. providing social support is part of the comprehensive care given by nurses, so recognizing the women's needs is important to plan nursing care (Vargas et al., 2020).

A study investigates that the concurrent and longitudinal relationships between traumatic stress symptoms and demographic, medical, and psychosocial variables among women recently diagnosed with primary breast cancer. Participants were 1 17 women drawn from a parent study for women recently diagnosed with primary breast cancer. At baseline, the Impact of Event Scale (IES) total score was related to intensity of post-surgical treatment and lower emotional self-efficacy. At the 6-month follow-up, the IES total score was significantly related to younger age, to the increased impact of the illness on life, and to the baseline IES total score assessment. These results suggest that it is important to intervene for traumatic stress symptoms soon after the diagnosis of breast cancer. Furthermore, these results suggest women at greatest risk are those who are younger, who receive post-surgical cancer treatment, who are low in emotional self-efficacy and whose lives are most affected by having cancer (Koopman et al., 2002).

A study found that depression carries serious psychosocial, physical, and economic consequences for cancer survivors. Study goals were to characterize patterns and predictors of depressive symptoms and major depressive episodes in recently diagnosed breast cancer patients. Consecutively recruited women (N = 460) completed a validated interview (CIDI) and questionnaire measure (CES-D) of depression within 4 months after invasive breast cancer diagnosis and at six additional assessments across 12 months. Outcomes were major depressive episodes, continuous symptom scores, and latent symptom trajectory classes. Across 12 months, 16.6 % of women met criteria for a major depressive episode. Unemployment predicted depressive episodes after other correlates were controlled. Distinct trajectory classes were apparent: an estimated 38 % of women had chronically elevated symptoms (High trajectory), 20 % recovered from

elevated symptoms (Recovery), and 43 % had lower symptoms (Low and Very Low trajectories). Although 96 % of episodes occurred in the High or Recovery classes, 66 % of women in the High trajectory did not have an episode. Women in the Low (vs High) trajectory were more likely to be older, retired, more affluent, and have fewer comorbid diseases and briefer oncologic treatment. Women in the Recovery trajectory (vs High) were more likely to be married and more affluent and have fewer comorbid diseases. Assuming available therapeutic resources, assessment of both depressive symptoms and episodes over several months after diagnosis is important. Identification of patients at risk for persistently high depressive symptoms (e.g., younger, longer treatment course) opens targeted opportunities to prevent and promote rapid recovery from depression (Stanton et al., 2015).

A study found that the rapid increase in the cancer burden as breast cancer represents a real crisis for public health and health systems worldwide. Stressful life events are related to the risk of infected women developing an illness (cancer). One of the risks psychos- social life stressors which effects directly or indirectly on breast cancer occurrence in women. An assessment tool was constructed for the purpose of the study , it was comprised of Demographic Data, reproductive Data, Information related to woman healthy life style (exercise & nutrition), Information related to breast cancer (stage, side, period, family history) and psychosocial life stressors consist of (19 psychological item) and (11 social items) of 10 years previous breast cancer occurrence divided to two periods (previous 1-5 years) and (previous 6-10 years). Physical measurements for measuring obesity and overweight of body mass index as well as the medical records to explain in which stage of breast cancer and other details may be assisting this study. Data were collected from 5 February 2012 to 10 April. 2012. Analysis of data was performed through the application of descriptive and inferential statistical data analysis approach. The study demonstrates that the highest percentage (39.5%) of study sample was in age (50- 54) years in comparison with the other age groups for both of study and control groups. There are a highly significant different between the psychological stressors and breast cancer. While a non-significant was reported with the social stressors (Stanton et al., 2015).

A study seems to explain that the distinct trajectories of psychological distress over the first year of the diagnosis with breast cancer (BC) and its determinants have not been explored. Methods: 285 / 405 Chinese women receiving surgery for BC were assessed

at 5-days, 1- month, 4-months and 8-months post-surgery on measures of psychological distress, optimism, treatment decision-making (TDM) difficulties, satisfaction with treatment outcome, satisfaction with medical consultation, and physical symptom distress. Latent growth mixture modelling identified trajectories of psychological response to BC. Multi nominal logistic regression compared TDM difficulties, satisfaction with treatment outcome, satisfaction with medical consultation, optimism, and physical symptom distress, by distress pattern adjusted for age, education, employment status, and stage of disease ((Lam et al., 2010).

A large study found that patients with breast cancer often experience an extremely high psychological distress. Psychological distress includes both depression and anxiety as a specific framework. Existing study in these psychological symptoms (either anxiety or depression) were more strongly associated with the level of pain that is unavailable in breast cancer patients. This research aims to compare the levels of depression and anxiety among patients with different levels of psychological distress. The association between changes in distress at baseline and time of admissions with depression and anxiety was examined. Methods: This is a cross-sectional descriptive study. The study included two hundred female people who are suffering from breast cancer. They were tested using the Hospital Anxiety and Depression Scale (HADS) at the time of diagnosis -Baseline and during admission. The data were collected on age, ethnicity, types of treatment and cancer staging. Results: There is no significant difference of mean anxiety between intervention and control group at baseline (P = 0.361) and admission time (P = 0.385) but various age groups showed a statistically significant difference on their corresponding mean perceived anxiety (P=0.028) with having previous medical insurance (P = 0.050). Also, there is no significant difference of mean depression in baseline and admission time. Aged women experience less depression, although there is no significant difference. Women without previous medical insurance have higher level of depression compare with others (P = 0.003). Conclusion: Anxiety and depression are a type of severe psychiatric condition that has attributed to the feelings of apprehension in breast cancer. Finding from this study would support screening for anxiety and depression, early diagnosis, and counselling to improve the psychological well-being of patients with breast cancer. Further research would be required to assess the therapeutic interventions' efficacy (Younis et al., 2020).

2.3 CONCLUSION

Overall, these articles provide a comprehensive overview of the latest research on breast cancer from recent studies conducted, covering topics ranging from epidemiology and risk factors to screening, targeted therapy, and exercise. And also, we consider the literatures based on the cancer treatment survivors and the phase they went through when they were treated.

After conducting an extensive literature review on the topic at hand, it is evident that there not much information and research available on the subject. The review encompassed of sources, including academic journals, books, conference papers, and online resources, to ensure a comprehensive understanding of the existing knowledge and research gaps.

The findings from the literature review highlight several key themes and insights. Firstly, it is clear that there is a consensus among researchers regarding the importance of the topic and its relevance to the field of study. Numerous studies have emphasized the need for further investigation and exploration in order to address unanswered questions and contribute to the existing knowledge base.

CHAPTER III
RESEARCH METHODOLOGY

<p style="text-align:center">CHAPTER III</p>

<p style="text-align:center">RESEARCH METHODOLOGY</p>

3.1 INTRODUCTION

Methods used to complete the research work are described in this chapter. The research approach is crucial for studies in social work. The research process determines how accurate the findings are. The theoretical definitions, operational definitions, variables, hypotheses, a pilot study, the research design, the study's universe and unit, and data sources are all included in the methodology.

3.2 3.2.1 THEORETICAL DEFINITIONS

DEFINITIONS

Women

According to Cambridge dictionary woman can now be defined as "an adult who lives and identifies as female despite having been said to have a different sex at birth. "(***Woman*, 2023)**

Breast Cancer

According to centre for Disease Control and Prevention (CDC)Breast cancer is a disease in which cells in the breast grow out of control. There are different kinds of breast cancer. The kind of breast cancer depends on which cells in the breast turn into cancer(***What Is Breast Cancer?*, 2022)**

Psychological distress

Psychological distress refers to non-specific symptoms of stress, anxiety and depression, and it is more common in women (**Viertio, Kiviruusu, Piirtola, M.** *et al.,* **2021).**

3.2.2

OPERATIONAL DEFINITION

Women

In this study the women is a person who is having breast cancer.

Breast Cancer

Breast cancer is a type of cancer that develops in the cells of the breast. It occurs when abnormal cells in the breast grow and divide uncontrollably, forming a tumour.

Psychological distress

Psychological distress is nonspecific symptoms of stress, anxiety and depression.

3.3 VARIABLES

Variable is an object, event, idea, feeling, time period or any other type of category you are trying to measure. There are two major type of variables. Independent Variable, Dependent Variable,

3.3.1 Independent Variable

Is the Variable the researcher manipulates or changes and is assumed to have a direct effect on the Dependent Variable.e.g., Women diagnosed with breast cancer

3.3.2 Dependent Variable

It is the Variable being tested and measured in an experiment and is Dependent on the independent Variable. E.g. Psycho - social problem

3.5 RESEARCH DESIGN

A cross sectional descriptive design and quantitative study was carried out in the current study. A type of research study in which a group of people is observed, or certain information is collected, at a single point in time or over a short period of time.

3.6 PILOT STUDY

The current study was not conducted a pilot study.

3.7 UNIVERSE AND UNIT OF THE STUDY

3.7.1 UNIVERSE OF THE STUDY

The respondents are women diagnosed with breast cancer in Kozhikode District.

3.7.2 UNIT OF THE STUDY

A woman who comes under the age group of 30-80 and diagnosed with breast cancer in Kozhikode District.

3.8 SAMPLING

A sample refers to the portion of people drawn from a large number of people. Patients with breast cancer who were diagnosed between the ages of 30 and 80 make up the study's sample. The sample consists of sixty participants. The researcher had used convenient sampling method. It is a non-probability sampling technique in which participants are selected based on the easy availability or accessibility to the researcher.

3.8.1 INCLUSION CRITERIA

The researcher included women who are diagnosed with breast cancer.

3.8.2 EXCLUSION CRITERIA

The respondents who are not willing or having intellectual disability were excluded in the current study.

3.9 SOURCES OF DATA

The researcher used the data from both primary and secondary sources.

3.9.1 Primary Data: The researcher used an interview schedule approach to acquire the necessary data from respondents using primary sources so that they would feel comfortable and at ease sharing their opinions.

3.9.2 Secondary Data: The secondary data was gathered by the researcher from the available article, journals, books and internet.

3.10 TOOLS OF DATA COLLECTION

The tools of data collection such as:

- *Socio-demographic details:* The socio-demographic details consist of age, educational status, occupation, Marital status, income range, family type, cancer detection of women with breast cancer, personal hygiene and sleep disturbance among women with breast cancer.
- *DASS 21:* Depression, Anxiety and Stress Scale -DASS 21 questionnaire was used for the current study. Each domain consists of 7 questions and a standardised scoring pattern for analysing the data **(Henry & Crawford, 2005).**

3.11PRE-TEST

Conducted pre-test on 5 patients, after the pre-test, researcher got clear picture about the structure ofquestionnaireinclude whether it was comprehensible, understandable and effective for them.

3.12 METHOD OF DATA COLLECTION

The following steps were used for method of data collection:

- Approval from the Institution for conducting the study.
- Tool construction
- The researcher conducted interview among the women with breast cancer.

3.13 METHOD OF DATA ANALYSIS

The method of data analysis was:

- Data entry
- Data coding
- MS excels
- Analysis through SPSS(Statistical Package for Social Sciences)
- Frequency distribution done for making the results

CHAPTER 4
DATA ANALYSIS AND INTERPRETATION

CHAPTER 4

DATA ANALYSIS AND INTERPRETATION

4.1 INTRODUCTION

Analysis and interpretation are complimentary process that help to extract meaning from data or information. They are critical in decision making processes that relay on data driven insights. The data gathered and proposed are analysed and interpreted in this chapter. This analysis and interpretation are based on the answers given by the respondents. The researcher collected the data through the questionnaire. After the data collection, it was tabulated and summarized with reference to the objectives of study.

4.2 SOCIO-DEMOGRAPHIC VARIABLE OF THE RESPONDENTS

In this part researcher is attempting to study the socio-demographic details of the respondent which is always been considered as the significant part of a research study. It includes the details of respondents such as designation, age, religion, caste and educational status. The data are periodically representing using graphs and charts.

## 4.2.1 Age distribution of women with breast cancer (N=60).

Table 4.1

VALUES	FREQUENCY	PERCENTAGE
38-50	15	25
51-65	39	65
66-78	6	10

The table 4.1 represents the age group of the respondents. From the above table we can infer that 25% of the respondents are in the age group of 38-50, 65% are in the age group of 51-65 and the rest 10% are in the age group 66-78.

Most of the respondents are belongs to age group of 51-65.

4.2.2 Frequency distribution of education among women with breast cancer (N=60).

Figure 4.1
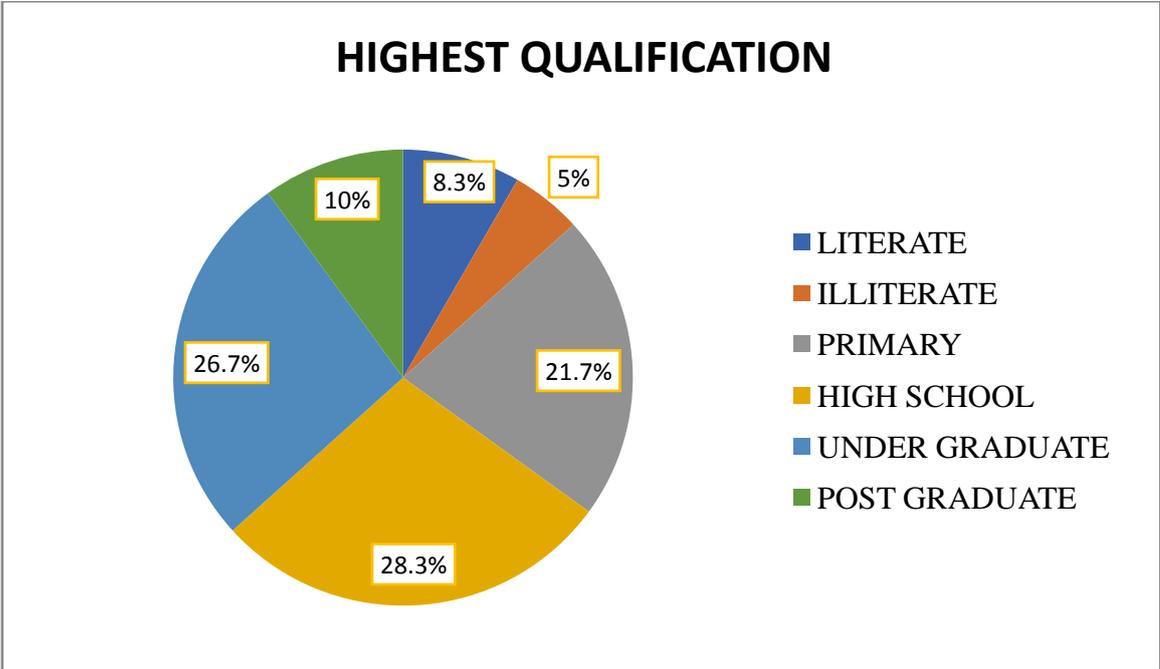
This visualization 4.1 represents the educational qualification of the respondents, it is clear from the diagram that 28.3 % of the respondents attended high school and 26.7 % attended under graduate degree.21.7 % attended primary school 10% are post graduate,8.3% are literate and only 5% are illiterate.

As a conclusion, majority of the respondents have high-school level education.

## 4.2.3 Religion of women with breast cancer (N=60)

Figure 4.2
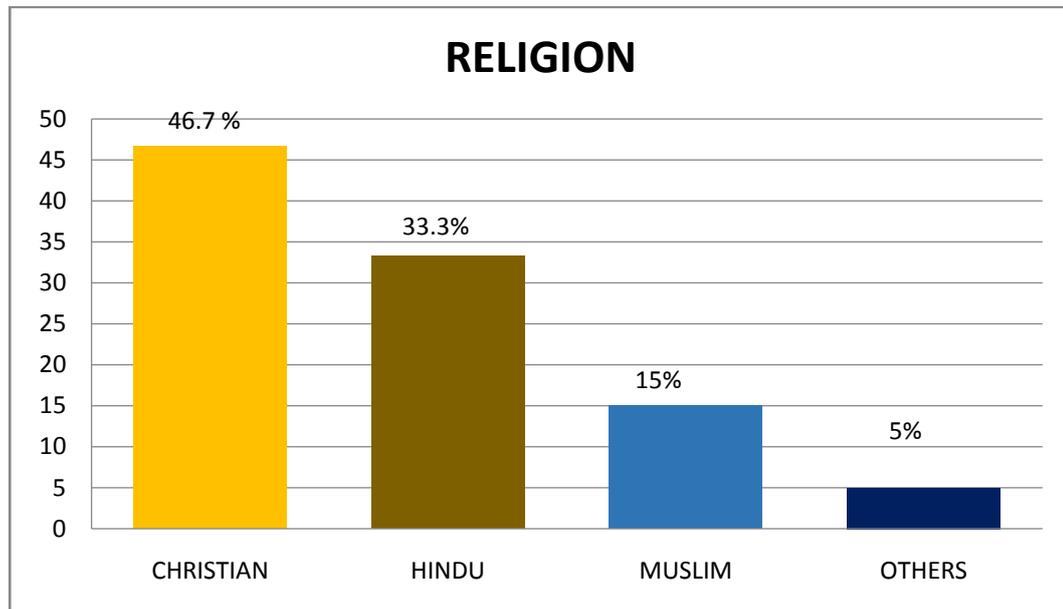
This visualisation represents religion of the respondents. It is evident from the diagram that 46.7 % of respondents are Christians. 33.3 % follows Hinduism, 15% follows Islam and 5% follow other religions.

As a conclusion, most of the respondents are Christians.

4.2.4 Marital status among women with breast cancer (N=60)

Figure 4.3
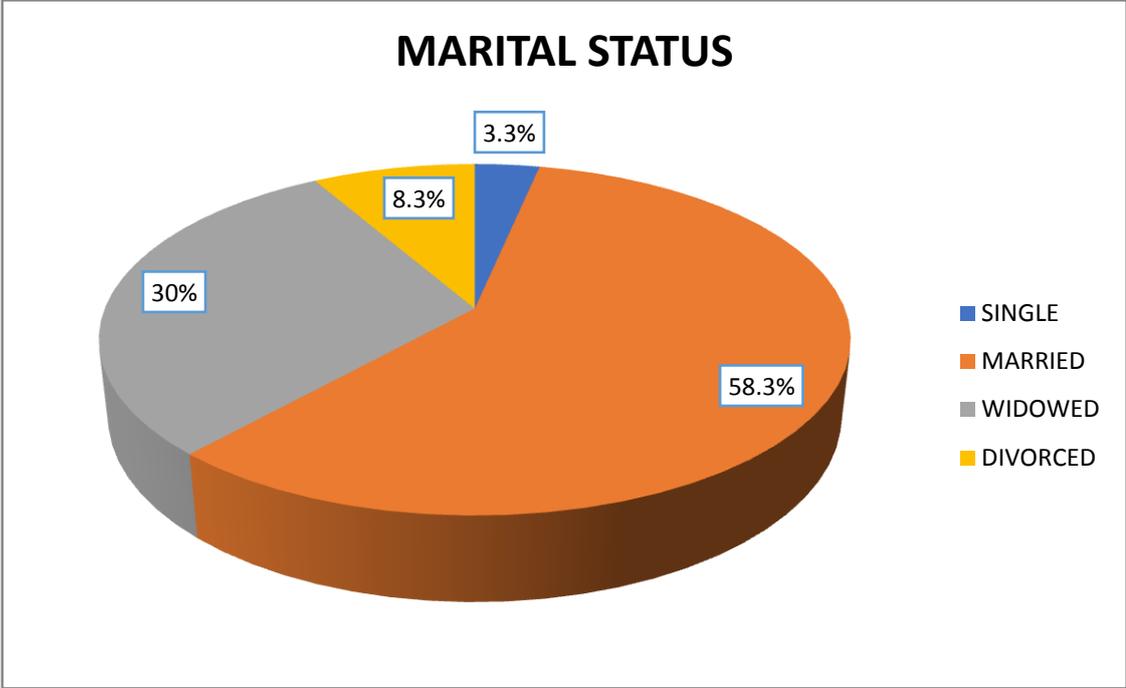
This visualisation 4.3 represents Marital status of the respondents. It is highlighted from the diagram that more than 58.3% of respondents are married ,30% are widowed and8.3% divorced. And only 3.3 % of respondents are unmarried.

As a conclusion, most of the respondents are married.

4.2.5 Occupation of women with breast cancer (N=60)

Figure 4 .4
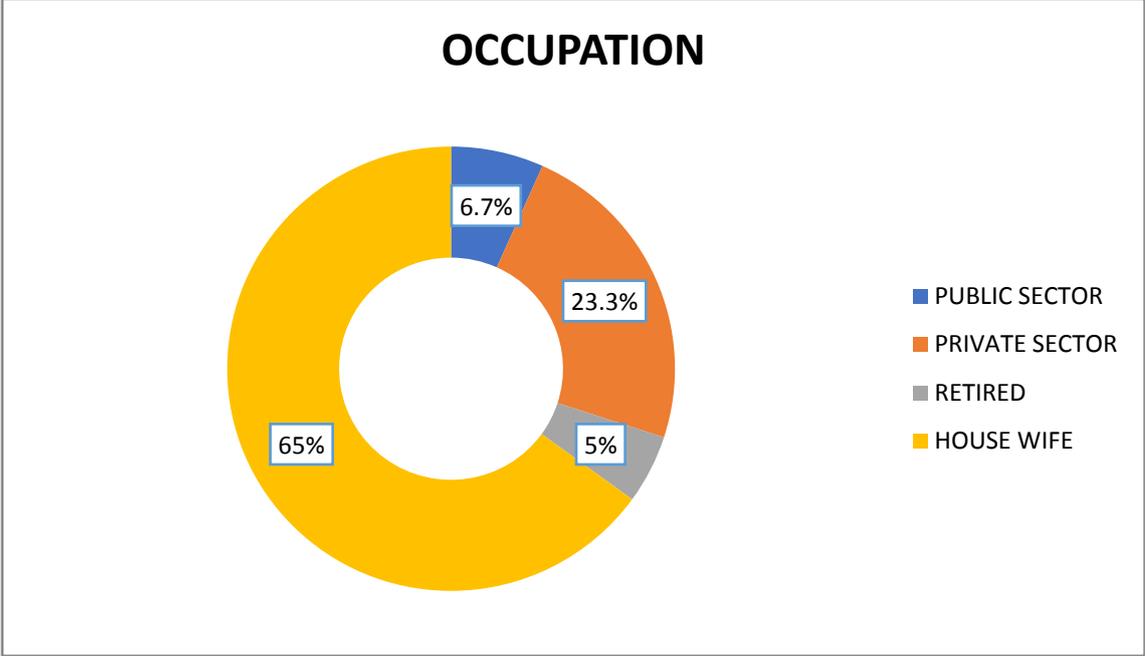
This visualisation 4.4 shows occupation of the respondents. It is evident from the diagram that 65 % of respondents who are affected with breast cancer are housewives.23.3% works in private sector,6.7%works in public sector,5% are retired.

The researcher gives opinion that most of the housewives are affected by breast cancer. The reason being late diagnosis of the disease.

## 4.2.6 Income range of women with breast cancer(N=60)

Table 4.2

VALUES	FREQUENCY	PERCENTAGE
Below 1000	4	6.7
1001-2000	5	8.3
2001-3000	4	6.7
3001-4000	9	15
4001-5000	11	18.3
5000 and above	27	45

This table 4.2shows income range of respondents. It is evident from the table that 45 % of the respondents have an income range 5000 and above. 6.7% of the respondents having the monthly income range below 1000 rupees, 8.3% of the respondents having the income range of 1001-2000 rupees,6.7% of the respondents having the income range of 2001-3000 rupees,15% of the respondents having the income range of 3001-4000 rupees,18.3% of the respondents having the income range of 4001-5000 rupees.

As a conclusion, most of the respondents have income range above 5000. And rest 55% comes under the income range below 5000 per month.

## 4.2.7 Family type of women with breast cancer (N=60)

Figure 4.5
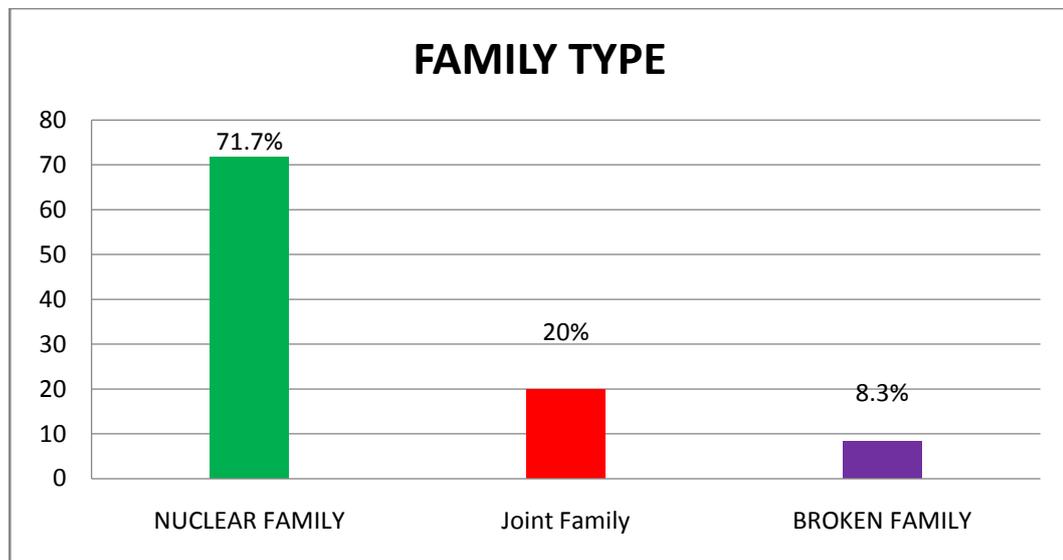
This visualisation 4.5 shows family type of respondents. From the diagram it's clear that 71.7 percent of the respondents come from nuclear family. Rest 20 percent comes from joint and 8.3 percent from broken family.

We can conclude that most of the respondents are from a nuclear family.

4.2.8 Cancer Detection among women with breast cancer (N=60)

Figure 4.6
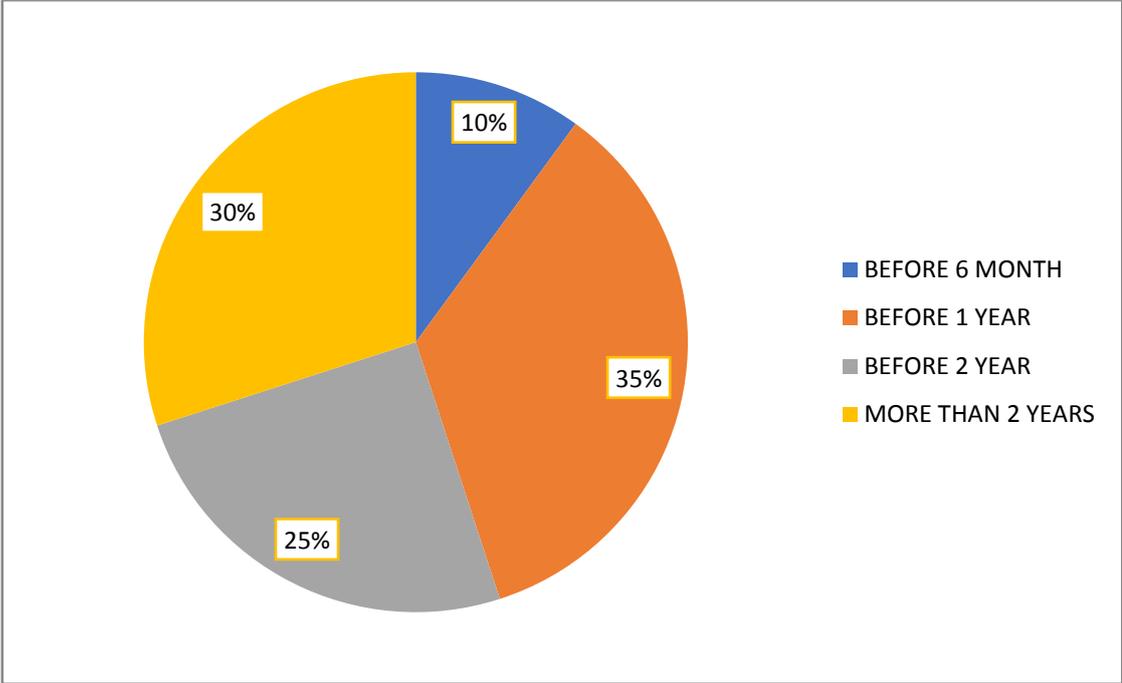
The above 4.6 visualisation shows the time period in which the cancer was diagnosed. It is clear from the diagram that most of the respondents or 35% are diagnosed with breast cancer before 1 year. Only 10 % of respondents were diagnosed before 6 months. The percent of respondents who are diagnosed with cancer before 2 years and more than 2 years are 25 % and 30% respectively.

We can conclude that most of the respondents are diagnosed before 1 year.

4.2.9 Personal hygiene among women with breast cancer (N=60)

Figure 4.7
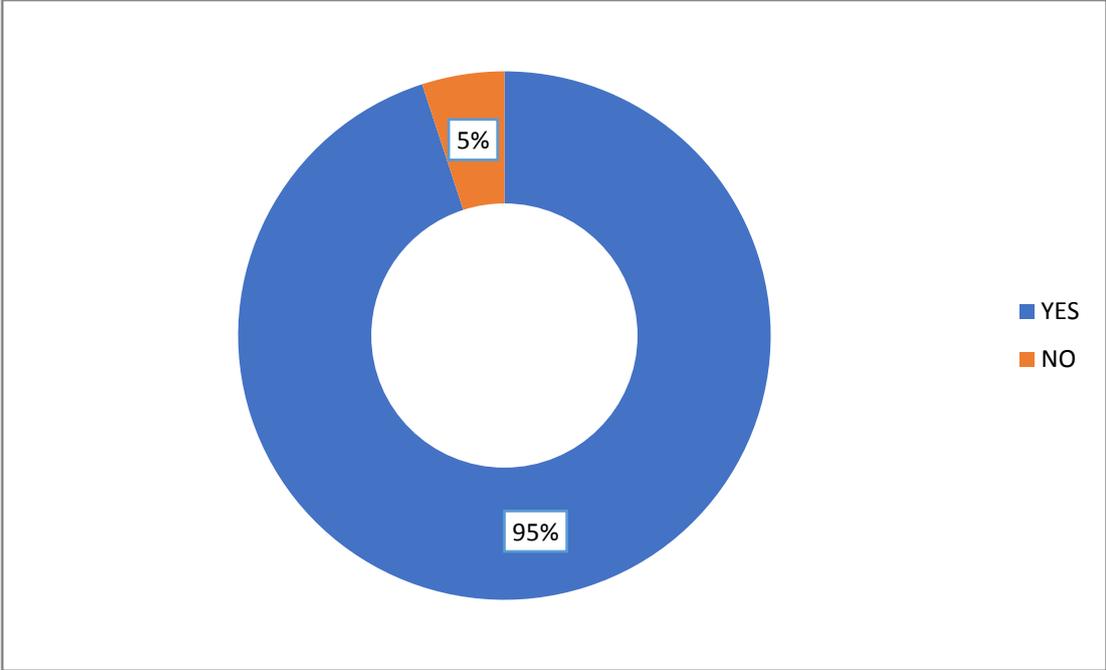
This visualisation 4.7 shows whether the respondents follow personal hygiene. It is clear from the diagram that 95 percent of the respondents follow personal hygiene and only 5 percent doesn't follow personal hygiene.

So, the researcher confirmed that most of the respondents after being diagnosed follow personal hygiene.

4.2.10 Sleep disturbance among women with breast cancer (N=60)

Figure 4.8
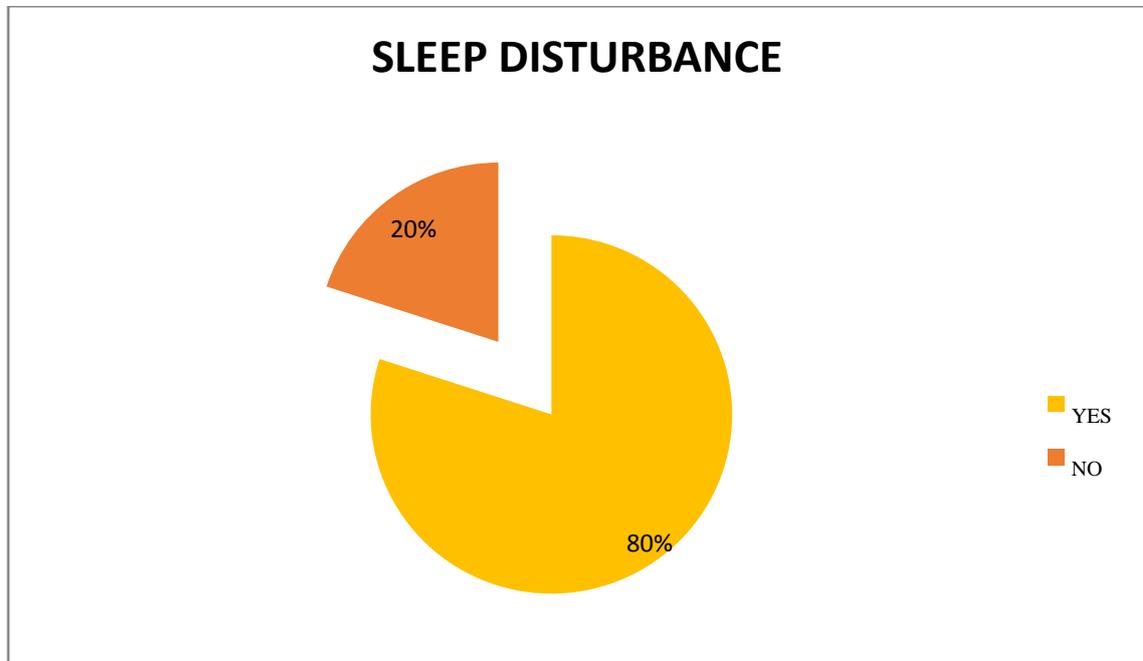
This visualisation 4.8 shows whether the respondents are getting good sleep. The diagram shows that 80 percent of the respondents are getting good sleep and 20 percent does not.

Most of the respondents gets good sleep. We can conclude that the sleep might be induced due to sedations and medications.

4.3Psychological distress of women with breast cancer

The DASS-21 is based on a dimensional rather than a categorical conception of psychological disorder. The assumption on which the DASS-21 development was based (and which was confirmed by the research data) is that the differences between the depression, anxiety and the stress experienced by normal subjects and clinical populations are essentially differences of degree. The DASS-21 therefore has no direct implications for the allocation of patients to discrete diagnostic categories postulated in classificatory systems such as the DSM (Diagnostic and Statistical Manual of Mental Disorder) and ICD (International Classification of Disease).

4.3.1 I found it hard to wind down(N=60)

Table 4.3

VALUES	FREQUENCY	PERCENTAGE
Did Not Apply to Me at All	6	10
To Me Some Degree, Or Some Applied Of The Time	21	35
Applied to Me to A Considerable Degree or A Good Part of Time	23	38.3
Applied to Me Very Much or Most of The Time	10	16.7

The table 4.3 shows whether the respondents found it hard to win down. 10% of the respondents feels that it's did not apply to them. 35%of the respondents feels like some degree or some applied of the time,38.3% of the respondents responded that it's applied to them a considerable degree or a good part of time,16.7% of the respondents replied that they applied very much or most of the time.

Majority of the respondents feels that it's applied to them a considerable degree or a good part of time.

4.3.2 I was aware of dryness of my mouth (N=60)

Table 4.4

VALUES	FREQUENCY	PERCENTAGE
Did Not Apply to Me at All	6	10
To Me Some Degree, Or Some Applied of The Time	13	21.7
Applied to Me to A Considerable Degree or A Good Part of Time	28	46.7
Applied to Me Very Much or Most of The Time	13	21.7

The table 4.4 shows whether the respondents were aware of dryness of their mouth. It's found from the table that 46.7% of the respondents replied to "considerable degree or a good part of time" for the question "I was aware of dryness of my mouth" and rest 10% of the respondents replied to "did not apply to me at all", 21.7% responded to applied to me to some degree or some of the time" and 21.7% "applied to me very much or most of the time".

Most of the respondents feels that it's applied to them a considerable degree or a good part of time.

4.3.3 I couldn't seem to experience any positive feeling at all (N=60)

Table 4.5

VALUES	FREQUENCY	PERCENTAGE
Did Not Apply to Me at All	8	13.3
To Me Some Degree, Or Some Applied of The Time	12	20
Applied to Me to A Considerable Degree or A Good Part of Time	26	43.3
Applied to Me Very Much or Most of The Time	14	23.3

The table 4.5 shows whether the respondents couldn't seem to experience any positive feeling at all. It's found from the table that 43.3% of the respondents replied to "considerable degree or a good part of time" for the question "I couldn't seem to experience any positive feeling at all" and rest13.3% of the respondents replied to "did not apply to me at all",20% responded to " applied to me to some degree, or some of the time "and 23.3% "applied to me very much or most of the time".

Majority of the respondents replied that it's applied to them a considerable degree or a good part of time.

4.3.4 I experienced breathing difficulty (e.g. excessively rapid breathing, breathlessness in the absence of physical exertion) (N=60)

Table 4.6

VALUES	FREQUENCY	PERCENTAGE
Did Not Apply to Me at All	8	13.3
To Me Some Degree, Or Some Applied of The Time	21	35
Applied to Me to A Considerable Degree or A Good Part of Time	22	36.7
Applied to Me Very Much or Most of The Time	9	15

The table 4.6 shows whether the respondents experienced breathing difficulty (e.g. excessively rapid breathing , breathlessness in the absence of physical exertion).It's found from the table that 36.7% of the respondents replied to "considerable degree or a good part of time" for the question "I experienced breathing difficulty (e.g. Excessively rapid breathing, breathlessness in the absence of physical exertion)" and rest 13.3% of the respondents replied to "did not apply to me at all", 35% responded to "applied to me to some degree, or some of the time "and 15% "applied to me very much or most of the time".

Majority of the respondents replied that it's applied to them a considerable degree or a good part of time.

4.3.5 I found it difficult to work up the initiative to do things (N=60)

Table 4.7

VALUES	FREQUENCY	PERCENTAGE
Did Not Apply to Me at All	5	8.3
To Me Some Degree, Or Some Applied of The Time	16	26.7
Applied to Me to A Considerable Degree or A Good Part of Time	25	41.7
Applied to Me Very Much or Most of The Time	14	23.3

The table 4.7 shows whether the respondents found it difficult to work up the initiative to do things. It's found from the table that 41.7% of the respondents replied to "considerable degree or a good part of time" for the question " I found it difficult to work up the initiative to do things " and rest 8.3% of the respondents replied to "did not apply to me at all",26.7% responded to" applied to me to some degree, or some of the time" and23.3% "applied to me very much or most of the time".

Majority of the respondents replied that it's applied to them a considerable degree or a good part of time.

4.3.6 I tended to over-react to situations (N=60)

Table 4.8

VALUES	FREQUENCY	PERCENTAGE
Did Not Apply to Me at All	2	3.3
To Me Some Degree, Or Some Applied of The Time	19	31.7
Applied to Me to A Considerable Degree or A Good Part of Time	23	38.3
Applied to Me Very Much or Most of The Time	16	26.7

The table 4.8 shows whether the respondents tended to over react to situations. It's found from the table that 38.3% of the respondents replied to "considerable degree or a good part of time" for the question "I tended to over react to situations" and rest 3.3% of the respondents replied to "did not apply to me at all",31.7% responded to" applied to me to some degree, or some of the time" and 26.7%"applied to me very much or most of the time".

Most of the respondents replied that its applied to them a considerable degree or a good part of time.

4.3.7 I experienced trembling (e.g. in the hands) (N=60)

Table 4.9

VARIABLES	FREQUENCY	PERCENTAGE
Did Not Apply to Me at All	5	8.3
To Me Some Degree, Or Some Applied of The Time	19	31.7
Applied to Me to A Considerable Degree or A Good Part of Time	20	33.3
Applied to Me Very Much or Most of The Time	16	26.7

The table 4.9 shows whether the respondents experienced trembling (e.g. in the hands). It's found from the table that 33.3 % of the respondents replied to "considerable degree or a good part of time" for the question "I experienced trembling (e.g. in the hands)" and rest8.3% of the respondents replied to "did not apply to me at all",31.7% responded to " applied to me to some degree, or some of the time" and 26.7% "applied to me very much or most of the time".

Majority of the respondents feels that it's applied to them a considerable degree or a good part of time.

4.3.8 I felt that I was using a lot of nervous energy (N=60)

Table 4.10

VALUES	FREQUENCY	PERCENTAGE
Did Not Apply to Me at All	11	18.3
To Me Some Degree, Or Some Applied of The Time	22	36.7
Applied to Me to A Considerable Degree or A Good Part of Time	16	26.7
Applied to Me Very Much or Most of The Time	11	18.3

The table 4.10 shows whether the respondents felt that they were using a lot of nervous energy. It's found from the table that 36.7 % of the respondents replied to "applied to me to some degree, or some of the time " for the question "I felt that I was using a lot of nervous energy" and rest 18.3% of the respondents replied to "did not apply to me at all",26.7% responded to "applied to me to a considerable degree or a good part of time" and 18.3% "applied to me very much or most of the time".

Majority of the respondents feels that it's applied to them to some degree, or some of the time.

4.3.9 I was worried about situations in which I might panic and make a fool of myself (N=60)

Table 4.11

VALUES	FREQUENCY	PERCENTAGE
Did Not Apply to Me at All	5	8.3
To Me Some Degree, Or Some Applied of The Time	17	28.3
Applied to Me to A Considerable Degree or A Good Part of Time	24	40
Applied to Me Very Much or Most of The Time	14	23.3

The table 4.11 shows whether the respondents were worried about situations in which they might panic and make a fool of themselves. It's found from the table that 40.0% of the respondents replied to "considerable degree or a good part of time" for the question "I was worried about situations in which I might panic and make a fool of myself " and rest 8.3% of the respondents replied to "did not apply to me at all", rest 28.3% responded to " applied to me to some degree, or some of the time" and 23.3% "applied to me very much or most of the time".

Majority of the respondents replied that it's applied to them a considerable degree or a good part of time.

4.3.10 I felt that I had nothing to look forward to (N=60)

Table 4.12

VALUES	FREQUENCY	PERCENTAGE
Did Not Apply to Me at All	3	5
To Me Some Degree, Or Some Applied of The Time	23	38.3
Applied to Me to A Considerable Degree or A Good Part of Time	16	26.7
Applied to Me Very Much or Most of The Time	18	30

The table 4.12 shows whether the respondents felt that they had nothing to look forward to. It's found from the table that 38.3% of the respondents replied to "applied to me to some degree, or some of the time" for the question "I felt that I had nothing to look forward to" and rest 5% of the respondents replied to "did not apply to me at all",26.7% responded to "applied to me to a considerable degree or a good part of time" and 30% "applied to me very much or most of the time".

Most of the respondents feels that it's applied to them a considerable degree or a good part of time.

4.3.11 I found myself getting agitated (N=60)

Table 4.13

VALUES	FREQUENCY	PERCENTAGE
Did Not Apply to Me at All	2	3.3
To Me Some Degree, Or Some Applied of The Time	22	36.7
Applied to Me to A Considerable Degree or A Good Part of Time	21	35
Applied to Me Very Much or Most of The Time	15	25

The table 4.13 shows whether the respondents found themselves getting agitated. It's found from the table that 36.7% of the respondents replied to "applied to me to some degree or some of the time" for the question "I found myself getting agitated" and rest 3.3% of the respondents replied to "did not apply to me at all",35% responded to " applied to me to a considerable degree or a good part of time" and 25% "applied to me very much or most of the time".

Majority of the respondents replied that it's applied to them to some degree or some of the time.

4.3.12 I found it difficult to relax (N=60)

Table 4.14

VALUES	FREQUENCY	PERCENTAGE
Did Not Apply to Me at All	5	8.3
To Me Some Degree, Or Some Applied of The Time	19	31.7
Applied to Me to A Considerable Degree or A Good Part of Time	25	41.7
Applied to Me Very Much or Most of The Time	11	18.3

The table 4.14 shows whether the respondents found it difficult to relax. It's found from the table that 41.7% of the respondents replied to "considerable degree or a good part of time" for the question "I found it difficult to relax" and rest 8.3% of the respondents replied to "did not apply to me at all", 31.7% responded to " applied to me to some degree, or some of the time "and18.3% "applied to me very much or most of the time".

Majority of the respondents replied that it's applied to them a considerable degree or a good part of time.

4.3.13 I felt down-hearted and blue (N=60)

Table 4.15

VALUES	FREQUENCY	PERCENTAGE
Did Not Apply to Me at All	2	3.3
To Me Some Degree, Or Some Applied of The Time	20	33.3
Applied to Me to A Considerable Degree or A Good Part of Time	25	41.7
Applied to Me Very Much or Most of The Time	13	21.7

The table 4.15 shows whether the respondents felt down-hearted and blue. It's found from the table that 41.7% of the respondents replied to "considerable degree or a good part of time" for the question "I felt down- hearted and blue" and rest 3.3% of the respondents replied to "did not apply to me at all", 33.3% responded to" applied to me to some degree, or some of the time "and 21.7%"applied to me very much or most of the time".

Most of the respondents feels that it's applied to them a considerable degree or a good part of time.

4.3.14 I was intolerant of anything that kept me from getting on with what I was doing (N=60)

Table 4.16

VALUES	FREQUENCY	PERCENTAGE
Did Not Apply to Me at All	6	10
To Me Some Degree, Or Some Applied of The Time	17	28.3
Applied to Me to A Considerable Degree or A Good Part of Time	25	41.7
Applied to Me Very Much or Most of The Time	12	20

The table 4.16 shows whether the respondents were intolerant of anything that kept them from getting on with what they were doing. It's found from the table that 41.7% of the respondents replied to "considerable degree or a good part of time" for the question "I was intolerant of anything that kept me from getting on with what I was doing " and rest 10% of the respondents replied to "did not apply to me at all",28.3% responded to " applied to me to some degree, or some of the time "and20% "applied to me very much or most of the time".

Majority of the respondents replied that it's applied to them a considerable degree or a good part of time.

4.3.15 I felt I was close to panic (N=60)

Table 4.17

VALUES	FREQUENCY	PERCENTAGE
Did Not Apply to Me at All	5	8.3
To Me Some Degree, Or Some Applied of The Time	17	28.3
Applied to Me to A Considerable Degree or A Good Part of Time	19	31.7
Applied to Me Very Much or Most of The Time	19	31.7

The table 4.17 shows whether the respondents felt they were close to panic. It's found from the table that31.7 % of the respondents replied to "considerable degree or a good part of time" and "applied to me very much or most of the time" for the question "I felt I was close to panic." Rest8.3% of the respondents replied to "did not apply to me at all", and 28.3% responded to " applied to me to some degree, or some of the time".

Majority of the respondents feels that it's applied to them a considerable degree or a good part of time and also, it's applied to them very much or most of the time.

4.3.16 I was unable to become enthusiastic about anything (N=60)

Table 4.18

VALUES	FREQUENCY	PERCENTAGE
Did Not Apply to Me at All	3	5
To Me Some Degree, Or Some Applied of The Time	23	38.3
Applied to Me to A Considerable Degree or A Good Part of Time	17	28.3
Applied to Me Very Much or Most of The Time	1317	28.3

The table 4.18 shows whether respondents were unable to become enthusiastic about anything. It's found from the table that 38.3% of the respondents replied to "applied to me to some degree or some of the time " for the question   on "I was unable to become enthusiastic about anything" and rest 5% of the respondents replied to "did not apply to me at all",28.3% responded to " applied to me to a considerable degree or a good part of time" and 28.3% "applied to me very much or most time".

Majority of the respondents feels that it's applied to them to some degree or some of the time.

4.3.17 I felt I wasn't worth much as a person (N=60)

Table 4.19

VALUES	FREQUENCY	PERCENTAGE
Did Not Apply to Me at All	4	6.7
To Me Some Degree, Or Some Applied of The Time	22	36.7
Applied to Me to A Considerable Degree or A Good Part of Time	19	31.7
Applied to Me Very Much or Most of The Time	15	25

The table 4.19 shows whether the respondents felt they weren't worth much as a person. It's found from the table that 36.7% of the respondents replied to "applied to me to some degree or some of the time" for the question "I felt I wasn't worth much as a person" and rest 6.7%of the respondents replied to "did not apply to me at all",31.7% responded to " applied to me to a considerable degree or a good part of time " and 25% "applied to me very much or most of the time".

Majority of the respondents feels that it's applied to them to some degree or some of the time.

4.3.18 I felt that I was rather touchy (N=60)

Table 4.20

| VALUES	FREQUENCY	PERCENTAGE
Did Not Apply to Me at All	4	6.7
To Me Some Degree, Or Some Applied of The Time	19	31.7
Applied to Me to A Considerable Degree or A Good Part of Time	27	45
Applied to Me Very Much or Most of The Time	10	16.7

The table 4.20 shows whether the respondents felt that they were rather touchy. It's found from the table that 45.0% of the respondents replied to "considerable degree or a good part of time" for the question "I felt that I was rather touchy" and rest 6.7% of the respondents replied to "did not apply to me at all",31.7% responded to " applied to me to some degree, or some of the time" and 16.7% "applied to me very much or most of the time".

Majority of the respondents feels that it's applied to them a considerable degree or a good part of time.

4.3.19 I was aware of the action of my heart in the absence of physical exertion (e.g. sense of heart rate increase, heart missing a beat) (N=60)

Table 4.21

VALUES	FREQUENCY	PERCENTAGE
Did Not Apply to Me at All	1	1.7
To Me Some Degree, Or Some Applied of The Time	20	33.3
Applied to Me to A Considerable Degree or A Good Part of Time	25	41.7
Applied to Me Very Much or Most of The Time	14	23.3

The table 4.21 shows whether the respondents were aware of the action of their heart in the absence of physical exertion (e.g. sense of heart rate increase, heart missing a beat). It's found from the table that 41.7% of the respondents replied to "considerable degree or a good part of time" for the question "I was aware of the action of my heart in the absence of physical exertion(e.g. sense of heart rate increase, heart missing a beat)" and rest 1.7% of the respondents replied to "did not apply to me at all",33.3% responded to " applied to me to some degree, or some of the time" and 23.3% "applied to me very much or most of the time".

Most of the respondents replied that it's applied to them a considerable degree or a good part of time.

4.3.20 I felt scared without any good reason (N=60)

Table 4.22

VALUES	FREQUENCY	PERCENTAGE
Did Not Apply to Me at All	4	6.7
To Me Some Degree, Or Some Applied of The Time	24	40
Applied to Me to A Considerable Degree or A Good Part of Time	14	23.3
Applied to Me Very Much or Most of The Time	18	30

The table 4.22 shows whether the respondents felt scared without any good reason. It's found from the table that 40.0% of the respondents replied to "applied to me to some degree or some of the time" for the question "I felt scared without any good reason" and rest 6.7% of the respondents replied to "did not apply to me at all",23.3% responded to " applied to me to a considerable degree or a good part of time" and 30% "applied to me very much or most of the time".

Most of the respondents feels that it's applied to them to some degree or some of the time.

4.3.21 I felt that life was meaningless (N=60)

Table 4.23

VALUES	FREQUENCY	PERCENTAGE
Did Not Apply to Me at All	7	11.7
To Me Some Degree, Or Some Applied of The Time	15	25
Applied to Me to A Considerable Degree or A Good Part of Time	20	33.3
Applied to Me Very Much or Most of The Time	18	30

The table 4.22 shows whether the respondents felt that life was meaningless. It's found from the table that 33.3% of the respondents replied to "considerable degree or a good part of time" for the question "I felt that life was meaningless" and rest 11.7% of the respondents replied to "did not apply to me at all",25% responded to " applied to me to some degree, or some of the time" and 30% "applied to me very much or most of the time".

Majority of the respondents feels that it's applied to them a considerable degree or a good part of time.

4.4 Overall frequency of psychological distress among women with breast cancer

4.4.1 Depression among women with breast cancer (N=60)

Figure 4.9
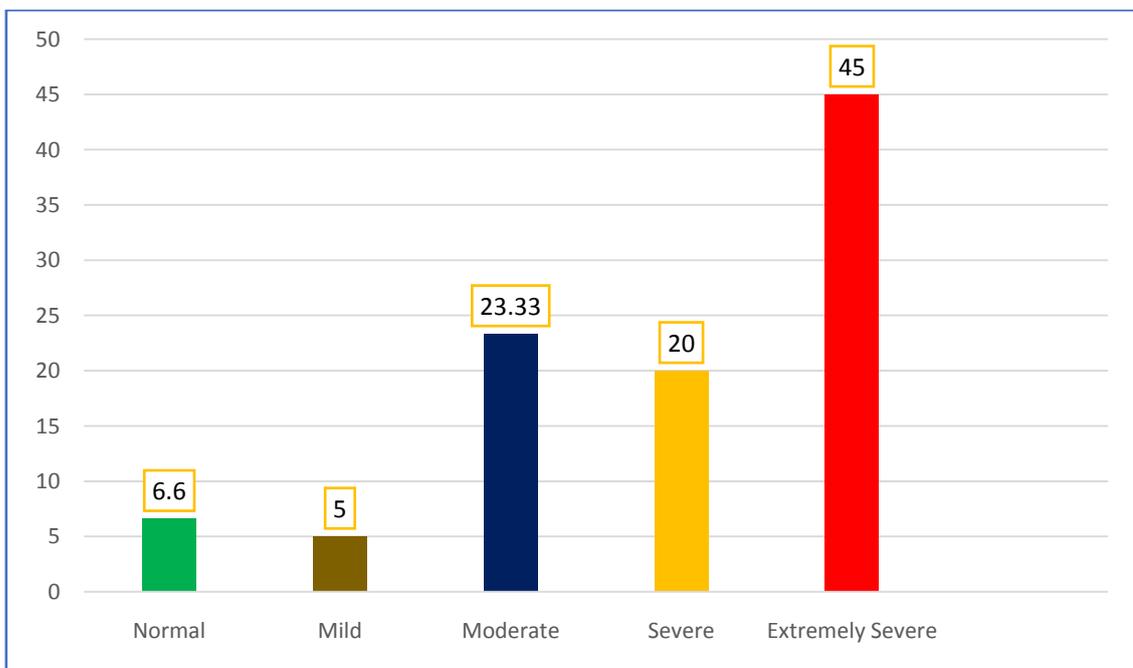
From the above graph 4.9, it's clear that most of the respondents face extremely severe depression making up 45% of the total respondents, and only 5% of the respondents face mild depression. 6.67% of the respondents face normal phase of depression, 23.33% are in moderate stage and rest 20% of the respondents face severe depression. The respondents who were diagnosed with breast cancer are facing depression because they are too conscious of their illness. that affects their state of mind.

4.4.2 Anxiety among women with breast cancer (N=60)

Figure 4.10
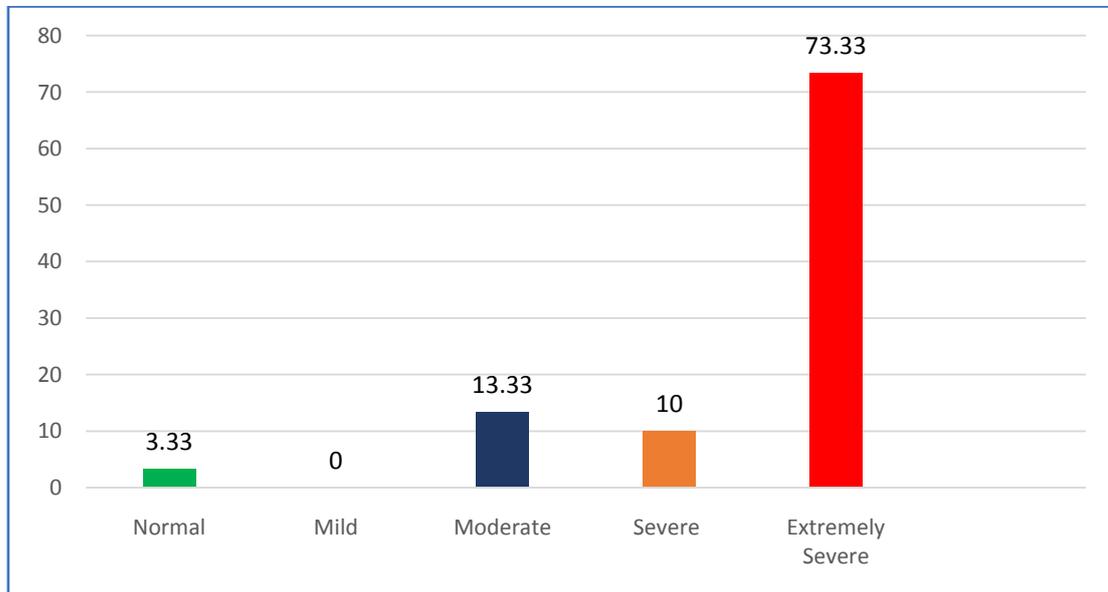
From the above graph 4.10, it's clear that most of the respondents face extremely severe anxiety making up 73.3% of the total respondents, and no one reported any signs of mild anxiety. 3.33% of the respondents have normal level of anxiety,13.33% of the respondents are in moderate stage and rest 10% of the respondents face severe anxiety. The respondents who were diagnosed with breast cancer face extremely severe anxiety because they are worried about their family members and also about the cost of treatment involved.

4.4.3 Stress among with breast cancer (N=60)

Figure 4.11
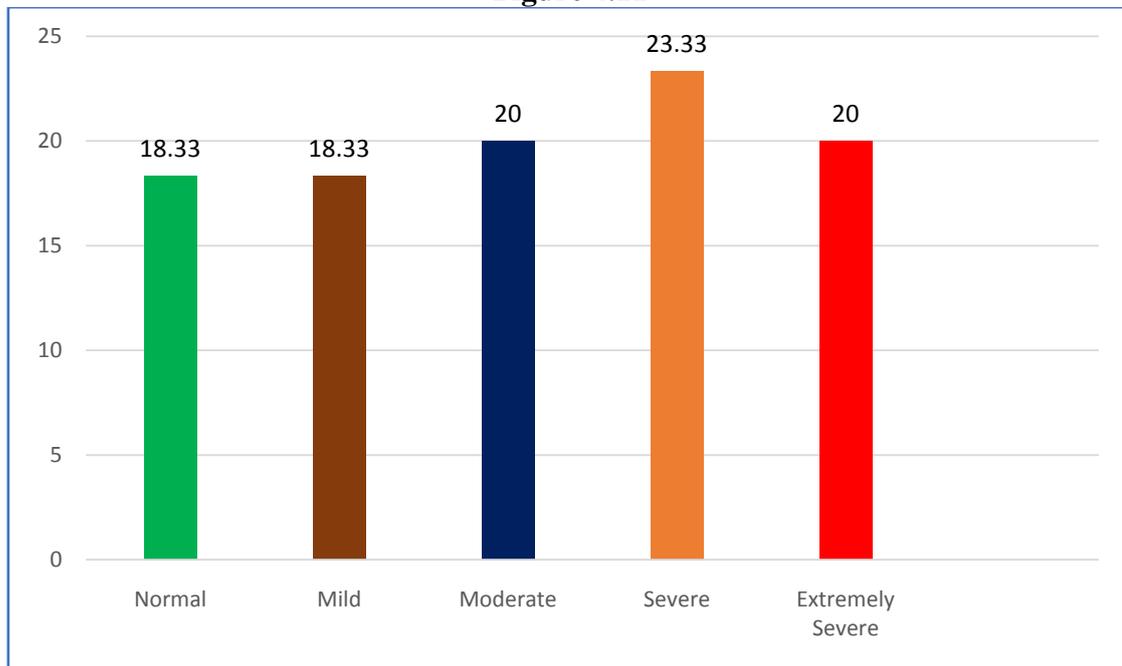
From the above graph 4.11, it's clear that most of the respondents face severe stress making up 23.3% of the total respondents, and 18.33 respondents reported mild and normal levels of stress. 20% of the respondents face moderate level of stress and 20% face severe level of stress.

The researcher found that the stress of respondents who were affected by breast cancer showed signs of mild, normal, moderate, severe, and extremely severe stress in a more-or-less equal trend. It's because they don't have any control over the outcome of the situation.

4.5 CONCLUSION

In conclusion, the graph data indicates that a significant majority of the respondents are experiencing varying degrees of mental health challenges, including depression, anxiety, and stress. The largest proportion of respondents, accounting for 45%, reported extremely severe depression, while only 5% reported mild depression. Additionally, 6.67% of the respondents faced a normal phase of depression, 23.33% were in the moderate stage, and the remaining 20% faced severe depression. The respondents who

were diagnosed with breast cancer attributed their depression to heightened awareness and concern about their illness, which affected their mental state.

Shifting the focus to anxiety, the graph reveals that the majority of respondents, constituting 73.3%, reported extremely severe anxiety, with no one indicating mild anxiety. A small percentage, 3.33%, had a normal level of anxiety, while 13.33% were in the moderate stage, and the remaining 10% faced severe anxiety. The respondents diagnosed with breast cancer attributed their extreme anxiety to worries about their family members and the financial burden of treatment.

Furthermore, in terms of stress, the data illustrates that 23.3% of respondents experienced severe stress, while 18.33% reported mild and normal levels of stress. Additionally, 20% faced a moderate level of stress, and another 20% dealt with severe stress. Interestingly, the researcher observed a relatively balanced trend of mild, normal, moderate, severe, and extremely severe stress among respondents affected by breast cancer. This trend can be attributed to their lack of control over the outcomes of their situation.

In summary, the graph data highlights the prevalence of severe depression, extreme anxiety, and various levels of stress among the respondents. The challenges faced by those diagnosed with breast cancer are attributed to their heightened consciousness of the illness, concerns for their loved ones, and the uncertainties surrounding treatment and outcomes.

CHAPTER V
FINDINGS, SUGGESTIONS AND CONCLUSION

CHAPTER V

FINDINGS, SUGGESTIONS AND CONCLUSION

5.1 MAJOR FINDINGS

Objective 1:

From socio-demographic details of women with breast cancer we find that

- It was concluded from the study that most of the respondents fall under the age group of 52 to 65.
- Majority of the respondents are literate.
- Most of the respondents are married and only few of the respondents are unmarried.
- Majority of the respondents who suffers from breast cancer are housewives.
- More than half of the respondents have the income range of below 5000 per months.
- Majority of the respondents follows personal hygiene.
- Most of the respondents reported that they are getting good sleep.

Objective 2:

From the Analysis of DASS scale we also find that: -

- Significant majority of the respondents face extremely severe depression, while only a small percentage experience mild depression.
- Respondents who were diagnosed with breast cancer are particularly susceptible to depression due to heightened awareness and concern regarding their illness, which greatly influences their mental well-being.
- Majority of the respondents face extremely severe anxiety, while none reported any signs of mild anxiety, indicating the severity of the condition.
- Respondents diagnosed with breast cancer experience heightened anxiety due to concerns about their family members and the associated treatment costs.

- It's evident that a majority of the respondents face varying levels of stress, with the researcher noting that respondents affected by breast cancer exhibit a broad

range of stress levels, including mild, normal, moderate, severe, and extremely severe, likely stemming from their lack of control over the situation.

5.2 IMPLICATIONS OF THE STUDY

- Regular psychosocial assessment
- Psychosocial intervention programmes
- Capacity building
- Care, support and service

5.3 LIMITATION OF THE STUDY.

- Lack of identification of social problems
- Poor in-depth assessment
- Use a single scale may be lacking the exploration of the problem.
- Poor methodology

5.4 FURTHER RESEARCH

Further works in this field can be done by: -

- Mixed method approach
- Longitudinal study
- Intervention study

5.5 CONCLUSION

Studies have found that women diagnosed with breast cancer often experience significant psychosocial problems. These may include anxiety, depression, fear, uncertainty, grief, body image issues, and concerns about the impact of their illness on their relationships and daily life. The emotional impact of breast cancer can be long-lasting and may require support from healthcare professionals, family, friends, and support groups to help women cope with their diagnosis and treatment.

The researcher found that a significant percentage of the total respondents who were diagnosed with breast cancer experience severe depression, while only few have mild depression. This indicates that breast cancer patients are at a high risk of

developing depression, possibly due to worry and uncertainty about their condition and treatment outcome.

Other factors that contribute to depression in breast cancer patients include a past history of depressive disorder, being diagnosed with breast cancer at a younger age, poor social support, burdensome somatic symptoms, and undergoing active cancer treatment. It is essential for healthcare professionals to recognize the high prevalence of depression in breast cancer patients and provide appropriate support and interventions to help them cope with their diagnosis and treatment.

The study found that a significant percentage of the total respondents who were diagnosed with breast cancer experience extremely severe anxiety. The reasons for this include worries about fear of death and disease recurrence, altered body image, changes in femininity, sexuality and attractiveness, and undergoing adjuvant chemotherapy. Breast cancer can be a life-threatening disease, and patients often have to undergo treatments that can have significant physical and emotional side effects. The anxiety experienced by breast cancer patients can have a profound impact on their overall well-being and quality of life. It is crucial for healthcare professionals to address the psychological needs of breast cancer patients and provide appropriate support and interventions to help them manage their anxiety.

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APPENDIX I

Socio-demographic details

1. Name
2. Age
3. Highest qualifications
   - Literate
   - Illiterate
   - Primary
   - High-school
   - Undergraduate
   - Postgraduate
4. Religion of respondent
   - Christian
   - Hindu
   - Muslim
   - Others
5. Marital status
   - Single
   - Married
   - Windowed
   - Divorced
6. Occupation
   - Public sector
   - Private sector
   - Business
   - Retried
   - Housewife
7. income range
   - Below 1000
   - 1001-2000
   - 2001-3000
   - 3001-4000
   - 4001-5000
   - 5000 and above

8. Family type
    - o Nuclear family
    - o Joint family
    - o Broken family
9. When was the cancer diagnosed.
    - o Before 6 months
    - o Before 1 year
    - o Before 2 years
    - o More than 2 years
10. Have you followed personal hygiene
    - o Yes
    - o No
11. Are you getting a good sleep?
    - o Yes
    - o No

APPENDIX II

DASS Questionnaire

DASS21

Name: _____   Date: _____

Please read each statement and circle a number 0, 1, 2 or 3 which indicates how much the statement applied to you **over the past week**. There are no right or wrong answers. Do not spend too much time on any statement.

The rating scale is as follows:

0   Did not apply to me at all
1   Applied to me to some degree, or some of the time
2   Applied to me to a considerable degree or a good part of time
3   Applied to me very much or most of the time

1 (s)	I found it hard to wind down	0	1	2	3
2 (a)	I was aware of dryness of my mouth	0	1	2	3
3 (d)	I couldn't seem to experience any positive feeling at all	0	1	2	3
4 (a)	I experienced breathing difficulty (e.g. excessively rapid breathing, breathlessness in the absence of physical exertion)	0	1	2	3
5 (d)	I found it difficult to work up the initiative to do things	0	1	2	3
6 (s)	I tended to over-react to situations	0	1	2	3
7 (a)	I experienced trembling (e.g. in the hands)	0	1	2	3
8 (s)	I felt that I was using a lot of nervous energy	0	1	2	3
9 (a)	I was worried about situations in which I might panic and make a fool of myself	0	1	2	3
10 (d)	I felt that I had nothing to look forward to	0	1	2	3
11 (s)	I found myself getting agitated	0	1	2	3
12 (s)	I found it difficult to relax	0	1	2	3
13 (d)	I felt down-hearted and blue	0	1	2	3
14 (s)	I was intolerant of anything that kept me from getting on with what I was doing	0	1	2	3
15 (a)	I felt I was close to panic	0	1	2	3
16 (d)	I was unable to become enthusiastic about anything	0	1	2	3
17 (d)	I felt I wasn't worth much as a person	0	1	2	3
18 (s)	I felt that I was rather touchy	0	1	2	3
19 (a)	I was aware of the action of my heart in the absence of physical exertion (e.g. sense of heart rate increase, heart missing a beat)	0	1	2	3
20 (a)	I felt scared without any good reason	0	1	2	3
21 (d)	I felt that life was meaningless	0	1	2	3

USAGE OF ELECTRONIC GADGETS AND EFFECTS AMONG HIGH SCHOOL CHILDREN: A CROSS SECTIONAL STUDY

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2021-2023

USAGE OF ELECTRONIC GADGETS AND EFFECTS AMONG HIGH SCHOOL CHILDREN: A CROSS SECTIONAL STUDY

DISSERTATION SUBMITTED TO KANNUR UNIVERSITY IN PARTIAL FULFILMENT OF THE REQUIREMENTFOR THE AWARD OF THE DEGREE OF MASTER OF SOCIAL WORK

BY

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CERTIFICATE

This is to certify that the dissertation entitled, **USAGE OF ELECTRONIC GADGETS AND EFFECTS AMONG HIGH SCHOOL CHILDREN: A CROSS SECTIONAL STUDY,** is a bonafide record of work done by **SHILPA NOBLE** under the guidance of **Ms. DELNA ABRAHAM** in partial fulfillment of the requirement for the award of the degree of **Master of Social Work**, during the period of her study (2021-2023) in the Department of Social Work, Don Bosco Arts and Science College, Angadikadavu, Kannur, affiliated to The Kannur University.

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CERTIFICATE

This is to certify that the dissertation entitled, **USAGE OF ELECTRONIC GADGETS AND EFFECTS AMONG HIGH SCHOOL CHILDREN: A CROSS SECTIONAL STUDY,** submitted by **SHILPA NOBLE** in partial fulfilment of the requirement for the award of the degree of **Master of Social Work**, is a bonafide record of work done under my guidance and supervision during the period of her study (2021-2023) in the Department of Social Work, Don Bosco Arts and Science College, Angadikadavu, Kannur, affiliated to The Kannur University.

Ms. DELNA ABRAHAM

Assistant professor and Research Guide

Department of Social Work

Don Bosco Arts and Science College

DECLARATION

I, SHILPA NOBLE, the undersigned, hereby declare that the dissertation entitled, **USAGE OF ELECTRONIC GADGETS AND EFFECTS AMONG HIGH SCHOOL CHILDREN: A CROSS SECTIONAL STUDY**, submitted to the Kannur University, in partial fulfilment of the requirement for the award of the degree of **Master of Social Work**, is a bonafide work done by me under the guidance of **MS. DELNA ABRAHAM,** Assistant professor, Department of Social Work, Don Bosco Arts And Science College, Angadikadavu. This work has not been placed by anybody in the University for the Award of any degree or diploma.

ANGADIKADAVU

May 2023   SHILPA NOBLE

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On this occasion I thank all the respondents for their cooperation and availability.

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SHILPA NOBLE

ABSTRACT

The proliferation of electronic gadgets, such as smart phones, tablets, laptops, and gaming devices, has become increasingly prevalent in today's society. High school children, in particular, have become avid users of these gadgets, relying on them for communication, entertainment, and educational purposes. This abstract aims to provide a concise overview of the usage patterns of electronic gadgets among high school children and their potential effects on various aspects of their lives. It explores how electronic gadgets have become integral to their daily routines, both in and out of the classroom.

It discusses the potential distractions caused by gadgets and their impact on concentration, focus, and overall productivity. Additionally, it explores the influence of gadgets on information access, learning styles, and educational outcomes. It also explores the health effects associated with gadget usage. It discusses the concerns related to sedentary behaviors, sleep disturbances, and physical health issues arising from prolonged usage. It also sheds light on the psychological effects, such as increased stress, anxiety, and addictive tendencies that may result from excessive gadget use.

Overall, this study provides a comprehensive overview of the usage of electronic gadgets among high school children and their effects on various aspects of their lives. To ensure the healthy development and wellbeing of high school children in the digital age, it is essential to understand and address the challenges associated with gadget usage.

KEYWORDS:

Electronic gadgets & High school students

CONTENT

LIST OF FIGURES

LIST OF TABLES

CHAPTER I

INTRODUCTION

CHAPTER I

INTRODUCTION

1.1 INTRODUCTION

A gadget is an electronic device that carries out a specific function. Gadget are small machines with certain purposes and are designed specifically for those purpose they have technologically streamlined programs that make human work easier and play an important role in every human being's life. Gadgets are crucial in our lives since they enhance communication, improve job productivity, and offer joy to our families, save space and faster innovation creativity.

There are many similar terms for electronic gadgets like electronic device, social media, mass media, technical gadgets, information technology and information communication technology. Television, cell phone, computer, video game player, tablets and laptops are important and common electronic gadgets. Those e-gadgets are useful for most types of work and services in every discipline, especially for education, communication, information and recreation, business and marketing.

As you consider television innovation that provides you with a wealth of useful information education and entertainment many shows, movies, series and documentaries are available on television for people of all ages. Children's lives are greatly influenced by television, particularly their academic performance and behavior. Additionally, television is a symbol for an extremely expensive and effective medium that can be used anytime and anywhere.

Considering that mobile phones have become the most common means of communication, television has recently added the ability to connect to the internet. Using a cell phone, we can connect to the internet and communicate with everyone via email, Face book, WhatsApp, audio and video chat, etc. The mobile system also includes several apps for dictionaries, entertainment and so on. The mobile phone is small equipment that comprises watch, torch, books, tape recorder, calculator, camera, radio, scanner etc. Data can be stored, retrieved, and processed using it.

The computer can be used to type documents, send email, do research, create art, play games, and browse the web.

Children and electronic gadgets

Young children are using interactive screen media at an alarmingly high right. There is data that suggests that amount of time. Kids spent on technology and using social media at home and school is having an adverse effect on their health and development. (Roser, schoeni, foerster and Rosli, 2016)

1.2 STATEMENT OF THE PROBLEM

Technology has advanced so much that electronic device have a profound effect on individuals of all ages and backgrounds, especially children .Today's children spend the majority of their time with electronic gadgets. Almost all High School children are utilizing various types of electronic gadgets on a daily basis such as mobile phone, tablets, and laptop and so on. Using them wisely would have a beneficial influence but any incorrect usage would have negative impact. The favorable features include and improved comprehension in school setting however the negative aspects include an array of issues that may interfere with their growth, health, social relationship and academic success. Further more research is to understand children who spend long periods on their devices exhibit significant changes in behavior and reduced interaction.

1.3 TITLE OF THE STUDY

Usage of electronic gadgets and effects among high school children: a cross sectional study.

1.4 OBJECTIVES

1.4.1 GENERAL OBJECTIVES

To study about the usage of electronic gadgets and effects among high school children.

1.4.2 SPECIFIC OBJECTIVES

• To asses socio demographic profile of the respondents.

- To understand the usage of e- gadgets by the children
- To study the positive and negative effects of usage of electronic gadgets.
- To study the time spends by high school children on electronic gadgets.

1.5 SIGNIFICANCE OF THE STUDY

Electronic gadget were initially marked us a source of communication, although we cannot deny that there are various functions and benefits within the internet and technology through gadgets. The aim of the study was to investigate the total time spend on electronic gadget by high school student. Easy and unregulated accesses to electronic devices children are prone to use those for different purposes apart from their academic activities. In this occasion the present study will explore the various purposes for the children are using the e-gadgets. Social interactions during the schooling period are most important and family interaction serves as the best base for this. It is needed to explore the effect of increased the e-gadget usage that reduces the interaction of the children.

1.6 CHAPTERIZATION

The chapter 1 introduction includes the title of study, objectives, significance, and chapterization. The second chapter, review of literature, consists of all the available reviews and studies about the topic. The third chapter, research methodology, includes definitions, variables, hypothesis, pilot study, pre-test, and source of data, tools, method of data collection and method of analyzing data. Chapter four includes data presentation and interpretation of data and the final fifth chapter consists of major findings, suggestions and conclusion of the study.

1.7 CONCLUSION

Electronics gadgets use over on extended period of time has a great impact of a child growth and develop. It may affect the growth and development of young children when they use gadgets often and regularly without adult supervision. In most cases, students who spend more time using electronic gadgets are highly dependent on them and have poor academic achievement and health.

CHAPTER II

REVIEW OF LITERATURE

CHAPTER II

REVIEW OF LITERATURE

2.1 INTRODUCTION

A literature review is a critical and in- depth evaluation of previous research. A literature review is not simply a chronological catalog of all sources, but an evaluation. It pulls the previous research together, and explains how it connects to the research proposed by the current paper. All sides of an argument must be clearly explained, to avoid bias, and areas of agreement and disagreement should be highlighted. The literature review surveys scholarly articles, books and other sources relevant to a particular area of research. It should give a theoretical base for the research and help the researcher determine the nature of the research. The literature review acknowledges the work of previous researchers, and in so doing, assures the reader that the work has been well conceived. It is assumed that by mentioning a previous work in the field of study, that the author has read, evaluated, and assimilated that work into the work at hand.

2.2 LITERATURE REVIEW

The article titled "**Organization studies**" by **Clegg and Baily** in **2008.**The use of technology in education has significantly aided students in performing their school-related tasks. Clegg and Bailey assert that with the utilization of mobile devices such as laptops and tablet computers, the learning process for the students become more fun and conducive due to the user-interactivity and appealing visuals present in these learning tools. Additionally, a vast collection of learning games and applications exist for these mobile devices, and as a matter of fact, there are about 96,000 educational applications available. The data collected by Apps in Education confirmed that the subject areas covered by these applications include Mathematics, Sciences, Grammar and Spelling and Arts and Humanities.

The article **"Adolescent technology usage during sleep- time: does it influence their quality of sleep, attention difficulties and academic performance?"** authored by **Dehmler** in **2009.**Asserts that children and students today are growing up in an

interconnected, networked world. The youth have unprecedented access to modern technologies and use them in expected and unexpected ways. Teens all over the world are growing up in a world in which the Internet, cell phones, text messaging, television and video games, and other technologies dominate their communication and are an integral part of everyday life.

New media technologies and a number of important studies were conducted in the 2000's on the impact of children's intellectual development, and various aspects of using such technologies. Many researches were conducted aimed to organize understanding the change that took place by using these technologies, and to explore the conversion in children's behavior and focused to discover-what extent children feel aggression, and how they react by using these modern technologies e.g. video games, mobile phones with various applications embedded using via Internet with Wi-Fi connections video games consoles and internet.

The article **"Using mobile phones to augment teacher learning in environmental education,"** authored by **Ferry** in **2009.** There are various educational benefits of mobile phone technologies that are most often cited as; easily accessing content, integrating a broad range of educational activities, supporting independent study and student organization, encouraging student enthusiasm, supporting classroom-based collaboration and interaction as well as supporting inquiry-based instruction and learning. More sophisticated mobile phones, also known as smart phones, can be used to assist students in accessing information from the web, transforming it, transferring it, collaborating with students and also creating a more media-rich approach to instruction.

The article titled, **One to one computing: A summary of the qualitative results from the Berkshire wireless learning initiative**. Authored by **Bebell & key** in **2010**. It was published in the Journal of technology, learning and assessment, A number of factors influence student learning and instructional practices when implementing computer technology in the classroom, and it has been demonstrated that a correlation between increased computer usage and learning outcomes exists. Though it has been demonstrated that implementations and computer use have an effect on a variety of student outcomes; the central question, and ultimate measure for many educators, is: What is the impact on student achievement?

The article titled **"An evaluation of the condition, process and consequences of lap top computing in K-12 classrooms",** Authored by **Cavanaugh, Dawson, and Ritzhaupt** in **2011** Stated there are three key elements that influence the impact of laptop computing on student achievement. These include (a) systematic support, (b) professional development, and (c) changes in teaching practices. In their study, they examined the impact of laptop computing on teaching practices and student achievement in eleven Florida school districts over one school year. The study collected data from both urban and rural K-12 schools with no emphasis on content area or grade level. Data collection from observations, document analysis, interviews and teacher inquiry were used to develop an account of the laptop implementation's impact. Findings from their study showed the impact of laptops on student achievement as being inconclusive, due to inconsistent performance results. Though most of the classes in the study showed positive impacts from laptop use, some classes had negative results, which were attributed to students not knowing how to use the laptops or being comfortable using them.

The article title "**Exploring student's perceptions of integrating wiki technology and peer feedback into English writing courses**." By **Lin & Yang, in 2011,** published in the **English Teaching: practice and critique** .One study that was conducted to determine whether Wiki technology would improve students' writing skills in a college English as a foreign language writing class showed benefits to using Wiki technology. Students were invited to join a Wiki page where they would write and 5 post passages and then read and respond to the passages of their fellow classmates. Students participating in the study reported that their receiving immediate feedback from the instructor was a benefit of using this form of technology. Students in the study also reported learning vocabulary, spelling, and sentence structure by reading the work of their classmates.

The journal International electronic journal of elementary education. authored by **Coffey Genya** in **2012** Another study found that integrating technology and peer-led discussions of literature can produce increased student engagement and motivation. Technology used in these small group discussions of literature includes wikis, online literature circles, and online book clubs. With these technologies, students were able to connect with readers from other schools, states, and even other countries. This type of technology is an assessable and motivational way to expose students to other ideas and

cultures. These online literature discussions have the ability to create a sense of community and foster positive social interaction.

The study titled **" UNICEF - The state of the world's children - children in a digital world"** authored by **Serra** in **2012**As this technology introduces students are driven away from their study, they also become enslaved by the cell phone -idol that when this little god demands their attention, sleep is disturbed, grades are affected and intimate moments are interrupted. The students' sleep time is also affected when they overlap using their mobile phone and it can cause them to not go to sleep early because they still use their mobile phone and it can also affect their studies because they lack sleep. Some students do not realize that sleeping hours are very important for them so that their brain would function well and they will use it well.

The study title "**The effects of cell phone use on the study habits of university of Zimbabwe"** authored by **Kahari** in **2013** Stressed that cell phones are a very important tool for study as most of the respondents used their phones for study purposes. "cell phones are increasingly one of the most popular information access devices and what stands out from the study is the high use of interactive, multi user functions which can at times be disrupted or beneficial during study. In essence, the study revealed that cell phones are beneficial for learning but leaner's have a tendency to abuse them. The presence of cell phones presents a host of options and challenges for today's students. "cell phones are undeniably convenient, helpful tools for study. However, it can be a hurtful source of distraction depending on the attitude and use pattern of a student.

The study titled that **"Education and information technologies**" authored by **Anshari & Shahrill** in **2018,** Most people use gadget technology as a means of communication, learning and media to find information that is in line with the goals of the technology being developed. The results of technological advances not only provide benefits to the industrial sector but also help in the field of state education.

The study titled, **"Effect of electronic gadgets on the behavior, Academic performance and overall health of school going children - A descriptive study".** Authored by **Hedge A. M, Suman P, Unais. M & Jayakumar C in 2019,** it was published in "Journal of advanced medical and dental sciences research, The study focuses on the detrimental effects of e-gadgets on school-going youngsters in the district of Dakshina Kannada. 520 children in the age range of 6-12 years comprise the

sample. A structured questionnaire was the tool used for data collection. It was shown that 71 percent and 32 percent of youngsters aged 13-15 years and 6-12 years, respectively, used electronic gadgets on a regular basis, with 68 percent (13-15 years) and 26 percent (6-12 years) having irregular bedtimes. Academic performance evaluation found that 13% (6-12 years) exhibited a drop in academics, 9% had trouble concentrating in class, and the remainders were unaffected. Whereas 35% (13-15yrs) saw a drop in grades and 27% had trouble concentrating in class or at home when studying. Furthermore, children aged 6 to 12 chose outside activities, and youngsters aged 13 to 15 favored inside games/using electronic gadgets for amusement.

The study titled,**" Negative impact of electronic gadgets on school going children in dakshina kannada district"** Authored by **Hedge, Suman, Unais & Jayakumar, in 2019.** Examined the effects of e-gadgets on the academic performance, overall health, and behavior of school-going children. The sample size was 240 students ranging in age from 12 to 16 years. These children were surveyed using a questionnaire at a government high school in Mangalore, Karnataka. It was discovered that 69 percent of students prefer to use devices before sleeping, and 59 percent of the children complained of regular headaches in the morning, as well as some trouble seeing the chalkboard from rear benches. 53 percent of the youngsters had trouble concentrating in class or at home when studying, resulting in an overall drop in their grades. It was also shown that 58 percent of the children changed their behavior as they grew older, becoming angrier and regularly arguing with parents or family members about the usage of gadgets. Surprisingly, 29 percent of the students had some speech and language impediment during their childhood.

Othman, Kelana & Jamaludin, 2020 The study titled, **"The impact of electronic gadget uses with academic performance among secondary school students"** Authored by **Othman, Kelana & Jamaludin, in 2020** People are getting addicted to technology. The biggest drawback of technology is that humans are not able to realize when to limit its usage. Although technology impacts us positively, at the same time it can be the biggest threat to our existence. Majority of students who spend more time on electronic gadget use have a high level of dependency toward gadget, poor academic achievement and good health status. Thus, the healthcare providers should plan effective intervention such as introducing applications on electronic gadgets for academic purposes and health tracking to overcome these problems so that students can

balance between their academic achievement and health status and increase wellness and health among school students

The study titled " **" A preliminary study on the uses of gadget among children for learning purposes"** authored by **Ali, Mohamed Anaur, Mustafa, Abdul Halim & Sivabalon,** published in **2020** investigates the use of devices to aid young learners in their search for knowledge. More specifically, the study aims to identify the gadgets that children are using for learning purposes, the hours they spend using the gadgets, the rules that parents adopt for the use of gadgets, the benefits gained by children in the use of the gadgets, and parents' expectations of the uses of the gadgets for educational purpose. The investigation, which conducted a qualitative approach with six respondents, discovered that cell phones, tablets, and laptops were among the devices that children used when their parents allowed them to use the gadgets for three hours on average. It was also discovered that some parents were strict while others were flexible when it came to establishing limits for their children's usage of electronics. Several perceived advantages were also observed among parents. In terms of expectations, parents expressed some optimism that their children's usage of gadgets will enable them to acquire language, arithmetic, and social skills, to mention a few. The study suggests that parents should monitor their children's usage of devices, even if the tools are deployed for educational purpose.

The study named "**Prevalence and impact of the use of electronic gadgets on the health of children in secondary school in Bangladesh: A cross sectional study** by **Rashid S. M. Mawahin** the year 2021 states that the children were asked about their access to electronic devices, time spent doing outside activities, and whether they had any health concerns as a result of their use. A binary logistic regression model using time spent on gadgets as an independent variable and health concerns (physical and mental) as the dependent variable was adopted in the study. Children had a lower tendency to engage in outside activities. Moreover, half of the participants spend less than an hour each day engaging in outside activities. The study found a link between gadget use and health concerns such as headache, backache, vision disruption, and sleeping disturbance. According to this study, there is a considerable relationship between electronic device use and education level, and gender. Male children are more likely than female students to use technology. The use of devices is also dependent on simple access to the internet and related online services, which may vary depending on

the respondents' socioeconomic standing. The same explanation applies to students in urban regions using more gadgets than students in rural areas. Unfortunately, gadgets have had a significant impact on physical and mental health. With so many possibilities for entertainment, children tend to spend their leisure time with their gadgets. The rising prevalence of gadget usage among teens is related to a number of physical health issues.

In the study **"Effects of COVID-19 lockdown on sleep behavior and screen exposure time: an observational study among Indian school children"** by **ShuSen, Mukherjee & Dutta** published in the year **2022 .** An online survey was under taken on schoolchildren's sleep behavior and screen exposure time. Screen exposure time with various electronic devices was also measured. The social jet lag and sleep debt were substantially lower during lockdown than before it. During the lockout, inertia grew dramatically. The greatest variation in screen exposure time was found to occur on weekdays prior to lockdown and weekends during the lockdown. Three groups were established based on sleep behavior and screen time length, with Cluster 2 revealing the simultaneous presence of high sleep duration and screen time. The study concluded that all subjects experienced sleep problems, and that concurrent screen exposure can aggravate the illness. Awareness of the negative impacts of inconsistent sleep behavior that may have occurred during this period, as well as future circadian reorientation, may help to mitigate the repercussions.

2.3 CONCLUSION

The excessive use of gadgets among children may affect their social skills. For example, they might became introverted and prefer been alone instead of talking to their friends. Moreover, when gadgets became part of their routine, it might also affect their health, reduce interaction, eyestrain etc.

Excessive use of gadgets not only has a positive impact on students but also has a negative impact. The positive impact obtained from the use of gadgets is that students are able to find information and communication easily.

CHAPTER III

RESEARCH METHODOLOGY

CHAPTER III

RESEARCH METHODOLOGY

3.1 INTRODUCTION

Research methodology is a set of systematic techniques used in research. This simply means a guide to research and how it is conducted. It describes and analysis methods, throws more light on their limitations and resources, clarify their presuppositions and consequence, relating their potentialities to the twilight zone at the frontiers of knowledge.

For the purpose of research, researcher used 60 samples from the selected population and used a simple random sampling method to find out the samples. This chapter is dealing with methodology which the researcher made use for the study about the usage of electronic gadgets and their effects on high school children.

3.2 DEFINITION OF CONCEPTS

3.2.1 THEORECTICAL DEFINITION

- **ELECTRONIC GADGET**

According to Joni (2019)

"Electronic gadgets are specialized electronic devices that require a form of electronic power to operate".

- **HIGH SCHOOL STUDENTS**

According to Ester (2016)

"A high school is a secondary school, where teenagers are educated before starting college or getting jobs".

3.2.2 OPERATIONAL DEFINITION

- **ELECTRONIC GADGET**

The term electronic gadget in the study refers specifically the instruments like mobile phones, tablets and laptop which can perform many activities at a time with vast speed.

- **HIGH SCHOOLS STUDENTS**

High school students learn between the ages of 13-18 in order to get ready for higher secondary education.

3.3 VARIABLES

A variable is an object, event, idea, feeling, time period or any other type of category you are trying to measure. There are two major types of variables

-Independent variable and dependent variable.

3.3.1 INDEPENDENT VARIABLE

The independent variable is the variable the researcher manipulates or changes and is assumed to have a direct effect on the dependent variable.

High school children are the independent variable in this study.

3.3.2 DEPENDENT VARIABLE

The dependent variable is the variable being tested and measured in an experiment and is dependent on the independent variable.

Usage of e gadget is the dependent variable in this study.

3.4 HYPOTHESIS

Students who use e gadgets have positive and negative effects in their day to day life.

3.5 RESEARCH DESIGN

The researcher adopted a cross sectional descriptive research method in this study and used quantitative data collected from primary sources.

3.6 PILOT STUDY

A pilot study was conducted for knowing the feasibility and scope of the study. It was helpful in outlining the questionnaire as per the requirements. The researcher conducted a pilot study with 10 respondents to verify and understand the feasibility of the topic.

3.7 UNIVERSE & UNIT OF THE STUDY

3.7.1 UNIVERSE

The universe of the study is the high school students in Balal Gram Panchayat.

3.7.2 UNIT

A student in the age group of 13- 16 years is taken as unit for study.

3.8 INCLUSION CRITERIA

- Students from class 08 to 10 are included in this study.

- Students in the age group of 13-16 are included in the study.

3.9 EXCLUSION CRITERIA

- Children who are either above or below the age group 13- 16 years are excluded from the study.

-Children studying in special school are excluded from the study.

- Students staying outside Balal Gram Panchayat excluded from the study.

3.10 SAMPLE DESIGN AND SIZE

The sample of the study was high school students. In this study, Convenience methods were used for collecting data from the targeted population. Respondents were chosen according to the convenience of the researcher. A total of 60 samples were collected for the respondents.

3.11 SOURCES OF DATA

Researcher used the data from both primary and secondary sources.

3.11.1 PRIMARY DATA

Researcher collected primary data from the respondents through Google form.

3.11.2 SECONDARY DATA

Secondary data was collected from the review of literature. The researcher referred journals, books, previous researches related to this topic and other online sources.

3.12 TOOL OF DATA COLLECTION

Research scholar has used self- made questionnaires as the tool for collecting the primary data. It contains questions related to socio- demographic details, various uses of e-gadgets, usage of e-gadgets in academics and time spend by the respondents on electronic devices.

3.13 PRETEST

Pretesting is the stage in survey research when survey questions and questionnaires are tested on members of the target population or study population, to evaluate the reliability and validity of the survey instruments prior to their final distribution.

3.14 METHOD OF DATA COLLECTION

Research data are collected through a self-prepared questionnaire and Google forms.

3.15 METHOD OF DATA ANALYSIS

The collected data is analyzed through SPSS (statistical package for the social sciences) software, is also known as IBM statistics. Descriptive statistics such as frequency and percentage tables, graphical plots, and charts were used to explain the distribution.

CHAPTER IV

DATA ANALYSIS AND INTERPRETATION

CHAPTER IV

DATA ANALYSIS AND INTERPRETATION

4.1 INTRODUCTION

This chapter describes the nature of sample and analysis of collected data. For the analysis of the data SPSS have used. The outline of this chapter is based on the following general and specific objectives of the study.

4.2 ANALYSIS AND INTERPRETATION

4.2.1 GENDER OF HIGH SCHOOL STUDENTS (N=60).

Figure 1
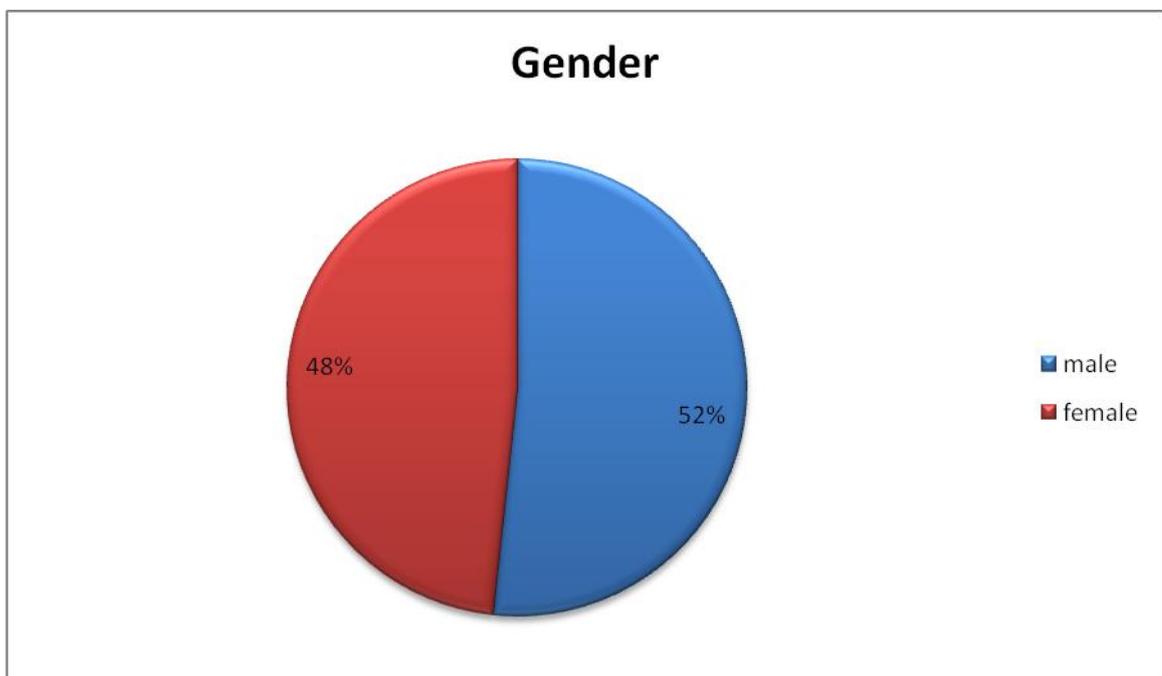
The above figure shows that 52% of the total respondents were male and remaining were female 48%.

4.2.2 EDUCATION OF HIGH SCHOOL STUDENTS (N=60).

Figure 2
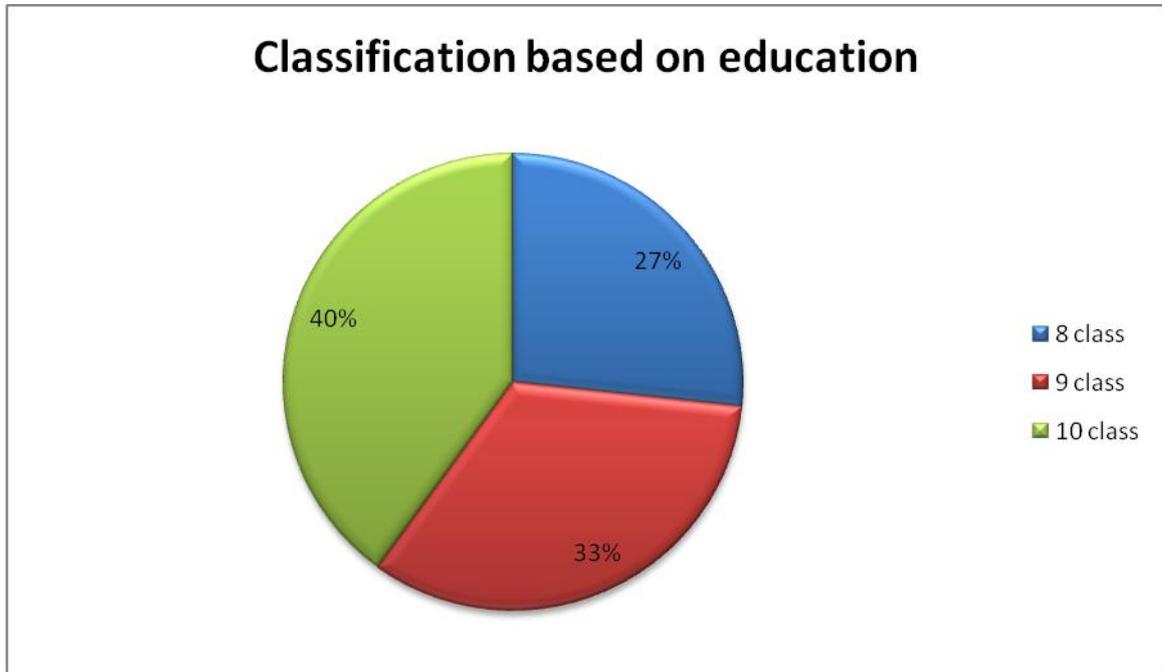
The above figure shows 40 % of the respondents belong to the 10[th]standard 33% are from 9th standard and the remaining 27 % belong to 8th standard.

4.2.3 RELIGION OF HIGH SCHOOL STUDENTS (N=60).

Figure 3
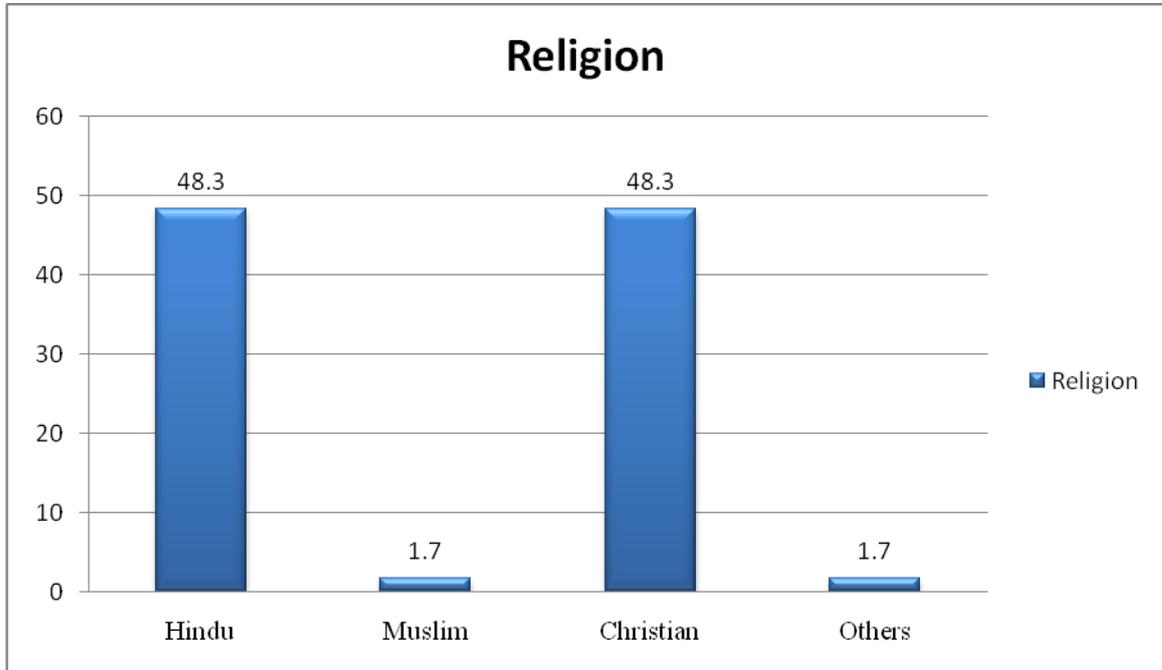
The above figure represents the religious composition of a population, with Hindus and Christians each comprising 48.3% and Muslims comprising 1.7%. The remaining 1% of the population identifies with other religions. Overall, Hindus and Christians are the two largest religious groups in the population.

4.2.4 NUMBER OF CHILDREN IN THE FAMILY (N=60).

Figure 4
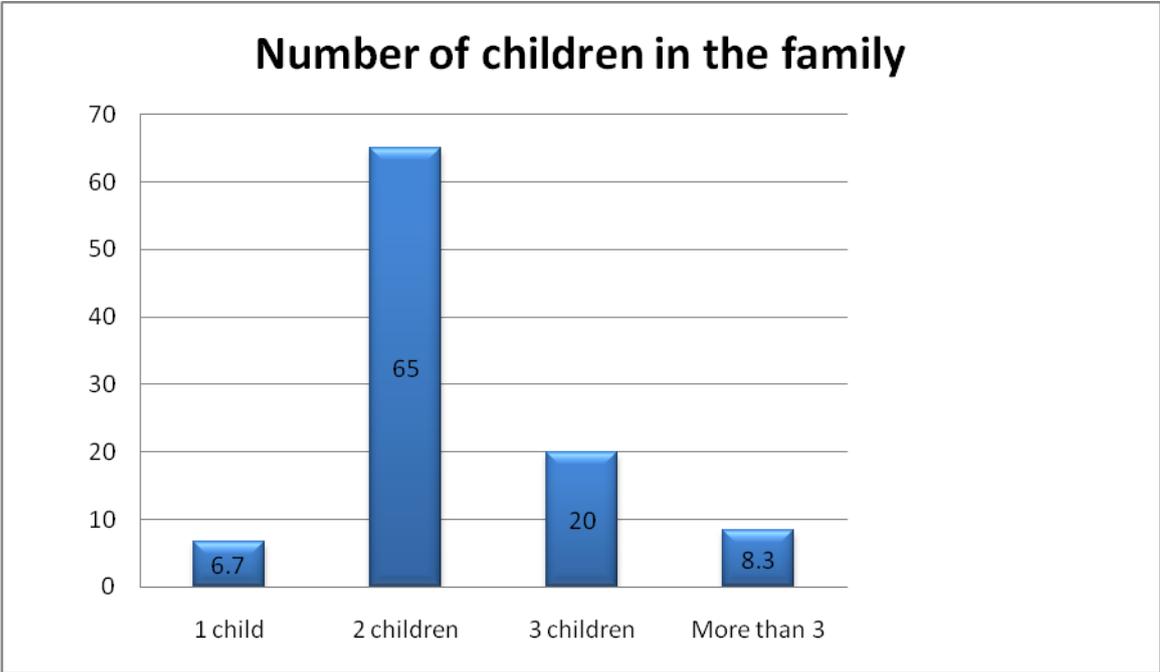
The figure shows the distribution of families based on the number of children they have. The majority of families (65%) have two children, while only a small percentage (6.7%) has one child. Families with three children account for 20% of the total, while those with more than three children are 8.3%.

4.2.5 GADGET THAT ARE USED BY STUDENTS (N=60).

Figure 5

Gadget that are used by students
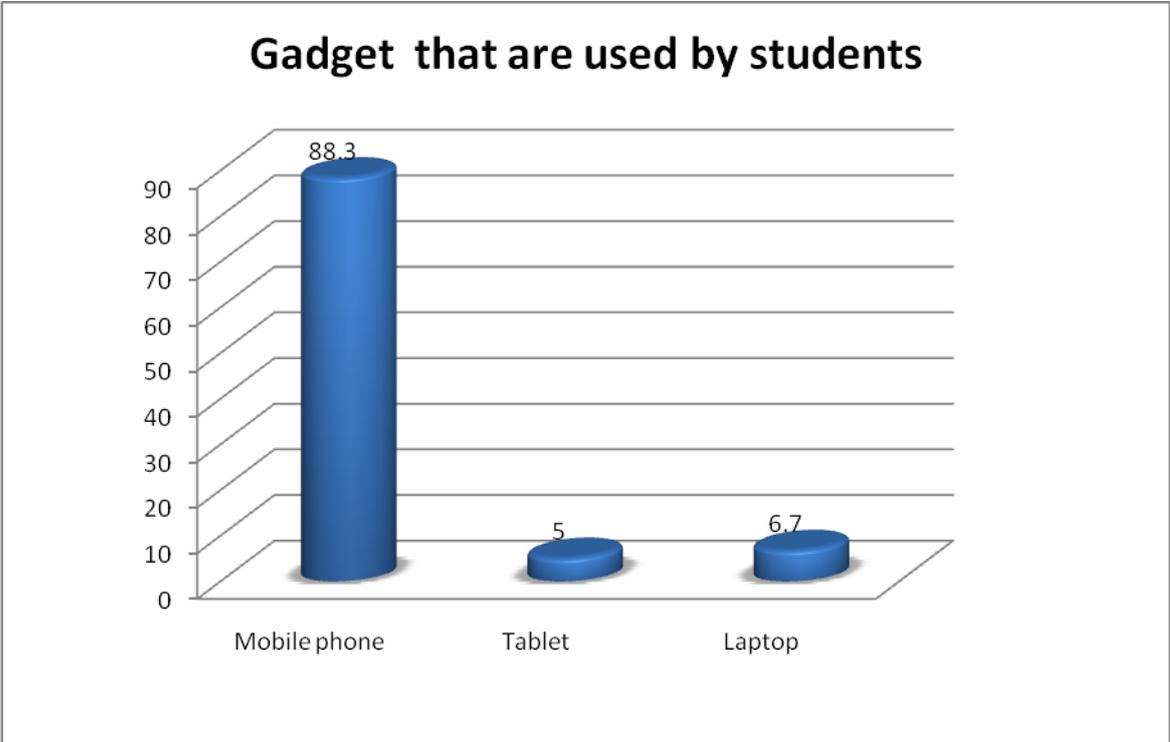
According to the figure, the majority 88.3% of students use mobile phones as their primary gadget. A smaller percentage of students use laptops and tablets. Tablets are used by a small percentage of students 5%. While laptops are used by even fewer ie,6.7%. Overall, mobile phones are the most popular device among students for their day-to-day activities. The low usage of tablets may indicate that they are not as commonly used or necessary for students' academic tasks.

4.2.6 STUDENTS HAVING OWN E- GADGET (N=60)

Figure 6

Students having own e- gadget

40%

60%

- Yes
- No
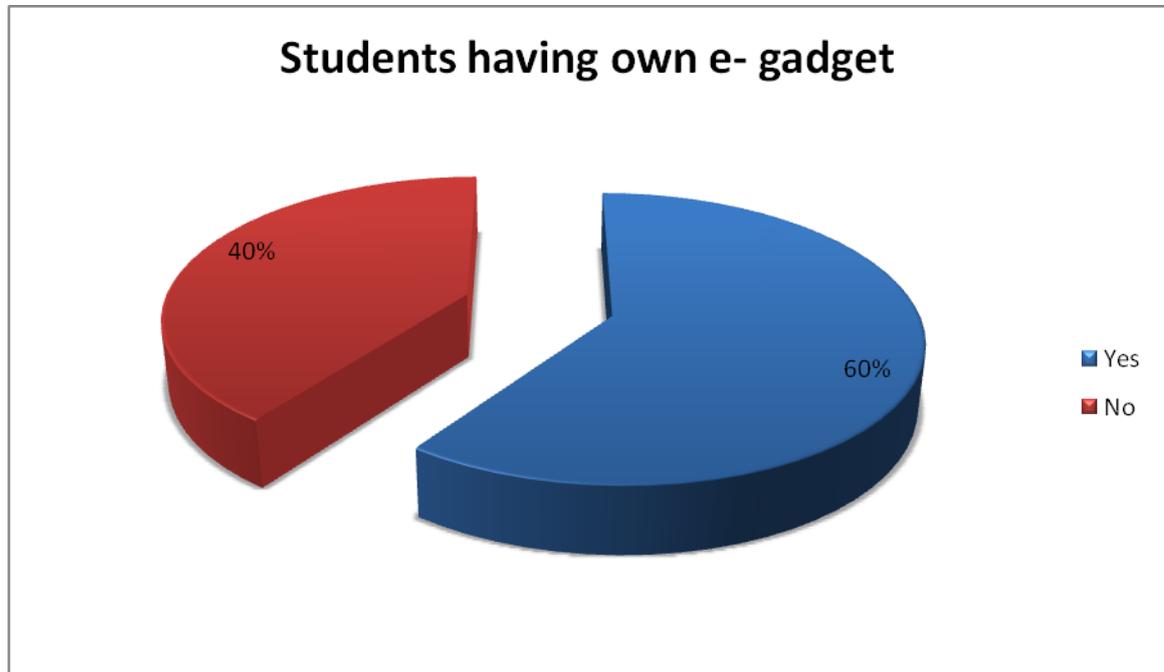
The figure shows that 60% of the students own an electronic gadget, while 40% do not. Thus majority of students have access to electronic devices for educational and personal use. However, it also highlights that a significant minority may not have the same level of access.

4.2.7 PURPOSE OF E- GADGET USAGE (N=60).

Figure 7
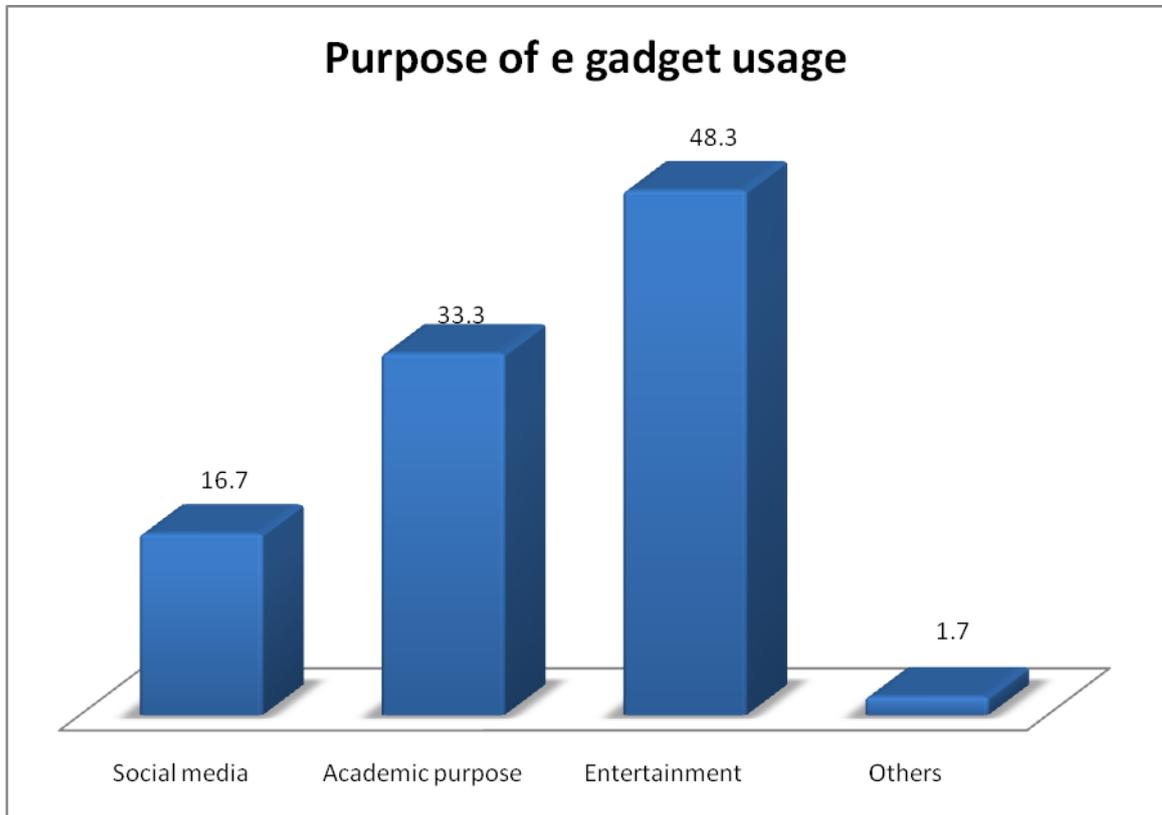
This figure shows the purpose of e-gadget usage among the sample population.33.3% (20 respondents) of users reported using their e-gadgets for academic purposes, while 48.3% (29 respondents) reported using them for entertainment purposes. Social media was the reported purpose for 16.7% (10 respondents) of users, and only 1.7% (1 respondent) reported using e-gadgets for other purposes. Overall, e-gadgets appear to be most commonly used for entertainment and academic purposes.

4.2.8 ABILITY TO COMMUNICATE FACE TO FACE WITH OTHERS (N=60).

Table 1

Responses	Percentage
Yes	43.3 %
No	56.7 %

The table shows, 26 respondents (43.3%) indicated that they have the ability to communicate face to face with others, while the remaining 34 respondents (56.7%)stated that they do not possess this ability. This suggests that a majority of individuals in the surveyed population lack the capability or preference for direct, in-person communication.

It is important to recognize that face-to-face communication can still play a crucial role in many aspects of life, including building strong relationships, conveying emotions effectively, and fostering deeper understanding between individuals.

4.2.9 DIFFICULTY IN FALLING ASLEEP DUE TO THE USAGE OF GADGETS BEFORE BEDTIME (N=60).

Figure 8
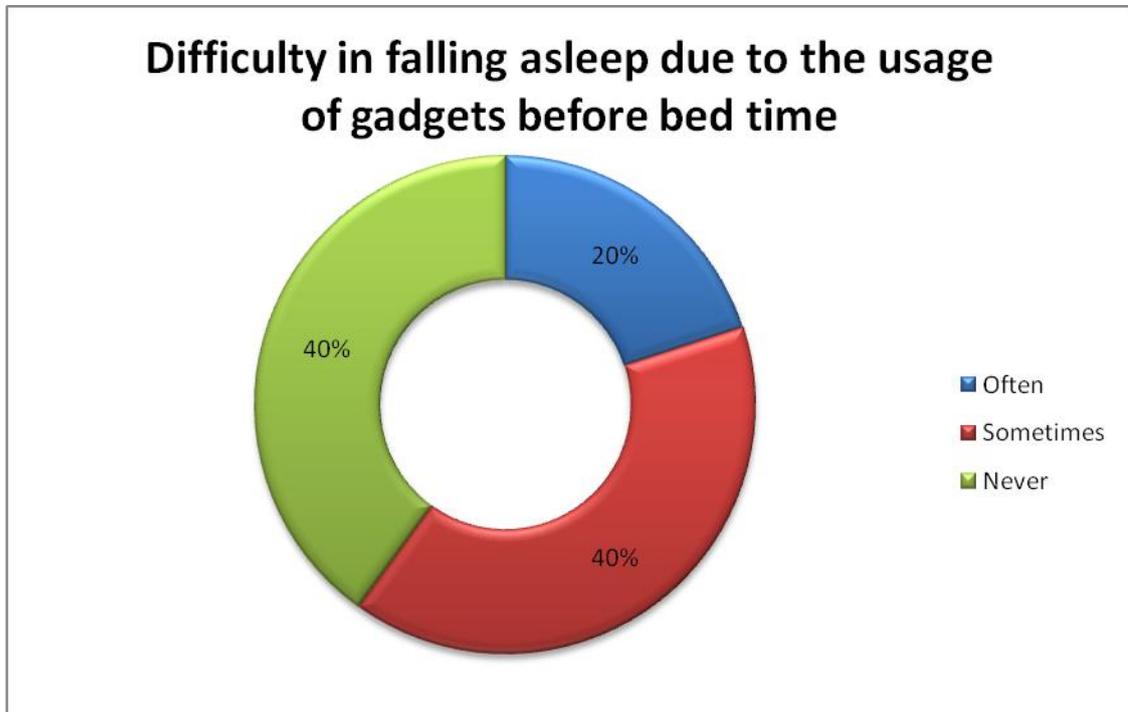
The above figure shows that a significant portion, (40%), of 24 individuals experience difficulty falling asleep due to their usage of gadgets before bedtime. This indicates that the exposure to screens and electronic devices can disrupt the natural sleep process. Moreover, an additional 20% (12 respondents) of people report consistent difficulties in falling asleep, highlighting a recurring pattern of sleep disturbance. However, it is worth noting that (40%) of 24 respondents claim to never experience this issue, implying that gadget usage before bed does not affect their ability to fall asleep.

4.2.10 PHYSICAL DISCOMFORT WHILE USING GADGETS (N=60).

Figure 9
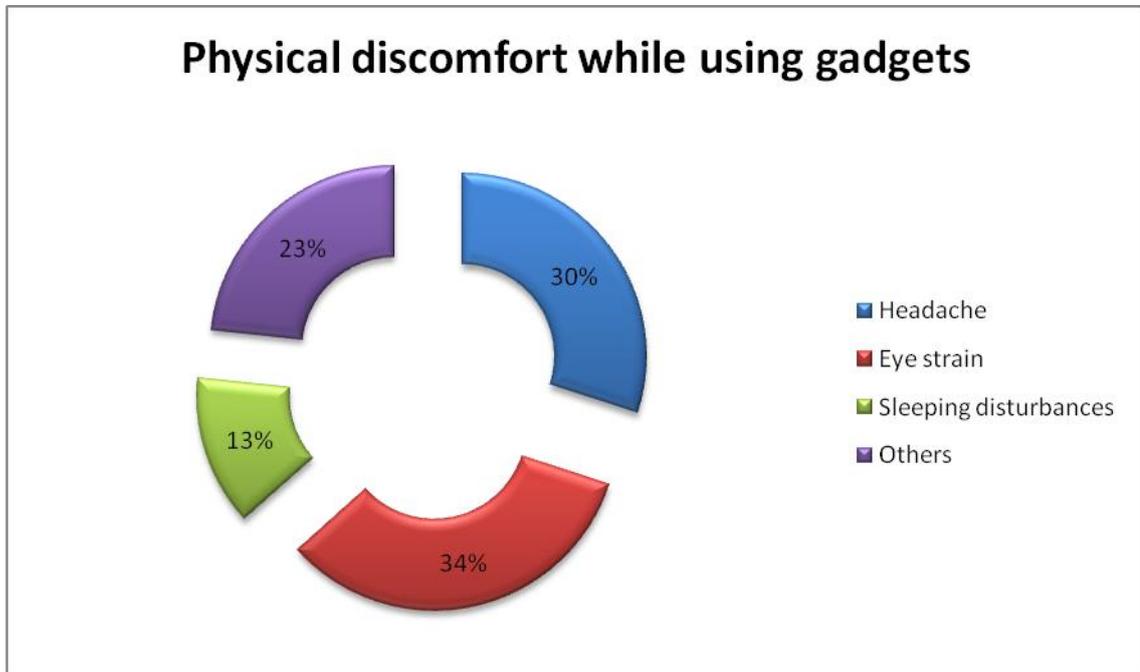
According to the figure, a significant portion of individuals experience physical discomfort while using gadgets. The most common discomfort reported is eyestrain, may be due to prolonged exposure to bright screens or incorrect viewing distances, affecting approximately 33.3% (20 respondents) of users. Headache is another prevalent issue, impacting around 30% (18 respondents) of users. Sleeping disturbances were reported by 13.3% (8 respondents) of individuals, indicating that gadget usage may disrupt sleep patterns. Additionally, a significant 23.3% (14 respondents) reported other forms of physical discomfort, which could include symptoms like neck or back pain.

It is also important to maintain a healthy balance between gadget use and other activities to minimize the negative effects on physical well being.

4.2.11 STUDENTS SEEKING PRIVACY WHILE USING GADGETS (N=60).

Figure 10
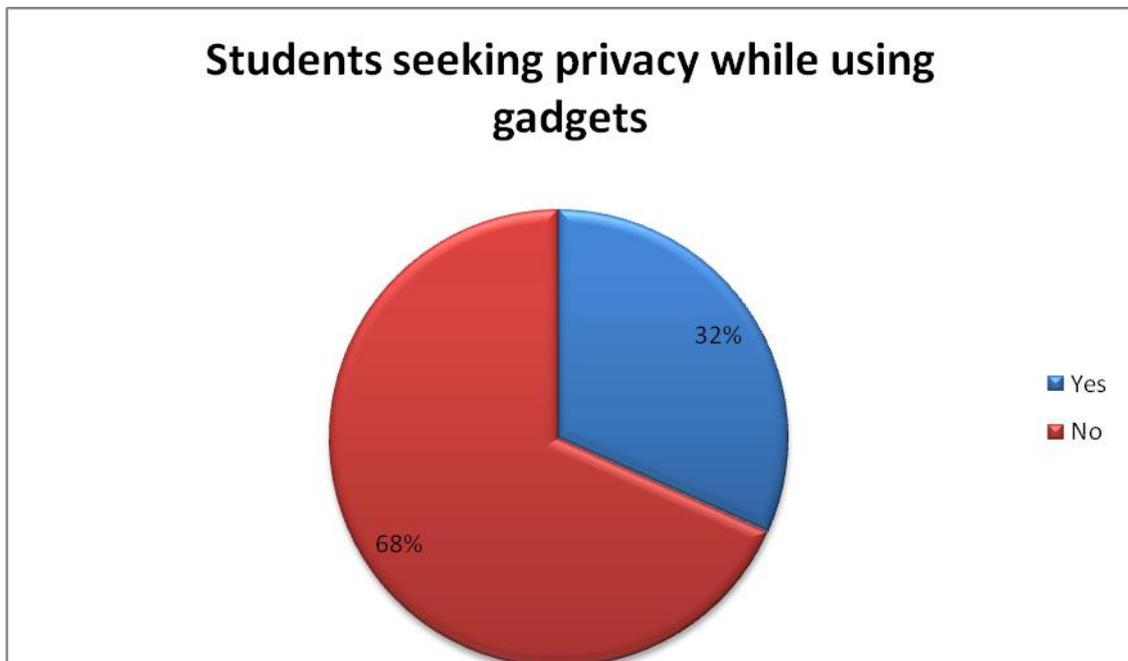
The above figure shows approximately one third of the respondents indicated that they seek privacy while using electronic gadgets. The majority, around 68%, do not prioritize privacy while using these devices. This shows that while privacy may be important to some, it is not a top concern for the majority of users.

4.2.12 REDUCED INTERACTION WITH FAMILY MEMBERS (N=60).

Figure 11

Reduced interaction with family members
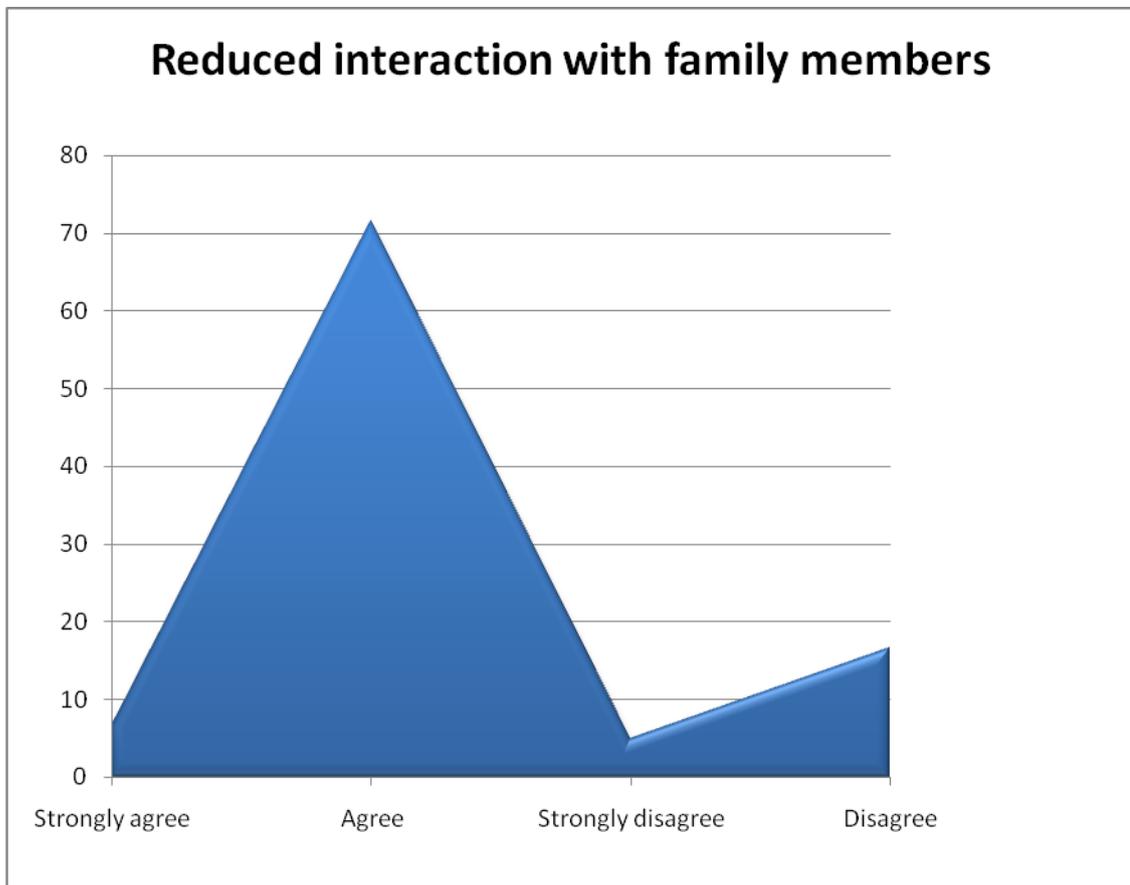
Above figure shows that approximately 78.4% (47respondents) agree that they have reduced interaction with their family members. Only 5% (13 respondents) strongly disagree with this statement. Overall, these results suggest that a significant portion of the population surveyed have experienced a decrease in family interaction.

4.2.13 DIFFICULTY IN CONCENTRATING STUDIES DUE TO TEMPTATION OF E- GADGETS (N=60).

Table 2

RESPONSES	PERCENTAGE
Regular	5 %
Often	21.7%
Sometimes	58.3%
Never	15%

According to the table, a majority of individuals (58.3%) sometimes find it difficult to concentrate on their studies due to the temptation of electronic gadgets. 21.7% of the respondents reported experiencing this difficulty often, while 5% reported experiencing it regularly. Finally, 15% of the respondents claimed to never have difficulty concentrating due to electronic devices.

4.2.14 ASSESSMENT OF GADGET USAGE (N=60).

Figure 12
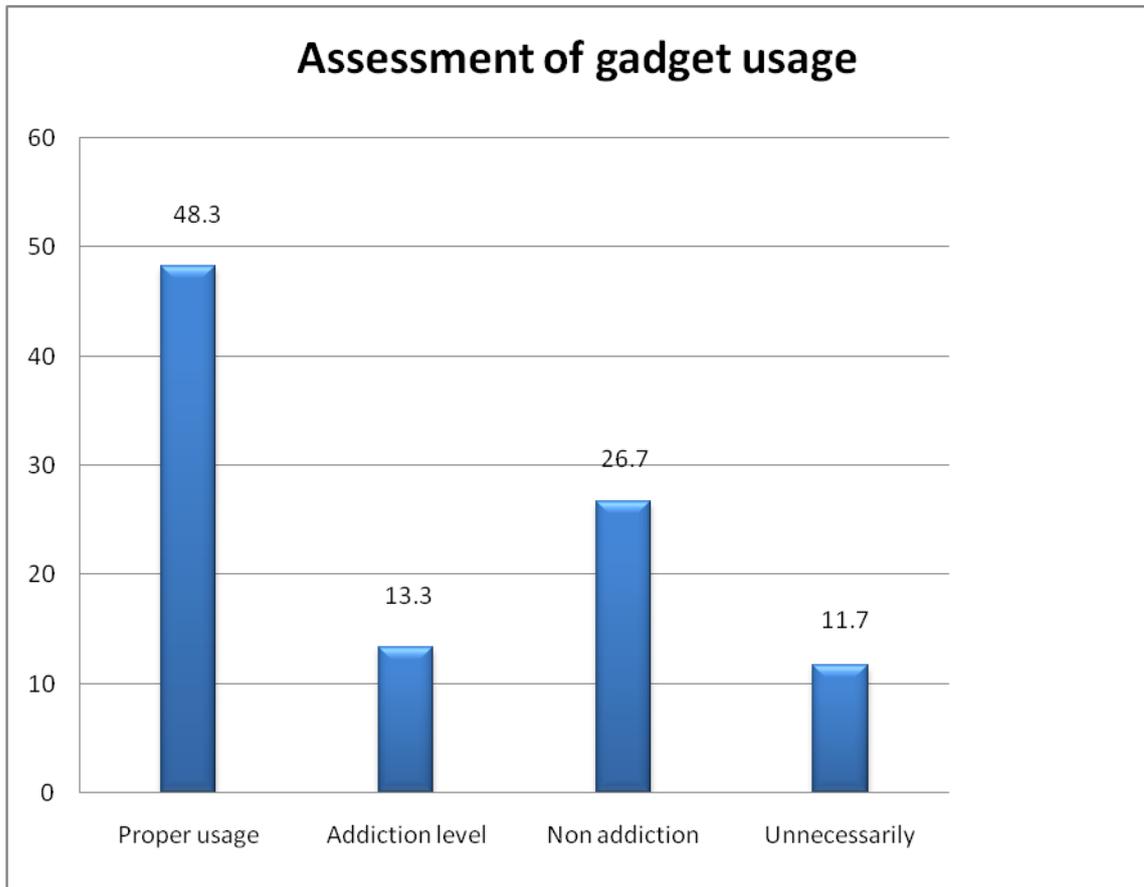
This data pertains to an assessment of gadget usage.48.3% (29 respondents) reported using their gadgets properly, while 13.3% (8 respondents) reported being addicted to their gadgets.26.7% of 16 respondents reported non-addictive usage, while 11.7% (7 respondents) reported using gadgets unnecessarily. Overall, the data suggests that a significant portion of respondents may have problematic gadget usage habits.

4.2.15 EFFECT OF GADGET USAGE (N=60).

Figure 13
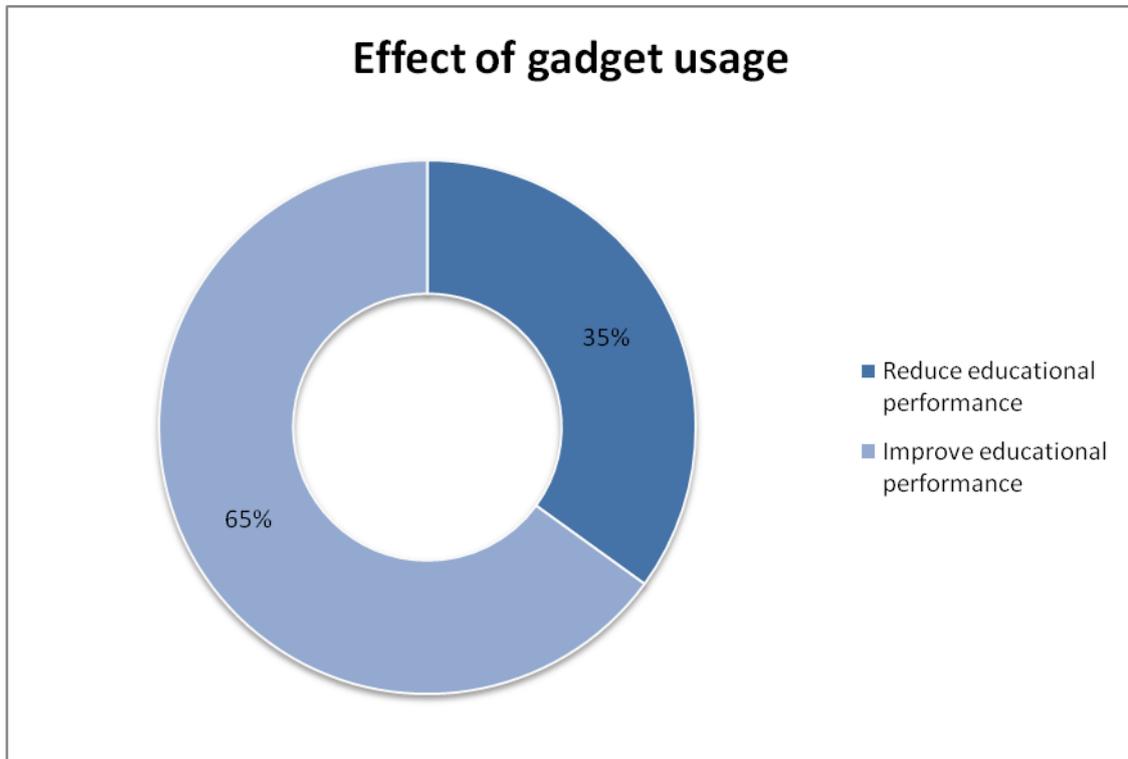
Above figure shows that the usage of e-gadgets has a mixed effect on educational performance. 65% (39 respondents) reported an improvement in their educational performance while 35% (39 respondents) reported a reduction. This suggests that e-gadgets may have both positive and negative impacts on learning outcomes. Further analysis is needed to determine the specific factors that contribute to these effects.

4.2.16 FEELS MORE CONNECTED TO FRIENDS AND FAMILY THROUGH E- GADGET (N=60).

Figure 14
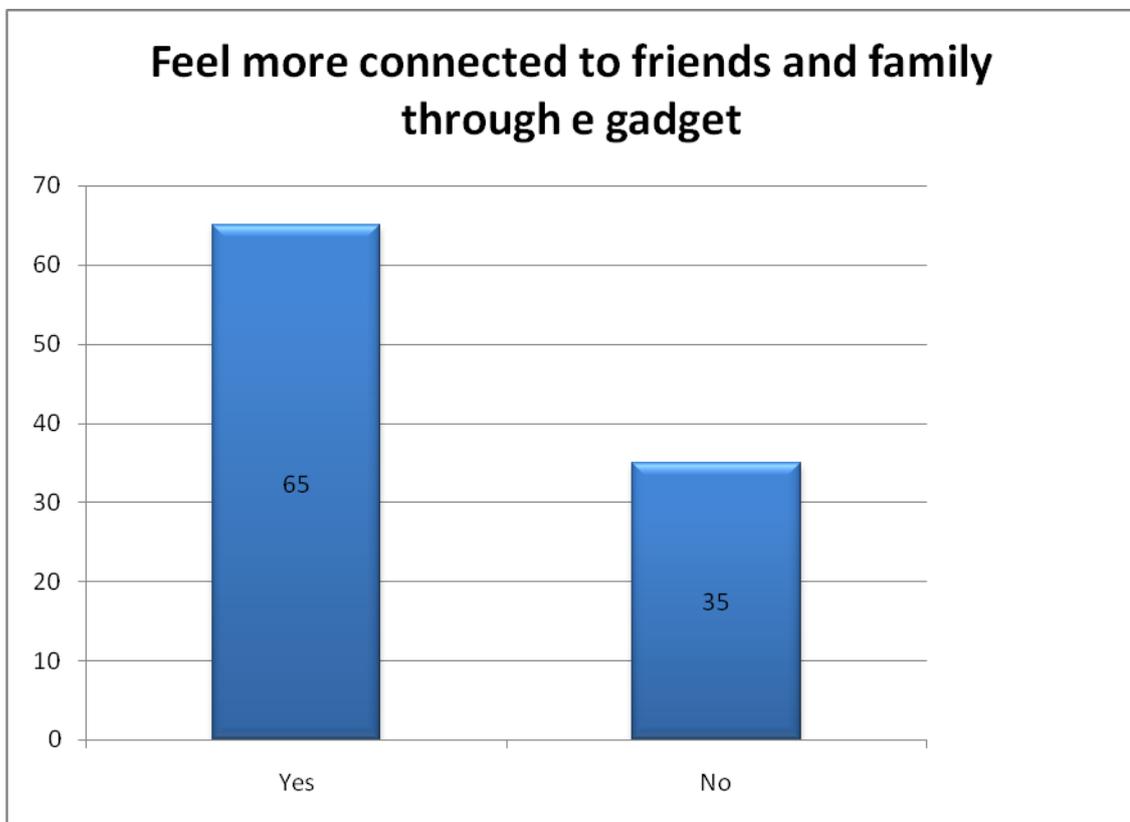
Above figure shows that, 65% (39 respondents) reported feeling more connected to friends and family through the use of electronic gadgets, while 35% (21 respondents) did not. This suggests that for a majority of people, e-gadgets facilitate closer connections with loved ones. However, it's important to note that there are still a significant number of people who do not feel this way.

4.2.17 E- GADGETS RELIEVE STRESS (N=60).

Figure 15

E gadget relieve stress
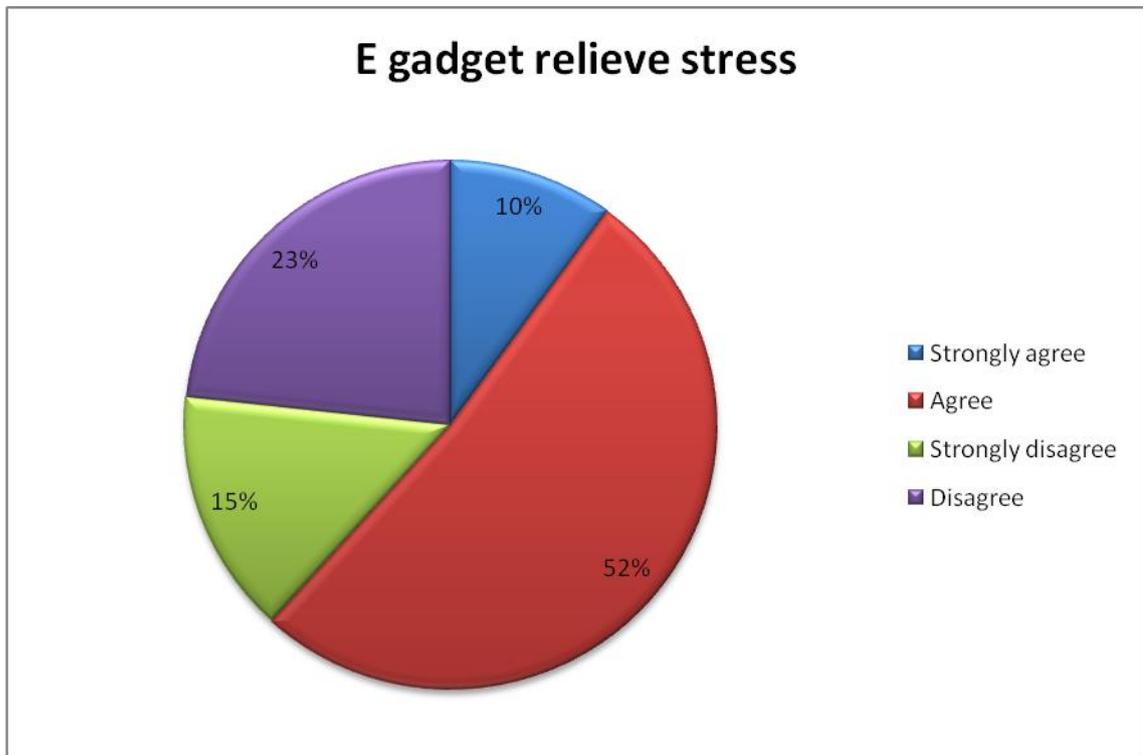
According to the data, a majority of respondents (61.7%) agree that electronic gadgets can relieve stress, with 10% strongly agreeing and 51.7% agreeing. However, a significant minority (38.3%) disagree, with 23.3% indicating they do not think gadgets relieve stress and 15% strongly disagreeing.

Overall, the data suggests that while many people believe that gadgets can help with stress relief, there is still a sizeable group who hold a different view, indicating a need for further investigation and understanding of this issue.

4.2.18 E- GADGETS MAKES YOU MORE PROGRESSIVE (N=60).

Table 3

RESPONSES	PERCENT
Strongly agree	18 %
Agree	53.3%
Strongly disagree	5%
Disagree	23.7 %

The above table shows, a majority of respondents (71.3%) either agree or strongly agree that e-gadgets make them more progressive. Only a small percentage (28.7%) disagrees or strongly disagrees with this statement. It is important to note that the specific definition of "progressive" in this context is unclear.

4.2.19 E- GADGET HELPS TO LEARN AND ACQUIRE NEW SKILLS (N=60).

Figure 16

E gadget helps to learn and acquire new skills
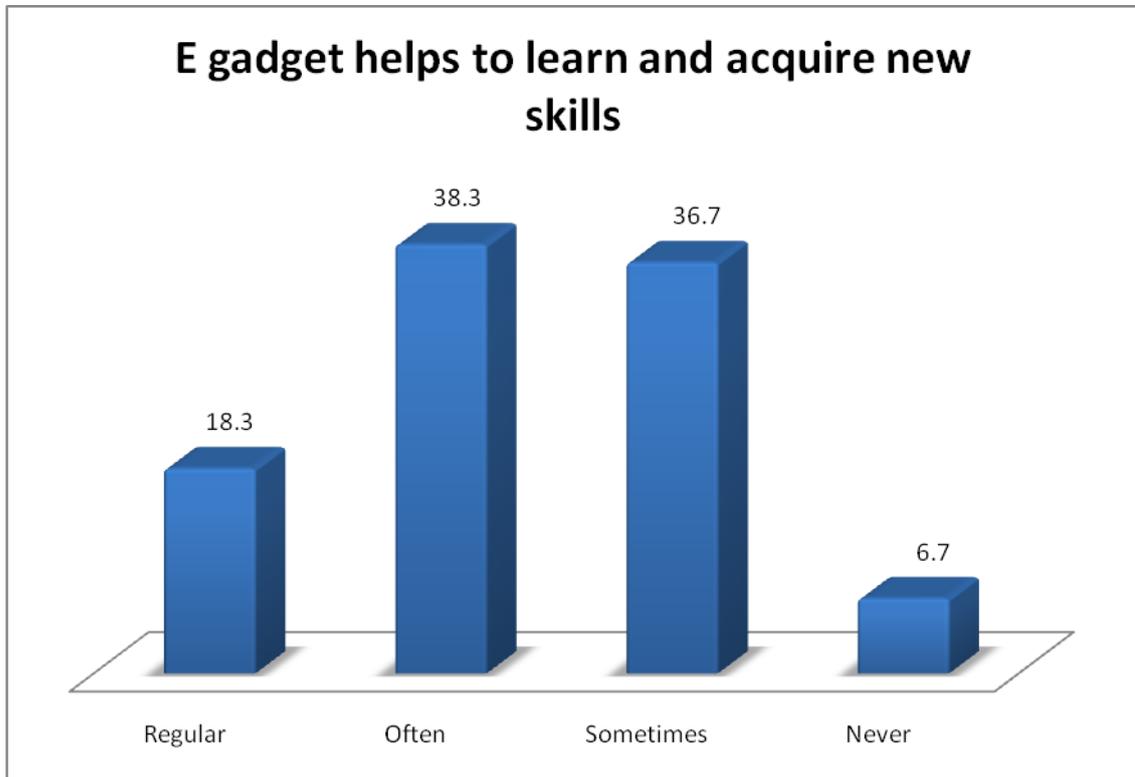
Above figure 20 shows that, a significant proportion of individuals (38%) reported that electronic gadgets (E gadgets) often help them learn and acquire new skills. Additionally, approximately one-third of respondents (36.7%) reported that E gadgets sometimes assist with learning and skill acquisition. On the other hand, a small proportion (6.7%) reported never utilizing E gadgets for learning purposes.

4.2.20 E- GADGET HELPS IN ACHIEVING PERSONAL GOAL (N=60).

Figure 17

E-gadget helps in achieving personal goal

37.3

62.7

Yes
No
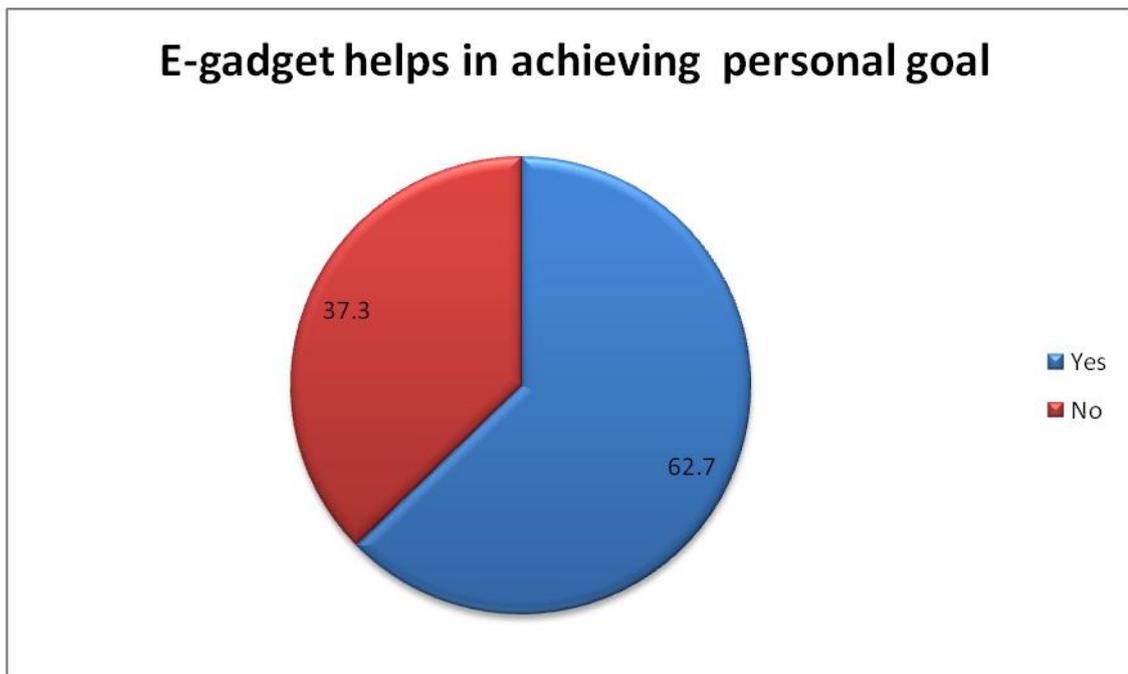
Above figure shows that, a majority of people 34 respondents (62.7%) believe that e-gadgets can help them achieve their personal goals like to improve academic performance, developing additional skills, find a career. On the other hand, 26 respondents (37.3%) of people do not think that e-gadgets are useful in this regard. Overall, this suggests that e-gadgets may have some perceived value in helping individuals achieve personal objectives.

4.2.21 HELPS TO INCREASE ACADEMIC PERFORMANCE (N=60).

Table 4

Responses	percentage
Yes	70 %
No	30 %

Above table shows, 70% (42 respondents) believe that e-gadgets help to increase academic performance, while 18 respondents 30% do not share this belief. This suggests that a significant majority of individuals perceive e-gadgets as beneficial for academic performance. However, it is important to note that this data alone does not prove a causal relationship between e-gadgets and academic performance.

4.2.22 E -GADGETS TO LEAD A GREENER LIFE (N=60).

Figure 18
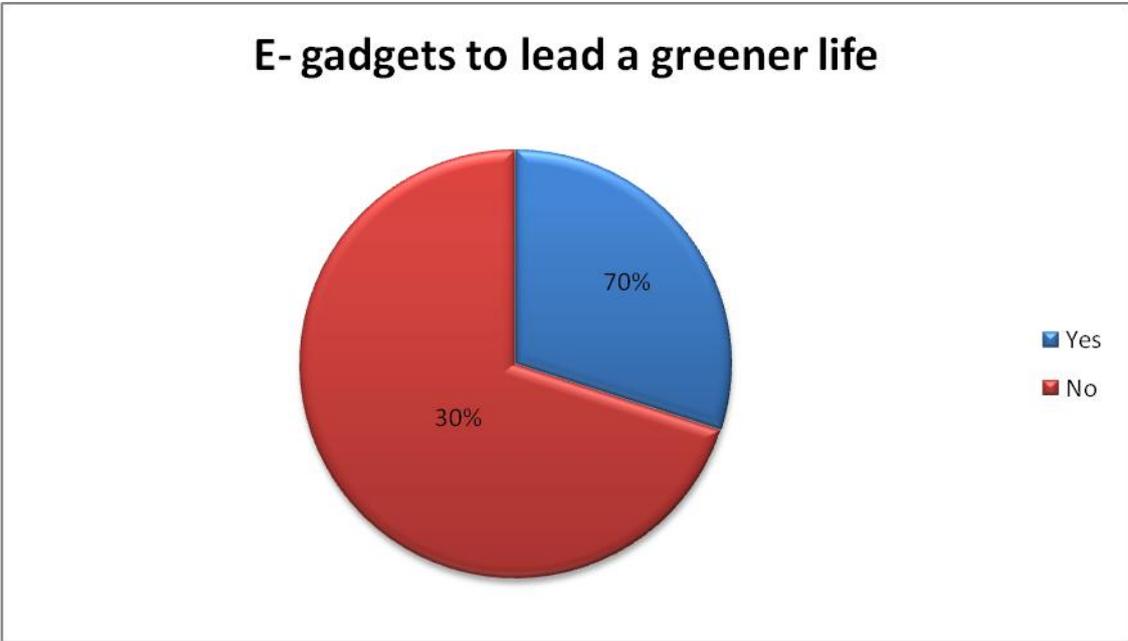
The above figure, 70% (42 respondents) believe that e gadget is to lead a greener life, while 30% (18 respondents) who disagree might have concerns about the overall environmental impact of e gadgets.

Based on this figure it is clear that e gadgets encourage green living, which aids in energy conservation and also helps to stop pollution.

4.2.23 USAGE OF E GADGET FOR LEISURE ACTIVITY (N=60).

Figure 19
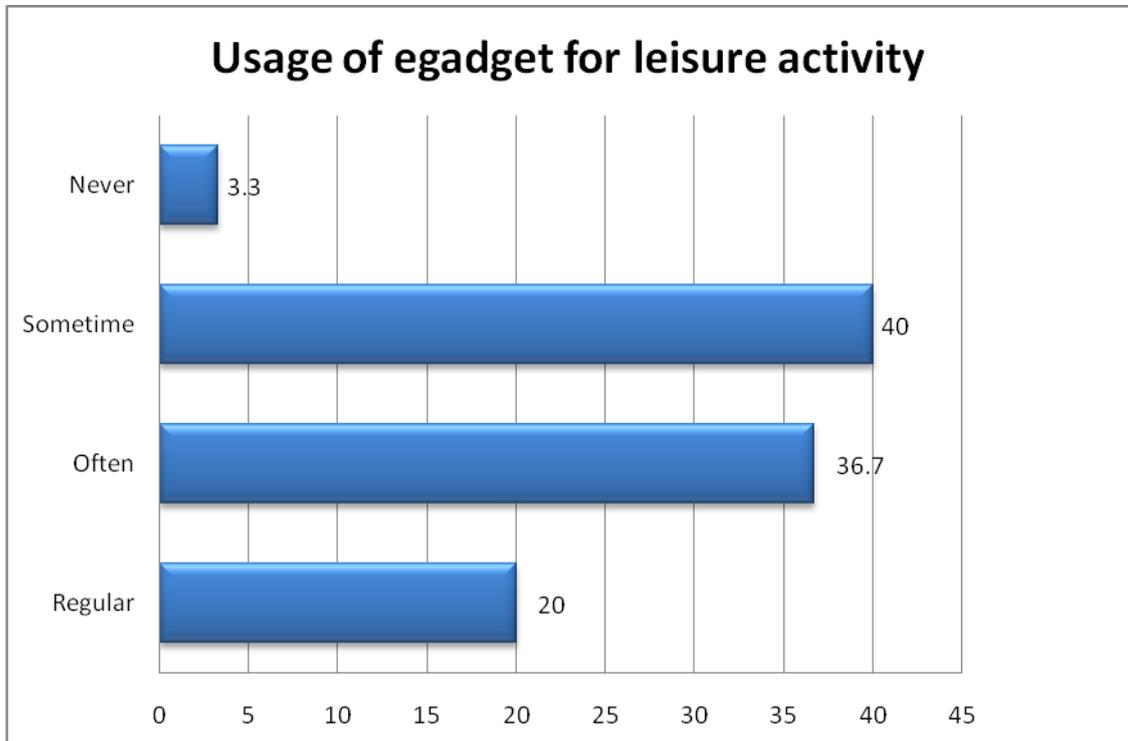
The above figure shows that, 40% (24 respondents) of people use e-gadgets for leisure activities, while 20% (12 respondents) use them regularly and 36.7% (22 respondents) use them often. Only 3.3% (2 respondents)of people never use e-gadgets for leisure activities.

4.2.24 E GADGET HAS POSITIVE IMPACT ON OVERALL WELBEING (N=60).

Figure 20
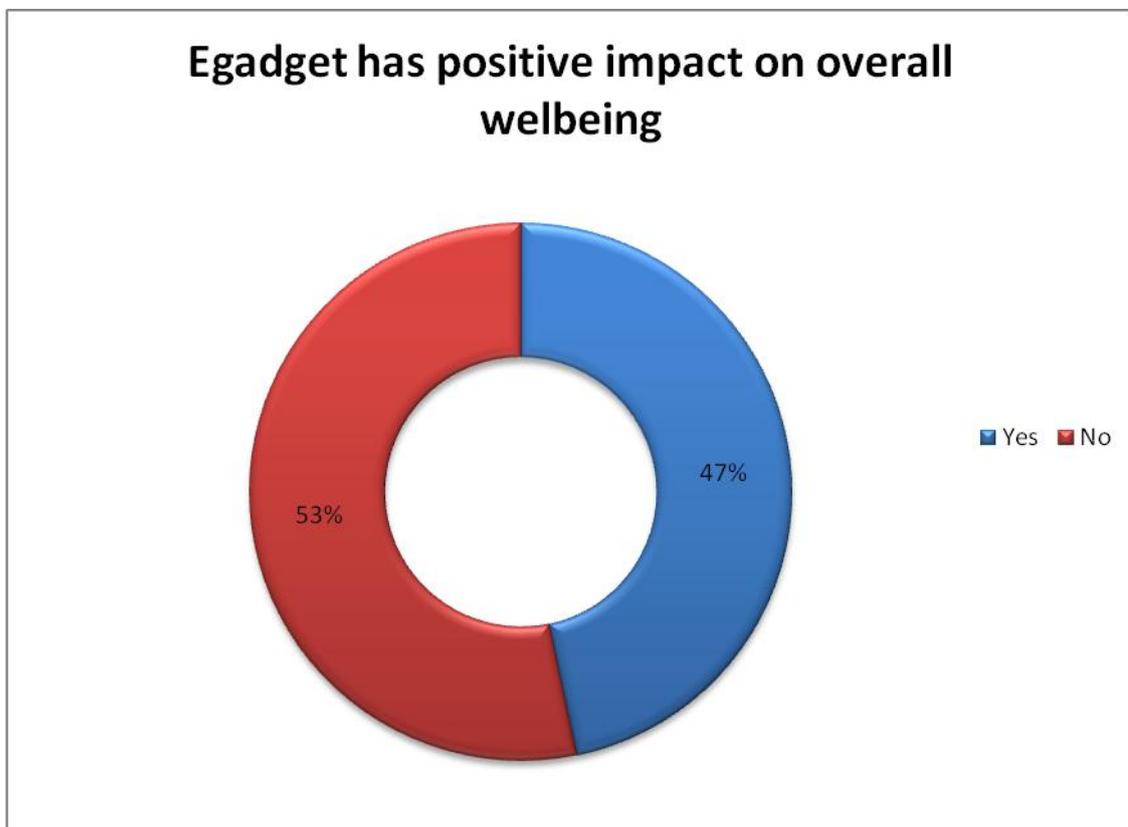
Above figure shows that, a majority (53.3%) (32 respondents) believe that e-gadgets do not have a positive impact on overall wellbeing, while a minority (46.7%) 28 respondents believe they do. The results suggest that there may be a divide in opinions on the relationship between e-gadgets and wellbeing.

4.2.25 RELEVANCE OF EDUCATING STUDENTS ABOUT SAFE AND RESPONSIBLE USE OF E GADGET (N=60).

Figure 21

Relevance of educating students about safe and responsible use of e gadget

18.3

81.7

■ Yes
■ No
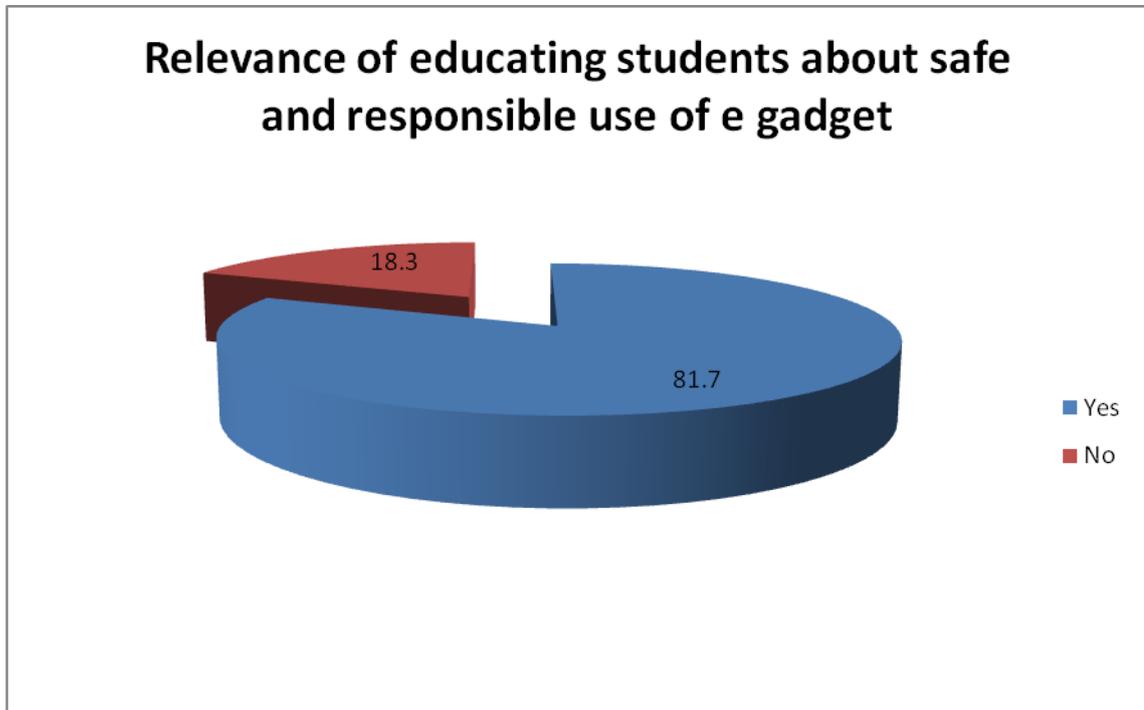
The figure shows that a large majority of 49 respondents (81.7%) believe that educating students about the safe and responsible use of electronic gadgets is important. Conversely, a minority of 11 respondents (18.3%) do not believe that it is relevant. This highlights the significance placed on ensuring that young people are aware of the potential risks associated with electronic devices and are equipped with the knowledge to use them responsibly.

4.2.26 TIME SPAN OF USING E GADGET (N=60).

Table 5

Responses	Percentage
Less than 1 hour	36.7 %
1 to 3 hours	38.3 %
4 to 5 hours	15%
More than 5 hours	10%

The table shows the distribution of the amount of time 22 people use e-gadgets over a given time period. The majority of people (approximately 38.3%) use e-gadgets for less than 1hour and (36.7%) 22 people soebting time up to 1 to 3 hours. A small percentage of people (10%) use e-gadgets for more than 5 hours. Still there is a need among students to control their time on e gadgets because it can have many harmful effects on them.

4.2.27 YEARS OF USING E GADGET (N=60).

Figure 22
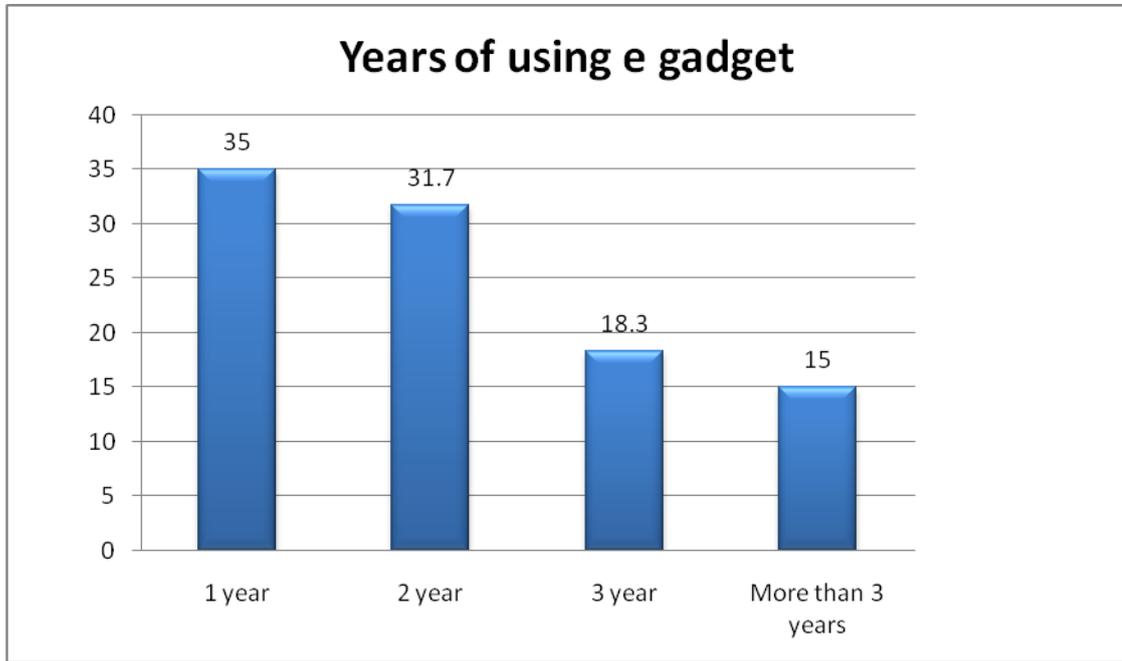
According to the above figure , the majority of users have been using e-gadgets for 1-2 years, with (35%) 21 respondents using it for 1 year and (31.7%) 19 respondents for 2 years. (18.3%), 11 respondents are using e gadget for 3 years. Only a small percentage of users, (15%) 9 respondents have been using e-gadgets for more than 3 years. There is a chance that the virtual learning which came as the result of the pandemic does have a role in the increase of e gadget owners among the school children.

4.2.28 TIME SPEND IN E GADGET FOR EDUCATIONAL PURPOSE (N=60).

Figure 23
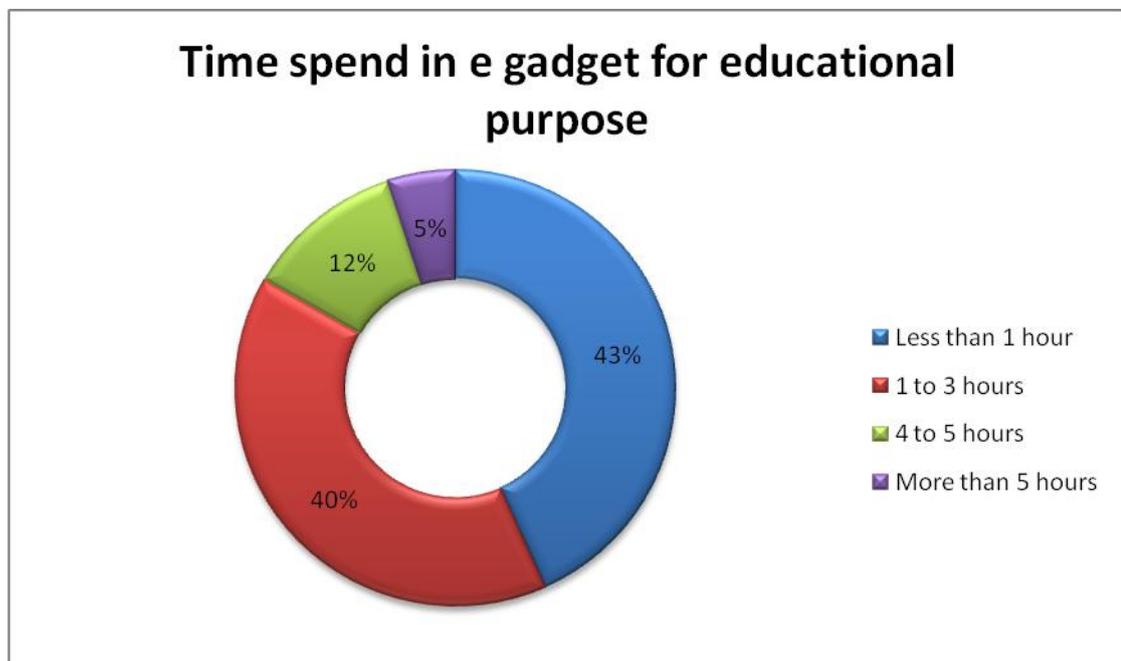
Above figure shows that, almost half of the 24 respondents spend 1 to 3 hours using e-gadgets for educational purposes, while 43.3% (26 respondents) less than 1 hour. Only a small percentage of 11.7% (7 respondents) and 5% (3 respondents) spend 4 to 5 hours and more than 5 hours, respectively.

4.2.29 ANY LIMITATION IN THE USE OF E GADGET (N=60).

Figure 24
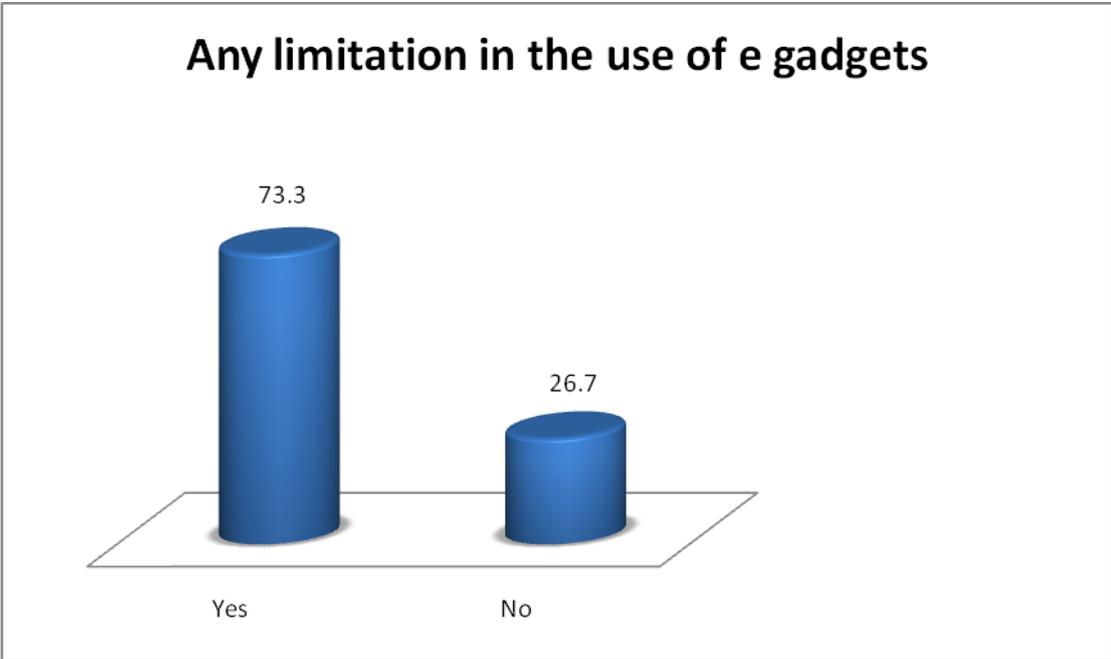
The figure that 73.3% of 44 respondents perceive limitations in the use of e gadgets. Conversely, only 26.7% of 16 respondents do not perceive any limitations. It is unclear what specific limitations are being referred to or what types of e gadgets are being considered.

4.2.30 DURATION OF BREAK WHILE USING E GADGETS (N=60).

Figure 25
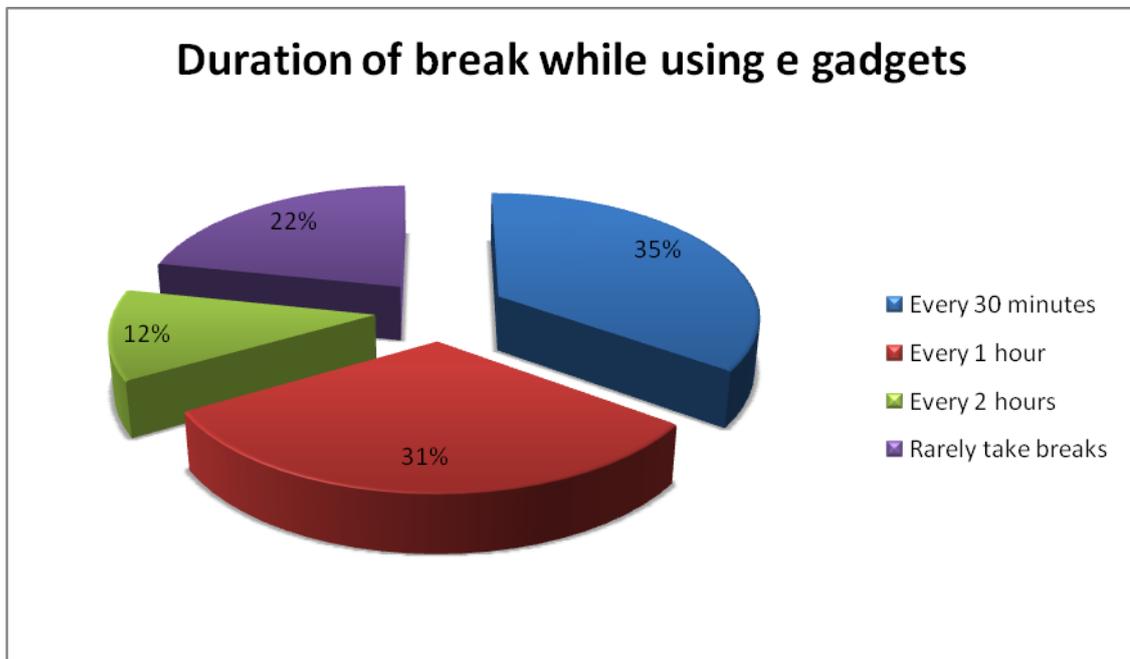
The figure shows that 35% of 21 people take breaks from using electronic gadgets every 30 minutes, while 31.7%,19 respondents take breaks every 2 hours. 21.7% of 13 people rarely take breaks, while only 11.7%, 7 respondents take breaks every 2+ hours. This suggests that frequent breaks are more common than infrequent ones among gadget users.

4.2.31 IS THE SPENDING TIME ON E GADGET IS PRODUCTIVE (N=60).

Figure 26
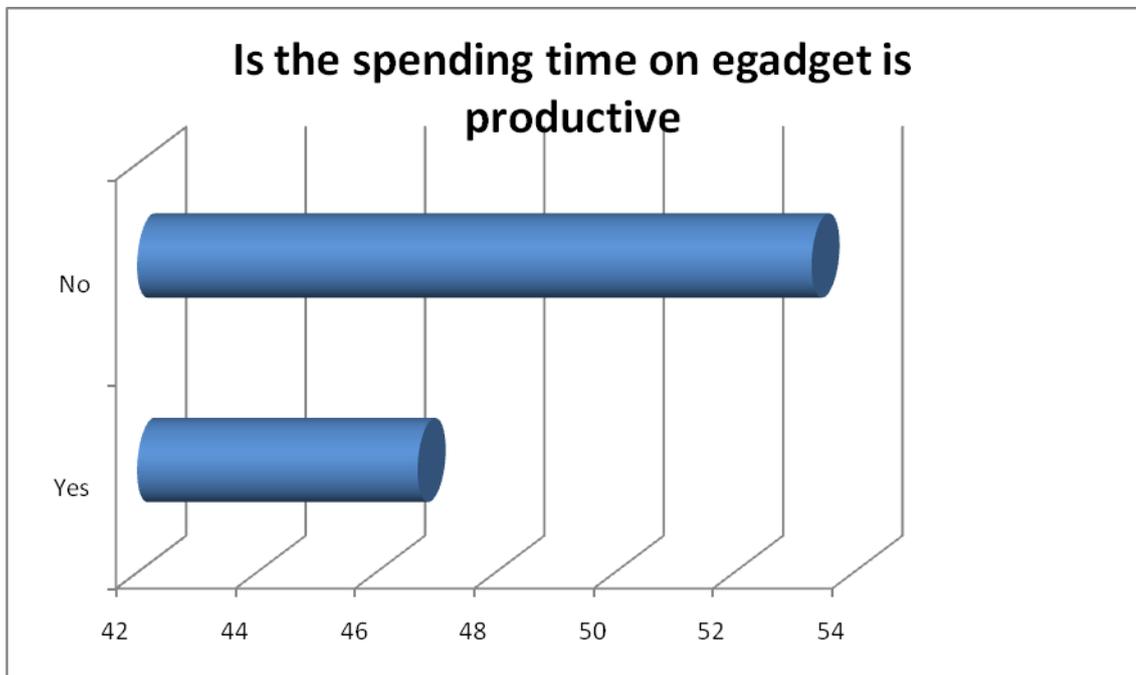
Based on the figure shows, a slight majority of 32 respondents (53.3%) do not believe that spending time on e-gadgets is productive. However, a significant minority of 28 respondents (46.7%) do find it productive. It's important to note that the interpretation of the data may depend on the sample size, demographics, and context of the survey.

4.2.32 TIME SPEND ON E GADGET FOR LEISURE ACTIVITY

Figure 27
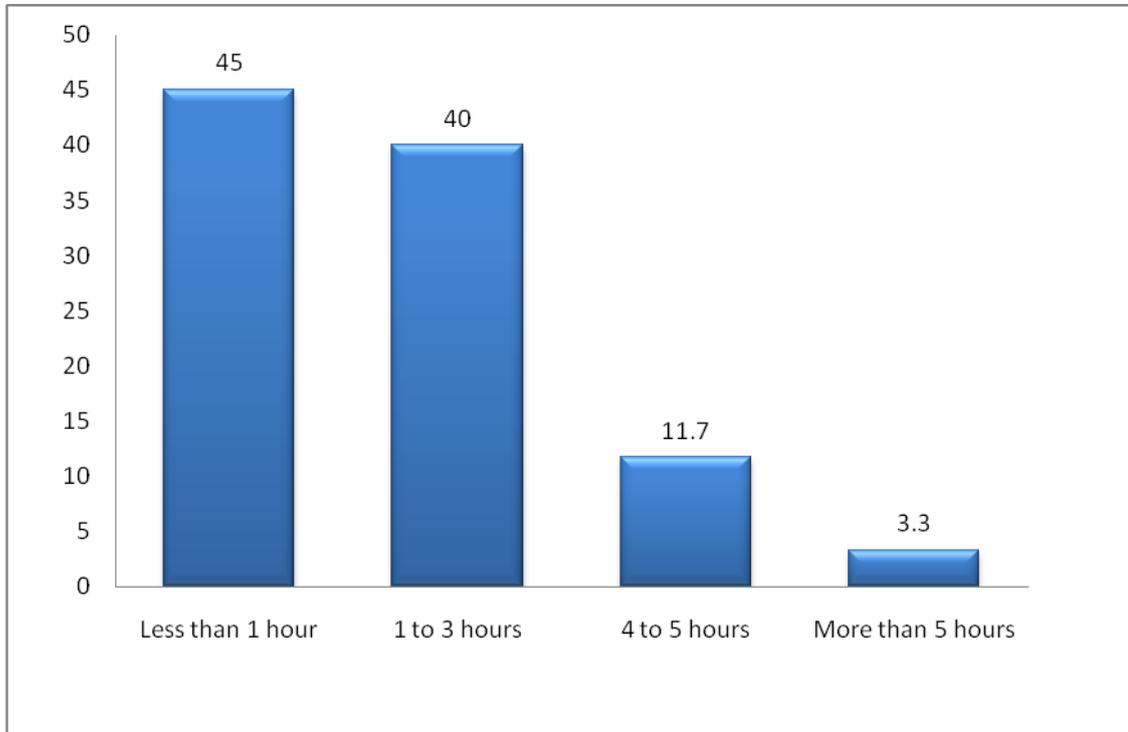
Above figure shows that, 45% of people spend less than an hour on their e-gadgets for leisure activities, while 40% respondents spend between 1 to 3 hours. Only 15% of people spend more than 4 hours on e-gadgets for leisure activities. This suggests that most people limit their leisure time on e-gadgets to under 3 hours.

4.2.33 SPEND MORE TIME ON INTERNET BY NEGLECTING THE HOMEWORK (N=60).

Figure 28
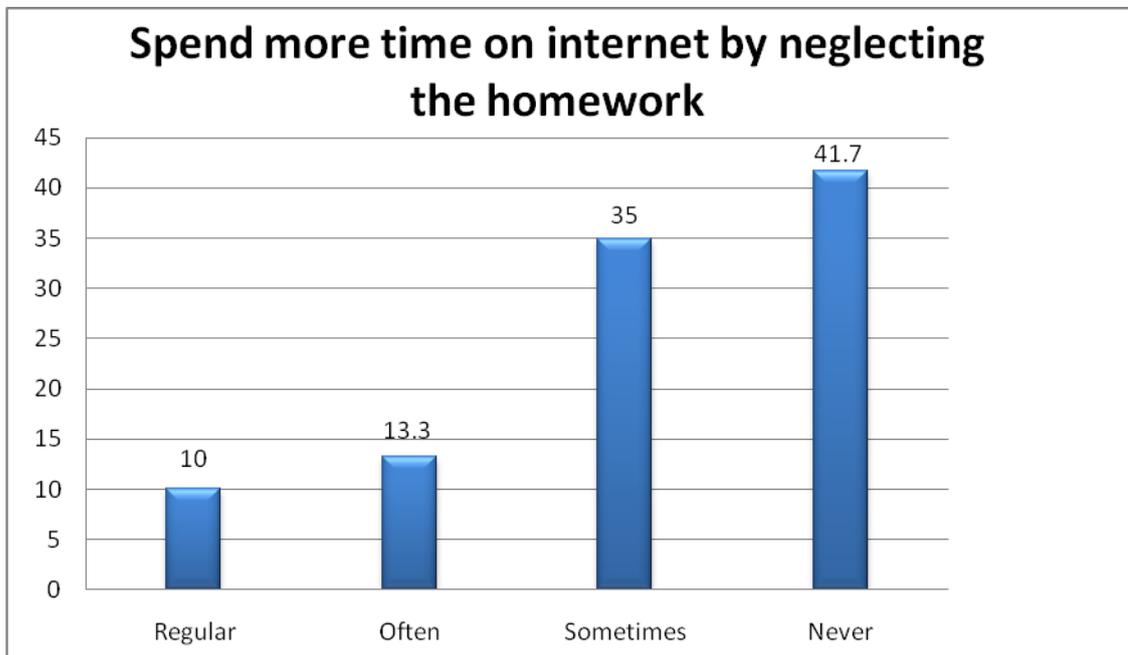
Above figure shows that, a significant portion of respondents reported neglecting homework in order to spend more time on the internet. Specifically, 13.3% reported doing so often and 35% reported doing so sometimes. However, the majority (41.7%) reported never neglecting homework for the internet.

4.2.34 PARENTS COMPLAIN ABOUT THE AMOUNT OF TIME SPEND ON GADGET (N=60).

Figure 29

Parents complain about the amount of time spend on gadget

- Regular — 12%
- Often — 33%
- Sometimes — 40%
- Never — 15%
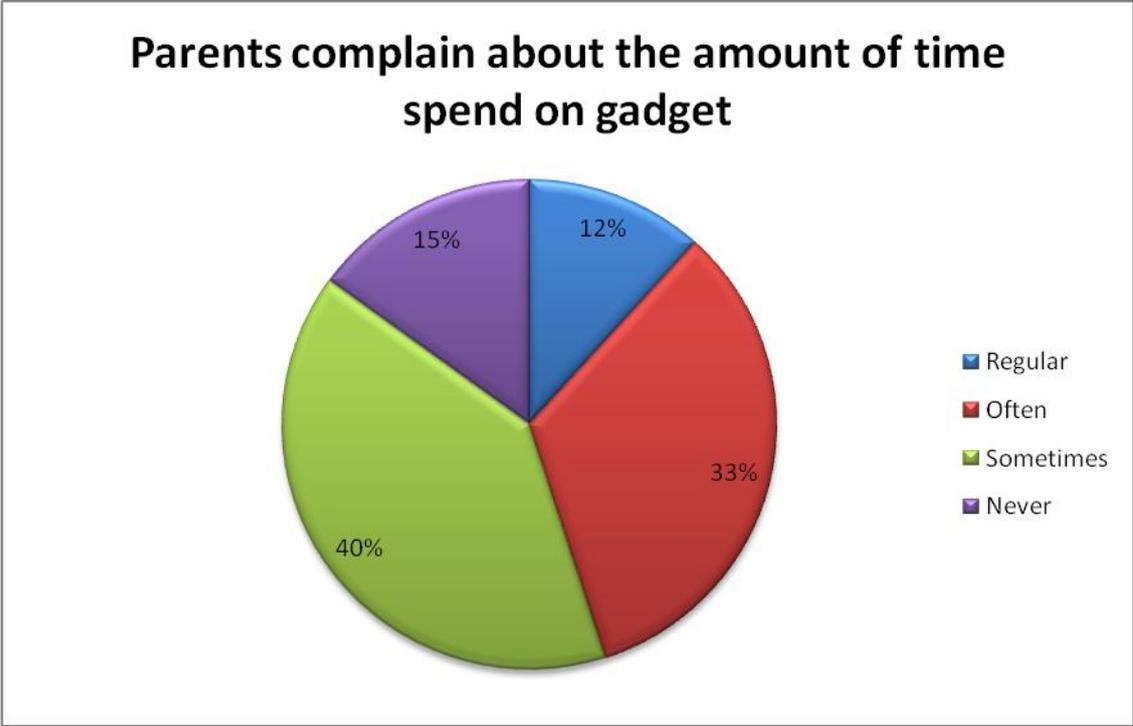
Above figure shows that majority of students 40% (20 respondents) have said that their parents are concerned about their usage of e gadgets. Another 33.3% (20 respondents) reported that they used e-gadgets frequently or regularly. Only 15% (11 respondents) of students reported that their parents have no complaint about the amount of time spend on e gadgets. The minority of students 12% (9 respondents) reported that their parents complained about the amount of time spent on e gadgets regularly.

4.2.35 STRATEGIES TO MANAGE E GADGET USAGE (N=60).

Table 6

Response	Percentage
Yes	60 %
No	40%

Above table shows that, 60% of the 36 respondents indicated that they use strategies to manage their use of gadgets, while 40%, 24 respondents do not. It suggests that a majority of individuals are conscious of their gadget usage and are taking measures to regulate it.

4.3 CONCLUSION

The chapter deals with analysis and interpretation of collected data, which is one of the important parts of research study. The data collected from 60 samples are analyzed and interpreted separately with the help of figures.

CHAPTER V
FINDINGS, SUGGESTIONS AND CONCLUSION

CHAPTER V

FINDINGS, SUGGESTIONS AND CONCLUSION

INTRODUCTION

The chapter deals with the findings, suggestions and conclusion. In every research the researcher gives findings, suggestions and conclusions. This is the backbone of every research. This finding provides what the researcher had found out as the problems and analysis in the study area, the researchers' suggestions for the findings and the conclusion of the thesis.

5.1 MAJOR FINDINGS

Findings based on the socio demographic profile of the respondents

- Majority of the respondents are male based on gender distribution.
- This study shows that majority of the students are studying in 10 standard.
- This study shows that almost all the family has two children.

Findings based on the usage of e-gadgets by the children

- Majority of the respondents are use mobile phone as their primary gadgets.

- The majority of the students have own e gadget.

- The study shows that majority of the respondents using e gadget for entertainment purpose.

- It is clear that the majority of the respondents don't have the ability to communicate face to face with others.

- The study shows that majority of the respondents experiencing difficulty in falling asleep due to the use of gadget before bed time.

- The study depicts majority of the respondents experience physical discomfort when using electronic gadgets.

- It is clear that majority of the respondents do not prioritize privacy while using this device.

Findings based on the objective of the positive and negative effect of usage of electronic gadget.

- Majority of the respondents agree that they have reduced interaction with family members.

- The study shows that majority of the responds find difficulty in concentrate on their studies due to the temptation of e gadgets.

- The majority of the respondents reported that there is an improvement in their educational performance.

- The study shows that most of the respondents feeling more connected to friends and family through the use of e gadgets.

- The study indicates that most of the respondents can relieve stress through the use of e gadgets.

- The majority of the respondents agreed that e gadgets make them more progressive.

- From the opinion of the respondents electronic gadgets often help them to learn and acquire new skills.

- Majority of the respondents believe that e gadgets can help them to achieve personal goals.

- The study shows that e gadgets help to increase academic performance.

- Majority of the respondents agreed that they use e gadgets for leisure activity.

- The study shows that majority of the respondents believe that e-gadgets do not have a positive impact on overall wellbeing.

- The large majority of respondents believe that educating students about the safe and responsible use of e-gadgets is important.

Findings based on the objective time spend by high school children on electronic gadgets.

- Majority of the respondents spend using e gadgets for educational purpose less than 1 hour.

- Majority of the respondents agreed that they perceive limitation in the use of e gadgets.

- The study shows that majority of the respondent's takes breaks from using e gadgets every 30 minutes.

- Majority of respondents opinioned that they do not believe spending time on e gadget is productive.

- The study shows that majority of respondents spend less than an hour on their e gadgets for leisure activity.

- Majority of respondents opinioned that they never neglecting home work.

- The majority of respondents indicated that the use strategies to manage their use of e gadgets.

5.2 IMPLICATIONS OF THE STUDY

- Individual counseling for students.

- Awareness programs for students explaining do's and don'ts while using electronic gadgets.

- Conduct webinar and workshops.

- Conducting awareness programs for parents regarding the usage of e-gadgets.

5.3 LIMITATIONS OF THE STUDY

- Due to constraints of time the researcher was not able to perform the research effectively.
- Poor sampling size

- The study is only focused on Balal Gram Panchayath hence the result cannot be generalized.

5.4 SUGGESTIONS

Using electronic gadgets in a proper way involves adopting responsible behavior and following certain guidelines to maximize their benefits while minimizing their negative impact. Here are some suggestions for using e-gadgets in a proper way:

Set time limits: Using e-gadgets for extended periods can be harmful to your eyes, posture, and mental health. Therefore, it's essential to set time limits for using them and take frequent breaks to stretch, walk, or engage in other physical activities.

Avoid multitasking: Multitasking while using e-gadgets can lead to distraction, reduced productivity, and increased stress levels. Instead, focus on one task at a time and avoid switching between multiple apps or activities.

Adjust settings for comfort: Adjusting the brightness, font size, and contrast of your devices can reduce eye strain and make it more comfortable to use them for extended periods.

Be mindful of your posture: Poor posture while using e-gadgets can lead to back, neck, and shoulder pain. Therefore, it's crucial to maintain a comfortable and ergonomic position while using them.

Limit notifications: Notifications from e-gadgets can be distracting and disruptive. Limiting them to essential alerts can help you stay focused and reduce stress.

Awareness: Teach students about responsible and ethical use of e gadgets, including online safety, privacy and cyber-bullying prevention.

5.5 CONCLUSION

The fifth chapter deals with findings of the entire research study. The findings are derived from the response received from the sixty samples. In every task of work there must be certain procedures and systems which have to be followed to complete. Social work research is one of the important researches where certain procedures and steps,

guidelines, direction and various requirements have to be fulfilled. The researcher has to undergo a systematic procedure. According to the requirements of the university, the researcher has followed prescribed procedures and order.

The research report entitled "Usage of electronic gadgets and their effects on high school children special reference to Balal Gram Panchayath" will be useful for those who are engaged in health sectors.

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APPENDIX

QUESTIONNAIRE

A STUDY ON THE USAGE OF ELECTRONIC GADGETS AND THEIR EFFECTS ON HIGH SCHOOL CHILDREN SPECIAL REFERENCE TO BALAL GRAM PANCHATH.

DECLARATION

I Miss Shilpa Noble, 2nd year MSW student, Don Bosco Arts And Science College Angadikadavu hereby declare that the information being collected would solely by used for the research purpose and will we kept confidential.

1.Name:

2.Age :

3.Gender:

1) Male
2) Female
3) Others

4. In which standard do you study?

1) 8
2) 9
3) 10

5. Home town:

6. Religion:

1) Hindu
2) Muslim
3) Christian
4) Others

7. Types of family:

    1) Nuclear Family

    2) Joint Family

8. Number of children in your family?

    1) 1

    2) 2

    3) 3

    4) More than 3

9. The name of the school:

10. Which are the electronic gadgets that you use?

    1) Mobile phone

    2) Tablet

    3) Laptop

11. Whether you own e- gadgets like mobile phone, tablet, and laptop?

    1) Yes

    2) No

12. What do you usually use electronic gadgets for?

    1) Social media

    2) Academic purpose

    3) Entertainment (watching movies, listening to music, gaming etc.)

    4) Others

13. Do you think that the use of electronic gadgets has affected your ability to communicate face to face with others?

    1) Yes

    2) No

14. Have you ever experienced difficulty falling asleep or staying asleep due to your use of electronic gadgets before bed time?

    1) Regular

    2) Often

    3) Sometimes

    4) Never

15. Do you face any of the physical discomfort while using electronic gadgets?

    1) Head ache

    2) Eye strain

    3) Sleeping disturbance

    4) Others

16. Do you seek privacy while using e-gadgets?

    1) Yes

    2) No

17. Do you believe that the use of e-gadget reduce the interaction with your family members?

    1) Strongly agree

    2) Agree

    3) Strongly disagree

    4) Disagree

18. How often do you feel difficulty in concentrating on your studies due to temptation of e-gadgets?

    1) Regular

    2) Often

    3) Sometimes

    4) Never

19. How do you assess your e-gadget usage?

    1) Proper usage

    2) Addiction level

    3) Non-addiction

    4) Unnecessarily

20. Did the gadget usage

    1) Affect your educational performance

    2) Improve your educational performance

21. Do you feel more connected to friends and family through the use of e-gadget?

    1) Yes

    2) No

22. I believe that e-gadget relieve stress.

    1) Strongly agree

    2) Agree

    3) Strongly disagree

    4) Disagree

23. E-gadgets are making more productive and progressive.

    1) Strongly agree

    2) Agree

    3) Strongly disagree

    4) Disagree

24. Have e-gadgets helped you learn and acquire new skills?

    1)   Regular

    2)   Often

    3)   Sometimes

    4)   Never

25. Have e-gadgets helped you in achieving your personal goals?

    1) Yes

    2) No

26. Do you believe e-gadgets help you in increasing academic performance?

    1) Yes

    2) No

27. Do you think e-gadgets are eco- friendly?

    1) Yes

    2) No

28. How often do you use e-gadgets for leisure activities (such as social media, watching videos, playing games, etc.)?

    1) Regular

    2) Often

    3) Sometimes

    4) Never

29. Do you think e-gadgets have had a positive impact on your overall well-being?

    1) Yes

    2) No

30. Do you think that your school should educate students about the safe and responsible use of electronic gadgets?

    1) Yes

    2) No

31. How often do you use e-gadgets (such as smart phone, tablets, laptop etc.) in a day?

    1) Less than 1 hour

    2) 1-3 hour

    3) 4- 5 hour

    4) More than 5 hour

32. How many years have you been using an e-gadget of your own?

    1)   1 year

    2) 2 years

    3) 3years

    4) More than 3 years

33. How many hours a day do you spend using e-gadgets for educational purpose?

    1) Less than 1 hour

    2) 1-3 hours

    3) 4-5 hours

    4) More than 5 hours

34. Have you ever tried to limit your use of electronic gadgets?

    1) Yes

    2) No

35. How often do you take breaks while using electronic gadgets for prolonged period?

    1) Every 30 minutes

    2) Every hour

    3) Every 2 hours

    4) Rarely take breaks

36. Do you ever feel that your spending time on e-gadget is productive?

    1) Yes

    2) No

37. How many hours per day do you spend using e-gadgets for leisure activities (such as social media, watching videos, playing games, etc.)?

    1) Less than 1 hour

    2) 1-3 hours

    3) 4-5 hours

    4) More than 5 hours

38. Are you neglecting your homework to spend more time on the internet?

    1) Regular

    2) Often

    3) Sometimes

    4) Never

39. Did your parents complain about the amount of time you spend on gadgets?

    1) Regular

    2) Often

    3) Sometimes

    4) Never

40. Do you have any strategies in place to manage your use of e gadgets?

    1) Yes

    2) No

MENSTRUATION AND PHYSIO- PSYCHOLOGICAL DISTRESS AMONG ATHLETES: A COMPARATIVE STUDY

VIRTUE & EXCELLENCE

ANAGHA SUNNY

DON BOSCO ARTS AND SCIENCE COLLEGE

ANGADIKADAVU

KANNUR 670706

2021 -2023

MENSTRUATION AND PHYSIO- PSYCHOLOGICAL DISTRESS AMONG ATHLETES: A COMPARATIVE STUDY

DISSERTATION SUBMITTED TO THE KANNUR UNIVERSITY

IN PARTIAL FULLFILMENT OF THE REQUIREMENT

FOR THE AWARD OF THE DEGREE OF

MASTER OF SOCIAL WORK

BY

ANAGHA SUNNY

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UNDER THE GUIDANCE OF

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DON BOSCO ARTS & SCIENCE COLLEGE

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VIRTUE & EXCELLENCE

CERTIFICATE

This is to certify that the dissertation entitled, **Menstruation and physio-psychological distress among athletes: a comparative study** , is a bonafide record of work done by **Anagha Sunny** under the guidance of Mrs. Dhanya K V, Assistant Professor, in partial fulfilment of the requirement for the award of the degree of Master of Social Work during the period of her study (2021-2023) in the Department of Social Work, Don Bosco Arts and Science College, Angadikadavu, Kannur, affiliated to the Kannur University.

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CERTIFICATE

This is to certify that the dissertation entitled, **Menstruation and physio-psychological distress among athletes: a comparative study**, is a bonafide record of work done by **Anagha Sunny** under my supervision and guidance, in partial fulfilment of the requirement for the award of the degree of **Master of Social Work** during the period of her study (2021-2023) in the Department of Social Work, Don Bosco Arts and Science College, Angadikadavu, Kannur, affiliated to the Kannur University.

Mrs. Dhanya K V

Assistant Professor and Research Guide

Department of Social Work

Don Bosco Arts & Science College

DECLARATION

I, **Anagha Sunny**, hereby declare that the dissertation entitled, **Menstruation and physio- psychological distress among athletes: a comparative study**, submitted to the Kannur University in partial fulfilment of the requirement for the award of the degree of **Master of Social Work**, is a bonfire work done by me under the guidance of **Mrs. Dhanya K V**, Assistant Professor, Department of Social Work, Don Bosco Arts and Science College, Angadikadavu. This work has not been placed by anybody in the university for the award of any degree or diploma.

ANGADIKADAVU   **ANAGHA SUNNY**
MAY 2023

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ANAGHA SUNNY

ABSTRACT

The study was conducted on the impact of physio-psychological distress in female athletes during menstruation in Kannur District. The study used a research sample of 60 from different athletes of Kannur District. The research topic of "Menstruation and physio-psychological distress among athletes: a comparative study " investigates the potential correlation between menstrual cycles and physical and psychological distress in female athletes during practice and competition compared to normal period days.

The study aims to investigate the impact of menstrual cycle on female athlete's physio-psychological distress and to identify strategies to manage the negative effects of menstruation. Findings reveal that the menstruation is negatively impacted to the physio-psychological distress in athletes and also the avoidance faced by the athletes from the authorities and the distress forced them to withdrawan from sports during menstrual cycle. The study will provide insights into the menstrual cycle's influence on female athletes' physical and psychological well-being and contribute to the development of interventions to support athletes during menstruation.

CONTENTS

CHAPTER 3

RESEARCH METHODOLOGY

CHAPTER 4

ANALYSIS AND INTERPRETATION OF DATA

LIST OF TABLES

LIST OF FIGURES

CHAPTER I
INTRODUCTION

CHAPTER 1
INTRODUCTION

1. 1 INTRODUCTION

The menstrual Physio-physhological distress faced by athletes during practice or during competition is theoretically ambiguous. An athlete's menstrual cycle can provide a lot of important information about their overall health, including whether they're getting the proper nutrition, training too hard, and if their bones are getting what they need to be as strong as possible. For most girls, the onset of periods occurs between the ages of 13 and 15. Approximately 98 percent of girls have their first period before they are 15 years old. Cycles usually occur about every 28 days (plus or minus seven days). Some cramping and bloating may occur.

Female athletes' success and general well-being can be significantly impacted by menstruation and the physical, psychological, and behavioural symptoms that go along with it. Premenstrual symptoms, such as mood swings, cramps, fatigue, and headaches, are common in female athletes and can have an impact on their training schedules and results.

Menstrual irregularities, such as a the lack of periods and irregular periods, can also have detrimental effects on bone health, which is a serious issue for female athletes because they are more likely to suffer stress fractures and other bone injuries. In light of this, this topic seeks to investigate the connection between menstruation and physical and mental pain experienced by female athletes. The talk will cover how menstrual cycle symptoms affect athletic performance, how hormonal changes contribute to menstrual irregularities, and how female athletes can cope with menstrual-related distress.

The purpose of the current study was to examine female athletes experiences of their menstrual cycle, with a focus upon the impact on training and competition performance. Athletes indicated an openness to talk about the menstrual cycle to other females, however, there was variation in the comfort athletes experienced regarding talking to male coaches. Overall, the findings highlight the need to educate athletes and coaches on the menstrual cycle, considering it in the same light as other physiological functions in sport to improve health, well-being, and performance. Furthermore, providing education on how to construct positive conversations, equipping individuals

with the correct terminology, and confidence to talk about the menstrual cycle will reduce some reservations identified through improved knowledge and understanding. So the researcher studies about the menstruation and physio-psychological distress faced by athletes during practice or during competition, in Kannur district.

1.2 STATEMENT OF THE PROBLEM

Menstruation plays a major role in physical and mental discomforts of female athletes during their practice or during their competition. There are also a lot of athletes who manages both menstruation and sports. Women have become involved in athletics in recent years reasons of health, appearance and some with the aim of participating in competition. Differing reasons had previously prevented women from systematic involvement in athletics and competition. One of the main reasons was menstruation. In the past, this was considered to be a prohibiting actor in involvement, especially in water-sports such swimming. Today, there are no medical objections providing the swimming pool is properly and hygienically maintained. The problem is considered to be more psychological and social. This study will address the menstrual distress faced by the athletes during their practice or during their competition. The study is important since the number of female athletes is increasing day by day .So this study helps to know about the physical and mental distress faced by the athletes.

Overall, this topic is of great importance for coaches, trainers, and healthcare providers who work with female athletes, as it can help them develop a better understanding of the unique challenges that female athletes face due to their menstrual cycles and provide them with effective interventions to optimize their performance and well-being. This topic has a big scope in social work for interventions and studies.

1.3 TITLE OF THE STUDY

 Menstruation and physio- psychological distress among athletes: a comparative study

1.4 OBJECTIVES

1.4.1 GENERAL OBJECTIVE

A comparative study between Menstruation and physio- psychological distress among athletes in Kannur district**.**

1.4.2   SPECIFIC OBJECTIVES

- To know about the psychological distress /physical distress faced by athletes during menstruation.
- To analyse how their performance in competition is affected by menstruation.
- To understand the management strategies used by the athletes to increase their performance during menstruation.
- To identify the gender supportive measures taken by the authorities to support athletes to improve their performance.

1.5   RATIONALE OF THE STUDY

The menstrual cycle is the hormonal process ,a female body has each month to prepare for a possible pregnancy. Pain is the most common problems women have with their periods. More than half of women who have periods get some pain around their period. Some women may get just a feeling of heaviness in the abdomen or tugging in the pelvic area. Every athlete's faces a lot of difficulties during menstrual period. For the competition athlete's want to travel to various places, so if it was during their menstrual period they may feel distress during the practice sessions or during competitions. During that time, the over bleeding turns into itching & irritation and hence the physical distress. A part from this they may face various psychological problems like mood swings, stress , anxiety etc. Also they cannot get enough facilities to discharge the used pads or proper water facilities etc. So the aim of the project is to know whether all this problems are faced by other athletes too. In this context study on this topic is very relevant. This research benefit both researcher and future researchers by studying more about the problem and by brining possible solutions.

1.6   CHAPTERIZATION

Chapter 1: In the first chapter the researcher covers the topic statement of the problem, title of the study, rationale of the study.

Chapter 2: In the second chapter the researcher covers the topic literature review

Chapter 3: Is research methodology which is specific procedures or techniques used to identify select, process and analyse information about a topic.

Chapter 4: Of the research is analysis and interpretation of the data.

Chapter 5: Is about findings and suggestions.

1.7 CONCLUSION

The impact of the menstrual cycle on female sports performance is a growing interest area in sports and athletics. As most women know ,symptoms that accompany menstrual cycle vary considerably. Some women do not experience any symptoms; others may suffer slight distress to severe pre- or initial-flow discomfort. Changes in exercise performance during the menstrual cycle are also variable. Analyzing impact of sports and influence of physical health on mental wellbeing of athletes is important. This study is meant to analyse the menstruation and physio- psychological distress among the athletes during practice or during competition. This chapter deals with the statement of problem, title of study, rationale of study.

CHAPTER II
REVIEW OF LITERATURE

CHAPTER 2
REVIEW OF LITERATURE

2.1 INTRODUCTION

The review of literature based on various studies conducted by the researcher, experts and from various other relevant sources. By means of the review of literature the researcher has tried to find out the studies conducted so far by the experts pertaining to the topic. This review was written to develop state of knowledge on the background of the study. The purpose of the review is to conceptualize the problem and its background, to review the existing body of knowledge on the topic and orient the research consumers into the different dimensions of the problem and background. The review is organized under the following sub-headings - The effect of the menstrual cycle on exercise metabolism, Menstrual health in the female athlete, Association between non-competitive physical exercise and menstrual disorders, The prevalence and impact of heavy menstrual bleeding in elite and non-elite athletes, Understanding the effects of the menstrual cycle on training and performance in elite athletes, Elite female athletes' experiences and perceptions of the menstrual cycle on training and sport performance, How the menstrual cycle and menstruation affect sporting performance: experiences and perceptions of elite female rugby players, The impact of menstrual-cycle phase on basal and exercise-induced hormones, mood, anxiety and exercise performance in physically-active women, The impact of menstrual cycle phase on athletes performance, The effect of menstrual cycle phase in elite athletes performance, Impact of physical activity and sport on the symptoms of menstrual and premenstrual periods, sports and the menstrual cycle, Influence of menstrual cycle on internal and external load in professional women basketball players, The influence of oral contraceptives on athletic performance in female athletes.

2.2 Reviews:

An article on " **The effect of the menstrual cycle on exercise metabolism**" – An article about the effect of menstrual cycle on exercise. The reproductive function, female hormones, ie, oestrogen and progesterone influence many other physiological systems, and their action during exercise may have implications for exercise performance. Although a number of studies have found exercise performance - and in

particular, endurance performance - to vary between menstrual phases, there is an equal number of such studies reporting no differences.

Some female high school students easily navigate their monthly periods with few or no worries. The menstrual cycle is a complex physiological phenomenon. Other females, however, go through emotional and physical changes before and during their period. These signs, which can include heavy bleeding, missed periods, and uncontrollable mood swings, can have an impact on a woman's way of life. Studies reveal that because of menstrual disturbances, women experience a reduction in their physical capacity during the menstrual period. These include painful and heavy menstrual bleeding, and the causes of these issues include extreme weight reduction, changes in body composition, inadequate nutrition, mental tension, and rigorous training (Fox 1988; Kimberly 1998). Although there is abundant study addressing how exercise affects menstruation, less is known about how menstruation affects female physical performance. This article will look at some of the studies on how exercise performance is affected by the menstrual cycle. Even slight variations in performance could be crucial for these female competitors' athletic success. A recent study indicated that approximately 75% of athletes experience negative side effects due to menses. The most common side effects include cramps, back pain, headaches, and bloating. Through analysis of the research on the impact of menstrual cycle phase on athletic performance was released by Lebrun in 1993. An study of the surveys revealed that while a small percentage of female athletes claimed improvements during menstruation, the majority did not report any negative effects. According to some research, there are discrepancies between cycle phases, with the best results occurring on intermediate postmenstrual days and the worst results occurring on premenstrual and initial-flow days. Many female athletes struggle from dysmenorrhea. Dysmenorrhea interferes with feeling relaxed. As a result, performance is adversely impacted, and some of the issue may be psychologically induced. In conclusion, it is uncertain and ambiguous how menstruation affects performance, but a woman who is having her period will probably not perform well while she is having the symptoms. Before continuing their training, female athletes with menstrual irregularities and disruptions should receive a thorough medical examination. It has been demonstrated that exercise-related reproductive disorders can have severe side effects, most notably osteoporosis.

Preventative steps, prompt evaluation, and management of those at risk are therefore strongly advised.

An article on " **Menstrual health in the female athlete** " – An article about the menstrual health. Menstrual health is an important aspect of overall health and well-being for female athletes. Regular menstrual cycles are a sign of hormonal balance and indicate a healthy reproductive system. However, intense training, high energy expenditure, and low body fat levels can disrupt menstrual function in female athletes, leading to a condition known as exercise-associated menstrual dysfunction (EAMD). The article "Menstrual Health in the Female Athlete" provides an overview of the current understanding of menstrual health and its impact on female athletes. The author aims to highlight the importance of addressing menstrual health in this population and to summarize the existing research findings in this field. The article begins by acknowledging the significant physiological and hormonal changes that occur during the menstrual cycle, which can potentially affect athletic performance. It emphasizes the need to consider the menstrual cycle as a vital aspect of female athletes' overall health and well-being. The article discusses the prevalence and types of menstrual dysfunctions experienced by female athletes, such as amenorrhea (absence of menstrual periods), oligomenorrhea (infrequent periods), and menorrhagia (excessive or prolonged bleeding). It highlights the potential causes of these dysfunctions, including energy deficiency, high training loads, and psychological stress. The article explores the potential impact of menstrual health on athletic performance. It suggests that hormonal fluctuations during the menstrual cycle may affect factors such as strength, endurance, and recovery. However, the author notes that research in this area is limited and conflicting, making it difficult to draw definitive conclusions.

The article concludes by emphasizing the need for further research and comprehensive management strategies for menstrual health in female athletes. It highlights the importance of multidisciplinary approaches involving healthcare professionals, coaches, and athletes themselves. The review serves as a valuable resource, providing an overview of current knowledge while highlighting the gaps in understanding in this evolving field. Overall, "Menstrual Health in the Female Athlete" sheds light on the significance of menstrual health in female athletes and the need to address this topic for optimal performance, overall health, and well-being.

An article named " **Association between non-competitive physical exercise and menstrual disorders**" -an article about menstrual discomfort. Menstrual disorders are highly prevalent and generate discomfort, anxiety, and more gynecological visits. There has been an increase in the practice of physical exercise among the general population. This study determined the association between physical exercise and menstrual disorders. An observational analytical study was conducted during 2016 in women of reproductive age from southeast Spain. The introduction provides an overview of menstrual disorders and their impact on women's health. It highlights that the majority of research on exercise and menstrual disorders has focused on competitive athletes, leaving a knowledge gap regarding the effects of non-competitive physical exercise. The authors emphasize the importance of investigating this relationship, as non-competitive exercise is more representative of the general population's physical activity patterns. This article aims to review and summarize the existing literature on the association between non-competitive physical exercise and menstrual disorders. Menstrual disorders, such as irregular menstrual cycles, amenorrhea, and dysmenorrhea, can significantly impact the overall health and well-being of women. While the relationship between competitive sports and menstrual disorders has been extensively studied, the impact of non-competitive physical exercise on menstrual health remains relatively underexplored. The present review examines the available evidence to elucidate the potential association between non-competitive physical exercise and menstrual disorders. There is some evidence to suggest that intense or non-competitive physical exercise can have an impact on menstrual function and contribute to menstrual disorders in certain individuals. However, it's important to note that the relationship between exercise and menstrual disorders is complex, and not all women will experience these effects. Excessive exercise or intense training can lead to the absence of menstruation for three or more consecutive menstrual cycles. This condition is more commonly observed in athletes. The exact mechanisms by which exercise affects the menstrual cycle are not completely understood, but it is believed that factors such as low body fat percentage, energy imbalance, hormonal changes, and increased stress levels can play a role. Intense exercise can disrupt the delicate balance between energy intake and expenditure, leading to alterations in hormone production, particularly a decrease in estrogen levels. Estrogen is necessary for the regular development and shedding of the uterine lining during menstruation. The article employs a systematic review methodology to gather relevant studies on the topic.

Electronic databases were searched using specific keywords related to non-competitive physical exercise and menstrual disorders. Studies that met the inclusion criteria were selected, and their findings were analyzed and synthesized to draw meaningful conclusions. The review presents and discusses the findings of selected studies, highlighting the association between non-competitive physical exercise and various menstrual disorders. The results indicate that excessive exercise, regardless of its competitive nature, can disrupt menstrual function and lead to irregular cycles, amenorrhea, and dysmenorrhea. However, the impact and prevalence of menstrual disorders among non-competitive exercisers are less pronounced compared to competitive athletes. Factors such as exercise intensity, frequency, and duration are identified as potential determinants of menstrual health in this population. In conclusion, this review suggests that non-competitive physical exercise can be associated with menstrual disorders, albeit to a lesser extent compared to competitive sports. The findings emphasize the need for further research in this area, including longitudinal studies and investigations into the underlying mechanisms. Understanding the effects of non-competitive exercise on menstrual health is crucial for healthcare professionals, coaches, and individuals engaged in physical activity to provide appropriate guidance and support for women's overall well-being.

The article named " **The prevalence and impact of heavy menstrual bleeding in elite and non-elite athletes**" -an article to identify the prevalence and impact of heavy menstrual bleeding (HMB) in exercising females. This article investigates the prevalence and impact of heavy menstrual bleeding (HMB) in both elite and non-elite athletes. HMB is a common menstrual disorder that can negatively affect the well-being and performance of women, including athletes. While previous research has examined the association between exercise and menstrual disorders, limited attention has been given specifically to the prevalence and impact of HMB in different athletic populations. This review aims to synthesize the available literature and provide insights into the occurrence and consequences of HMB in elite and non-elite athletes. The introduction provides an overview of HMB and its impact on women's health and quality of life. It highlights the potential influence of athletic training and performance demands on menstrual function. The section emphasizes the importance of understanding the prevalence and impact of HMB in both elite and non-elite athletes to identify appropriate interventions and support strategies. A systematic review

methodology was employed to identify relevant studies. Electronic databases were searched using specific keywords related to HMB, athletes, and menstrual disorders. Studies that met the inclusion criteria were selected, and their findings were analyzed to determine the prevalence of HMB and its impact on athletes' physical and psychological well-being. The review presents and discusses the findings of selected studies, focusing on the prevalence and impact of HMB in elite and non-elite athletes. The results suggest that HMB is more prevalent in elite athletes compared to non-elite athletes, possibly due to the combination of high training loads, intense exercise, and energy imbalance. HMB can have a significant impact on athletic performance, including decreased endurance, impaired recovery, and psychological distress. The authors discuss the implications of the reviewed studies and provide potential explanations for the higher prevalence of HMB in elite athletes. They explore the interplay between exercise-related factors, hormonal changes, and the potential role of energy availability in HMB development. The discussion also addresses the impact of HMB on athletes' physical performance, injury risk, and psychological well-being.

In conclusion, this review highlights that HMB is more prevalent in elite athletes compared to non-elite athletes and can have significant negative consequences on both physical and psychological aspects of performance. The findings emphasize the need for comprehensive assessment and appropriate management of HMB in athletic populations, including individualized treatment plans, nutritional interventions, and psychological support. The article acknowledges certain limitations, including the variability in HMB definitions and measurement methods across studies, which may affect the comparability of findings. The reliance on self-reported data and the lack of longitudinal studies are also identified as limitations that should be addressed in future research. Overall, this article provides valuable insights into the prevalence and impact of HMB in elite and non-elite athletes. It underscores the importance of recognizing and addressing HMB as a significant concern in the athletic population and calls for further research to better understand the underlying mechanisms and develop targeted interventions.

An article named "**Understanding the effects of the menstrual cycle on training and performance in elite athletes**" -an article about the effect of menstrual cycle on performance. This article presents a comprehensive review of the current literature investigating the effects of the menstrual cycle on training and performance in elite

athletes. The menstrual cycle is a complex physiological process that can influence various aspects of women's health and well-being, including physical performance. Understanding these effects is crucial for optimizing training strategies and performance outcomes in elite female athletes. This review examines the available research to elucidate the relationship between the menstrual cycle phases and training adaptations, physiological responses, and athletic performance in elite athletes. Success at an Olympic level can come down to the smallest of margins. However little research has been conducted into how the menstrual cycle affects elite athletes' performance and decision making. This study uses a combination of quantitative and qualitative research methods to explore this question. Physiological performance data was collected from eight elite athletes for 7 months and analyzed as a function of menstrual phase. The Cambridge Gambling Task (CGT) was used to test decision making and testing occurred twice in one cycle, during the early follicular phase and during the mid-luteal phase. Menstrual cycle phase was determined using menstrual cycle mapping and urine ovulation tests. In the qualitative part of this project, two elite athletes, two Olympic level athletes, and two coaches participated in semi-structured interviews. The study found that physiological performance was significantly better during the menses phase (MP) compared to the proliferative and secretory phases (PSP). There was variation in how elite athletes were individually affected however. Oral contraceptive users showed a greater performance change from MP to PSP suggesting that oral contraceptives may be detrimental to performance in some athletes. The results of the CGT showed that impulsivity is significantly affected by menstrual cycle phase. Risk taking, error rates and response times were not affected. The qualitative interviews revealed that elite athletes and their coaches understand little of the menstrual cycle. Despite this, there are preconceptions that it negatively effects performance during the menses phase. The findings suggest that the menstrual cycle can have a significant effect on an elite athlete's performance and this paper discusses how individuals can possibly improve aspects of physiological and psychological performance by understanding and monitoring their menstrual patterns. The introduction provides an overview of the menstrual cycle and its hormonal fluctuations. It highlights the potential impact of these hormonal changes on physiological parameters relevant to athletic performance, such as strength, power, endurance, and thermoregulation. The section emphasizes the need for a deeper understanding of the menstrual cycle's effects on training and performance to develop individualized approaches that maximize athletic potential. A systematic

review methodology was employed to identify relevant studies. Electronic databases were searched using specific keywords related to the menstrual cycle, training, and athletic performance. Studies that met the inclusion criteria were selected, and their findings were analyzed to explore the effects of menstrual cycle phases on training adaptations, physiological responses, and athletic performance. A systematic review methodology was employed to identify relevant studies. Electronic databases were searched using specific keywords related to the menstrual cycle, training, and athletic performance. Studies that met the inclusion criteria were selected, and their findings were analyzed to explore the effects of menstrual cycle phases on training adaptations, physiological responses, and athletic performance. The review presents and discusses the findings of selected studies, focusing on the effects of the menstrual cycle on various aspects of training and performance in elite athletes. The results suggest that the hormonal fluctuations throughout the menstrual cycle can influence factors such as muscle strength, power output, aerobic capacity, thermoregulation, and injury risk. Additionally, menstrual cycle phases may impact psychological variables, including mood, motivation, and perceived exertion during training. The authors discuss the implications of the reviewed studies and provide potential mechanisms underlying the observed effects of the menstrual cycle on training and performance. They explore the influence of estrogen and progesterone on muscle function, substrate utilization, and neuromuscular control. The discussion also addresses the importance of individual variability, menstrual cycle irregularities, and contraceptive use in interpreting the findings and implementing appropriate strategies in elite athletes.

In conclusion, this review highlights the significant influence of the menstrual cycle on training adaptations, physiological responses, and athletic performance in elite female athletes. The findings emphasize the importance of considering menstrual cycle phase-specific strategies in training and competition planning to optimize performance outcomes. However, further research is needed to better understand the mechanisms and individual variability associated with these effects. The article acknowledges certain limitations, including the heterogeneity in methodologies across studies and the limited number of investigations specifically conducted in elite athletes. The reliance on self-reported menstrual cycle data and the potential influence of confounding factors, such as training load and dietary intake, are also recognized as limitations that should be considered in future research. Overall, this article provides a comprehensive

review of the effects of the menstrual cycle on training and performance in elite athletes. It emphasizes the need for a nuanced understanding of the menstrual cycle's influence to optimize training strategies and enhance athletic performance in elite female athletes.

An article '**Elite female athletes' experiences and perceptions of the menstrual cycle on training and sport performance**'- an article about the athletes experience during menstrual cycle. This article presents a review of the existing literature on the experiences and perceptions of elite female athletes regarding the menstrual cycle and its impact on training and sport performance. The menstrual cycle is a physiological process that can have various effects on women's physical and psychological well-being, including those engaged in elite-level sports. Understanding how elite female athletes perceive and navigate the challenges associated with the menstrual cycle is essential for providing appropriate support and optimizing performance outcomes. This review examines the available research to gain insights into elite athletes' experiences and perceptions regarding the menstrual cycle and its effects on training and sport performance. This research is to inspect tip top female competitors' encounters of their period, with a spotlight upon the effect on preparing and rivalry execution, and the receptiveness of discussion relating to the monthly cycle with instructing and support staff. Following receipt of institutional moral endorsement, individual semi- structured interviews were led with 17 tip top female competitors from numerous games. Results uncovered competitors' encountering a characteristic feminine cycle detailed actual side effects close by temperament unsettling influences and diminished inspiration to prepare. The choice to effectively control the feminine cycle was many times set off by a longing to diminish the impact on rivalry, to decrease tensions about making expected weight or lessen interruption to oversee during contest. Competitors demonstrated a receptiveness to discuss the monthly cycle to different females, be that as it may, there was variety in the solace competitors experienced in regards to conversing with male mentors. By and large, the discoveries feature the need to teach first class competitors and mentors on the feminine cycle, thinking of it as in similar light as other physiological capabilities in game to further develop wellbeing, prosperity and execution. Besides, giving schooling on the most proficient method to build positive discussions, furnishing people with the right wording, and certainty to discuss the period will diminish a few reservations recognized through better information and

understanding. The female regenerative life cycle is one of the most important natural rhythms with the period being an ideal illustration of a bio-psycho-social interaction; it is a nor-mal part of physiology that the two effects and is impacted by behaviour. Nonetheless, research has shown that numerous fe-guys feel exhortation and data they get is focussed on the science of feminine cycle and recommend this ought to be moved to individual, emotional, and lived encounters. The introduction provides an overview of the menstrual cycle and its potential impact on athletic performance. It highlights that the experiences and perceptions of elite female athletes regarding the menstrual cycle are an important aspect to consider, as they may influence training strategies, performance expectations, and overall well-being. The section emphasizes the need to explore athletes' perspectives to gain a comprehensive understanding of the menstrual cycle's effects in elite sports. A systematic review methodology was employed to identify relevant studies. Electronic databases were searched using specific keywords related to elite female athletes, the menstrual cycle, training, and sport performance. Studies that met the inclusion criteria were selected, and their findings were analyzed to explore athletes' experiences and perceptions regarding the menstrual cycle's effects. The review presents and discusses the findings of selected studies, focusing on the experiences and perceptions of elite female athletes regarding the menstrual cycle and its impact on training and sport performance. The results indicate that elite athletes face a range of challenges related to the menstrual cycle, including pain, fatigue, mood changes, and concerns about performance fluctuations. Athletes' perceptions vary, with some perceiving the menstrual cycle as a hindrance, while others view it as an opportunity for self-awareness and adaptation. The authors discuss the implications of the reviewed studies and provide insights into the factors influencing elite athletes' experiences and perceptions of the menstrual cycle. They explore the role of cultural and societal influences, coach and team support, and individual coping strategies in shaping athletes' attitudes towards the menstrual cycle. The discussion also addresses the importance of open communication, education, and personalized strategies to support elite female athletes in managing the menstrual cycle's effects.

In conclusion, this review highlights the diverse experiences and perceptions of elite female athletes regarding the menstrual cycle and its impact on training and sport performance. The findings underscore the need for a holistic approach that considers athletes' individual experiences, provides appropriate support, and fosters a positive and

inclusive environment. Further research is warranted to gain deeper insights into athletes' experiences and to develop evidence-based interventions that optimize performance and well-being in elite female athletes. The article acknowledges certain limitations, including the limited number of studies specifically focusing on elite female athletes' experiences and perceptions of the menstrual cycle. The reliance on self-reported data and the potential influence of cultural and contextual factors on athletes' perspectives are also recognized as limitations that should be addressed in future research. Overall, this article provides a valuable review of elite female athletes' experiences and perceptions regarding the menstrual cycle's effects on training and sport performance. It emphasizes the importance of understanding athletes' perspectives to provide appropriate support and optimize performance outcomes in this population.

An article '**How the menstrual cycle and menstruation affect sporting performance: experiences and perceptions of elite female rugby players**'-an article targets to investigate competitors' past and current encounters and impression of the feminine cycle corresponding to its effect on brandishing execution. This article presents a review of the experiences and perceptions of elite female rugby players regarding the effects of the menstrual cycle and menstruation on sporting performance. Menstruation is a unique aspect of the menstrual cycle that can have physiological and psychological implications for female athletes. Understanding how elite female rugby players perceive and navigate the challenges associated with the menstrual cycle is crucial for optimizing training strategies, performance outcomes, and overall well-being. This review examines the available research to gain insights into the experiences and perceptions of elite female rugby players regarding the effects of the menstrual cycle and menstruation on sporting performance. The introduction provides an overview of the menstrual cycle, menstruation, and their potential impact on athletic performance. It highlights that elite female rugby players face unique challenges due to the physical demands of the sport combined with the effects of the menstrual cycle and menstruation. The section emphasizes the importance of exploring athletes' experiences and perceptions to develop targeted strategies that support performance optimization in this specific population. Strategies 15 global female rugby players partook in individual semi-organized interviews. This study gives the initial top to bottom knowledge into competitor's encounters of the monthly cycle and seen influence on preparing and contest. It features individual reactions to feminine 'issues' and underscores the

requirement for clinicians and care staff to attempt period profiling, observing and keep on creating mindfulness, receptiveness, information and comprehension of the monthly cycle. Despite the significance of these examinations in high-lighting period symptomology and prevalence of feminine cycle dysfunctions in female competitors, a large part of the distributed exploration has been physiologically based and quantitative in nature. This examination has likewise would in general be overwhelmed by individual games or sports which empower leanness. Notwithstanding, none have considered the top to bottom lived encounters and view of first class competitors and competitors in group activities. This highlights the significance of the call made by Bruinvels et al to additional examination in the space of game and the feminine cycle. Accordingly, the point of this study was to grasp the current and historical period status, lived encounters and view of the feminine cycle comparable to world class athletic execution. This ought to assist with increasing mindfulness and comprehension of female competitors and their period, close by giving opportunities to determine issues which further develop wellbeing, prosperity and donning execution. A systematic review methodology was employed to identify relevant studies. Electronic databases were searched using specific keywords related to elite female rugby players, the menstrual cycle, menstruation, and sporting performance. Studies that met the inclusion criteria were selected, and their findings were analyzed to explore the experiences and perceptions of elite female rugby players regarding the effects of the menstrual cycle and menstruation on sporting performance. The review presents and discusses the findings of selected studies, focusing on the experiences and perceptions of elite female rugby players regarding the effects of the menstrual cycle and menstruation on sporting performance. The results indicate that female rugby players face various challenges related to menstrual symptoms, including pain, fatigue, mood changes, and concerns about performance decline. Athletes' perceptions vary, with some perceiving menstruation as a hindrance, while others adopt coping strategies and adapt training and competition approaches accordingly. The authors discuss the implications of the reviewed studies and provide insights into the factors influencing elite female rugby players' experiences and perceptions of the menstrual cycle and menstruation. They explore the role of menstrual symptoms, societal influences, team dynamics, and individual coping strategies in shaping athletes' attitudes and practices regarding the menstrual cycle. The discussion also addresses the importance of

education, communication, and comprehensive support systems to optimize performance and well-being in elite female rugby players.

In conclusion, this review highlights the diverse experiences and perceptions of elite female rugby players regarding the effects of the menstrual cycle and menstruation on sporting performance. The findings underscore the need for tailored support strategies that address athletes' specific challenges and foster a positive and inclusive environment. Further research is warranted to gain deeper insights into elite female rugby players' experiences and perceptions and to develop evidence-based interventions that optimize performance and well-being in this population. The article acknowledges certain limitations, including the limited number of studies specifically focusing on elite female rugby players' experiences and perceptions regarding the effects of the menstrual cycle and menstruation on sporting performance. The reliance on self-reported data and the potential influence of contextual factors specific to rugby are also recognized as limitations that should be considered in future research. Overall, this article provides a valuable review of the experiences and perceptions of elite female rugby players regarding the effects of the menstrual cycle and menstruation on sporting performance. It emphasizes the importance of understanding athletes' perspectives to provide targeted support and optimize performance outcomes in this specific athletic population.

An article on '**The impact of menstrual-cycle phase on basal and exercise-induced hormones, mood, anxiety and exercise performance in physically-active women**'- an article about the menstrual cycle. The influence of menstrual cycle phase on perceptual responses and exercise performance is still unclear in the literature. Therefore, this study investigated on concentrations, mood, anxiety and exercise performance in physically-active women across two menstrual-cycle phases. This article provides a comprehensive review of the existing literature on the impact of menstrual cycle phase on basal and exercise-induced hormones, mood, anxiety, and exercise performance in physically active women. The menstrual cycle is a complex physiological process that can influence various aspects of women's health, including hormonal fluctuations, mood, and exercise responses. Understanding the effects of menstrual cycle phases on these variables is important for optimizing training strategies and performance outcomes in physically active women. This review examines the available research to elucidate the relationship between menstrual cycle phase and

hormonal, mood, anxiety, and exercise performance changes in physically active women. The introduction provides an overview of the menstrual cycle and its hormonal fluctuations throughout different phases. It highlights the potential impact of these hormonal changes on mood, anxiety, and exercise responses in physically active women. The section emphasizes the need for a deeper understanding of the menstrual cycle's effects to develop individualized approaches that maximize training adaptations and exercise performance. The menstrual cycle, characterized by the cyclical rise and fall of estrogen , progesterone, and psychoactive metabolites of progesterone, likely contributes to the increased risk for anxiety disorders and PTSD in women. Menstrual cycle-related changes in affect are well documented. Most of the exercise performance, emotional state and hormonal measures did not exhibit any menstrual phase-related difference. Menstruation may sometimes feel like a limitation, research shows that athletic performance stays about the same throughout the menstrual cycle, including during your period. A systematic review methodology was employed to identify relevant studies. Electronic databases were searched using specific keywords related to the menstrual cycle, hormones, mood, anxiety, exercise, and physically active women. Studies that met the inclusion criteria were selected, and their findings were analyzed to explore the impact of menstrual cycle phase on hormonal, mood, anxiety, and exercise performance variables. The review presents and discusses the findings of selected studies, focusing on the impact of menstrual cycle phase on basal and exercise-induced hormones, mood, anxiety, and exercise performance in physically active women. The results suggest that hormonal fluctuations throughout the menstrual cycle can influence variables such as estrogen, progesterone, cortisol, serotonin, mood states, anxiety levels, perceived exertion, and exercise performance. Different phases of the menstrual cycle may have distinct effects on these variables. The authors discuss the implications of the reviewed studies and provide insights into the potential mechanisms underlying the observed effects of menstrual cycle phase on hormonal, mood, anxiety, and exercise performance variables. They explore the interactions between hormones, neurotransmitters, and exercise-related physiological responses. The discussion also addresses the importance of individual variability, menstrual cycle irregularities, and contextual factors in interpreting the findings and implementing appropriate strategies for physically active women.

In conclusion, this review highlights the significant impact of menstrual cycle phase on basal and exercise-induced hormones, mood, anxiety, and exercise performance in physically active women. The findings emphasize the importance of considering menstrual cycle phase-specific strategies in training and exercise prescription to optimize performance outcomes. However, further research is needed to better understand the underlying mechanisms and develop evidence-based interventions that account for individual variations in physically active women. The article acknowledges certain limitations, including the heterogeneity in methodologies across studies, the small sample sizes in some investigations, and the potential influence of confounding factors such as training status and contraceptive use. The reliance on self-reported data and the complexity of assessing hormonal fluctuations are also recognized as limitations that should be addressed in future research. Overall, this article provides a comprehensive review of the impact of menstrual cycle phase on basal and exercise-induced hormones, mood, anxiety, and exercise performance in physically active women. It underscores the importance of understanding the menstrual cycle's influence on these variables to optimize training strategies and enhance exercise performance in this population.

An article on " **The impact of menstrual cycle phase on athletes performance**" –an article about th**e** effect of the menstrual cycle on physical performance is being increasingly recognised as a key consideration for women's sport and a critical field for further research. In this narrative review, the results of research examining the impact of menstrual cycle phase on athletes' perceived and quantifiable performance are examined. This article provides a review of the existing literature on the impact of menstrual cycle phase on athletes' performance. The menstrual cycle is a complex physiological process that can affect various aspects of women's health, including physical performance. Understanding the effects of menstrual cycle phases on athletic performance is important for optimizing training strategies and performance outcomes in female athletes. This review examines the available research to elucidate the relationship between menstrual cycle phase and athletes' performance, including strength, power, endurance, speed, agility, and skill. The introduction highlights the significance of menstrual cycle phase in the context of athletes' performance. It provides an overview of the menstrual cycle and its hormonal fluctuations throughout different phases. The section emphasizes the need for a deeper understanding of the

menstrual cycle's effects to tailor training programs and optimize performance outcomes in female athletes. Female athletes reliably rate their performance as being somewhat worse in the early follicular and late luteal phases, according to studies looking at perceived performance. Studies that measure anaerobic, aerobic, or strength-related performance do not consistently or clearly show the influence of menstrual cycle phase on physical performance. Both perceived and physical factors have the potential to affect overall sport success. Therefore, additional research is required to quantify the impact of menstrual cycle phase on perceived and physical performance outcomes as well as to identify factors affecting variability in objective performance outcomes across studies in order to optimise performance and management of female athletes. A systematic review methodology was employed to identify relevant studies. Electronic databases were searched using specific keywords related to the menstrual cycle, athletes, performance, strength, power, endurance, speed, agility, and skill acquisition. Studies that met the inclusion criteria were selected, and their findings were analyzed to explore the impact of menstrual cycle phase on athletes' performance. The review presents and discusses the findings of selected studies, focusing on the impact of menstrual cycle phase on various aspects of athletes' performance. The results suggest that hormonal fluctuations throughout the menstrual cycle can influence factors such as muscle strength, power output, aerobic capacity, speed, agility, and skill acquisition. Different phases of the menstrual cycle may have distinct effects on these performance variables. The authors discuss the implications of the reviewed studies and provide insights into the potential mechanisms underlying the observed effects of menstrual cycle phase on athletes' performance. They explore the role of hormones, neuromuscular control, energy metabolism, and psychological factors in mediating the relationship between menstrual cycle phase and performance outcomes. The discussion also addresses the importance of individual variability, menstrual cycle irregularities, and contextual factors in interpreting the findings and implementing appropriate strategies for female athletes.

In conclusion, this review highlights the significant impact of menstrual cycle phase on athletes' performance. The findings underscore the importance of considering menstrual cycle phase-specific strategies in training and competition planning to optimize performance outcomes. It is recommended that coaches, trainers, and athletes be aware of the potential effects of menstrual cycle phase on performance and adjust training

programs accordingly. However, further research is needed to better understand the underlying mechanisms and develop evidence-based interventions that account for individual variations in female athletes. The article acknowledges certain limitations, including the heterogeneity in methodologies across studies, the limited number of investigations specifically conducted in athletes, and the potential influence of confounding factors such as training load and dietary intake. The reliance on self-reported menstrual cycle data and the complexity of assessing hormonal fluctuations are also recognized as limitations that should be addressed in future research. Overall, this article provides a comprehensive review of the impact of menstrual cycle phase on athletes' performance. It emphasizes the importance of understanding the menstrual cycle's influence on performance variables to optimize training strategies and enhance athletic performance in female athletes.

An article on " **The effect of menstrual cycle phase in elite athletes performance**" - an article about , in athletes, training individualization is widely recommended to optimize competitive performance. Previous research has shown how hormonal changes affect various performance metrics in female sports. This article provides a review of the existing literature on the effect of menstrual cycle phase on the performance of elite athletes. The menstrual cycle is a physiological process that can influence various aspects of women's health, including physical performance. Understanding the effects of menstrual cycle phases on performance outcomes is crucial for optimizing training strategies and maximizing athletic performance in elite female athletes. This review examines the available research to elucidate the relationship between menstrual cycle phase and performance variables such as strength, power, endurance, speed, agility, and skill acquisition in elite athletes. The introduction highlights the importance of menstrual cycle phase in the context of elite athletes' performance. It provides an overview of the menstrual cycle and its hormonal fluctuations throughout different phases. The section emphasizes the need to consider menstrual cycle phase-specific strategies to optimize training programs and performance outcomes in female elite athletes. Menstrual cycle (MC) phases must be taken into account as a parameter in training individualization methods, but systematic research demonstrating the effects on athletes should also be considered. Review articles that have looked into the relationship between MC phases and performance in female athletes systematically. The main goal is to determine whether there is an

agreement among studies that would allow for evidence-based suggestions for training individualization based on menstrual cycle phases. The Recommended Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) standards were used in this review's methodology.

From the beginning to November 3, 2020, three significant scientific journal databases were searched. The studies covered the impact of physiological or psychological factors during at least one stage of an athlete's menstrual period. According to the available data, there may or may not be a relationship between the menstrual period and a few performance-related outcomes, including stamina or power resistance, ligament stiffness, decision-making abilities, psychology, or competitiveness. Athletes' menstrual cycles have an impact on a variety of sports performance-related parameters, but the specific parameters, as well as the magnitude and direction of the impacts, are unclear. To allow recommendations and training individualization for female athletes, more longitudinal and prospective studies are urgently needed to carefully monitor on-field performance parameters. A systematic review methodology was employed to identify relevant studies. Electronic databases were searched using specific keywords related to the menstrual cycle, elite athletes, performance, strength, power, endurance, speed, agility, and skill acquisition. Studies that met the inclusion criteria were selected, and their findings were analyzed to explore the effect of menstrual cycle phase on elite athletes' performance. The review presents and discusses the findings of selected studies, focusing on the effect of menstrual cycle phase on various aspects of performance in elite athletes. The results suggest that hormonal fluctuations throughout the menstrual cycle can impact factors such as muscle strength, power output, aerobic capacity, speed, agility, and skill acquisition. Different phases of the menstrual cycle may have distinct effects on these performance variables in elite athletes. The authors discuss the implications of the reviewed studies and provide insights into the potential mechanisms underlying the observed effects of menstrual cycle phase on elite athletes' performance. They explore the role of hormones, neuromuscular control, energy metabolism, and psychological factors in mediating the relationship between menstrual cycle phase and performance outcomes. The discussion also addresses the importance of individual variability, training load, recovery strategies, and sport-specific considerations in interpreting the findings and implementing appropriate strategies for elite female athletes.

In conclusion, this review highlights the effect of menstrual cycle phase on elite athletes' performance. The findings underscore the importance of considering menstrual cycle phase-specific strategies in training and competition planning to optimize performance outcomes in elite female athletes. It is recommended that coaches, trainers, and athletes be aware of the potential effects of menstrual cycle phase on performance and tailor training programs accordingly. However, further research is needed to better understand the underlying mechanisms and develop evidence-based interventions that account for individual variations in elite female athletes. The article acknowledges certain limitations, including the heterogeneity in methodologies across studies, the limited number of investigations specifically conducted in elite athletes, and the potential influence of confounding factors such as training load, nutritional status, and recovery protocols. The reliance on self-reported menstrual cycle data and the complexity of assessing hormonal fluctuations are also recognized as limitations that should be addressed in future research. Overall, this article provides a comprehensive review of the effect of menstrual cycle phase on elite athletes' performance. It emphasizes the importance of understanding the menstrual cycle's influence on performance variables to optimize training strategies and enhance athletic performance in elite female athletes.

An article named "**Impact of physical activity and sport on the symptoms of menstrual and premenstrual periods**"-an article about the impact of physical activities in athletes. This article provides a review of the existing literature on the impact of physical activity and sport on the symptoms of menstrual and premenstrual periods. Menstruation and premenstrual syndrome (PMS) are common experiences for many women and can be accompanied by a range of physical and psychological symptoms. Physical activity and sport participation have been suggested as potential interventions to alleviate these symptoms. This review examines the available research to elucidate the relationship between physical activity, sport, and the symptoms experienced during menstrual and premenstrual periods. The introduction highlights the prevalence and impact of menstrual symptoms and premenstrual syndrome on women's health and well-being. It emphasizes the potential role of physical activity and sport in managing these symptoms. The section provides an overview of the menstrual cycle, premenstrual symptoms, and the proposed mechanisms through which physical activity and sport may influence symptom severity and frequency. Differences in physical and

mental symptoms of menstrual and premenstrual periods were analyzed in sedentary, active, and athlete women. In the menstrual period, the most intense symptoms were bad mood, discouragement, and anxiety. In the premenstrual period the main symptoms were headache, bad mood and sadness. The athletes showed less symptoms than sedentary and active women in menstrual and premenstrual periods. The menstrual symptoms were worse than in the premenstrual period. The active women and the athletes reduced the intensity of their training in menstrual period. Up to 80.5% of participants reported a preference to discuss menstrual cycle issues with women, and were embarrassed. Then, the symptoms of the menstrual period are greater and worse than those presented in the premenstrual period. Athletes presented fewer physical and mental symptoms. The symptoms presented in the menstrual period should also be evaluated and treated to improve the physical and mental symptoms of women. A systematic review methodology was employed to identify relevant studies. Electronic databases were searched using specific keywords related to physical activity, sport, menstrual symptoms, premenstrual syndrome, and women's health. Studies that met the inclusion criteria were selected, and their findings were analyzed to explore the impact of physical activity and sport on the symptoms experienced during menstrual and premenstrual periods. The review presents and discusses the findings of selected studies, focusing on the impact of physical activity and sport on menstrual symptoms and premenstrual syndrome. The results suggest that regular physical activity and participation in sport may lead to reduced severity and frequency of symptoms such as pain, bloating, fatigue, mood swings, and irritability. The mechanisms proposed include the effects of exercise on hormone regulation, endorphin release, stress reduction, and improved overall well-being. The authors discuss the implications of the reviewed studies and provide insights into the potential mechanisms underlying the observed effects of physical activity and sport on menstrual symptoms and premenstrual syndrome. They explore the role of exercise intensity, duration, and frequency in influencing symptom management. The discussion also addresses the importance of individual variability, adherence to exercise routines, and the need for personalized approaches in optimizing the benefits of physical activity and sport for women experiencing menstrual symptoms and premenstrual syndrome.

In conclusion, this review highlights the potential positive impact of physical activity and sport on the symptoms experienced during menstrual and premenstrual periods.

The findings suggest that regular participation in physical activity and sport may contribute to the alleviation of menstrual symptoms and premenstrual syndrome. It is recommended that women consult with healthcare professionals and engage in appropriate exercise routines tailored to their individual needs. However, further research is needed to better understand the optimal types, intensities, and durations of physical activity and sport for symptom management in this context. The article acknowledges certain limitations, including the heterogeneity in methodologies across studies, the reliance on self-reported symptom data, and the potential influence of confounding factors such as contraceptive use and lifestyle factors. The complex nature of menstrual symptoms and premenstrual syndrome is also recognized, with individual variations and multiple contributing factors that may impact the effectiveness of physical activity and sport interventions. Overall, this article provides a comprehensive review of the impact of physical activity and sport on the symptoms of menstrual and premenstrual periods. It emphasizes the potential benefits of regular exercise in managing these symptoms and improving women's well-being. The findings highlight the need for further research to inform evidence-based recommendations and optimize the use of physical activity and sport as a supportive strategy for women experiencing menstrual symptoms and premenstrual syndrome.

An article named "**sports and the menstrual cycle**" -an article explained the impact of menstrual cycle during sports. This article provides a comprehensive review of the relationship between sports and the menstrual cycle. The menstrual cycle is a complex physiological process that can have implications for female athletes, including hormonal fluctuations and associated changes in physical and psychological well-being. Understanding the interactions between sports participation and the menstrual cycle is crucial for optimizing training strategies, performance outcomes, and overall health in female athletes. This review examines the available literature to elucidate the effects of sports on the menstrual cycle and the impact of the menstrual cycle on sports performance, training adaptations, and injury risk. The introduction highlights the importance of considering the menstrual cycle in the context of sports participation. It provides an overview of the menstrual cycle and its phases, emphasizing the hormonal fluctuations that occur throughout the cycle. The section emphasizes the need to understand the influence of the menstrual cycle on training, performance, and injury risk, as well as the potential effects of sports participation on the menstrual cycle.

Nowadays, more than ever before, barriers in professional and non-professional sports are being demolished and it is usual for girls and women all over the world to participate in sports. The general physical benefits of sports for all are well known, but it is important to recognize also the social and psychological benefits for both individuals and groups. Nevertheless, education on long-term health and athletic achievement of female athletes is not equally distributed in different geographical areas. Indeed, besides the multiple beneficial effects of physical activity on health, the possible long-term negative health outcomes of certain types of training need to be carefully described and avoided. Physiologically, the menstrual cycle consists of a series of events aimed to prepare the uterus for potential pregnancy. A systematic review methodology was employed to identify relevant studies. Electronic databases were searched using specific keywords related to sports, menstrual cycle, female athletes, performance, training, and injury. Studies that met the inclusion criteria were selected, and their findings were analyzed to explore the relationship between sports and the menstrual cycle. The review presents and discusses the findings of selected studies, focusing on the effects of sports on the menstrual cycle and the impact of the menstrual cycle on sports performance, training adaptations, and injury risk. The results suggest that intense sports training and competition may affect the menstrual cycle, leading to irregularities, amenorrhea (absence of menstruation), or alterations in hormone levels. Additionally, the menstrual cycle phases may influence aspects of sports performance, including strength, power, endurance, coordination, and skill acquisition. The authors discuss the implications of the reviewed studies and provide insights into the mechanisms underlying the relationship between sports and the menstrual cycle. They explore potential factors contributing to menstrual irregularities in athletes, such as energy availability, stress, and hormonal imbalances. The discussion also addresses the impact of menstrual cycle phase-specific strategies on training adaptations, performance optimization, and injury prevention in female athletes.

In conclusion, this comprehensive review highlights the complex interplay between sports participation and the menstrual cycle. The findings emphasize the importance of considering the menstrual cycle in training and competition planning for female athletes. It is recommended that coaches, trainers, and athletes be aware of the potential effects of sports on the menstrual cycle and implement strategies to support menstrual health, performance optimization, and injury prevention. However, further research is

needed to better understand the mechanisms underlying these effects and to develop evidence-based guidelines tailored to the individual needs of female athletes. The article acknowledges certain limitations, including the heterogeneity in methodologies across studies, the reliance on self-reported menstrual cycle data, and the potential influence of confounding factors such as contraceptive use and dietary habits. The complexity of the menstrual cycle and individual variations in responses to sports participation are also recognized as limitations that should be addressed in future research. Overall, this article provides a comprehensive review of the relationship between sports and the menstrual cycle. It highlights the importance of understanding how sports participation and the menstrual cycle interact to optimize training, performance, and overall health in female athletes. The findings underscore the need for further research and the development of evidence-based guidelines to support female athletes' menstrual health and athletic endeavors.

An article named "**Influence of menstrual cycle on internal and external load in professional women basketball players**"-an article provides a review of the existing literature on the influence of the menstrual cycle on internal and external load in professional women basketball players. The menstrual cycle is a complex physiological process that can affect various aspects of women's health, including physical performance and training adaptations. Understanding the effects of the menstrual cycle on internal and external load is essential for optimizing training strategies, load management, and performance outcomes in female basketball players. This review examines the available research to elucidate the relationship between the menstrual cycle and internal and external load parameters in professional women basketball players. The introduction highlights the importance of considering the menstrual cycle in the context of women's basketball performance. It provides an overview of the menstrual cycle and its hormonal fluctuations throughout different phases. The section emphasizes the need to understand how the menstrual cycle influences internal load (physiological responses) and external load (physical demands) in professional women basketball players. The menstrual cycle can be seen as a potential determinant of performance. This study aims to analyze the influence of the menstrual cycle in women on sports performance, more specifically on the internal and external load of professional women basketball players. The sample consisted of 16 women players and 14 training sessions were recorded. The results establish that ovulation is the phase in

which higher values of external load are recorded and, therefore, the late follicular phase is the time of the cycle where a greater intensity in explosive distance, accelerations and decelerations are recorded. Considering women's hormonal cycles, understanding their function and the individual characteristics of each athlete is essential since it allows for the development of specific training, the prevention of injuries and therefore positively affects the performance of women players. To this end, individual training profiles should be created in specific contexts, not following general rules. In addition, psychological factors and the specific position of the athletes should be monitored. A systematic review methodology was employed to identify relevant studies. Electronic databases were searched using specific keywords related to the menstrual cycle, women basketball players, internal load, external load, training, and performance. Studies that met the inclusion criteria were selected, and their findings were analyzed to explore the influence of the menstrual cycle on internal and external load parameters. The review presents and discusses the findings of selected studies, focusing on the influence of the menstrual cycle on internal and external load in professional women basketball players. The results suggest that hormonal fluctuations during different menstrual cycle phases may impact physiological responses, such as heart rate, oxygen consumption, and lactate levels. Additionally, these hormonal changes may affect physical demands, including training intensity, volume, and performance variables such as sprinting, jumping, and agility. The authors discuss the implications of the reviewed studies and provide insights into the potential mechanisms underlying the observed effects of the menstrual cycle on internal and external load parameters. They explore the role of hormones, energy availability, neuromuscular control, and psychological factors in mediating the relationship between the menstrual cycle and load responses in professional women basketball players. The discussion also addresses the importance of individual variability, training periodization, recovery strategies, and contextual factors in optimizing load management and performance during different menstrual cycle phases.

In conclusion, this review highlights the influence of the menstrual cycle on internal and external load in professional women basketball players. The findings underscore the importance of considering menstrual cycle phase-specific strategies in load management and training planning to optimize performance outcomes. It is recommended that coaches, trainers, and athletes be aware of the potential effects of the

menstrual cycle on load responses and adjust training programs accordingly. However, further research is needed to better understand the underlying mechanisms and develop evidence-based interventions that account for individual variations in professional women basketball players. The article acknowledges certain limitations, including the heterogeneity in methodologies across studies, the limited number of investigations specifically conducted in professional women basketball players, and the potential influence of confounding factors such as training load and other lifestyle variables. The reliance on self-reported menstrual cycle data and the complexity of assessing hormonal fluctuations are also recognized as limitations that should be addressed in future research. Overall, this article provides a comprehensive review of the influence of the menstrual cycle on internal and external load in professional women basketball players. It emphasizes the importance of understanding how the menstrual cycle affects load responses to optimize training strategies and enhance performance outcomes. The findings highlight the need for further research and the development of evidence-based guidelines for load management tailored to the individual needs of professional women basketball players.

An article named " **The influence of oral contraceptives on athletic performance in female athletes**"-This article provides a review of the existing literature on the influence of oral contraceptives on athletic performance in female athletes. Oral contraceptives are commonly used by women for contraception and hormonal regulation. However, they may also have potential implications for athletic performance due to their hormonal effects. Understanding the impact of oral contraceptives on athletic performance is crucial for optimizing training strategies, performance outcomes, and overall health in female athletes. This review examines the available research to elucidate the relationship between oral contraceptives and various aspects of athletic performance. The introduction highlights the prevalence of oral contraceptive use among female athletes and the potential influence of these medications on athletic performance. It provides an overview of the hormonal composition of oral contraceptives and their effects on the menstrual cycle and hormonal balance. The section emphasizes the need to consider the effects of oral contraceptives when designing training programs and evaluating performance in female athletes. A systematic review methodology was employed to identify relevant studies. Electronic databases were searched using specific keywords related to oral

contraceptives, athletic performance, female athletes, strength, power, endurance, speed, agility, and skill acquisition. Studies that met the inclusion criteria were selected, and their findings were analyzed to explore the influence of oral contraceptives on athletic performance. The review presents and discusses the findings of selected studies, focusing on the influence of oral contraceptives on various aspects of athletic performance. The results suggest that oral contraceptives may have effects on factors such as strength, power output, aerobic capacity, muscle mass, body composition, reaction time, and injury risk in female athletes. These effects may be influenced by the hormonal composition of the specific oral contraceptive used. The authors discuss the implications of the reviewed studies and provide insights into the potential mechanisms underlying the observed effects of oral contraceptives on athletic performance. They explore the role of hormones, such as estrogen and progesterone, in mediating the relationship between oral contraceptives and performance outcomes. The discussion also addresses the importance of individual variability, dosage, duration of use, and potential side effects of oral contraceptives in interpreting the findings and designing tailored strategies for female athletes.

In conclusion, this review highlights the potential influence of oral contraceptives on athletic performance in female athletes. The findings underscore the importance of considering oral contraceptive use when assessing performance and designing training programs. It is recommended that coaches, trainers, and athletes be aware of the potential effects of oral contraceptives and collaborate with healthcare professionals to optimize performance outcomes while considering individual needs and potential side effects. However, further research is needed to better understand the mechanisms underlying these effects and to develop evidence-based guidelines for female athletes using oral contraceptives. The article acknowledges certain limitations, including the heterogeneity in methodologies across studies, the limited number of investigations specifically focused on oral contraceptives and athletic performance, and the potential influence of confounding factors such as training load and individual variations in response. The complexity of hormonal interactions and the potential for varying responses to different types of oral contraceptives are also recognized as limitations that should be addressed in future research. Overall, this article provides a comprehensive review of the influence of oral contraceptives on athletic performance in female athletes. It emphasizes the importance of understanding how oral contraceptives may

impact various aspects of performance to optimize training strategies and enhance athletic outcomes. The findings highlight the need for further research and the development of evidence-based guidelines tailored to the individual needs of female athletes using oral contraceptives.

2.3 CONCLUSION.

Based on the literature reviewed in chapter two, there appears to be a significant association between menstruation and physio-psychological distress among athletes. It has been suggested that the hormonal fluctuations and physical discomfort associated with menstruation can lead to a range of psychological and physical symptoms, including anxiety, depression, fatigue, decreased athletic performance, and increased risk of injury.

Moreover, societal taboos and stigma surrounding menstruation may exacerbate these symptoms by creating additional stress and shame for female athletes. However, it is important to note that not all female athletes experience menstruation-related distress, and individual factors such as age, menstrual cycle regularity, and athletic training level may play a role in determining the severity and type of symptoms experienced.

Further research is needed to better understand the complex interplay between menstruation and physio-psychological distress among athletes, as well as to identify effective interventions and support systems for female athletes experiencing such symptoms. Overall, it is clear that menstruation is an important consideration in the athletic training and well-being of female athletes, and should be given greater attention and support within sports medicine and related fields.

CHAPTER III
RESEARCH METHODOLOGY

CHAPTER 3
RESEARCH METHODOLOGY

3.1 INTRODUCTION

Research methodology is the specific procedures or techniques used to identify, select, process, and analyse information about a topic. Methodology section allows the readers to critically evaluate a study's overall validity and reliability. Methodology is both collection of methods or rules applied in research, as well as the principles, theories and values that support research approach. This chapter contains definitions, tools of data collection, methods, research design, universe and unity, pilot study.

3.2 DEFINITION OF THE CONCEPTS

3.2.1 THEORETICAL DEFINITION

Menstruation – 'Periodic discharge of blood and tissue from the uterus. From puberty until menopause, menstruation occurs about every 28 days when a woman is not pregnant.' (NCI's dictionary of cancer terms)

Physio- psychological distress –' Emotional, social, spiritual or physical pain or suffering by any reason is physical distress and psychological distress refers to non-specific symptoms of stress , anxiety and depression. ' (Cambridge dictionary)

Athlete – 'A person who is very good at sports or physical exercise, especially one who competes in organized events .' (Cambridge dictionary)

3.2.2 OPERATIONAL DEFINITIONS

Menstruation –Periodic discharge of blood and tissues from the female uterus.

Physio- psychological distress- A person may experience a combination of physical and psychological symptoms as a result of a number of conditions, including an illness, an accident, or psychological stress.

Athlete – A person who is very good in sports and sports related field events.

3.3 VARIABLES

The study designed to compare the levels of physio-psychological distress experienced by athletes during menstruation. The independent variable is menstruation and dependent variable is physio-psychological distress.

3.4 RESEARCH DESIGN

The researcher has used the Comparative research design. Comparative research, simply put, is the act of comparing two or more things with a view to discovering something about one or all of the things being compared. This technique often utilizes multiple disciplines in one study. When it comes to method, the majority agreement is that there is no methodology peculiar to comparative research. The study focuses on the impact of menstruation and physio-psychological distress on athletes during practice or during competition.

3.5 UNIVERSE OF THE STUDY

All female athletes who belongs to Kannur district and performing different sports events.

3.6 UNIT OF THE STUDY

Female athletes who belongs to Kannur district.

3.7 SAMPLING

The researcher used purposive sampling method .Purposive sampling refers to a group of non-probability sampling techniques in which units are selected because they have characteristics that you need in your sample. In other words, units are selected "on purpose" in purposive sampling. In sample method the researcher considered the athletes of Kannur District and collected data by purposive sampling method.

3.8 SOURCE OF DATA COLLECTION

In this study two types of data have been used, primary and secondary.

3.8.1 Primary data

The researcher collected the primary data from 60 athletes of Kannur district through a self-made questionnaire.

3.8.2 Secondary data

The researcher collected the secondary data from the secondary sources like books periodicals, articles, journals etc.

3.9 TOOLS OF DATA COLLECTION

In order to collect data for the research, the researcher prepared a self-Made questionnaire. The researcher chose the questionnaire as the research tool. It is to extract data from the respondents on the objectives of study.

3.10 METHOD OF DATA COLLECTION

The researcher has chosen self-made questionnaire. The questionnaire prepared by the researcher was used as the tool to collect the data in this research. Questionnaire was circulated through online portal and printed questionnaire was given to the students.

3.11 METHOD OF ANALYSIS

Data analysis plays an important role in the research process as a researcher gets an understanding of the research in general. The data collected was subjected to coding, tabulation and analysis using various statistical methods, tables and graphs. Statistical Package for Social Science (SPSS) and MS EXCEL were used to make the analysis of data more convenient.

3.12 CONCLUSION

The research is about how a researcher systematically designs a study to ensure valid and reliable results that address the research aims and objectives. The research methodology plays a crucial role.

CHAPTER IV
ANALYSIS AND INTERPRETATION OF THE DATA

CHAPTER 4

ANALYSIS AND INTERPRETATION OF THE DATA

4.1 INTRODUCTION

The data gathered and proposed are analysed and interpreted in this chapter. This analysis and interpretation are based on the response given by the respondents. The present study is conducted to determine the menstruation and physio-psychological distress among athletes during practice or during competition in Kannur district. To understand that, first of all, the researcher collected data through a self-made questionnaire. After the data collection, it was tabulated and summarized with reference to the objectives of the study.

4.2 ANALYSIS AND INTERPRETATION

4.2.1 SPORTS CATEGORY OF RESPONDENTS

FIGURE 4.1
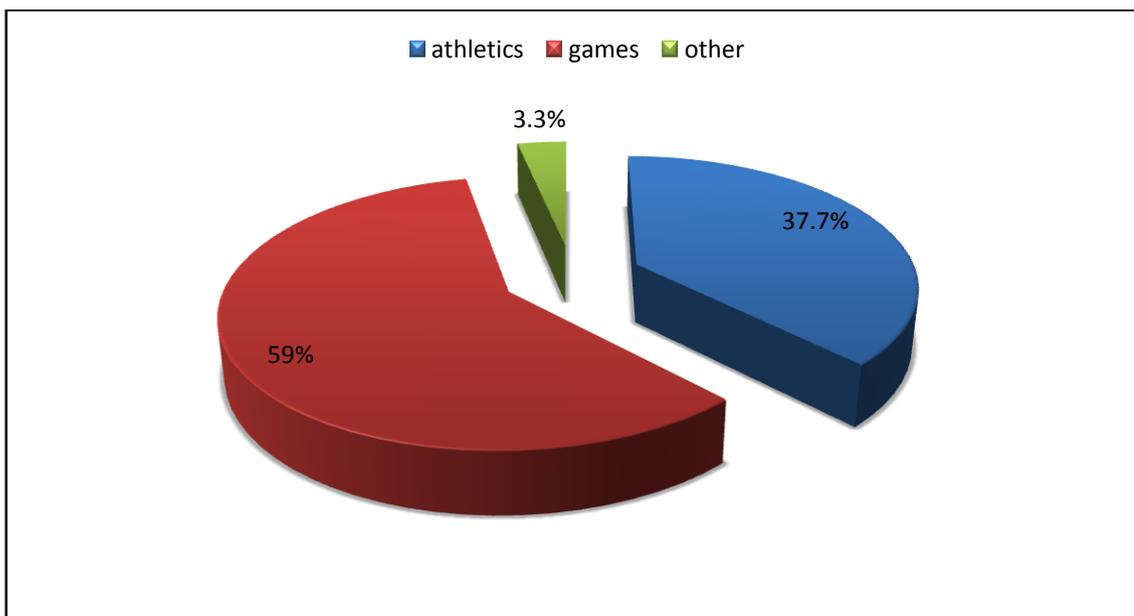
From the above figure 4.1 ,it is clear that 59.0% of respondents are from category of games such as basketball, football, handball etc , 37.7% are from athletics category , and the rest of 3.3% people from the category of others. Others category includes aquatics , boxing etc. So the most of the respondents are from the category of games.

4.2.2 PARTICIPATION LEVEL OF RESPONDENTS

FIGURE 4. 2
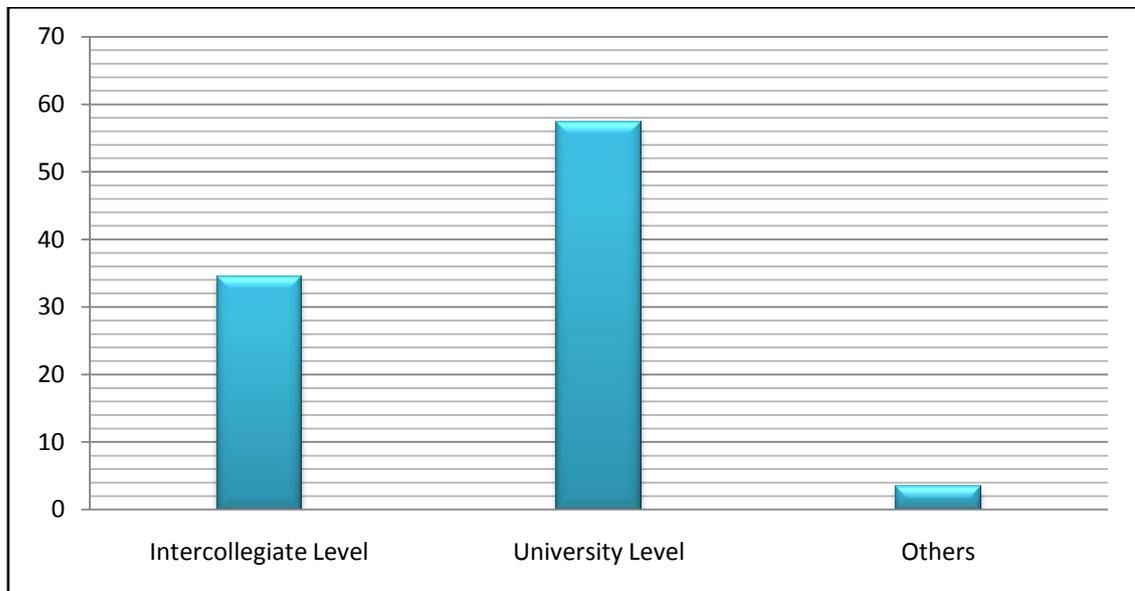
From the above figure 4.2 explore the participation level of athletes. From that the majority of 57.4% respondents participated in university level , 34.4% respondents participated in intercollegiate level , and the rest of 8.2% respondents in others. Others category includes national and international levels of participation. So most of the respondents are from athletes who were participated at university level . From this it is clear that despite the menstural discomforts, athletes do actively participate and use the opportunities in sports especially at university level.

4.2.3 AGE OF MENARCHE OF RESPONDENTS

TABLE 4.1

Age	Frequency	Percentage
9-12	13	21.3
13-16	44	72.1
above 16	4	6.6
Total	61	100.0

From the above table 4.1 , it is clear that 72.1% of respondents menarche started at the age between 13 to 16 years, 21.3% respondents started menarche at the age of 9 to 12 years and the rest 6.6% respondents age of menarche is above 16.The period will start when your body is ready. Most females starts their age of menarche is 12-16. So the most respondents menarche age is 13-16.

4.2.4 DURATION OF MENSTRUAL CYCLE OF RESPONDENTS

TABLE 4. 2

Duration of days	Frequency	Percent
3-4 days	22	36.1
5-7 days	38	62.3
above 7 days	1	1.6
Total	61	100.0

From the above table 4.2 , it is clear that the majority of 62.3% athletes duration of menstrual cycle is 5-7 days , 36.1% of athletes have 3-4 days of menstrual cycle and only 1.6% athlete menstrual cycle duration is above 7 days. Period can last anything between 4 and 8 days. But usually last for 5 days. The bleeding tends to be heaviest in the first 2 days- but everyone is different. So the most respondents duration of menstrual cycle is about 5 to 7 days.

4.2.5 MENSTRUAL DISORDERS IN THE PAST 12 MONTHS

FIGURE 4.3
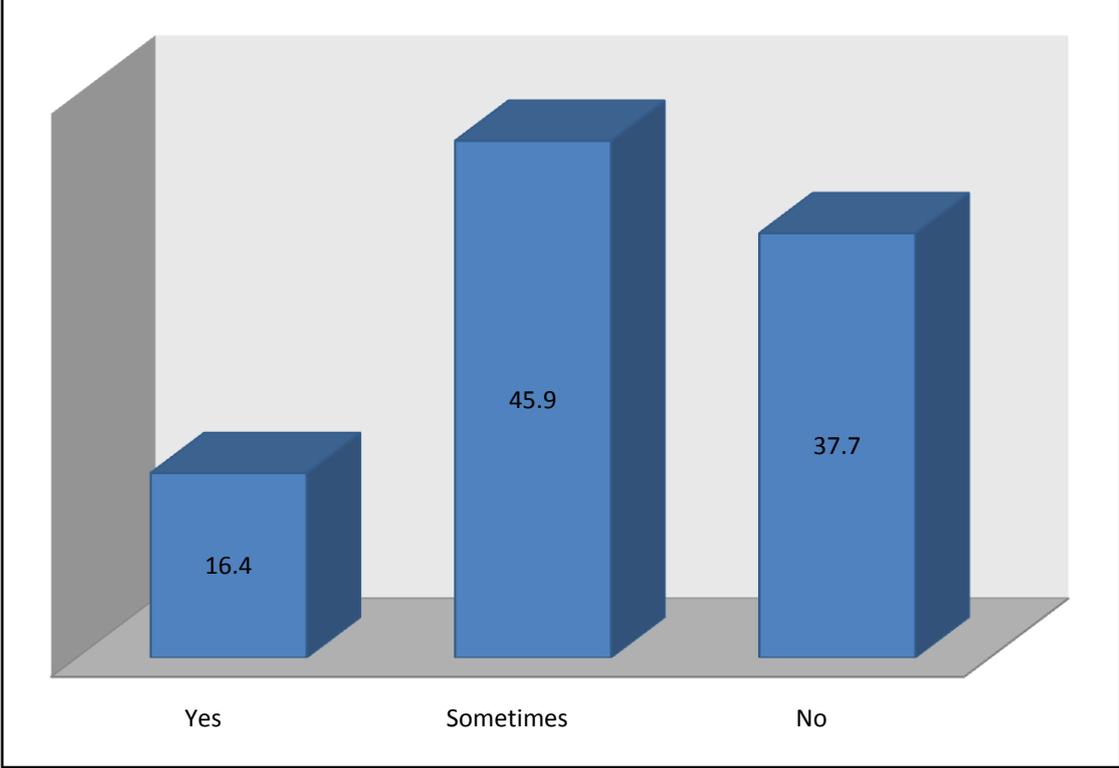
The above figure 4.3 explore the menstrual disorders in past 12 months. It shows that 45.9%   athletes sometimes experienced menstrual disorders in the past 12 months, 37.7%   of them don't experienced any menstrual disorders and   16.4 % of them experienced menstrual disorders. Menstrual disorders are problems that affect a woman's normal menstrual cycle. It includes heavy bleeding. So the most respondents sometimes experienced menstrual disorders in the past 12 months.

4.2.6 EXPERIENCE OF PERIOD PAIN

FIGURE 4.4
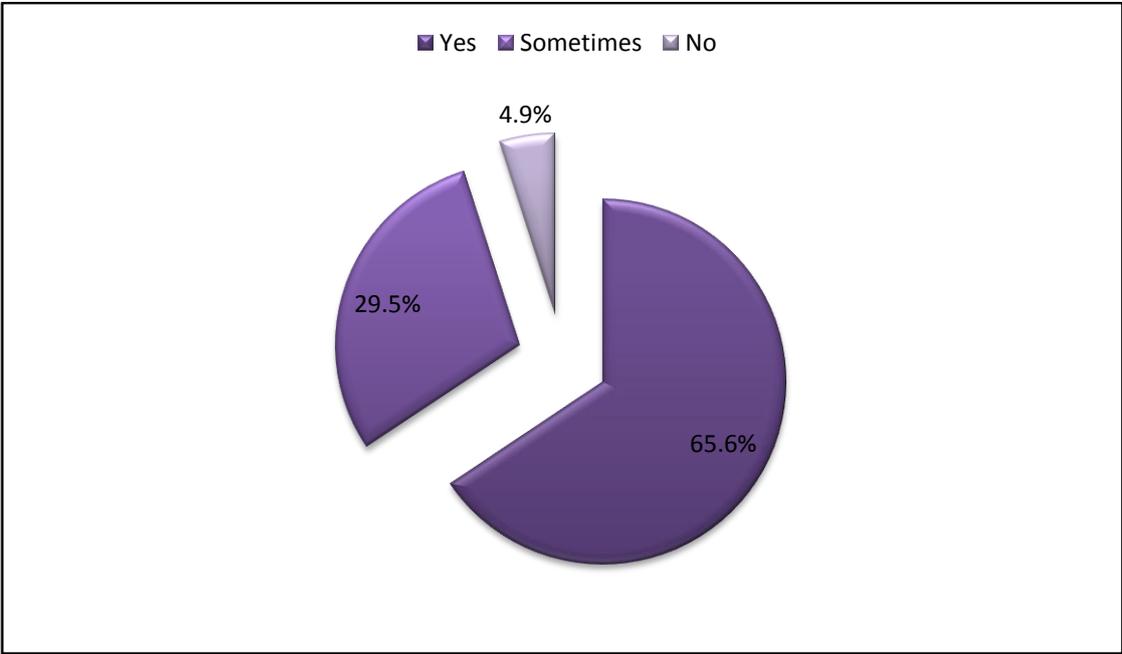
The above figure 4.4, explore the experience of period pain of respondents. The majority 65.6% athletes experienced menstrual pain , 29.5% of them sometimes experienced menstrual pain and 4.9 % of them don't experienced menstrual pain . During menstrual cycle period pain is normal. So the most respondents experienced menstrual pain.

4.2.7 EXPERIENCE OF MENSTRUAL RELATED SYMPTOMS SUCH AS CRAMPS OR MOOD CHANGES

FIGURE 4.5
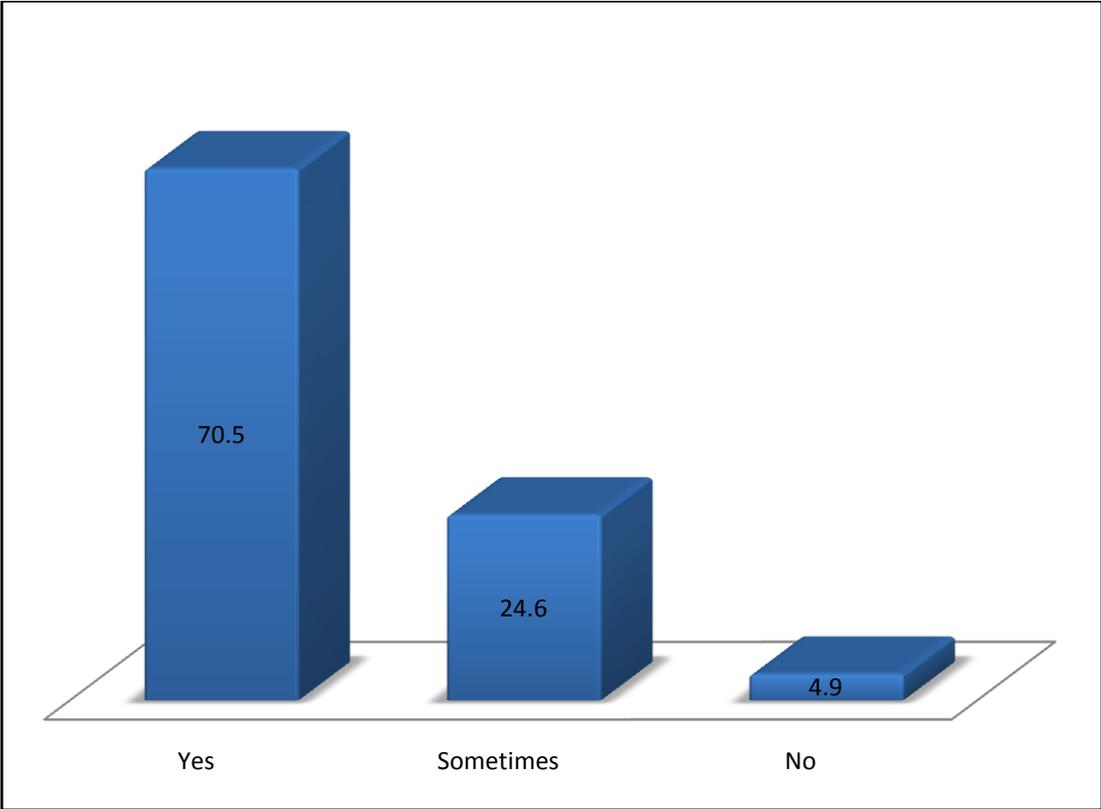
From the above figure 4.5 ,it is clear that the majority 70.5% athletes experienced menstrual related symptoms such as cramps or mood changes, 24.6%   athletes sometimes they experienced menstrual related symptoms and the rest of 4.9%   are don't experienced menstrual related symptoms . Menstrual related symptoms are common in all females, it may be physical or psychological symptoms. So the most respondents experienced menstrual related symptoms such as cramps or mood changes.

4.2.8 DURATION OF MENSTRUAL CRAMPS

TABLE 4.3

Days	Frequency	Percent
1-3 days	42	68.9
4-6 days	17	27.9
Above 6 days	2	3.3
Total	61	100.0

From the above table 4.3 , the majority of 68.9% athletes experienced period pain up to 1-3 days, 27.9% athletes duration of period pain is 4-6 days and 3.3 % of them experienced period pain above 6 days. Mostly the period pain starts 2 to 3 days. So the most respondents duration of period pain is 1 to 3 days.

4.2.9 MISSED PERIOD OR IRREGULAR CYCLE

FIGURE 4.6
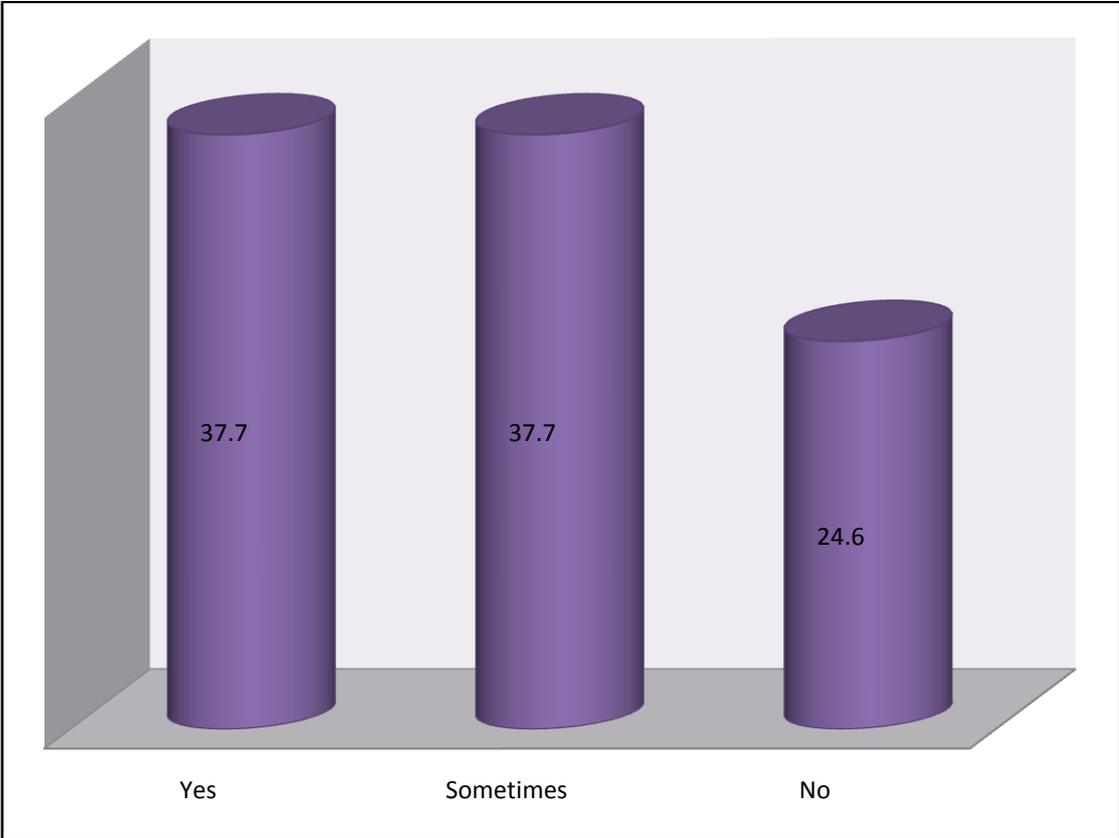
From the above figure 4.6, explore the number of sports person with irregular periods. It shows that 37.7 % of them have irregular cycle and also 37.7% athletes sometimes missed their period and the rest of 24.6 % of them don't missed their period . So the most respondents missed their period or had an irregular cycle. It is an indicator that their physical health are may be due to various factors like malnutrition, availability of proper care etc.

4.2.10 EXPERIENCE OF PMS

FIGURE 4.7
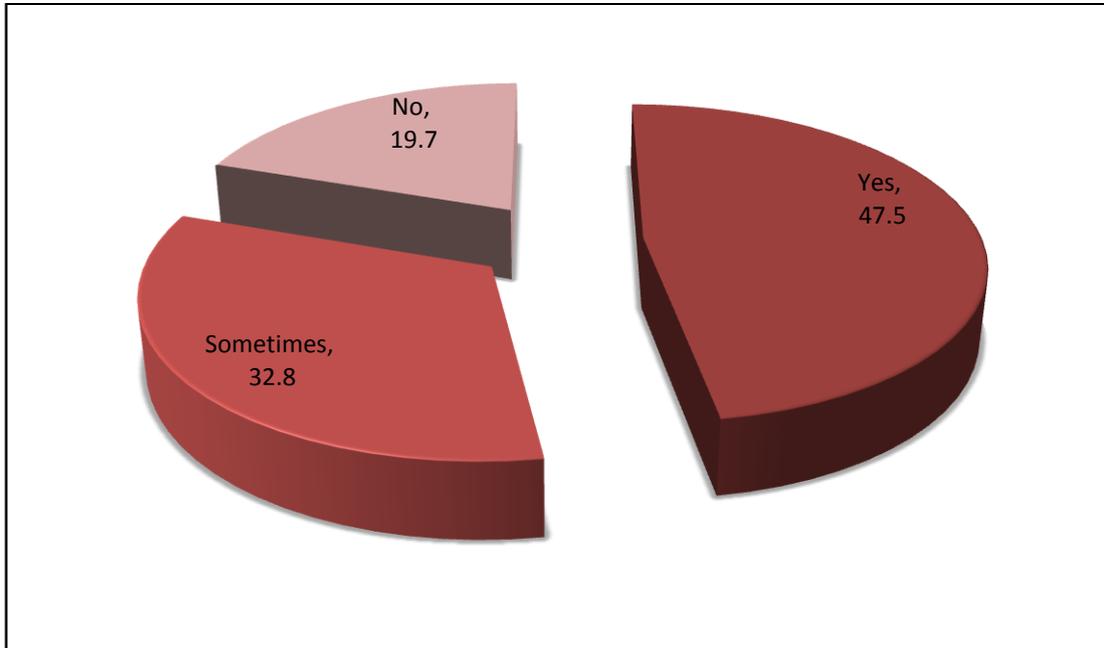
From the above figure 4.7 ,it is clear that 47.5% athletes experienced PMS , 32.8% athletes sometimes experienced psychological distress and the rest of 19.7 % of them don't experienced psychological distress. Feeling depressed during menstrual cycle is common. So the most respondents experienced PMS.

4.2.11 TREATMENT OR COUNSELLING FOR PSYCHOLOGICAL DISTRESS

FIGURE 4.8
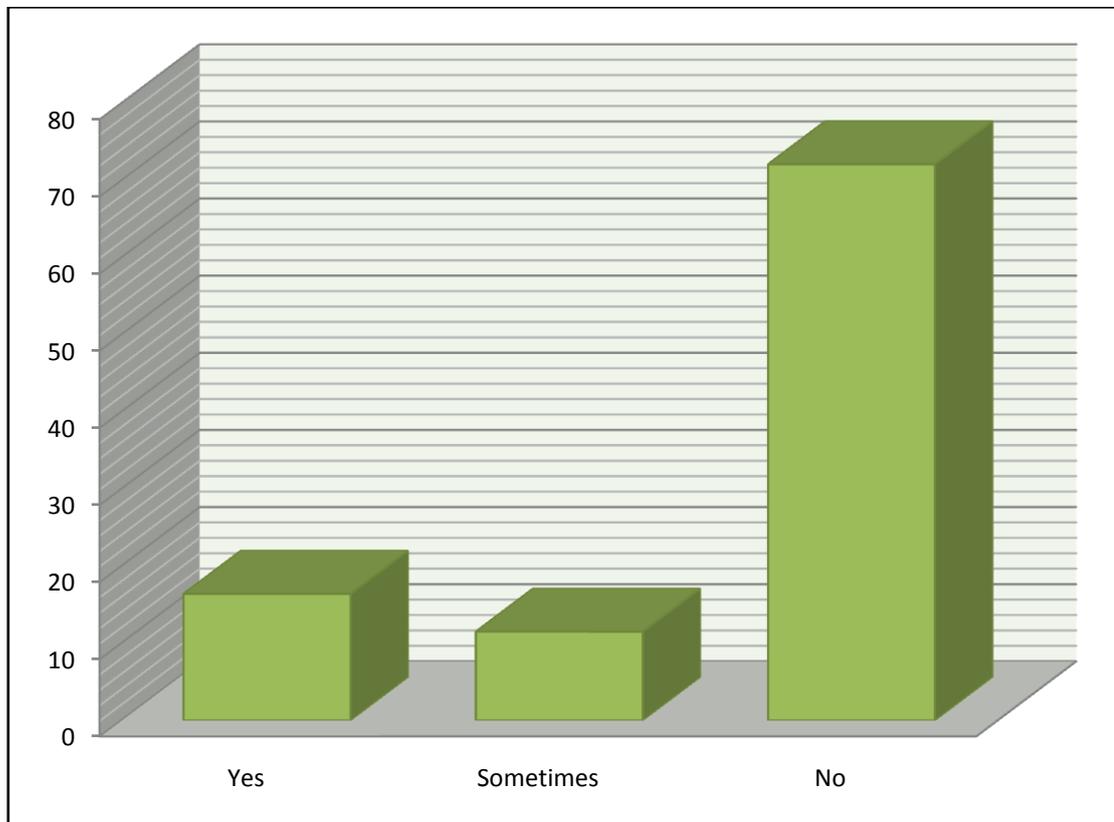
From the above figure 4.8 ,it is clear that 72.1% athletes don't sought treatment or counselling for psychological distress , 16.4% athletes sought treatment or counselling and the rest of 11.5 % of them sometimes sought treatment or counselling. So the most respondents don't sought treatment or counselling for psychological distress.

4.2.12 EFFECT OF MENSTRUAL CYCLE ON MENTAL HEALTH

FIGURE 4. 9
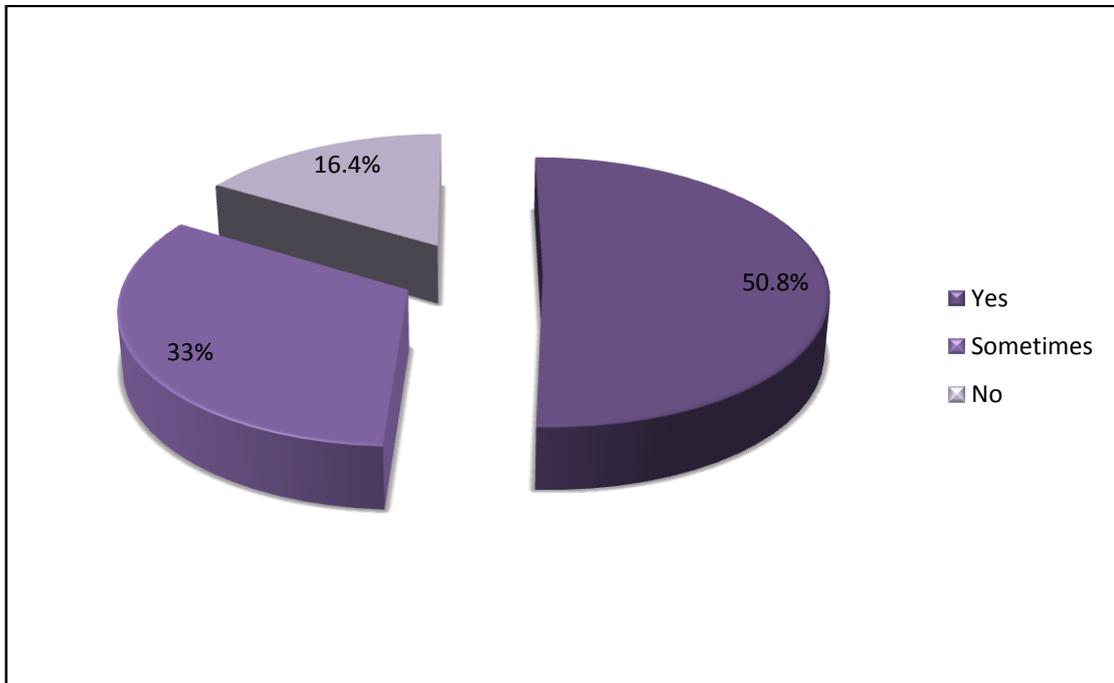
From the above figure 4. 9 ,it is clear that   50.8%   athletes feels that menstrual cycle effect their mental health or emotional well-being, 32.8% athletes sometimes feels that menstrual cycle effect their mental health or emotional well-being and the rest of   16.4 % of them feels that menstrual cycle don't effect their mental health or emotional well-being. So the most respondents feels that menstrual cycle effect their mental health or emotional well-being.

4.2.13 PHYSICAL SYMPTOMS DURING MENSTRUAL CYCLE

FIGURE 4. 10
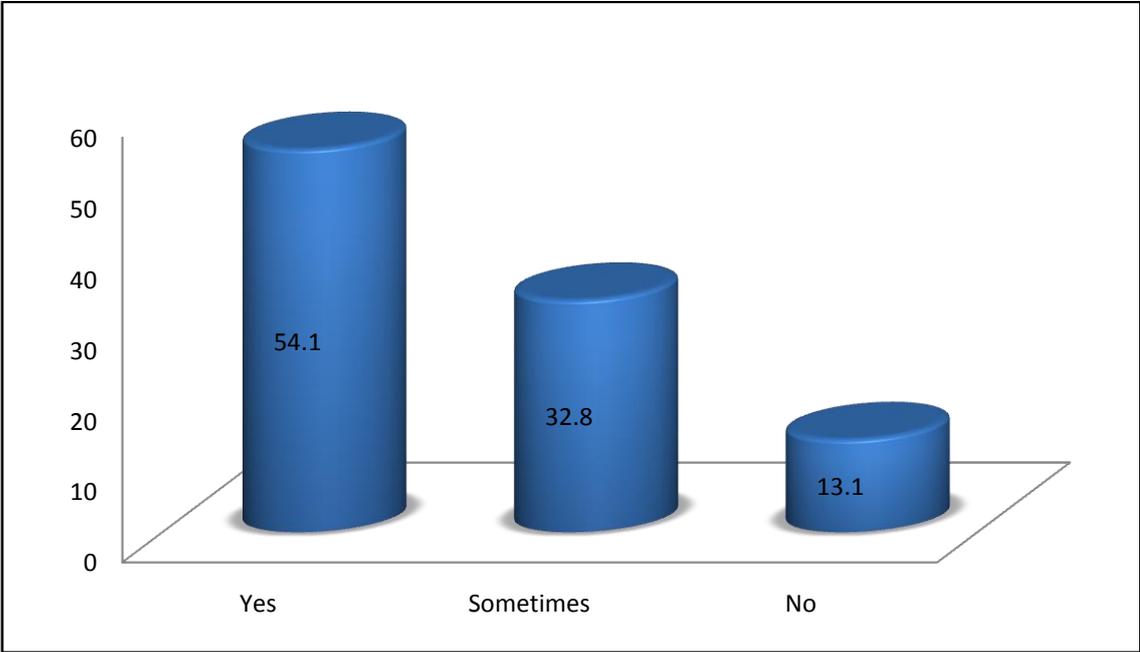
The above figure 4.10 explore the physical symptoms during menstrual cycle . It show's that 54.1% athletes experienced physical symptoms during their menstrual cycle, 32.8% athletes sometimes experienced physical symptoms during their menstruation and the rest of 13.1% of them don't experienced physical symptoms during their menstrual cycle. Menstrual symptoms are common for female. So that the most respondents experienced physical symptoms during their menstrual cycle.

4.2.14 MORE AFFECTING PHYSICAL SYMPTOM DURING MENSTRUAL CYCLE

FIGURE 4.11
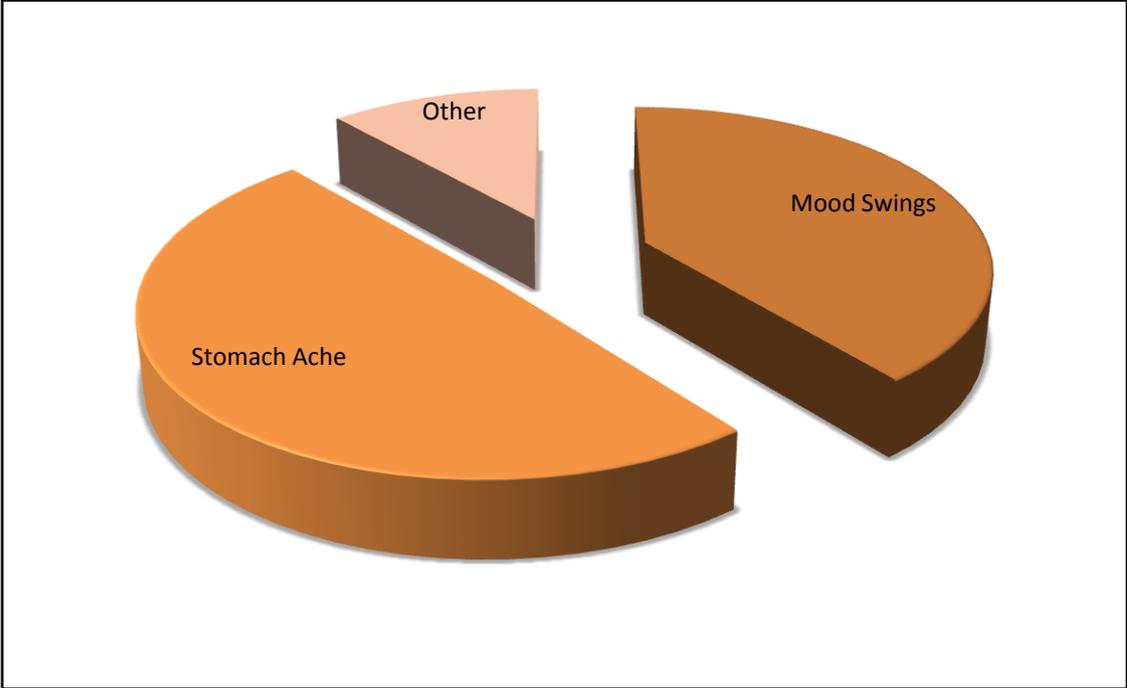
From the above figure 4.11 it is clear that 49.2 % athletes experienced stomach ache during their menstrual cycle, 39.3 % athletes experienced mood swings during their menstruation and the rest of 11.5 % of them experienced other physical symptoms such as headache ,joint and muscle pain etc during their menstrual cycle. Stomach ache is the most common physical symptom that most female experience. So that most respondents experienced physical symptom is stomach ache during their menstrual cycle.

4.2.15 MOST AFFECTING DISTRESS DURING MENSTRUAL CYCLE

FIGURE 4.12
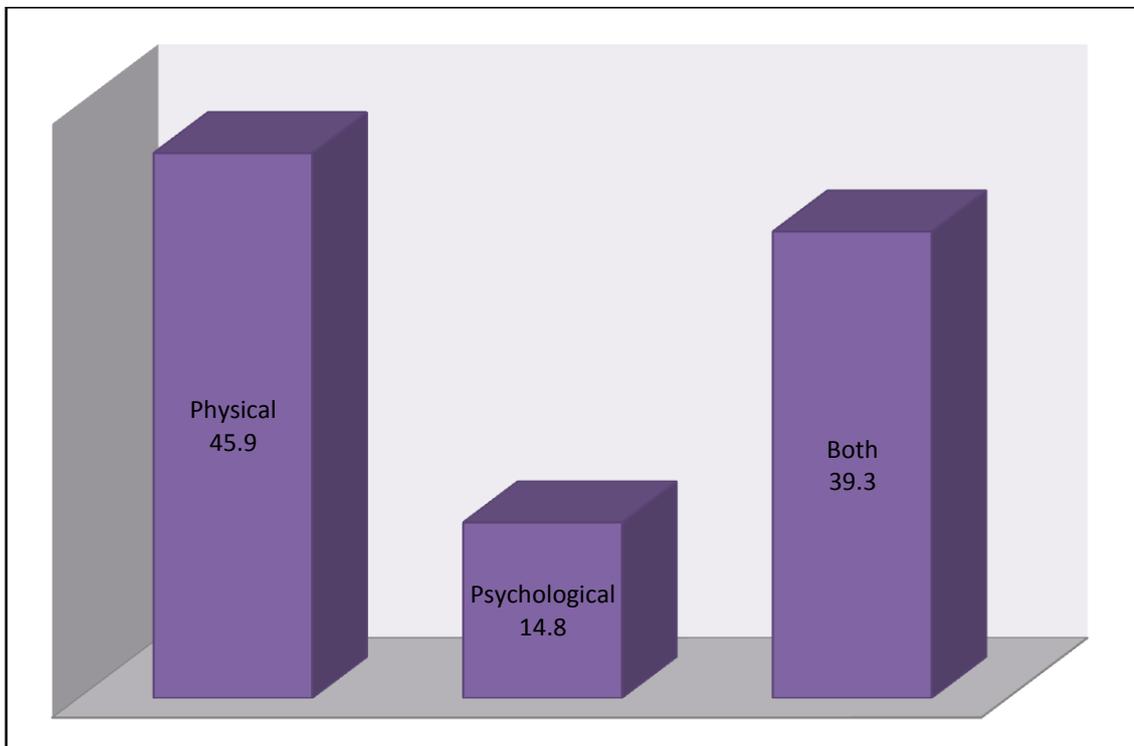
The above figure 4.12, explore the most affecting distress during menstruation. It shows that 45.9% athletes experienced physical distress affect their athletic performance, 39.3% athletes experienced both physical and psychological distress affect their athletic performance and the rest of 14.8% of them experienced psychological distress affect their performance. Due to physical symptoms the body become very weak so, it will affect the performance in sports. So the most respondents experienced that the physical distress affect their athletic performance.

4.2.16 SCALE RATING FOR MENSTRUAL CYCLE AFFECT THE ABILITY TO PARTICIPATE IN SPORTS OR PHYSICAL ACTIVITIES

TABLE 4. 4

Scale 1-10	Frequency	Percent
1-3	5	8.2
4-7	21	34.4
8-10	35	57.4
Total	61	100.0

From the above table 4.4 ,it is clear that the majority 57.4% athletes rated the impact of menstruation that affect the ability to participate in sports from 8 to 10 , 34.4% athletes rated the scale from 4 to 7 and the rest of 8.2% of them rated the scale from 1 to 3. So the most respondents rated the impact of menstruation that affect the ability to participate in sports is from 8 to 10.From this it is clear that most of the athletes affected the ability to participate in sports or physical activities during their menstrual cycle.

4.2.17 DISCUSSING MENSTRUAL CYCLE WITH OTHERS

FIGURE 4.13
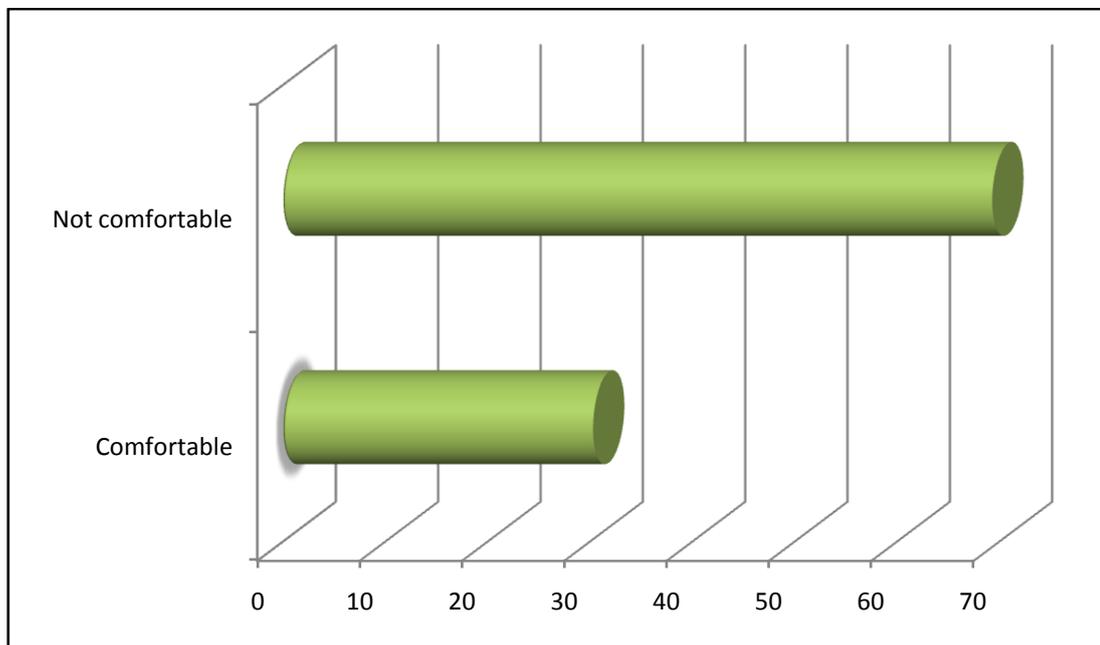
From the above figure 4.13 ,it is clear that the   majority of 69.5%   athletes are not comfortable discussing their menstrual cycle with coach and other team members , and the rest of 30.5 % of them are comfortable discussing their menstrual cycle with coach and other team members. Due to the taboos surrounding menstrual cycles, athletes may feel less comfortable bringing up any problems arising from their periods—or their lack of one altogether—which poses health risks. So the most respondents are not comfortable discussing their menstrual cycle with coach and other team members.

4.2.18 MENSTRUAL CYCLE AFFECTS PERFORMANCE IN SPORTS AND OTHER PHYSICAL ACTIVITIES

FIGURE 4.14
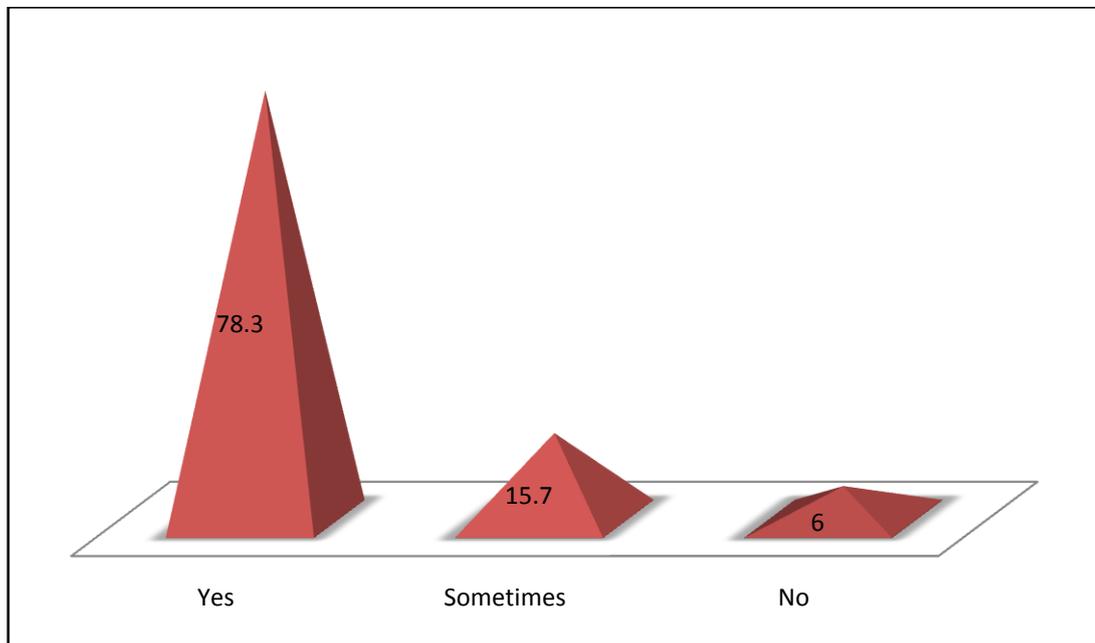
From the above figure 4.14 ,it is clear that the majority 78.3%   athletes believe that their menstrual cycle affects their performance in sports and other physical activities, 15.7 % athletes believe that sometimes menstrual cycle affects their performance and the rest of 6 % athletes believe that menstrual cycle don't affects their performance in sports and other physical activities. Due to periods the athletes cannot perform as they expected. So the most respondents believe that their menstrual cycle affects their performance in sports and other physical activities.

4.2.19 NO.OF MENSTRUAL CYCLE AFFECTED ATHLETIC PERFORMANCE

TABLE 4. 5

	Frequency	Percentage
below 3	23	37.7
3-6	34	55.7
above 6	4	6.6
Total	61	100.0

From the above table 4.5 ,it is clear that the majority 55.7% athletes affected 3-6 performances, 37.7% athletes affected below 3 performance and the rest of 6.6% athletes affected above 6 performance in sports and other physical activities. During menstruation the body is very weak .When the menstruation and competition come together the performance is surely affected. So the most respondents affected 3-6 performance in sports and other physical activities.

4.2.20 CHRONIC MEDICAL CONDITIONS

FIGURE 4.15
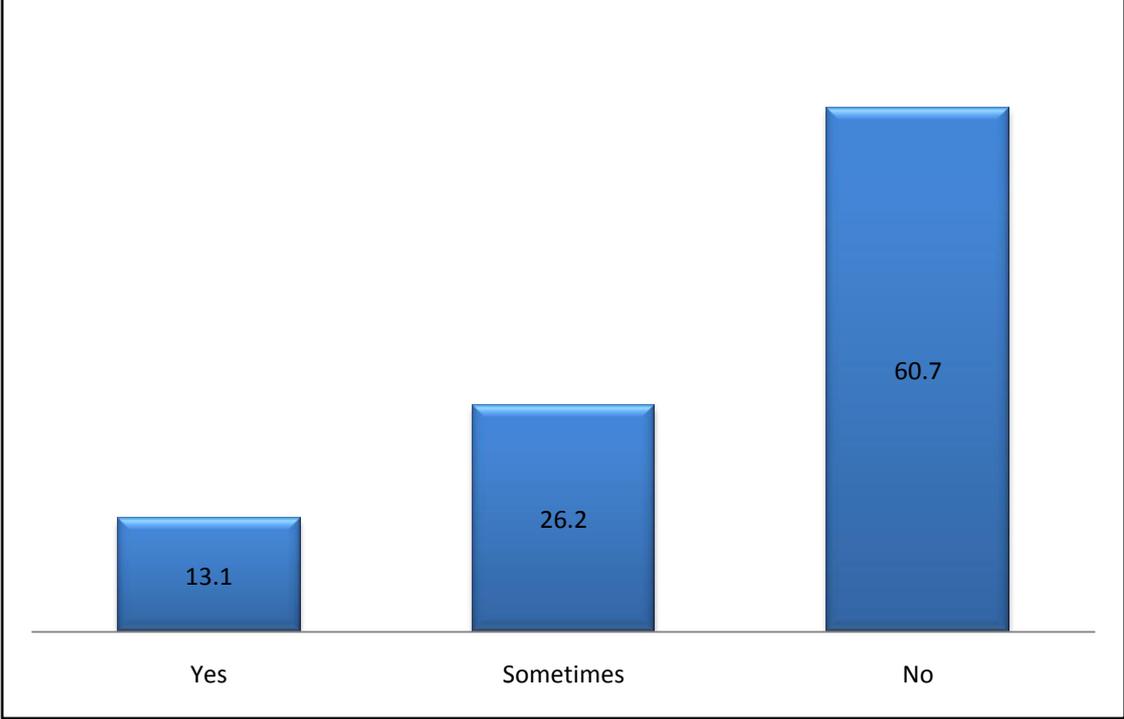
The above figure 4.15 explore the chronic medical condition among athletes. It shows that 60.7% athletes don't have any chronic medical condition, 26.2% sometimes have chronic medical condition and the rest of 13.1% athletes have chronic medical condition. Chronic conditions means conditions that last on one year or more and require ongoing medical attention or limit activities of daily living or both. So the most respondents don't have any chronic medical condition.

4.2.21 MEDICAL CONDITIONS AFFECT ATHLETIC PERFORMANCE

FIGURE 4.16
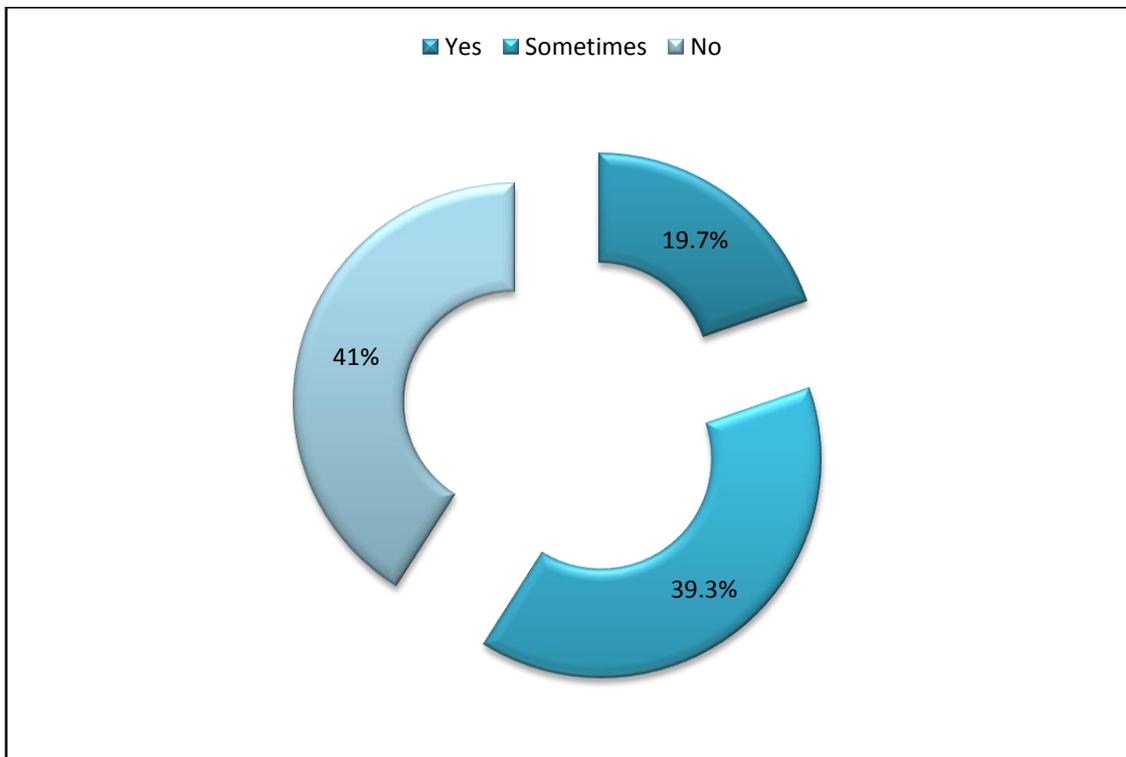
From the above figure 4.16 ,it is clear that 41.0% athletes chronic medical condition don't affect their performance,39.3% sometimes chronic medical condition affect their performance and the rest of 19.7% athletes chronic medical condition affect their performance. Because most of the athletes don't have any chronic medical condition. So that the most respondents chronic medical condition is not affected their athletic performance.

4.2.22 SATISFIED ATHLETIC PERFORMANCE DURING MENSTRUATION

FIGURE 4.17
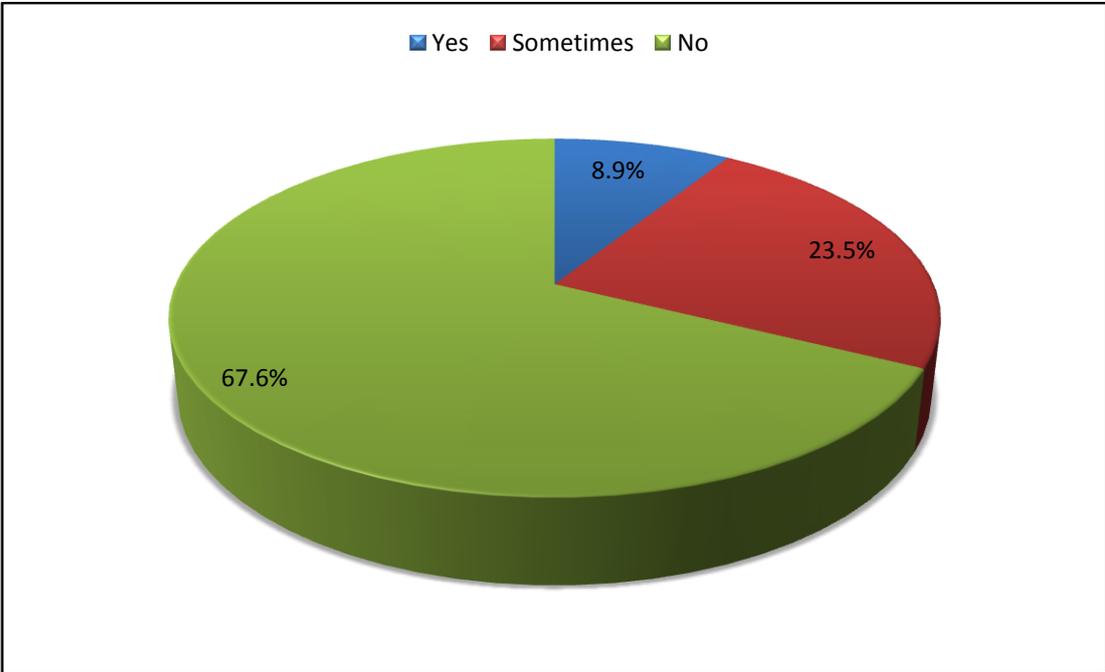
The above figure 4.17 explore the satisfaction of athletic performance of athletes during menstruation. It shows that 67.6 % athletes are not satisfied with their athletic performance during menstrual cycle, 23.5% are sometimes satisfied with their athletic performance during menstrual cycle and the rest of 8.9 % athletes are satisfied with their athletic performance during menstrual cycle. Due to menstruation the athletes can't perform as they expected due to the factors like over bleeding , physical problems etc. So the most respondents are not satisfied with their athletic performance during menstrual cycle.

4.2.23 AMOUNT OF MENSTRUAL BLEEDING IS HIGH DURING COMPETITION COMPARED TO NORMAL PERIOD DAYS

FIGURE 4.18
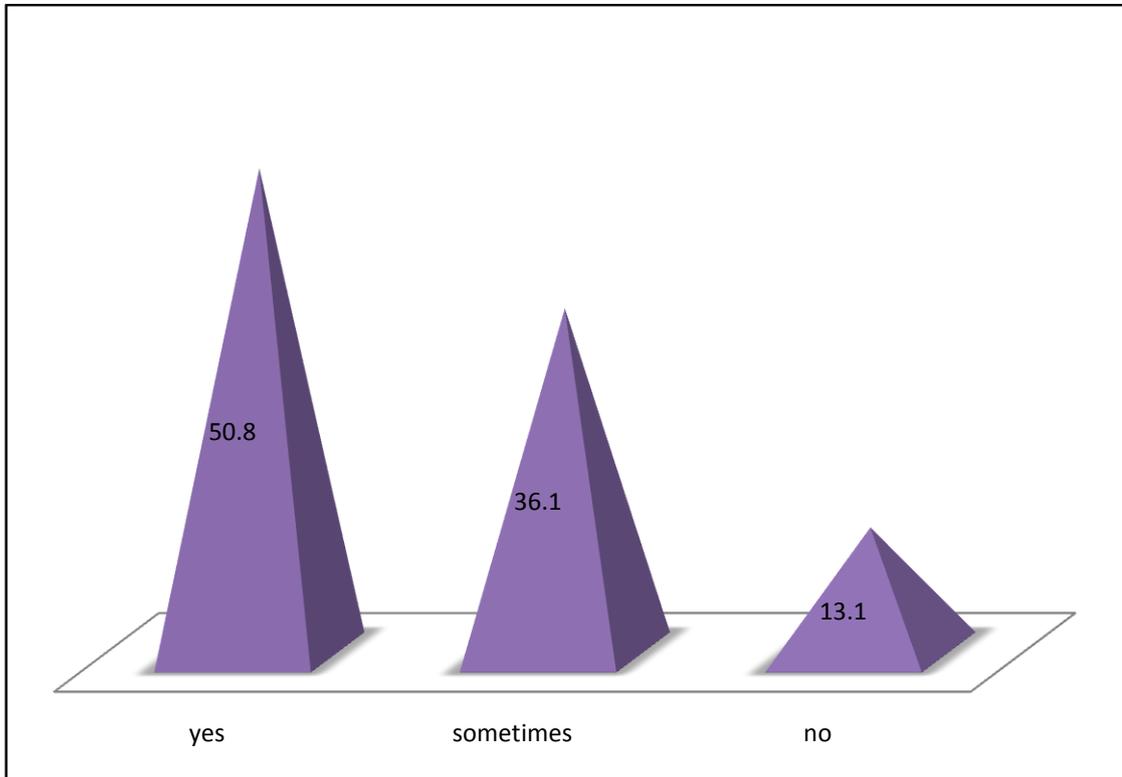
From the above figure 4.18 ,it is clear that   50.8 %   athletes amount of menstrual bleeding is high compared to normal period days, 36.1%   the amount of menstrual bleeding is sometimes high compared to normal period days and the rest of   13.1% athletes amount of menstrual bleeding is not high compared to normal period days. During the competition days , athletes should take more physical strain to get better result for their performance, due to that the amount of menstrual bleeding during these days also become high. So the most respondents the amount of menstrual bleeding is high compared to normal period days.

4.2.24 MORE COMFORTABLE THING

FIGURE 4.19
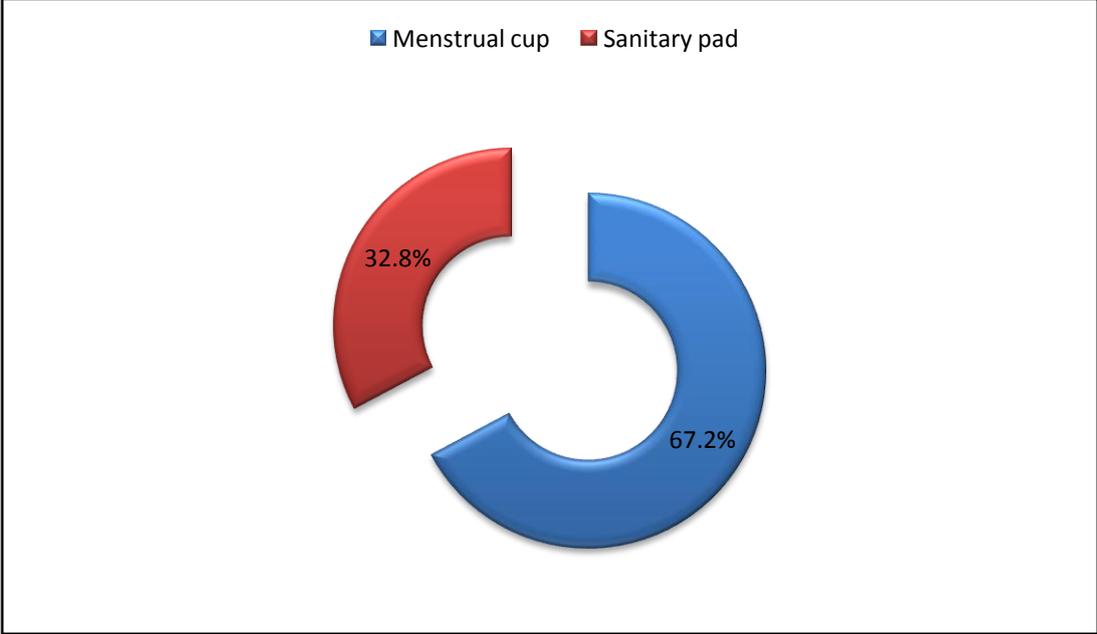
From the above figure 4.19 , it is clear that the majority 67.2 % athletes are more comfortable with menstrual cup and the rest of 32.8% athletes are more comfortable with sanitary pad. Menstrual cups are more comfortable during the workout days because with a menstrual cup will prevent the itching and irritations caused by sanitary pad. So the most respondents are more comfortable to use menstrual cup.

4.2.25 MENSTRUAL CUP IS MORE COMFORTABLE FOR SPORTS COMPARED TO SANITARY PAD

FIGURE 4.20
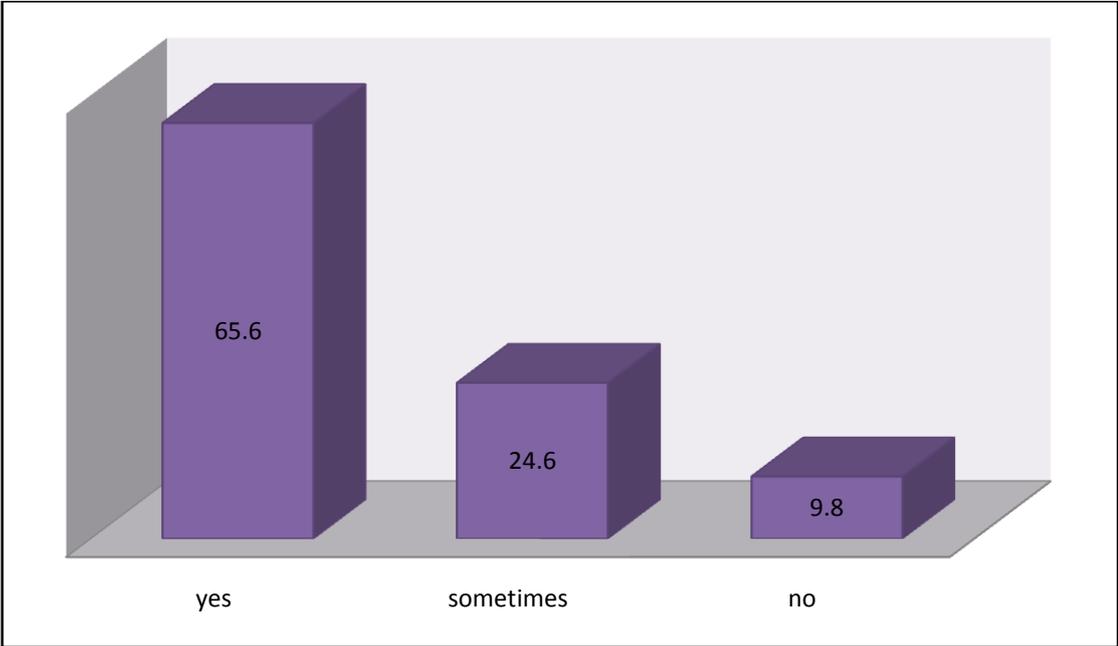
From the above figure 4.20 ,it is clear that 65.6 % athletes think menstrual cup is more comfortable for sports compared to sanitary pad ,24.6% athletes think menstrual cup sometimes more comfortable for sports compared to sanitary pad and the rest of 9.8% athlete think menstrual cup is not more comfortable for sports compared to sanitary pad. So the most respondents   think menstrual cup is more comfortable for sports compared to sanitary pad.

4.2.26 APPLIED ANY STRATEGY TO CONTROL THE PERIOD PAIN

TABLE 4.6

	Frequency	Percent
yes	32	52.3
sometimes	18	28.7
no	11	19
Total	61	100.0

The above table 4.6 ,explore the strategies applied to control period pain. It shows that the 52.3 % athletes applied strategies to control period pain ,28.7% sometimes applied strategies to control period pain , and the rest of 19% don't applied any strategies to control the period pain .Strategies include use of any birth control pills. It is mainly used to get relief from pain and to improve athletic performance. So the most respondents applied strategy to control the period pain.

4.2.27 EVER USED PAIN RELIEF PILLS

FIGURE 4.21
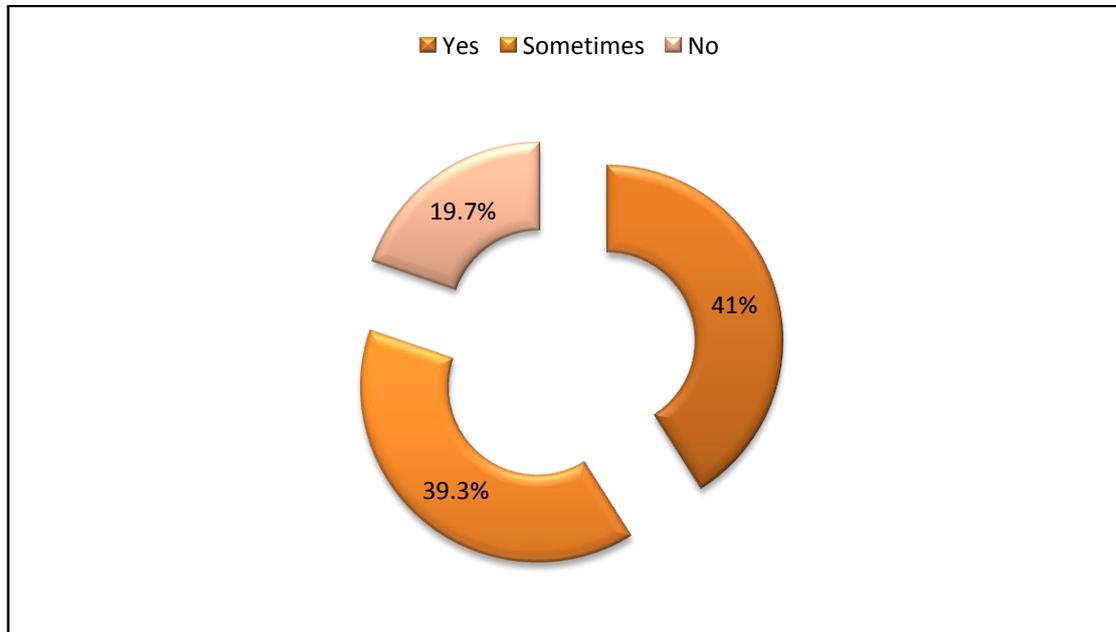
From the above figure 4.21 ,it is clear that 41.0 % athletes used pain relief pills ,
39.3% athletes sometimes used pain relief pills and the rest of 19.7 % athletes don't
used pain relief pills. Pain relief pills are used to increase their athletic performance. To
reduce the amount of distress and for better performance they were using pain relief
pills. So the most respondents used pain relief pills.

4.2.28 INFLUENCE OF PAIN RELIEF PILLS TO INCREASE ATHLETIC PERFORMANCE

FIGURE 4.22
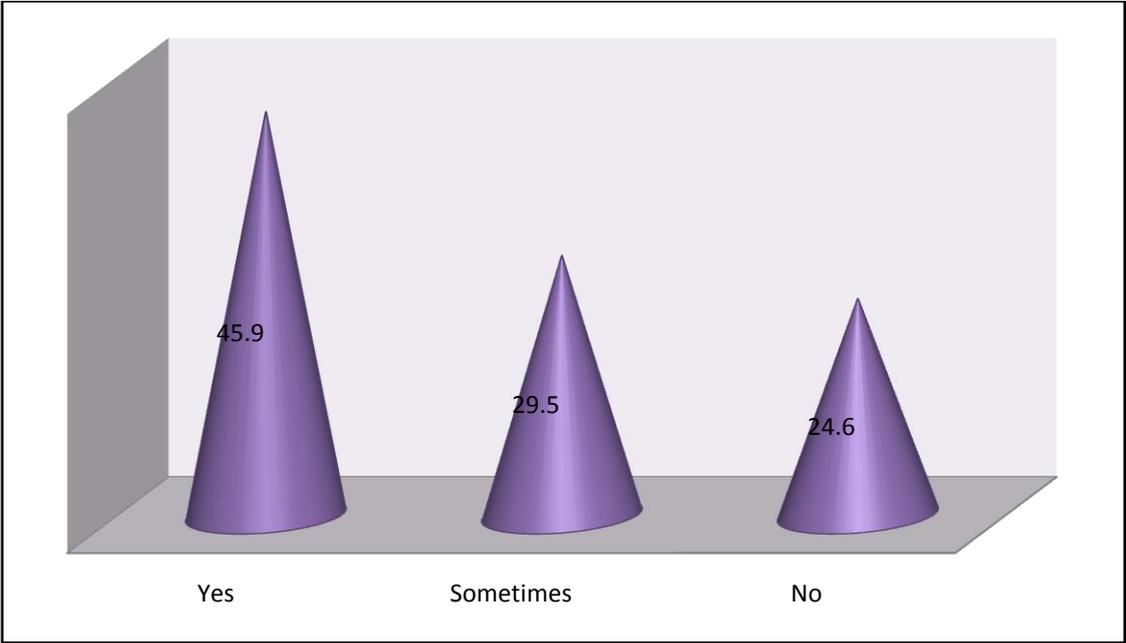
From the above figure 4.22 explore the influence of pain relief pills to increase the athletic performance. The majority of 45.9 % athletes think pain relief pills increased their athletic performance , 29.5% athletes sometimes increased their athletic performance and the rest of 24.6 % athlete think pain relief pills don't increased their athletic performance. So the most respondents think pain relief pills increased their athletic performance.

4.2.29 PAIN RELIEF PILLS ARE GOOD FOR HEALTH

FIGURE 4.23
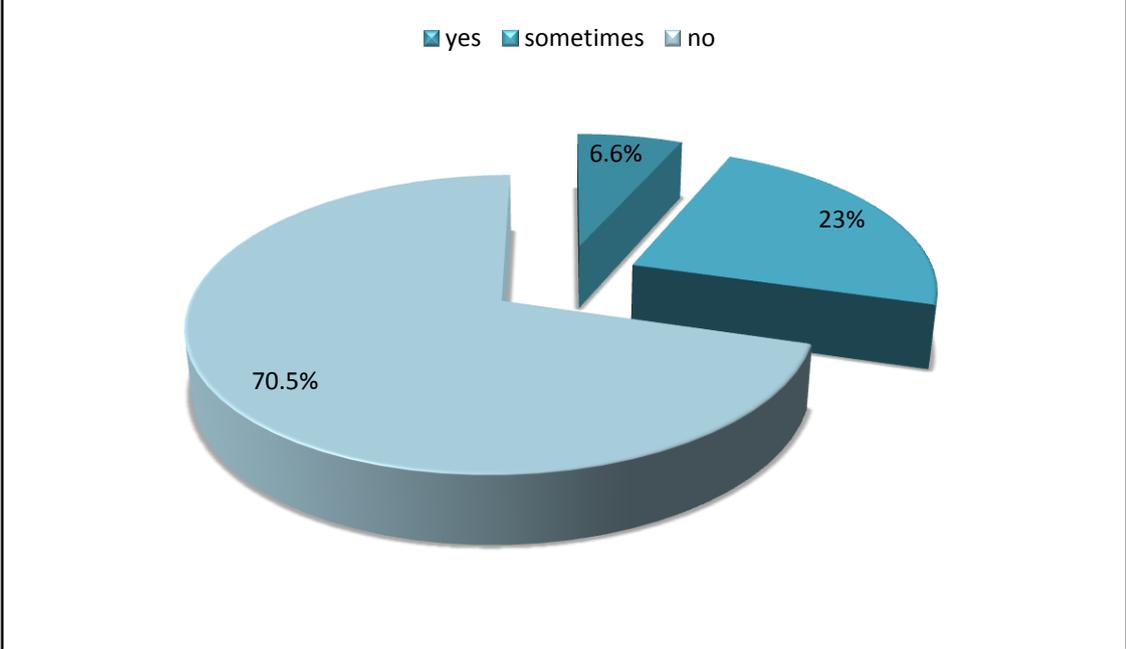
From the above figure 4.23 , the majority 70.5 % athletes think pain relief pills are not good for health ,23.0%   athletes think pain relief pills are sometimes good for health and the rest of 6.6 % athlete think pain relief pills are good for health. The more use of pain relief pills cause side effects like increase in blood pressure etc. Most of the respondents   think pain relief pills are not good for health,but still they are getting forced to use all these kinds of pain reliefing pills to increase their athletic performance.

4.2.30 FEEL ANY AVOIDANCE / NEGATIVE ATTITUDE FROM THE AUTHORITY DUE TO MENSTRUATION

FIGURE 4.24
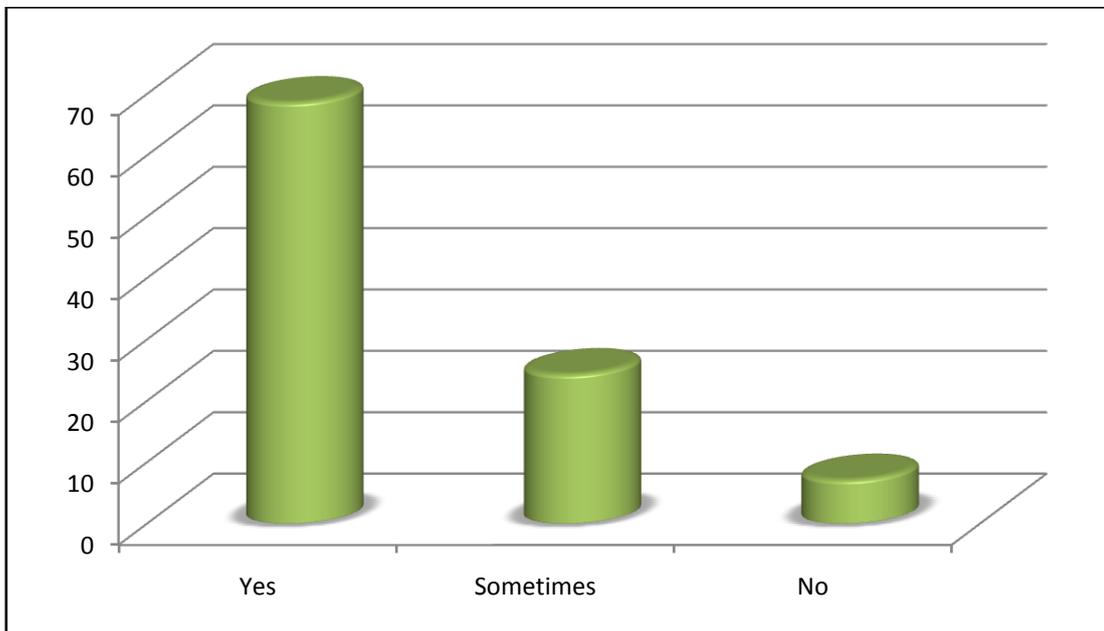
From the above figure 4.24 , it is clear that the majority 68.6 % athletes feel avoidance/negative attitude from the authority due to menstruation ,24.3 % athletes sometimes feel any avoidance/negative attitude from the authority due to menstruation and the rest of 7.1 % don't feel any avoidance/negative attitude from the authority due to menstruation. So the most respondents feel avoidance/negative attitude from the authority due to menstruation. Because during these days the amount of physical performance of the athletes is very less so that the authority shows negative attitude towards athletes during menstruation.

4.2.31 PROPER SANITATION FACILITIES

FIGURE 4.25
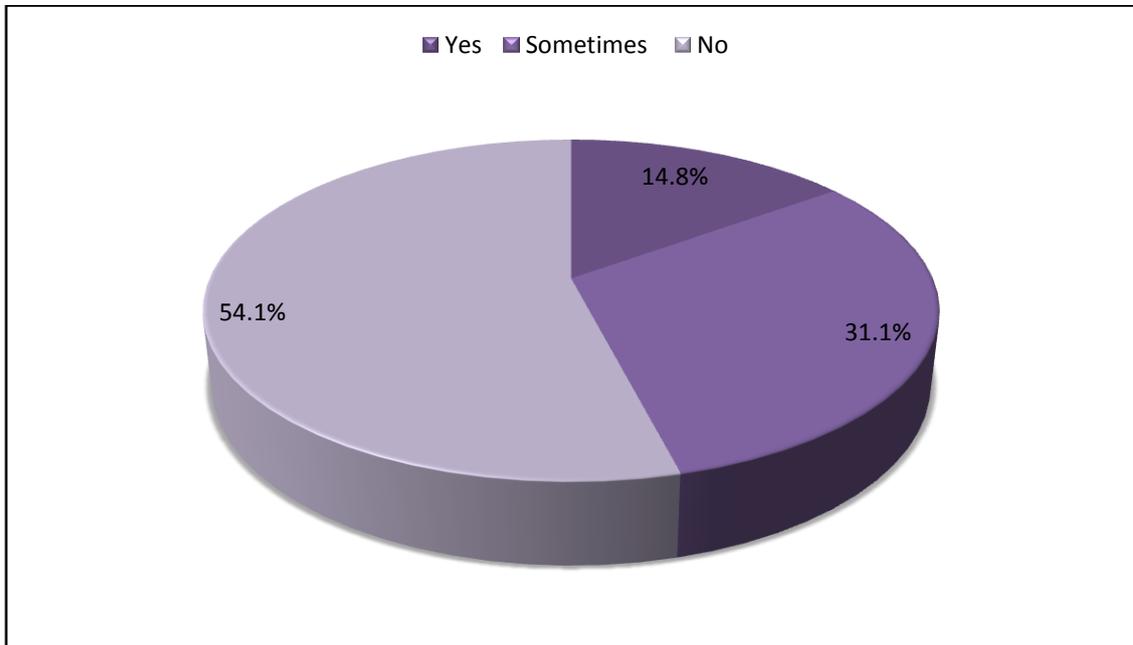
From the above figure 4.25 ,it is clear that 54.1 % athletes says that they don't got enough and proper sanitation facilities where the practice or competition is held ,31.1% they sometimes got proper sanitation facilities and the rest of 14.8 % athletes got enough and proper sanitation facilities. Sanitation facilities sometimes very bad, the cleanless toilets and also water facilities were poor in some areas where the competition is held. So the most respondents says that they don't got enough and proper sanitation facilities where the practice or competition is held.

4.2.32 PROPER FACILITIES GIVEN BY THE AUTHORITY DURING COMPETITION

TABLE 4.7

	Frequency	Percent
yes	4	6.6
sometimes	21	34.4
no	36	59.0
Total	61	100.0

The above table 4.7 ,explore the proper facilities given by the authority during competition. The majority 59.0 % athletes says that they don't got any proper facilities by the authority during competition ,34.4% sometimes they got proper facilities by the authority during competition and the rest of 6.6 % them got proper facilities by the authority during competition. The authority don't give much importance to the facilities like food, water, toilet facilities etc. So the most respondents says that they don't got proper facilities by the authority during competition.

4.2.33 WITHDRAWN FROM THE SPORTS EVENT DUE TO MENSTRUAL DISTRESS

FIGURE 4.26
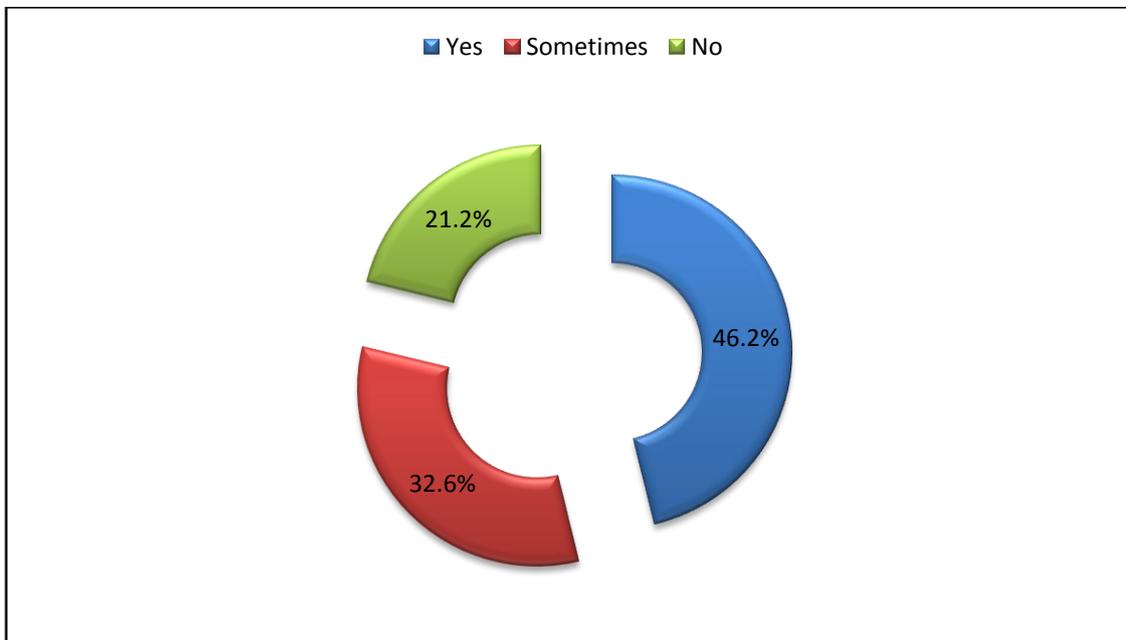
From the above figure 4.26 ,it is clear that the majority 46.2 % athletes withdrawn from the sports event due to menstrual distress ,32.6% sometimes they withdrawn from the sports event due to menstrual distress and the rest of 21.2 % they haven't withdrawn from the sports event due to menstrual distress. So the most respondents withdrawn from the sports event due to menstrual distress. It because of the physical and psychological distress faced by the athletes and also the avoidance faced by the athletes from the authority are the reason behind the withdrawal of athletes from sports during menstrual cycle.

4.3 CONCLUSION

This chapter deals with analysis and interpretation of collected data with the help of table and figure. Interpretation and analysis helps in understanding responses clearly.

CHAPTER V

FINDINGS, SUGGESTIONS AND CONCLUSION

CHAPTER 5

FINDINGS, SUGGESTIONS AND CONCLUSION

5.1 INTRODUCTION

Findings and suggestions are the major part of the research in which a researcher makes conclusions from the analyses and interpretation of the collected data. Study offers knowledge regarding the unknown aspects of the research and helps to understand things in a better way. After analysis and interpretation, the researcher derived some findings from the study.

5.2 MAJOR FINDINGS

Major findings of research are as follows :

- Majority of respondents are from category of games and participated in university level.
- The age of menarche of majority of respondents belongs to 13 -16 years old.
- Majority of athletes menstrual cycle disruptions affect athletic performance. The menstrual cycle can affect an athlete's energy levels, hydration, and muscle strength, which can impact their performance. Irregular menstrual cycles, menstrual pain, and heavy bleeding can all contribute to decreased athletic performance.
- Many athletes report feeling anxious, moody, or irritable during their menstrual cycle. Premenstrual syndrome (PMS) is common among female athletes and can contribute to decreased quality of life and athletic performance.
- Menstruation-related symptoms can negatively impact athletic performance. Menstruation-related symptoms like cramps can negatively affect athletic performance. This can be especially true for high-intensity training sessions.
- Athletes experience additional stress due to menstrual concerns, such as worrying about leaks or discomfort during competition. This can lead to increased anxiety and decreased self-confidence.
- Majority of the athletes used pain relief pills to improve athletic performance and also they are aware about the side effects of pain relief pills. but still they are

getting forced to use all these kinds of pain relieving pills to increase their athletic performance.

- Majority of athletes have irregular periods. Excessive exercise can affect menstrual cycles. Over-exercising or participating in activities that put excessive physical strain on the body can also disrupt hormonal balance and lead to missed periods.

- Majority of the athletes felt that due to because of law performance during their menstrual days they found avoidance/ negative attitude from the authority. Female athletes may not have access to adequate support and resources related to menstrual health, such as menstrual products or medical care for menstrual-related issues.

- PMS can cause a wide range of symptoms among athletes during menstruation, including physical symptoms like headaches, and breast tenderness, as well as emotional symptoms like irritability, mood swings, and anxiety. The severity and duration of these symptoms can vary widely among individuals.

- Athletes don't get proper facilities including sanitation from the authorities.

- Psychological distress is common among female athletes. Studies have shown that female athletes may be at increased risk for psychological distress, including symptoms of anxiety, depression, and mood swings. Despite this, many female athletes do not receive appropriate treatment or counseling for these issues.

- When psychological distress is left untreated, it can have a negative impact on an athlete's performance and overall well-being. Athletes may experience decreased motivation, decreased self-esteem, and increased risk of injury or burnout.

- Athletes who experience severe menstrual pain may be at increased risk for developing mental health conditions, such as depression or anxiety. This may be due to the impact that chronic pain can have on mood and well-being.

- Majority of female athletes experience menstrual pain, including cramping and discomfort, during their period.

- Majority of female athletes experience menstrual irregularities, such as missed periods or irregular cycles, due to the physical demands of training and competition.

- Physical symptoms related to the menstrual cycle impact athletic performance, that may affect their ability to compete at a high level.

- Majority of female athletes are uncomfortable discussing periods with others. Female athletes concerned about negative consequences of discussing their periods with coaches or teammates, such as being perceived as weak or not dedicated to their sport.

- Majority female athletes experienced physical discomfort during their menstrual cycle, such as cramping, stomach ache which may make it difficult to participate in sports.

- Majority of athletes withdraw from the sports event due to menstruation.May be the athletes may be concerned about menstrual leakage or other menstrual-related issues while participating in sports, which may impact their confidence and ability to perform.

5.3 IMPLICATION OF STUDY

By increasing awareness and education about menstrual health and its potential impact on physical and psychological well-being, female athletes can better understand how their menstrual cycle may affect their performance and take steps to optimize their health and performance. Female athletes require access to menstrual products and medical care to manage menstrual-related issues, including physio-psychological distress. Policymakers and healthcare providers can work to improve access to these resources, which can help female athletes better manage their menstrual health and performance. Coaches and teammates can play an important role in supporting female athletes' menstrual health and performance by creating a culture of openness and support around menstrual health, and by communicating with female athletes about their menstrual health needs and preferences. Developing menstrual cycle monitoring tools, such as apps or wearable devices, can help female athletes track their menstrual cycle and better understand how it may affect their physical and psychological well-being and performance.

By studying the relationship between menstruation and physio-psychological distress among athletes, we can increase awareness about the potential impact of menstrual health on athletic performance and well-being. Also by understanding the challenges faced by female athletes related to menstrual health and psychological distress, we can develop better education and support resources to help female athletes manage these

issues more effectively. By addressing menstrual health and psychological distress among female athletes, we can potentially improve athletic performance and overall well-being, leading to better outcomes for female athletes in sports. Discussing menstruation and related issues openly and honestly, we can work to reduce stigma and cultural taboos surrounding menstrual health, promoting more open and supportive environments for female athletes. Improved health outcomes: By addressing menstrual health and related psychological distress, we can potentially improve overall health outcomes for female athletes, reducing the risk of menstrual-related health issues and promoting overall well-being.

The study topic of "menstruation and physio-psychological distress among athletes" has significant implications for improving the well-being and performance of female athletes, and for promoting more open and supportive attitudes towards menstrual health in sports and beyond.

5.4 LIMITATIONS OF THE STUDY

- Meeting respondents directly is difficult so online mode of data collection used but making respondents seriousness about the topic and data collection.
- Possibility of errors occurring in data collection

5.5 RECOMMENDATIONS OF THE STUDY

Based on the findings of the study conducted, the researcher put forward the following suggestions:

- The study can be replicated in other districts of Kerala in which there are sports colleges.
- A friendly atmosphere and a consultation should provided to the athletes during their menstrual cycle.
- The relationship between menstruation and physio-psychological distress among athletes, we can increase awareness about the potential impact of menstrual health on athletic performance and well-being.
- By discussing menstruation and related issues openly and honestly, we can work to reduce stigma and cultural taboos surrounding menstrual health, promoting more open and supportive environments for female athletes.
- More research is needed in studying about university level athletes.

5.6 CONCLUSION

This chapter consists of the major findings of the research and the limitations and implications of study. The study used a research sample of 60 from different athletes of Kannur District. From this study the researcher came to the conclusion that menstruation is negatively impacted to the physio-psychological distress in athletes. Research in this area has revealed significant impacts of menstrual health on athletic performance and psychological well-being, as well as the need for improved education and support for female athletes related to these issues. So the most respondents were withdrawn from the sports event due physio-psychological distress. It because of the physical and psychological distress faced by the athletes is high compared to the normal menstrual days. Also the avoidance faced by the athletes from the authorities are other reason behind the withdrawal of athletes from sports during menstrual cycle.

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APPENDIX

APPENDIX

Menstruation and physio- psychological distress among athletes: a comparative study

Note: The information that is shared in this data will be used only for my research purpose. It will be confidential.

Socio – demographic Profile:

Full name :

Age :

- Below 17
- 18-20
- Above 21

Place:

Mobile number :

Type of family :

- Nuclear family
- Joint family

Family income :

- Below 50,000
- 50,000 – 1 lakh
- Above 1 lakh

Education :

- Degree
- Masters
- Others

Sports category :

- Athletics
- Games
- Others

Participation level :

- Intercollegiate
- University level
- Others

1. At what age did you begin menstruating ?
   - 9-12
   - 13-16
   - Above 16

2. How long is your menstrual cycle ?
   - 3-4 days
   - 5-7 days
   - Above 7 days

3. Have you experienced menstrual disorders in the past 12 months ?
   - Yes
   - Sometimes
   - No

4. Have you ever experienced period pain ?
   - Yes
   - Sometimes
   - No

5. Do you experience any menstrual related symptoms such as cramps or mood changes ?
   - Yes
   - Sometimes
   - No

6. How many days does your period pain last ?
   - 1-3 days
   - 4-6 days
   - Above 6 days

7. Have you missed a period or had an irregular cycle ?
   - Yes
   - Sometimes
   - No

8. Do you experience any psychological distress such as anxiety or depression ?
   - Yes
   - Sometimes
   - No

9. Do you ever sought treatment or counselling for psychological distress ?
   - Yes
   - Sometimes
   - No

10. Do you feel that your menstrual cycle affects your mental health or emotional well-being ?
    - Yes
    - Sometimes
    - No

11. Do you experience any physical symptoms during your menstrual cycle ?
- Yes
- Sometimes
- No

12. Which kind of physical symptom do you face more ?
- Mood swings
- Stomach ache
- Other

13. Which one is more affect your athletic performance ?
- Physical distress
- Psychological distress
- Both

14. On a scale of 1-10 , how much does your menstrual cycle affect the ability to participate in sports or physical activities?
- 1-3
- 4-7
- 8-10

15. Do you feel comfortable discussing your menstrual cycle with your coach or other team members?
- Comfortable
- Uncomfortable

16. Do you believe that your menstrual cycle affects your performance in sports and other physical activities?
- Yes
- Sometimes
- No

17. If yes how many menstrual cycle affects your performance?

- Below 3
- 3-6
- Above 6

18. Do you have any chronic medical conditions?

- Yes
- Sometimes
- No

19. Does it affect athletic performance?

- Yes
- Sometimes
- No

20. Do you feel satisfied with your athletic performance during menstruation ?

- Yes
- Sometimes
- No

21. Is the amount of menstrual bleeding is high during competition compared to the normal period days ?

- Yes
- Sometimes
- No

22. Which thing you are more comfortable with?

- Sanitary pad
- Menstrual cup

23. Do you think menstrual cup is more comfortable for sports compared to sanitary pad ?

- Yes
- Sometimes
- No

24. Have you ever applied any strategy to control the period pain ?
   - Yes
   - Sometimes
   - No

25. Have you ever used pain relief pills ?
   - Yes
   - Sometimes
   - No

26. Did it ever increased your athletic performance ?
   - Yes
   - Sometimes
   - No

27. Do you think pain relief pills are good for your health ?
   - Yes
   - Sometimes
   - No

28. Do you feel any avoidance / negative attitude from the authority due to menstruation ?
   - Yes
   - Sometimes
   - No

29. Are there enough and proper sanitation facilities where your practice or competition is held ?
   - Yes
   - Sometimes
   - No

30. Do you get proper facilities by the authority during competition?

- Yes
- Sometimes
- No

31. Have you ever withdrawn from the sports event due to menstrual distress ?

- Yes
- Sometimes
- No

PSYCHO SOCIAL PROBLEMS FACED BY WOMEN AFTER FIRST DELIVERY

VIRTUE & EXCELLENCE

SHAHANA K P

DON BOSCO ARTS AND SCIENCE COLLEGE

ANGADIKADAVU

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2021-2023

PSYCHO SOCIAL PROBLEMS FACED BYWOMEN AFTER
FIRST DELIVERY

DISSERTATION SUBMITTED TO THE KANNUR UNIVERSITY IN PARTIAL FULFILMENT OF THE REQUIREMENT FOR THE AWARD OF THE DEGREE OF MASTER OF SOCIAL WORK

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Reg. No.C1GMSW1026

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CERTIFICATE

This is to certify that the dissertation entitled, **" Psycho Social Problem Faced By Women After First Delivery"** is a Bonafede record of work done by **SHAHANAKP** under the guidance of Mrs. **DHANYA KV** in partial fulfilment of the requirement for the award of the degree of **Master of Social Work** during the period of her study (2021 - 2023) in the Department of Social Work, Don Bosco Arts and Science College, Angadikadavu, Kannur, affiliated to the Kannur University.

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CERTIFICATE

This is to certify that the dissertation entitled, **" Psycho Social Problem Faced By Women After First Delivery",** submitted by **SHAHANA K P** in partial fulfilment of the requirement for the award of the degree of **Master of Social Work**, is a Bonafede record of work done under my guidance and supervision during the period of her study (2021-2023) in the Department of Social Work, Don Bosco Arts and Science College, Angadikadavu, Kannur, affiliated to The Kannur University.

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DECLARATION

I,**SHAHANA KP,** the undersigned, hereby declare that the dissertation entitled, "**Study On Psycho Social Problem Faced By Women After First Delivery"** submitted to the Kannur University, in partial fulfilment of the requirement for the award of the degree of **Master of Social work**, is a Bonafede work done by me under the guidance of **Mrs. DhanyaK V**, Assistant Professor, Department of Social Work, Don Bosco Arts and Science College, Angadikadavu. This work has not been placed by anybody in the University for the Award of any degree or diploma.

ANGADIKADAVU   **SHAHANA KP**

May 2023

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SHAHANA KP

ABSTRACT

The postpartum period for a woman and her newborn is very important for both short-term and long-term health and well-being. The postpartum period involves many changes, both emotionally and physically. New mothers learning how to deal with all the changes needed with becoming a new mother. The postpartum period also involves learning of how to care for your newborn and learning how to function as a changed family unit.

This study aims to investigate the psychosocial problems faced by the women after their first delivery. Questions covered the following topic areas; general experience and concern, changes in the mood and behaviour and post natal awareness. The problem experienced by the new mothers were associated with common themes such as stress, depression, family support and postnatal awareness.

CONTENTS

LIST OF TABLES

LIST OF FIGURES

CHAPTER I

INTRODUCTION

CHAPTER 1

INTRODUCTION

1.1 INTRODUCTION

The pregnancy and birth is a time of enormous physiological, social and psychological change for women. How a woman and her significant others adapt to the changes in this period can influence the woman's adjustment and her chance of developing mental health difficulties. This matters for the woman, but it also matters for her baby and for the beginnings of their relationship.The birth of a child is a major life event that can be filled with excitement, anticipation and joy. However, the transition and adaptation to new demands, roles, responsibilities, and changes in relationships can be stressful, especially for first-time mothers.The transition to motherhood begins antenatally and is influenced by an array of factors, such as the life circumstances of the parents, the social environment, and the circumstances of conception. It is also influenced by the level of support provided by the woman's partner and family, as well as the physical health of the mother and her unborn baby. The mother's experiences within her family of origin, her past or current mental health issues and any current or unresolved conflict, loss or trauma can also affect, and sometimes disrupt.

New mothers typically encounter physiological changes and struggle with concerns about weight gain, body image, sexuality, and other physical difficulties such as fatigue. These problems may generate or exacerbate stress and lead to an actual or perceived crisis and psychological distress. They experience numerous psychological and physiological changes after the birth of a child. Pregnancy and the postpartum period are times of significant biological, social, and psychological changes for a woman and also to the usual stresses of new motherhood. Psychosocial and emotional well-being during pregnancy is essential to develop the capacity to parent effectively and facilitate attachment to the new-born.It is also well documented that maternal mental health during pregnancy and postpartum has a big impact child development and behavior. The broader social and environmental context may be important determinants for mental health problems during pregnancy and postpartum.

The birth of a child is a major life event that can be filled with excitement, anticipation and joy. They experience numerous psychological and physiological changes after the birth of a child. However, the transition and adaptation to new demands, roles, responsibilities, and changes in relationships can be stressful, especially for first-time mothers. physiological changes, are faced with adapting to new roles and responsibilities. Psychological distress, defined as depression, anxiety, and insomnia, often increases during the postpartum period and can negatively affect maternal mental health status, maternal and family functioning, and infant-child outcomes.

Postpartum period is distinct in three phases. The third phase is the delayed postpartum period, which can last up to 6 months. T he initial or acute period involves the first 6–12 hours postpartum. This is a time of rapid change with a potential for immediate crises such as postpartum hemorrhage, uterine inversion, amniotic fluid embolism, and eclampsia.The second phase is the subacute postpartum period, which lasts 2–6 weeks. During this phase, the body is undergoing major changes in terms of hemodynamics, genitourinary recovery, metabolism, and emotional status. Nonetheless, the changes are less rapid than in the acute postpartum phase and the patient is generally capable of self-identifying problems. These may run the gamut from ordinary concerns about perineal discomfort to peripartum cardiomyopathy or severe postpartum depression. The third phase is the delayed postpartum period, which can last up to 6 months. Changes during this phase are extremely gradual, and pathology is rare.

This study aims to investigate the psychosocial problems faced the women after their first delivery. This period is an extremely stressful period for first time mothers who have to face numerous physical, emotional and social challenges. The new mothers experience the psychological distress and physiological changes. The physical and mental well-being of mothers is essential for the child's growth as well as the mother's mental health.

1.2 STATEMENT OF THE PROBLEM

The development of the mother–baby relationship as the most important psychological process for mothers. This relationship starts in pregnancy when the mother may interact with the fetus and involve the partner to varying degrees. The transition to motherhood involves major physiological, psychological and social adjustments both positive and negative. A range of biological, psychological, and social interrelated risk factors are

associated with postpartum mental health problems. The Sleep deprivation, both in pregnancy and postpartum, also could contribute to the development of mental health problems and potentially have negative implications for the mother–infant relationship. The motherhood is an important time when mother is at risk of a range of mental health, adjustment, and relationship problems.

1.3 TITLE OF THE STUDY

Psycho Social Problems Faced By Women After Heir First Delivery

1.4 OBJECTIVES

GENERAL OBJECTIVES

- To study the psychosocial problems faced by the women after their first delivery

SPECIFIC OBJECTIVES

- To understand the psychological distress during their postnatal period
- To identify the physical health difficulties experienced during the postnatal period
- To understand the family support in providing postnatal care
- To analyze the awareness of women about postnatal care

1.5 SIGNIFICANCE/RELEVANCE OF THE STUDY

The women can suffer from mental health problems in pregnancy and postpartum, with anxiety being more common than depression both in pregnancy and after birth, although these are often interrelated with high comorbidity rates. There were indications of a decline in relationships after birth, with more people experiencing relationships problems after birth than in pregnancy, especially among parents suffering from postpartum mental health problems who also reported significantly more feelings of anger toward their baby, lack of partner support, parental unworthiness, sleep deprivation, and complications during the birth. Women, on aver-age, reacted more negatively to the new born baby. The study is to analyze the psychosocial problems of the mother. The study is very relevant as the mothers with new born baby face many psychosocial problems and they need proper support from the family as well as the

society. The study mainly focuses on the psychosocial problems faced the women after their first delivery.

1.6 SCOPE OF THE STUDY

The new mothers experience the psychological distress, physiological changes and their mental and physical well-being is very important for the child's growth as well as the mother's mental health. This proposed study tries to understand the psychosocial problems of mothers after their first delivery. The relationships problems after birth, postpartum mental health problems, feelings of anger toward their baby, lack of partner support, parental unworthiness, sleep deprivation, and complications during the birth. Women, on aver-age, reacted more negatively to the new born baby.

1.7 CHAPTERIZATION

CHAPTER 1- INTRODUCTION: The introduction covers the statement of the problem faced by women after their first delivery which is the title of the study. It also includes general and specific objectives, the significance of the study, chapterization and conclusion are also added in the introduction.

CHAPTER 2- REVIEW OF LITERATURE:This chapter speaks about the reviews of relevant and related studies done on psychosocial problems faced by the women after their first delivery. In this chapter the theoretical and empirical terms arranged in a logical order and ends with conclusion.

CHAPTER 3- RESEARCH METHODOLOGY:This is the important chapter which has a alot of information about research problem. It includes Introduction, Definition of concepts theoretical meaning and operational definitions,Variables independent or dependent, Hypothesis, Research Design, Pilotstudy, Universal unit of the study, Sources of data primary or secondary, Tool of data collection, Method of data collection and the method that is used to data analysis.

CHAPTER 4- DATA ANALYSIS AND INTERPRETATION: The fourth chapter mainly deals with introduction, the collected data and conclusion.

CHAPTER 5- FINDINGS,SUGGESTIONS AND CONCLUSION: The final chapter is all about the major findings, implications of the study, limitations of the study, suggestions for further research and conclusion.

1.8 CONCLUSION

This study mainly focuses on the psychosocial problems faced by the women after their first delivery. The mother face many difficulties and problems to take care of their child. New mothers typically encounter physiological changes and struggle with concerns about weight gain, body image, sexuality, and other physical difficulties such as fatigue. These problems may generate or exacerbate stress and lead to an actual or perceived crisis and psychological distress. New mothers experience numerous psychological and physiological changes after the birth of a child. Pregnancy and the postpartum period are times of significant biological, social, and psychological changes for a woman.

CHAPTER II

REVIEW OF LITERATURE

CHAPTER II

REVIEW OF LITERATURE

2.1 INTRODUCTION

A literature review or narrative review is a type of review article. Literature Review is a scholarly paper that presents the current knowledge including substantive findings as well as theoretical and methodological contributions to particular topic. Literature review gives the researcher an opportunity to study the work of other researchers who have studied and researched the same topic, thus identifying the gap that needs to be closed. Literature reviews are designed to provide an overview of sources you have explored while researching a particular topic and to demonstrate to your readers how your research fits within a larger field of study. A literature review may consist of simply a summary of key sources, but in the social sciences, a literature review usually has an organizational pattern and combines both summary and synthesis, often within specific conceptual categories.

The study aims at exploring what are the psychosocial problems faced by the women after their first delivery.

2.2 REVIEWS

Catherine P. Corrigan, Andrea N. Kwasky and Carla J. Groh points out that, The Transition into motherhood is generally a joyful life event; for some women, however, it is marked by emotional turmoil. Lack of support can be associated with postpartum depression and can compromise both the mother and infant. This study explore the relationship between social support and postpartum depression and to determine whether mothers overwhelmed with childcare, or overwhelmed with life in general since becoming a mother, sought professional help. The results revealed that screening for depression alone may not be sufficient, that mothers are willing to contact a professional for help in the postpartum period, and that assessments after birth should include a broader assessment of life's difficulties rather than focusing on childcare responsibilities alone. The process of becoming a mother generally marks a wonderful event that encompasses discovery, learning, and a positive worthwhile experience; some women, however, find the transition into motherhood defined by fatigue, frustration, and emotional turmoil. Feelings of loss of control and emotional distress

not only affect the mother, but have known adverse effects for the infant as well for instance, negative birth outcomes, poor mother-infant bonding, and long-term consequences for the child. The early postpartum period is a crucial time to improve the health and survival of both the newborn and the mother, yet the World Health Organization (WHO, 2008) has reported that the postpartum and postnatal period receives less attention from health-care professionals than the prenatal period and childbirth period. Assessing how mothers of newborns perceive their level of support may prove valuable in identifying specific indicators toward learning how to better support women who are transitioning into motherhood. Postpartum support may contribute to improving maternal and infant well-being by helping women transition into motherhood. Social support has been described as a three-dimensional construct consisting of emotional support (concern, comfort, and encouragement); instrumental support (money, time, and tangible assistance); and informational support where advice, education, and knowledge sharing takes place. Describe social support as subjective, objective, and support availability. Social support can come from society/community or from a professional source. Despite an inconsistent definition of the social support construct in research, the philosophy of societal involvement was the predominant theme addressed among researchers across the globe. Grigoriadis et al. (2009) conducted a systematic review of multiple postpartum practices that transcended nine countries to determine if these practices protected against PPD. The authors reported that appropriate support may be of some protective value, which was more important than the specific ritual/practice itself. Social support can come in many forms. In China, Japan, and Malaysia, the traditional "confinement" practices aim to help new mothers recover from pregnancy and childbirth. The mother, receiving help from her family, remains at home for 30 days to rest and avoids physical work, which aids in the recovery of her physical and emotional strength. In Taiwan, mothers can decide to remain in private, hotel-like maternity centers for care provided by nurses during the confinement period. In all Western and Northern European countries, home visits are conducted by a health-care professional soon after childbirth. In contrast, the American culture is one of rugged individualism wherein postpartum mothers are often left without support from professionals or their families and friends. Because most family members and friends are involved with their own family and work responsibilities, the social support circle is unable to provide much help and there is no professional support standard of care for women in America. Lack of social support has

been associated with the development of PPD which is the main reason for the study of social support in the postpartum period. Low-income mothers face many barriers (lack of knowledge, mental illness stigma, transportation) that make them particularly vulnerable to PPD Feelings of loss of familiarity and control and the need to feel normal again are not uncommon."Mothers with postpartum depression experience unbearable loneliness". Support is paramount, and early recognition and treatment of PPD among disadvantaged populations in particular is an urgent health issue. The infant mortality rate is the most sensitive indicator of overall societal health and well-being. Maternal depression has been shown to significantly stress infants, causing them to have less secure maternal–child attachment; be fussier; and have lower intellectual and motor development scores, poorer academic performance, and impaired development trajectories. Investigated the impact of PPD on the infant by measuring infant physical health, weight gain, and sleep at 9 months of age. Findings showed that infants of mothers with higher depressive symptoms had more minor health problems, gained significantly less weight, and had more nighttime awakenings at 9 months of age.

Christina Murphey, PatriciaCarter,Larry R. Price, Jane Dimmitt Champion,and Francine Nichols,This study investigate the Psychological Distress in Healthy Low-Risk First-Time Mothers during the Postpartum Period. Psychological distress, defined as depression, anxiety, and insomnia in this study, can occur following the birth of a baby as new mothers, in addition to marked physiological changes, are faced with adapting to new roles and responsibilities. This study investigated the cooccurrence of stress, depression, anxiety, and insomnia in mothers during the postpartum period; tested the feasibility of study methods and identified new mothers interest in using cranial electrotherapy stimulation (CES) as an intervention for reducing psychological distress. The birth of a child is a major life event that can be filled with excitement, anticipation, and joy. However, the transition and adaptation to new demands, roles, responsibilities, and changes in relationships can be stressful, especially for first-time mothers. New mothers typically encounter physiological changes and struggle with concerns about weight gain, body image, sexuality, and other physical difficulties such as fatigue. These problems may generate or exacerbate stress and lead to an actual or perceiproblemssis and psychological distress.

Cleveland clinic points out that, Having a baby is a life-changing experience. Being a parent is exciting but can also be tiring and overwhelming. It's normal to have feelings of worry or doubt, especially if you are a first-time parent. However, if your feelings include extreme sadness or loneliness, severe mood swings and frequent crying spells, you may have postpartum depression. Postpartum depression (PPD) is a type of depression that happens after someone gives birth. Postpartum depression doesn't just affect the birthing person. It can affect surrogates and adoptive parents, too. People experience hormonal, physical, emotional, financial and social changes after having a baby. These changes can cause symptoms of postpartum depression. Postpartum blues or baby blues also one of the problem. This study mainly focuses on Postpartum depression. Postpartum depression is a far more serious condition than the baby blues, affecting about 1 in 7 new parents. If you've had postpartum depression before, your risk increases to 30% each pregnancy. You may experience alternating highs and lows, frequent crying, irritability and fatigue, as well as feelings of guilt, anxiety and inability to care for your baby or yourself. Symptoms range from mild to severe and may appear within a week of delivery or gradually, even up to a year later. Although symptoms can last several months, treatment with psychotherapy or antidepressants is very effective.In this study also discusses about Postpartum psychosis. Postpartum psychosis is an extremely severe form of postpartum depression and requires emergency medical attention. This condition is relatively rare, affecting only 1 in 1,000 people after delivery. The symptoms generally occur quickly after delivery and are severe, lasting for a few weeks to several months. Symptoms include severe agitation, confusion, feelings of hopelessness and shame, insomnia, paranoia, delusions or hallucinations, hyperactivity, rapid speech or mania. Postpartum psychosis requires immediate medical attention since there is an increased risk of suicide and risk of harm to the baby. Treatment will usually include hospitalization, psychotherapy and medication. Limited social support, Marital or relationship conflict, Ambivalence about the pregnancy, Pregnancy complications like health conditions, difficult delivery or premature birth, You're younger than 20 or a single parent, Having a baby with special needs or a baby who cries a lot, Thoughts of harming yourself or your baby, Recurrent thoughts of death or suicide, Depressed mood for most of the day, nearly every day for the last two weeks ,Feeling anxious, guilty, hopeless, scared, panicked or worthless, Difficulty thinking, concentrating, making decisions or dealing with everyday situations, Loss of interest or pleasure in most activities nearly every day for the last two weeks.

Debra Fulghum Bruce,Medically Reviewed by Traci C. Johnson points out that, Postpartum depression (PPD) is a complex mix of physical, emotional, and behavioral changes that happen in some women after giving birth. According to the DSM-5, a manual used to diagnose mental disorders, PPD is a form of major depression that begins within 4 weeks after delivery. The diagnosis of postpartum depression is based not only on the length of time between delivery and onset but on the severity of the depression. Postpartum depression is linked to chemical, social, and psychological changes that happen when having a baby. The term describes a range of physical and emotional changes that many new mothers experience. PPD can be treated with medication and counseling. The chemical changes involve a rapid drop in hormones after delivery. The actual link between this drop and depression is still not clear. But what is known is that the levels of estrogen and progesterone, the female reproductive hormones, increase tenfold during pregnancy. Then, they drop sharply after delivery. By 3 days after a woman gives birth, the levels of these hormones drop back to what they were before pregnancy.

Eva M. Loomans, Aime´e E. van Diji, Tanja G.M. Vrijkotte, Manon van Eijsden, KarienStronks, Reinoud J. B. J. Gemke, Bea R. H. Van den Bergh published the article "Psychosocial stress during pregnancy is related to adverse birth outcomes: results from a large multi-ethnic community-based birth cohort". This article points out that, Prevalence rates of psychosocial stress during pregnancy are substantial. Evidence for associations between psychosocial stress and birth outcomes is inconsistent. This study aims to identify and characterize different clusters of pregnant women, each with a distinct pattern of psychosocial stress, and investigate whether birth outcomes differ between these clusters. Included constructs were depressive symptoms, state anxiety, job strain, pregnancy-related anxiety and parenting stress. Results: Five clusters of women with distinct patterns of psychosocial stress were objectively identified. Babies born from women in the cluster characterized as 'high depression and high anxiety, moderate job strain' (12%) had a lower birth weight, and those in the 'high depression and high anxiety, not employed' cluster (15%) had an increased risk of pre-term birth. It Concluded as Babies from pregnant women reporting both high levels of anxiety and depressive symptoms are at highest risk for adverse birth outcomes. Approximately 25% of pregnant women experience some form of psychosocial stress. From a public health perspective, it is important to identify those who suffer from psychosocial stress

during pregnancy, because psychosocial factors (besides biomedical risk factors) might, in part, be accountable for pregnancy complications and adverse obstetric outcomes. Elevated levels of anxiety and depressive symptoms are reported to be related to obstetric complications and adverse pregnancy outcomes, like pre-term birth. Accordingly, in a recent meta-analytic review, psychosocial stress during pregnancy was found to be weakly related to neonatal weight and the risk for low birth weight.4 In contrast, in a meta-analysis of 50 studies, no relation was found between anxiety symptoms during pregnancy and adverse perinatal outcomes. Although the experience of severe job strain during pregnancy was found to be related to adverse birth outcomes, these findings are not unequivocal among comparable studies. Feelings of pregnancy-specific stress were directly associated with pre-term delivery and indirectly with low birth weight. However, it is unclear whether stress specifically related to the parenting role (parenting stress) in women who have additional children is related to adverse birth outcomes. The fact that findings and effect sizes vary among studies is probably due to the differences in study design, such as which measure of psychosocial stress was used, and the pregnancy trimester in which these measures were administered. Furthermore, potential confounding factors and biomedical risk factors that might affect birth outcomes are not always taken into account.Previous results from our prospective longitudinal community-based birth cohort also show that lifestyle factors (e.g smoking) largely confounded the association between depression and major pregnancy outcomes. In an attempt to elucidate inconsistent findings from previous research, we investigated the potential influence of latent clusters of psychosocial stress during pregnancy on adverse birth outcomes. We applied a person-oriented approach that incorporates multiple validated psychosocial stress constructs (anxiety and depressive symptoms, pregnancy-related anxieties, parenting stress and work-related stress) to objectively identify and characterize clusters of women with distinct latent patterns of psychosocial stress. Second, we investigated whether different associations with birth outcomes exist between women in different clusters taking potentially confounding factors into account. The current study provides insight into the inconclusive results from previous studies on the relation between psychosocial stress during pregnancy and adverse birth outcomes. The results indicate that women who experience both high levels of anxiety as well as depressive symptoms are particularly at risk for adverse birth outcomes; this is in accordance with conclusions from a previous review, where both constructs were identified as risk factors that contributed

independently to adverse obstetric, foetal and neonatal outcomes. At first sight, effect sizes in the present study may seem small, but the clinically driven cut-off for pre-term birth was significantly different between clusters. In all clusters, mean gestational age was 39 weeks, but pre-term birth, an important indicator for health-related adversities in later life, still ranged from 5.5 to 8.4% over the five clusters. Such small differences may have a large impact on public health when extrapolated to a larger population. Based on our findings, maternal employment status and the experience of job strain during pregnancy did not seem to be a discriminatory risk factor for negative birth outcomes, which corroborates the finding that the experience of job strain by itself was not associated with adverse pregnancy outcomes. However, earlier results from our cohort showed an association between high levels of job strain during pregnancy and offspring's lower birth weight. The experience of high levels of job strain combined with other psychosocial risk factors such a depressive symptoms and high levels of state anxiety (cluster 3) might increase the odds for adverse pregnancy outcomes. In contrast to another study, found that pregnancy-specific anxieties in the absence of other feelings of psychosocial stress (cluster 5) were not related to adverse birth outcomes. Hence, these pregnancy-related worries might indicate a healthy concern about the development of the unborn child, which confirms the idea that pregnancy-related anxieties are distinct from general anxiety. Parenting stress was most frequently reported by women in cluster 2, who were most often unemployed and, therefore, more likely to spend extended time at home with their children. The amount of explained variance in parenting daily hassles that was explained by cluster allocation was low (5%) and was not associated with negative birth outcomes. To our knowledge, no previous studies have reported on an effect of parenting stress on birth outcomes. It is important to note that, in the present study, because assessment of psychosocial stress was at a subclinical level, associations with birth outcomes might be an underestimation in certain groups of women who suffer from (diagnosed) mood disorders.

 https://www.nhsinform.scot/ready-steady-baby/early-parenthood/your-wellbeing-after-the-birth/mental-health-issues-after-the-birth,This article points out that, Some women find their low mood doesn't lift after the birth and they become anxious or depressed. Around 1 in 5 women will develop mental health issues when they're pregnant or in the first year after their baby'sborn. Mental health issues can sometimes

be serious for you and your baby, especially if they're not picked up early and treated. there's depression in your family or you've had mental health issues before, your partner's violent, or you've been abused, you had a difficult, traumatic or stressful birth, your baby needs extra care or was born with a health condition or disability, you don't have much support or many people to help you, you have money, housing or other worries. More about symptoms of postnatal depression is Dads and partners support. Dads and partners can become depressed after the birth of a child too. Some feel under pressure and find being a parent a lot to cope with. Others feel they're not giving their partner the support she needs. Men whose partners have postnatal depression are more likely to become depressed themselves.

NCBI BOOKS, Taking care of a newborn baby is a real challenge. Some women don't get the emotional and practical help that they need. It's not always easy to deal with all of the changes that need to be made to care full-time for a new baby. Coping with the everyday stress and getting used to your new life can be very difficult – and sometimes it may even be depressing. After giving birth, women may feel down for a few days or even up to two weeks. But this depressive mood will usually go away and they start feeling more normal again. Before that happens, crying, mood swings and irritability are all common: Almost half of all women who have just given birth are affected. Support and understanding are usually enough to help them through. In postnatal depression, these negative feelings are much stronger than the "usual" baby blues. The signs of postnatal depression are Feeling down (deep sadness and crying),Not enjoying things that you usually enjoy, Anxiety, Insomnia, Loss of appetite, Poorconcentration, Low self-esteem, Thoughts of harming yourself or your baby and It's only considered to be depression if someone has been feeling this way for several days. Up to 15 out of 100 women will get depressed in the first three months after giving birth. About half of these women (8 out of 100) will have mild or moderate depression, and around 7 out of 100 will have more severe depression. Without treatment, postnatal depression will often be over within four to six months, although women might still have some symptoms up to a year later. Women who do not have treatment are more likely to develop chronic depression. Many women who have postnatal depression already experienced a depressive phase during their pregnancy. There is also another serious condition that can occur after childbirth, known as postpartum psychosis or puerperal psychosis. This mental illness is rare; it occurs in about 1 to 2 out of 1,000 women. But

the risk is higher for women who have previously had manic depression (bipolar disorder).People who develop psychosis become delusional. They lose touch with reality and have trouble communicating and interacting with other people. Their feelings and behavior are out of character and sometimes bizarre. If you suspect that someone has psychosis, it's important to get psychiatric help fast.

OASH focuses to investigate the post partum psychosis and the baby blues. "Postpartum" means the time after childbirth. Most women get the "baby blues," or feel sad or empty, within a few days of giving birth. For many women, the baby blues go away in 3 to 5 days. If your baby blues don't go away or you feel sad, hopeless, or empty for longer than 2 weeks, you may have postpartum depression. Feeling hopeless or empty after childbirth is not a regular or expected part of being a mother. Postpartum depression is a serious mental illness that involves the brain and affects your behavior and physical health. If you have depression, then sad, flat, or empty feelings don't go away and can interfere with your day-to-day life. You might feel unconnected to your baby, as if you are not the baby's mother, or you might not love or care for the baby. These feelings can be mild to severe. Mothers can also experience anxiety disorders during or after pregnancy. Depression is a common problem after pregnancy. One in 9 new mothers has postpartum depression. Some normal changes after pregnancy can cause symptoms similar to those of depression. Many mothers feel overwhelmed when a new baby comes home. Feeling restless or moody, Feeling sad, hopeless, or overwhelmed, Crying a lot, Having thoughts of hurting the baby, Having thoughts of hurting yourself, Not having any interest in the baby, not feeling connected to the baby, or feeling as if your baby is someone else's baby, Having no energy or motivation, Eating too little or too much, Sleeping too little or too much, Having trouble focusing or making decisions, Having memory problems, Feeling worthless, guilty, or like a bad mother, Losing interest or pleasure in activities you used to enjoy, Withdrawing from friends and family, Having headaches, aches and pains, or stomach problems that don't go away are some of the symptoms. Some women don't tell anyone about their symptoms. New mothers may feel embarrassed, ashamed, or guilty about feeling depressed when they are supposed to be happy. They may also worry they will be seen as bad mothers. Any woman can become depressed during pregnancy or after having a baby. It doesn't mean you are a bad mom. You and your baby don't have to suffer. There is help. Your doctor can help you figure out whether your symptoms are caused

by depression or something else. Postpartum psychosis is rare. It happens in up to 4 new mothers out of every 1,000 births. It usually begins in the first 2 weeks after childbirth. It is a medical emergency. Women who have bipolar disorder or another mental health condition called schizoaffective disorder have a higher risk of postpartum psychosis. Symptoms may include; Seeing or hearing things that aren't there, Feeling confused most of the time, Having rapid mood swings within several minutes (for example, crying hysterically, then laughing a lot, followed by extreme sadness),Trying to hurt yourself or your baby, Paranoia (thinking that others are focused on harming you),Restlessness or agitation, Behaving recklessly or in a way that is not normal for you.

Rennie Negron, Anika Martin and Elizabeth A. The Research has indicated that social support is a major buffer of postpartum depression. Yet little is known concerning women's perceptions on social support during the postpartum period. The objective of this study was to explore postpartum women's views and experiences with social support following childbirth. This study mainly focuses on mother's major needs and challenges postpartum, social support expectations and providers of support, how mothers mobilize support, and barriers to mobilizing support. Women across all groups identified receipt of instrumental support as essential to their physical and emotional recovery. Support from partners and families was expected and many women believed this support should be provided without asking. Racial/ethnic differences existed in the way women from different groups mobilized support from their support networks. Instrumental support plays a significant role in meeting women's basic needs during the postpartum period. Women's expectations surrounding support can have an impact on their ability to mobilize support among their social networks. The study suggest that identifying support needs and expectations of new mothers is important for mothers' recovery after childbirth. Future postpartum depression prevention efforts should integrate a strong focus on social support. Women experience a range of psychological stressors in the postpartum period. this study conclude with some findings such as Social support has been shown to be effective in helping women cope with these stressors, low levels or inconsistent social support have been found to be a strong predictor of postpartum depression and dissatisfaction with social support may increase the risk for clinical and subclinical depression during the postpartum period. Although some depression prevention efforts have focused on social support. Little attention has

been paid to how social support is perceived and mobilized by mothers during the postpartum period, particularly in underserved communities. The primary objective in this study was to conduct focus groups to explore barriers and facilitators to receipt of social support among a diverse group of mothers. Mothers mentioned physical symptoms such as post-delivery c-section pain or breastfeeding discomfort as obstacles to their postpartum recovery. Personal care needs such as bathing, eating, and sleeping were the most common needs mentioned and mothers also placed cleaning and cooking in the same category of importance. Fulfilling these basic needs was essential for women. They were capable of dealing with the physical and emotional stressors inherent to the postpartum period. Lack of the instrumental support to help with these basic needs was seen as the cause for depressive symptoms. Social support expectations and providers of support. Women in all groups identified immediate family members, particularly their partners and mothers as principal sources of instrumental support and emotional support. Friends and other family members including fathers, godmothers and sisters-in-laws were also mentioned. Women spoke about emotional support as being able to talk to someone about what they were going through, receiving words of encouragement, and pampering. Partners were identified as the primary resource for emotional support, but some women also sought girlfriends, cousins, godmothers, and other mothers from mother support groups to talk about their feelings and experiences. The findings of this study reinforce the notion that social support is an essential component for the physical and emotional well-being of mothers following childbirth. Mothers have similar support needs and challenges postpartum, identify partners and family members as major providers of support, and while some mothers are able to find ways to actively mobilize support, barriers exist that prevent others from receiving the support they need or want. The findings mirror results from other studies examining the needs of postpartum mothers where mothers found it challenging to balance the various competing demands of early motherhood. The study reveals that women consider instrumental support an essential component for physical and emotional well-being. It is possible that women find completing concrete tasks as markers for their progress and ability to adapt and deal with new life stressors after childbirth. Moreover, meeting basic needs and completing routine chores may normalize their experience, helping women retain their identity during a time where everything around them has changed. Instrumental support postpartum is an important factor in the emotional and physical well being of mothers and their newborns. Our study gathered information on the

techniques used to mobilize support and the barriers that hinder the mobilization of the support for a diverse sample of mothers. Our results suggest that helping women identify their own needs and expectations surrounding support could impact their ability to mobilize support. Further, interventions aimed at strengthening mothers' ability to rally social support may not only reduce early postpartum depressive symptoms but may enhance a mother's postpartum recovery. Our findings also highlight the importance of continued examination of social support in the postpartum period and the differences and similarities existing among women from different racial/ethnic backgrounds.

Shunji Suzuki and Masako Eto,To support pregnant women with serious social problems, we retrospectively examined the current status of social problems during pregnancy in Japan. The increased number of child abuse has become one of the serious problems in Japan. Although Japan had not been believed to be a poor country, the number of isolated mothers has been increased dramatically due to the increased economic wealth gap, increased nuclear families and the collapse of local communities in Japan. Although child abuse can occur anytime and anywhere, "specified expectant mothers" have been defined as pregnant women at high risk of abuse and in need of extra support after birth because of unstable income, mental disorders, etc., in 2010 by the Japanese Ministry of Health, Labour and Welfare.

Susan M. Miovech,Helen Knapp and Dorothy Brooten. Points out that,Cesarean birth imposes the physiologic stresses of anesthesia, a major surgical procedure, physical recovery, and postoperative complications. Women who experience an unplanned cesarean birth are at greater risk for infection, including endometritis, bacteremia, and urinary tract and wound infection. Lengthened hospitalization caused by such infections can make the mother more vulnerable to both physiologic and psychosocial concerns, including nosocomial infection, depression, and anxiety.An unplanned, emergency cesarean delivery can be especially stressful. As Cranley noted, the unplanned experience, with its unfamiliar and intrusive procedures occurring in rapid succession, strain the ability of the woman to assimilate the experience. Several researchers reported that women who have emergency cesarean deliveries express more negative perceptions of the birth experience than those who have planned cesarean deliveries. Numerous investigators have reported physiologic and psychologic stresses accompanying cesarean birth; however, the researchers conducted most of this work in

the late 1970s and early 1980s. Given changes in protocols, technology, and consumer awareness over the last 20 years, the literature does not clearly indicate whether or not the concerns women associated with cesarean delivery previously reflect the concerns of women experiencing cesarean delivery today. The purpose of the current study was to determine the major physiologic, psychosocial, and life-style concerns women report today at two points in time: 2 weeks and 8 weeks after an unplanned cesarean delivery.

Tiffany De Sousa Machado, Anna Chur-Hansen, and Clemence Due published the article,"First-time mothers' perceptions of social support: Recommendations for best practice" indicates that, social support is imperative for postpartum well-being. The types of social support and access to preferred supports are less understood. This article considers first-time mothers' perceptions of the effectiveness of social supports and perceived barriers to accessing support and provides recommendations for best practice. A search of the literature for terms related to postpartum social support was conducted. Major themes were identified and synthesised. A critique and analysis of the literature is presented with recommendations for best practice. Much of the research around postnatal support fails to distinguish the specific type of support, meaning creating support solutions for the postpartum period may not be effectively targeted. Recommendations for individualised support are made. Some groups of first-time mothers are at known risk for potential mental illness or psychological distress in the postpartum period. Thus, research concerning best practice options for support is vital to ensuring positive outcomes for women after they have had a baby. This literature considering issues such as levels of social support and impact on distress, types of support and access to those supports for women after childbirth. Similarly, low social support can equate with a lower quality of life. While much of the research is focussed on the benefits of social support, some literature outlines issues with the utilisation of the social support available to women, as well as issues accessing those supports a particularly salient issue for particular groups, including women with migrant, refugee or asylum seeking backgrounds. This overview draws together the existing literature concerning social support for women in the postpartum period. Much of the research indicates social support is an individualised need and the asking, the providing and the receiving of it would be more effective if it were designed and delivered according to those individual needs. This may be the ideal outcome however potentially cumbersome. Thus, it might be argued women need help to recognise their own support

needs and possess the skills and confidence to facilitate the receiving of this support postpartum. In contrast, health care professionals, family, friends and the community may need to increase their own awareness, repertoire and availability around identifying and providing postpartum suppor The increasing normalising of postpartum stress and the reduction of stigma around postpartum issues may aid in more open conversation, expectations and practises. When considering mothers in paid employment and the extended period of time postpartum stress can be experienced, there appears a need to consider the types of support which may be of particular importance to this group of women who are combining the roles of mother and paid worker. Particularly in terms of societal barriers to support seeking, the workplace is an area which may be of importance as women may be expected (by themselves and employers) to fulfil roles in the same way they were before having children not taking into account the potential need for flexibility and individualised amendments to roles and schedules. Much of the research around postnatal support fails to distinguish the specific type of support which is provided or lacking. however, it is evident from the literature there exists a need for increased and better facilitated functional supports overall. Some women are not feeling adequately supported and face a range of barriers to seeking support. Emotional and appraisal supports are particularly required to facilitate open discussion and for the opportunity for those experiences to be validated and heard empathetically. When family, friends and significant others are not available – and sometimes even when they are – some women seek the individualised, informal support of peers who can provide a semblance of familiarisation and understanding to what they may be experiencing, so they may begin to feel 'normal' amid the new paradigm of motherhood.

2.3 CONCLUSION

There is a wide range of social, psychological and physical health problems experienced by the women after their delivery. The risks parents experience as they care for their child. Psychosocial and emotional well-being during pregnancy is essential to develop the capacity to parent effectively and facilitate attachment to the new-born. The maternal mental health during pregnancy and postpartum has a big impact child development and behaviour. The broader social and environmental context may be important determinants for mental health problems during pregnancy and postpartum. physiological changes, are faced with adapting to new roles and

responsibilities. New mothers experience numerous psychological and physiological changes after the birth of a child. Psychological distress, defined as depression, anxiety, and insomnia increases during the postpartum period and can negatively affect maternal mental health status,maternal and family functioning, and infant-child outcomes. The transition to motherhood begins antenatally and is influenced by an array of factors, such as the life circumstances of the parents, the social environment, and the circumstances of conception. It is also influenced by the level of support provided by the woman's partner and family, as well as the physical health of the mother and her unborn baby.

CHAPTER III

RESEARCH METHOLOGY

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RESEARCH METHODOLOGY

3.1 INTRODUCTION

Research methodology is a systematic technique used in research. This simply means a guide to research and how it is conducted. It describes and analysis methods, throws more light on their limitations and resources, clarify their pre supposition and consequences, relating their potentialities to the twilight zone at the frontier of knowledge. The research methodology is based on psychosocial problems faced by women after their first delivery. Through this methodology it executes a systematic approach to the research topic.

3.2 DEFINITION OF CONCEPTS

3.2.1 THEORETICAL DEFINITION:

1. Psychosocial problems - According to Collins English Dictionary," psychosocial means of or relating to processes or factors that are both social and psychological in origin "

2. Delivery- According to National Institute of Child Health and Human Development "Labor" and "delivery" describe the process of childbirth. Contractions of the uterus and changes in the cervix (the opening of the uterus) prepare a woman's body to give birth. Then the baby is born, and the placenta follows"

3. Problems- According to the Oxford Dictionary the problem is "a thing that is difficult to deal with or to understand big/serious/major

4. Women- According to Cambridge Dictionary "an adult who lives and identifies as female though they may have been said to have a different sex at birth".

3.2.2 OPERATIONAL DEFINITION:-

1. Psychosocial problem- It is the combination of both psychological and social problems which develop from the environment especially through the contact with others

2. Delivery- The process of giving birth

3. Problems- Problems are a part of life which makes better of human being

4. Women- An adult female human being

3.3 VARIABLES

In this study independent variable is women and dependent variable is psycho social problem.

3.4 RESEARCH DESIGN

A research design is the set of methods and procedures used in collecting and analyzing measures of the variables specified in the problem research. The researcher has used descriptive research design for the research. Because researchers want to focus on answering how, what, when, and where questions of the research problem.

The researcher has used descriptive research design for the research. Here the researcher deals with the psychosocial problems faced by the women after their first delivery.

3.5 PILOT STUDY

The researcher conducted pilot study to analyze the problems faced by the women after their first delivery in Kannur District. Pilot study gave an idea about the topic. The process of testing the feasibility of the project proposa l,recruitment of subjects, descriptive research design and data analysis were reported. The researcher met the mothers and interacted with them to get basic idea of their struggles and received their opinion.

3.6 UNIVERSE AND UNIT OF STUDY

3.6.1 UNIVERSE:

Universe is a complete set of elements (persons) that possess some common characteristics defined by the sampling criteria established by the researcher.The universe of the study comprises the new mothers who experience the psychosocial distress during their postpartum period in Kannur

3.6.2 UNIT:

The unit of the study is the new mothers who suffering from postpartum distress.

3.7 SAMPLING

Sampling is the process used in statistical analysis in which a predetermined number of observations are taken from a large population. The methodology used in sample from larger population depends on the type of analysis being performed. Convenience sampling was used as the sampling design for the study because participants are selected based on availability and willingness to take part.

3.8 SOURCE OF DATA(Primary and Secondary)

The researcher has used primary source and secondary source of data in the research study.

3.8.1 PRIMARY SOURCE:

The collection of data through questionnaire, surveys, interviews and observation method is called primary data. The researcher used questionnaire for the collection of data.

3.8.2 SECONDARY SOURCE:

The researcher gathered information from different studies, books, online resources which are the method of secondary data collection.

3.9PRE TEST

The researcher sent the questionnaire to four respondents to identify whether it was effective and understandable to them. The samples were taken randomly by the convenience of the researcher and the result was effective.

3.10 TOOL OF DATA COLLECTION

The researcher used self made questionnaire as the tool for collecting the primary data. The researcher has divided the questionnaire into three parts, in which the first part is basic socio-demographic details about the respondent, followed by the questions related to the objectives of the study. Objectives are mentioned below;

- To understand the psychological distress during their postnatal period
- To identify the physical health difficulties experienced during the postnatal period

- To understand the family support in providing postnatal care

- To analyze the awareness of women about postnatal care

3.11 METHOD OF DATA COLLECTION

In order to collect information regarding the psychosocial problems faced by the women after their first delivery. Self made questionnaire method was used for the data collection.

3.12 METHOD OF DATA ANALYSIS

The research scholar analyzed the data by using SPSS. The data was analyzed step by step. First step the researcher did is the calculation and then arranged the analyzed data's into graphs, pie chart and tables.

CHAPTER IV
ANALYSIS AND INTERPRETATION

CHAPTER IV
ANALYSIS AND INTERPRETATION

4.1 INTRODUCTION

Research requires analysis and interpretation of empirical data. This chapter deals with the analysis and interpretation of data collected for the particular study entitled 'The study on the psycho social problems faced by women after their first delivery'

Through this chapter the researcher bring out the facts related to study and explains the facts. The analysis is done with the help of SPSS.

4.2 ANALYSIS

4.2.1 Respondents based on marital status
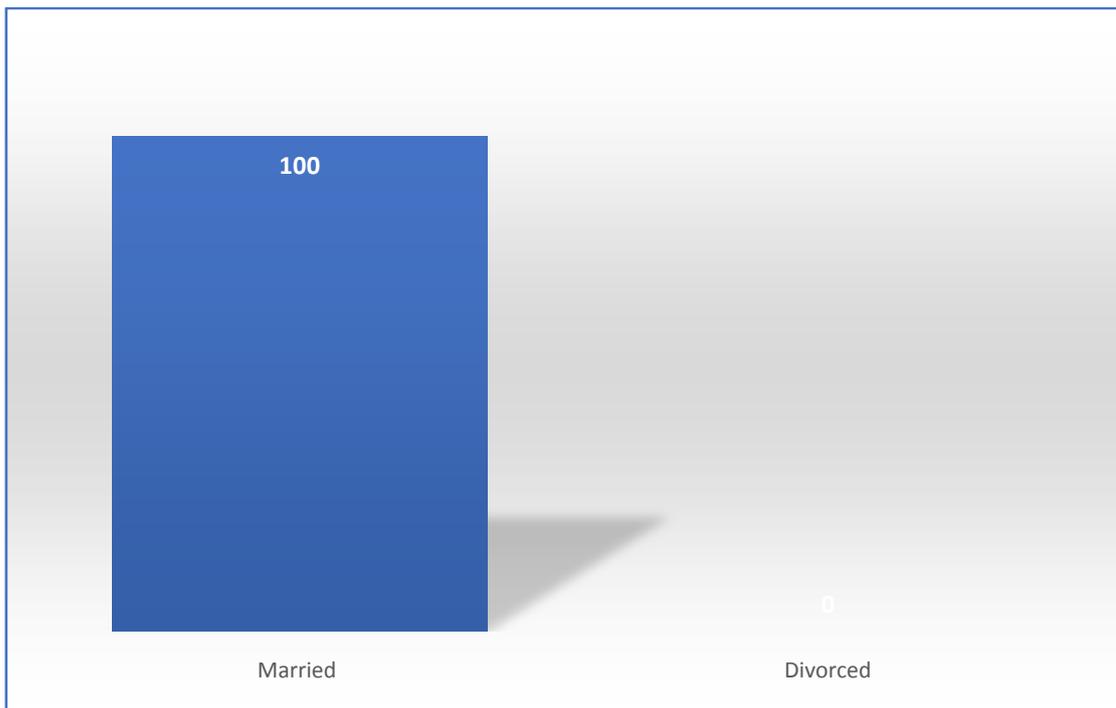
FIGURE 1

This figure shows the marital status of the respondents.100% of the respondents are married.

4.2.2 Age of marriage
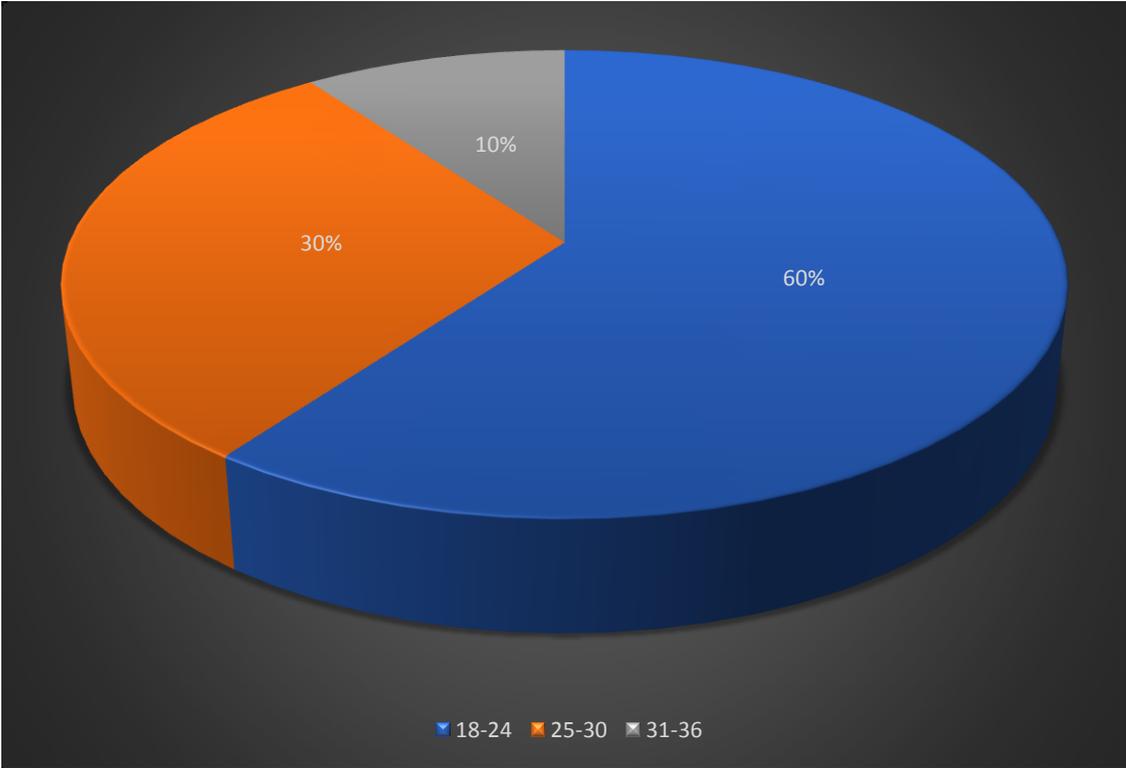
FIGURE 2

This figure illustrates age of marriage of the respondents.60% of the respondents are get married at the age between 18-24.30% of the respondents are get married at the age between 25-30.10% of the respondents are get married at the age between 31-36.Majority of the respondents are get married at the age between 18-24.

4.2.3 Age of pregnancy
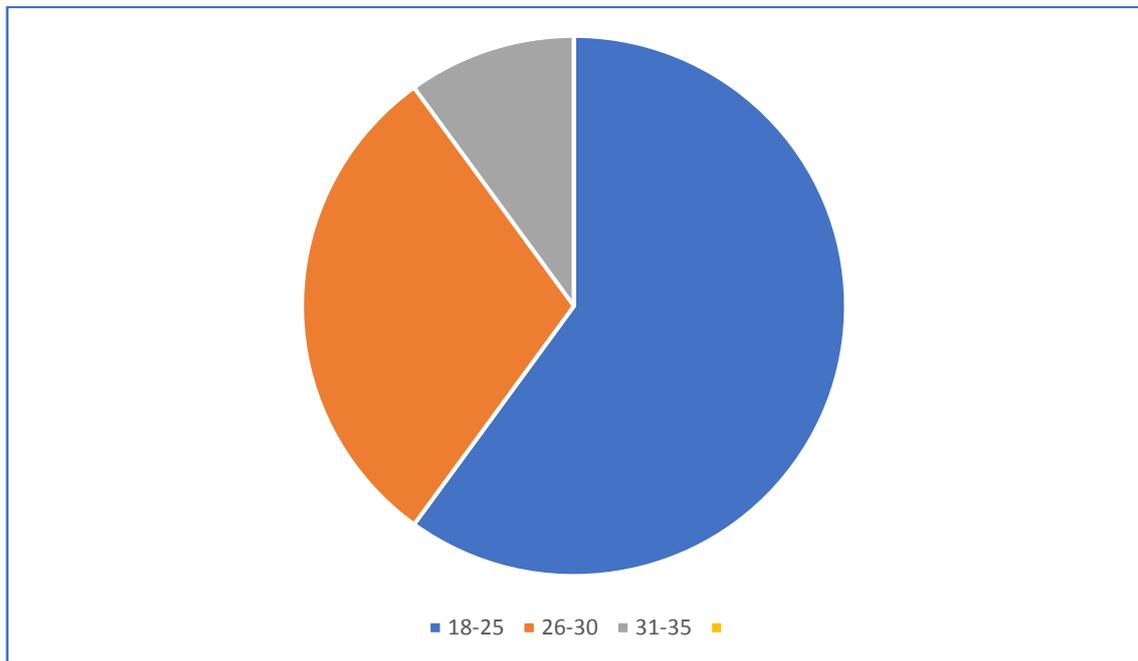
FIGURE 3

This figure illustrates age of pregnancy of the respondents.60% of the respondents are get pregnant at the age between 18-24.30% of the respondents are get pregnant at the age between 25-30.10% of the respondents are get pregnant at the age between 31-35.Majority of the respondents are get pregnant at the age between 18-24.

4.2.4 Pattern of sleep among mothers
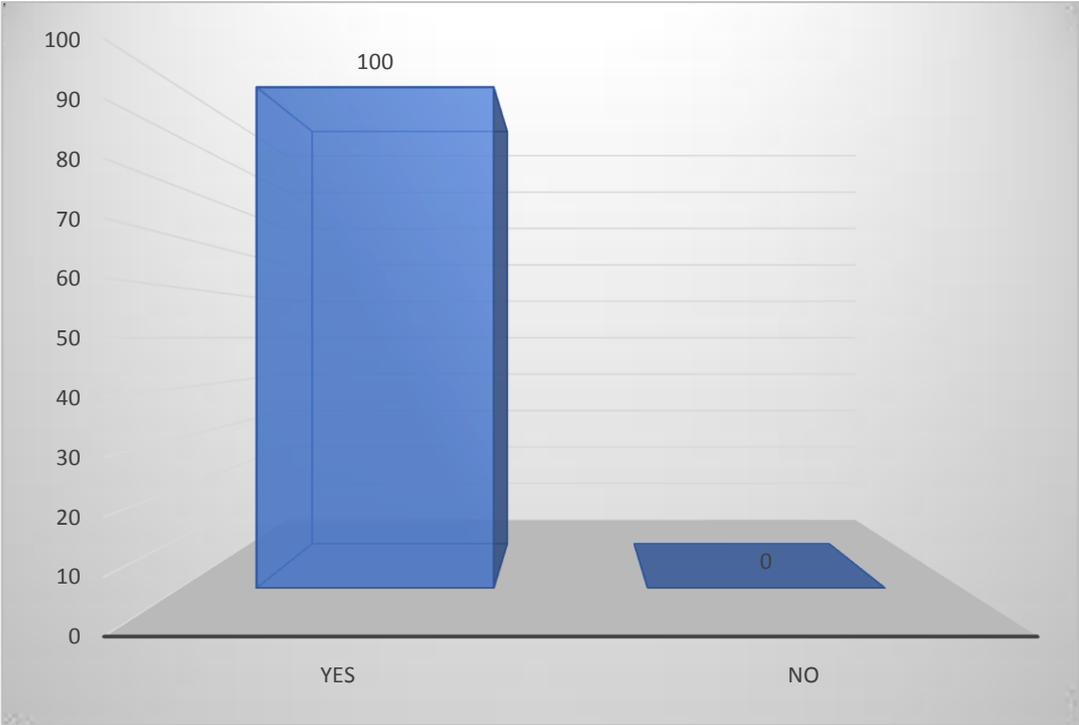
FIGURE 4

This figure shows the data of respondents experiencing lack of sleep.100% of the respondents experiencing lack of sleep because the disruption caused by baby waking up.

4.2.5 DEPRESSION
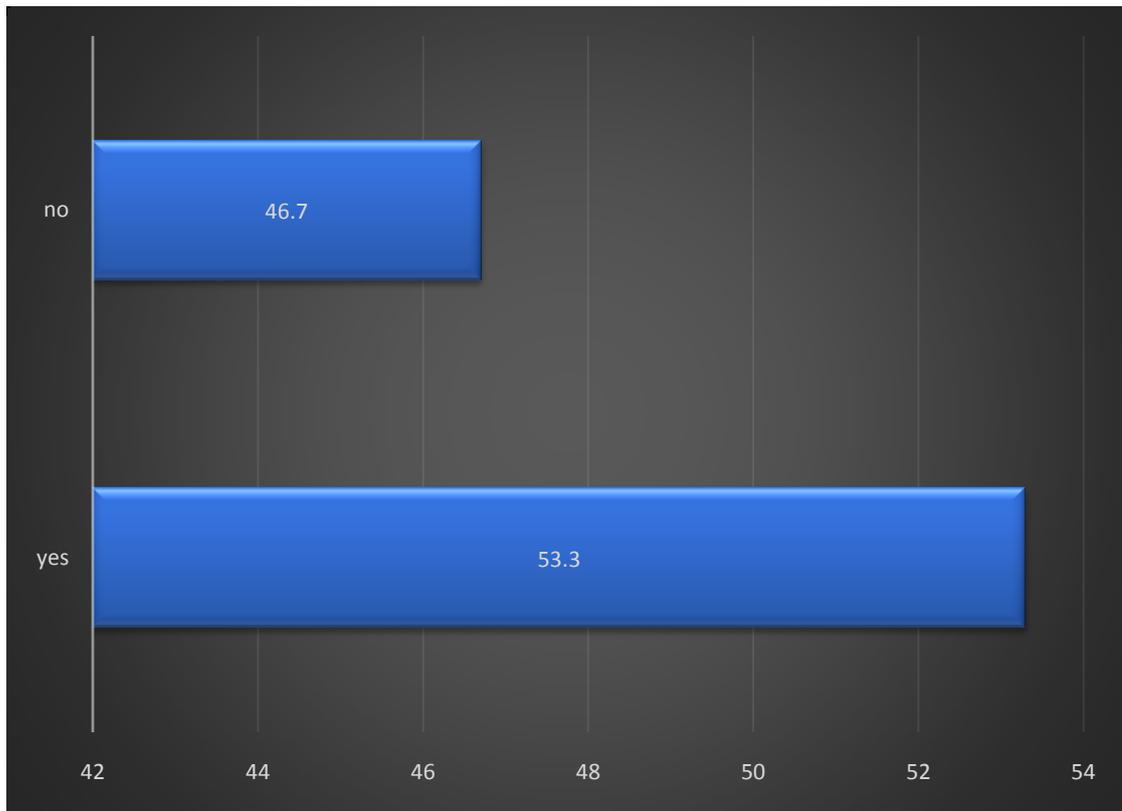
FIGURE 5

53.3% of the respondents are experienced depression during their post-natal period.46.7% of the respondents are not experienced depression during their post-natal period. Hence the majority of the respondents are experienced the post-natal depression after their delivery, because most women find their low mood does not list after the birth and they become anxious or depressed.

4.2.6 ISOLATION
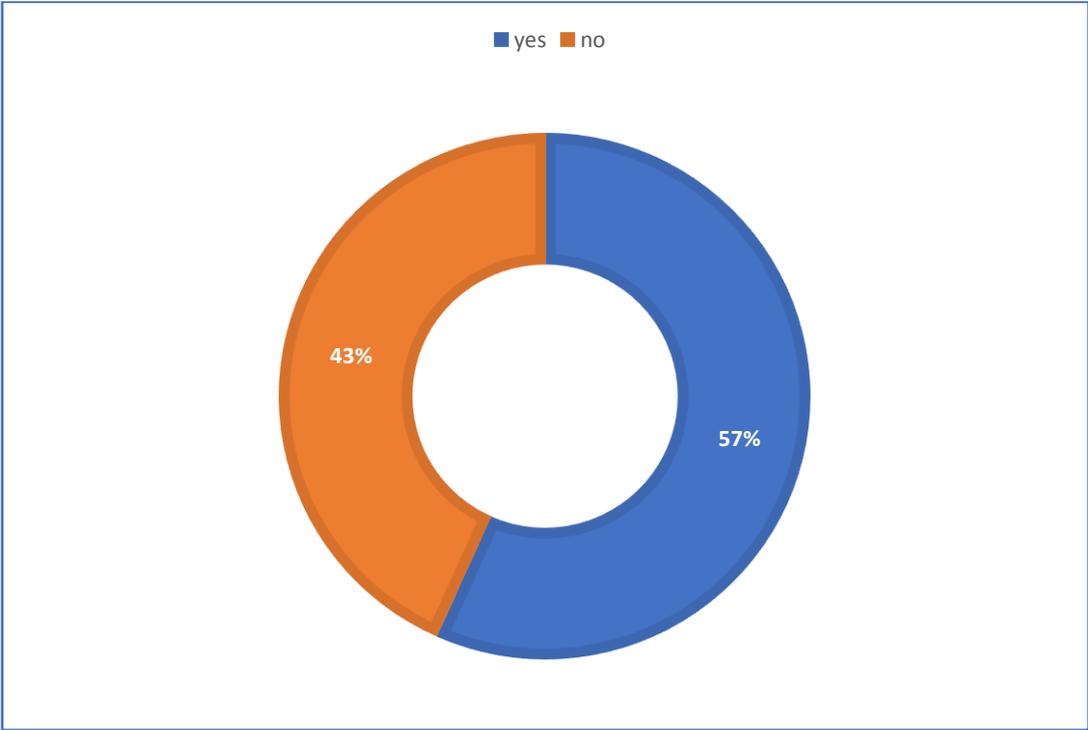
FIGURE 6

The graph illustrates the respondents experiencing isolation or loneliness during their post-natal period.57% of the respondents are experienced the isolation or loneliness after their first delivery.43% of the respondents are not experienced isolation or loneliness after their first delivery. Hence the majority of the respondents are experienced isolation or loneliness after their first delivery. The respondents have limited contact with others through out the day and this lonliness can contribute to depression.

4.2.7 OVER WHELMING WITH RESPONSIBILITIES.

FIGURE 7

The figure depicts the feeling of overwhelming of respondents to responsibilities taking care of their new-born during the post-natal period. 90% of the respondents are experienced overwhelming with the responsibilities of caring their new born baby during the period.10% of the respondents are not experienced overwhelming with responsibilities of caring of their new born baby during the period. Thus, it can be concluded that most of the respondents are experienced overwhelming with the responsibilities of caring their new-born during the period.

4.2.8 NEGATIVE FEELINGS TOWARDS THE CHILD
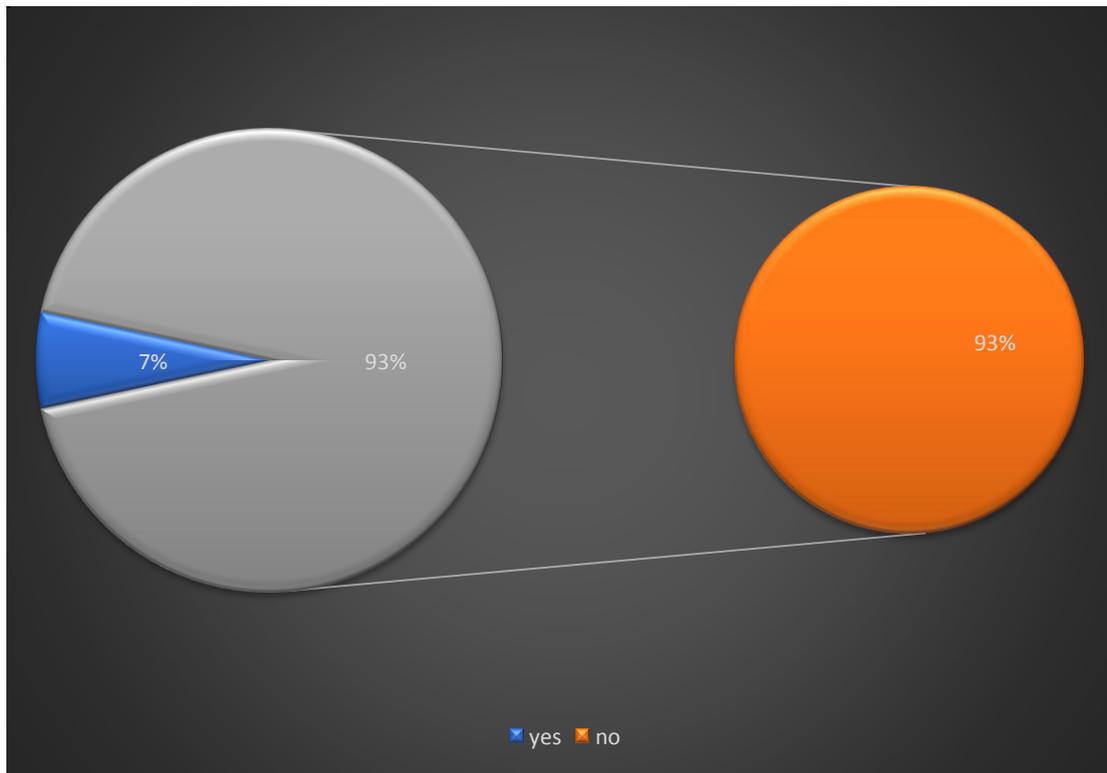
FIGURE 8

This figure shows the respondent's negative feeling towards the new born baby.93.3% of the respondents are not experienced any negative feeling towards their new born baby during their post-natal period.6.7% of the respondents are experienced negative feeling towards the child. Majority of the respondents are not shows any negative feeling towards the baby, because having a baby can be one of the biggest life changing experience of the mother,

4.2.9 MOOD SWINGS
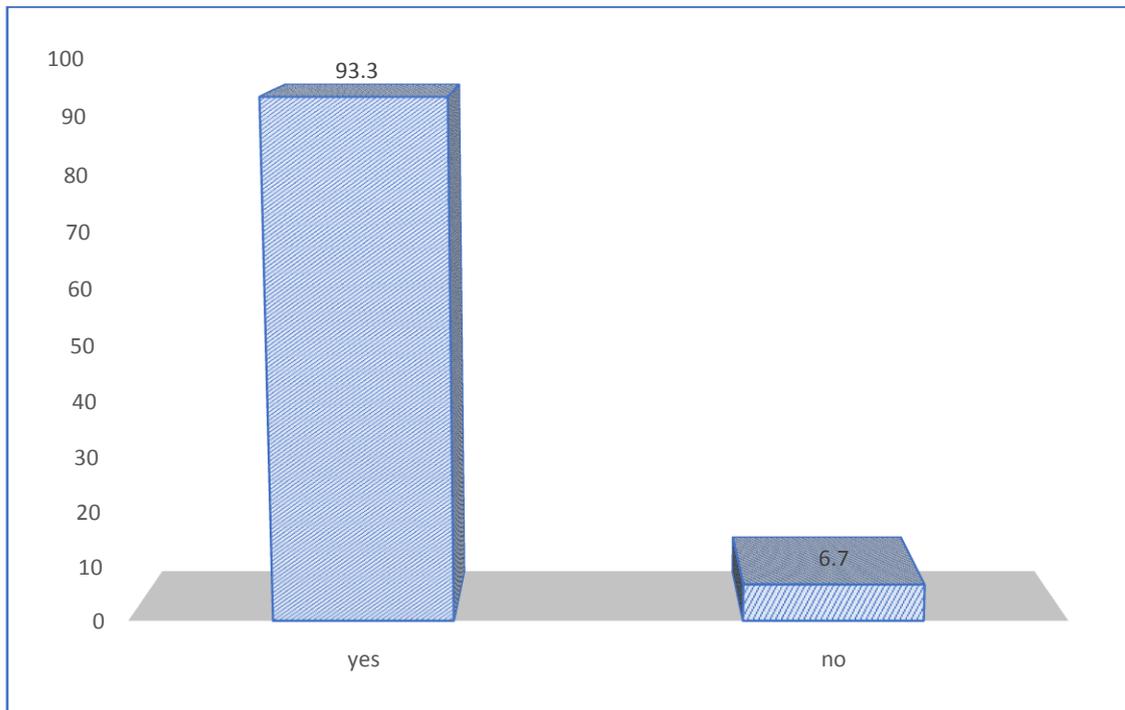
FIGURE 9

The figure states that the mood swings of the respondents.93.3% of the respondents are experienced changes in their mood.6.7% of the respondents not experienced mood changes. In conclusion, majority of the respondents are experienced mood changes. Because hormonal changes that can cause anxity, crying and restlessness that affect their mood.

4.2.10 APPETITE
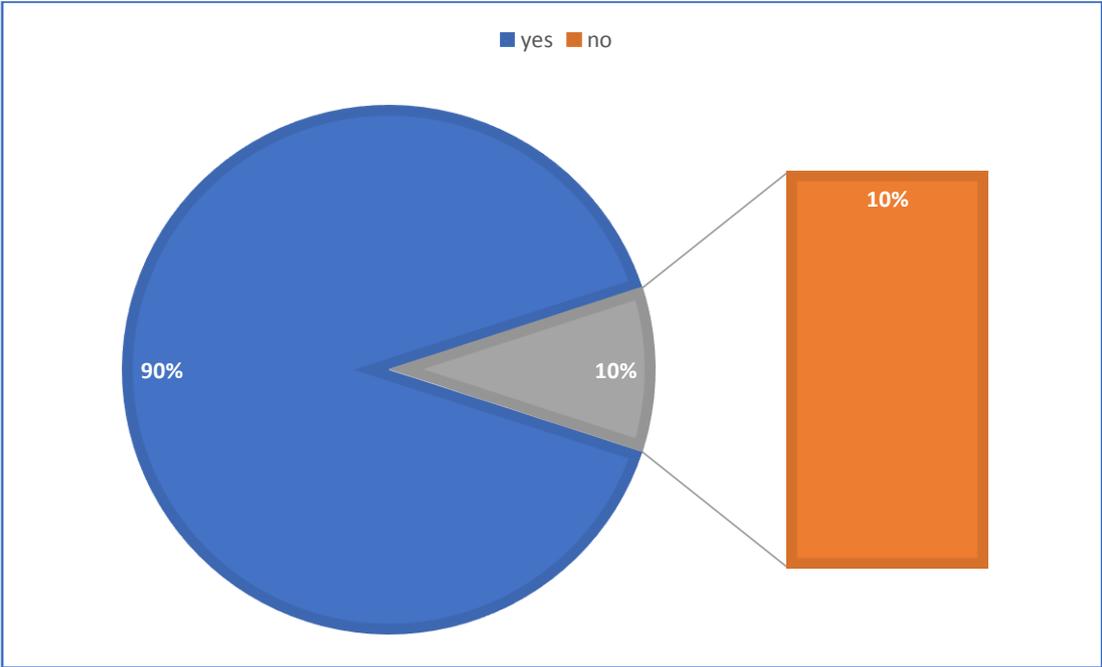
FIGURE 10

The table and figure shows the appetite changes of the respondents.90% of the respondents are experienced changes in their appetite after their first delivery.10% of the respondents are not experienced changes in their appetite after their delivery. Hence, majority of the respondents are experienced changes in their appetite. It may happen simply due to being tired or still in some pain. They might feel too busy and overwhelmed to eat properly. Also breast feeding change the appetite because it needs hundred more calories per day.

4.2.11 WEIGHT CHANGE
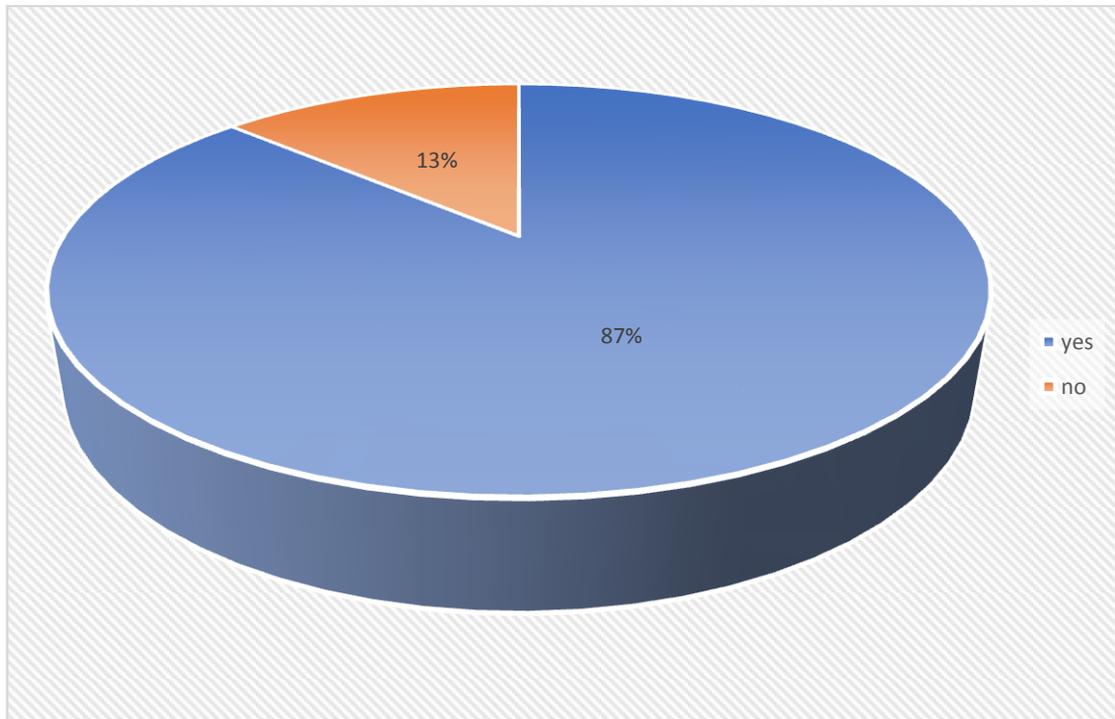
FIGURE 11

This figure illustrates the body changes of the respondents.86.7% of the respondents are experienced changes in their body weight after their delivery.13.3% of the respondents are not experienced changes in their body weight.so majority of the respondents are experienced changes in their body weight. Because new mother experience stress. Stress hormone can promote weight gain, also breast feeding need more food and calories.

4.2.12 SEX DRIVE
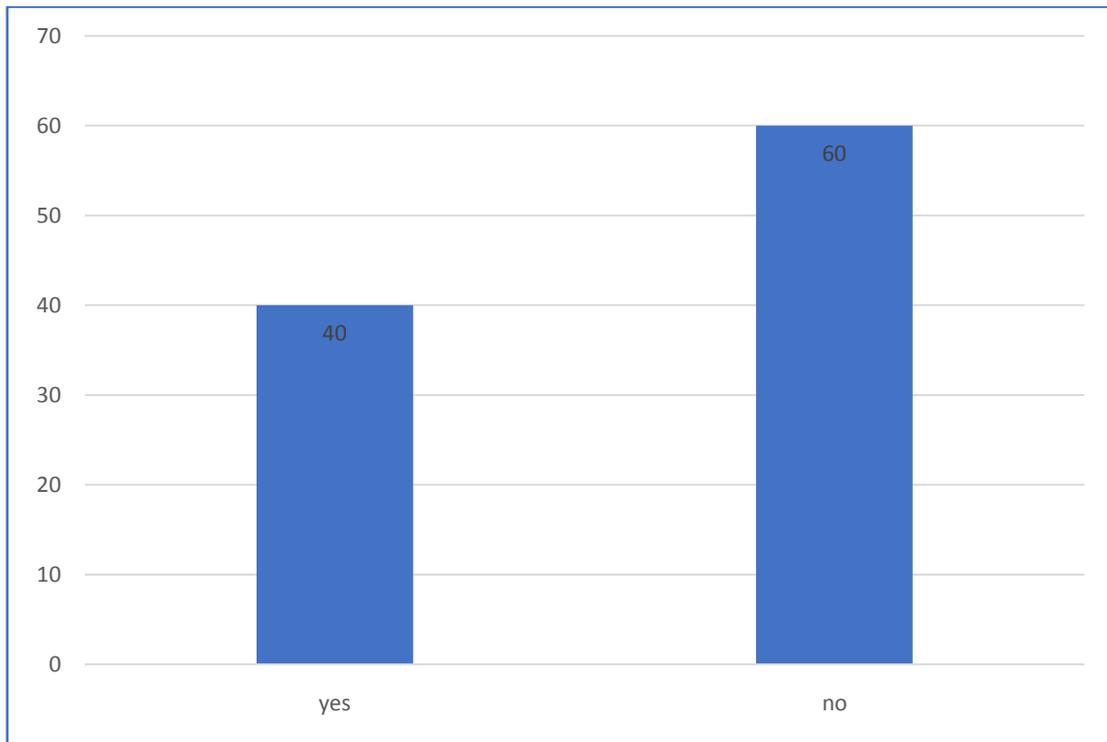
FIGURE 9

The figure shows the respondent's changes in their sex drive.60% of the respondents not experiencing changes in their sex drive after their first delivery.40% of the respondents are experienced changes in their sex drive after their first delivery.in conclusion, majority of the respondents are not experienced changes in their respondents. During this time lost their interest in sex because of falling levels of sex hormones.

4.2.13 BREAST PAIN

YES	NO
100%	100%

TABLE 1

The table illustrates that 100% of the respondents are experienced pain in their breasts during the post-natal period. They feel hard, tight and painfull in breast.

4.2.14 VAGINAL BLEEDING
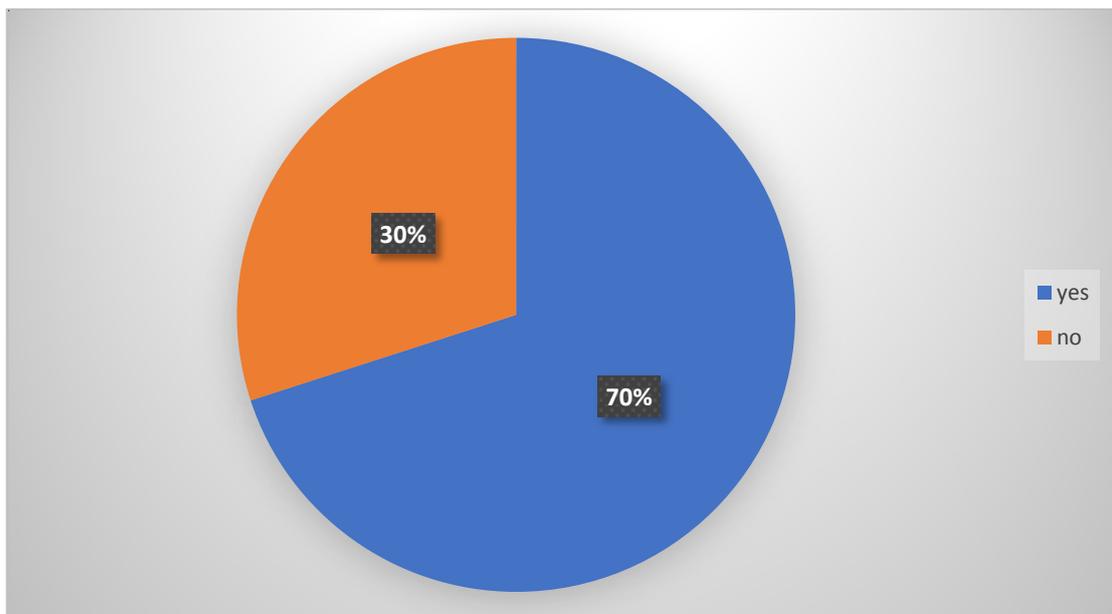
FIGURE 13

Most of the respondents are experienced vaginal bleeding after their first delivery.70% of the respondents experienced vaginal bleeding during the post-natal period.

40

4.2.15 PAIN WHILE URINATING
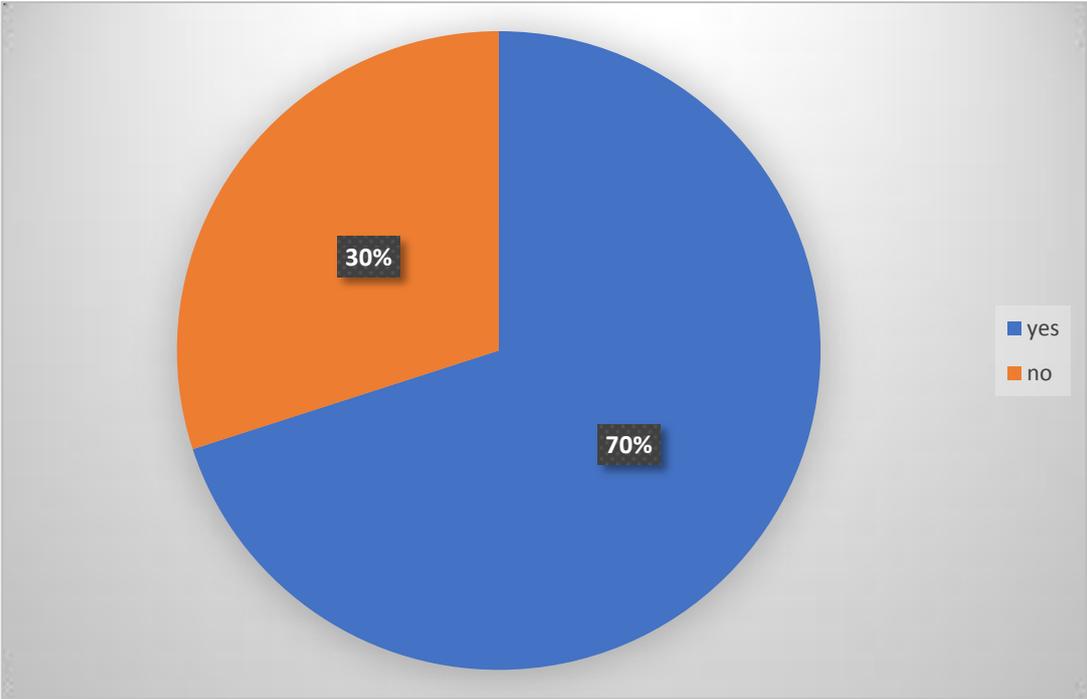
FIGURE 14

The figure states the pain of the respondents while urinating.90% of the respondents had pain while urinating.10% of the respondents are not experienced pain while urinating. Because they can cause urinary track infection.

4.2.16 HEALTHY AND BALANCED LIFE STYLE

YES	NO
100%	100%

TABLE 12

This table illustrates the challenges in maintaining a healthy and balanced life style during the period.100% of the respondents are facing challenges in maintaining healthy and balanced lifestyle during the post-natal period. They face challenge on adapting to a sleep or feed schedule, running household activities and babie's needs.

4.2.17 QUALITY TIME OF HUSBAND WITH BABY
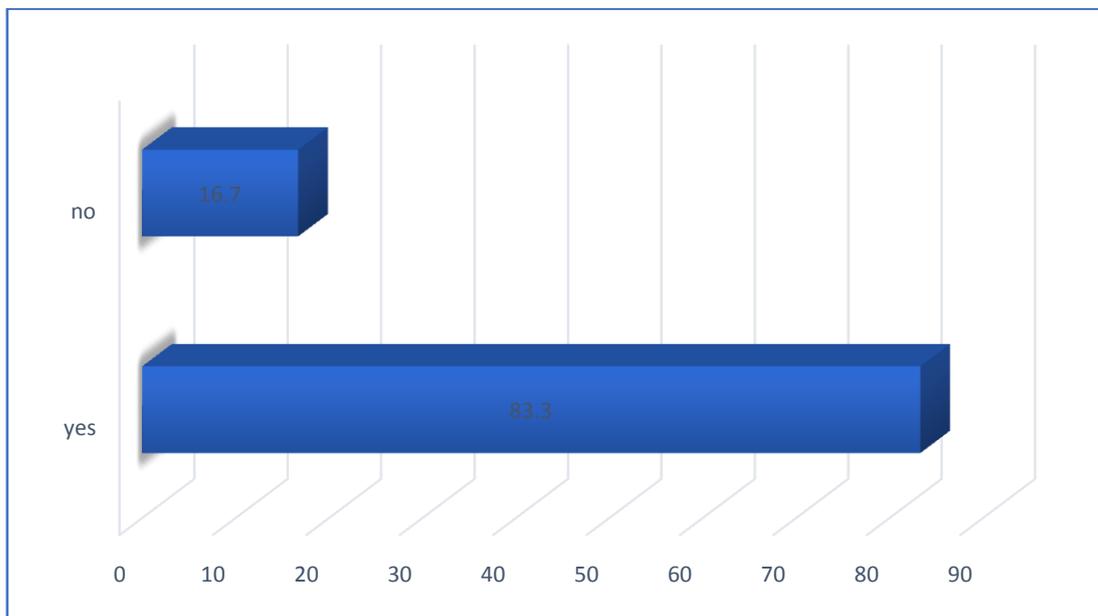
FIGURE 15

Majority of the respondent's husband are spending quality time with their new born babies. Some of the respondent's husband not spend much quality time with their babies because of the job.

4.2.18 FAMILY SUPPORT

27%

73%

■ yes ■ no
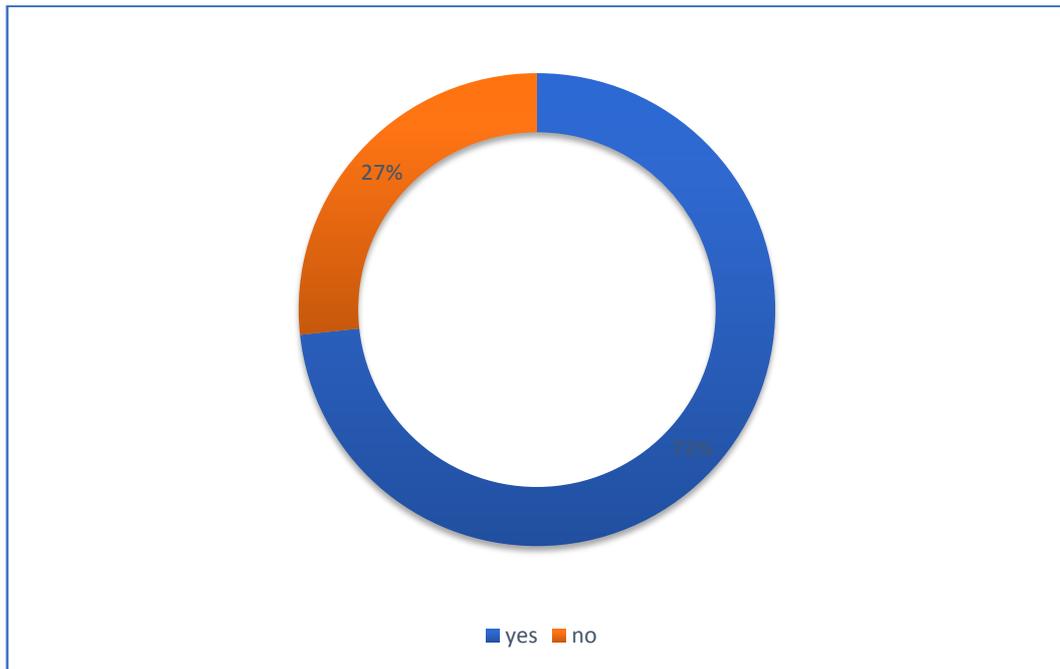
FIGURE 16

73% of the respondents receive family support whereas 27% of the respondents do not receive family support. Thus it can be concluded that most of the respondents receive family support during the post-natal period.

4.2.19 FINANCIAL SUPPORT
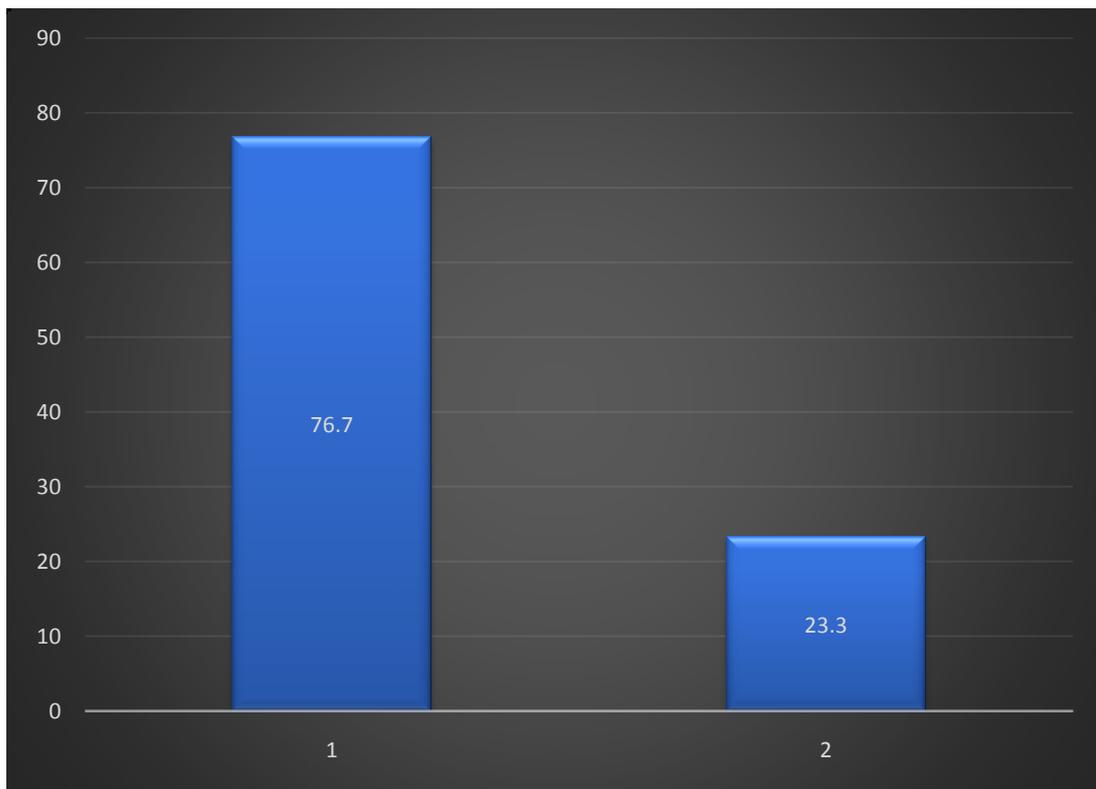
FIGURE 17

The figure 17 shows the financial support received y the respondents from their husband and family.76.7% of the respondents are get enough financial support from their husband and family.23.3% of the respondents are not get enough financial support from their husband and family. In conclusion, majority of the respondents are get enough financial support during the period.

4.2.20 CONTRACEPTIVE METHOD

YES	NO
50%	50%

TABLE 3

The table depicts the usage of birth control measures taken by the respondents.50% of the respondents are opt the birth control measures.50% of the respondents not opt any kind of birth control.

4.2.21 SATISFACTION WITH THE POST NATAL CARE
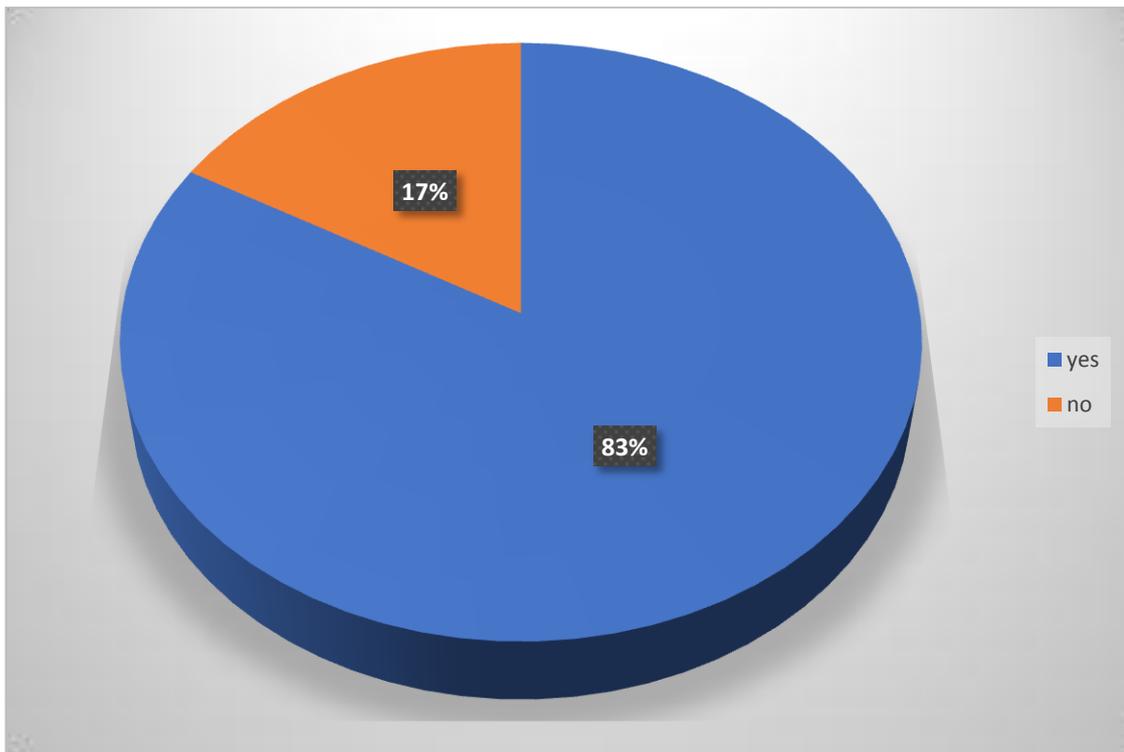
FIGURE 18

The figure states the satisfaction of the respondents with the post-natal care.83% of the respondents are satisfied with the post-natal care they received.17% of the respondents are not satisfied with the post-natal care they received. Hence, the majority of the respondents are satisfied with the post-natal care they received.

4.2.22 AWARENESS OF RECOMMENDED POST-NATAL DURATION

YES	NO
90%	10%

TABLE 4

The table illustrates the awareness of recommended duration for post-natal care after giving birth.90% of the respondents are aware about the recommended duration for post-natal care after giving birth.10% of the respondents are not aware about the duration. Majority of the respondents are know about the recommended duration of post-natal care.

4.2.23 ASSISTANCE/GUIDANCE FROM HEALTH CARE PROVIDERS
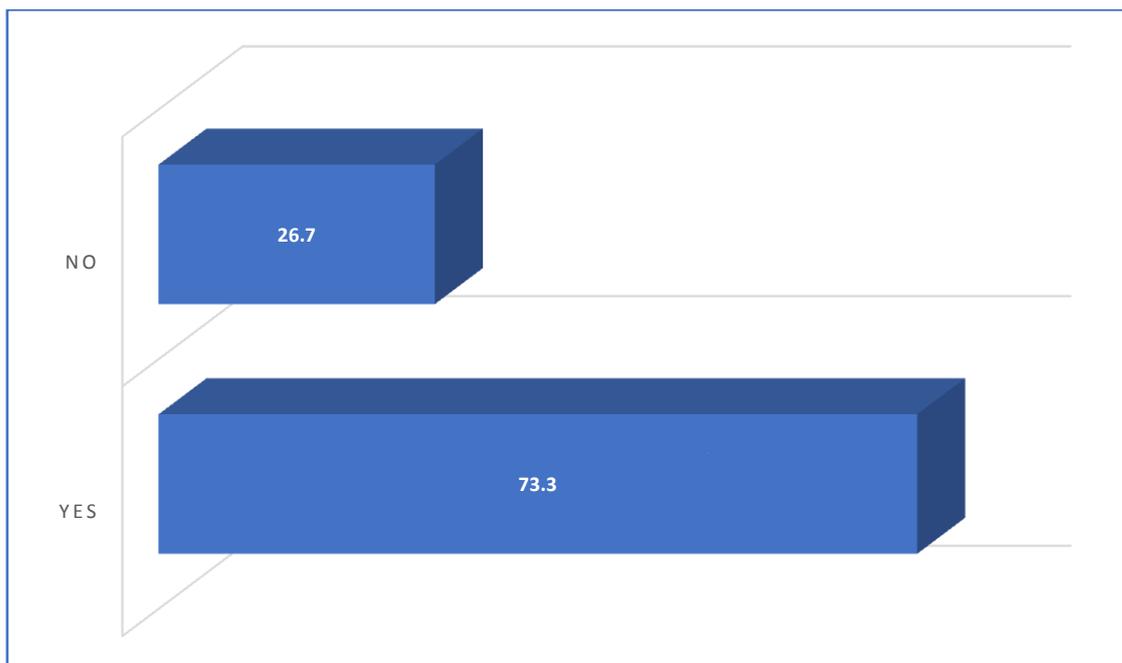
FIGURE 19

The figure shows the assistance/guidance from the health care providers during the post-natal period.73.3% of respondents get assistance / guidance from the health care providers.26.7% of respondents do not get assistance / guidance from the health care providers. Majority of the respondents get assistance / guidance from the health care providers during the post-natal period.

4.2.24 POST NATAL CARE IMPORTANCE
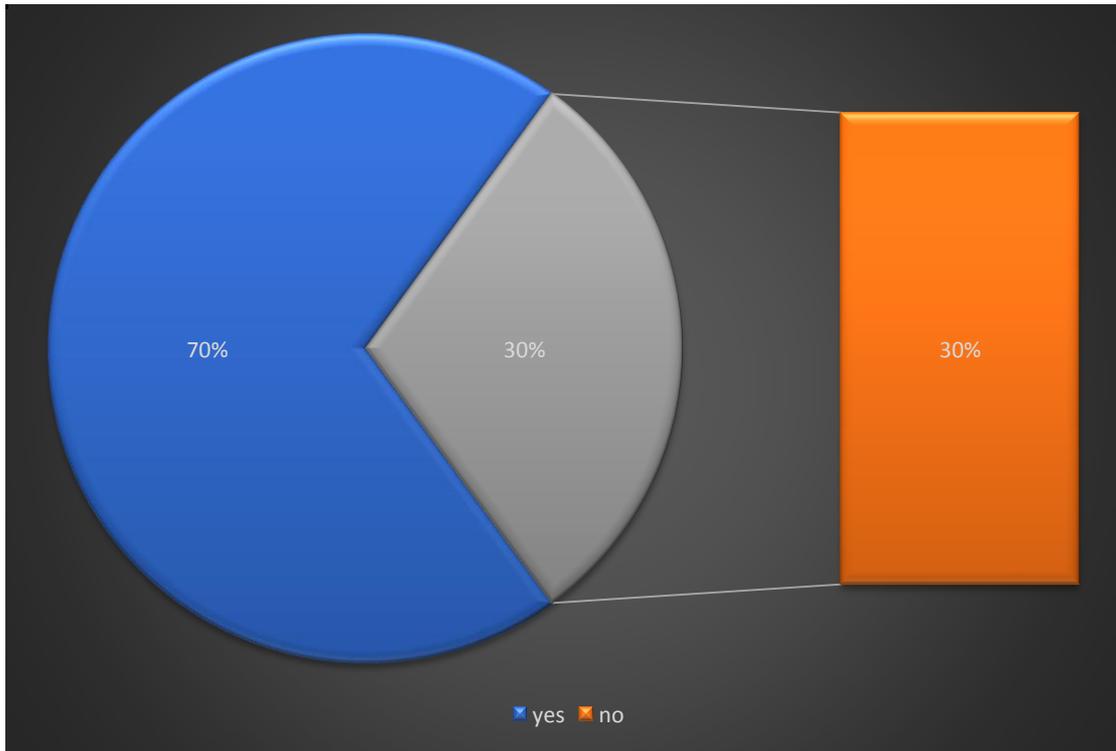
FIGURE 20

The figure states the importance of awareness of post-natal care. The majority of the respondents are think the post-natal care awareness is important for the mother and also the child.

4.2.25 MENTAL HEALTH

YES	NO
57%	43%

TABLE 5

The table 5 illustrates the awareness of the respondents about post-natal mental health.57% of the respondents are received awareness about the mental health condition after the delivery.43% of the respondents are not received awareness about the post-natal mental health.

4.2.26 PHYSICAL HEALTH
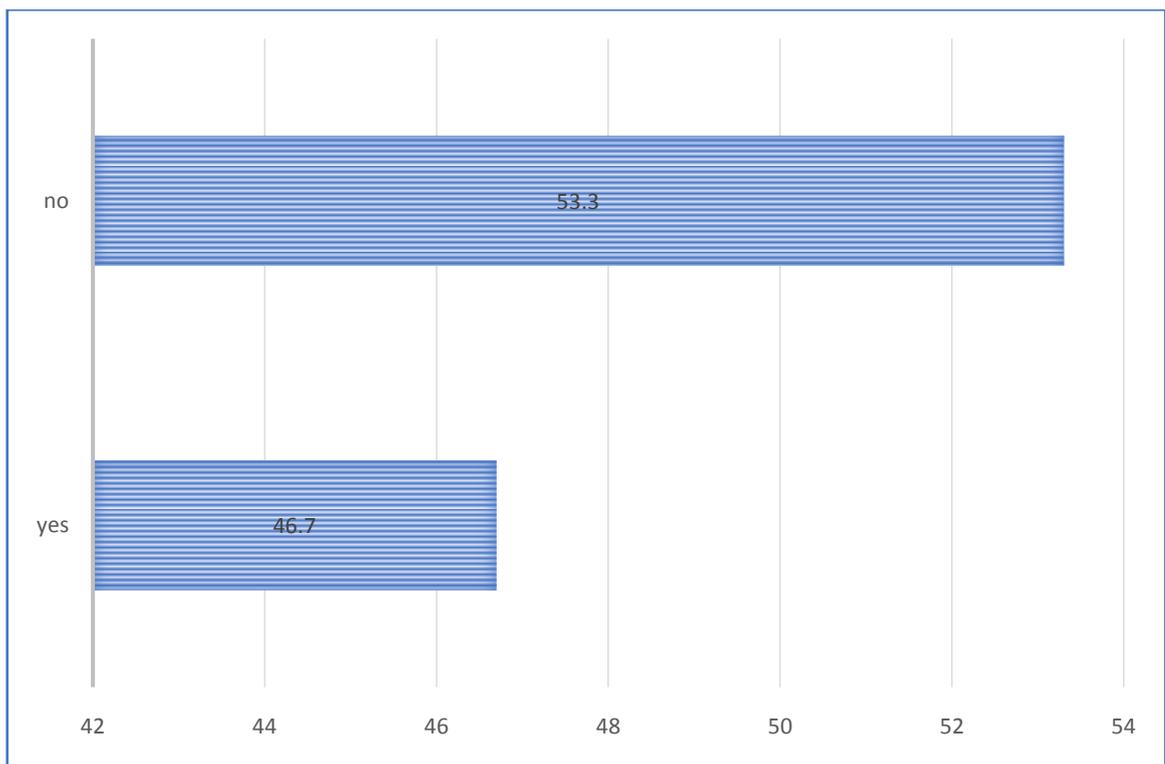
FIGURE 21

Most of the respondents are not get enough awareness about post-natal physical health. Some of the respondents are get enough awareness about the physical condition after the delivery. so the respondents do not aware about the physical health.

4.2.27 NUTRITION
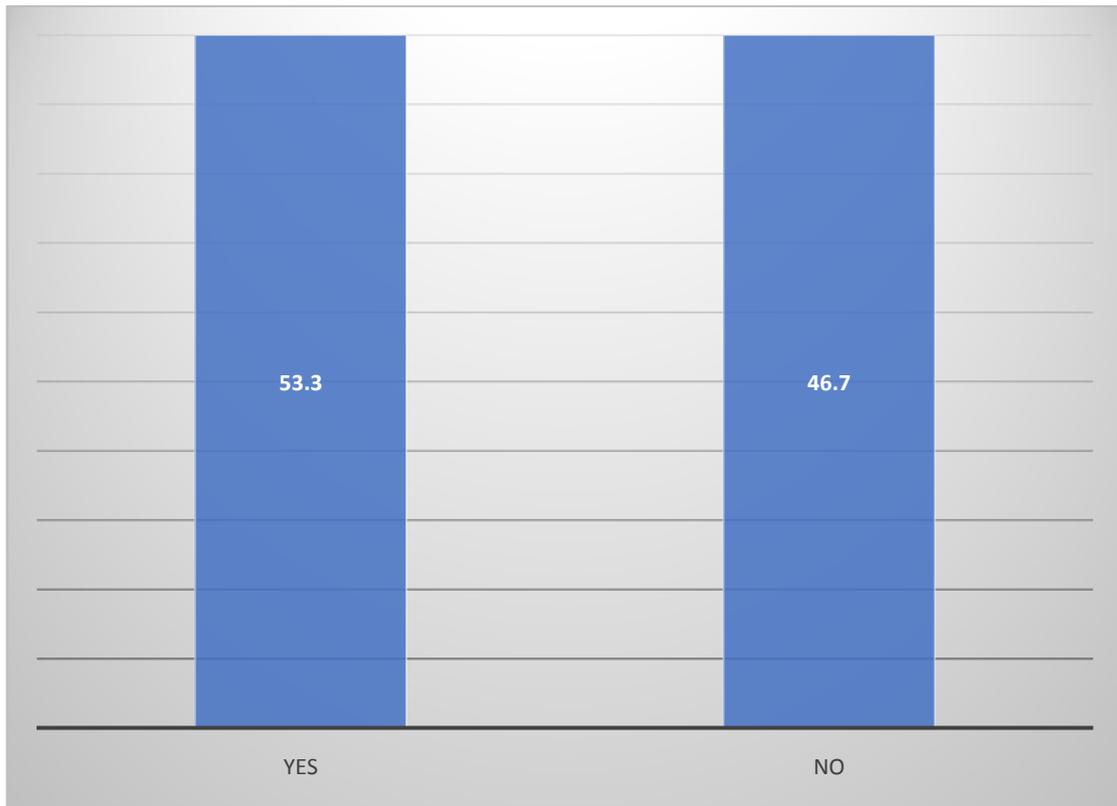
FIGURE 22

The figure shows the 53.3% of the respondents are received advice about post-natal nutrition.46.7% of the respondents are not received advice / support about post-natal nutrition. In conclusion, majority of the respondents are received advice / support about post-natal nutrition.

4.2.28 EXERCISE
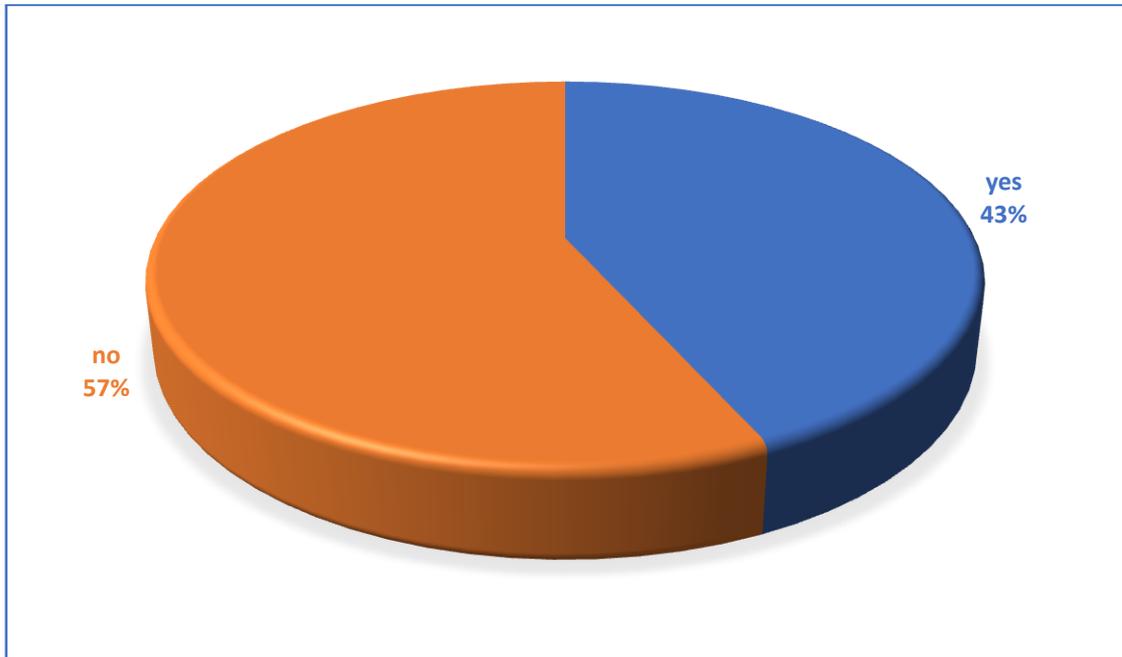
FIGURE 23

The figure illustrates 57% of the respondents are not received any advice about post-natal exercise after their delivery.43% of the respondents are not received any advice about post-natal exercise. In conclusion, majority of the respondents are not aware about the post-natal exercise.

CHAPTER V

FINDINGS,SUGGESTIONS AND CONCLUSIONS

CHAPTER V

FINDINGS, SUGGESTIONS AND CONCLUSIONS

5.1 INTRODUCTION

This chapter deals with the findings and suggestions of the study on Psycho Social Problems Faced By Women After Their First Delivery. The findings are the output of the study and the suggestions are the opinions of the researcher for the development of the target group. Findings are formulated on the basis of analyzing and interpreting the collected data. The major findings of the study can be quoted as below.

5.2 MAJOR FINDINGS

- All the respondents are experiencing lack of sleep,because of the child.
- 63% of the respondents are experiencing depression during the post - natal period.
- 90% of the repondents are experiencing overwhelming with the responsibilities.
- Majority of the respondents are not showing negative feeling towards the child because having a baby can be one of the biggest life change.
- 93% of the respondents are experiencing mood changes such as irritability
- Most of the respondents are experiencing change in their appetite and body weight.
- 60% of the respondents are not experiencing change in their sex drive after their first delivery.
- 100% of the respondents are experiencing pain in breast.
- 100%of the respondents are facing challenges in maintaine a healthy and balanced lifestyle.
- Majority of the respondent's husbands are spending quality time with their new born baby.
- 73% of the respondents are received family support financially and emotionally.
- Most of the respondents are satisfied with the post- natal care they received.
- Majority of the respondents are get assistance/guidance from the health care providers.

- Most of the respondents are think the post-natal care awareness important for the mother and also the child.

5.3 IMPLICATIONS OF THE STUDY

- To provide mental health assistance, support and coping skill for post partum depression for the women.
- To provide awareness about the post partum period and help them to copeup with the new life style.
- Facilitating family and group support for women.

5.4 LIMITATIONS OF THE STUDY

- Lack of experience of researcher.
- Most of the data collected through using telephone because of lack of time
- The researcher sometimes faced technical issues while communicating.
- Many of the respondents are too busy while data collecting, so proper attention didn't get.

5.5 SUGGESTIONS FOR FURTHER RESEARCH

- To need sufficient time for completing the research.
- To do data collection face to face.

5.6 CONCLUSION

This study is about the psycho social problems faced by women after their first delivery. The sample of the study collected from sixty new mothers in different areas of Kannur district. The primary data was collected with the use of questionnaire. The secondary data has been collected from articles, websites, publications and reference books. The analysis was done by using SPSS. The finding of the study reveal that most of the mothers are experiencing lack of sleep, depression, loneliness and over whelming with the responsibilities. Proper awareness about metal health and giving proper guidance and therapy help them to devolep and copeup with such situations like depression, anxity and loneliness.

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APPENDIX

QUESTIONNAIRE

THE STUDY ON PSYCHO - SOCIAL PROBLEM FACED BY WOMEN AFTER THEIR FIRST DELIVERY

- **DEMOGRAPHIC DETAILS**

  - Name
  - Age
  - Place
  - Occupation
  - Marital status
    Married   divorced
  - Age of marriage
  - Age of pregnancy

- **To understand the psychological distress during their postnatal period**

  - Do you feel sleep deprived?

    Yes   ☐
    No   ☐

  - Have you experienced any feeling of depression during the postnatal period?

    Yes   ☐
    No   ☐

  - Have you felt isolated or lonely during the period?
    Yes   ☐
    No   ☐

- Have you felt overwhelmed with the responsibilities of caring of your newborn during the period?

  Yes
  No

- Have you experienced any negative feeling towards your new born baby during the period?

  Yes
  No

- Have you experienced any changes in your mood such as irritability or mood swings during the period?

  Yes
  No

- **Identify the physical health difficulties experienced during the post natal period**

- Have you experienced any changes in your appetite during the period?
  Yes
  No

- Have you experienced any changes in your body weight during the period?
  Yes
  No

- Have you experienced any changes in your sex drive during the period?
  Yes
  No

- Did you felt pain in your breasts during the period?
  Yes
  No

- Did you experienced vaginal bleeding during the period?

  Yes   ☐

  No   ☐

- Do you have any pain while urinating?

  Yes   ☐

  No   ☐

- Have you experienced any challenges in maintaining a healthy and balanced lifestyle during the period?

  Yes   ☐

  No   ☐

- **To understand the family support during the post-natal period**

- Does your husband spend a quality time with your new born?

  Yes   ☐

  No   ☐

- Have you received postnatal care from your family?

  Yes   ☐

  No   ☐

- Do you get enough financial support from your husband and family?

  Yes   ☐

  No   ☐

- Would you plan to opt any kind of birth control?

  Yes   ☐

  No   ☐

- Have you satisfied with the postnatal care you received?

  Yes   ☐

  No   ☐

- **To analyze the awareness of women about post – natal care**

- Do you know the recommended duration for postnatal care after giving birth?

  Yes   ☐

  No   ☐

- Do you get any assistance or guidance about postnatal care from the health care providers?

  Yes   ☐

  No   ☐

- Do you think postnatal care is important for the health of the mother and the baby?

  Yes   ☐

  No   ☐

- Have you received any support or advice about postnatal mental health care?

  Yes   ☐

  No   ☐

- Have you received any guidance about postnatal physical health care?

  Yes   ☐

  No   ☐

- Have received any support or advice about postnatal nutrition?
  Yes   ☐

  No   ☐

- Have you received any advice about postnatal exercise?

  Yes   ☐

  No   ☐

ASSESSMENT OF WORKING PATTERN AND HEALTH OF FISHERMEN COMMUNITY IN KANNUR DISTRICT

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KANNUR 670706

2021-2023

ASSESSMENT OF WORKING PATTERN AND HEALTH OF FISHERMEN COMMUNITY IN KANNUR DISTRICT

DISSERTATION SUBMITTED TO THE KANNUR UNIVERSITY INPARTIAL FULFILMENT OF THE REQUIREMENT FOR THE AWARD OF THE DEGREE OF MASTER OF SOCIAL WORK

BY

SEBASTIAN PAUL

Register Number: CIGMSW1009

UNDER THE GUIDENCE OF

MRS. SREEPARVATHI INDUCHUDAN

DEPARTMENT OF SOCIAL WORK

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CERTIFICATE

This is to certify that the dissertation entitled **Assessment of working pattern and health of fishermen community in Kannur district** is a bonafide record of work done by **SEBASTIAN PAUL** under the guidance of **Mrs. Sreeparvathi Induchudan** in partial fulfilment of the requirement for the award of the degree of Master of Social Work, during the period of his study (2021-2023) in the Department of Social Work, Don Bosco Arts and Science College, Angadikadavu, Kannur, affiliated to The Kannur University.

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CERTIFICATE

This is to certify that the dissertation entitled**, Assessment of working pattern and health of fishermen community in Kannur district**submitted by **SEBASTIAN PAUL** in partial fulfilment of the requirement for the award of the degree of Master of Social Work, is a bonafide record of work done under my guidance and supervision during the period of his study (2021-2023) in the Department of Social Work, Don Bosco Arts and Science College, Angadikadavu, Kannur, affiliated to The Kannur University.

MRS. SREEPARVATHI INDUCHUDAN

Assistant professor and Research Guide

Department of Social Work

Don Bosco Arts and Science College

DECLARATION

I, SEBASTIAN PAUL, the undersigned, hereby declare that the dissertation entitled, **Assessment of working pattern and health of fishermen community in Kannur district**, submitted to the Kannur University, in partial fulfilment of the requirement for the award of the degree of **Master of Social Work**, is a bona fide work done by me under the guidance of **Mrs. Sreeparvathi Induchudan,** Assistant professor, Department of Social Work, Don Bosco Arts And Science College, Angadikadavu. This work has not been placed by anybody in the University for the Award of any degree or diploma.

ANGADIKADAVU   SEBASTIAN PAUL

MAY 2023

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SEBASTIAN PAUL

ABSTRACT

This study aims to assess the working patterns and health conditions of the fishermen community in Kannur district. The fishing industry plays a crucial role in the livelihoods of coastal communities, but it is also associated with various occupational hazards and health challenges. Understanding the working patterns and health status of fishermen is essential for designing targeted interventions and improving their overall well-being.

The research employs the quantitative method to gather comprehensive data. Quantitative data will be collected through structured questionnaires distributed among a representative sample of fishermen in Kannur district. The questionnaires will cover aspects such as working hours, occupational hazards, safety practices, psychological distress and health aspects of the fishermen community.

Data analysis will involve both descriptive statistics and thematic analysis to identify patterns and themes related to working patterns and health outcomes. The study aims to identify common health issues faced by fishermen, such as physical health, and mental health concerns, and explore potential risk factors associated with their working patterns.

The findings of this research will contribute to the existing knowledge base on the health status of fishermen communities, specifically in the context of Kannur district. The study's recommendations can inform policy-making, advocacy efforts, and the development of interventions to address the occupational hazards and health challenges faced by the fishermen community. Ultimately, this research aims to contribute to the overall well-being and improved quality of life for the fishermen community in Kannur district.

Keywords: working pattern, health assessment, fishermen community, Kannur district, quantitative research.

CONTENTS

LIST OF TABLES

LIST OF FIGURES

CHAPTER 1
INTRODUCTION

CHAPTER 1

INTRODUCTION

1.1   Statement of the problem

The fishing industry is a vital source of livelihood for millions of people in India, including the coastal communities in the Kannur district of Kerala. However, the nature of work in the fishing industry can be physically and mentally demanding, and fishermen often face long hours, harsh working conditions, and exposure to environmental hazards. These factors can contribute to a range of health problems, including physical injuries and mental health issues. Despite the potential health risks associated with the work, little research has been conducted to examine the assessment between working patterns and health outcomes among fishermen in Kannur district.

The lack of research on this topic presents a significant problem as it hinders the ability to develop effective policies and interventions to address the health needs of the fishing communities in the region. In particular, the absence of data on the relationship between working patterns and health outcomes among the fishermen in Kannur district makes it difficult to understand the specific challenges faced by this community and to design targeted interventions to address their needs.

Therefore, the problem statement for this research is to assess the relationship between working patterns and health outcomes among the fishermen communities in Kannur district. Specifically, this study aims to identify the factors that contribute to poor health outcomes among fishermen, including long working hours, heavy workload, exposure to environmental hazards, and lack of access to healthcare services. This research will provide valuable insights into the specific challenges faced by the fishing communities in the Kannur district and inform the development of policies and interventions to improve their health and well-being.

1.2   Title of the study

Assessment of working pattern and health of fishermen community in Kannur district.

1.3   Objective

General Objectives

To assess the working pattern and health fishermen community.

Specific Objectives

1) To assess the socio demographic profile of the fishermen community.
2) To determine the working pattern of fishermen community.
3) To examine the health-risk behaviour of fishermen community.

1.4   Significance of the study

The study on the assessment of working pattern and health of the fishermen community in Kannur district is significant for several reasons. Firstly, this study aims to shed light on the working conditions of fishermen and their impact on their health. The fishing industry is one of the most hazardous occupations, and fishermen are exposed to various risks and dangers such as accidents, injuries, and exposure to harsh weather conditions. Therefore, understanding the working pattern of fishermen and its effect on their health is crucial to improve their well-being.

Secondly, the study will help identify the health issues that are prevalent among fishermen in the Kannur district. This information can be used to develop targeted health interventions and programs to address these issues. Furthermore, the study can provide insights into the health-seeking behaviours of fishermen and the barriers they face in accessing healthcare services.

Thirdly, the study can also contribute to the body of knowledge on the health status of fishermen in India. Although the fishing industry is a significant source of livelihood for millions of people in India, there is limited research on the health of fishermen in the country. Therefore, this study can fill the gap in knowledge and provide a better understanding of the health needs of this vulnerable population.

Overall, the study on the assessment of working pattern and health of fishermen community in Kannur district is essential as it can provide valuable information to policymakers, healthcare providers, and other stakeholders in developing effective interventions to improve the health and well-being of fishermen.

1.5   Chapterization

This study consists of 5 chapters and the content of each chapter is given in brief below;

Chapter 1 – Introduction

The researcher has introduced the topic in this chapter. i.e., working pattern and health of fishermen community.

This chapter concludes by describing the assessment of fishermen community.

Chapter 2 – Literature Review

This chapter helps to analyse the previous studies which was conducted in the same field and understand research gap with regards to previous study conducted by many researchers.

Chapter 3 – Research Methodology

The researcher has cross checked the study by stating the sub clauses under methodology. The field of study, research design, sampling technique, different variables, tools of data collection, data collection and analyses, chapterization and limitations of study is explained under this chapter.

Chapter 4 – Analysis and Interpretation

The field of study, research design, sampling technique, different variables, tools of data collection, data collection and analyses, and limitations of study is explained under this chapter.

Chapter 5 – Major Findings, Implementations, Limitations, Suggestions and Conclusion

This is the final chapter in this study. Major findings of the study are presented in this chapter and the researcher provides possible suggestions to the fishermen community.

1.6 Conclusion

Chapter 1 of the research paper is dedicated to discussing the importance of the study and determining the specific areas that are require in-depth analysis. In social work research, it is essential to clarify the concepts and ideas to gain a better understanding of what needs to be studied and how to go about it. By achieving conceptual clarity, the researcher can establish a clear path to follow and ensure that the study is focused and targeted.

CHAPTER II

REVIEW OF LITERATURE

CHAPTER II

REVIEW OF LITERATURE

2.1 INTRODUCTION

Review of literature is very important in any research work. It is an important aspect of research project which work as a guide post, not only with regards to the work done in the field, but also to perceive the gaps in the concerned field of research. It shows the originality and relevance of the research. It gives a theoretical basis for the research and helps to determine the nature of research. This chapter deals with the review of literature concerning the association between working pattern and health of fishermen community.

2.2 REVIEWS

COMMON MUSCULOSKELETAL PROBLEM

EXPERIENCED BY FISHING INDUSTRY WORKERS

Work-related musculoskeletal disorders (WMSDs) are a common health problem throughout the world and a major cause of disability in the workplace. Awkward working posture is a main risk factor for developing WMSDs. Fishing in India is a major industry in the coastal states employing over 14 million people. Although fishing equipment and technology have improved, life in the commercial fishing industry still can be difficult with the strenuous physical labour of netting and processing fish, irregular work hours, and much time spent away from home.

Their job involves catching and processing of fish manually. Their work days start very early, long before dawn or last late into night. Living conditions inside large commercial vessels can be cramped, offering little privacy and long fishing expedition can mean weeks or months spent away from family members. One must be healthy and strong to be able to perform the manual labour of fishing as well as the boat maintenance and repair.

The job of these fishermen involves catching fish, storing them, and bringing them back to shore to sell. Their job mainly includes steering a vessel, operating navigational equipment, putting fishing equipment's including nets and traps in water, pulling the net through water, bending forward to pick up the fish, and preserving

them. Their job also involves transferring of heavy loads of fish, which involves a lot of forward bending from standing position. They also need repeated shoulder, elbow, wrist, and hand activities to throw and pull the net and to lift heavy fishes.

The job demand of fishermen leads to various musculoskeletal problems mainly involving shoulder, back, knee, and hand. Constant bending action and lifting heavy weights puts excessive strain on the back leading to development of back pain. Shoulder pain may also occur due to heavy weight lifting and repeated throwing and pulling of net from water. Hence, the objective of this article is to analyse the musculoskeletal problem in fishing industry in relation to their heavy load carrying and catching fish *Tejashree Ajit Dabholkar, Priyanka Nakhawa, Sujata Yardi(2014).*

2.3 FISHERY INDUSTRY WASTE: A RESOURCE TO BE VALORISED

Seafood species are nutritious since they are rich in proteins and other nutrients including peptides, essential amino acids, long-chain omega-3 polyunsaturated fatty acids, carotenoids, vitamins including vitamin B12, and minerals such as calcium, copper, zinc, sodium, potassium, selenium, iodine etc. Fish processing operations result in production of solid wastes in the form of fish carcasses, viscera, skin and heads and liquid wastes including washing and cleaning water discharges, blood water from drained fish storage tanks, brine etc. The magnitude of the problem of waste management in the fish industry depends on the waste volume, its polluting charge, rate of discharge and the assimilatory capacity of the receiving medium. About 30 % of the total fish weight remains as waste in the form of skins and bones during the preparation of fish fillets and these are generally dumped into land or hauled into the ocean. This waste is an excellent raw material for the preparation of high value products including protein foods. Fish processing generates a huge amount of solid wastes that can be as high as 50-80 % of the original raw material. As a result, every year a considerable amount of total catch is discarded as processing leftovers. Though some of the by-products are utilized, the main bulk is dumped to waste creating both disposal and pollution problems. Probably, more than 50 % of the remaining material from the total fish capture is not used as food and involves almost 32 million tonnes of waste. India alone generates greater than 2 million metric tonnes of waste due to fish processing activities. The maximum waste was generated during processing of shrimps, followed by fin fishes and cephalopods. The various pre-processing operations involve beheading, skinning, gutting, de-scaling, filleting, etc.

Processing discards are as high as 40 % of whole shrimp and krill, 50 % of crab, and 24 % of squid. The fish waste is considered as worthless garbage and is generally discarded without recovery of any useful product. The organic components of the waste have a high biological oxygen demand and if not managed properly, can pose environmental problems. Adverse environmental effects associated with seafood processing waste discharges include, accumulations of the waste sludge and whole fish parts in near-shore locations, generation of toxic hydrogen sulphide gas, increased gathering of scavengers in discharge locations, noxious conditions caused by odours, bacteria and waste decomposition. In the last two decades, there has been a global awareness of the environmental, economic, and social impacts of fish processing, calling for efficient utilization of the discards. In response to that, research has been carried out throughout the world to develop methods to convert these wastes into useful products *Toms C. Joseph*, Remya. S, Renuka. V, and Ashish Kumar (2019).*

2.4 FISHING COMMUNITY IN KERALA AT A GLANCE

Traditionally, the fisher people belonged to the lowest segment of the society, usually outside the caste hierarchy, and the very occupation was considered polluting. A large number of them got converted to Islam or to Christianity although the occupational stigma persisted. The Arab traders introduced Islam on the Malabar Coast in the eighth century. The mappila Muslim fisher folk of north Kerala form a cultural community with its own unique features. The history of Christian fishing communities begins with the arrival of the Portuguese at the turn of the fifteenth century; this aspect will be taken up for discussion later. The religious division of Kerala's fisher people has been noted for the comparatively high proportion of Christians and Muslims to Hindus. The population pattern at the all-India level shows 83 percent Hindus, 10 percent Muslims and 2.6 percent Christians; but the picture of Kerala stands in contrast with 54.73 percent Hindus, 26.56 percent Muslims and 18.38 percent Christians (201 1 census figures). A more balanced proportion is present among the fishing population of the State with 29 percent Hindus, 28 percent Muslims, and 43 percent Christians." These religious groups are further divided into endogamous sub castes with little mutual interaction. 'The Hindus include sub castes like Arayan, Valan, Marakkan, and Nuḷayan. 'They have been given the generic name Dhivara in modern times. Dhivara is an ancient term coming from the Vedic period.

Dhivara and Kaivarta were fishermen groups, probably counted among the das a of the Rig Veda. The term has come into current use only recently to refer to the conglomeration of all Hindu castes engaged in the fishing occupation. It was in 1984 that the government accepted the term officially to include all these sub castes in the OEC (Other Eligible Communities) category. In the northern districts of Kasargod, Kannur, Malappuram, and Trichur, there are high concentrations of Muslim fisher people, while in the southern districts of Kollam and Thiruvananthapuram, Christians form the major segment; both Hindu and Christian fishers reside in Alappuzha and Ernakulam districts. 'The Christian fisher folk in Kerala generally belong to the Latin Catholic denomination *PT Mathew (2020).*

2.5 IMPROVING FISHING PATTERN DETECTION FROM SATELLITE AIS USING DATA MINING AND MACHINE LEARNING

A key challenge in contemporary ecology and conservation is the accurate tracking of the spatial distribution of various human impacts, such as fishing. While coastal fisheries in national waters are closely monitored in some countries, existing maps of fishing effort elsewhere are fraught with uncertainty, especially in remote areas and the High Seas. Better understanding of the behaviour of the global fishing fleets is required in order to prioritize and enforce fisheries management and conservation measures worldwide. Satellite based Automatic Information Systems (S-AIS) are now commonly installed on most ocean-going vessels and have been proposed as a novel tool to explore the movements of fishing fleets in near real time. Here we present approaches to identify fishing activity from S-AIS data for three dominant fishing gear types: trawl, longline and purse seine. Using a large dataset containing worldwide fishing vessel tracks from 2011–2015, we developed three methods to detect and map fishing activities: for trawlers we produced a Hidden Markov Model (HMM) using vessel speed as observation variable. For long liners we have designed a Data Mining (DM) approach using an algorithm inspired from studies on animal movement. For purse seiners a multi-layered filtering strategy based on vessel speed and operation time was implemented. Validation against expert labelled datasets showed average detection accuracies of 83% for trawler and long liner, and 97% for purse seiner. Our study represents the first comprehensive approach to detect and identify potential fishing behaviour for three major gear types operating on a global scale. We hope that this work will enable new efforts to assess the spatial and

temporal distribution of global fishing effort and make global fisheries activities transparent to ocean scientists, managers and the public *Erico N. de Souza, Kristina Boerder, Stan Matwin, Boris Worm (2016).*

2.6 KERALA MARINE FISHERY

Kerala is the green ribbon shaped maritime state on the west coast of peninsular India. It is blessed with a coastline of 590 km, a continental shelf area of 40000 sq.km, extensive interconnected brackish water lakes and estuaries. The state has a fish worker population of about 10 lakhs. The density of population in the coastal area is 2168 persons per km?, whereas the state average is 859. Marine fishery has a prominent place in the economy of Kerala. It is the only source of livelihood of more than 8 lakh marine fishermen and out of this, more than two lakhs of active fisher folk are engaged in fishing along the coastline, who inhabit in 222 marine villages. The fisheries sector provides occupation to about 3.86 lakh people directly, and much more indirectly, making it a significant employment providing sector of the state, the high rainfall and a large number of rivers make the Kerala coast especially fertile for fish. One speciality of the Kerala coast is the mud banks, known In Malayalam as chakara. It is the formation of clay and organic matters on the coast that occurs after monsoon with the sea remaining calm, thus resulting in good harvest of fish. Fish is a source of livelihood and of rich protein for the fish workers as well as the people of Kerala and fishing plays an important part in the economy of the state (Kurien, 2001). Moreover, the various social welfare and development programmes taken by different agencies to improve the standard of living of fishermen like water supply schemes, construction of house, roads, fisheries schools, etc., have brought considerable development to the fisheries sector *Dr. S Nehru, P. T Jasna(2017).*

2.7 KNOWLEDGE OF SEAMEN AND FISHERMEN ON RISK FACTORS OF DISEASES OF THE CIRCULATORY SYSTEM

A total of 1352 seafarers and deep-sea fishermen were interviewed with the use of a questionnaire regarding their knowledge on risk factors in cardiovascular diseases. A great majority of them knew about the harmful effect of tobacco smoking (88.4 per cent of persons interviewed), arterial hypertension (75.7 per cent), and diet rich in fats which contributes to increasing the level of serum cholesterol (75.2 per cent); only 43.2 per cent marked diabetes mellitus as a risk factor. The knowledge on the above

risk factors was not enough to change their attitude and habits, with regard to smoking and diet. Preventive interventions should be intensified on ships in order to promote the health of crews. Maritime medicine staff should play more active role in this health promotion programme *Tomaszunas S, Tomaszunas-Błaszczyk J.(1991).*

2.8 LIVELIHOOD STATUS OF FISHERS OF THE PADMA RIVER, SREENAGAR, MUNSHIGANJ

Bangladesh has vast fresh water areas of rivers, canals and estuaries. These water bodies are along with their innumerable tributaries from one of the richest habitats of fishes in this sub-continent in respect of freshwater fishery (Rahman 2005). Fish and fisheries are indispensable part in the life and livelihoods of the people of Bangladesh and it is the part of our cultural heritage. Fisheries sector plays an immensely significant role on the socio-economic development of Bangladesh. Fisheries sector contributes about 2.46% of the total export earning, 4.39% to GDP and 22.76% to agricultural sector. Annual fish production was 3.26 million metric tons in the fiscal year 2011-12 (DoF 2013). About 12 million people directly or indirectly depend on fisheries sector for their livelihood (DoF 2005). Alam and Bashar (1995) estimated that the average per capital annual income of the fishermen families to be BDT 2,442 i.e. about 70% lower than the per capital income of the country as a whole. Being an isolated community fishermen are deprived of many amenities of life. Among the all other rivers the Padma is the second longest river of Bangladesh. It is the main distributary of the River Ganges which originates in the Gangotri Glacier of the Himalayan. It has a vast influence in fish supply, water transportation, agriculture and also in cultural practices in Bangladesh. This river is important for Hilsa migration and fishery and at the same time, the fishermen community near the mighty river is well known for Hilsa fishing. Like other important fishes of Bangladesh, the Hilsa shad (Tenualosailisha) fishery is by far the largest single species fishery in Bangladesh. The flag-ship species of Bangladesh Hilsa is the most important fish species that links not only the trans-boundary ecosystem of India and Bangladesh but also the life and culture of two neighbouring countries (IUCN, 2011). Every year government take steps to conserve the renowned fishery but very little is known about the fishing community, who are involved in this fishing practice. Considering the above fact, the present study was carried out to assess the livelihood status and

constraint faced by the fishermen of two villages, adjacent of River Padma *S. Shill (2016)*.

2.9 OCCUPATIONAL RISK PERCEPTION, STRESSORS AND STRESS OF FISHERMEN

It has long been known that fishing is one of the most dangerous occupations. The relentless struggle of traditional fishermen with the sea continues since centuries, and the maritime environment remains particularly dangerous to those who work there, especially in developing countries. In these countries, risk taking behaviour among fishermen is still an epidemiological reality, associated with significant morbidity and mortality. Fishing is highly stressful and fishermen are particularly affected by stress because they are exposed to high psychosocial factors at work and organisational constraints related to difficult working conditions and financial difficulties with worries about their daily gain. The dangerousness and complexity of this profession is explained by an arduous and laborious activity with numerous and countless constraints requiring a sustained degree of attention. The main stressors of fishermen are working conditions (atypical work schedules, long work hours, density of work, unsafe job, workplace injustice and violence), lifestyle (high prevalence of consumption of psychoactive substances, sedentary, unbalanced meals, lack of leisure, etc.), and socio-economic difficulties (precarious work, low income, piecework, work family conflict) . The pathophysiologic effects of chronic stress, resulting from work related stressors, contribute to a wide range of unhealthy behaviours, psychosomatic symptoms, and illnesses, including mental disorders, gastrointestinal disorders, cardiovascular diseases and its risk factors (hypertension, obesity, diabetes, and the metabolic syndrome), musculoskeletal disorders, and acute traumatic injuries . Abusive behaviour in relation to working conditions and lifestyle is associated with health problems in fishermen: pattern of taking meals, obesity, high consumption of psychoactive substances, etc *Omar Laraqui(2018)*.

2.10 MIGRATIONS IMPROVED FISHERMEN'S FINANCIAL STATUS

Visakhapatnam : ICAR – Central Marine Fisheries Research Institutes in Kochi (Kerala) and Veraval (Gujarat) conducted a study on migration patterns in the marine fisheries sector in Gujarat and Maharashtra. Interestingly, the majority of the migrants working in this sector in Gujarat are from AP.

These migrants spend nearly 10 months of the year away from their homes, moving to native places only during festivities and fishing holidays. According to the study, the financial and social status of these fishermen has improved after migration.

Despite contributing to a major chunk to the Indian economy, the marine fisheries sector is still facing disguised unemployment.

According to the researchers, income inequalities, climate change, demographic shift and conflicts contributed much for the migration of labour in search of employment and security.

Vinaya Kumar Vase, a Telugu scientist working with CMFRI-Veraval said the mechanised trawlers being operated in the sea go on a voyage for nearly three to four weeks. "About 8-10 labourers are needed on each trawler. Telugu fishermen are taking advantage of this as the majority of the locals are not interested in such long fishing journeys. The better payments and the year-long work are attracting the fishermen from AP to Gujarat," said Vinaya Kumar.

The scientist added that the fishermen from AP can be found not only in Veraval, but also in Mangrol, Porbandar, Daman Diu and Okha along the Gujarat coast. "The study found that the majority of the achievements, construction of own house, increased savings, improvement in the social status, possessed assets, and the quality of education being provided to their children were all the outcomes of these continued migration of the fishermen to other places," he said.

When TOI visited several fishermen villages in Srikakulam district, where the migrations are rampant, particularly to Gujarat, hundreds of fishermen from each village have migrated to some or the other coastal place of the country – from Mangalore in Karnataka, Andaman and Nicobar, and Balasore and Paradeep in Odisha to Veraval in Gujarat, Goa and Mumbai *Umamaheswara Rao (2022)*.

2.11 SLEEP AND SLEEPINESS OF FISHERMEN ON ROTATING SCHEDULES

Seafaring is a hazardous occupation with high death and injury rates, but the role of seafarer fatigue in these events is generally not well documented. The International Maritime Organization has identified seafarer fatigue as an important health and safety issue. Most research to date has focused on more regularly scheduled types of

operations (e.g., merchant vessels, ferries), but there is relatively little information on commercial fishing, which often involves high day-to-day and seasonal variability in work patterns and workload. The present study was designed to monitor the sleep and sleepiness of commercial fishermen at home and during extended periods at sea during the peak of the hoki fishing season, with a view to developing better fatigue management strategies for this workforce. Sleep (wrist actigraphy and sleep diaries) and sleepiness (Karolinska Sleepiness Scale [KSS] before and after each sleep period) of 20 deckhands were monitored for 4-13 days at home and for 5-9 days at sea while working a nominal 12 h on/6 h off schedule. On the 12 h on/6 h off schedule, there was still a clear preference for sleep at night. Comparing the last three days at home and the first three days at sea showed that fishermen were more likely to have split sleep at sea (Wilcoxon signed ranks $p < 0.001$), but the median sleep/24 h did not differ significantly by location (5.9 h at sea vs. 6.7 h at home). However, on 23% of days at sea, fishermen obtained < 4 h total sleep/24 h, compared to 3% of days at home ($p(chi\ 2) < 0.01$). Sleep efficiency, mean activity counts/min sleep, and subjective ratings of sleep quality did not differ significantly between the last three days at home and the first three days at sea. However, sleepiness ratings remained higher after sleep at sea (Wilcoxon signed ranks $p < 0.05$), with fishermen having post-sleep KSS ratings ≥ 7 on 24% of days at sea vs. 9% of days at home (Wilcoxon signed ranks $p < 0.01$). This work adds to the limited number of studies that objectively monitored the sleep of seafarers. It has the strength of operational fidelity but the weakness that large inter- and intra-individual variability in sleep, combined with the small sample size, limited the power of the study to detect statistically significant differences between sleep at home and at sea. The clear preference for sleep at night during the 12 h on/6 h off schedule at sea is consistent with the expectation that this 18 h duty/rest cycle is outside the range of entrainment of the circadian pacemaker. High levels of acute sleep loss, and residual sleepiness after sleep, were much more common at sea than at home. The longer duration of trips during the peak of the fishing season increases the risk of performance impairment due to greater cumulative sleep loss than would be expected on typical three-day trips. Key fatigue management strategies in this environment include that fishermen report to work as well rested as possible. Once at sea, the day-to-day variability in activities due to uncontrollable factors, such as fishing success, repairing gear, and weather conditions, mean that contingency planning is required for managing situations where

the entire crew have experienced long periods of intensive work with minimum recovery opportunities*Philippa Gander (2008).*

2.12 WORK RELATED INJURIES IN SMALL SCALE COMMERCIAL FISHING

The fishing industry includes a wide variety of commercial operators, ranging from small, independent fishing operators using a mix of traditional and modern techniques, through to large ocean going vessels that are highly mechanized. Although fishing has been noted as an occupation with a high risk of traumatic occupational injury since 1713, the literature on fishing related injury relates mainly to deep sea fishing and/or large scale industrialized operations. Relatively little is known about injuries in small scale independent fishers who are less industrialized and fish in coastal areas and inland waterways.

Commercial fishers in eastern North Carolina are small scale independent commercial fishers who work the coastal areas and inland sounds and rivers along North Carolina's coast. They mainly conduct fin fishing and crabbing, followed by shrimping, clamming, and oystering. These fishers operate small and medium size vessels with typical crew sizes of one to three people. There are over 7000 such independent operators in North Carolina. In 2002, the fishing industry was North Carolina's highest earning agricultural industry, with over $94 million dollars in revenue.

We established a prospective cohort study of fishing related injury in this fishing community. This initial report uses baseline data from that cohort to describe the nature and circumstances of the work related injuries sustained by this group of small scale, independent commercial fishers, based on a 12 month retrospective recall of injury *S. W. Marshall (2004).*

2.13 WORK-RELATED LOST TIME ACCIDENTS IN DEEP-SEA FISHERMEN

To evaluate the problem of work-related accidents and injuries in fishermen, a survey was conducted among crews of deep-sea fishing trawlers-factory ships of 3 large fishing companies, covering the period of 10 years (1977-1986). In the surveyed population of 10,475 men and a control group of 4,073 workers employed on shore,

there were altogether 1,688 work-related accidents recorded, including 33 fatal accidents. Their incidence was 16.54 per 1000 per year (0.32 fatal cases per 1000 men per year). In the control group (n = 4,073 workers), the incidence was 27.98 per 1000 men (0.03 fatal accidents per 1000). There were more accidents recorded in the control group, than in fishermen. But the incidence of fatal cases was about 10 times higher among fishermen than among workers employed on shore. Among 33 fatal cases in fishermen, there were 12 cases of drowning, 6—injuries, 2—intoxications, 1—burn, and 12 cases sudden death at sea considered as "work-related accidents" *S. Thomaszunas (1992).*

2.14 CONCLUSION

The health and working pattern of the fishermen have an importance and its all depends on their culture and traditional norms. The fishermen community have their own way of working pattern. It makes impact on their health. Fishing is one of the dangerous job and the sudden climatic changes may a reason for sudden accidents. In this study the researcher assessing the working pattern and health of fishermen community in Kannur district.

This chapter explained the theoretical concept of the study and included a review of literature on this specific research topic.It is clear that in this position, the researcher is paying attention to conduct research in a specific area.

CHAPTER III

METHODOLOGY

CHAPTER III

METHODOLOGY

3.1 INTRODUCTION

Research methodology forms the integral part of research. It's a logical, systematic plan to resolve a research problem, which explains researcher's approach to the research to ensure reliable, valid results that address their aim and objectives. It encompasses what data they are going to collect and where from, as well as how its being collected and analyzed.

3.2 CONCEPTUAL CLARIFICATION

3.2.1 THEORETICAL DEFINITIONS

Assessment

Assessment is the collection of relevant information that may be relied on for making decisions. (*Fenton)*

Health

A state of complete physical, mental and social well-being and not merely the absence of disease and infirmity. *(World Health Organization)*

Fishermen

A person who catches fish, either as a job or as a sport. *(Oxford Dictionary)*

Community

A social group with some degree of "we feeling" and living in a given area.*(Bogardus)*

3.2.2 OPERATIONAL DEFINITIONS

Assessment

An action to make a judgement on something or someone.

Health

A Total wellbeing of a persons internal or external body.

Fishermen

A person whose occupation is catching fish in order to earn his daily bread.

Community

A group of people living together in an area with a unity.

3.3 VARIABLES

3.3.1 Independent Variable

Fishermen Community

3.3.2 Dependent Variable

Working pattern and health

3.4 RESEARCH DESIGN

Research design refers to the plan or structure that a researcher develops to guide their study. It involves making decisions about the methods and techniques that will be used to collect and analyse data in order to answer research questions or investigate a specific topic. The chosen research design helps the researcher to refine and tailor their methods to the specific subject matter and aims of the study, increasing the likelihood of achieving successful outcomes.

In this particular case, the researcher has opted for a descriptive research design. Descriptive research aims to gather information and provide a detailed description of a particular phenomenon or situation. It involves observing, documenting, and analysing existing data or facts to gain a better understanding of the subject being studied. The researcher's goal is to accurately describe what has been observed and discovered, without necessarily trying to explain or establish cause-and-effect relationships. Essentially, descriptive research focuses on painting a comprehensive picture of the topic under investigation, relying on interpretation and analysis to present a clear and concise description of the findings.

3.5 PILOT STUDY

The aim of the pilot study is to test feasibility and validity of the study. The pilot study helped the researcher to have a clear direction in the selection of apt questions, detention of unwanted questions, mode of data collection, availability of samples, and

the time span required for the completion of study on fishermen community in Kannur district.

3.6 UNIVERSE AND UNIT OF THE STUDY

3.6.1 UNIVERSE OF THE STUDY

All the fishermen community in Kannur district.

3.6.2 UNIT OF THE STUDY

A person who belongs to the fishermen community.

3.8 SAMPLING

A sampling refers to the process of selecting a subset of individuals or items from a larger population to represent that population in a study. It is practically impossible to study an entire population due to factors such as time, resources, and feasibility. Therefore, researchers use sampling techniques to gather data from a smaller group that is representative of the larger population. The scholar used the purposive sampling for collecting sample in this research. Purposive sampling, also known as judgmental or selective sampling, is a non-probability sampling technique used in research. It involves selecting specific individuals or cases from a larger population based on predetermined criteria or specific characteristics that align with the research objective.

3.8.1 INCLUSION CRITERIA

The researcher included fishermen in Kannur district.

3.8.2 EXCLUSION CRITERIA

The researcher excluded the fishermen who were not in Kannur district.

3.9 SOURCES OF DATA

The researcher used the data from both the primary and secondary sources.

3.9.1 Primary Data

The researcher has gone to the field and collected the data directly from the fishermen.

3.9.2 Secondary Data

The secondary data was gathered through the books, journals and articles from internet.

3.10 TOOLS OF DATA COLLECTION

For the data collection scholar used self-made questionnaire and the twelve item general health questionnaire(GHQ-12) as the primary tool. Questionnaire is popular research method because they offer fast, efficient and inexpensive means of gathering large amounts of information. Questionnaire is the most adaptive tool for this study. So, the researcher used questionnaire with 43 questions it includes 12 item general health questionnaire. It was subdivided on the basis of objective of the study.

3.11 PRE TEST

The researcher sent the questionnaire to five respondents who were studying in schools under Iritty block to identify whether it was comprehensible, understandable and effective for them.

3.12 METHOD OF DATA COLLECTION

The researcher prepared self-made questionnaire. Researcher asked questions through Google forms and collected the data from the respondents. Researcher prepared 40 questions it includes 12 items of general health questions and collected data from 60 respondents.

3.13 METHOD OF DATA ANALYSIS

The collected data was coded and presented on various diagrams and charts and the psychological distress were found by scoring. The research scholar was analysed the collected data by using SPSS software.

CHAPTER IV

ANALYSIS AND INTERPRETATION

CHAPTER IV

ANALYSIS AND INTERPRETATION

4.1 INTRODUCTION

The data gathered and proposed are analysed and interpreted in this chapter. This analysis and interpretation are based on the answers given by the respondents. The researcher collected the data through the questionnaire. After the data collection, it was tabulated and summarized with reference to the objectives of study.

4.2 ANALYSIS AND INTERPRETATION

4.2.1 RELIGIOUS STATUS OF FISHERMEN COMMUNITY

Figure 1
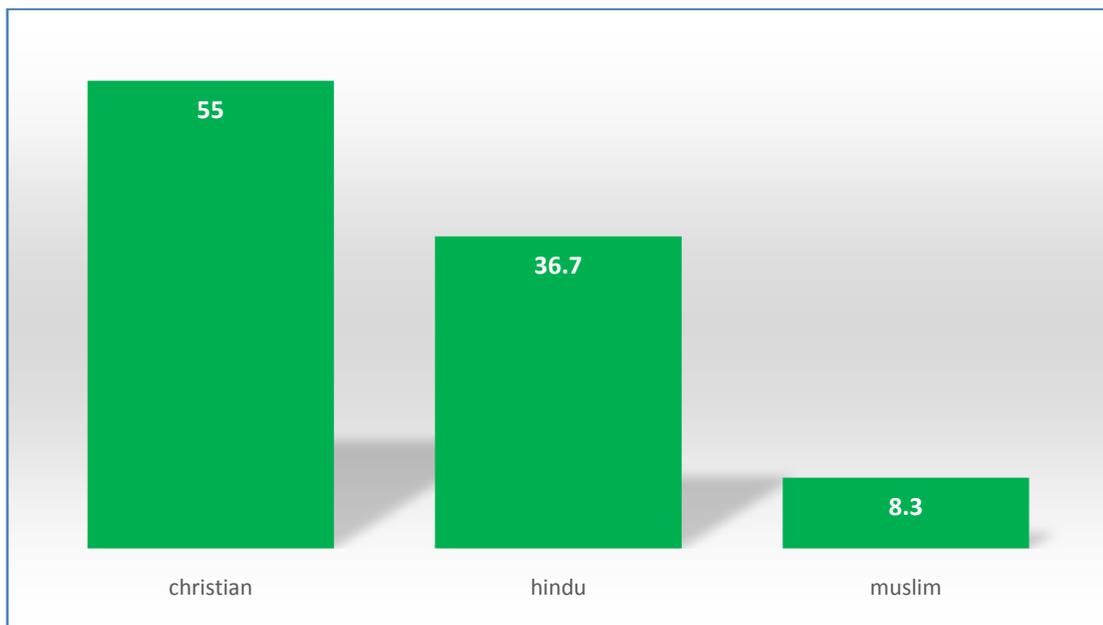
The above-mentioned diagram shows the religious status of the fishermen community in Kannur District. It shows that 55% of the Fishermen are from Christian community. 36.7% of them are Hindu community and 8.3% are from Muslim community.

The Majority of the Fishermen are from Christian community.

4.2.2 MARITAL STATUS OF FISHERMEN COMMUNITY
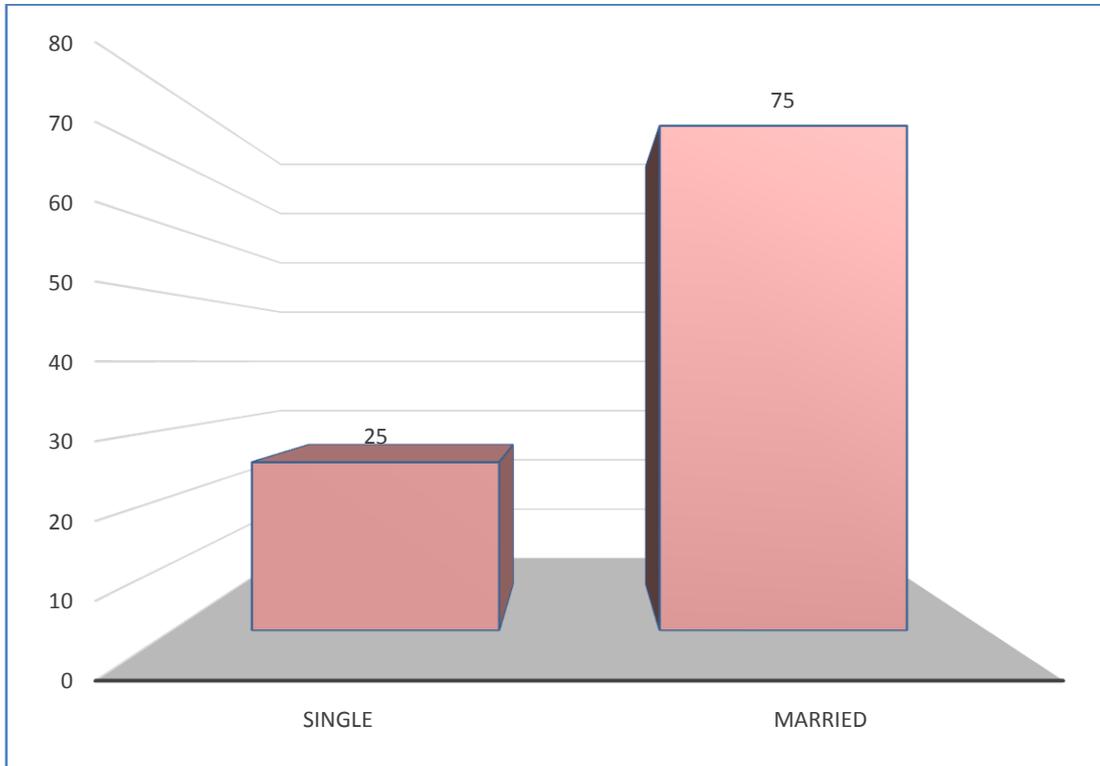
Figure 2

The Bar diagram illustrates the Marital status of the fishermen in Kannur District. 75% of the fishermen are married and 25% are not married yet.

Hence the greater parts of the fishermen are married.

4.2.3 EDUCATIONAL STATUS

Figure 3
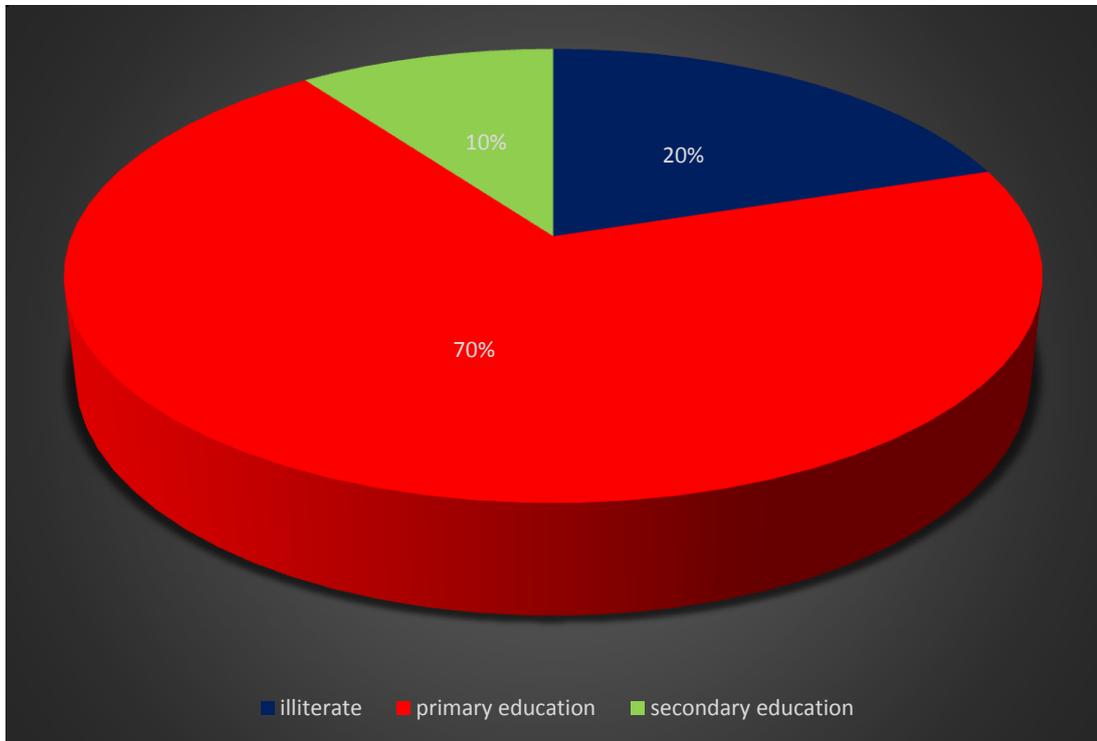
The above diagram indicates the educational status of the respondents.Out of 60 samples,70% of the fishermen have the primary education. 20% of the respondents are illiterate. Only 10% of the fishermen have the secondary level education.

In this, the researcher interpreted that the most of the fishermen only have the primary education.

4.2.4 FAMILY TYPE

Figure 4
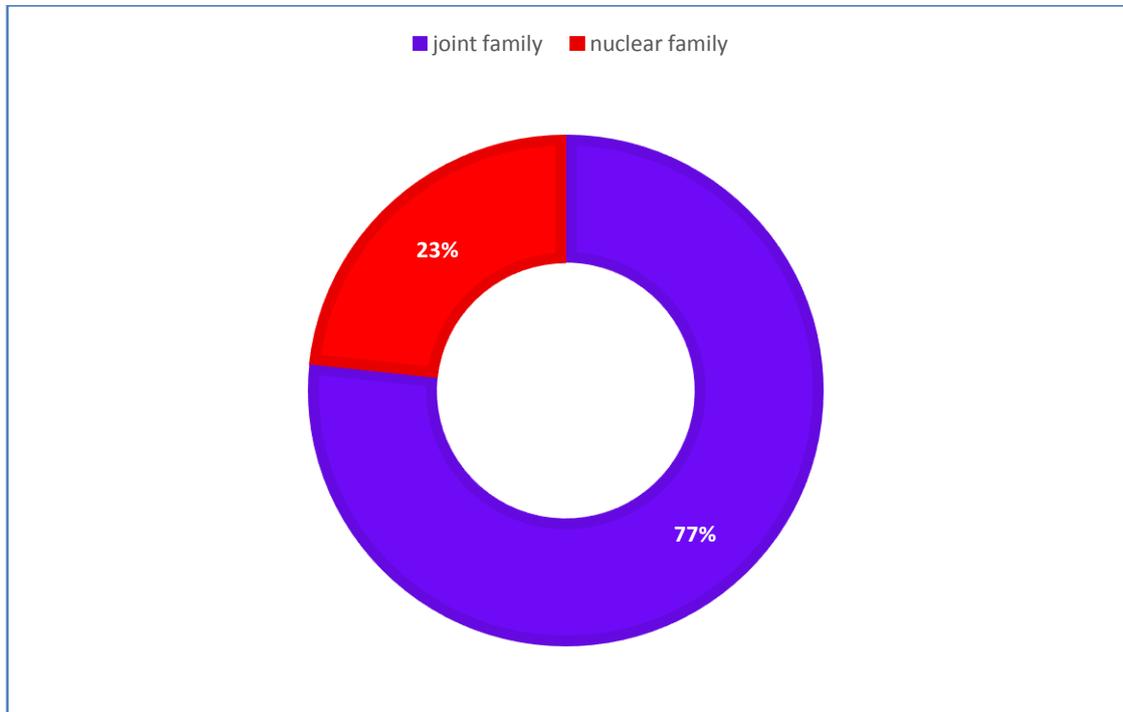
The pie diagram represents the family type of the fishermen community. In the diagram, 77% of the fishermen are from joint family. And the 23% of them are from the nuclear family.

So that, most of fishermen communities are following the joint family system.

4.2.5 HOUSE TYPE

Figure 5
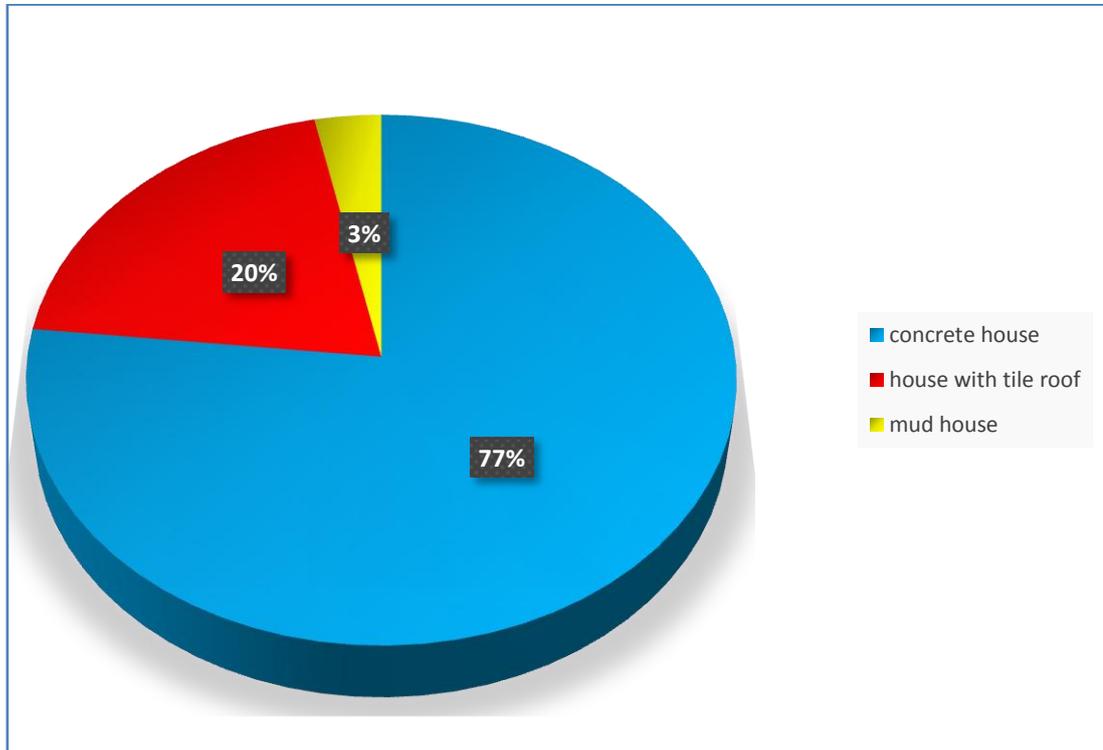
The pie diagram demonstrates the house type of the fishermen. 77% of them responded that they are living in concrete house. 20% of the respondents are using the houses with tiled roofs. And 3% of the fishermen are staying in mud houses.

In this, the researcher interpreted that majority of the fishermen have the concrete houses to live.

4.2.6 WORKING HOURS OF FISHERMEN IN A WEEK

Figure 6
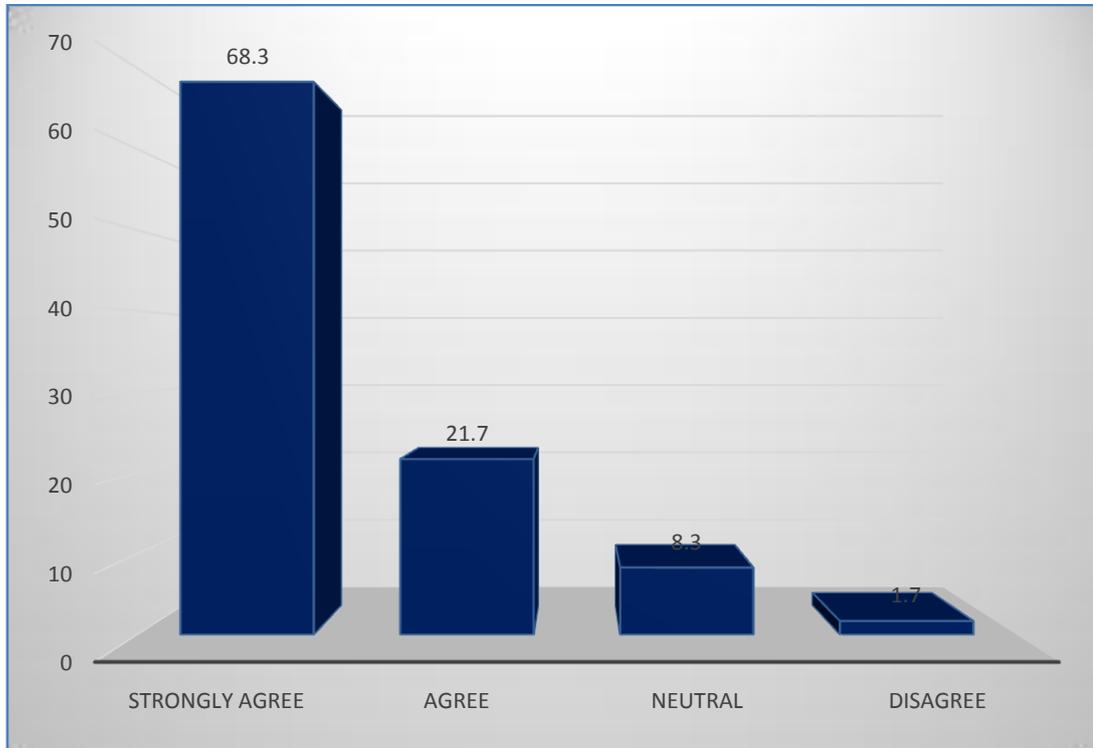
The bar diagram show the work hour of fishermen in a week. 68.3 of the respondents strongly agree that they go fishing for the majority of the days in a week. 21.7% of them agreed that they go for fishing most of the days in a week. And 8.3% of them have a neutral response. 1.7% of the fishermen are not going for fishing most of the day in a week.

Therefore, majority of the fishermen in the areago fishing most of the days in a week.

4.2.7 HOURS OR TIME SPENT IN SEA

Figure 7
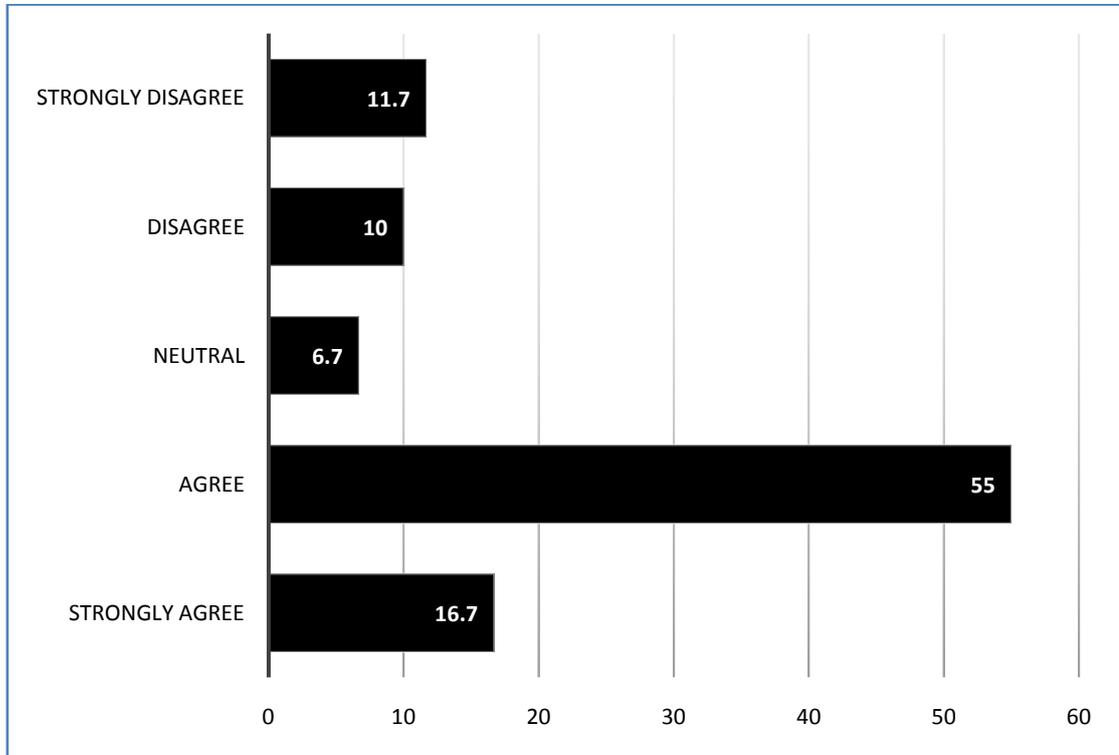
The above diagram reveals the hours or time spent in the sea while they go for fishing. 55% of the fishermen agree that they are staying in the sea while go for fishing. 16.7% of them strongly agree that they are staying in the sea at the time of fishing. 11.7% of them are not staying in the sea while they are fishing. And 10% of them disagreed with the question. 6.7% of the fishermen have a neutral response to the question.

So that, most of the fishermen are staying in the sea while they go for fishing.

4.2.8 EFFECT OF CLIMATE CHANGES

Figure 8
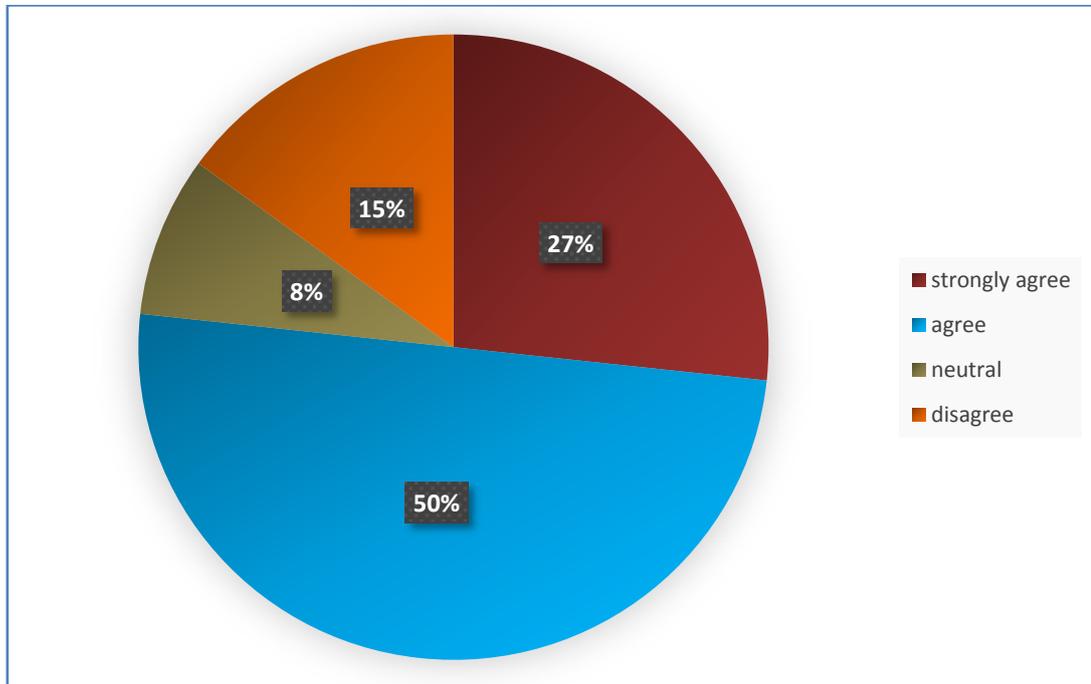
The Pie diagram indicates the effect of climate changes on the fishing field. 50% of the fishermen agree that climate changes affectfishing. 27% of them strongly agree. 15% of them say that climate changes do not affect fishing, and 8% of them responded with a neutral response to the question.

In the diagram, the researcher interpreted that half of them are affected by climate changes while fishing.

4.2.9 INCOME SATISFACTION

Figure 9
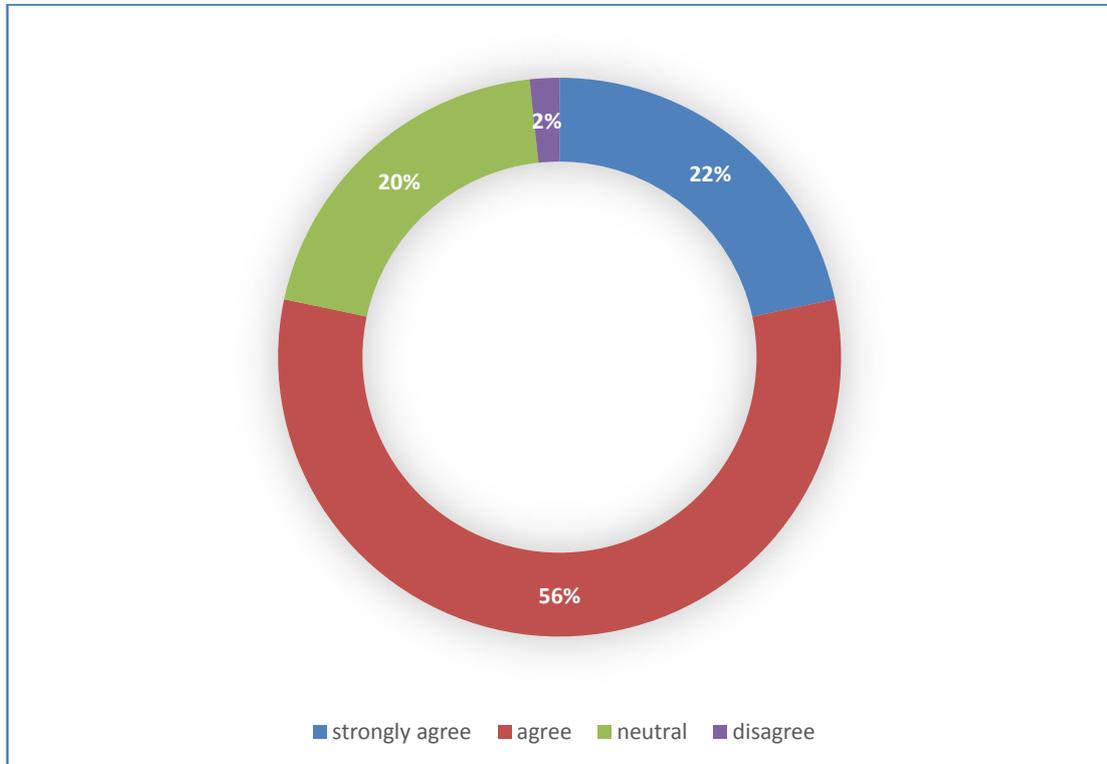
The above-mentioned diagram reveals the satisfaction of fishermen with the income generated from fishing. 56% of the respondents agreed that they are earning enough income from fishing. 22% of them strongly agree that they are satisfied with the income they receive from fishing. Additionally, 20% of the fishermen responded neutrally to the question. However, 2% of them disagreed, expressing their dissatisfaction with the income from fishing.

The majority of fishermen have agreed that they are satisfied with the income they are receiving from fishing.

4.2.10 COMPETITION IN THE FIELD

Figure 10
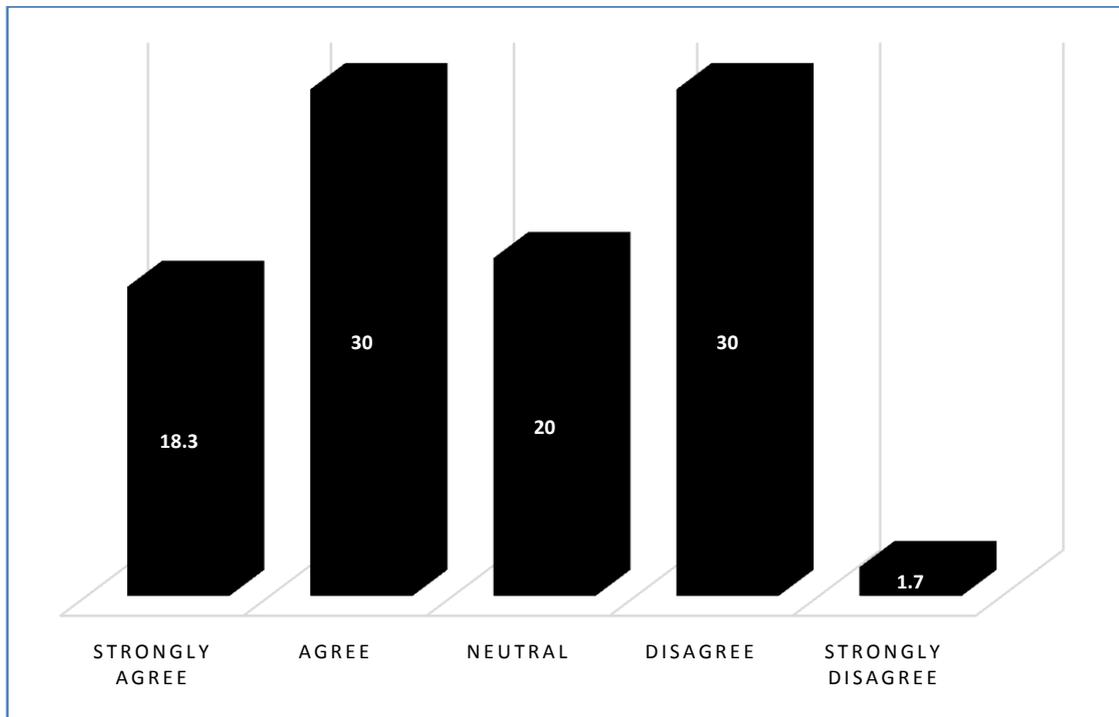
The Bar diagram represents the competition faced in the fishing field. 30% of the fishermen agreed that there is competition in the field, while an equal percentage of 30% disagreed, stating that there is no competition in the field. Additionally, 20% of them responded neutrally to this question. Furthermore, 18.3% of t1hem strongly agreed that there is competition in the field, while 1.7% responded that there is no competition in the fishing field.

Based on this, the researcher interpreted that 30% of the fishermen are facing competition in the field and at the same time 30% opined there is no competition in fishing field.

4.2.11 UTILIZATION OF CHEMICALS

Figure 11
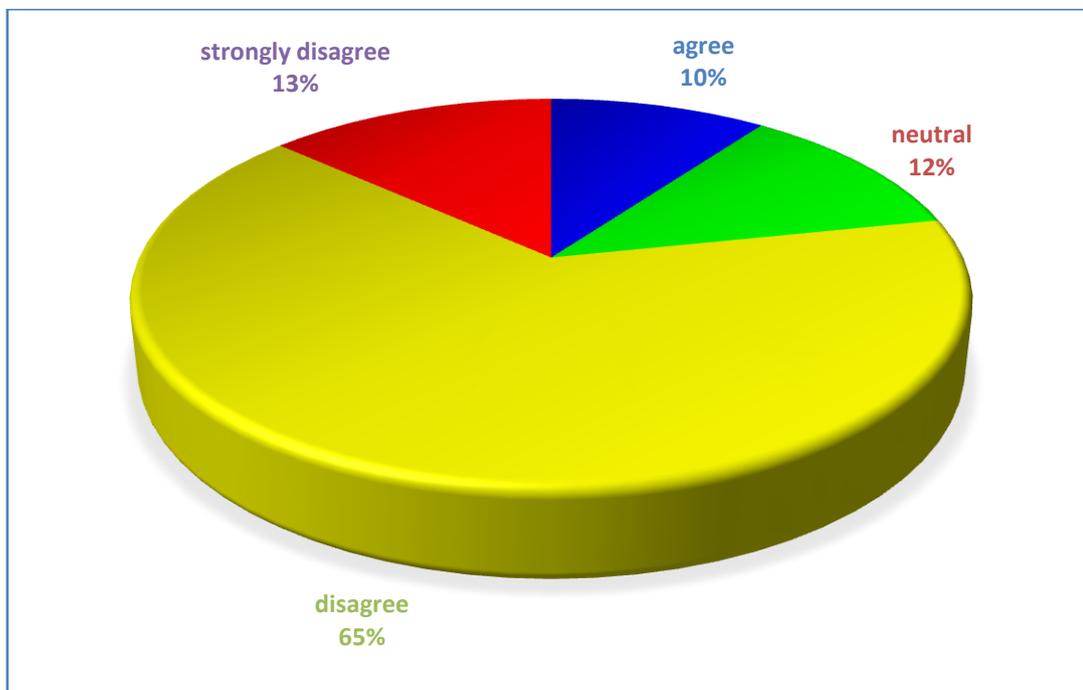
The figure shows the use of chemicals in fishing. It indicates that 65% of the fishermen disagreed with the use of chemicals, while 13% of them strongly disagreed, stating that they do not use any chemicals while fishing. Additionally, 12% of them had a neutral response, and 10% of them agreed that there is some use of chemicals while fishing.

Based on this figure, it can be observed that the majority of fishermen responded that there is no use of chemicals while they are fishing.

4.2.12 WAY OF FISHING

Figure 12
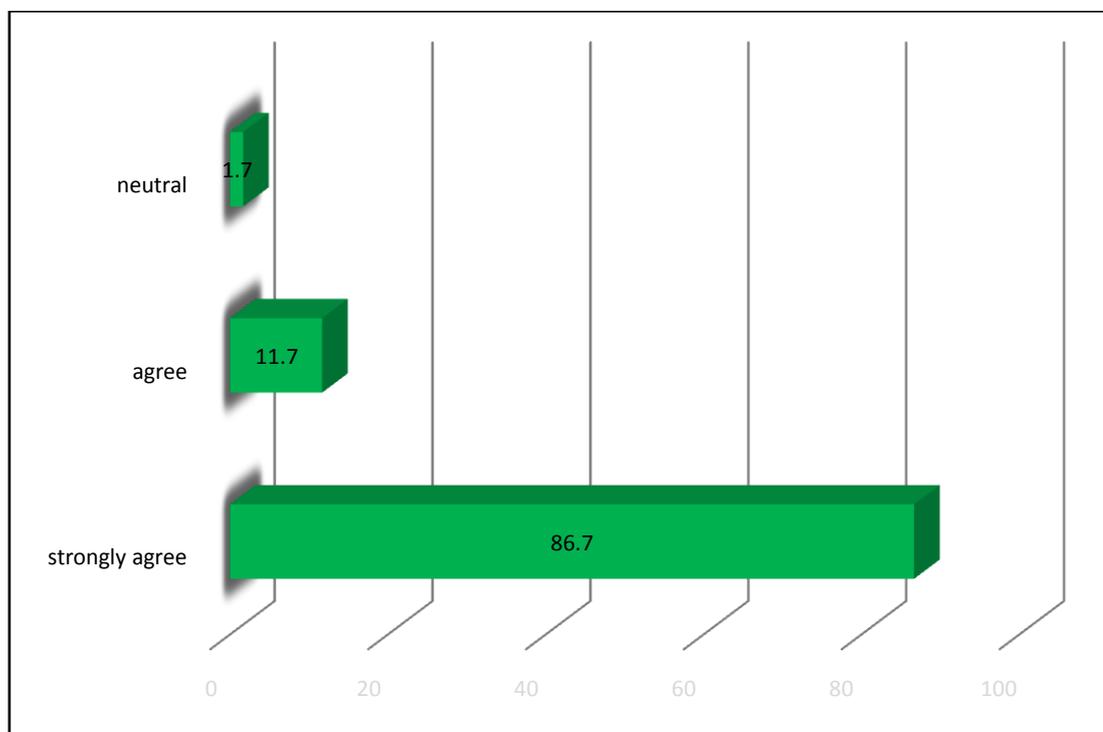
In this bar diagram, it illustrates the type of working that the fishermen are following. 86.7% of them strongly agree that they go fishing as a group, while 11.7% agree with this statement. Additionally, 1.7% of them have a neutral response to this question.

Hence, it can be concluded that the majority of fishermen go fishing as a group.

4.2.13 PROFITABILITY

Figure 13
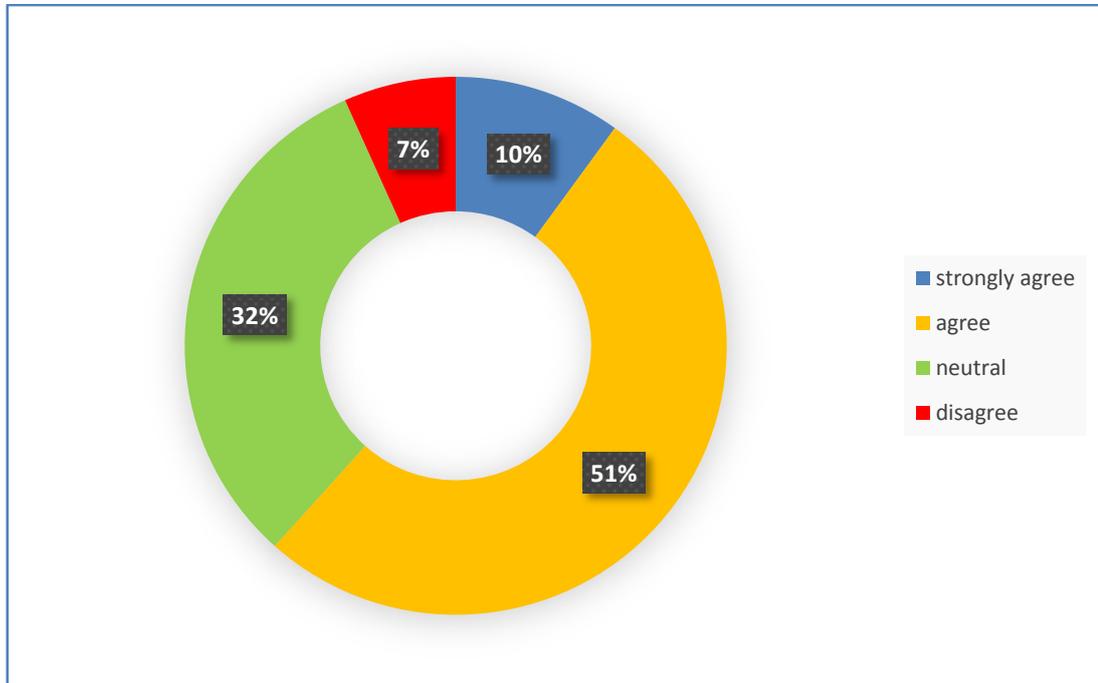
The above diagram represents the profitability of fishing. 51% of the respondents agreed that fishing is profitable. 32% of them gave a neutral response, while 10% of the fishermen strongly agreed that fishing is profitable. 7% of them disagreed that fishing is not profitable.

Therefore, the majority of them agreed that fishing is profitable.

4.2.14 WHETHER JOB IS ANCESTRAL OR NOT

Figure 14
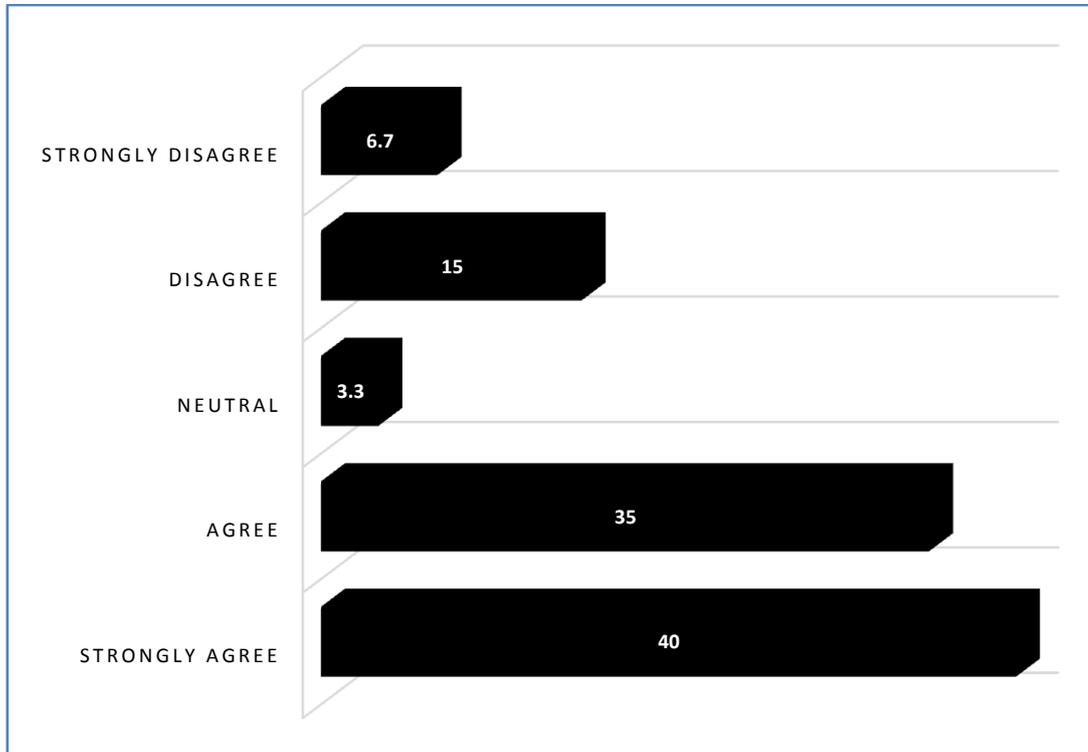
The diagram illustrates that fishing has been passed down from the previous generation of fishermen. In this, 40% of the fishermen strongly agree that fishing has been handed down from their ancestors. 35% of them agree with this statement. However, 15% of the fishermen disagree and believe that fishing is not inherited from their previous generation. Additionally, 6.7% of them strongly disagree with this question, and 3.3% have a neutral response.

Therefore, the majority of the fishermen have started fishing as a legacy from their forefathers.

4.2.15 SOCIAL RESPECT

Figure 15
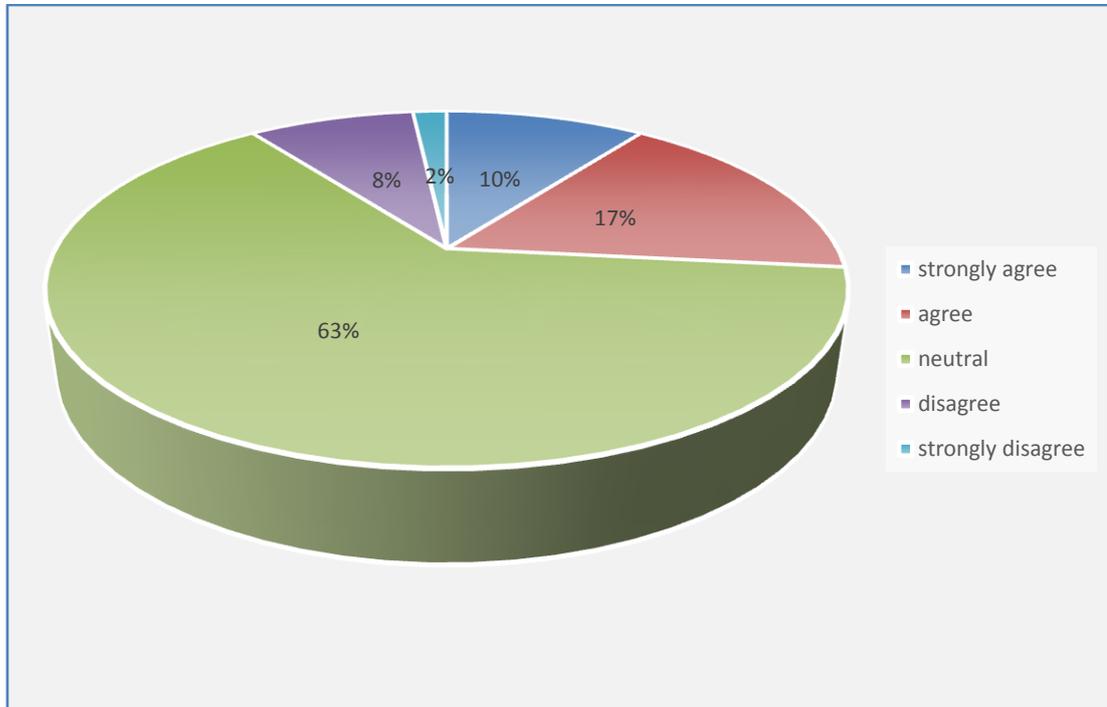
The pie chart illustrates the social respect received by fishermen from society. The majority of fishermen, comprising 63%, responded neutrally when asked about the level of respect they receive. On the other hand, 17% of fishermen agreed that they receive sufficient respect, while 10% strongly agreed. Conversely, 8% of fishermen expressed their disagreement with the amount of social respect they receive, and 2% strongly agreed with this sentiment.

Hence, the diagram indicates that the majority of fishermen have a neutral response regarding whether they receive enough respect from society or not.

4.2.16 TIME FOR FISHING

Figure 16
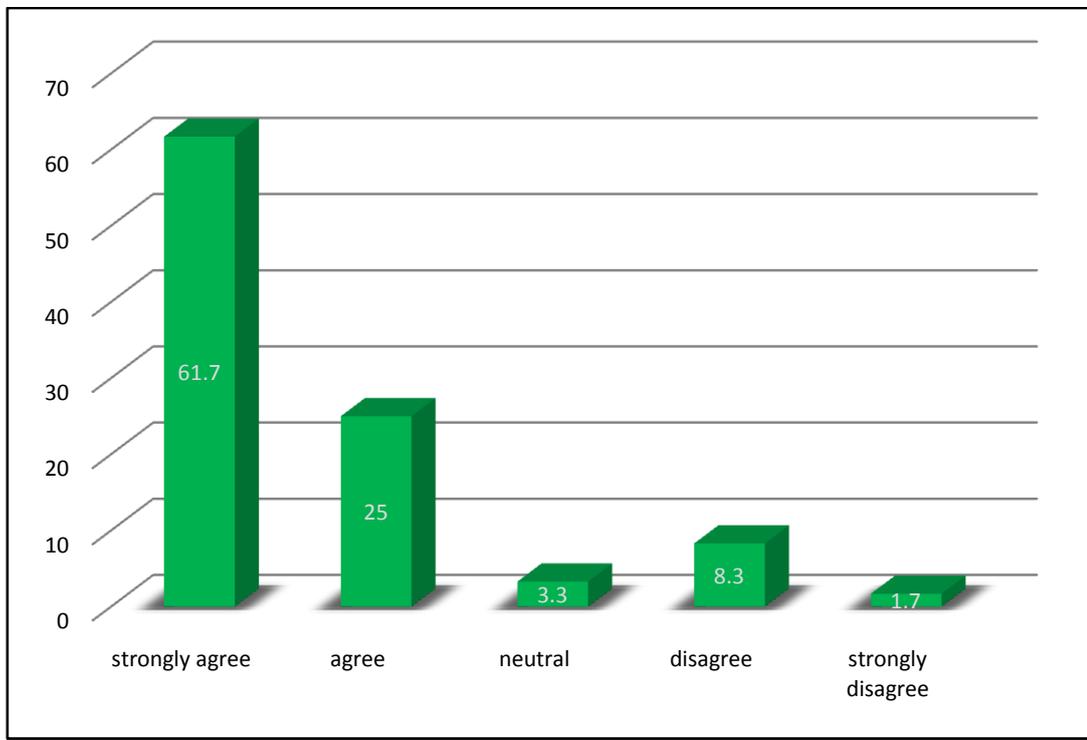
The Bar diagram illustrates the preferred time of day for fishing among the fishermen. The data shows that 61.7% of the fishermen strongly agree that they usually choose daytime for fishing. Additionally, 25% of them agree with this statement. On the other hand, 8.3% of the fishermen disagree and prefer nighttime for fishing. Furthermore, 3.3% of them have a neutral response, and 1.7% strongly disagree with choosing daytime for fishing.

Based on these findings, the researcher interpreted that the majority of the fishermen usually choose the daytime for fishing as it is the most convenient time for them.

4.2.17 EFFECT OF TIDES

Figure 17
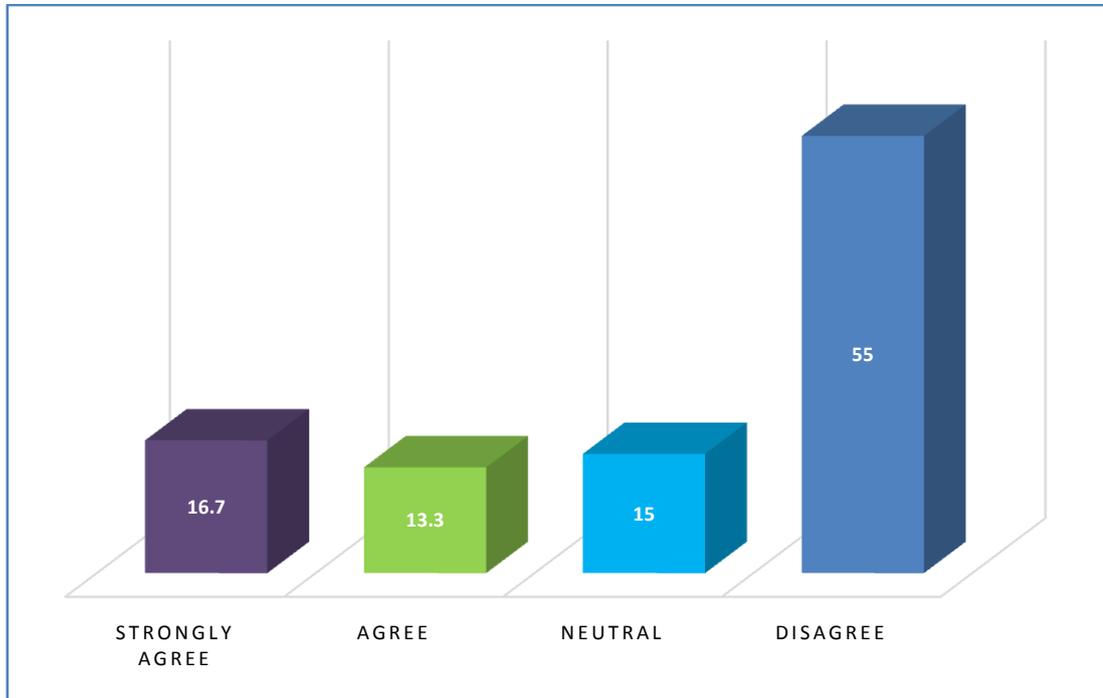
The above bar diagram represents the impact of tides on fishing. It reveals that 55% of the respondents disagreed, stating that tides do not affect fishing. Furthermore, 16.7% of them strongly agreed that tides have an impact while they are fishing. Additionally, 15% of the fishermen provided a neutral response, while 13.3% agreed that tides do affect their fishing experience.

Based on this data, the researcher interpreted that the majority of the fishermen are not affected by tides while fishing. They are able to manage the impact of tides during their fishing activities.

4.2.18 EFFECT OF ROUGH WEATHER

Figure 18
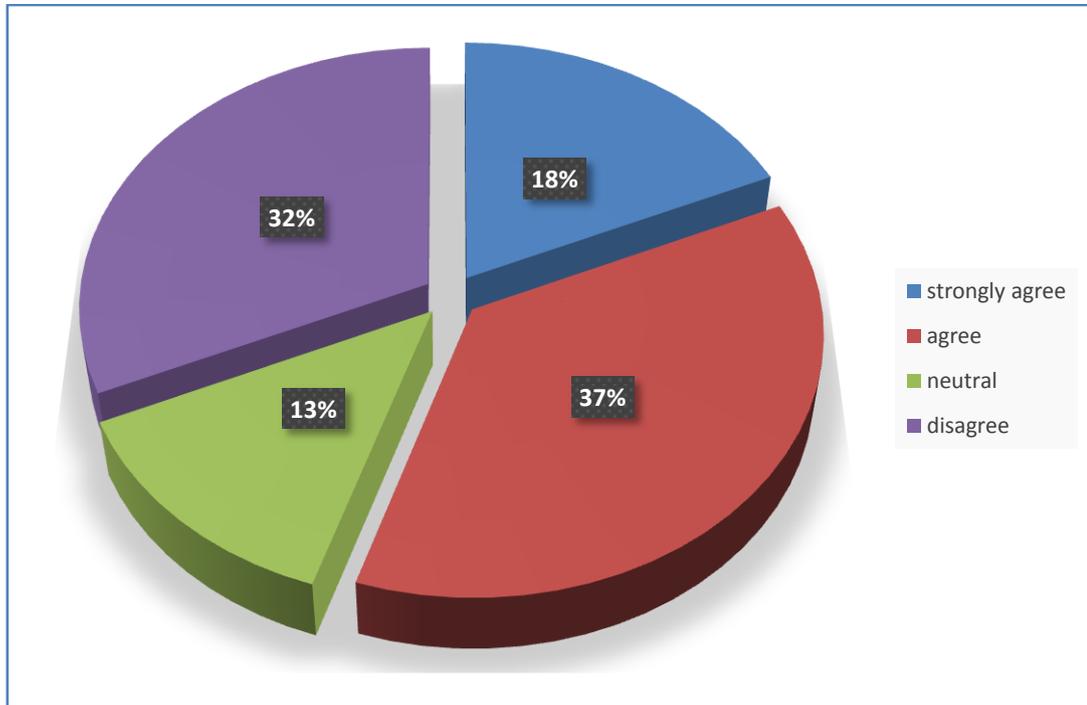
The above diagram illustrates the impact of rough weather on fishing. 37% of the respondents agreed that rough weather affects fishing, while 32% of them disagreed, stating that rough weather does not affect fishing. Additionally, 18% of them strongly agreed that rough weather has an effect on fishing, and the remaining 13% provided a neutral response.

Therefore, we can conclude that the majority of fishermen agree that rough weather has an impact on fishing.

4.2.19 ABLE TO CONCENTRATE ON THE JOB

Figure 19
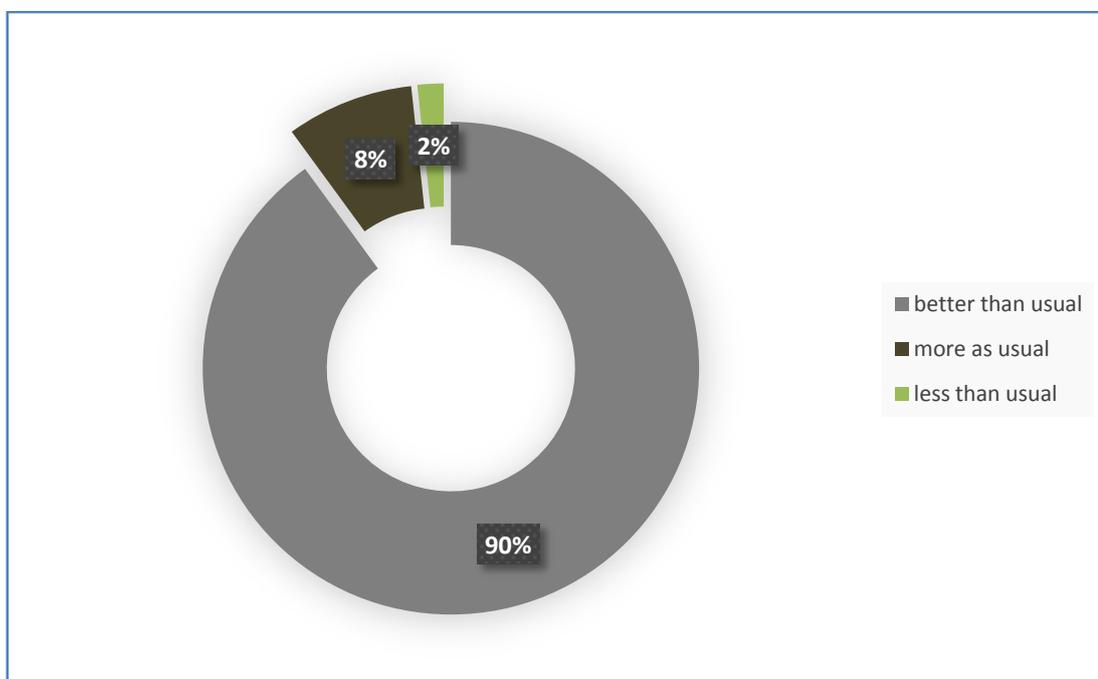
The diagram indicates the level of concentration while performing the job. According to the data, 90% of the fishermen responded that their concentration is better than usual, while 8% of them responded that their concentration is more than usual. Only 2% of the fishermen responded that their concentration is less than usual.

Based on this data, the researcher interpreted that the majority of the fishermen are able to concentrate well on their job.

(The next 14 interpretations are analyzing the psychological distress of the fishermen)

4.2.20 SLEEP SCHEDULE OR TIMINGS

Figure 20
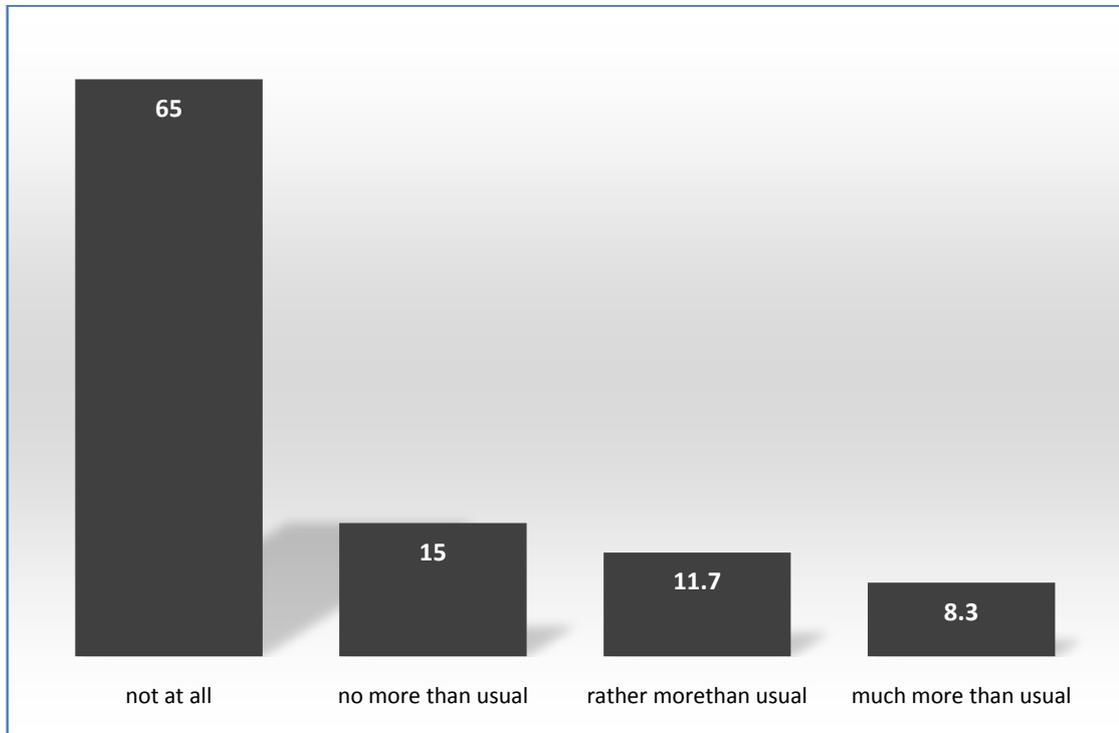
The bar diagram represents the amount of sleep loss among fishermen in the last two weeks. 65% of the fishermen responded "not at all" to experiencing sleep loss. Additionally, 15% of them responded with "no more than usual," 11.7% responded with "rather more than usual," and only 8.3% opined "much more than usual."

Therefore, it can be concluded that the majority of the fishermen have not experienced significant sleep loss.

4.2.21 PLAYING A USEFUL PART IN MY JOB

Figure 21
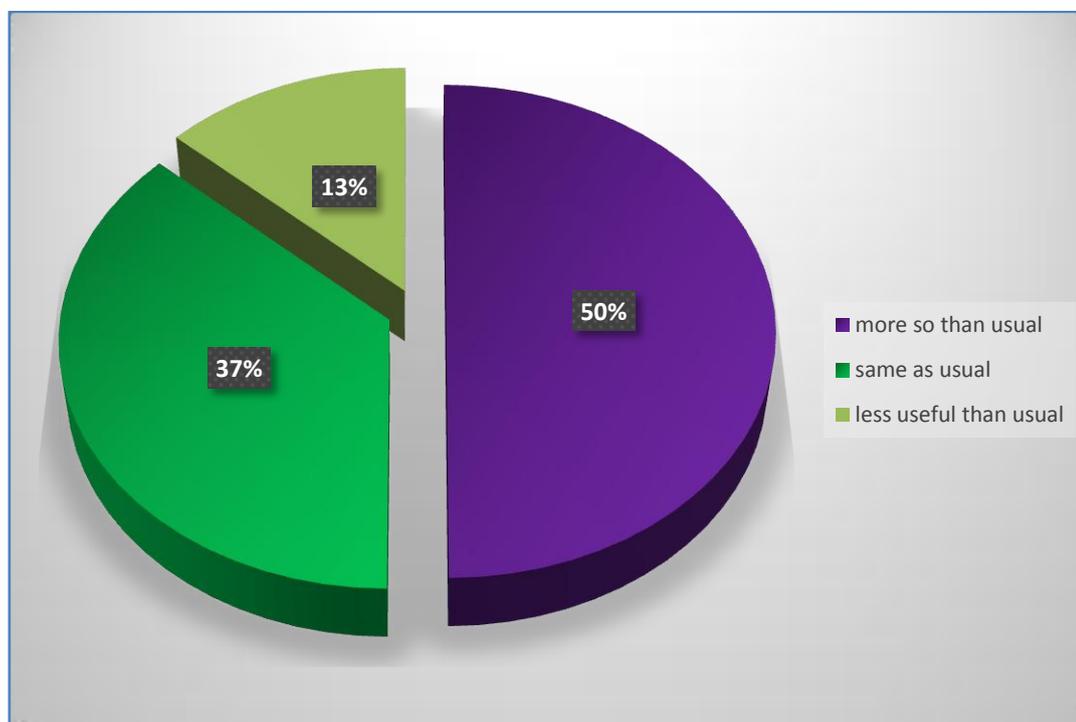
The pie diagram represents the extent to which fishermen perceive themselves as playing a useful part in their job. 50% of the fishermen responded that they play a more useful part than usual. Additionally, 37% of them responded that their contribution is the same as usual, while 13% of them responded that they feel less useful than usual.

Hence, it can be concluded that half of the respondents felt that they are playing a useful part in their job.

4.2.22 DECISION MAKING CAPACITY

Table 1

Responses	Frequency	Percentage
more so than usual	28	46.7
same as usual	23	38.3
less so than usual	5	8.3
much less capable	4	6.7
Total	**60**	**100**

The table indicates the decision-making capacity of the fishermen. According to the data, 46.7% of them responded that they have a greater decision-making capacity than usual. Additionally, 38.3% of them stated that their decision-making capacity is the same as usual. Furthermore, 8.3% of them reported having a lower decision-making capacity than usual, while 6.7% of them responded that their decision-making capacity is much less capable.

Based on this data, it can be concluded that the majority of the fishermen have the decision-making capacity.

4.2.23 CONSTANT UNDER STRAIN

Figure 22
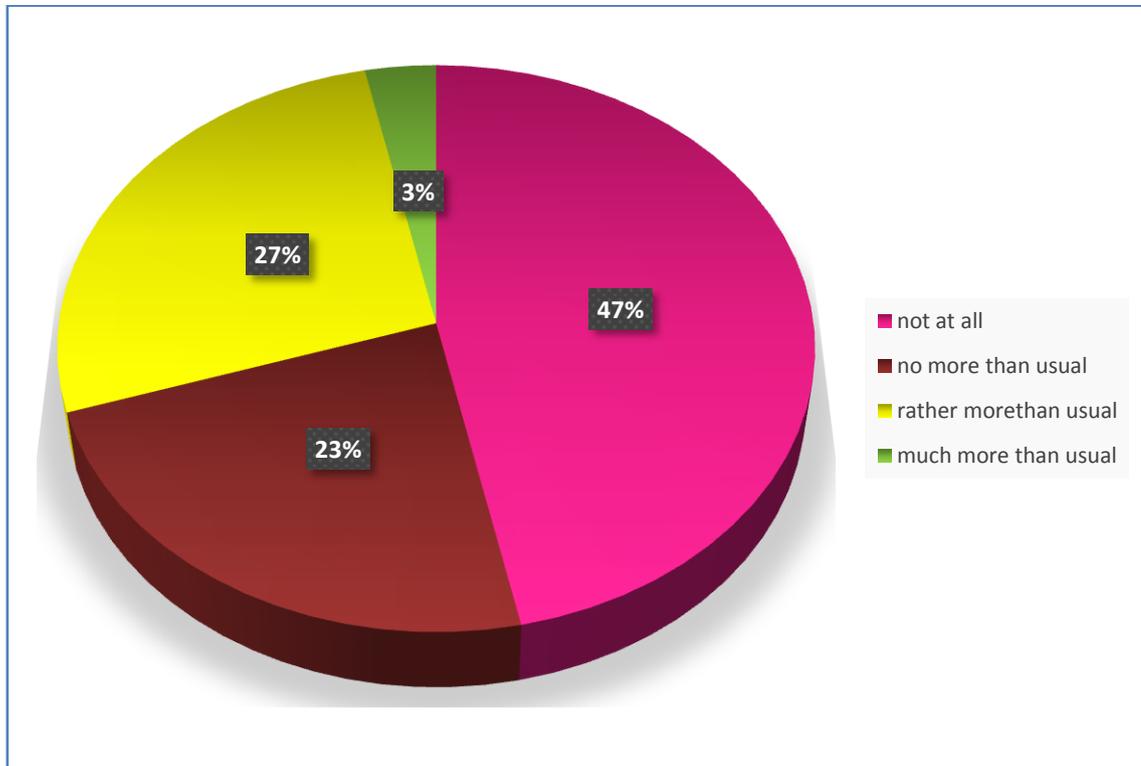
The diagram illustrates the levels of perceived strain among fishermen. Of the respondents, 47% indicated that they did not feel any strain at all, while 27% reported feeling slightly more strain than usual. Additionally, 23% expressed that they felt no more strain than usual, and only 3% reported feeling significantly more strain than usual.

Therefore, it can be concluded that the majority of fishermen did not experience a constant feeling of strain.

4.2.24 OVERCOMING DIFFICULTIES

Table 2

Responses	Frequency	Percentage
not at all	28	46.7
no more than usual	19	31.7
rather more than usual	13	21.7
Total	**60**	**100.0**

The table represents the perception of fishermen regarding their ability to overcome difficulties. According to the data, 46.7% (28) of them responded "not at all" to being able to overcome their difficulties. Additionally, 31.7% of them responded "not more than usual," and 21.7% of them responded "rather more than usual."

Therefore, it can be concluded that most of the fishermen were able to overcome their difficulties in the last two weeks.

4.2.25 SATISFACTION OF ROUTINE ACTIVITIES

Figure 23
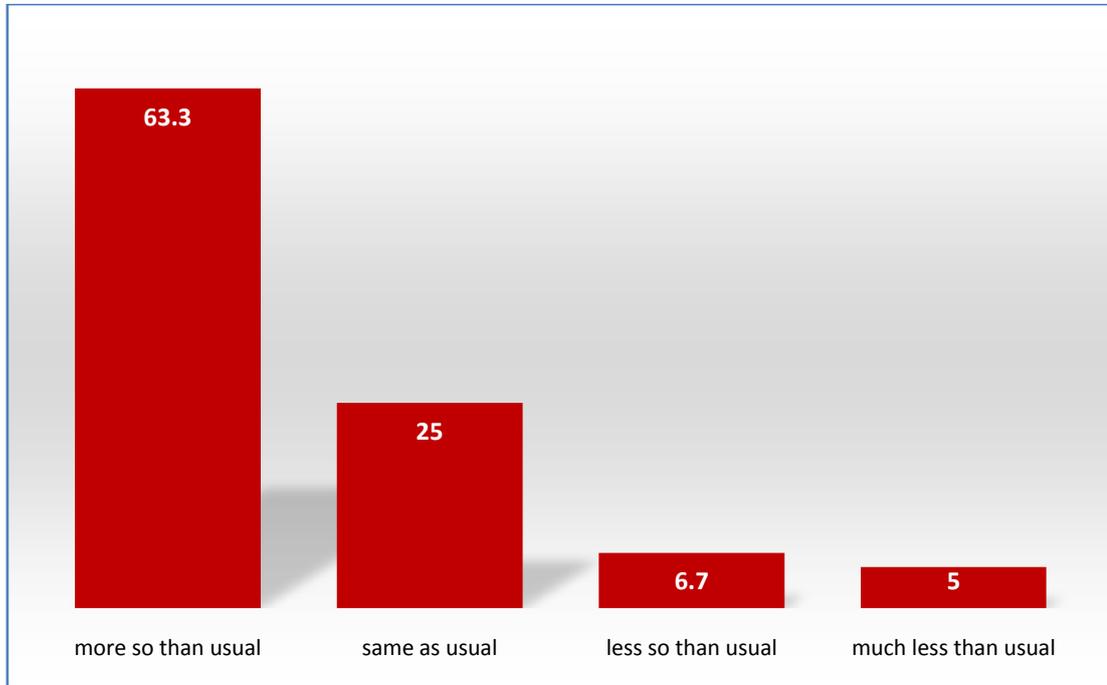
The bar diagram reveals the level of enjoyment experienced by fishermen in their day-to-day activities. According to the data, 63.3% of them responded "more so than usual" to enjoying their activities. Additionally, 25% of them stated that their enjoyment level is the same as usual. Furthermore, 6.7% of the respondents responded "less so than usual," and 5% of them opined "much less than usual."

Hence, it can be concluded that the majority of the fishermen expressed that they can enjoy their day-to-day activities.

4.2.26 ENCOUNTER THE PROBLEM

Figure 24
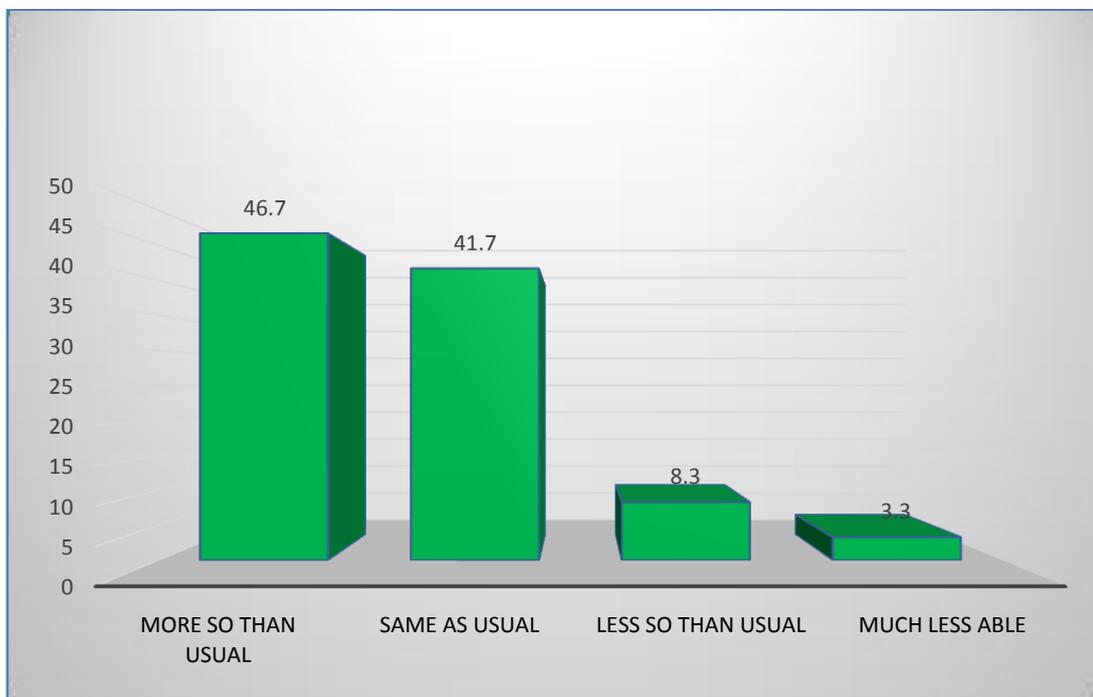
The bar diagram indicates the capacity of fishermen to confront their problems in the last two weeks. According to the data, 46.7% of them responded "more so than usual" in terms of their ability to face up to their problems. Additionally, 41.7% of them opined that their capacity to face up to their problems is the same as usual. Furthermore, 8.3% of the fishermen responded "less so than usual," and only 3.3% of them opined that they are much less able to face up to their problems.

Therefore, it can be concluded that most of the fishermen have the ability to face up to their problems.

4.2.27 FEELING OF UNHAPPY AND DEPRESSION

Figure 25
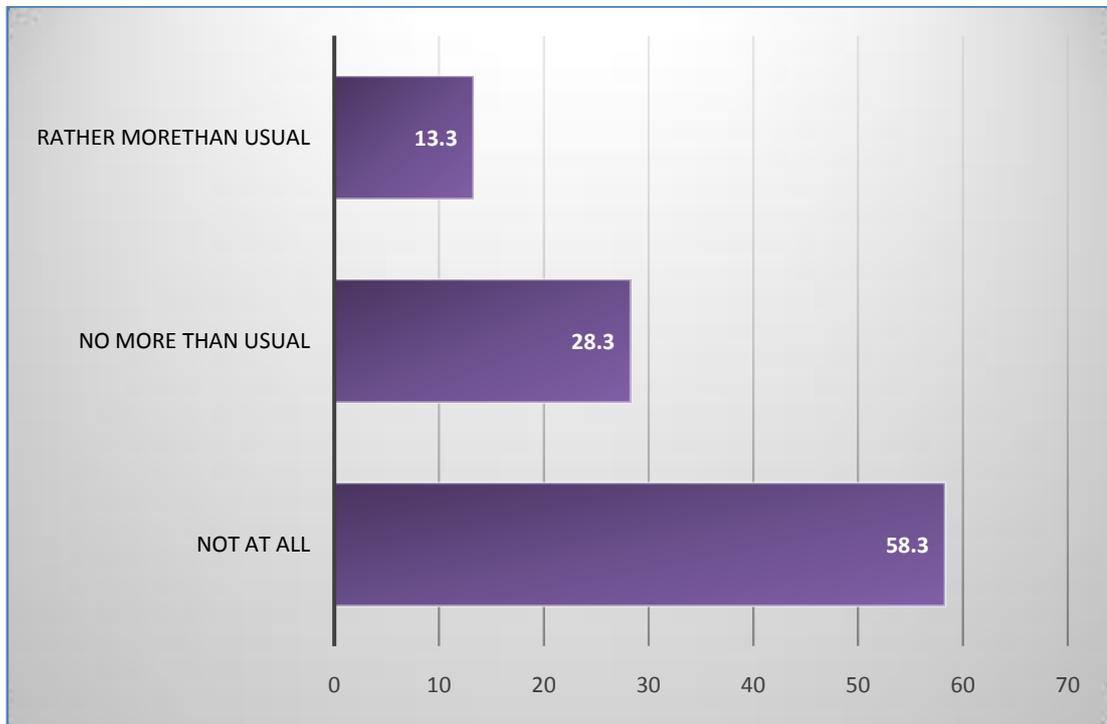
The above diagram represents the feelings of unhappiness and depression among fishermen. According to the data, 58.3% of the fishermen responded "not at all" to feeling unhappy and depressed. Additionally, 28.3% of them responded "no more than usual," and 13.3% of them opined "rather more than usual."

Therefore, it can be concluded that the majority of the fishermen have not experienced feelings of unhappiness and depression in the past two weeks.

4.2.28 LOSS OF CONFIDENCE

Table 3

Responses	Frequency	Percentage
not at all	31	51.7
no more than usual	18	30.0
rather more than usual	8	13.3
much more than usual	3	5.0
Total	**60**	**100.0**

The above diagram represents the loss of confidence among fishermen. According to the data, 51.7% of them responded "not at all" to experiencing a loss of confidence. Additionally, 30% of the fishermen responded "no more than usual," while 13.3% of them responded "rather more than usual." Furthermore, 5% of the respondents indicated that they have experienced a much greater loss of confidence than usual.

Therefore, it can be concluded that the majority of the fishermen have not lost their confidence in the past two weeks.

4.2.29 THOUGHT AS A WORTHLESS PERSON

Figure 26
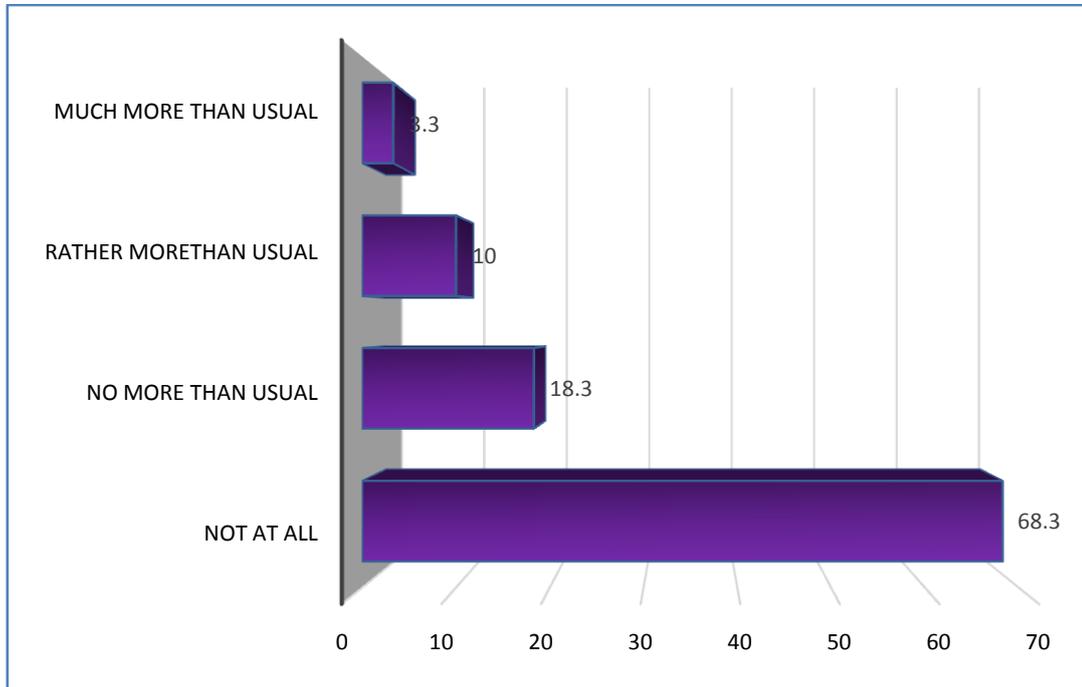
The above diagram indicates the perception of fishermen regarding themselves as a worthless person. According to the data, 68.3% of the respondents responded "not at all," indicating that they do not consider themselves as worthless and have a positive self-perception. Additionally, 18.3% of them responded "no more than usual," while 1% of them opined "rather more than usual." Only 3.3% of the fishermen responded "much more than usual," suggesting a significantly higher perception of feeling worthless.

Hence, it can be concluded that the majority of the fishermen perceive themselves as worthy individuals.

4.2.30 FEELS OF REASONABLY HAPPY

Figure 27
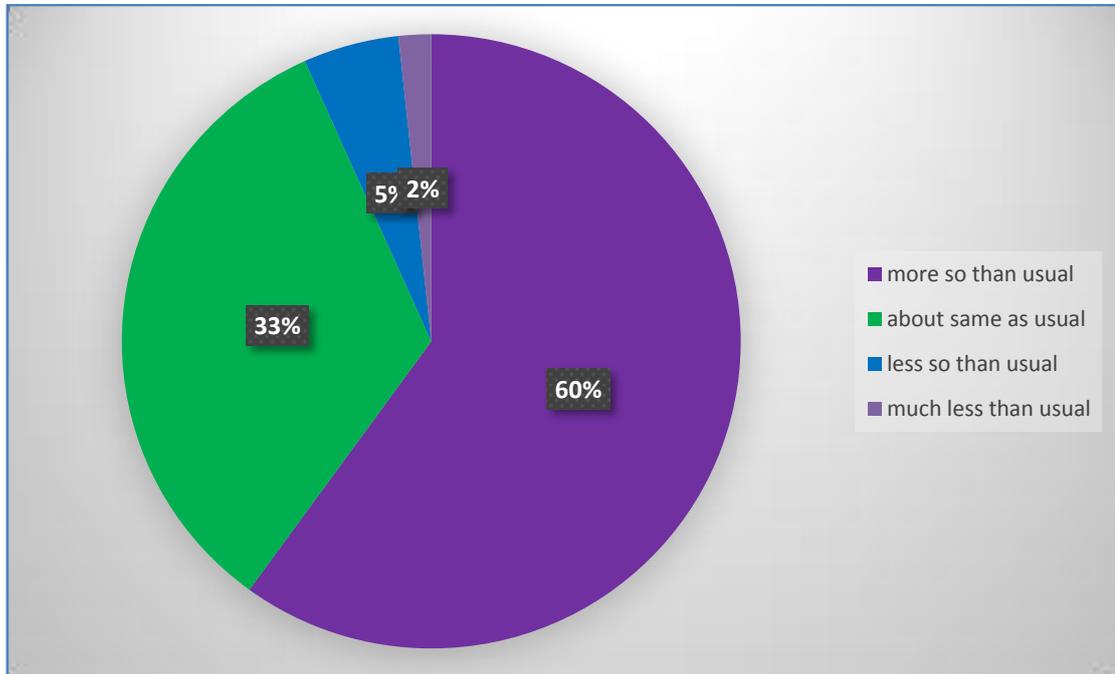
The pie diagram shows the level of happiness among fishermen. According to the data, 60% of them responded "more so than usual," indicating a higher level of happiness. Additionally, 33% of the fishermen responded "about the same as usual," suggesting a consistent level of happiness. Furthermore, 5% of the respondents responded "less so than usual," while the remaining 2% indicated "much less than usual" in terms of their happiness level.

In the diagram, the researcher interpreted that the majority of the fishermen have a feeling of reasonably happy. They are able to adjust with their problems and find happiness despite any challenges they may face.

4.2.31 OVERALL PSYCHOLOGICAL DISTRESS

Table 4

Low Risk (%)	Moderate Risk (%)	High Risk (%)
48 (80%)	8 (13.3)	4 (6.7)

The table presents the overall psychological distress levels of the fishermen community. The researcher used the 'General Health Questionnaire-12' to assess the psychological well-being of the fishermen based on their satisfaction with living conditions over the past two weeks (from 20th march 2023 to 2nd April 2023). The data was categorized into ranges: 0 to 12 indicating low risk, 13 to 25 indicating moderate risk, and 25 to 36 indicating high risk. Each option in the questionnaire was assigned a score: Option A = 0, Option B = 1, Option C = 2, and Option D = 3. The total score was calculated as the sum of the scores for the 12 questions, resulting in a maximum possible score of 36.

According to the findings, 80% of the fishermen were classified as low risk, 13.3% as moderate risk, and a small percentage of 6.7% were classified as high risk.

Based on this interpretation, it can be concluded that the majority of the fishermen experienced low levels of psychological distress in the last two weeks, suggesting that their overall psychological well-being is not in a critical condition.

4.2.32 DIFFICULTY IN BREATHING

Figure 29
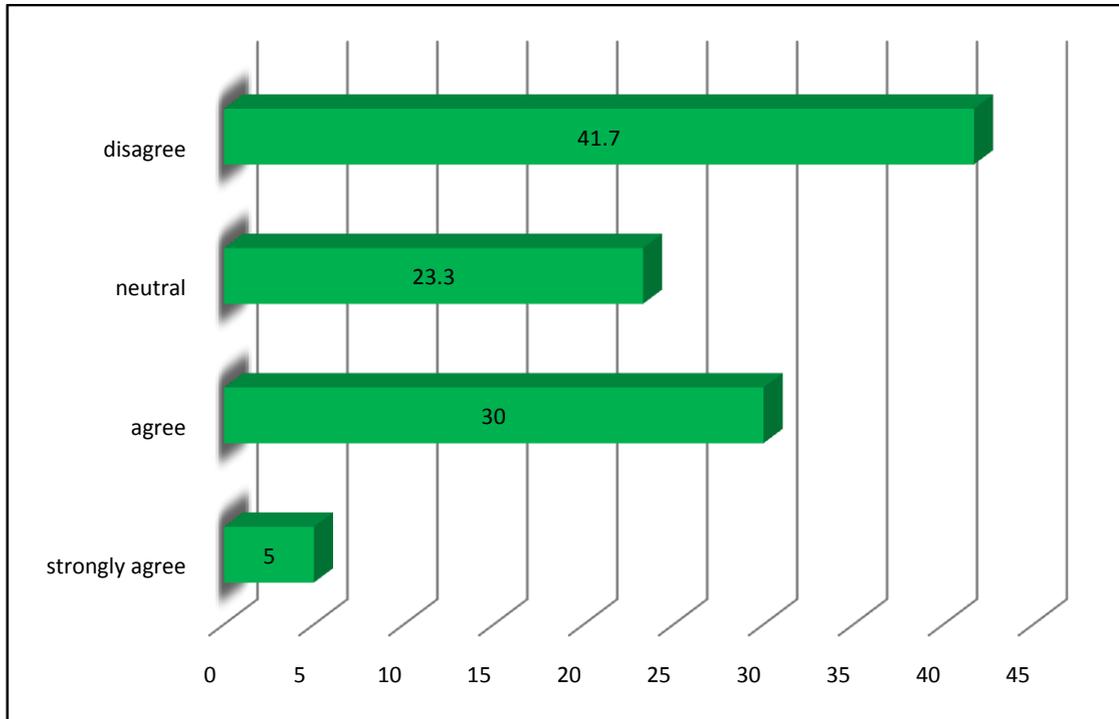
According to the provided diagram, it is evident that difficulty in breathing is attributed to fishing. A significant portion of fishermen, specifically 41.7%, expressed disagreement with the notion that fishing does not contribute to breathing problems. Conversely, 30% of the fishermen agreed that fishing does cause breathing problems. Furthermore, 23.3% of the fishermen had a neutral response, while only 5% strongly agreed that fishing can be a cause for breathing problems.

Therefore, it can be concluded that the majority of fishermen disagree with the idea that fishing cannot lead to breathing problems.

4.2.33 WORK RELATED TRAUMATIC ISSUES

Figure 30
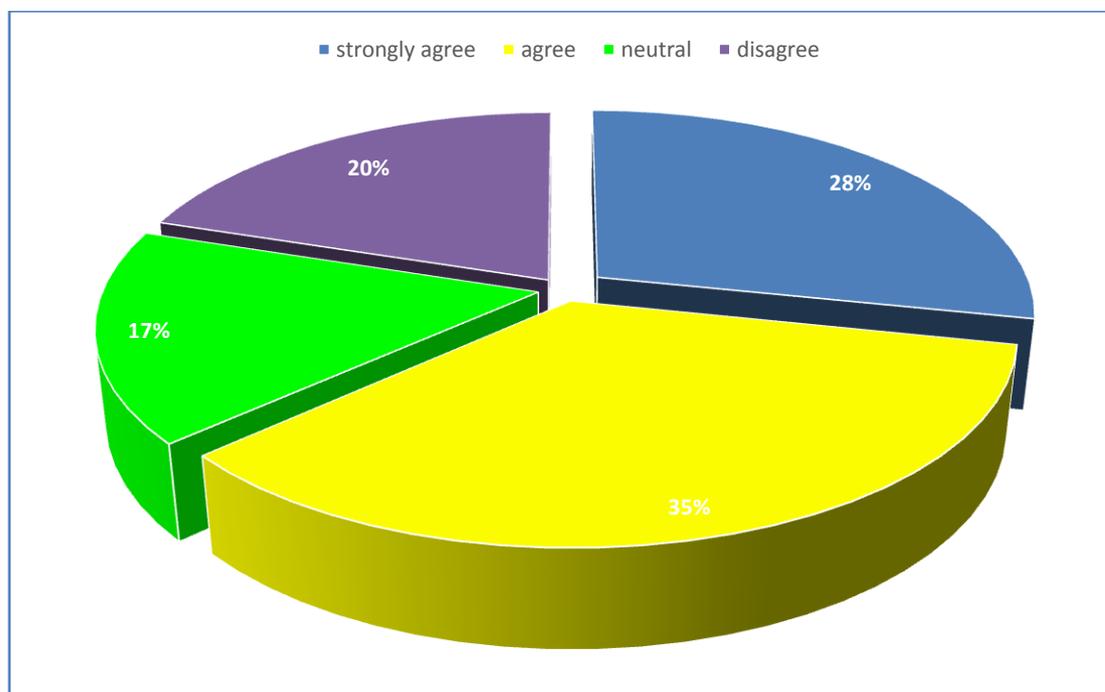
The pie diagram illustrates the work-related traumatic issues faced by fishermen. According to the data, 28% of the respondents strongly agreed that work-related traumatic issues are common in the fishing field, while an additional 35% agreed with this statement. Furthermore, 20% of the participants also responded affirmatively, and 17% remained neutral on this matter.

Consequently, the researcher concludes that a significant majority of fishermen are affected by work-related traumatic issues, indicating that it is a prevalent problem within the fishing industry.

4.2.34 SANITATION FACILITIES

Figure 31
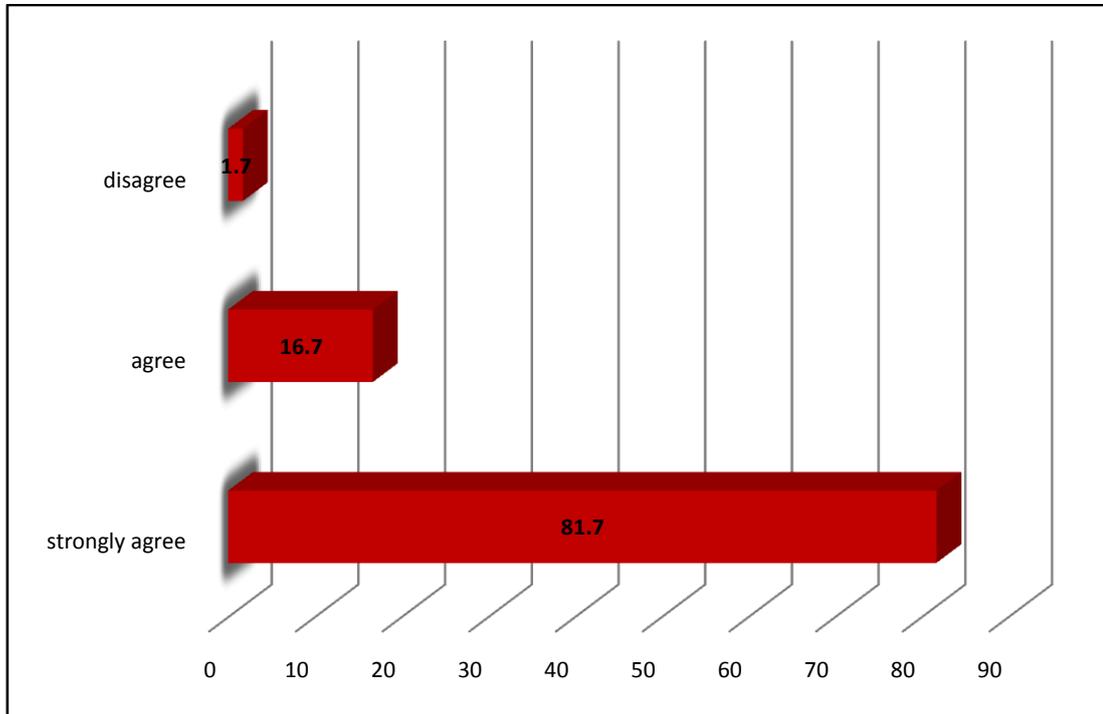
The bar diagram indicates that the majority of fishermen, approximately 81.7%, strongly agree that proper sanitation facilities are available in their area. Additionally, 16.7% of them agree that these facilities are available, while only 1.7% of fishermen have expressed disagreement regarding the availability of proper sanitation facilities.

So those, majority of the fishermen have strongly agreed that there are proper sanitation facilities available in their area.

4.2.35 ACCESSIBILITY OF HOSPITAL

Figure 32
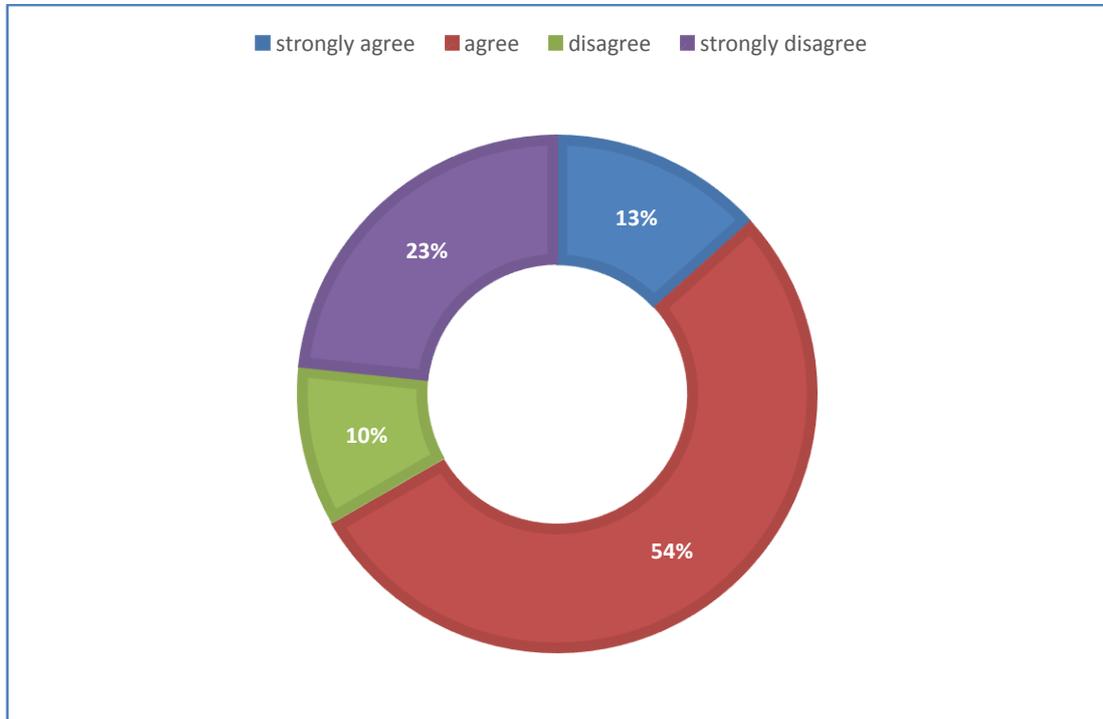
The above diagram represents the distribution of easily accessible hospitals in the area. According to the survey results, 54% of the respondents agreed that there are easily accessible hospitals in the area. However, 23% of the fishermen strongly disagreed and expressed the need for more specialized hospitals in the area. On the other hand, 13% of the fishermen strongly agreed that there are easily accessible hospitals, while 10% provided a neutral response.

Therefore, it can be concluded that the majority of respondents agreed that there are easily accessible hospitals in their area.

4.2.36 USE OF MODERN MACHINERIES

Figure 33
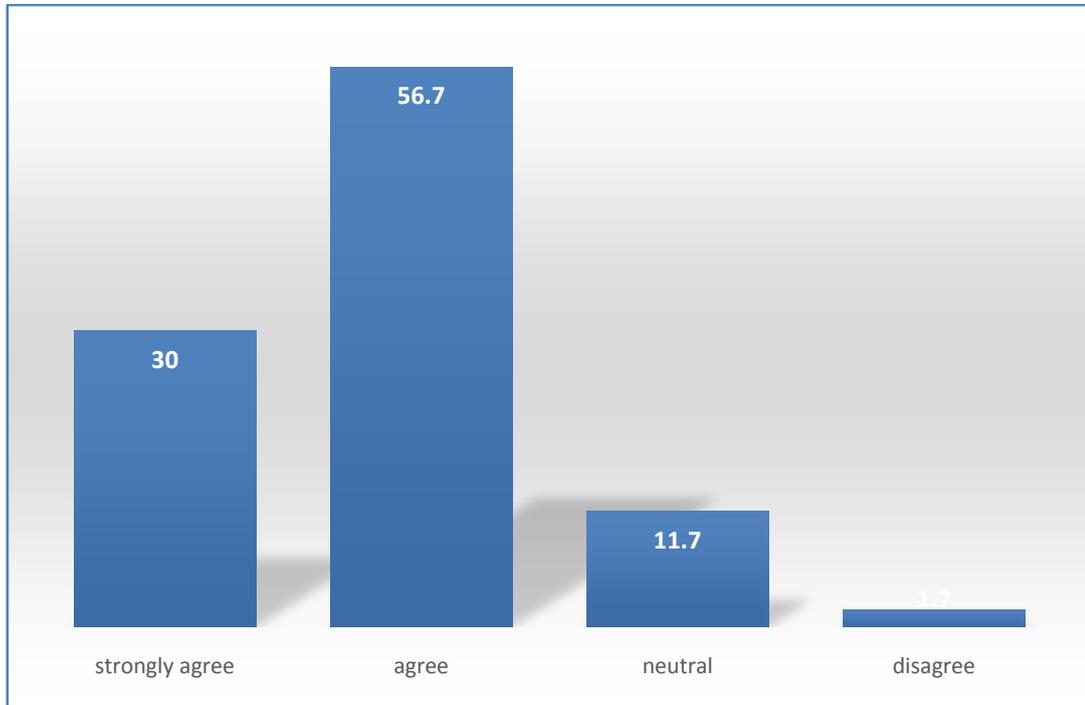
The bar diagram illustrates the utilization of modern machinery in fishing. According to the data, 56.7% of the respondents agreed that the implementation of modern machinery helps in reducing health issues among fishermen. On the other hand, 30% strongly disagreed with the notion that modern machinery can effectively address health concerns. A neutral response was given by 11.7% of the participants, while only 1.7% of the fishermen disagreed with the idea that modern machinery can mitigate health issues.

Based on these findings, the researcher can interpret that a majority of the fishermen feel that the use of modern machinery indeed decreases health problems among them.

4.2.37 WASTE MANAGEMENT SYSTEM

Figure 34
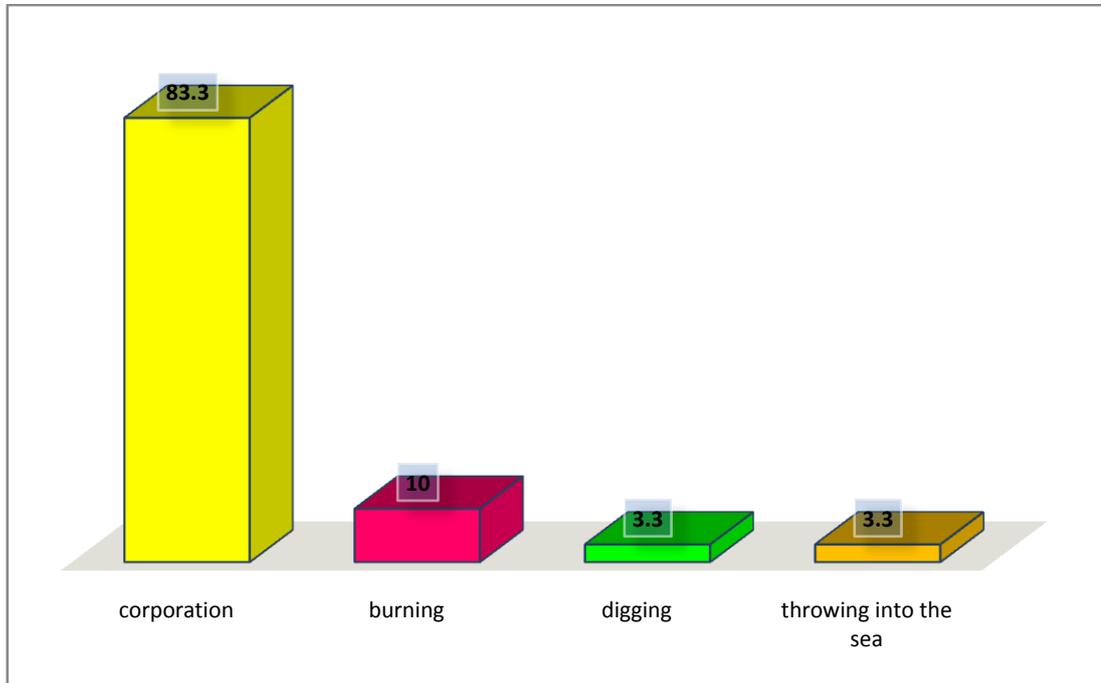
The bar diagram illustrates the waste management system adopted by the fishermen. According to the diagram, 83.3% of them utilize corporation/panchayat facilities for waste management. Additionally, 10% of them resort to burning the waste, while 3.3% prefer to bury it. The remaining 3.3% dispose of their waste by throwing it into the sea.

Therefore, the majority of the fishermen opt for the corporation/panchayat facilities for waste management.

4.2.38 DRINKING WATER AVAILABILITY

Figure 35
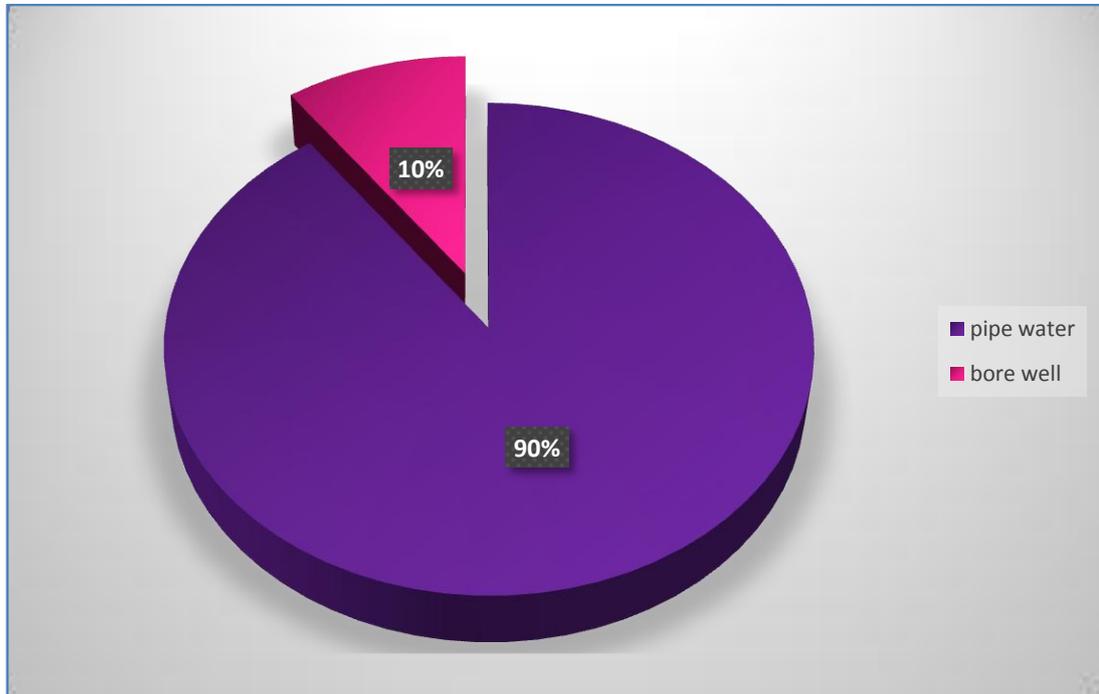
The pie diagram represents the availability of drinking water in the fishermen's families. 90% of them are using pipewater facilities, while the remaining 10% are relying on bore wells for their drinking water.

As a result, the majority of the fishermen's families are using piped water for drinking.

4.3 CONCLUSION

The analysis of research work is a vital step in advancing knowledge and improving the quality of research in various fields. The chapter dealt with analysis and interpretation, which is the major part of the research study. The data collected from 60 samples of respondents are analysed and interpreted using figures.

CHAPTER V

FINDINGS AND SUGGESTIONS

CHAPTER V

FINDINGS AND SUGGESTIONS

5.1 MAJOR FINDINGS

- According to this research finding only few fishermen have secondary level education.
- The study reveals that majority of the fishermen are living in the joint family.
- The research study identified that most of the fishermen are living in the houses with tile roof.
- The research study found that majority of the fishermen is going for fishing most of the days in a week.
- The research study found that the climate changes affect fishing.
- The study showed that majority of the fishermen is satisfying with their income.
- The research study identified that the majority of the fishermen are not using any chemicals while fishing.
- The research study found that fishing is delivered from the previous generation of the fishermen.
- The research study identified that fishermen are not bothered about that whether they are getting enough social respect or not.
- The research study reveals that the fishermen are usually choosing the day time for fishing.
- This study showed that tides are not affecting the fishermen while they are fishing.
- The research study found that the rough weather affects the fishing.
- The study identified that fishermen are not lost their sleep since the last week.
- The research identified that majority of the fishermen have the decision-making capacity.
- The research study found that fishermen could overcome their difficulties since the last two weeks.
- The research study reveals that fishermen have not felt unhappy or depressed in the past two weeks.
- The research identified that most of the fishermen did not think as a worthless person.

- The research found that there is no difficulty in breathing because of fishing.
- The study reveals that the work-related traumatic issues are common in fishing.
- The study found that fishermen are getting enough sanitation facilities in their area.
- The research study identified that most of the fishermen have easily accessible hospital in their area.
- The study identified that majority of the fishermen could reduce health issues because of the use of modern machineries in fishing.
- The research study found that most of the fishermen are depending on the corporation or panchayat for their waste management.
- The research study identified that majority of the fishermen are using the pipe water for drinking.
- The research study found that the overall psychological distress of the fishermen community is in low risk.
- According to this research findings 30% of the fishermen are facing competition in the field and at the same time 30% of them are notfacing competition in the fishing field.

5.2 IMPLICATIONS

- The research findings can be used to inform policy makers about the specific challenges and health issues faced by the fishermen community in Kannur district. This can help in formulating policies and interventions targeted at improving their working conditions, access to health care and overall well being.
- The research can highlight the need for health education and awareness programs targeted at the fishermen community in Kannur district. These programs can focus on raising awareness about common health issues, promoting preventive measures and providing information about available healthcare services and resources.
- The research can shed light on the social and support systems required for the well being of fishermen in Kannur district. It can help identify gaps in existing support services and inform the development of initiatives that provide

financial, psychological and social support to the community members and their families.

➢ The research can foster collaborations between researchers, healthcare professionals, government agencies, Nongovernmental organizations and community organizations. These partnership can work together to implement the research recommendations, develop interventions, and advocate for the rights and well being of the fishermen in Kannur district.

5.3 LIMITATIONS

➢ The sample is taken only from sixty respondents, so the study cannot be generalized.

➢ Lack of scholarly works based on this topic.

➢ Many of the fishermen were not willing to respond properly because of their tiredness and tight work schedules.

➢ Lack of knowledge of the fishermen about the importance of the research.

5.4 SUGGESTIONS

➢ There should have some development in the working conditions of fishermen, providing them with necessary protective gear, facilitating regular health check-ups, and raising awareness about occupational health risks and preventive measures.

➢ Education and training programs should be establish to enhance the fishermen's knowledge on health promotion, early detection of diseases, and the importance of seeking timely medical assistance.

➢ There should have a collaborative effort of health workers and community organizers to make reduction in unawareness about the health hazards that related to their working pattern.

➢ The availability of health facilities should develop. Because the primary health centre's only can provide the primary level health services. If any hazards may occur it the sea, the fishermen may approach the town areas for the emergency and better health services.

➢ The waste management systems should be more systematic in the fishermen community.

5.5 CONCLUSION

This research aimed to explore the working patterns and health status of the fishermen community in Kannur district. Through a comprehensive assessment of their work routines and the impact on their well-being, several key findings have emerged.

The study revealed that fishermen in Kannur district have unique working patterns characterized by long hours of labour, irregular schedules, and exposure to various occupational hazards. These factors contribute to physical strain and exhaustion, which often leads to chronic health issues among the fishermen community. The research highlighted the prevalence of occupational health problems like skin diseases among the fishermen. The continuous exposure to harsh environmental conditions, including extreme weather, water pollution, and hazardous fishing equipment, exacerbates the health risks faced by these individuals.

Furthermore, the study shed light on the limited access to healthcare services and inadequate health awareness among the fishermen community. The lack of appropriate medical facilities, coupled with their low socio-economic status, poses significant challenges in addressing and managing their health conditions effectively. To address these issues, it is imperative for policymakers, governmental organizations, and non-governmental agencies to develop and implement targeted interventions. These interventions should focus on improving the working conditions of fishermen, providing them with necessary protective gear, facilitating regular health check-ups, and raising awareness about occupational health risks and preventive measures. Moreover, collaborative efforts between healthcare providers, community organizations, and the fishermen community itself are crucial in creating sustainable solutions. Education and training programs should be established to enhance the fishermen's knowledge on health promotion, early detection of diseases, and the importance of seeking timely medical assistance.

In conclusion, this research underscores the urgent need for comprehensive support systems to safeguard the well-being of the fishermen community in Kannur district. By addressing the occupational challenges they face and ensuring access to quality healthcare, we can work towards improving their overall health outcomes and promoting a sustainable livelihood for this vital community.

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APPENDIX

QUESTIONNAIRE

SOCIO-DEMOGRAPHIC DETAILS

1. Name :
2. Place :
3) Age:
4) Gender:

Male ☐

Female ☐

Others ☐

5) Religious status:

Christian ☐

Hindu ☐

Muslim ☐

Others ☐

6) Marital status:

Single ☐

Married ☐

Divorced ☐

Separated ☐

7) Educational status:

Illiterate ☐

Primary education ☐

Secondary education ☐

Graduation ☐

Post graduation ☐

8) Family type:

Joint family ☐

Nuclear family ☐

9) What type of house that you are living in?

Concrete house ☐

House with tile roof ☐

Hut ☐

Mud house ☐

Other types ☐

10) Does your house Electrified?

Yes ☐

No ☐

WORKING PATTERN OF FISHERMEN COMMUNITY

11) I go for fishing majority of the days in a week.

Strongly agree ☐

Agree ☐

Neutral ☐

Strongly disagree ☐

Disagree ☐

12) I stay few days in the sea while go for fishing.

Strongly agree ☐

Agree ☐

Neutral ☐

Strongly disagree ☐

Disagree ☐

13) Climate changes are affecting the fishing.

Strongly agree ☐

Agree ☐

Neutral ☐

Strongly disagree ☐

Disagree ☐

14) I am satisfied with the income that i get through fishing.

Strongly agree ☐

Agree ☐

Neutral ☐

Strongly disagree ☐

Disagree ☐

15) I am facing extreme competition in the fishing field.

Strongly agree ☐

Agree ☐

Neutral ☐

Strongly disagree ☐

Disagree ☐

16) I am using chemicals for freshening up the fish.

Strongly agree ☐

Agree ☐

Neutral ☐

Strongly disagree ☐

Disagree ☐

17) I go for the fishing as a group.

Strongly agree ☐

Agree ☐

Neutral ☐

Strongly disagree ☐

Disagree ☐

18) Fishing is a profitable one.

Strongly agree ☐

Agree ☐

Neutral ☐

Strongly disagree ☐

Disagree ☐

19) Fishing is delivered from my previous generation.

Strongly agree ☐

Agree ☐

Neutral ☐

Strongly disagree ☐

Disagree ☐

20) I am getting enough respect/consideration from the society.

Strongly agree ☐

Agree ☐

Neutral ☐

Strongly disagree ☐

Disagree ☐

21) I usually choose day time for fishing.

Strongly agree ☐

Agree ☐

Neutral ☐

Strongly disagree ☐

Disagree ☐

22) The Tides are affecting the fishing.

Strongly agree ☐

Agree ☐

Neutral ☐

Strongly disagree ☐

Disagree ☐

23) The rough weather affects while fishing in the sea.

Strongly agree ☐

Agree ☐

Neutral ☐

Strongly disagree ☐

Disagree ☐

HEALTH-RISK BEHAVIOUR OF FISHERMEN COMMUNITY

24) Sea water can able to prevent/reduce skin diseases.

Strongly agree ☐

Agree ☐

Neutral ☐

Strongly disagree ☐

Disagree ☐

25) Fishing can be a cause for breathing problems.

Strongly agree ☐

    Agree ☐

    Neutral ☐

    Strongly disagree ☐

    Disagree ☐

26) Work related traumatic issues are common in fishing.

    Strongly agree ☐

    Agree ☐

    Neutral ☐

    Strongly disagree ☐

    Disagree ☐

27) Sanitation facilities are available in the family.

Strongly agree ☐

    Agree ☐

    Neutral ☐

    Strongly disagree ☐

    Disagree ☐

28) There are easily accessible hospital facilities near by the Locality.

Strongly agree ☐

    Agree ☐

    Neutral ☐

    Strongly disagree ☐

    Disagree ☐

29) The use of modern machineries reduces the health issues.

Strongly agree ☐

    Agree ☐

    Neutral ☐

    Strongly disagree ☐

    Disagree

30) What type of waste management system is following.

    Corporation ☐

    Burning ☐

    Digging ☐

    Throwing into the sea ☐

    Other system

31) What kind of water facility is using.

    Pipe water ☐

    Bore well ☐

    Well ☐

    Pond ☐

    Others ☐

Short General Health Questionnaire (GHQ 12)

Have you recently?

1) Been able to concentrate on what you're doing?

 a) Better than usual

 b) Same as usual

 c) Less than usual

 d) Much less than Usual

2) Lost much sleep over worry?

a) Not at all

b) No more thanUsual

c) Rather more than Usual

d) Much more than Usual

3)Felt you were playing a useful part in things?

a) More so than usual

b) Same as usual

c) Less useful than Usual

d) Much less useful

4) Felt capable of making decisions about things?
a) More so than usual
b) Same as usual
c) Less so than usual
d) Much less capable

5) Felt constantly under strain?
a) Not at all
b) No more than Usual
c) Rather more than Usual
d) Much more than Usual

6) Felt you couldn't overcome your difficulties?
a) Not at all
b) No more than Usual
c) Rather more than Usual
d) Much more than Usual

7) Been able to enjoy your normal day-to-day activities?

a) More so than usual

b) Same as usual

c) Less so than usual

d) Much less than Usual

8) Been able to face up to your problems?

a) More so than usual

b) Same as usual

c) Less so than usual

d) Much less able

9) Been feeling unhappy and depressed?

a) Not at all

b) No more than Usual

c) Rather more than Usual

d) Much more than Usual

10) Been losing confidence in yourself?

a) Not at all

b) No more than Usual

c) Rather more than Usual

d) Much more than Usual

11) Been thinking of yourself as a worthless person?

a) Not at all

b) No more than Usual

c) Rather more than Usual

d) Much more than Usual

12) Been feeling reasonably happy, all things considered

a) More so than usual

b) About same as Usual

c) Less so than usual

d) Much less than Usual;

FAMILY-WORK LIFE AMONG SOCIAL WORKERS IN MEDICAL AND PSYCHIATRIC SETTINGS IN KERALA

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2021-2023

FAMILY-WORK LIFE AMONG SOCIAL WORKERS IN MEDICAL AND PSYCHIATRIC SETTINGS IN KERALA

DISSERTATION SUBMITTED TO KANNUR UNIVERSITY IN PARTIAL FULFILMENT OF THE REQUIREMENTFOR THE AWARD OF THE DEGREE OF MASTER OF SOCIAL WORK

BY

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CERTIFICATE

This is to certify that the dissertation entitled, **"Family-Work Life among social workers in Medical and Psychiatric Settings in Kerala"** is a bonafide record of work done by **Anu Joseph** under the guidance of **Dr. Harikrishnan U** in partial fulfilment of the requirement for the award of the degree of **Master of Social Work** during the period of her study (2021 - 2023) in the Department of Social Work, Don Bosco Arts and Science College, Angadikadavu, Kannur, affiliated to the Kannur University.

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Head, Department of Social Work

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ANGADIKADAVU, KANNUR

CERTIFICATE

This is to certify that the dissertation entitled, **"Family-Work Life Among Social Workers In Medical And Psychiatric Settings In Kerala",** submitted by **Anu Joseph** in partial fulfilment of the requirement for the award of the degree of **Master of Social Work**, is a Bonafide record of work done under my guidance and supervision during the period of her study (2021-2023) in the Department of Social Work, Don Bosco Arts and Science College, Angadikadavu, Kannur, affiliated to The Kannur University.

Dr. HARIKRISHNAN U

Assistant Professor and Research Guide

Department of Social Work

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DECLARATION

I, **ANU JOSEPH,** the undersigned, hereby declare that the dissertation entitled, **"Family-Work Life among social workers in Medical and Psychiatric settings in Kerala"** submitted to the Kannur University, in partial fulfilment of the requirement for the award of the degree of **Master of Social work**, is a Bonafide work done by me under the guidance of **Dr. Harikrishnan U,** Assistant Professor, Department of Social Work, Don Bosco Arts and Science College, Angadikadavu. This work has not been placed by anybody in the University for the Award of any degree or diploma.

ANGADIKADAVU   ANU JOSEPH

May 2023

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ANU JOSEPH

ABSTRACT

INTRODUCTION

The purpose of this study is to understand the family work life of medical and psychiatric social workers. The data for the research was taken from medical and psychiatric social workers who are belonging to the state Kerala. The findings prove that some of the respondents are not satisfied with their work. They are not able to balance their family life and work life.

METHODOLOGY

A cross sectional research design was carried out in the current study. The study was conducted among the medical and psychiatric social workers in the state of Kerala. Convenient sampling method was used for collecting the samples for the current study. The tools for data collection were socio-demographic profile, collection of personal information and work life conflict scale. The method of the data collection was done through various steps like approval from institution, tool construction and self reported questionnaires made in google forms. The findings of the current study were analysis through SPSS and frequency distribution was done for understanding the results.

RESULTS

A total 76 medical and psychiatric social workers in the state Kerala were participated in the current study. Among the total respondents 50 are females and the rest 26 are males. Majority of the respondents are working in psychiatric setting. The results shows that even though the medical and psychiatric social workers are facing a lot of problems related to their work

- family life, they are not able to manage the work life and family life. Some of the respondents are not satisfied with their current job. The results shows that the family of some the respondents are having a negative impact on the work life of the respondents. They are not able to balance their family and work life.

CONCLUSION

Through analysing the general and specific objectives through various methods the researcher understood that the work life of some medical and psychiatric social workers are having a negative impact on their family. They are not able to follow a good relation with their family members.

CONTENTS

SI.NO	PARTICULARS	PAGE NO.
01.	TITLE PAGE	I
02.	CERTIFICATE	II
03.	CERTIFICATE	III
04.	DECLARATION	IV
05.	ACKNOWLEDGEMENT	V
06.	ABSTRACT	VI-VII
07.	CONTENTS	VIII-IX
08.	LIST OF FIGURES	X-XI
09.	ABBREVIATIONS	XII
10.	CHAPTER I-INTRODUCTION	1 - 7
11.	CHAPTER 2-REVIEW OF LITERATURE	8 - 18
12.	CHAPTER 3-DATA RESEARCH METHODOLOGY	19 - 24
13.	CHAPTER 4-ANALYSIS AND INTERPRETATION	25 - 49
14.	CHAPTER 5-FINDINGS,SUGGESTIONS AND CONCLUSIONS	50 - 53
15.	BIBLIOGRAPHY	54- 57

LIST OF FIGURES

16.	4.3.2	There is no time left at the end of the day to do things i'd like at home.	41
17.	4.3.3	My family misses out because of my work commitments.	42
18.	4.3.4	My work has a negative impact on my family life.	43
19.	4.3.5	Working often makes me irritable or short tempered at home.	44
20.	4.3.6	My work performance suffers because of my personal and family commitments.	45
21.	4.3.7	Family related concerns often distract me at work.	46
22.	4.3.8	If I did not have a family i'd be a better employee.	47
23.	4.3.9	My family has a negative impact on my day to day work duties.	48
24.	4.3.10	It is difficult to concentrate at work because I am so exhausted by family responsibilities.	49

ABBREVIATIONS

MPSW - Medical and Psychiatric Social Work

COPD - Chronic Obstructive Pulmonary Disease.

ED –Emergency Department

WLC – Work Life Conflict

USA- United States of America

NGO – Non Governmental organization

PSW –Psychiatric Social Work

M. Phil – Master of Philosophy

MS excel – Micro Soft excel

SPSS –Statistical Package for Social Sciences

CHAPTER I

INTRODUCTION

CHAPTER I

INTRODUCTION

Social work is a practice-based profession that promotes social change, development, cohesion and the empowerment of people and communities. Social work practice involves the understanding of human development, behavior and the social, economic and cultural institutions and interactions. Social work professionals working with families and institutions have helped to provide and advance the following social impacts:

- Civil Rights
- Unemployment Insurance
- Disability Pay
- Workers' Compensation
- Reduced Mental Health Stigma
- Medicaid and Medicare
- Child Abuse and Neglect Prevention

Generally, there are three levels of social work practice: micro, mezzo and macro social work. At each level, social work professionals provide slightly different services to target populations.

Micro Social Work: At the micro level, social workers provide one-on-one, family and small-group services to individuals addressing a wide range of social issues. These may include housing support, substance abuse counseling and mental health therapy.

Mezzo Social Work: Social workers who operate at the mezzo level work with groups of people, such as in a school, prison, hospital or neighborhoods. They may help students struggling academically, address substance abuse recovery with prison inmates or help coordinate care for patients who are admitted to hospitals for long-term care.

Macro Social Work: Macro-level social work encompasses policy making, research and community based initiatives. Social workers at this level of practice are more likely to focus on and help address larger societal issues like homelessness, substance abuse, housing and more.

Social workers are found in every facet of community life, including schools, hospitals, mental health clinics, senior centers, elected office, private practices, prisons, military, corporations, and in numerous public and private agencies.

Some social workers help clients who face a disability or a life-threatening disease or a social problem, such as inadequate housing, unemployment, or substance abuse. Social workers also assist families that have serious domestic conflicts, sometimes involving child or spousal abuse.

Some social workers conduct research, advocate for improved services, engage in systems design or are involved in planning or policy development. Many social workers specialize in serving a particular population or working in a specific setting.

Adapting to and coping with a range of diverse conditions can be challenging for people in a variety of situations. Every human being must prepare for and embrace the reality of his or her situation. Health practitioners would never be able to intervene and offer holistic treatment to all of the clients they encounter. This necessitates advanced education. As a result, medical and psychological societal issues have arisen. As a result, in both clinical and non-clinical settings, medical and psychiatric social workers play a key role in multidisciplinary teams. Through psychosocial evaluations, field studies, interviewing, psychosocial interventions, follow-up treatment, and resource mobilization, MPSW practitioners play a specific and diverse role in the lives of clients and their families. These social workers often aid in the understanding of psychological, social, economic, and cultural beliefs and contexts, providing for more careful assessment and care.

Psychiatric Social Work is a field of social work that deals with individuals, families, and communities who are facing mental health challenges, emotional difficulties, and behavioural problems. The goal of psychiatric social workers is to support individuals in recovering from mental illness and improving their overall quality of life through psychotherapy, case management, and advocacy. They work in a variety of settings including hospitals, clinics, schools, and community-based organizations.

The scope of Psychiatric Social Work is broad and encompasses various areas of mental health and wellness. Some of the key areas include:

- Assessment and diagnosis of mental health conditions

- Psychotherapy and counseling

- Case management and support

- Crisis intervention and management

- Advocacy and community outreach

- Substance abuse treatment

- Treatment planning and coordination

- Group therapy and support groups

- Rehabilitation and recovery support

- Public policy and systems change

Psychiatric social workers collaborate with other mental health professionals and medical staff to provide holistic and integrated care to their clients. They also play a crucial role in educating the public about mental health and addressing the stigma associated with mental illness.

Psychiatric social work has been defined as social work practiced in relation to psychiatry. It signifies the use of social work knowledge, skills and methods in the practice of psychiatry which, in turn, has enriched the field of social work by throwing light on psychiatric implications of personal and social problems. In psychiatric social work, social case work and psychiatric services are combined for the purpose of treating mental or emotional disturbances. It also helps those patients who, due to emotional disturbance, feel difficulty in adjustment within the society. Thus, psychiatric social work is oriented towards the welfare of patients suffering from emotional or mental disorders. The causes of mental disorders have been shrouded in mystery and misgivings. In ancient times, mental disorders were not considered as diseases. Their causation was linked with the evil influence of demons. In the name of medical treatment, very inhuman treatment was meted out to these unfortunate people in order to drive away the evil spirits. This notion was prevalent up to the medieval period. The eighteenth century saw the beginning of medical attention and more humane treatment of the mentally ill people. This gathered greater momentum in the nineteenth century following studies which highlighted the interdependence of the mind and body, culminating in Sigmund Freud's theories of the unconscious and his method of psychoanalysis for resolving mental derangements. The overall result of the researches,

in the study of the nature and cure of mental illness, was the conviction that social factors and environmental conditions are as potent as biological, organic and hereditary factors. Hence the treatment has to be broad based, including, in addition to the administration of medicines, psychological treatment to tackle personality and behaviour problems and social treatment for effecting changes in the environment. These developments have led to more humane and scientific treatment of patients of mental ailments (**Latif, 2020**).

Medical Social Work is a sub-discipline of social work, also known as Hospital Social Work and Healthcare Social Work. Medical social workers typically work in a hospital, outpatient clinic, community health agency, skilled nursing facility, long-term care facility or hospice. Social workers in this field have a graduate (post-graduate) degree or a bachelor's degree with a graduate/post-graduate diploma in healthcare specialization and work with patients and their families who face specific psycho-social barriers. Medical social workers assess patients' and families' psycho-social functioning, environmental and support needs and intervene. Interventions may include connecting patients and families to essential resources and support in the community, providing psychotherapy, supportive counselling, grief counselling, or helping patients expand and strengthen their network of social supports. Medical social workers typically work on an interdisciplinary team with professionals of other disciplines (such as medicine, nursing, physical, occupational, speech and recreational therapy, etc) (**Mohinuddin, 2019**).

Medical social workers typically work in a hospital, outpatient clinic, community health agency, skilled nursing facility, long-term care facility or hospice. They work with patients and their families in need of psychosocial help. Medical social workers assess the psychosocial functioning of patients and families and intervene as necessary. The role of a medical social worker is to "restore balance in an individual's personal, family and social life, in order to help that person maintain or recover his/her health and strengthen his/her ability to adapt and reintegrate into society". Interventions may include connecting patients and families to necessary resources and support in the community such as preventive care; providing psychotherapy, supportive counselling, or grief counselling; or helping a patient to expand and strengthen their network of social supports. Professionals in this field typically work with other disciplines such as medicine, nursing, physical, occupational, speech and recreational therapy.

Medical social worker is playing a key role in various fields like oncology, pulmonology, cancer centre, casualty etc. Oncology social workers can provide individual counselling, resource navigation, support groups, locate services that help with home care or transportation and guide people through the process of applying for Social Security disability or other forms of assistance. Social workers in pulmonology department provide support to the individual and their family; to understand, empower and advocate for the COPD sufferer to adjust and cope better with their situation, and to bring about positive change in all aspects of their lives. Social workers provide valuable services to ED patients. The availability of social workers in the ED reduces the demands for emergency physicians and nurses to arrange home health care, nursing home placement, and other social-service functions. Cost savings through diversion of non acute social admissions are possible. The types of services provided vary and depend to a large extent on patient age. The availability of dedicated social-work personnel in the ED and the education of emergency personnel regarding the services that they can provide should be beneficial for patients, staff, and the hospital served (**Wrenn et al, 1994).**

Social workers conduct intake interviews with individuals and families to identify their needs and strengths for resolving issues of concern. Often social workers collaborate with doctors, schools, law enforcement and social service agencies to intervene in high-risk situations. When a problem is ongoing, social workers develop a case management plan that outlines goals and lists resources available to the client. Keeping up-to-date case management notes is very important for tracking and evaluating clients' progress. The job of a social worker is challenging due to the competing demands of the position. Typically, social workers manage a heavy caseload, which means keeping up with dozens of emails, phone calls and appointments.

Social workers must be prepared to handle tough issues. For example, clients may have few resources to escape poverty, gang life or an abusive home environment. A social worker may need to drop everything to handle an emergency, such as investigating a report of child endangerment. Clients may resist the idea of treatment even if substance abuse is ruining their life. Social workers benefit from leading a balanced life that includes eating healthy, exercising regularly and getting enough sleep to avoid fatigue and professional burn-out **(Dowd, 2018).**

This research paper will deals with the family work life among social workers in medical and psychiatric setting in Kerala.

1.1 STATEMENT OF THE PROBLEM

Social workers work in a consistently evolving social, political and social environment; they are presented to contacts with people of various social backgrounds, individuals encountering behavioural and different social issues. In muddled, steadily proceeding, complex circumstances, there emerges the gamble of stress. To oversee the stress and social problems at work recognizing the reasons for stress is significant. Stress arising from unclear goals or objectives can ultimately lead to job dissatisfaction, lack of self confidence, a low sense of self esteem, low motivation to work and intention to leave the job. This may eventually lead to high turn over and burnout among medical and psychiatric social workers.

The family-work life will influence the role and responsibilities at the workplace. The literature reveals that family-work conflicts are likely to create health problems, behavioural issues at the workplace, lack of efficiency, and non-compliance tasks at the workplace. In summary, the work-family conflict happens when work results in the disturbance of family life, while family work conflicts are likely to occur when family impedes performance in the work environment.

1.2 TITLE
Family- work life among social workers in medical and psychiatric setting in Kerala.

1.3 OBJECTIVE

1.3.1 GENERAL OBJECTIVE
To identify the problems caused by family-work life among social workers in medical and psychiatric settings.

1.3.2. SPECIFIC OBJECTIVES
- To assess the socio-demographic details of medical and psychiatric social workers in Kerala.
- To assess the professional information of medical and psychiatric social workers in Kerala.
- To determine the family work life of medical and psychiatric social workers in Kerala.

1.4. SIGNIFICANCE OF THE STUDY

Social workers have previously been identified as being at risk of experiencing stress and burnout. It is strongly client based with workers being involved in complex social situations. As such they can experience many of the conflicts that are evident in human service work.

Medical and psychiatric social workers mainly deal with individuals or families facing any types of problem and that cannot be solved by themselves. So the importance of a medical and psychiatric social worker is very important in such cases. So in such situation if a social worker is facing any problem in family work life, it will eventually affect the personal, family and professional life of a medical and psychiatric social worker. This study mainly deals with the after effects of family work life problems among medical and psychiatric social workers.

1.5. CHAPTERIZATION

Chapter I   Introduction

Chapter II   Review of Literature

Chapter III   Research methodology

Chapter IV   Analysis and Interpretation

Chapter V   Findings, Suggestions and Conclusion

1.6 CONCLUSION

This chapter discusses the basic information about the study. This chapter contains introduction of the Study, what is medical and psychiatric social work, history, scope of medical and psychiatric social workers, their role, the problems caused by family work life among social workers in medical and psychiatric setting, statement of the problem, relevance and significance of the study etc. The first chapter provides the basic information regarding research.

CHAPTER II

REVIEW OF LITERATURE

CHAPTER II

REVIEW OF LITERATURE

2.1INTRODUCTION

The review of literature gives an insight of various aspects related to study, which develops the linkage between previously existing knowledge and current study and enables to study various problems encountered during the course of study and helped by directing way to increase the effectiveness of data analysis and interpretation. The review of literature provides a background for the research process and help to acquire up to date information about what has been thought of and done in a particular area and what remains to be analysed. Review avoids duplication of the work that has already been done and it helps to study the different side of the problem. Review of literature is important in research; it narrates the schema of proposed study and directs the researcher with inputs. This chapter attempts to give an insight into the problems caused by family work life among social workers in medical and psychiatric setting. A literature review would help the researcher to discover and consolidate what knowledge is presently available on the problem of the proposed research, to determine how the proposed research study will differ from existing work/what are new knowledge the proposed research is going to produce and it enable the researcher to conceptually frame the research work.

2.2 REVIEWS

Social workers are constantly on the go, dealing with a whirlwind of emotionally demanding situations. While social work professionals may receive praise and appreciation for all of their hard work, dedicating too much time to work without balancing their personal lives can lead to burnout and is not sustainable. People who have chosen this career path are dedicated to helping and caring for others, but social workers must recognize the importance of taking care of themselves first.

Attempting to manage relationships and family responsibilities, while making time for yourself, can be stressful when juggling such a heavy workload. As if feeling stressed out wasn't enough, too much mental pressure can weaken your immune system and raise your blood pressure. Managing such stress means taking better care of yourself and ultimately progressing towards better work-life balance.

Unfortunately, many social workers experiencing poor work-life balance may not even realize it's happening, because they are too overwhelmed by the tasks presented in their daily roles. While it's normal to feel stressed out every once in a while, someone living with the following warning signs may be on the verge of poor balance:

- Overeating, or not eating enough.
- Experiencing lack of sleep.
- Having nightmares about work or certain situations with clients.
- Feeling more anxious, depressed or uneasy than usual.
- Being highly reactive.
- Falling behind on paperwork.
- Being told you're never around by your family members.
- Getting sick more often than usual.
- Neglecting to take a lunch break during the day.
- Drinking more than five cups of coffee in a day.
- Forgetting to drink plenty of water.
- Refusing to take a break at work.

As stated earlier, it's normal to feel stressed out every so often, having a hectic day during the week happens to everyone. It's when you notice these issues and signs occurring consistently and simultaneously that you need to reconsider your mental health and start prioritizing better balance in your life (**Hanna, 2012).**

The effect of family on workforce is an important though often overlooked issue for work organizations, with implications for the morale, stability and productivity of the workforce. Presumably men and women do not shed their family roles, relationships and experiences the moment they don their work clothes. Indeed, the logic underlying many corporations' decisions to offer employer-based family support, such as child care and flexible working schedules, may be that such benefits will enhance employees' abilities to handle family matters and in so doing will enhance their work performance, commitment and satisfaction. .

Indian families are undergoing change, which in turn influences the environment in the basic unit. The family environment has been bombarded with new expectations, the media, high cost of living and a striving for better quality of life. Although not much

literature is available on the aspect of how family stress has influenced the productivity of the Indian workforce, the author is of the opinion that absenteeism, alcoholism, gambling, heavy debts among employees are a reflection of bruised familial System (**Henry, Parthasarathy, 2010).**

Work is taking over the lives of many of us in today's fast-paced, global environment, and if we do not guard ourselves against work–life imbalance, there could be increasing work–family conflicts and stress resulting from long hours and workload escalation. Vacations are getting shorter and are often clubbed with work, or even worse, many do not have the time for a vacation. Quality family time is getting invaded by the omnipresence of media and the internet. It has been well established that most adults suffer adverse health effects from stress, and 75–90% of all physician office visits are for stress-related ailments and complaints. Stress is linked to the six leading causes of death: heart disease, cancer, lung ailments, accidents, cirrhosis of the liver and suicide. People who experience stress typically go through different stages and degrees of suffering and along the way they pass on their stress to their direct environment, their families, co-workers and friends. Research in the field of work and family has well established the spill over and crossover effects of stress affecting co-workers, spouses, children, and the community at large. Decrease in work–life balance has been linked to higher unwanted turnover, lower physical and psychological well-being, lower productivity, greater stress-related ailments, and the like. The Waste is immeasurable (**Rao & Indla, 2010**).

Even though it is commonly thought of as a characteristic of individuals, work-to-family conflict may be a stressor characterizing workgroups as well, socially patterned such that some teams experience greater levels of work-to-family conflict than others. Work-to-family conflict is typically viewed as a private trouble of individual workers, a stressor that can be reduced if they do a better job at "balancing" their multiple roles. But if work-to-family conflict differs across teams in identifiable ways, it suggests the primacy of job conditions in producing or reducing stressors affecting whole teams. Alternatively, if work-to-family conflict operates exclusively at the level of individual employees then more customized solutions may be called for. Some teams may also experience higher or lower collective levels of stress or well-being, again suggesting that team-level conditions or interventions may be key to enhancing the quality of life – and consequently the engagement and productivity – of employees (**Moen, 2015**).

One of the major problems that were faced by psychiatric social workers is the stress due to balance the work and family life. Work-life balance is the term used in literature to refer to policies striving to achieve greater balance between work and 'other than work' responsibilities. These 'other than work' responsibilities differ from society to society and may be affected by the social and cultural peculiarities of a society. While it is fair to assume that satisfying 'work' responsibilities are crucial to meet most of our primary needs including the entities we need to function day-to-day, especially entities we may gain access to only through money, fulfilling culturally and socially specific other than work' responsibilities are arguably equally important. In most management literature, these other than work responsibilities are often clubbed together as 'life' responsibilities giving rise to an interesting juxtaposition of work as an opposite of life while 'work' undoubtedly is a vital part of life. Still, for ease of understanding and running the risk of oversimplification, the term 'life' will be employed to represent all other aspects of 'life' that are not related to 'work'. 'Work' will essentially represent activities that a person undertakes in return for monetary or equivalent remuneration.

Work-life Conflict (WLC) is said to occur when multiple roles (work and non-work) a person has to satisfy are incompatible with one another. According to Duxbury and Higgins (2006), there are three main components to WLC. Firstly role overload, which occurs when the cumulative demands of multiple roles on the individual's time and energy are excessive, such that the performance of one or more of the roles suffers. Secondly: interference from work to family when demands from the work role make the fulfilment of family obligations more difficult. Thirdly: interference from family to work, when family demands inhibit performance of work requirements (**Renthlei, 2013**).

Work-life balance has always been a concern of those interested in the quality of working life and its relation to broader quality of life. The balance work life score provides an organization with a productive and innovative employee, whereas disparity in the work life balance tends to develop depressed and dissatisfied staff. With increasing demands and pressures of work-life, conflicts between work and personal roles seem to be increasing. Changed demographics of the workforce have been the primary force for the increased focus on family-work issues. Organizations where there is sound work-life balance practices and policies experience better financial outcomes. These benefits include: lower rates of absenteeism, increased productivity; improved

customer experience; improved recruitment and retention; reduced overheads; more motivated, satisfied and equitable workforce (**Priya, 2016).**

The potential impact that work/family issues have on employees, family members, and organizations has already caused a rising interest among researchers based in the developed western countries. Studies have found that the more time a person spends on the job, the more conflict there is between work and family. They also argue that work/family issues are at least as important to organizational functioning as family functioning. It has long been argued that life stress of employees is largely triggered by the work-related factors in the workplace. For instance, Karasek's (1979) job demands - decision latitude model focused on job demands experienced by employees as a key determinant of employee stress. On the other hand, other researchers have suggested that obligations and responsibilities in the family domain can also be the source of life stress among employees. Much of the research on these issues has been from the occupational stress perspective, focusing on stressors such as work/ family conflict and its effects on strains and well-being both at work and at home. In organization, and on the home front, thus the challenge of work/life balance is rising to the top of many employers and employees' consciousness. Considering the potential conflict between work demands and family demands, it is reasonable to argue that the influences of work and family demands on life stress arise from the incompatibility of these demands. Family and work domains of an individual triggers interaction and thus creates relevancy with each other. It is believed that high conflict in work and families are associated with lower balance in work life. Some people experience good balance between them, whereas others experience a high degree of imbalance (**Gnawali, 2017).**

Demographic, technological and organizational transformations have increased employees' difficulty in managing their work and family life. The role conflict theory suggests that when pressures in one role are incompatible with those of another, role conflict will result. As each individual has limited resources (e.g. time, energy and attention) to spend on family life roles, when the demands of work exceed the resources required to meet the demands of family life, work–family life conflict occurs. Therefore, when employees become exhausted by the demands of work, conflict emerges and spills over to other life domains. For example, an employee who works 10 hour a day may feel that the time spent at work encroaches on the time available to be with family or friends. Similarly, an employee confronted with many workplace

stressors that result in high strain may find it difficult to maintain a positive and relaxed relationship with family or friends (**Neto, 2018).**

The main concern of most people today in modern life is concentrated on two scopes; work and family. Most of them put their time and energy on their job or home affairs. If the family and work are being considered separately, our understanding of them will be incomplete. Life and work concepts have the most and strongest link with the individual and society; thus, making the interaction between them is so valuable and important.

According to Greenhaus, work-family conflict is a kind of intra-role conflict in which the stress of roles in a different scope of the life and work will result in a two-sided conflict between work and life. Based on this, there are three types of conflict; a time-based conflict, which occurs when the disorder is, occurred in the consumed time in a scope because of facing with the other scope needs such as life. The stress-based conflict, which occurs when a role performance is decreased due to the opposite role of stressfulness; such as fatigue during work due to insomnia or baby care and house work. Generally, incompatibility between the individual role in the family and the individual role as a staff will result in conflict. The needs and requirements of work and family environment are not consonant and the staff is not able to make the link between them. Sometimes, the work issues interfere with the family ones and sometimes the family problems prevent it from working well (**Habibian, 2018).**

Work–family conflict (WFC) has been defined as "a type of inter-role conflict in which the role pressures from work and family are not compatible in some respect". The definition of WFC implies a bidirectional relation between work and family life in such a way that work can interfere with family life and family life can interfere with work demands. According to the role theory, WFC may occur when people are involved in multiple roles (eg, private and work related); these roles tend to drain them and cause stress or inter-role conflict. Role theory argues that inter-role conflicts experienced by individuals will result in an undesirable state, if it becomes difficult to fulfill each role successfully owing to conflicting demands on time and behavior among roles (**Mache, 2015).**

The state, called work-life balance, can be defined as an individual's ability to meet their work and family commitments, as well as other non-work responsibilities and

activities. Outside work hours, leisure relates to non-work activities, whereas free time by definition is not committed to any activity. The difficulty in defining work-life balance lies in the fact that all these factors play a role in determining whether the individual feels this balance has been achieved. Achieving a balance is not about giving equal time to each of these areas. Instead, it is having the ability to allocate enough time, labor, and thought so that individuals are satisfied.

Different countries seem to have alternative work ethics, with the Netherlands having the lowest percentage of employees who work long hours. Denmark, France, and Spain are also high on the list. The USA is 30th on a list of 38 countries where work-life balance is considered, with most full-time workers putting in over 8 hours of work a day. Over a tenth of Americans said they worked over 50 hours a week, and two-thirds perceiving a lack of balance.

Interestingly, research has suggested that this is a common problem amongst highly paid managers, despite control over this balance expected from individuals with this position **(Thomas, 2020).**

Certain aspects of work can have a negative impact on mental health. Job stress, isolating working conditions, few rewards for effort, job insecurity and a lack of control in the job can increase the risk of mental health challenges.

Stress is a natural human response to challenging or dangerous situations. A small amount of stress, such as working to a deadline, can actually be helpful and lead to increased alertness, energy and productivity.

However, 'living on adrenaline' can only be effective for a short time. If the pressure goes on for too long — or becomes greater than your ability to cope with the stress — it can be physically and mentally draining. Chronic stress can, in turn, have a negative effect on your relationships, work success and general wellbeing.

Burnout is a state of emotional and physical exhaustion that can occur after a long period of excessive or stressful work.

The 3 key features of burnout are:

- emotional exhaustion

- a feeling of detachment from work or becoming cynical

- reduced efficiency or lacking a sense of achievement

Some tips that are suggested for better work life balance are given below:

- Know your values.
- Practice time management.
- Set boundaries.
- Enjoy your work.
- Consider your finances.
- Nurture relationships.
- Focus on your health.
- Have down time.

A good work-life balance means you have harmony between the different aspects of your life. The benefits gained from each area are able to support and strengthen the others. Many people are learning to blend their work and personal lives successfully (**Understanding Work Life Balance: What It Is (and Isn't), n.d.).**

Social workers are always on the go, dealing with a variety of emotionally challenging circumstances. While social workers may be praised and thanked for their efforts, devoting too much time to their jobs without balancing their personal lives may lead to burnout and is not sustainable. People who choose this profession are committed to assisting and caring for others, but social workers must remember to look after themselves first.

Trying to balance relationships and family duties while still finding time for yourself may be difficult when you have such a hectic schedule. As if anxiety wasn't awful enough, too much mental stress might weaken your immune system and raise your blood pressure. Managing such stress necessitates improved self-care and, as a consequence, a better work-life balances **(Sadaf, 2021).**

Work-life balance is the state of equilibrium where a person equally prioritizes the demands of one's career and the demands of one's personal life. Some of the common reasons that lead to a poor work-life balance include:

- Increased responsibilities at work
- Working longer hours
- Increased responsibilities at home
- Having children

A good work-life balance, has numerous positive effects, including less stress, a lower risk of burnout and a greater sense of well-being **(Sanfilippo, 2023).**

A balance between social life and work is a recent concept that is introduced to society because of recent life dynamic nature. Family responsibilities have increased to a degree that impedes the social dimension for family life and affects its psychological situation. The importance of the balance between social life and work in due to caring for the individual peace and family protection from collapse. Recent civil life causes some problems related to the employee's life and work. These problems should be resolved rapidly through scrutinizing the concept of the balance between social life and work. Work pressure is considered as a barrier for professional development. It affects the health and psychological situation of the employee and then affects his professional performance and productivity at work negatively. The effects of work pressure have five consequences according to the literature. Behavioral such as addiction to painkillers, over eating and smoking, subjective as anxiety, aggression, indifference and lack of self-esteem, cognitive as weak decision-making, weak focus and physiological as increased heartbeat and hypertension. Further organizational such as low productivity, high turnover rates, job dissatisfaction, and high absence rate and low loyalty **(Faraj, Azzawi, Darwish, 2019).**

Work-family scholarly research is often dominated by a conflict perspective. In this study, employees of a large multinational corporation were asked to describe the positive influences of their work life on their home life and vice versa. Participants most frequently mentioned work place flexibility, financial benefits, and the ability to keep family commitments as important components of work-to-home facilitation. Supportive family relationships, psychological benefits of home, and psychological aspects of work were most frequently identified as important components of family-to-work facilitation. Implications for human resource development professionals are discussed as well as suggestions for future work-family facilitation theory and research.

Balancing work and family demands is a critical challenge facing most employees. While much of the extant literature on the topic of work-family has traditionally focused on how work and family roles conflict, more recent research has begun to realize that individuals can achieve work-life balance and can actually improve their quality of life by participating in both roles. The present chapter begins with a brief discussion of work-family conflict, followed by a discussion of the more recent concept

of work-family balance and the positive outcomes associated with it. Both organizational initiatives and individual coping strategies to facilitate work-life balance are discussed here. Finally, work-family facilitation, a concept that emphasizes that participation in both work and family roles can improve one's quality of life is introduced. Directions for research and implications for practice are also discussed.

This research paper provides a balanced picture of the experience that individuals can have in the combination of their work and family roles.

2.3 CONCLUSION

The reviews found that there is a dearth of studies in the areas of current topic. The researcher had gone through various national and international articles and journals to identify the importance and need of the study.

CHAPTER III

RESEARCH METHODOLOGY

CHAPTER III

RESEARCH METHODOLOGY

3.1 INTRODUCTION

The third chapter deals with methodology of the research. The term methodology in research means the systematic method to resolve a research problem through data gathering using various techniques, providing an interpretation of data gathered and drawing conclusions about the research data. Essentially, a research methodology is the blueprint of a research or study. It includes the theoretical and operational definitions of the concepts, hypothesis research design, universe and unit of the study, sampling method, sources of data, tools used for data collection and methods used for data collection and data analysis.

3.2 DEFINITION OF THE CONCEPTS

3.2.1 THEORETICAL DEFINITION

Medical and Psychiatric Social Worker

- **Medical Social Worker**

"The social work practice that occurs in the hospitals and other health care settings to good health, prevent illness, and aid physically ill patients and their families to resolve the social and psychological problems related to illness **(Robert L. Barker).**

- **Psychiatric Social Worker**

Psychiatric social work is a specialized type of medical social work that involves supporting, providing therapy to, and coordinating the care of individuals who are severely mentally I'll and who require hospitalization or other types of intensive psychiatric help **(Onlinemswprograms, 2022).**

- **Work life**

The part of a person's life when they do a job or are at work **(working life, 2023).**

- **Family life**

The kind of life a person normally leads when one is married and has children **('Definition of family life', 2023).**

3.2.2 OPERATIONAL DEFINITION

- **Medical and psychiatric social worker:**

The person who has completed Bachelor of Social Work, Master of Social Work Program and with a specialization in Medical and Psychiatry and M. Phil in Psychiatric Social Work.

- **Work life**

  The individuals who were working in medical and psychiatric settings in Kerala.

- **Family life**

  The individuals who is involved in a family which consists of parents, spouse and children and where there is a spirit of we feeling, togetherness and love.

3.3 RESEARCH DESIGN

The researcher used cross-sectional study. It is a type of research study in which a group of people is observed, or certain information is collected, at a single point in time or over a short period of time.

3.4 UNIVERSE OF THE STUDY

The medical and psychiatric social workers have a residence in Kerala and they were working in various organisations. The researcher collects the data from the medical and psychiatric social workers from all fourteen districts in Kerala.

Table 3.1: Percentage of respondents residing in each districts of Kerala (N=76).

Sl.No	Name of the district	Percentage of respondents (%)
1.	Thiruvananthapuram	00
2.	Kollam	5.2
3.	Pathanamthitta	1.7
4.	Alappuzha	1.2
5.	Kottayam	11.8
6.	Ernakulam	13.2
7.	Idukki	1.2
8.	Thrissur	5.2
9.	Palakkad	1.4
10.	Malappuram	1.3
11.	Kozhikode	1.1
12.	Wayanad	00
13.	Kannur	26.3
14.	Kasaragod	31.6

The table 3.1 depicts that the percentage of respondents residing in each districts of Kerala. Majority of the respondents from Kasaragod (31.6%) and there were no respondents from Wayanad and Thiruvananthapuram.

3.5 UNIT OF THE STUDY

The Medical and Psychiatric Social Workers have currently engaged in their occupation at Kerala.

3.6 SAMPLING

Convenient sampling method is used for the research. It is a non probability sampling method where units are selected for inclusion in the sample because they are the easiest for the researcher to access.

3.7 SOURCES OF DATA

3.7.1 PRIMARY DATA

Primary data is collected through self-reported questionnaires in the google form format via sharing through social media platforms.

3.7.2 SECONDARY DATA

Secondary data sources are collected from journals, articles, Don Bosco College library and online search engines.

3.8 TOOLS OF DATA COLLECTION

The tools used for the research are self-reported questionnaires such as:

1. **Socio-demographic details:** The socio demographic details were used in quantitative data collection. The details such as age, education, types of family, educationain, block, clusters, place, no of family members, marital status and working members in family.

2. **Questionnaire on personal information:** This section includes questions like working hours, years of experience, hours of sleep, how many times the job was shifted and job satisfaction.

3. **Work and family conflict Scale:** The Work-Family Conflict Scale is a short 10-item measure assessing work-to-family (5 items) and family-to-work conflict (5 items). Respondents are asked to rate their level of agreement with each item on a 7-point scale form 1 (very strongly disagree) to 7 (very strongly agree). Sample items include: "My work prevents me spending sufficient quality time with my family" (Work-to-family subscale) and "My family has a negative impact on my day to day work duties" (Family-to-work subscale). For each subscale items are summed to provide the total work-to-family conflict score (range 7-35) and family-to-work conflict score (range 7-35) with higher scores indicating higher levels of conflict **(Haslam et al., 2010).**

3.9 METHODS OF DATA COLLECTION

The steps of data collection were:

- Approval from Institution
- Tool construction
- Self-reported questionnaire made in google form
- Google form questionnaire share through different social media platforms
- The google form was stopped accepting responses after one month period

3.10 METHODS OF DATA ANALYSIS

The process of data analysis was:

- Data entry through MS Excel
- Data was converted in to SPSS file
- Frequency distribution was done for understanding the results.

CHAPTER IV
DATA ANALYSIS AND INTERPRETATION

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DATA ANALYSIS AND INTERPRETATION

The fourth chapter of the research paper includes data analysis and data interpretation. Data interpretation is the process of reviewing data and arriving at relevant conclusions using various analytical methods. Data analysis assists researchers in categorizing, manipulating and summarizing data to answer critical questions.

4.1 Socio-demographic details

This section includes the information about the respondents like their gender, age, marital status, educational qualification, type of family, occupation, employment status, work setting and whether they are staying with their family or not.

4.1.1 Gender of social workers (N=76)

Figure 4.1.1
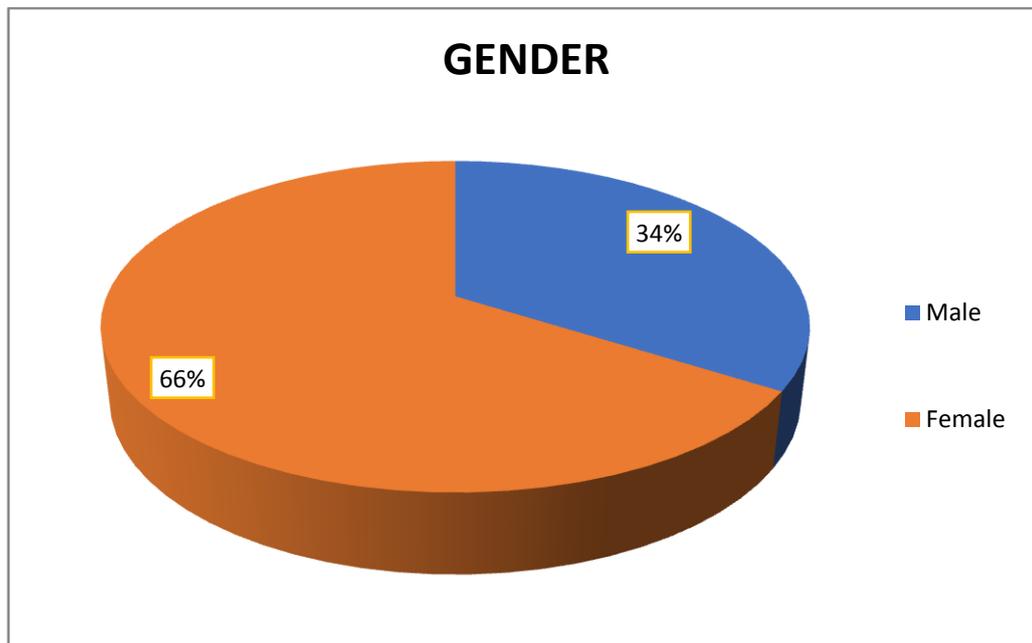
This figure 4.1.1 shows the number of respondents according to gender. Out of the total medical and psychiatric social workers responded to the survey, 66 % (N=50) are female. The rest that is 34 % (N=26) of the respondents are male.

4.1.2 Age of social workers (N=76)

Figure 4.1.2
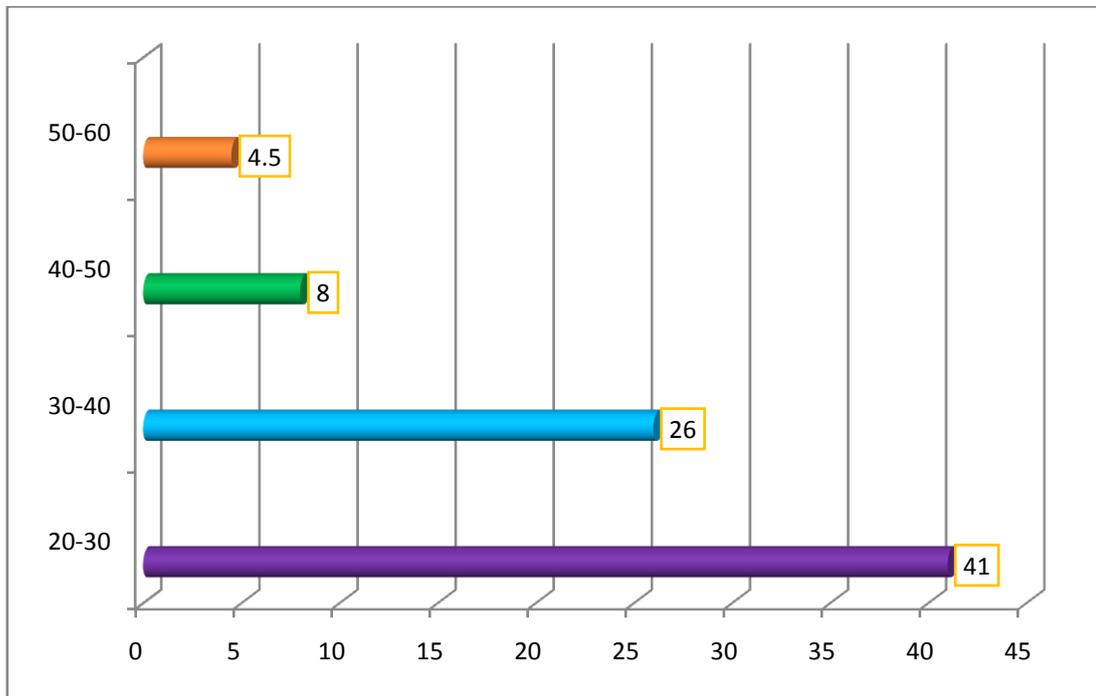
Figure 4.1.2 shows the age group of the respondents. Among the total respondents 41 % are in between the age group of 20 to 30. The 26 % of respondents are from the age group of 30 to 40 and 8 % from the age group of 40 to 50 years and the rest 4.5 % are from the age group of 50 to 60 years.

4.1.3 Marital Status of social workers (N=76)

Figure 4.1.3

Marital status

1%

21%

78%

- Single
- Married
- Widow/Widower
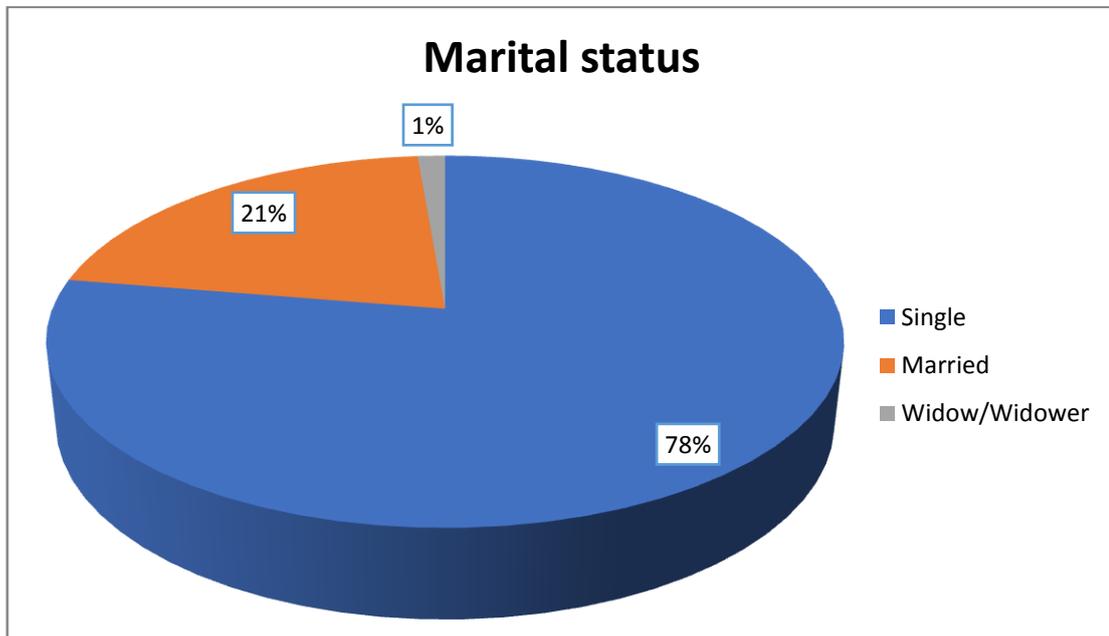
This figure shows the marital status of the respondents. Almost 78 % of the respondents are single and 21 % of the respondents are married. The rest, which is 1 % of the respondent, belongs to the category of widow/widower.

4.1.4 Educational Qualification among social workers (N=76)

Figure 4.1.4
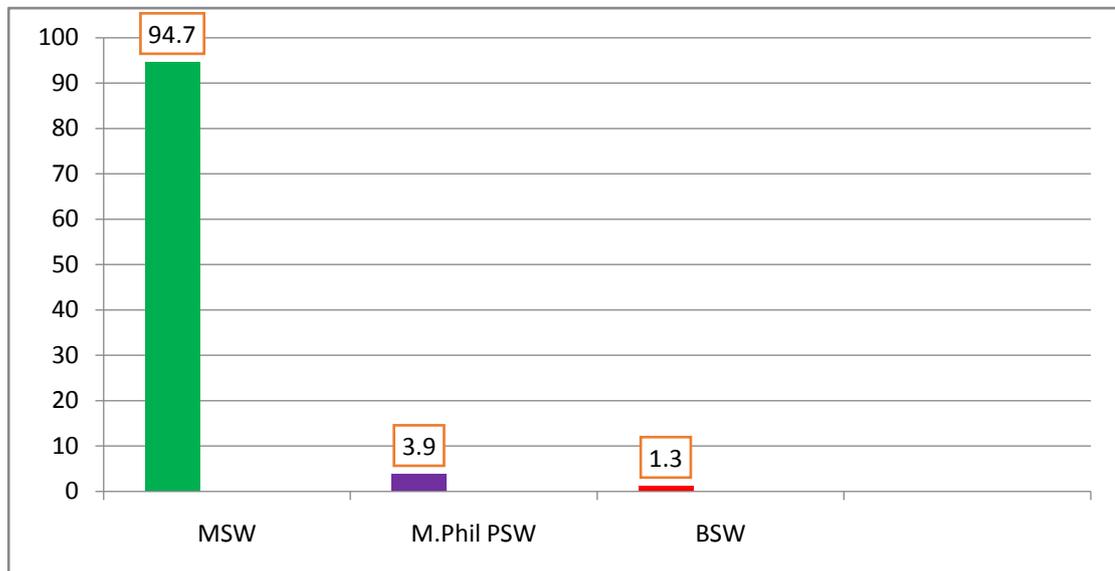
Figure 4.1.4 shows the educational qualification of the medical and psychiatric social workers responded to the survey. Out of the total respondents 94.7 % respondents completed their master of social work. The rest 3.9 % are having M. Phil PSW as their qualification and only 1.3 % is having a bachelor of social work.

4.1.5 Type of family among social workers (N=76)

Figure 4.1.5
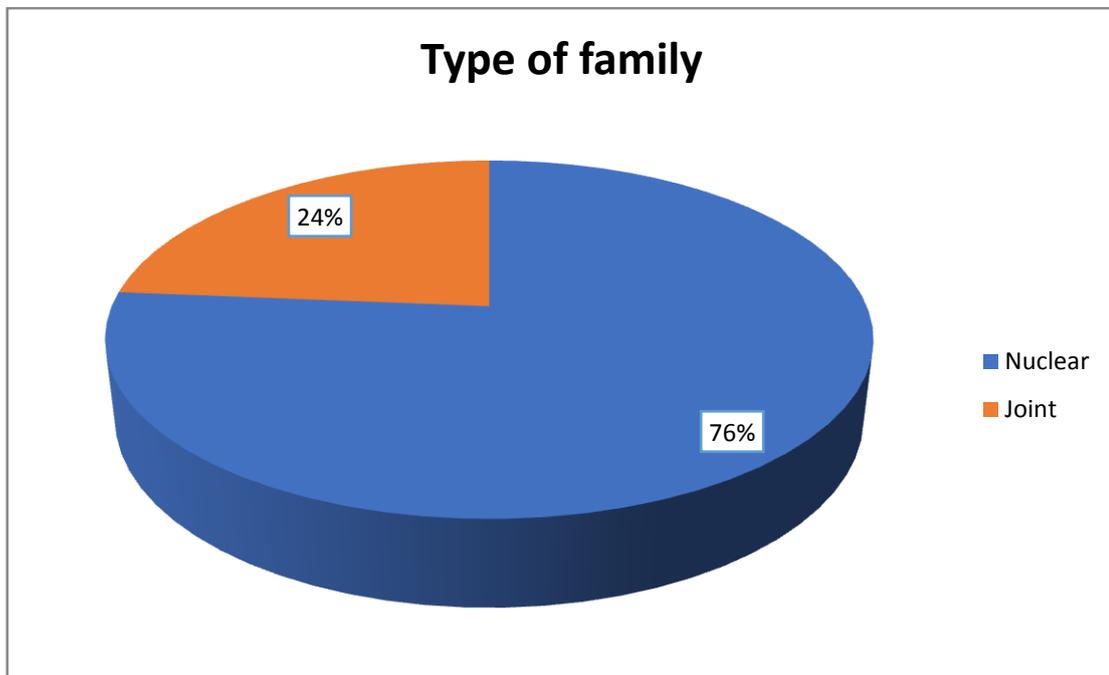
This figure shows about the type of family of the respondents. Out of the total 76 % belongs to nuclear family and the remaining 24 % belongs to joint family.

4.1.6 Occupation of social workers (N=76)

Figure 4.1.6
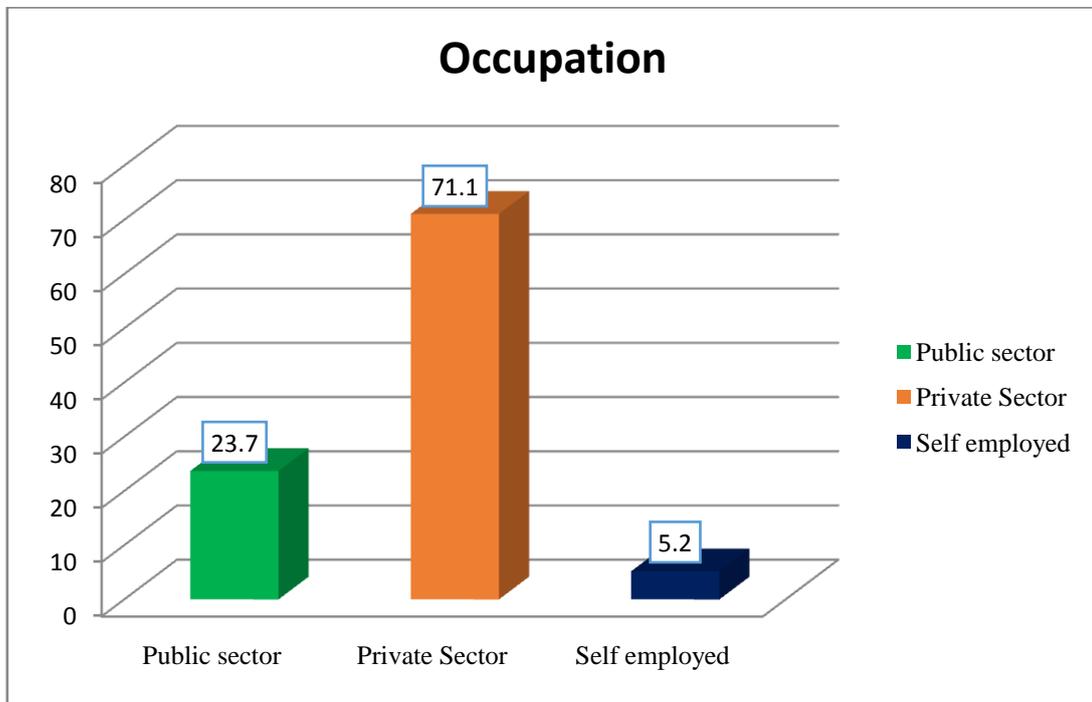
The figure 4.1.6 shows that in sector the respondents are employed. About 23.7 % of respondents works in public sector. Majority of the respondents works in private sector that is 71.1 % The remaining 5.2 % of the respondents are self employed.

4.1.7 Employment Status among social workers (N=76)

Figure 4.1.7
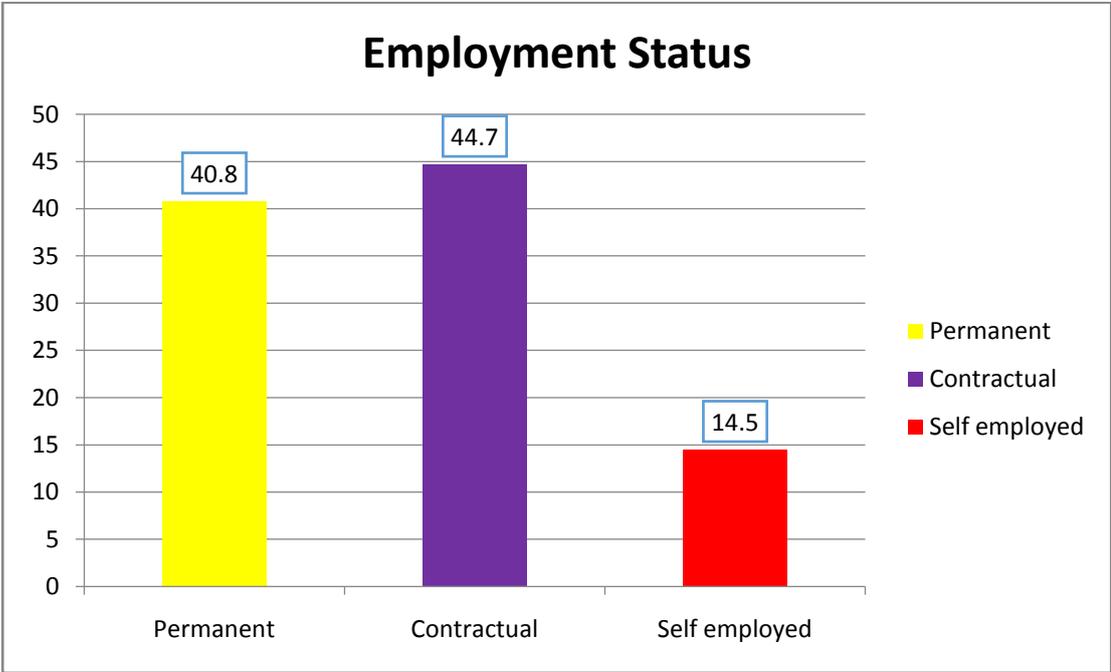
Figure 4.1.7 shows the employment status of the respondents. From the total respondents 40.8 % (N=34) are permanently employed and 44.7 % (N=34) of respondents are working on a contractual agreement. The remaining 14.5 % (N=11) of respondents are self employed.

4.1.8 Settings of social workers (N=76)

Figure 4.1.8
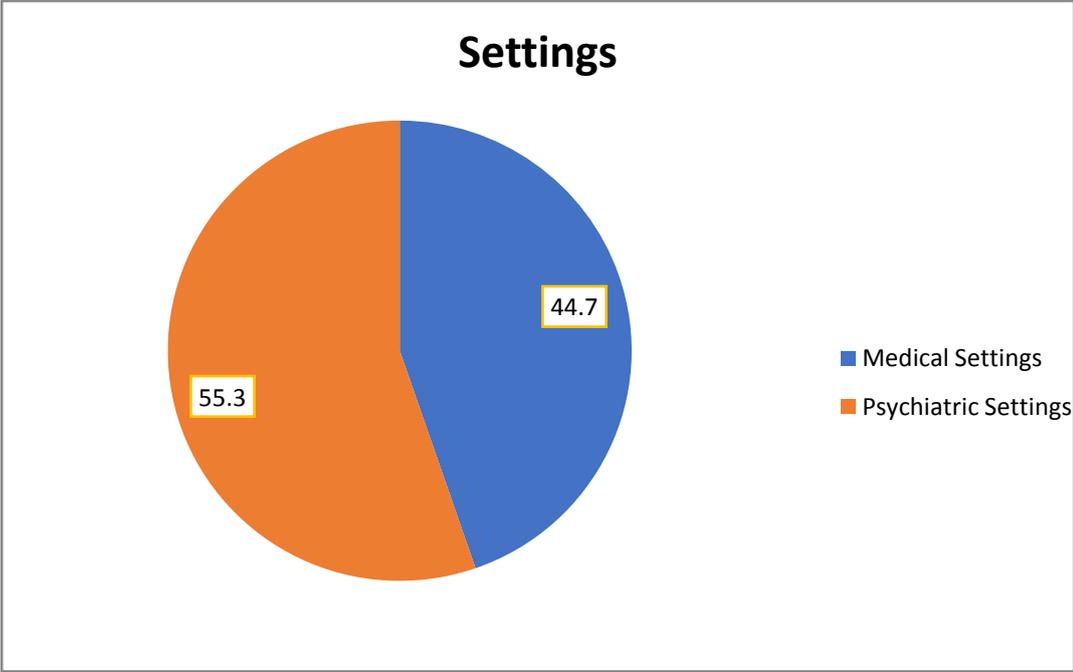
This figure4.1.8 shows that in which setting the respondents are working, that is medical or psychiatric. 44.7 % (N=34) of the respondents are working in medical setting and 55.3 % (N=42) are working in psychiatric setting.

4.1.9 Staying with family (N=76)

Figure 4.1.9

Staying with Family

47.4
52.6

■ No
■ Yes
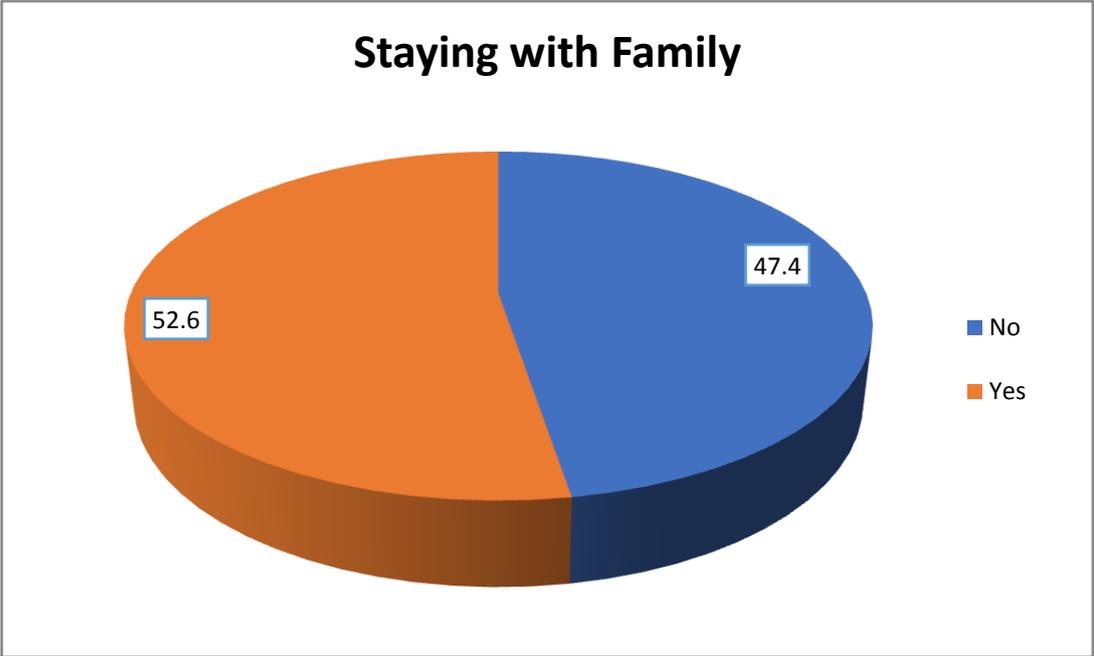
The figure 4.1.9 depicts whether the medical and psychiatric social workers responded to the survey are staying with their family or not. About 47.4 % (N=36) of the respondents are not staying with their family and 52.6 % (N=40) are staying with their own family.

4.2 PERSONAL INFORMATION

The area of personal information includes details of the respondents like their job satisfaction, working hours, hours of sleep, job shifting details and years of experience.

4.2.1 Job Satisfaction of social workers (N=76)

Figure 4.2.1
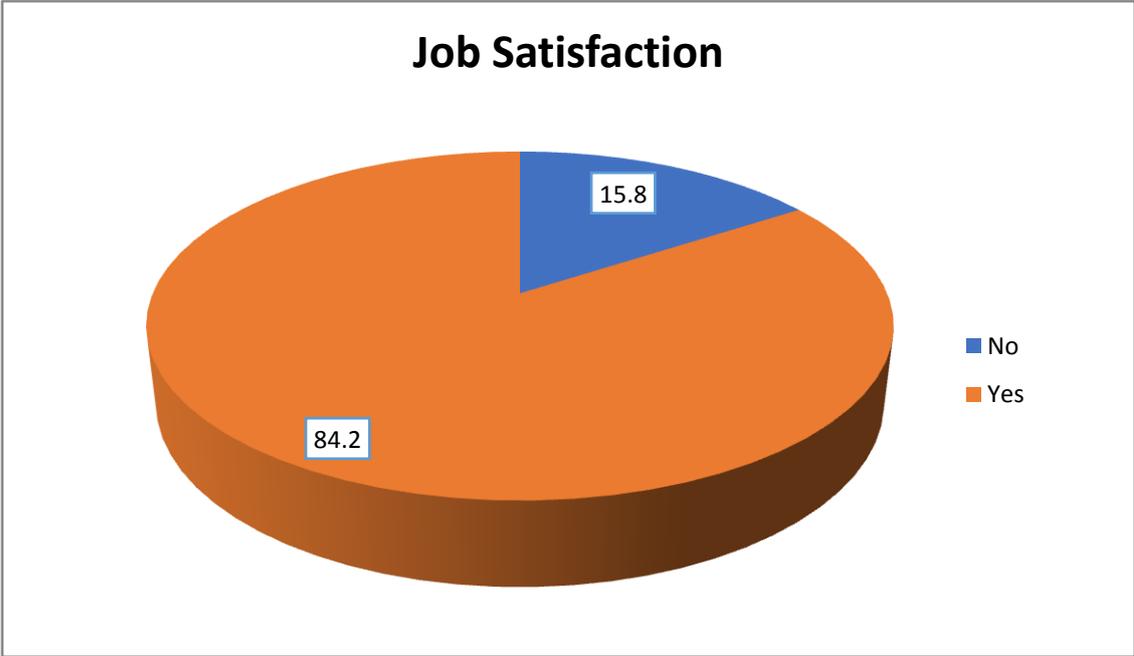
This figure 4.2.1 shows that whether the medical and psychiatric social workers are satisfied with their job or not. Only 15.8 % (N=12) of the respondents are not satisfied with their current job but the remaining 84.2 % (N=64) of the respondents are satisfied with their job.

4.2.2 Working Hours of social workers (N=76)

Figure 4.2.2
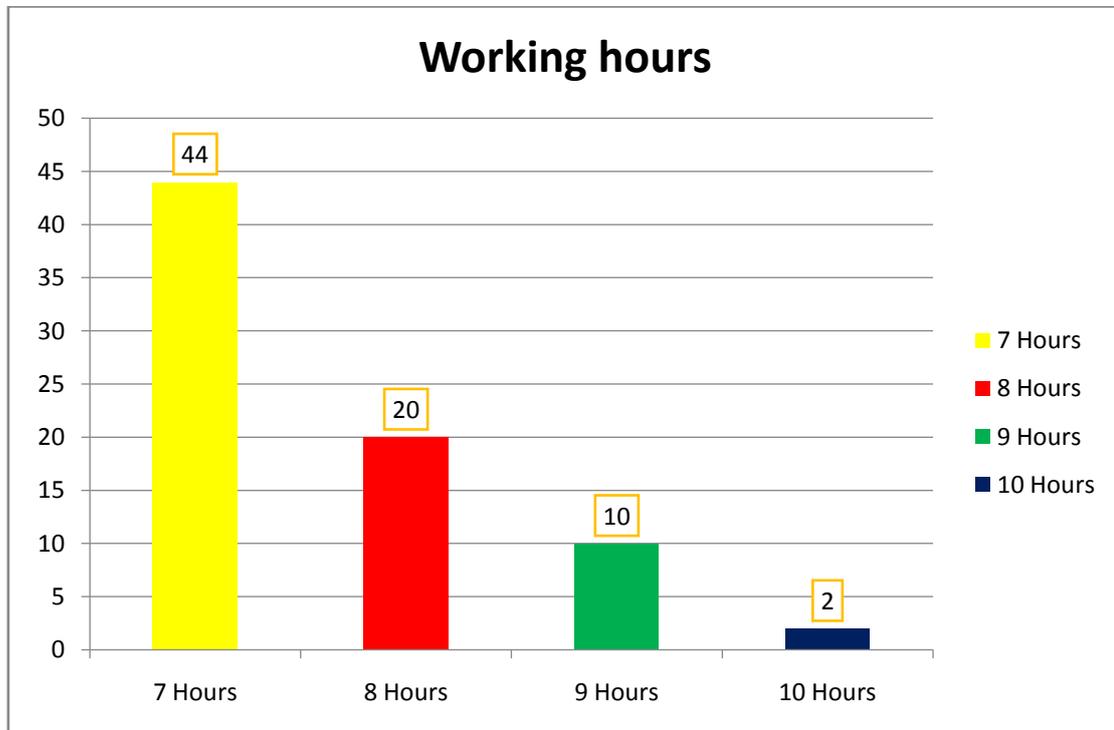
This figure 4.2.2 shows about the working hours of the respondents. About 44 % of the respondents work for 7 hours and 20 % for 8 hours. Almost 10 % of respondents work for about 9 hours and only 2 % of respondents for 10 hours.

4.2.3 Hours of Sleep among social workers (N=76)

Figure 4.2.3
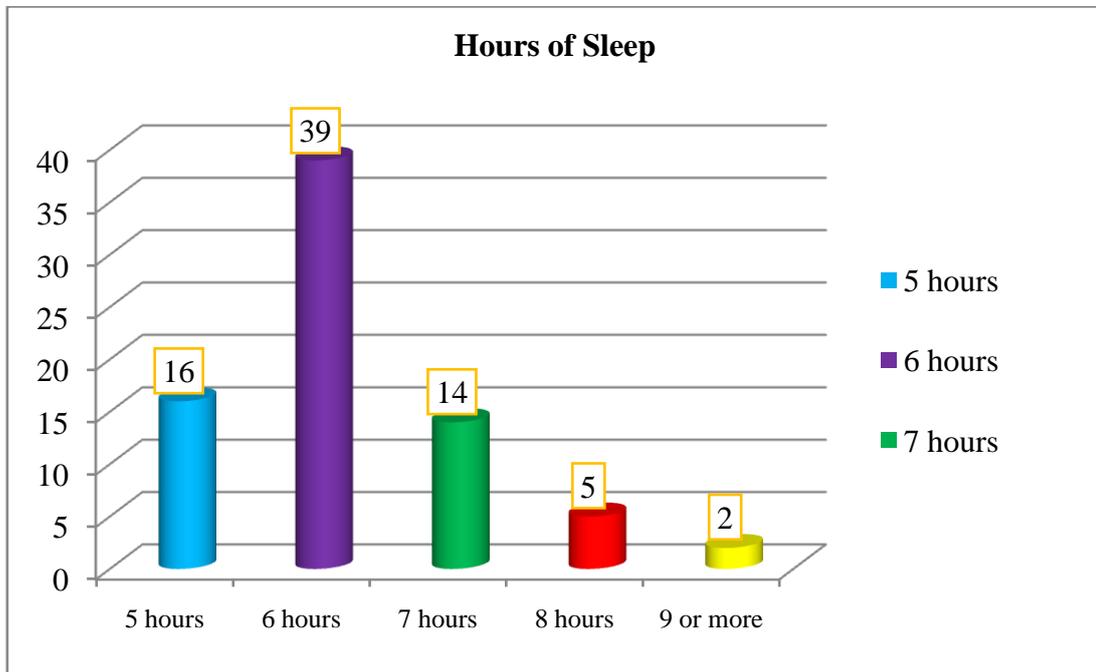
This figure 4.2.3 shows about the sleeping hours of the respondents. This diagram says that about 16 % of the respondents sleep for 5 hours and 39 % of the respondents sleep for 6 hours. Almost 14 % of respondents had a good sleep that is up to 7 hours and 5 % are sleeping for 8 hours. The rest 2 % of the respondents sleep for 9 or more hours.

4.2.4 Job Shifting among social workers (N=76)

Figure 4.2.4
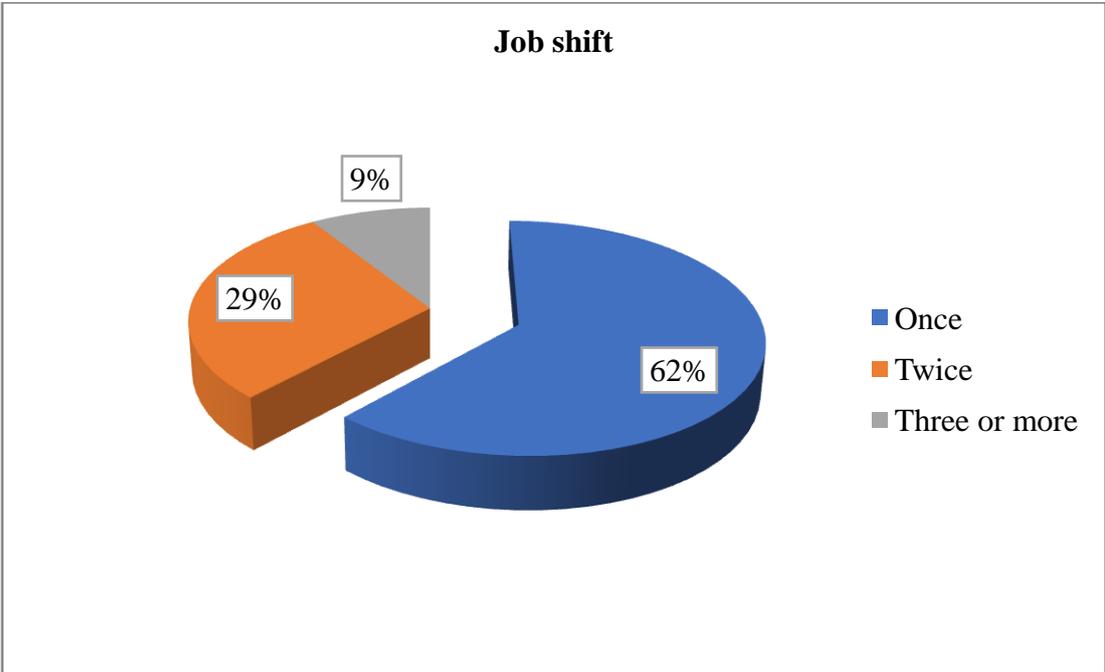
This pie chart 4.2.4 shows how many tines the respondents shifted their job. About 62 % of the respondents shifted their job once. Almost 29 % of the respondents shifted their job twice. The rest 9 % of the respondents shifted their job for three or more times.

4.2.5 Years of Experience of social workers (N=76)

Figure 4.2.5
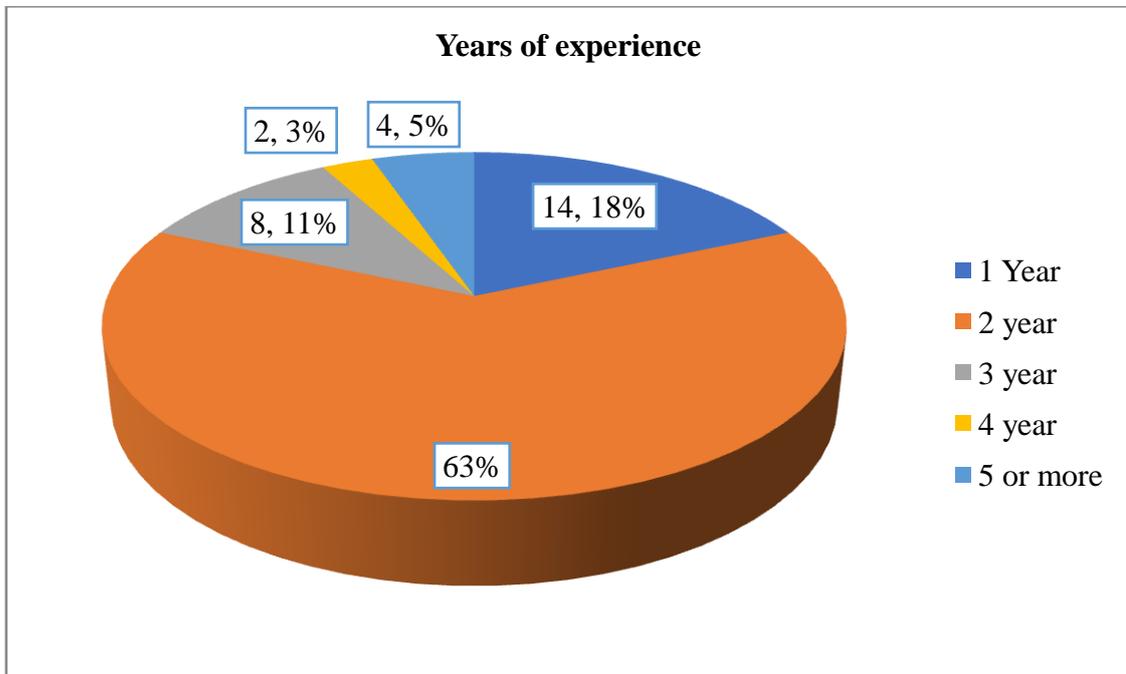
This pie chart 4.2.5 shows the years of experience of the respondents. About 18 % of the respondents is having an experience of only 1 year. About 63 % of the respondents are having a 2 year experience. The 11 % of respondents are having 3 year experience. About 3 % are having an experience of 4 year and almost 5 % of the respondents are having an experience of 5 or more years.

4.3 FAMILY WORK LIFE

The Work-Family Conflict Scale is a short 10-item measure assessing work-to-family (5 items) and family-to-work conflict (5 items). Respondents are asked to rate their level of agreement with each item on a 7-point scale form 1 (very strongly disagree) to 7 (very strongly agree). Some sample includes 'my work prevents me from spending sufficient time with the family', 'my family has a negative impact on my work life' etc.

4.3.1 Work prevents them from spending sufficient time with their family (N=76).

Figure 4.3.1
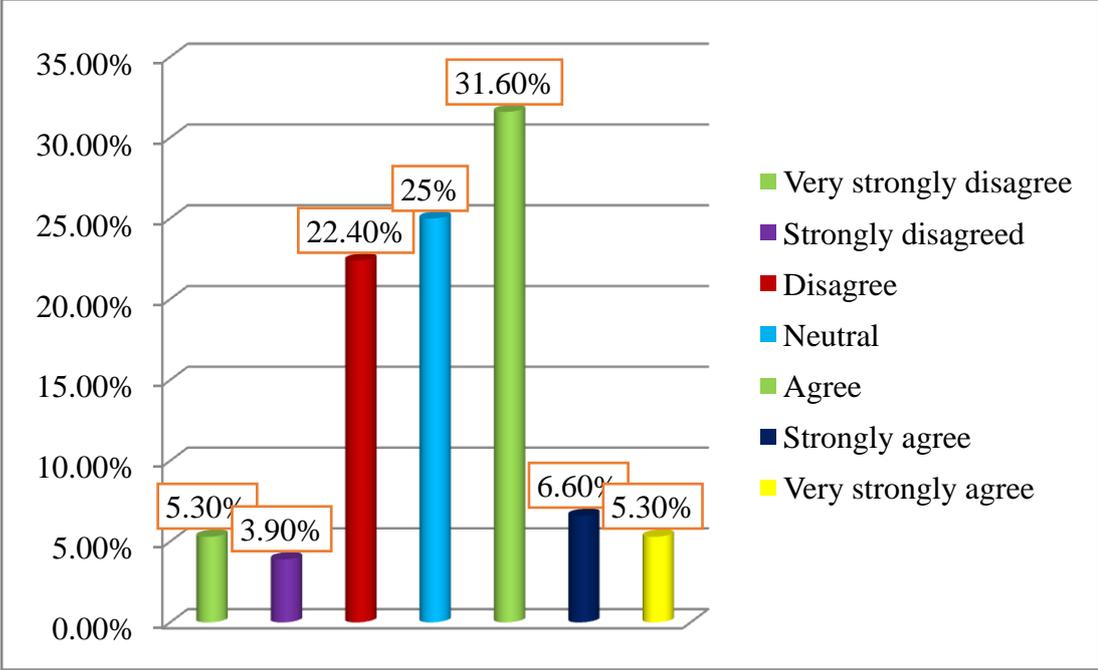
Figure 4.3.1 shows the response of the respondents for the statement *"whether their work prevents them from spending sufficient time with their family"*. Only 5.3 % (N=4) very strongly disagreed to the question and 3.9 % (N=3) strongly disagreed to the question. 22.4 % (N=17) disagreed to the question and 25 % (N=19) stands in a neutral level. 31.6 % (N=24) agreed to the question and 6.6 % strongly agreed to the question. Only 5.3 % (N=4) of the respondents very strongly agreed to the question.

4.3.2 No time left at the end of the day to do the things I'd like at home (N=76).

Figure 4.3.2
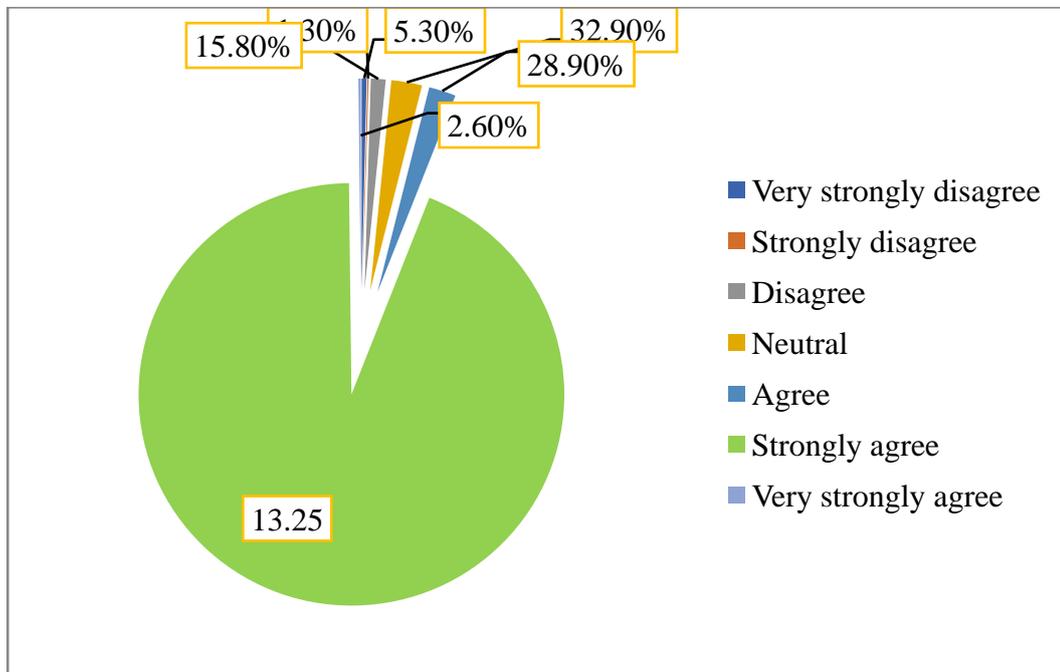
This figure 4.3.2 shows the response to the statement "*there is no time left at the end of the day to do the things I'd like at home (eg: chores and leisure activities)*". For this question 5.3 % (N=4) of the respondents very strongly disagreed, 1.3 % (N=1) strongly disagreed and 15.8 % (N=12) disagreed to the question. Almost 32.9 % (N=25) goes in a neutral phase. About 28.9 % (N=22) agreed to the question, while 13.2 % strongly agreed to the question and the rest 2.6 % (N=2) very strongly agreed to the question.

4.3.3 My family misses out because of my work commitments (N=76).

Figure 4.3.3
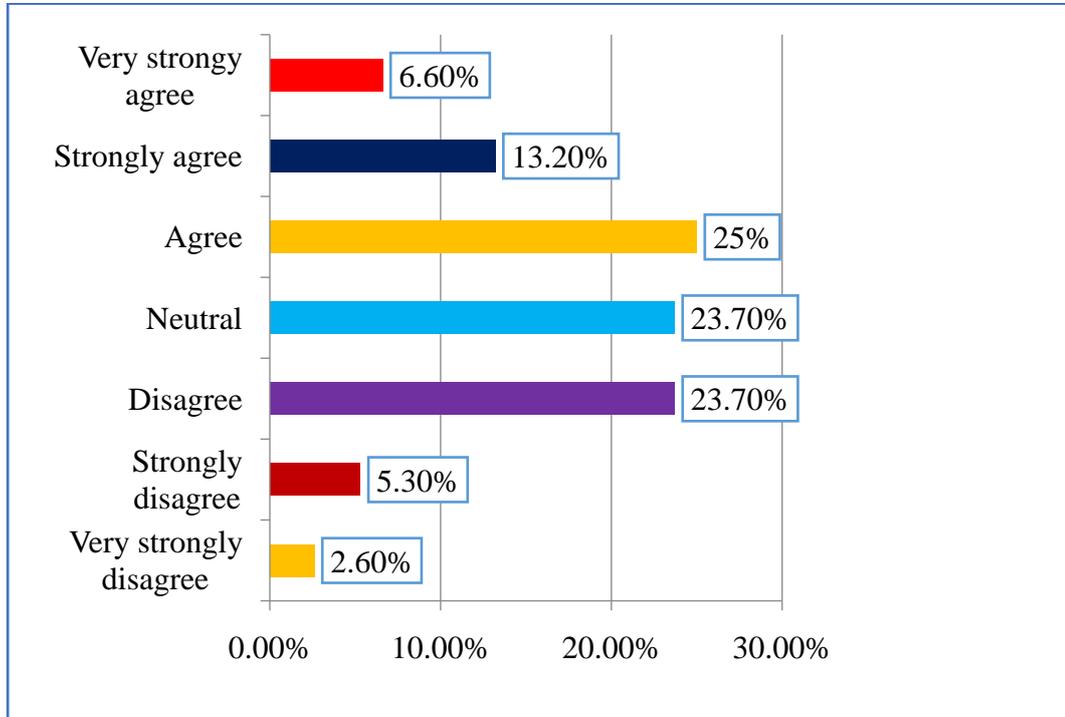
The figure 4.3.3 shows the response for the stated the statement*" my family misses out because of my work commitments"*. About 2.6 % (N=2) very strongly disagreed, 5.3 % (N=4) strongly disagreed and 23.7 % (N=18) disagreed to the question. 23.7 % (N=18) remains in a neutral phase. But almost 25 % (N=19) agreed to the question, 13.2 % (N=10) strongly agreed and 6.6 % very strongly agreed to the statement.

4.3.4 My work has a negative impact on my family life (N=76).

Figure 4.3.4
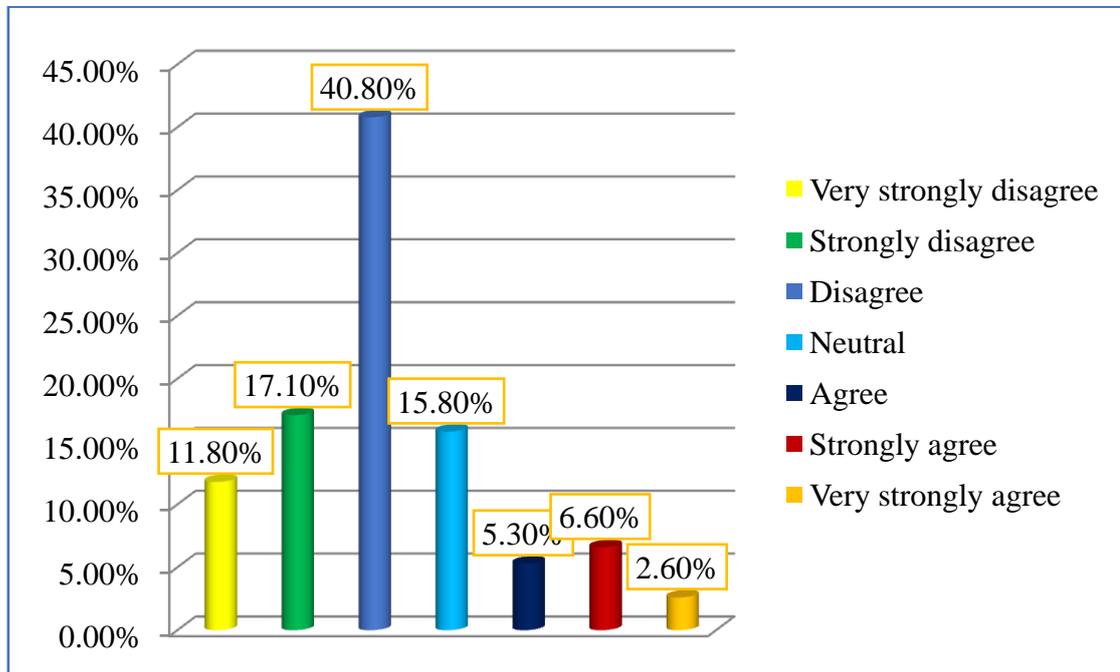
This figure 4.3.4 gives an answer to the opinion on *"my work has a negative impact on my family life"*. For this, 11.8 % (N=9) very strongly disagreed, 17.1 % (N=13) strongly disagreed and 40.8 % (N=31) disagreed to the statement. Almost 15.8 % (N=12) stands in a neutral phase. Only 5.3 % (N=4) agreed, 6.6 % (N=5) strongly agreed and 2.6 % (N=2) of the respondents very strongly agreed to the statement.

4.3.5 Working often makes me irritable or short tempered at home (N=76).

Figure 4.3.5
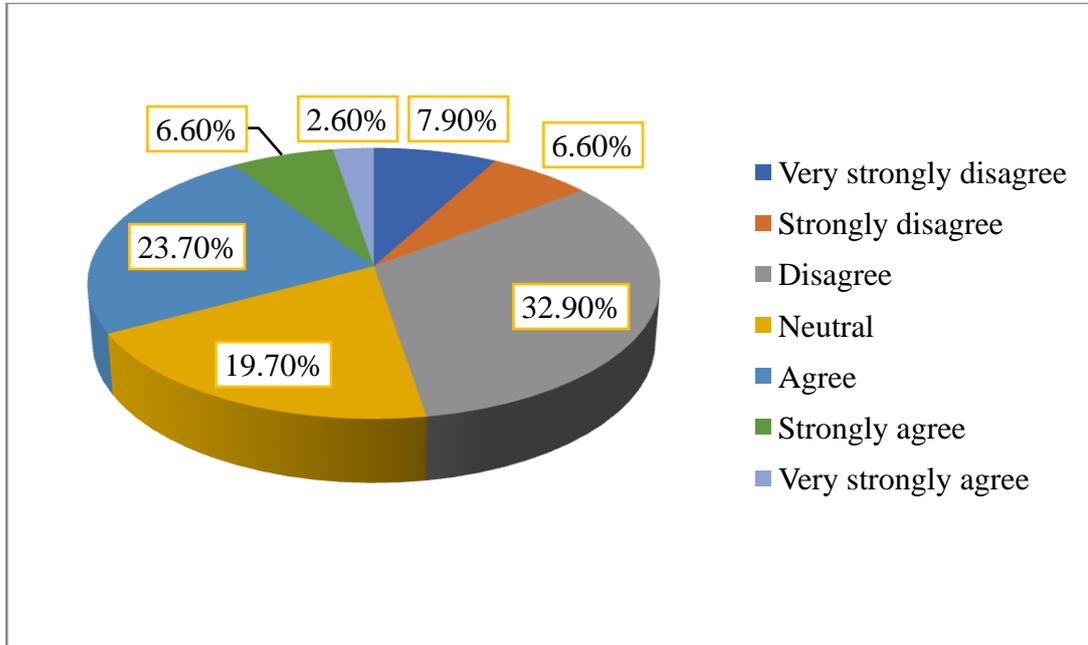
The figure 4.3.5 shows the response to the statement "*working often makes me irritable or short tempered at home*". Among the respondents 7.9 % (N=9) of respondents very strongly disagreed to the statement, that is they never feels irritated or short tempered at home because of their work. 6.6 % (N=5) strongly disagreed and 32.9 % (N=25) disagreed to the statement. Almost 19.7 % (N=15) are in a neutral condition. Almost 23.7 % (N=18) agrees, 6.6 % (N=5) strongly agrees and 2.6 % (N=2) of respondents very strongly agreed to the statement.

4.3.6 My work performance suffers because of my personal and family commitments (N=76).

Table 4.3.6
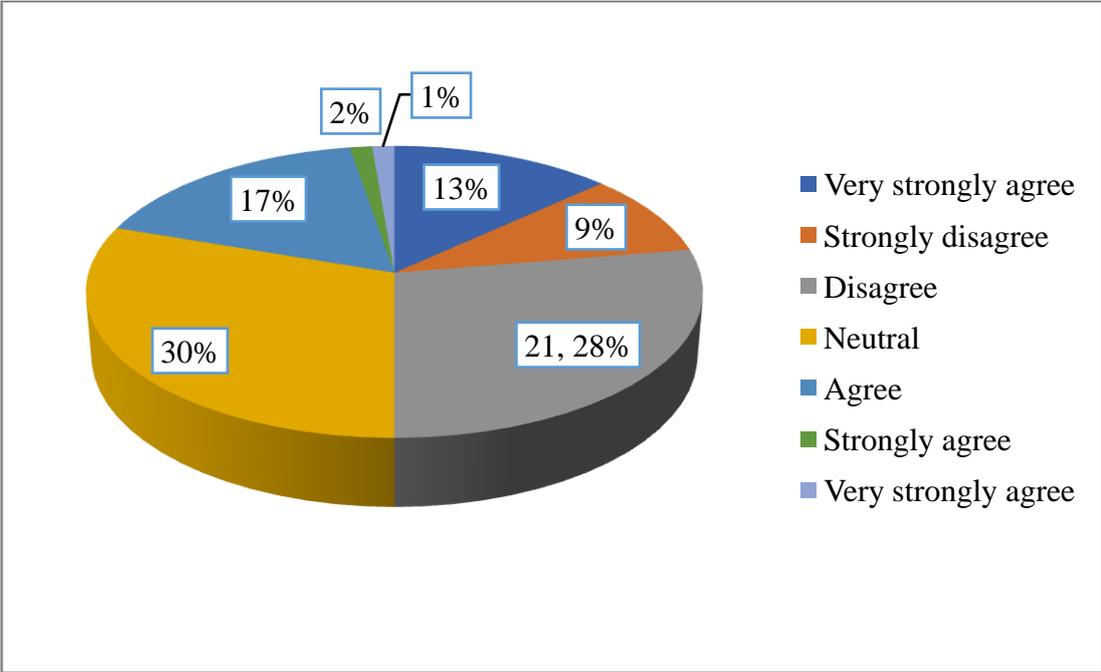
Figure 4.3.6 shows the response for the statement " *my work performance suffers because of my personal and family commitments*". For this statement 13.2 % (N=10) very strongly disagrees, 9.2 % (N=7) of respondents strongly disagrees and 27.6 % (N=21) disagrees to the statement. About 30.3 % (N=23) are going in a neutral condition. But 17.1 % (N=13) respondents agrees to the statement, 1.3 % (N=1) strongly agrees and the remaining 1.3 % (N=1) of respondents very strongly disagrees to the statement.

4.3.7 Family related concerns often distract me at work (N =76).

Table 4.3.7
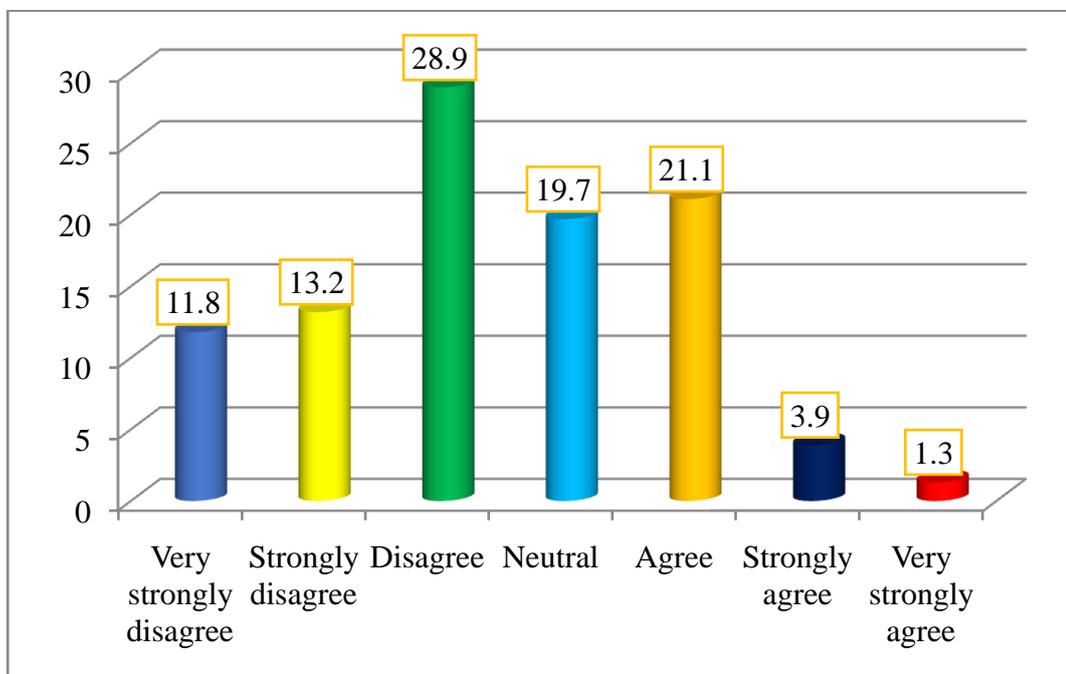
Figure 4.3.7 answers to the statement "*Family related concerns or commitments often distract me at work*". Here 11.8 % (N=9) of respondents very strongly disagrees to the statement, 13.2 % (N=10) strongly disagrees and 28.9 % (N=22) disagrees to the statement. About 19.7 % (N=15) are going in a neutral phase. Almost 21.1 % (N=16) agree to the statement, that is they are distracted from their work due to family related concerns and commitments. Only 3.9 % (N=3) of respondents strongly agrees and 1.3 % (N=1) very strongly agrees to the statement.

4.3.8 No family I'd be a better employee (N=76).

Table 4.3.8
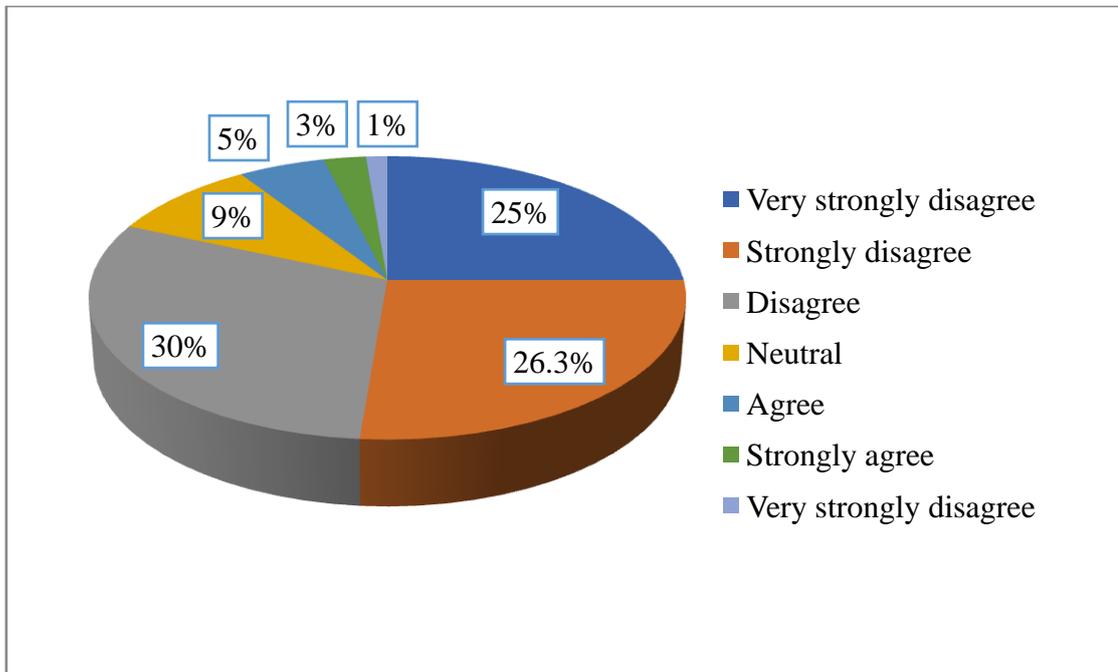
The figure 4.3.8 is the response given by medical and psychiatric social workers for the statement " *if I did not have a family, I'd be a better employee*". For this statement 25 % (N=19) very strongly disagrees, 26.3 % (N=20) strongly disagrees and 30.3 % (N=23) of respondents disagrees to the statement. Here 9.2 % (N=7) are in a neutral phase. Only 5.3 % (N=4) of the respondents agrees to the statement, 2.6 % (N=2) strongly agrees and 1.3 % (N=1) dry strongly agrees to the statement.

4.3.9 My family has a negative impact on my day to day work duties (N=76).

Table 4.3.9
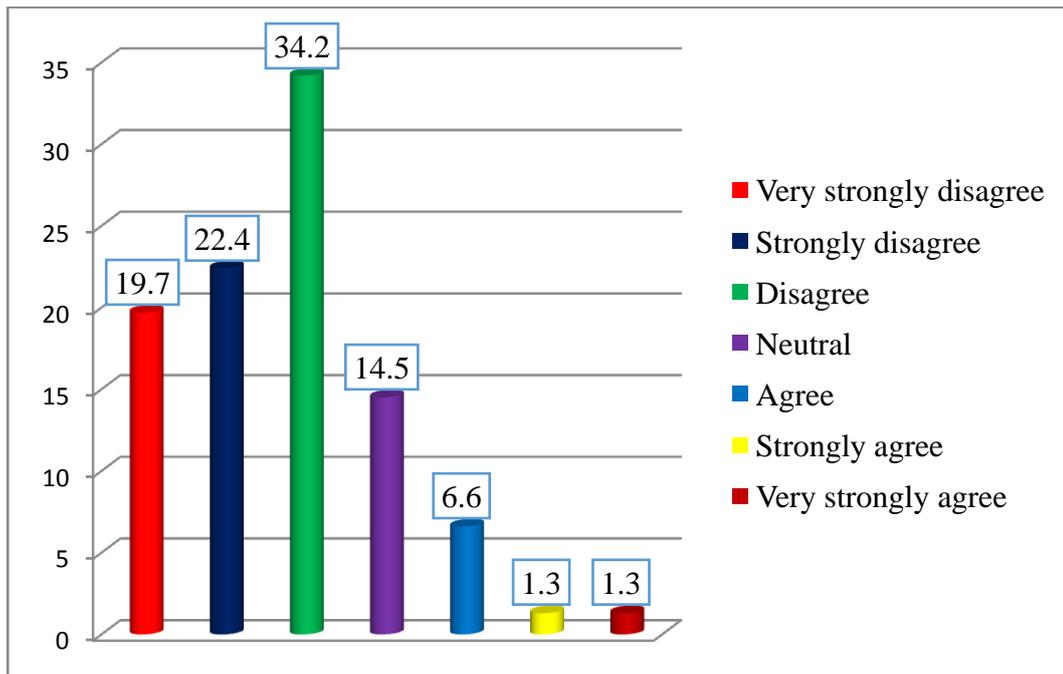
In the figure 4.3.9, the response was given to the statement " *my family has a negative impact on my day to day work duties*". Here 19.7 % (N=15) of respondents very strongly disagrees to the statement, 22.4 % (N=17) strongly disagrees and 34.2 % (N=26) disagrees to the statement. Almost 14.5 % (N=11) of the respondents are in the neutral phase. Only 6.6 % (N=5) of the respondents agrees to the statement, which means their family has a negative impact on their day to day work duties. Only 1.3 % (N=1) of respondents strongly agrees and 1.3 % (N=1) very strongly agrees to this statement.

4.3.10 It is difficult to concentrate at work because I am so exhausted by family responsibilities (N=76).

Table 4.3.10
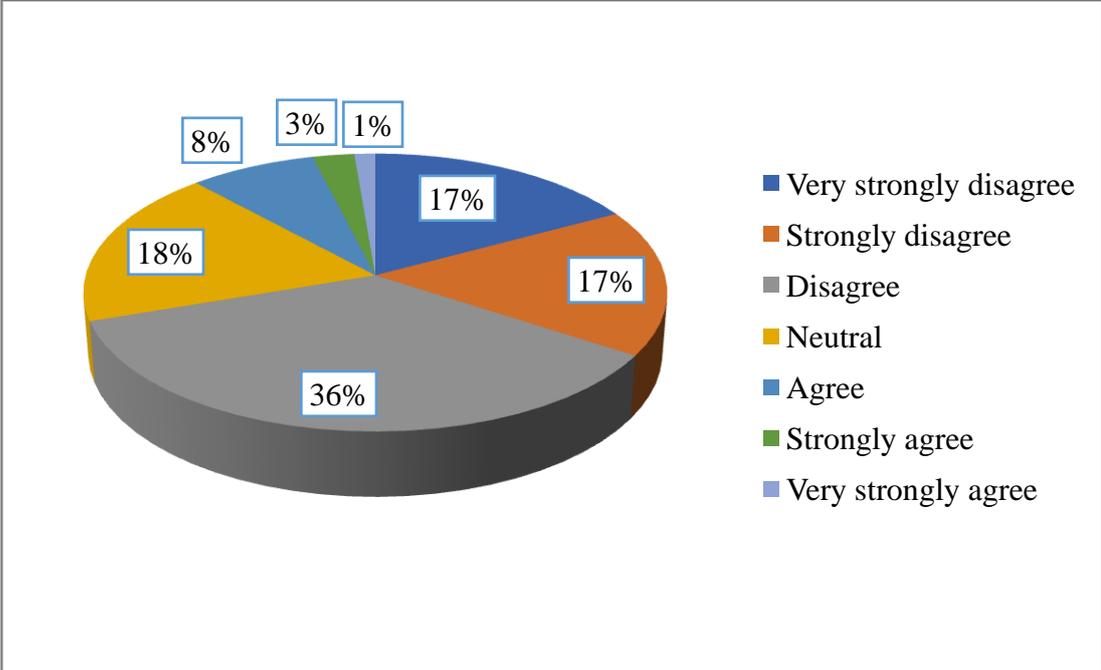
The figure 4.3.10 gives answer to the opinion *"it is difficult to concentrate at work because I am so exhausted by family responsibilities"*. Here 17.1 % (N=13) of the respondents very strongly disagree to the statement, again a 17.1 % (N=13) strongly disagrees and 35.5 % (N=27) disagrees to the statement. About 18.4 % (N=14) are in the neutral phase. Only 7.9 % (N=6) of the respondents agreed with the statement, 2.6 % (N=2) strongly agrees and 1.3 % (N=1) very strongly agrees to the statement.

CHAPTER V

FINDINGS, SUGGESTIONS AND CONCLUSION

CHAPTER V

FINDINGS, SUGGESTIONS AND CONCLUSION

This chapter presents every parts of the current examination and furthermore set forward a couple of ideas for additional concentrate as well as features of the current exploration. In this chapter the researcher has wound in thoughts from research studies and discoveries of the current review. The significant discoveries of the review are recorded underneath.

5.1 MAJOR FINDINGS OF THE STUDY

Objective 1: To asses the socio demographic details of the respondents.

- Majority of the medical and psychiatric social workers responded are females.
- The age group of most of the respondents are in between the age of 20 and 30.
- Most of the respondents are singles.
- Almost all of the respondents are having a masters degree in social work as educational qualification.
- Type of family of majority of the respondents are nuclear.
- Only a few of the respondents are from a joint family background.
- Most of the medical and psychiatric social workers responded to the survey are employed in private sector.
- The employment status of most of respondents are on a contractual agreement.
- Most of the respondents are working in psychiatric setting.
- Majority of the respondents are staying with their own family during the work.

Objective 2: To asses the personal information of the respondents.

- Almost all of the respondents who responded to the statements are satisfied with their work.
- Majority of the respondents are working for 7 hours and some are working for 10 hours.
- Most of the respondents have shifted their work at least once.

- Majority of the respondents are having a work experience of 2 years.
- Some of the respondents are having a sleep up to 6 hours and some are having only 5 hours. Some of the respondents can sleep up to 9 hours and more.

Objective 3: To determine the family work life of the respondents.

- Some of the respondents agree that their work is preventing them from spending sufficient time with their family.
- Some of the respondents didn't have time left at the end of the day to do the things that they like at home like chores and leisure activities.
- The family members of some of the respondents miss them due to their work commitments.
- Some of the respondents proved that their work didn't have a negative impact on their family life.
- Some respondents of the survey feels that working makes them irritable or short tempered at home.
- Some of the respondents feels that their work performance suffers because of their personal and family commitments.
- Some of the medical and psychiatric social workers feels that their family related concerns or commitments often distract them from their work.
- Some of the respondents agree to the statement " if I did not have a family, I'd be a better employee". This means that they are not able to manage their work life and family life as both sides of a coin.
- Some of the respondents feels that their family have a negative impact on their day to day work duties.
- A few of the respondents agree that it is difficult to concentrate at work because they are exhausted by family responsibilities.

5.2 IMPLICATIONS OF THE STUDY

- Capacity Building Programmes
- Family Empowerment programmes

5.3 LIMITATIONS OF THE STUDY

- Lack of In-depth assessment
- Lack of mixed method approach
- Methodology should be strengthen

5.4 SUGGESTIONS FOR FURTHER RESEARCH

- Mixed method approach
- Longitudinal Study
- Interventional Study

5.5 CONCLUSION

The current study is to understand the family work life among medical and psychiatric social workers. The objective of the study was to assess the socio demographic details, to asses the professional information and to determine the family work life of medical and psychiatric social workers in Kerala. The present study was conducted at all fourteen districts in the state Kerala. The present study was conducted at all fourteen districts in the state Kerala. The researcher used cross sectional study design and collected details from 76 respondents.

As an overall conclusion the researcher finds that some of the social workers who are working in medical and psychiatric setting are facing problems due to their work life or family life. Some says that their family is having a negative impact on their work duties. Their work sometimes makes them irritable or short tempered at home. They are not able to perform some of their household chores after the work or they are not getting enough time for completing the duties. So some of the respondents are not able to manage their work life and family life.

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is%20a,types%20of%20intensive%20psychiatric%20help.

APPENDIX

APPENDIX I

Information Sheet

Title: Family-Work Life among Social Workers in Medical and Psychiatric Settings.

Purpose: I am Anu Joseph, student of Master of Social Work

(MSW) from the Department of Social Work, Don Bosco arts and science college, Angadikkadavu, affliated to Kannur University.

This study is a part of the partial fulfilment of my MSW course. This study is conducted to understand the family – work life among social workers in medical and psychiatric setting under the supervision of Harikrishnan U, Assistant Professor, Department of social work, Don Bosco arts and science college, Angadikkadavu.

Benefit or Risks: No risk factor associated with this study. Your participation is only voluntary in nature. I, researcher assure you that the information taken from you will only be for academic purpose.

Thanking you

Anu Joseph

MSW Student, Department of
Social Work, Don Bosco arts
and science college,
Angadikkadavu, 8592094633

APPENDIX II

SOCIO DEMOGRAPHIC DETAILS

Age:

Gender:

Education:

BSW, MSW, M.Phil PSW, Ph.D, PDF

Marital Status:

Single   Married,   Widow/Widower,   Divorce

Settings:

 Medical   Psychiatric

Nature of Work:

      Practitioner   Academician

Employment status:

      Permanent   Contractual   Self-employed

Type of family:

      Nuclear   Joint

Staying with family:

      Yes   No

Working members in the family:

      0   1   2   3   or more

Residence:

Working place:

APPENDIX III

PERSONAL INFORMATION

Years of experience:

In a year, how many times shifted your job:

     1   2   3   or more

Hours of work in a day:

Hours of sleep:

Satisfied with your current job:

     No   Yes

APPENDIX IV
WORK AND FAMILY CONFLICT SCALE

- My work prevents me spending sufficient quality time with my family.

Very strongly disagree

    Strongly disagree

    Disagree

    Neutral

    Agree

    Strongly agree

    Very strongly agree

- There is no time left at the end of the day to do the things I'd like at home (e.g., chores and leisure activities)

    Very strongly disagree

    Strongly disagree

    Disagree

    Neutral

    Agree

    Strongly agree

    Very strongly agree

- My family misses out because of my work commitments

    Very strongly disagree

    Strongly disagree

    Disagree

    Neutral

    Agree

    Strongly agree

    Very strongly agree

- My work has a negative impact on my family life

  Very strongly disagree

  Strongly disagree

  Disagree

  Neutral

  Agree

  Strongly agree

  Very strongly agree

- Working often makes me irritable or short tempered at home

  Very strongly disagree

  Strongly disagree

  Disagree

  Neutral

  Agree

  Strongly agree

  Very strongly agree

- My work performance suffers because of my personal and family commitments

  Very strongly disagree

  Strongly disagree

  Disagree

  Neutral

  Agree

  Strongly agree

  Very strongly agree

- Family related concerns or responsibilities often distract me at work

  Very strongly disagree

  Strongly disagree

  Disagree

  Neutral

  Agree

  Strongly agree

  Very strongly agree

- If I did not have a family I'd be a better employee

  Very strongly disagree

  Strongly disagree

  Disagree

  Neutral

  Agree

  Strongly agree

  Very strongly agree

- My family has a negative impact on my day to day work duties

  Very strongly disagree

  Strongly disagree

  Disagree

  Neutral

  Agree

  Strongly agree

  Very strongly agree

- It is difficult to concentrate at work because I am so exhausted by family responsibilities

  Very strongly disagree

  Strongly disagree

  Disagree

  Neutral

  Agree

  Strongly agree

  Very strongly agree

HUMAN RESOURCE DEVELOPMENT PRACTICES AND QUALITY OF WORK LIFE OF EMPLOYEES: A STUDY IN MAHINDRA, KOCHI

VIRTUE & EXCELLENCE
DON BOSCO ARTS & SCIENCE COLLEGE
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2021-2023

HUMAN RESOURCE DEVELOPMENT PRACTICES AND QUALITY OF WORK LIFE OF EMPLOYEES: A STUDY IN MAHINDRA, KOCHI

DISSERTATION SUBMITTED TO THE KANNUR UNIVERSITY IN PARTIAL FULFILLMENT OF THE REQUIREMENT FOR THE AWARD OF THE DEGREE OF MASTER OF SOCIAL WORK

BY

MEREETTA ROY

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MAY 2023

DEPARTMENT OF SOCIAL WORK
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KANNUR

CERTIFICATE

This is to certify that the dissertation entitled,**HUMAN RESOURCE DEVELOPMENT PRACTICES AND QUALITY OF WORK LIFE OF EMPLOYEES: A STUDY IN MAHINDRA, KOCHI** submitted by **MEREETTA ROY,** in partial fulfilment of the requirement for the award of the degree of **Master of Social Work**, is a bonafide record of work done under the guidance and supervision of **Ms. AKSHAYA.P,** during the period of her study (2020-2022) in the Department of Social Work, Don Bosco Arts and Science College, Angadikadavu, Kannur, affiliated to the Kannur University.

FR. SOJAN PANANCHICKAL

Head, Department of Social Work

Don Bosco Arts and Science College

DEPARTMENT OF SOCIAL WORK

DON BOSCO ARTS & SCIENCE COLLEGE

ANGADIKADAVU
KANNUR

CERTIFICATE

This is to certify that the dissertation entitled **"HUMAN RESOURCE DEVELOPMENT PRACTICES AND QUALITY OF WORK LIFE OF EMPLOYEES: A STUDY IN MAHINDRA, KOCHI"** submitted by **MEREETTA ROY,**in partial fulfillment of the requirement for the award of the degree of Master of Social work, is a bonafide record of work done under my guidance and supervision during the period of her study (2021-2023) in the Department of Social Work, Don Bosco Arts and Science College, Angadikadavu, Kannur, affiliated to the Kannur University.

MS. AKSHAYA. P

Assistant Professor and Research Guide

Department of Social Work

Don Bosco Arts and Science College

DECLARATION

I, **MEREETTA ROY** the undersigned, hereby declare that the dissertation entitled**"Human resource development Practices and Quality of Work Life of employees: A Study in Mahindra, Kochi"** submitted to the Kannur University, in partial fulfilment of the requirement for the award of the degree of **Master of Social work**, is a Bonafede work done by me under the guidance of **Ms. Akshaya.P** Assistant Professor, Department of Social Work, Don Bosco Arts and Science College, Angadikadavu. This work has not been placed by anybody in the University for the Award of any degree or diploma.

ANGADIKADAVU   **MEREETTA ROY**

May 2023

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I sincerely wish to express my deep sense of gratitude to all those who helped and supported me to complete the work. First and foremost, I thank God Almighty who strengthened me at every moment and through whom I do all the things. I would like to extend my sincere words of gratitude to Fr. Dr. Francis Karackat (Principal, Don Bosco Arts and Science College), Fr. Sojan Pananchickal (Head, Department of Social Work), and Ms. Akshaya. P, my Faculty Supervisor, whose assistance, guidance and inspiration helped me to complete this study. I also thank other faculty members, parents and the Library Staff for their immense help and assistance during the identification of the topic, literature search and review preparation. On this occasion I thank all the respondents for their cooperation and availability. I also wish to express sincere thanks to my parents and friends who have always supported and encouraged me to finish the research work successfully.

MEREETTA ROY

ABSTRACT

This study investigates the effects of HumanResourceDevelopment (HRD) practice's on employees' satisfaction with their working conditions. The study looks into how different HRD activities, including as training and development, performance management, and employee engagement, affect employees' general satisfaction, wellbeing, and work-life balance. The study's objective is to uncover the important HRD practice's that significantly improve workers' quality of work life by assessing data gathered from 60 Mahindra employees. The results of this study can offer insightful advice to businesses looking to enhance employee happiness and productivity while also fostering a positive work environment.

Keywords: Human Resource Development Practices , Quality of work life, Employees.

CONTENTS

LIST OF FIGURES

CHAPTER I

INTRODUCTION

CHAPTER 1

INTRODUCTION

1.1 INTRODUCTION

HRD practise is a comprehensive approach to human resources management that involves developing and implementing strategies for improving the overall performance and effectiveness of an organisation's workforce. It encompasses all aspects of human resources management, from recruitment and selection to training and development, from compensation and benefits to performance management and recognition. HRD practise seeks to ensure that all employees are equipped with the skills, knowledge, and motivation to meet the organisation's goals and objectives. HRD practises also strive to ensure that employees have the opportunity to develop and grow their professional careers within the organisation.

The purpose of this research is to analyse the influence of human resource development (HRD) practises on the quality of work life for employees. The aim of this research is to explore how HRD practises such as training and development, performanceappraisal, and reward systems can improve the quality of work life for employees. This research seeks to examine both the direct and indirect effects of HRD practises on the quality of work life for employees. In order to achieve this goal, this research utilises both qualitative and quantitative methods. Specifically, the research will use interviews, surveys, and case studies to gather data from employees. This data will be analysed to identify the effects of HRD practises on the quality of work life for employees. The findings of this research will be used to provide recommendations to organisations on the best practises for achieving the highest quality of work life among their employees.

1.2 STATEMENT OF THE PROBLEM

The study of HRD practices in Mahindra Kochi is important because it provides insight into how the company implements its Human Resources strategies. This knowledge can be used to assess the effectiveness of the company's policies and procedures, and to identify potential areas for improvement. It can also serve as a benchmark for other companies to measure their own HRD practices against. Additionally, such a study can help uncover trends and best practices that can be applied to other organizations in the

industry. By studying HRD practices in Mahindra Kochi, companies can learn how to create a more effective and efficient HR system that will foster organizational success. Similarly Quality of Work Life (QWL) of employees in Mahindra Kochi is of immense importance. It helps to understand the current state of the employees' working conditions and how they can be improved. This study can help in identifying the areas of improvement, which can be taken up to make the employees' working conditions better. It can also help in understanding the needs and expectations of the employees and how they can be met.

Additionally, it can help the company in formulating better policies and procedures which will benefit the employees and help them in achieving better work-life balance. Furthermore, it can also help in enhancing the overall productivity of the company by improving the morale and motivation of the employees. Thus, this study can prove to be of great significance in improving the Quality of Work Life of the employees in Mahindra Kochi.

1.3 TITLE OF THE STUDY

"Human Resource Development Practices and Quality of Work Life of employees: A Study with in Mahindra Kochi"

1 .4 OBJECTIVES

1.4.1 General Objective

To Study on Human Resource Development practice andQuality of WorkLife of employees .

1.4.2 SpecificObjectives

- To assess the demographic variables of the respondents.
- To determine the HRD practice of Mahindra Kochi
- To assess the Quality Of Work Life of employees at Mahindra Kochi.

1 .5 RELEVANCE OF THE STUDY

The study of HRD practices and quality of work life of employees is highly relevant in today's world. Quality of work life is a major determinant of employee job satisfaction and productivity. HRD practices can have a great impact on employee work-life

balance, job security, pay, benefits, and other aspects of their quality of work life. Therefore, studying the impact of HRD practices on quality of work life is important for organizations to ensure that their employees are satisfied and productive. In addition, it can help to identify areas where HRD practices can be improved in order to further enhance employee satisfaction and productivity.

1.6 . CHAPTERIZATION

1.6.1 INTRODUCTION

The Introduction consists the statement of the problem, the title of the study and general and specific objectives. It also includes the significance and scope of the study, chapterization and conclusion also added in introduction.

1.6.2 REVIEW OF LITERATURE

This chapter speaks the reviews of related studies and relevant studies about body shaming. In this chapter the theoretical and empirical terms arranged in a logical order and ends with conclusion.

1.6 .3 RESEARCH METHODOLOGY

This chapter is the important chapter containing lot of information about research problem including introduction, definition of concepts theoretical meaning and operational definitions, Variables independent or dependent, Hypothesis, Research Design, Pilot study, Universal unit of the study, Sampling inclusion and exclusion, Sources of data primary or secondary, Tool of data collection, Pretest, Method of data collection and the method that is used to data analysis.

1.6.4 DATA ANALYSIS AND INTERPRETATION .

The fourth chapter mainly deals with introduction, the collected data and testing hypothesis (optional) or analysing hypothesis and conclusion.

1.6.5 FINDINGS, SUGGESTIONS AND CONCLUSION

The last chapter includes the major findings, implications of the study, limitations of the study, suggestions for further research and conclusion.

1.7 CONCLUSION

The quality of work life of employees is an important factor in the success of any organization. HRD practices can play an important role in improving the quality of work life of employees. HRD practices can help in creating a positive work environment, motivating employees, providing career development opportunities, and promoting better communication between employees and management. By implementing effective HRD practices, organizations can ensure that their employees are satisfied with their work and feel empowered to contribute to the overall success of the organization.

CHAPTER II

LITERATURE REVIEW

CHAPTER 2

LITERATURE REVIEW

2.1 INTRODUCTION

This chapter provides a review of the literature related to the research topic. It aims to summarize and present relevant theoretical and empirical studies in a logical order. It provides an overview of the history and current state of research on the topic, as well as highlighting important findings and theoretical frameworks. The literature review also seeks to identify gaps in the current research, and suggest opportunities for further exploration. A review of the literature is an essential part of the academic research project. The review is a careful examination of a body of literature pointing towards the answer to the research question.

2. 2. REVIEW OF LITERATURE

 "Human Resource Development" by Jon M. Werner and Randy L. DeSimone:This book explores the fundamentals of HRD and emphasizes the role of training, development, and career planning in enhancing the quality of work life for employees. It discusses various HRD practices, such as performance management, coaching, and mentoring, and their impact on employee satisfaction and engagement provides a comprehensive overview of HRD and its impact on the quality of work life for employees. It covers various HRD practices, including training, development, and career planning, and explores their influence on employee satisfaction and engagement.

"The Handbook of Human Resource Development" edited by Neal F. Chalofsky, Tonette S. Rocco, and Michael Lane Morris:This comprehensive handbook offers insights into the multifaceted aspects of HRD, including its impact on QWL. It covers topics like employee well-being, work-life integration, organizational culture, and leadership development, shedding light on how these factors influence the quality of work life experienced by employeesThis handbook offers an in-depth exploration of HRD, encompassing its effects on quality of work life. It covers a wide range of topics such as employee well-being, work-life integration, organizational culture, and leadership development. The book provides insights into how these factors contribute to the overall quality of work life experienced by employees

"Human Resource Development: A Concise Introduction" by Ronan Carbery and Christine Cross:This book provides a concise overview of HRD practices and their impact on employee satisfaction and QWL. It discusses topics such as training and development, performance management, and work-life balance, highlighting their significance in creating a positive work environment. This concise introduction to HRD focuses on its role in enhancing employee satisfaction and quality of work life. It covers essential topics such as training and development, performance management, and work-life balance, providing a clear understanding of how these practices contribute to a positive work environment.

 "Quality of Work Life: Perspectives and Insights" by S. Ramnarayan and T.V. Rao: This book delves into the concept of QWL, focusing on its various dimensions and their relationship with HRD practices. It explores the importance of factors like job design, employee involvement, and work environment in influencing the quality of work life experienced by employees. This book delves into the concept of quality of work life (QWL) and its relationship with HRD practices. It explores the different dimensions of QWL and examines factors such as job design, employee involvement, and work environment. The book provides perspectives and insights into how these factors influence the overall quality of work life for employees.

"Human Resource Development" by David McGuire:David McGuire's book explores the role of HRD in enhancing employee well-being and QWL. It covers areas such as learning and development, talent management, and employee engagement, providing insights into how these HRD practices contribute to a positive work experience.This book emphasizes the role of HRD in enhancing employee well-being and quality of work life. It covers areas such as learning and development, talent management, and employee engagement. The author provides insights into how these HRD practices contribute to a positive work experience.

 "Employee Training and Development" by Raymond A. Noe:While primarily focusing on training and development, this book recognizes the impact of these HRD practices on the overall QWL of employees. It discusses the importance of continuous learning, skill development, and career advancement in fostering a satisfying work life The impact of these HRD practices on the overall quality of work life of employees. It

covers areas such as continuous learning, skill development, and career advancement, highlighting their significance in fostering a satisfying work life.

"Human Resource Development: Theory and Practice" by Jeff Gold, Richard Thorpe, and Alan Mumford:This comprehensive text explores the theories and concepts underpinning HRD and its relationship with employee well-being and QWL. It examines topics such as organizational learning, knowledge management, and employee engagement, shedding light on their influence on the quality of work life. This book provides an in-depth exploration of the theories and concepts underpinning HRD and its relationship with employee well-being and quality of work life. It covers various topics such as organizational learning, knowledge management, and employee engagement, providing insights into how these factors influence the quality of work life.

"The Employee Experience Advantage: How to Win the War for Talent by Giving Employees the Workspaces They Want, the Tools They Need, and a Culture They Can Celebrate" by Jacob Morgan:This book emphasizes the significance of HRD practices in creating a positive employee experience, which in turn impacts QWL. It discusses how factors like work environment, technology, and organizational culture contribute to an enhanced work life for employees.This book highlights the significance of HRD practices in creating a positive employee experience, which in turn impacts QWL. It discusses how factors such as work environment, technology, and organizational culture contribute to an enhanced work life for employees. The book offers practical insights and strategies for organizations to improve the quality of work life through effective HRD practices.

"Impact of HRD Practices on Quality of Work Life" (2015): This article delves into the relationship between HRD practices and the quality of work life experienced by employees. It explores various HRD practices, including training and development, performance management, and employee engagement, and their influence on factors such as job satisfaction, work-life balance, and overall well-being. The article highlights the importance of implementing effective HRD strategies to enhance the quality of work life for employees, ultimately leading to higher levels of productivity and organizational success.

"The Role of Leadership in Enhancing QWL Through HRD" (2016): This article focuses on the impact of leadership in promoting a positive work environment through the implementation of HRD practices. It emphasizes the role of effective leadership in fostering employee growth, learning, and job satisfaction, which in turn contribute to an improved quality of work life. The article highlights the significance of leadership support in implementing HRD initiatives and creating a culture that values employee development and well-being.

"Employee Perceptions of HRD Practices and QWL Outcomes" (2017): This study examines employees' perceptions of HRD practices and their impact on key quality of work life outcomes. It explores factors such as work-life balance, job security, and employee well-being, and how employees perceive the effectiveness of HRD practices in influencing these outcomes. The article highlights the importance of understanding employee perspectives and aligning HRD practices with their expectations and needs to enhance their quality of work life.

"Training and Development as a Key HRD Practice for QWL" (2018): This article emphasizes the significance of training and development initiatives as a crucial HRD practice for enhancing employees' competencies, job satisfaction, and overall quality of work life. It explores how training and development programs can contribute to employee growth, skill enhancement, and career progression, thereby positively impacting their work experiences and quality of work life. The article suggests that organizations should prioritize investing in employee development to improve their overall well-being and satisfaction.

"Performance Management Systems and QWL: A Critical Review" (2019): This review article critically assesses the role of performance management systems in influencing the quality of work life. It examines different approaches to performance management and their potential benefits and drawbacks in improving or hindering QWL. The article highlights the importance of aligning performance management systems with employee needs and organizational goals to ensure a positive impact on employee satisfaction, motivation, and overall quality of work life.

 "The Influence of HRD Practices on Work-Life Balance" (2020): This study investigates how HRD practices, such as flexible work arrangements, career development programs, and employee support initiatives, contribute to achieving a

better work-life balance for employees, thereby enhancing their quality of work life. It explores the impact of these practices on employees' ability to manage their personal and professional responsibilities, leading to reduced stress, increased job satisfaction, and improved overall well-being. The article emphasizes the role of HRD practices in creating a supportive work environment that values work-life balance.

"Employee Engagement and QWL: The Mediating Role of HRD" (2021): This research examines the mediating role of HRD in the relationship between employee engagement and quality of work life. It explores how HRD interventions, such as training, career development, and performance management, can strengthen the positive impact of employee engagement on QWL outcomes. The article highlights the importance of HRD practices in fostering employee engagement, which in turn leads to higher job satisfaction, well-being, and overall quality of work life.

"The Impact of HRD Practices on Job Satisfaction and QWL" (2018): This article investigates the relationship between HRD practices, job satisfaction, and the overall quality of work life experienced by employees. It delves into specific HRD interventions that contribute to higher job satisfaction and improved QWL. The article examines various HRD practices, including training and development, performance management, and employee engagement, and their influence on job satisfaction and QWL outcomes such as work-life balance, career growth, and well-being. It highlights the significance of effective HRD strategies in creating a positive work environment that fosters employee satisfaction and contributes to a higher quality of work life.

"HRD Initiatives and Employee Well-being: A Longitudinal Study" (2019): This longitudinal study focuses on assessing the long-term effects of HRD initiatives on employee well-being and quality of work life. The study specifically examines HRD interventions such as mentoring programs, work-life balance policies, and health and wellness interventions and their impact on employee well-being over time. By tracking employee well-being indicators such as job satisfaction, stress levels, and overall psychological and physical health, the study provides insights into the sustained benefits of HRD initiatives in enhancing employee well-being and the quality of their work life. The findings emphasize the importance of implementing comprehensive HRD programs that address employee well-being for long-term positive outcomes.

"Exploring the Link between HRD Practices and Employee Motivation" (2019): This research article explores the relationship between HRD practices and employee motivation levels, which in turn impact the overall quality of work life. It investigates specific HRD practices such as performance incentives, career development opportunities, and feedback systems, and their influence on employee motivation. The article examines how these practices contribute to increased employee engagement, job satisfaction, and commitment to organizational goals. By enhancing employee motivation, HRD practices positively influence the quality of work life experienced by employees, leading to higher productivity, performance, and overall well-being. The findings highlight the importance of aligning HRD strategies with employee motivation factors to create a motivated and fulfilled workforce.

2.3 CONCLUSION

In conclusion, the reviewed literature provides a comprehensive understanding of the topic at hand by examining various studies, theories, and perspectives. It highlights the significant contributions made by previous researchers while identifying gaps and areas for further investigation. The synthesis of the literature underscores the importance of continued research in order to address these gaps and build upon existing knowledge. Overall, the reviewed literature serves as a valuable foundation for future research and informs the development of effective strategies and interventions in the field.

CHAPTER III

RESEARCH METHODOLOGY

CHAPTER 3

RESEARCH METHODOLOGY

3.1 INTRODUCTION

Methodology is necessary in scientific research. It gives a blueprint or plan for how the research was carried out. No research is scientific or valid without a proper methodology. It gives the nature of the design and sampling that are being described. It gives details regarding data collection, pre-testing, and analysis. The research topic of this study is Human Resource Development (HRD) Practises and Quality of Work Life of Employees with Special Reference to Mahindra Kochi. This study seeks to explore the impact of HRD practises on employees' quality of work life in the context of the Mahindra Kochi organisation. This study will analyse how HRD practises such as training and development, performance appraisal, and career planning, among others, can contribute to improving the quality of the work life of employees and how these practises can be better implemented in the organisation.

3.2 DEFINITION OF CONCEPTS THEORETICAL AND OPERATIONAL

Theoretical definition

Human resources development

According to Leonard Nadler, "HRD practice refers to organizational activities that enhance employee knowledge, skills, and behaviours. It includes training, career development, performance management, coaching, and other interventions to improve productivity and support personal growth."

Quality of work life

According to Harrison, "Quality of work life refers to the overall well-being of an individual in their work environment. It encompasses various aspects such as job satisfaction, work-life balance, health and safety, and career growth opportunities."

Employee

According to Keynes, "an employee is an individual that an employer hires to do a particular job."

Operational definition

Human Resource Development (HRD) practice can be defined as a set of activities and processes aimed at improving the knowledge, skills, and abilities of employees, thereby enhancing their performance and productivity in the workplace. It involves training, development, performance management, and career planning, among other interventions, to promote employee growth and development.

Quality of work life

Quality of work life refers to the overall well-being of employees in the workplace, including their physical and mental health, job satisfaction, and work-life balance. It can be measured by factors such as employee turnover, absenteeism, and productivity.

Employee

Employee is someone who gets paid to work for a person or a company.

3.3 VARIABLE – INDEPENDENT AND DEPENDENT

Independent variable: in this study is HRD practices.

Dependent variable: is quality of work life of employees.

3. 4 HYPOTHESES

The hypothesis of this research is that the implementation of HRD practices in the Mahindra Kochi organization will lead to improved quality of work life for employees.

3.5 RESEARCH DESIGN

This study use a cross sectional descriptive design to analyze the impact of HRD practices on quality of work life of employees in the Mahindra Kochi organization.

Cross sectional descriptive design in research refers to a type of study that aims to describe and summarize the characteristics, behaviours, or attitudes of a particular group or phenomenon without manipulating any variables. It is often used in exploratory research or when the research question is focused on understanding the existing state of a topic.

3.6 .PILOT STUDY

Apilot study helped the researcher identify the feasibility of conducting research on the quality of work life in HRD practises. It helps the researcher identify key people to contribute to this research.

Researchers select a small sample of employees and collect data using the same procedures and instruments that will be used in the main study.

3.7. UNIVERSE AND UNIT OF THE STUDY

Universe of the study

The term "universe of study" refers to the specific field or subject area that a researcher or scholar focuses on for their academic or professional work.

The universe of this research comprises all employees working in the Mahindra Kochi organization

Unit of the study

In research, a unit of study refers to the individual entity or subject that is being observed or analyzed within a research project.

The unit of the study is an employee at Mahindra Kochi

3.8 SAMPLING

The sampling method used here is lottery method. Sampling refers to portion of employees from company. The required samples are collected from Mahindra Kochi. The researcher collected 60 samples from employees.

3.9 SOURCE OF DATA

Researcher used data from both primary source and secondary source.

3.9.1 Primary sources

The researcher collected primary data from the responder through questionnaire

3.9 2 Secondary source

The secondary data was collected from the review of literature to which the researcher referred: books, magazines, journals, previous research related to topics, and periodical articles pertaining to this particular topic.

3.10 . TOOLS FOR DATA COLLECTION

The data was collected using the questionnaire method, and it was self-prepared, outlining the specific objective of the study.

1. **Socio Demographic details:** the socio demographic details were used in quantitative data collection. The details such as domicile, economic status, age, gender, marital status, education of the employees.

2. Questionnaire: the section include questions like recruitment, work life balance, job security, HR policies and procedures, job satisfaction, salary and compensation, safe and healthy work environment.

3.11 PRE-TEST

A pre-test was done on 8 respondents in order to verify the clarity and reliability of the questionnaire. The pre-test helped the researcher evaluate the reliability and validity of survey instruments prior to their distribution.

3.12 METHOD OF DATA COLLECTION

The questionnaire was prepared to collect the data necessary for the research. The questionnaire was distributed to the respondents and collected data from them. The information regarding the respondents was collected from the employees of Mahindra Kochi.

The steps of data collections were:

- Approval from organisation
- Tool construction
- Self reported questionnaire made in Google form
- Google form questionnaire share through different social media platforms
- The Google form was stopped accepting response after one month period

3.13 METHOD OF DATA ANALYSIS

The collected data was analysed with the help of the Statistical Package for Social Sciences (SPSS). Based on the analysis in SPSS, the researcher brought out the inferences and interpreted the responses of each respondent. To represent and interpret the data, tables and graphs were used. The phenomena produced from the data are better understood by analysis.

CHAPTER IV
ANALYSIS AND INTERPRETATION

CHAPTER 4
ANALYSIS AND INTERPRETATION

4.1. Introduction

Research analysis and interpretation is one of the crucial part of the research process. Its reviews the results and analysis of the quantitative data which was collected from the respondents for the purpose of the study. This chapter is trying to attribute meaning to the obtained data and determined the conclusion, significance and implication of the findings. The chapter deals with the interpretation and analysis of data regarding the HRD practice in quality of work life of employees. It includes statistical graph to present summarise the results of the study.

4.2. Interpretation

4.2.1 Domicile (N=60)
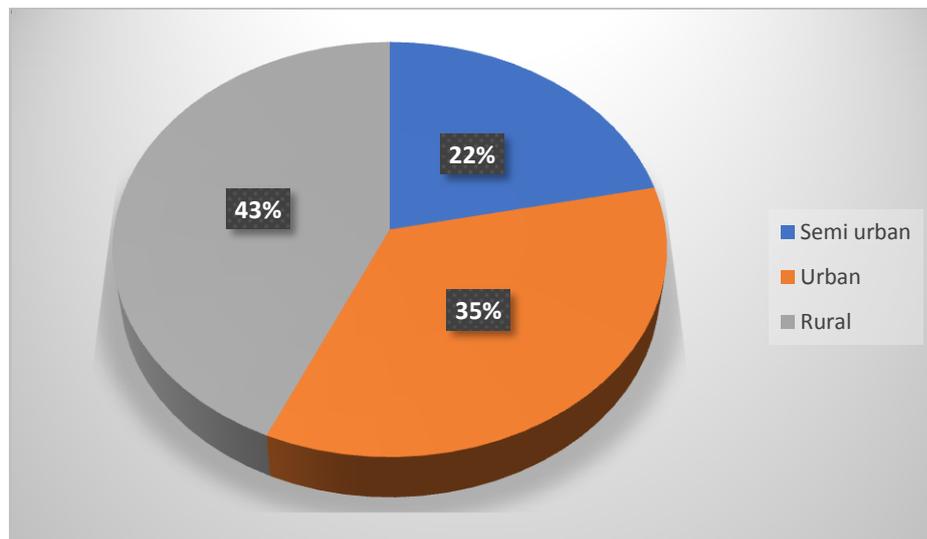
Figure 4.2.1

The data explains the percentage of people living in different types of domiciles. Semi-urban areas account for 22% of the population, urban areas for 35%, and rural areas for 43%. This indicates that the majority of people live in rural areas, followed by urban areas, and then semi-urban areas. This information can be used to understand the demographic patterns of a region and can be used to inform decisions about housing, infrastructure, and public services.

4.2 2 Economic Status (N=60)
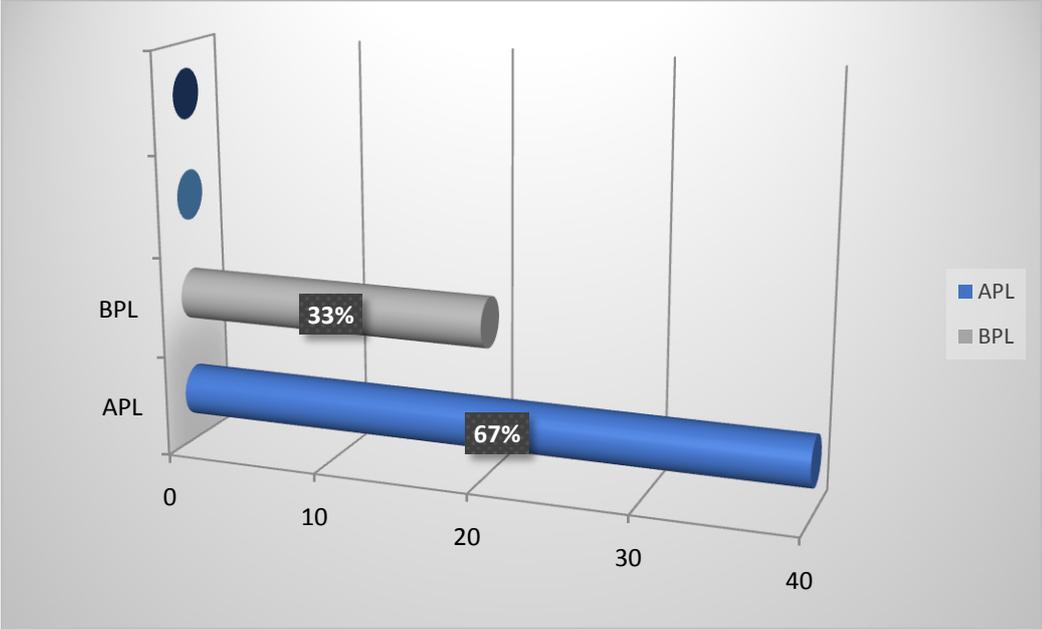
Figure 4.2.2

This data indicates that 67% of the working employees have an above poverty line (APL) economic status, while 33% of the working employees have a below poverty line (BPL) economic status. This suggests that a majority of the working employees have an economic status that is above the poverty line, while a minority of the working employees have an economic status that is below the poverty line.

4.2.3 Ages (N=60)
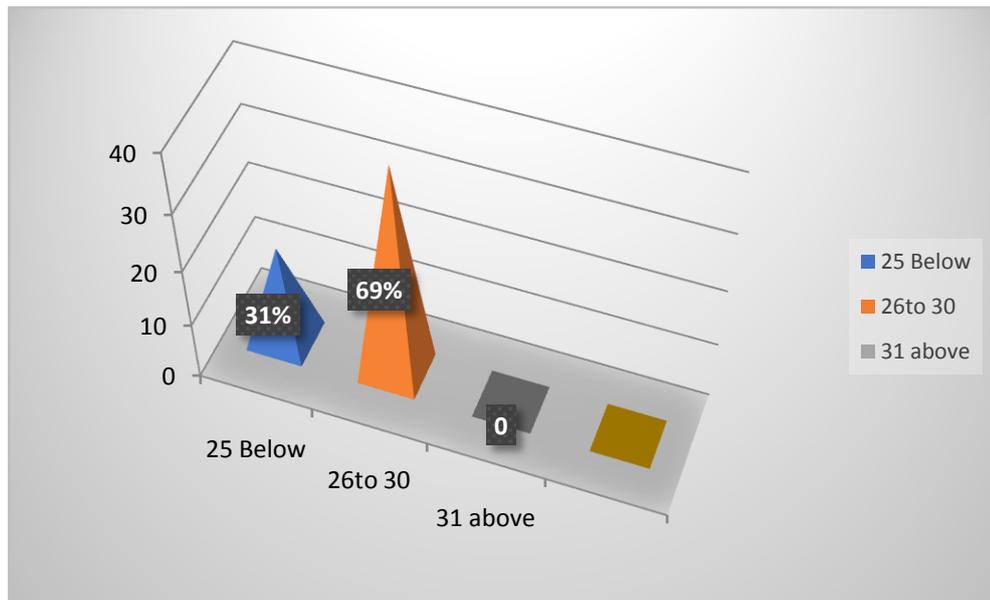
Figure 4.2.3

This data is showing the ages of working employees in a Mahindra private limited 25 and below make up 31% of the working employees, 26 to 30 make up 69% of the working employees, and 31 and above represent no employees. This could indicate that the majority of the employees in this company are relatively young and that there are very few older employees.

4.2.4 Gender of employees (N=60)
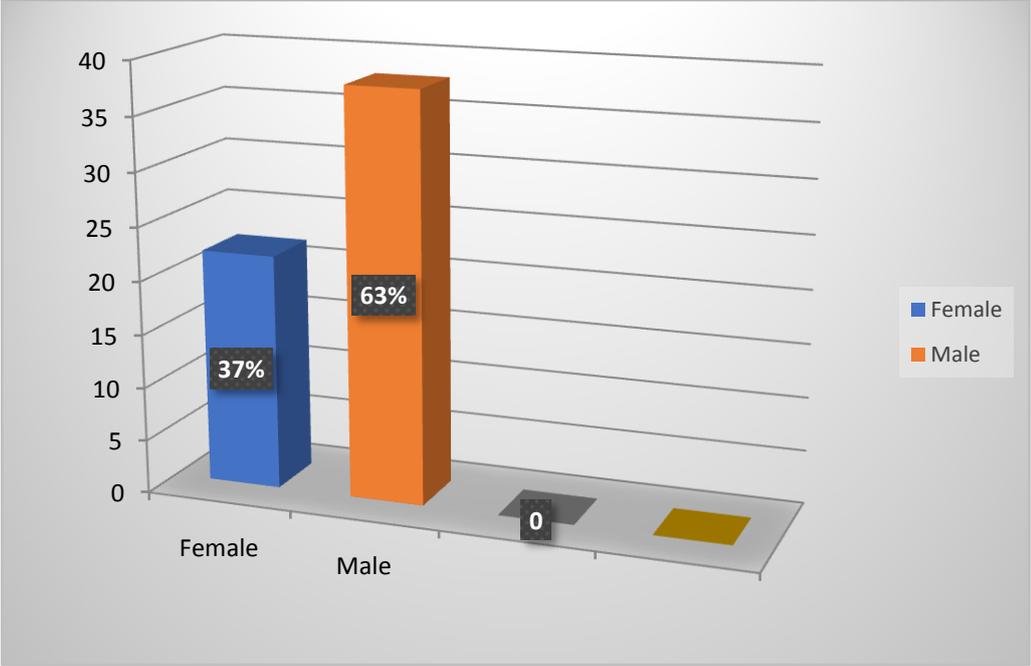
Figure 4.2.4

The pie chart above represents the gender of the respondents. This data indicates that there are 63% males and 37% females working in the company. Hence, the majority of the employees are male and the minority are female.

4.2.5 Martial Status of employees (N=60)
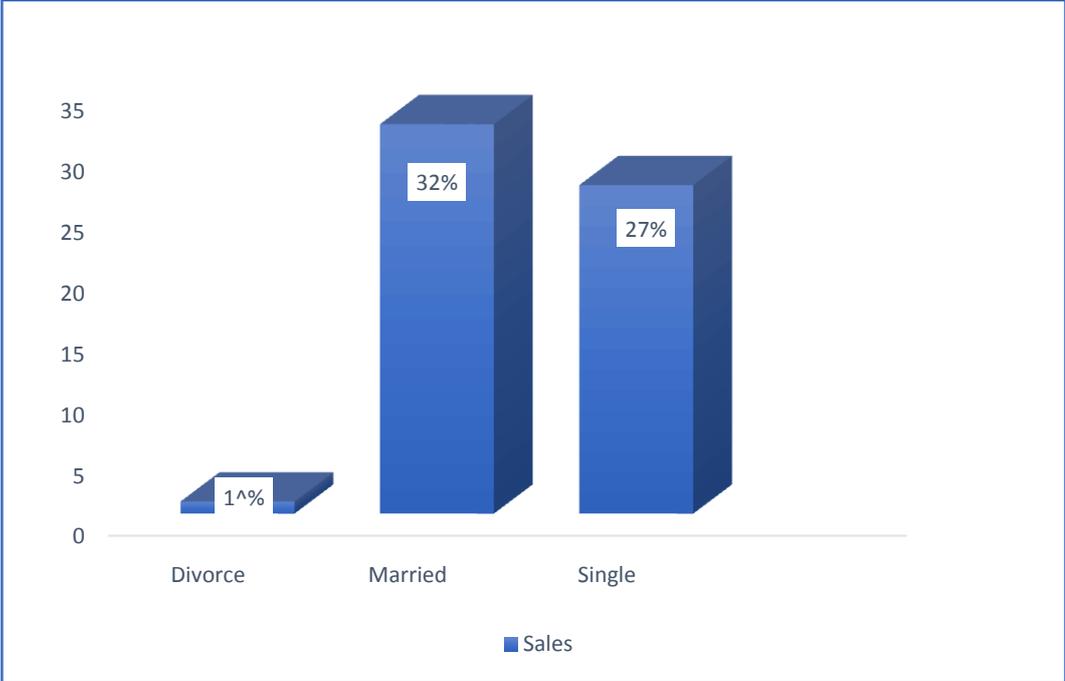
Figure 4.2.5

This data shows that out of the total employees working in the company, 10% are divorced, 69% are married, and 21% are single. This indicates that the majority of employees in the company are married, while a notable percentage are single and a small percentage are divorced. This could suggest that the company may have a family-friendly atmosphere, as the majority of employees are married.

4.2.6 Dependents of employees (N=60)
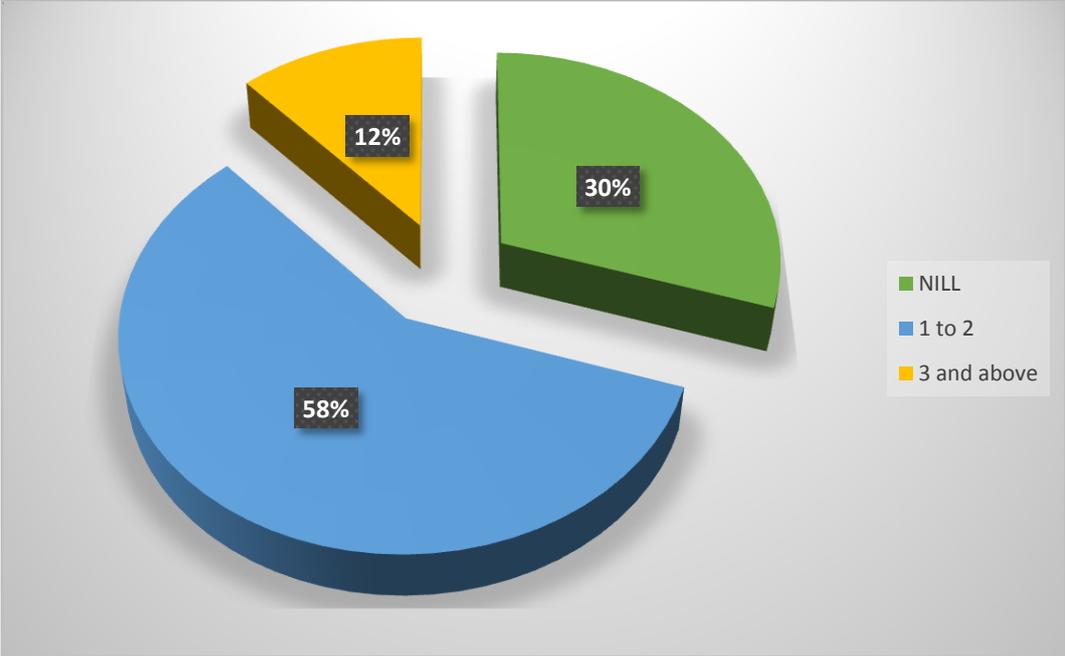
Figure 4.2.6

The data demonstrate that 30% of the employees in the company have no dependents, 58% have 1 to 2 dependents, and 13% have 3 or more dependents. This suggests that most employees in the company have a relatively small number of dependents.

4.2.7 Educational Qualifications (N=60)
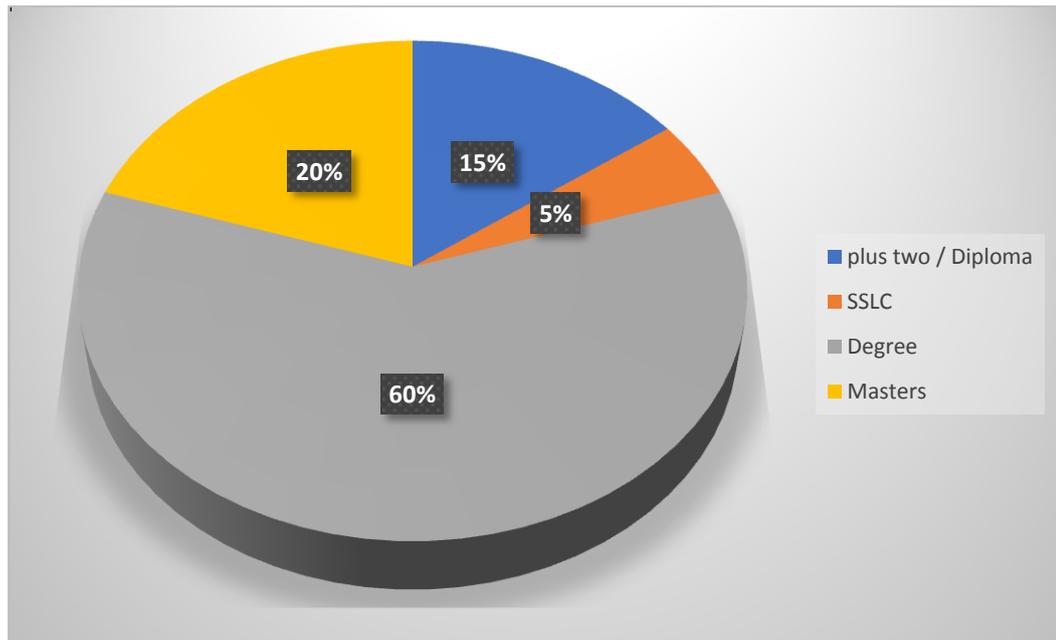
Figure 4.2.7

This data provides the educational qualifications of employees working in the company. It shows that 15% of the employees have completed their plus two/diploma, 5% have completed SSLC, 60% have completed their degree and 20% have completed a Masters degree. This indicates that the majority of employees have achieved degree level qualifications, with a smaller proportion higher qualifications.

4.2.8 Position of Work (N=60)
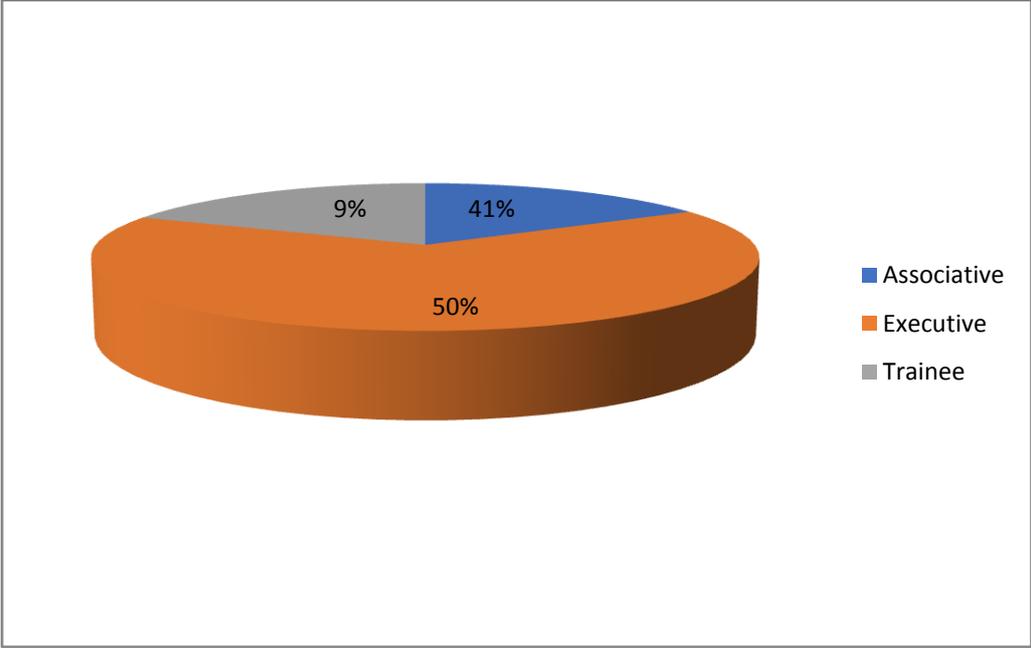
Figure 4.2.8

The given data shows the percentage distribution of individuals in different job positions. Among them, the highest percentage (50%) of people hold an executive position, followed by associates (41%), and trainees (9%).

4.2.9 Type of Workman (N=60)
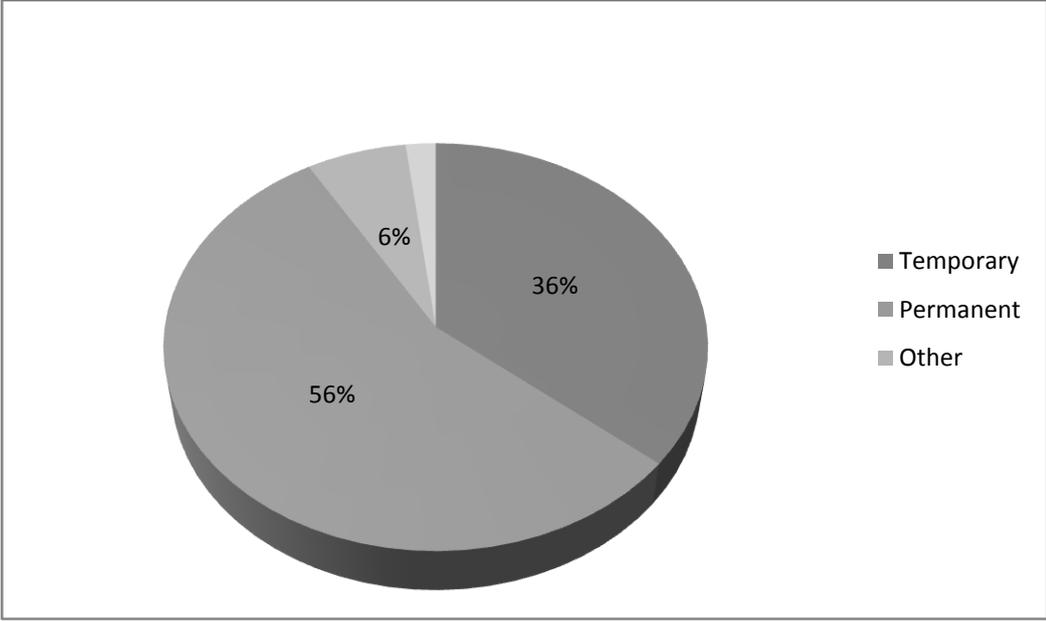
Figure 4.2.9

This data indicates that 8% of the company's employees are working on a temporary basis, 36% of the employees are permanent, and 56% of the employees are working in some other capacity. This could include contract-based work, freelance work, or any other type of employment arrangement.

4.2.10 Work Hours (N=60)
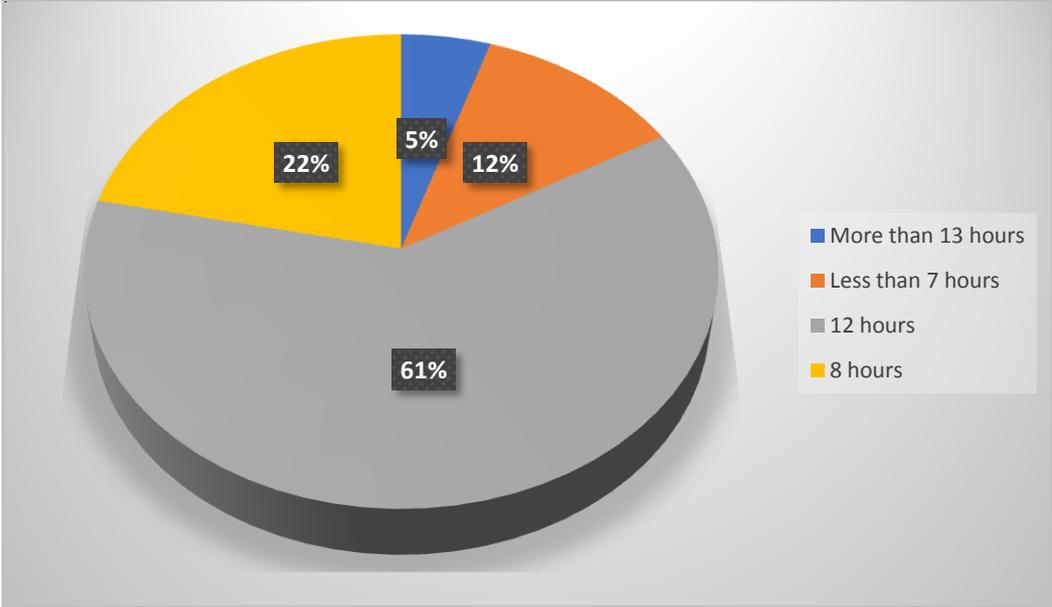
Figure 4.2.10

In detail the data provides The majority of employees work 12 hours a day, with 22% of employees working 8 hours, 12% of employees working less than 7 hours and 5% of employees working more than 13 hours. This data suggests that the company has a culture of long working hours, with the majority of employees working more than 8 hours a day.

4.2.11 Reason to Choose the Company (N=60)
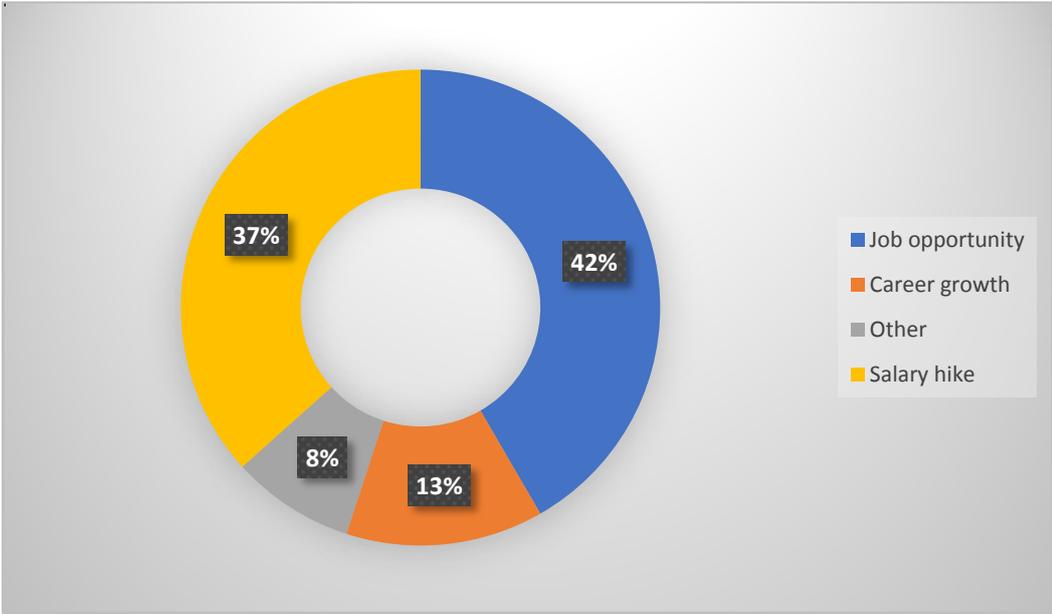
Figure 4.2 11

The data suggests that 42% of employees chose the company due to the job opportunity it provides. 13% of employees chose the company for the career growth it offers. 8% of employees chose the company for other reasons, and 37% of employees chose the company for the salary hike it provides.This suggests that employees are mainly motivated by job opportunities and salary increases when selecting a company.

4.2.12 Source of Recruitment (N=60)
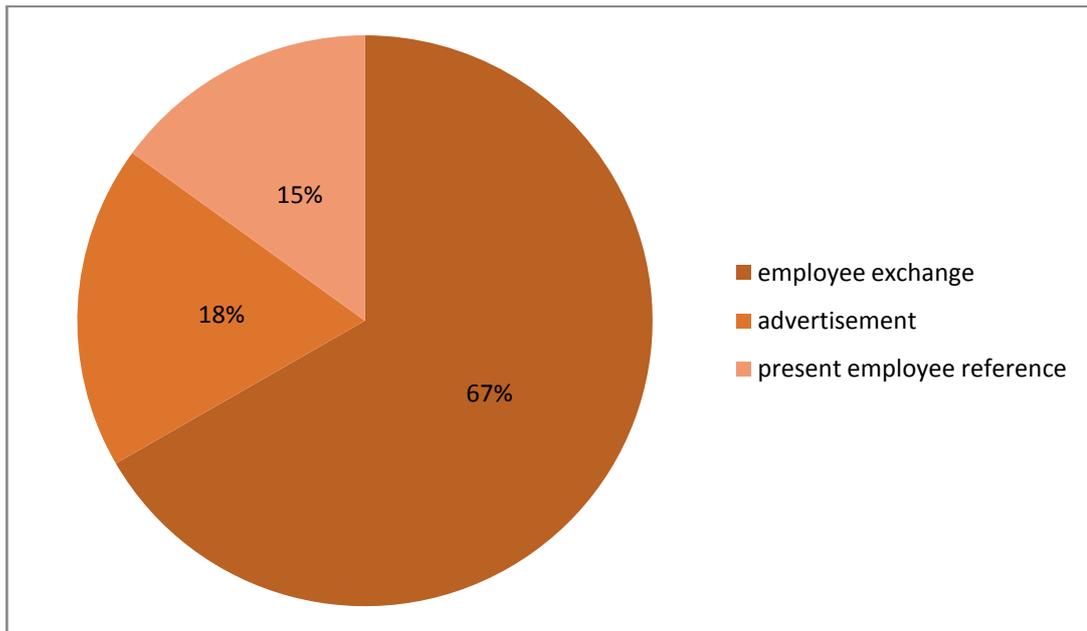
Figure 4.2.12

This data indicates that the majority of the company's employees (67%) have been recruited through employee exchange, 18% have been recruited through advertisements, and 15% have been recruited through present employee references. Employee exchange refers to the exchange of employees between different businesses, while advertisements refer to actively searching for employees through postings in newspapers, websites, job fairs, and other media. Finally, present employee references refer to referrals from existing employees in the company.

4.2.13 Selection Through (N=60)
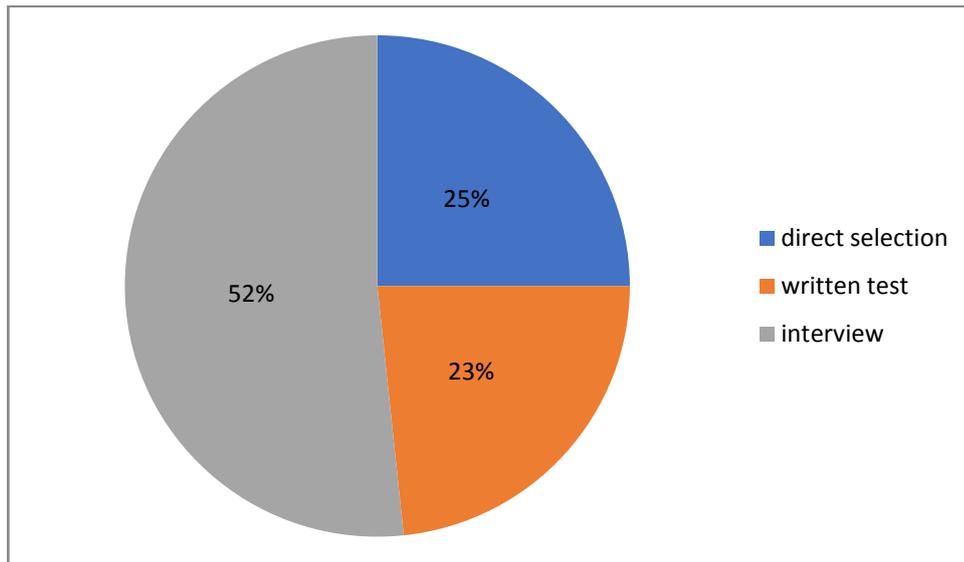
Figure 4.2.13

This data explains that out of the total number of employees selected in the company, 25% were selected through direct selection, 23% were selected through interviews, and 52% were selected based on their merit. Direct selection involves selecting candidates without a formal interview process while interviews consist of more formal one-to-one conversations with potential employees. Merit selection involves selecting employees based on their qualifications and other factors such as work experience, education, and skills. This data suggests that the company values selecting employees based on their qualifications and merit, which is a positive sign for the company.

4.2.14 Selection Basic (N=60)
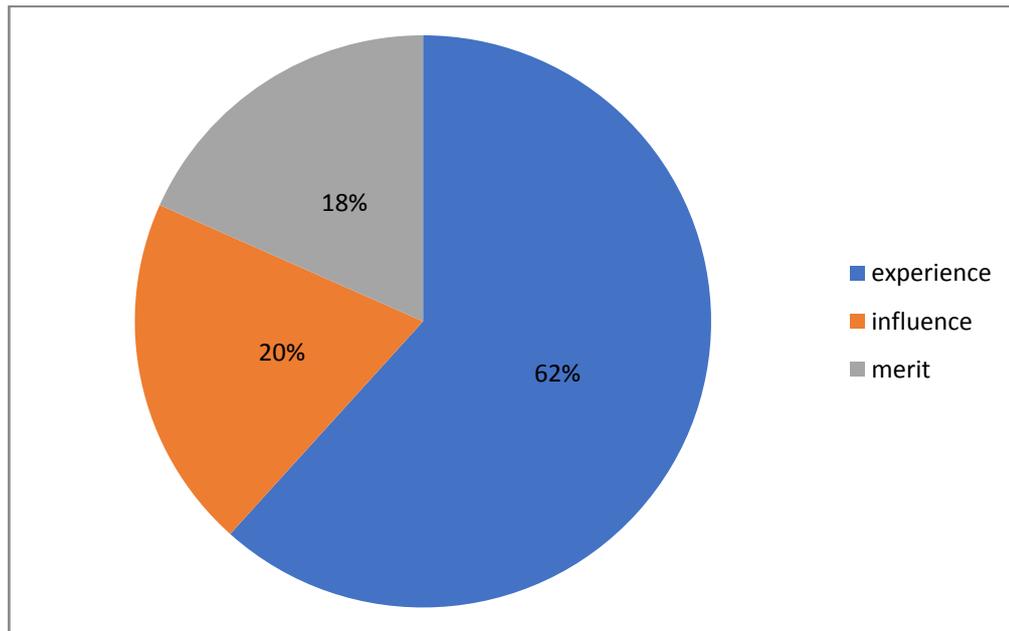
Figure 4.2.14

This data indicates that 62% of employees in the company have been selected based on their experience, 20% have been selected based on their influence, and 18% have been selected based on merit. Experience is likely the most important factor when selecting employees, as it indicates that employees have knowledge and skills that have been developed through past work. Influence refers to the power that a person has due to their position or relationships, and is an important factor in selecting employees. Merit is the recognition of an individual's ability and achievement, and is also an important factor when selecting employees.

4.2.15 Satisfied Work Life Balance (N=60)
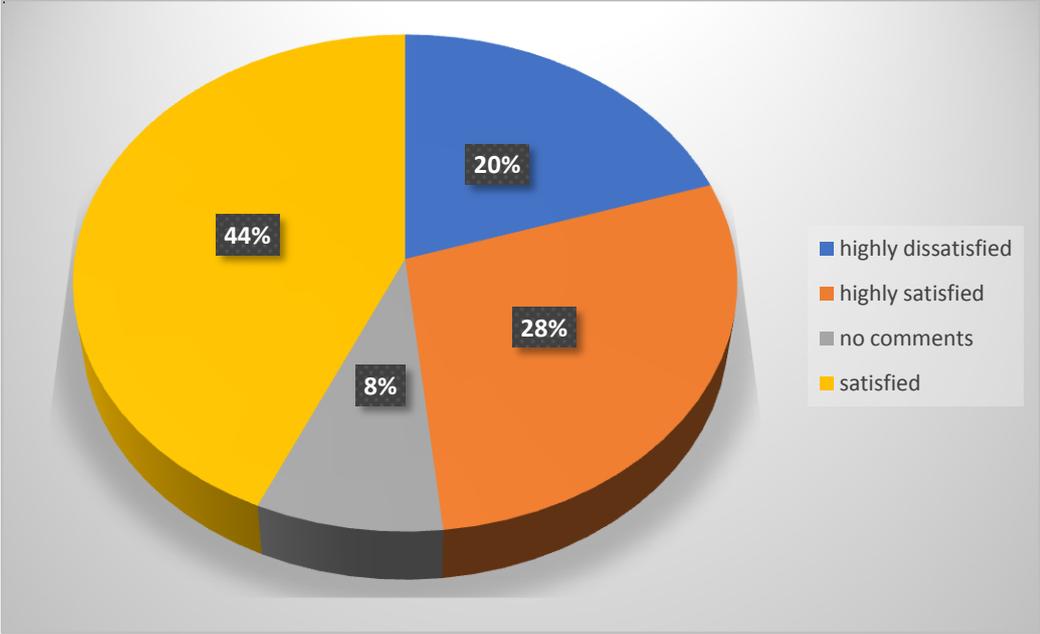
Figure 4.2.15

In detail, the data about employees' satisfaction with work life balance in the company shows that 28% are highly satisfied, 44% are satisfied, 20% are highly dissatisfied, and 8% have no comments. This indicates that overall, the majority of employees are satisfied with the work life balance in the company. However, there is a significant portion of the workforce that is unhappy with the balance between their work and personal lives. The company should consider taking steps to address this issue in order to improve employee satisfaction.

4.2.16 Satisfaction with Job Security (N=60)
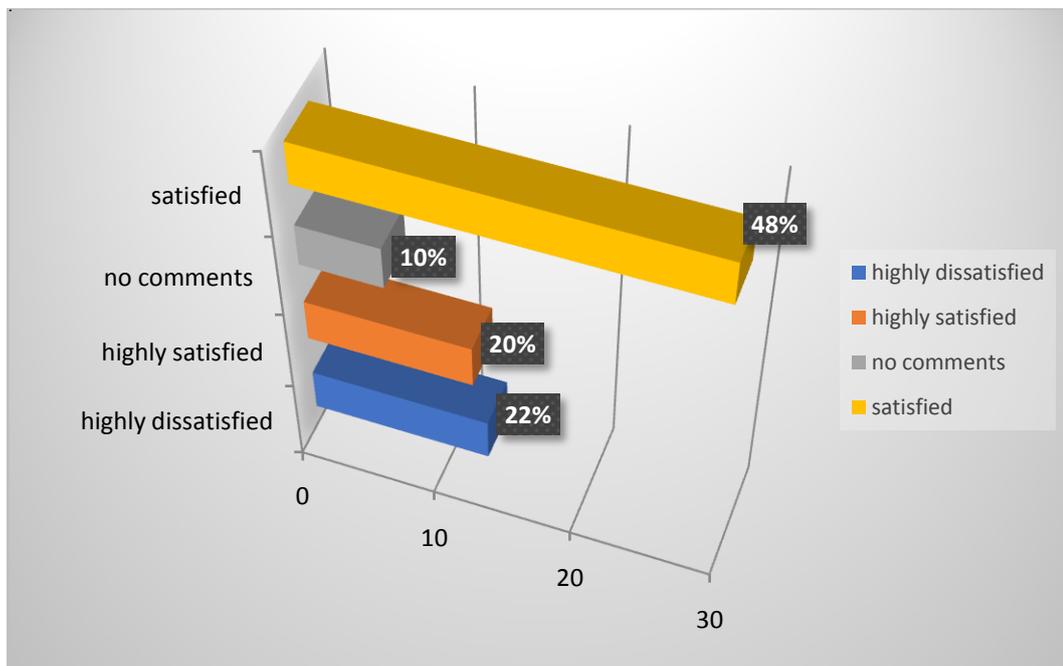
Figure 4.2.16

In detail explanation, the data shows that there is generally a moderate level of satisfaction in job security among the employees in the company. 22% of employees are highly dissatisfied, 20% are highly satisfied, and 48% are satisfied. 10% of employees did not comment on job security. Overall, there is some dissatisfaction among the employees, but a majority of them are satisfied with their job security.

4.2.17 HR Policies and Procedure Are Conducive for a Positive Work (N=60)
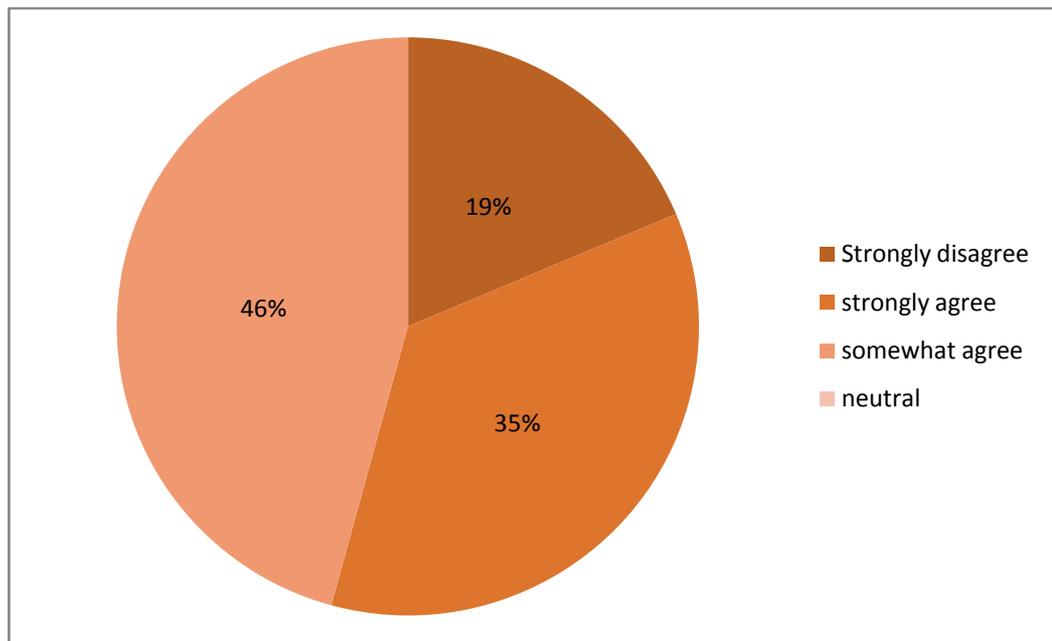
Figure 4.2.17

The data suggests that the majority of employees have a positive opinion of the HR policies and procedures in their company. 46% of employees somewhat agree and 35% strongly agree that HR policies and procedures are conducive to a positive work environment, while 19% strongly disagree. This suggests that most majority of employees find the HR policies and procedures to be helpful in creating a positive workplace.

4.2.18 Employee's Benefits Provided by the Company (N=60)
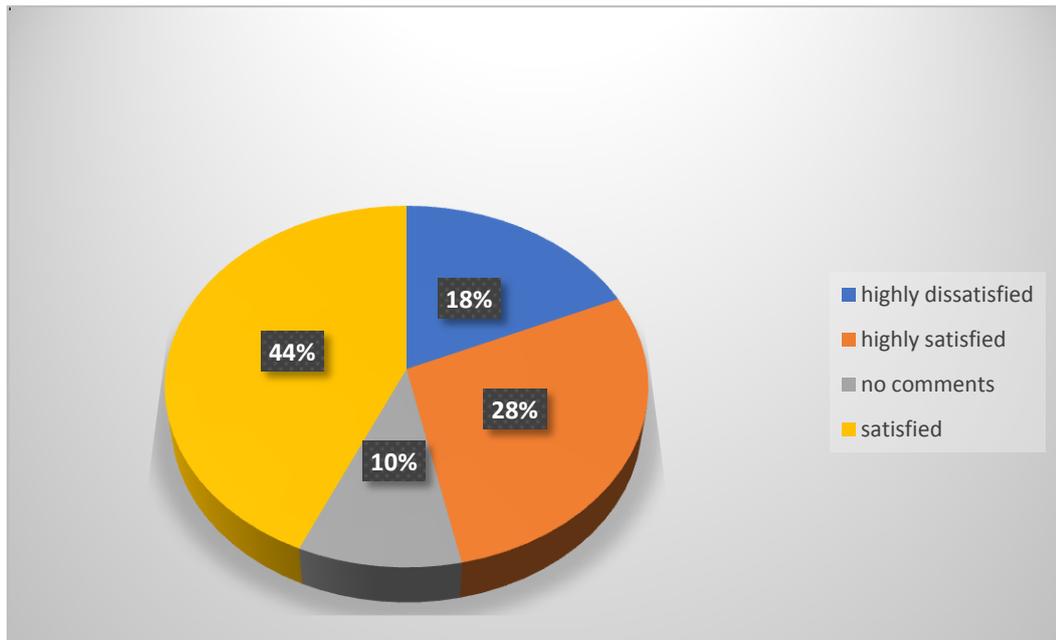
Figure 4.2.18

This Data show's 18% of employees are highly dissatisfied with the company benefits provided, 28% of employees are highly satisfied, 44% are satisfied, and 10% have no comments. This suggests that the majority of employees are satisfied with the benefits provided by the company, but there is a sizable minority of employees who are not satisfied.

4.2.19Work is well Recognized and valued by the Organization (N=60)
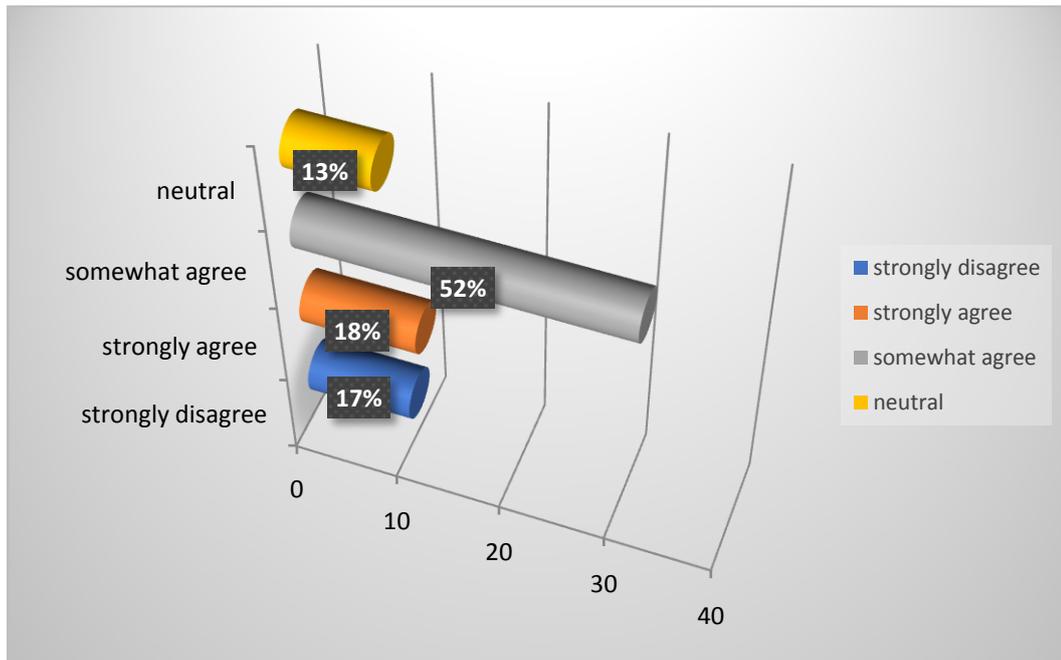
Figure 4.2.19

This data suggests that the majority of employees are satisfied with how their work is recognized and valued by the organization. 52% of respondents somewhat agree that their work is well recognized and valued, while 18% strongly agree. However, 17% of respondents strongly disagree that their work is well recognized and valued, and 13% are neutral. This suggests that there is room for improvement in the way that the organization recognizes and values employee work.

4.2.20 Salary and Compensation (N=60)
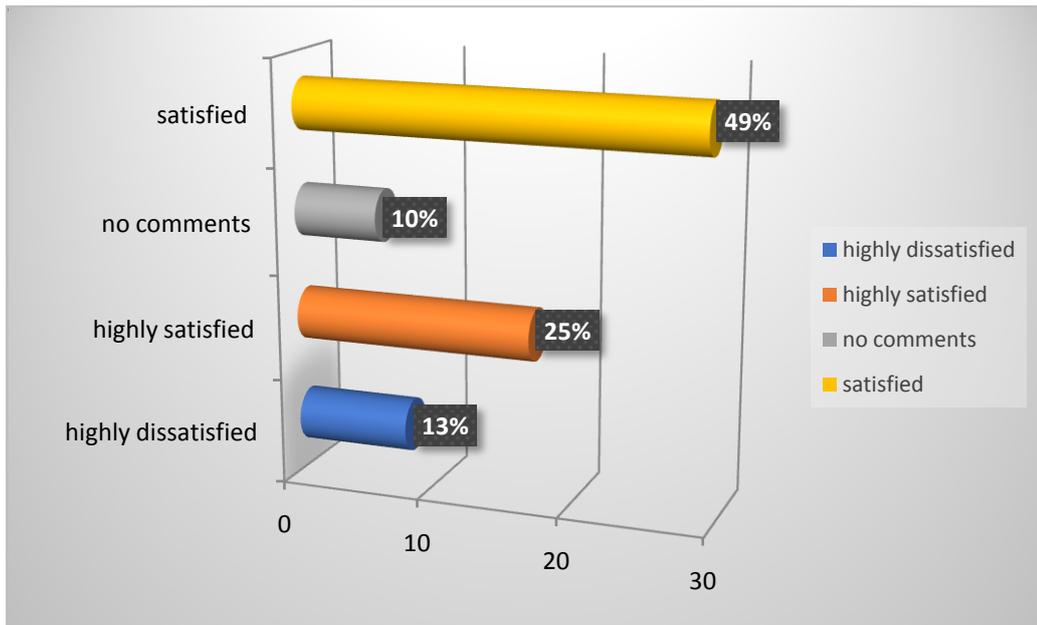
Figure 4.2.20

The data shows that 28% of employees are highly satisfied with their salary and compensation from the company, 49% are satisfied and 13% are highly dissatisfied. 10% of employees did not give any comment. This indicates that the majority of employees are content with the salary and compensation they receive from the company. However, there is a significant portion of employees who are dissatisfied with their salary and compensation, and the company should take action to address their concerns.

4.2.21 Adequate opportunities for Career Progression (N=60)
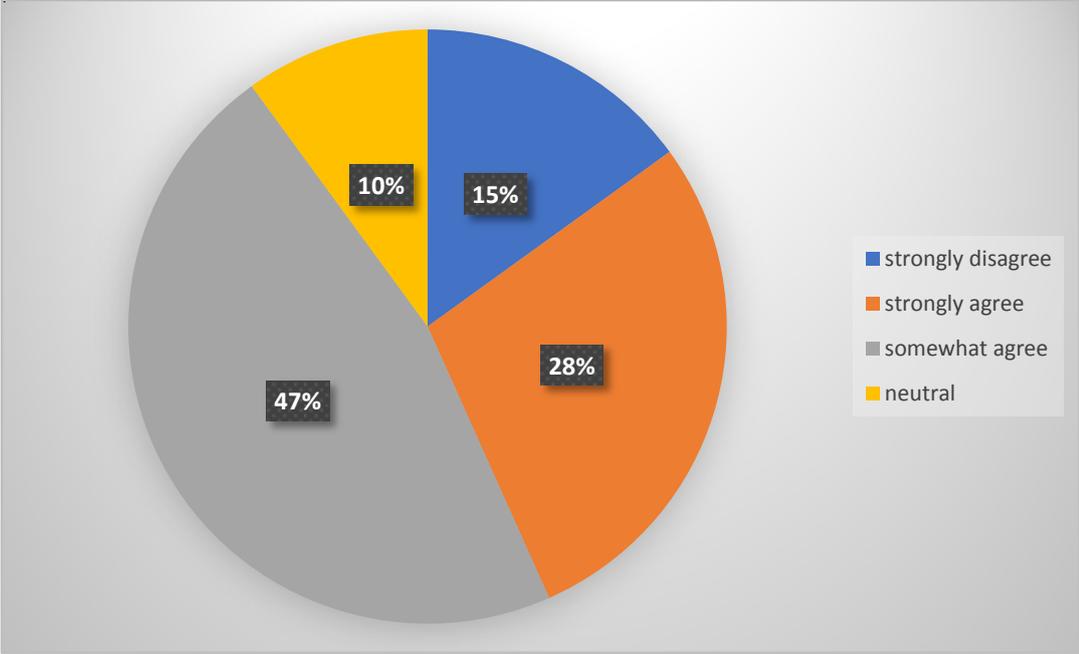
Figure 4.2.21

Based on the data, most employees feel that the company provides adequate opportunities for career progression. 28% of employees strongly agree that the company provides adequate opportunities for career progression, while 47% somewhat agree. 15% of employees strongly disagree that the company provides adequate opportunities for career progression, and 10% are neutral. Based on the data, most employees feel that the company offers adequate career advancement opportunities.

4.2.22 Safe and Healthy Environment (N=60)
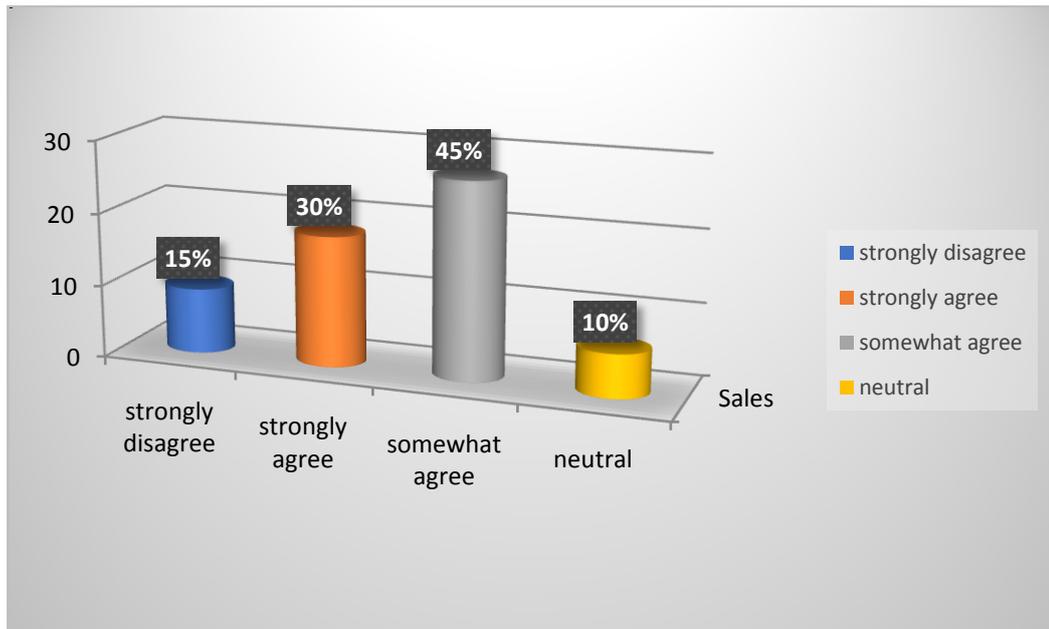
Figure 4.2.22

Based on the data, the majority of employees (75%) have a positive opinion about the company providing a healthy and safe environment. This is evidenced by the 15% who strongly agree and the 30% who somewhat agree. However, there is still a sizable segment of employees (10%) who strongly disagree with this opinion. This indicates that there may be an issue within the company that needs to be addressed in order to ensure that all employees feel safe and supported.

4.2.23. Satisfied with HRD Policies (N=60)
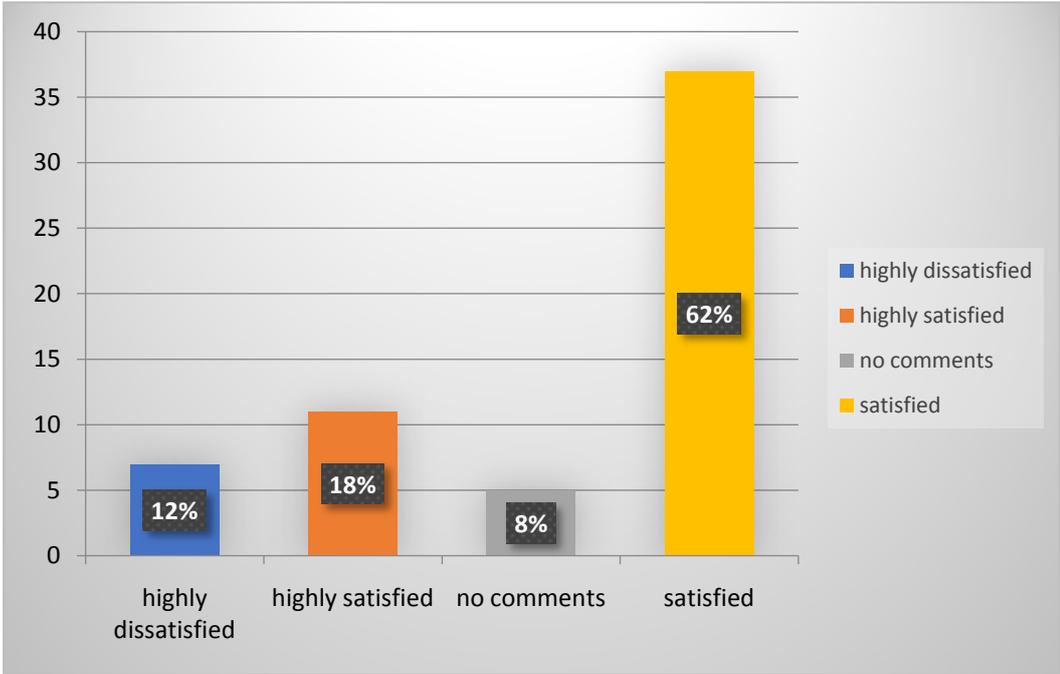
Figure 4.2.23

In detailing from the data provided, 12% of the people are highly dissatisfied with the HRD policies of the company, 18% are highly satisfied, 8% have no comments, and 62% are satisfied. This shows that the majority of people are satisfied with the HRD policies of the company. However, there is still room for improvement, as 12% of the people are still highly dissatisfied.

4.2.24 Company Encourages Culture (N=60)
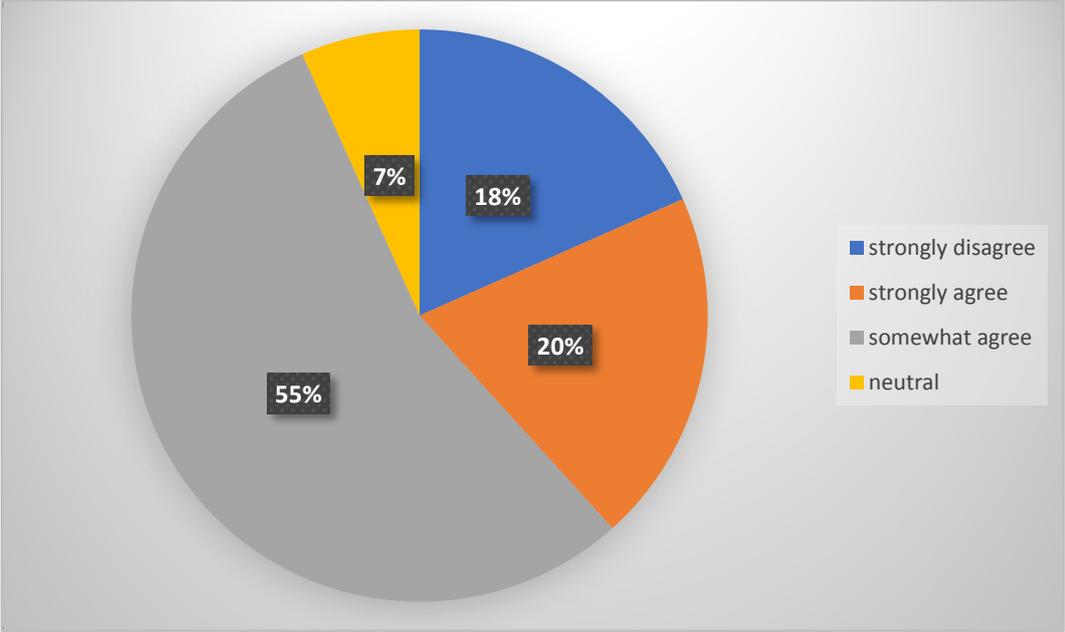
Figure 4.2.24

From the data, it appears that the majority of employees (55%) are neutral in regards to the company's culture of promoting employee engagement. 18% of employees strongly agree that the company encourages culture, while 20% somewhat agree, and 7% strongly disagree. This indicates that while the majority of employees are not overly enthusiastic about the company's culture, the majority still believe that the company is encouraging a positive culture among its employees.

4.2.25 HRDPractices Beneficial for Improving Quality of Work Life (N=60)
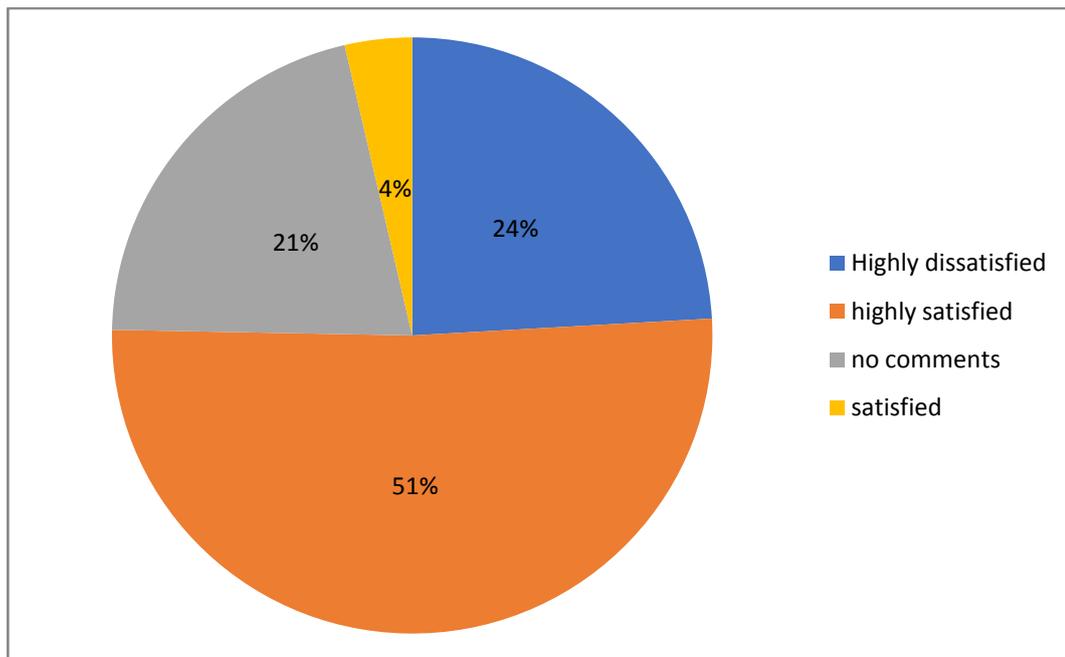
Figure 4.2.25

The data suggests that the HRD practices are beneficial for improving the quality of work life of the employees. Most of the employees (51%) are highly satisfied with the HRD practices, 24% are highly dissatisfied, 4% are satisfied and 21% have no comments. This indicates that the HRD practices are having a positive impact on the employees, but there are still some areas of improvement. The HRD practices should focus on addressing the concerns of the 24% highly dissatisfied employees and improving the satisfaction levels of the 4% satisfied employees.

4.2.26 Effectiveness of HRD Practices in helping your Work-Life Balance (N=60)
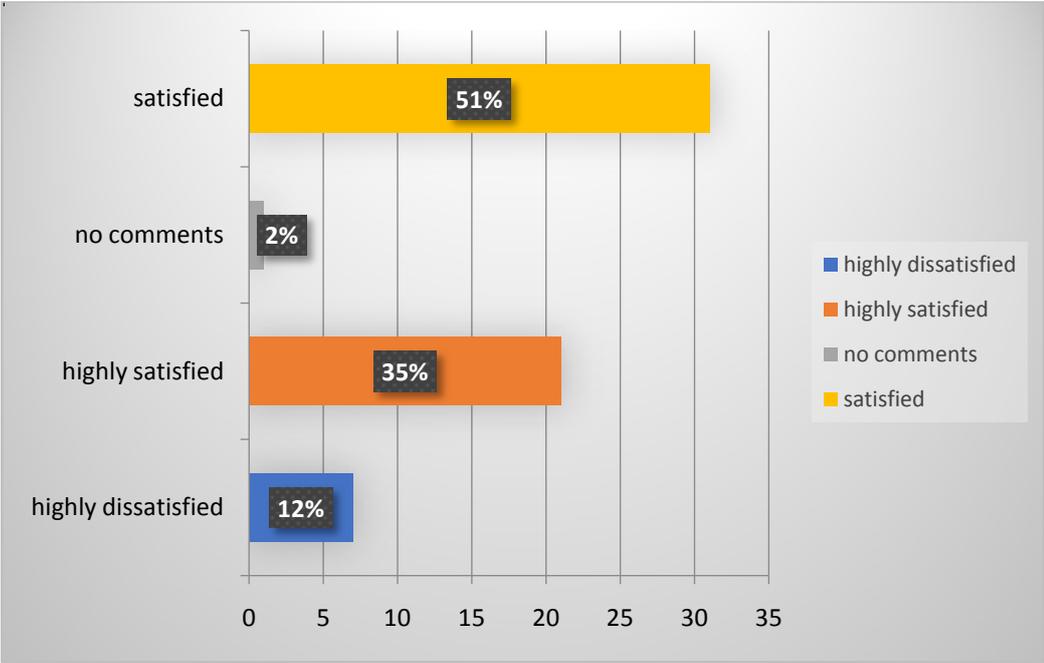
Figure 4.2.26

The data demonstrate that the majority of employees (51%) are satisfied with the HRD practices used in their organization to create a work-life balance. 35% of employees are highly satisfied, while 12% are highly dissatisfied. 3% of employees did not comment on the effectiveness of HRD practices.

4.2.27 Communication and Support provided by HRD in Resolving Work Related Issues (N=60)
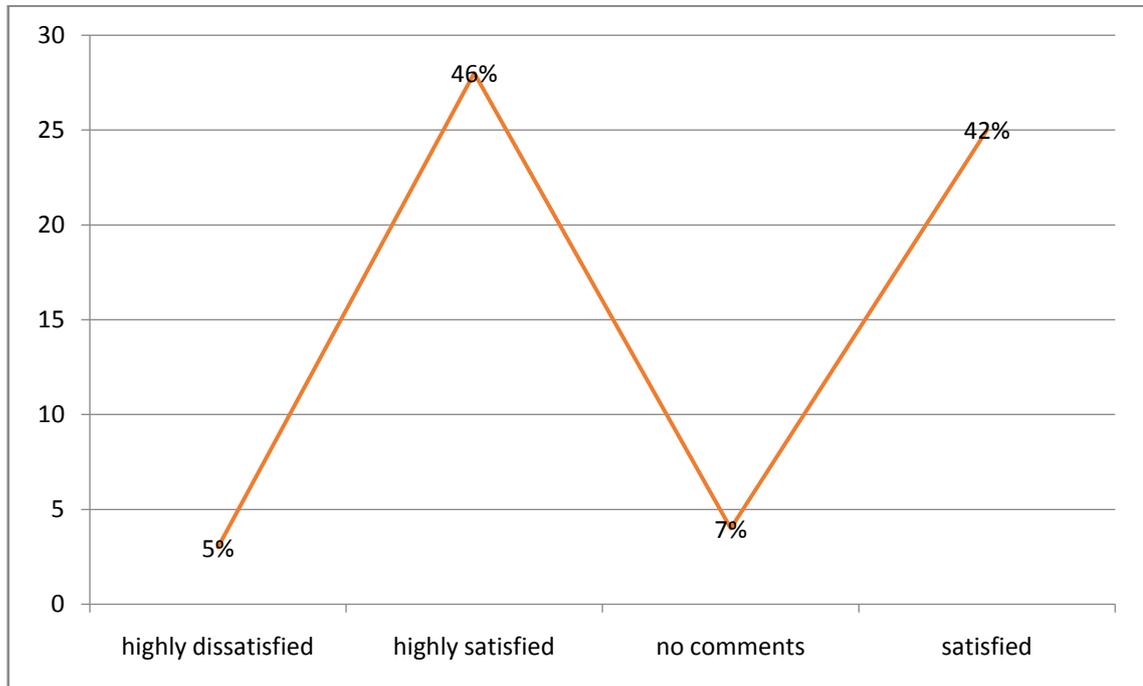
Figure 4.2.27

The data shows that HRD's communication and support in resolving work related issues is generally satisfactory,with 43% of employees being satisfied and 46% being highly satisfied. However, there is a small minority of employees who are highly dissatisfied with the support provided, accounting for 5% of the total. 7% of employees did not comment on the issue.

4.2.28 HRD Practices Are Adequately Addressing the needs of Employees (N=60)
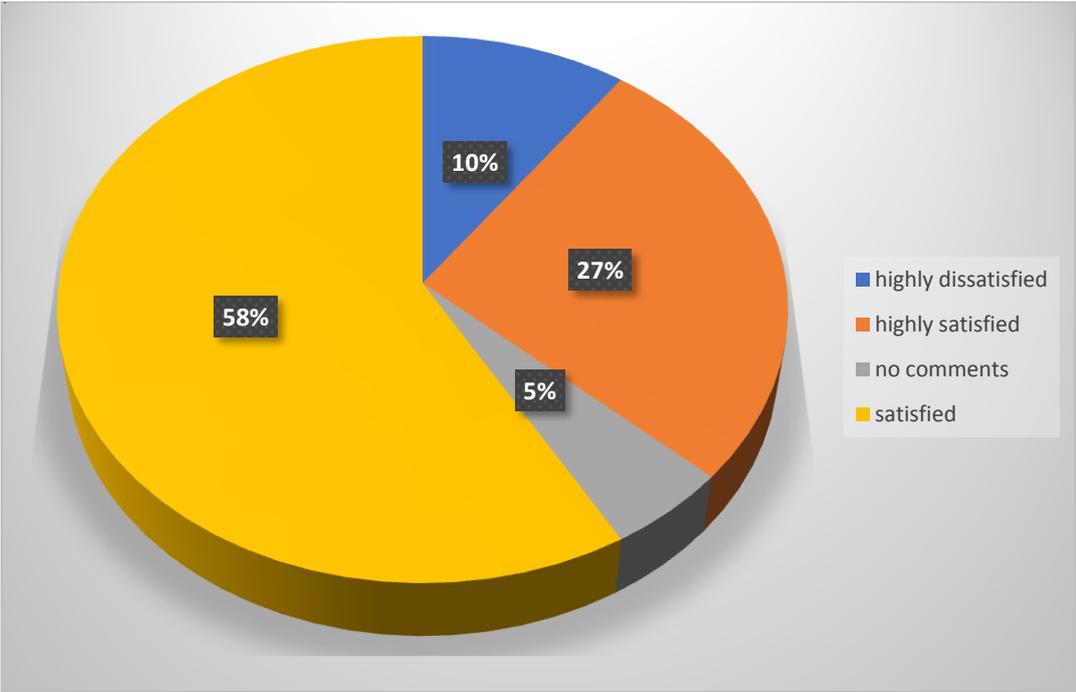
Figure 4.2.28

The data advocate that the HRD practices in the company are adequately addressing the needs of employees. The majority of employees (58%) are satisfied with the HRD practices, and a further 27% are highly satisfied. Only 10% of employees are highly dissatisfied, and 5% have no comment. These results indicate that the HRD practices in the company are successful in meeting the needs of employees.

4.2.29 HRD can Improve Employees Work Life Quality (N=60)
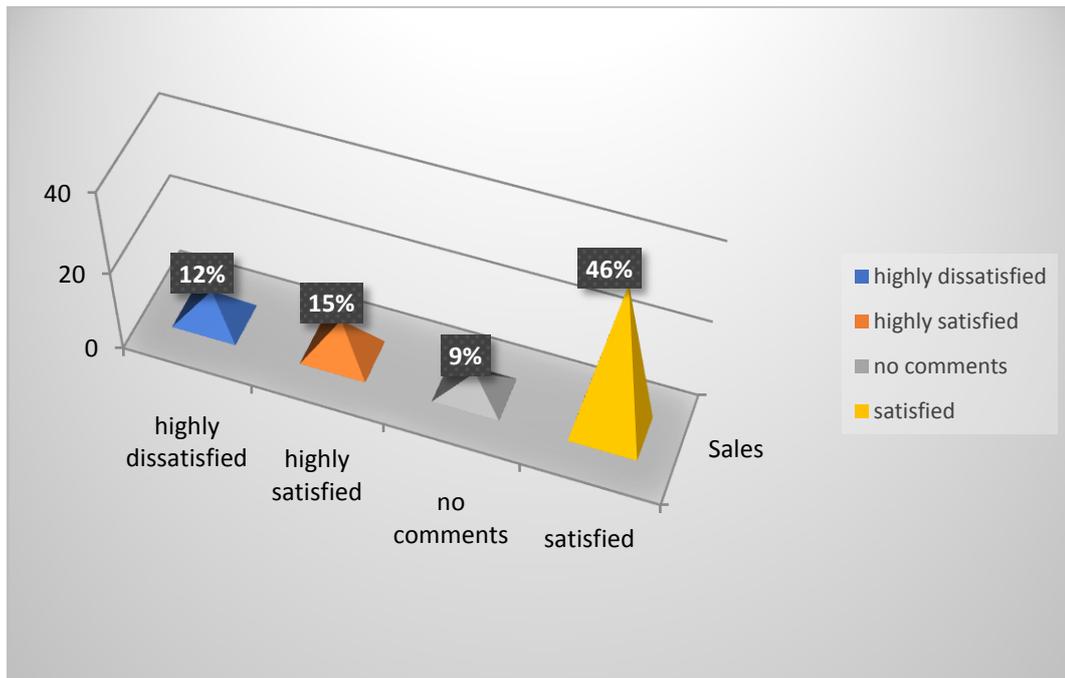
Figure 4.2.29

Based on the data, 64% of employees expressed satisfaction with the overall quality of their work life and 15% expressed high satisfaction. However, 12% of employees are highly dissatisfied ,and 9% who provided no comments may be assumed to be generally neutral on the topic. HRD can use this data to better understand the needs of the employees and take steps to improve the work life quality of the employees.

4.2.30 Satisfied with the HR Experience in my Organization (N=60)
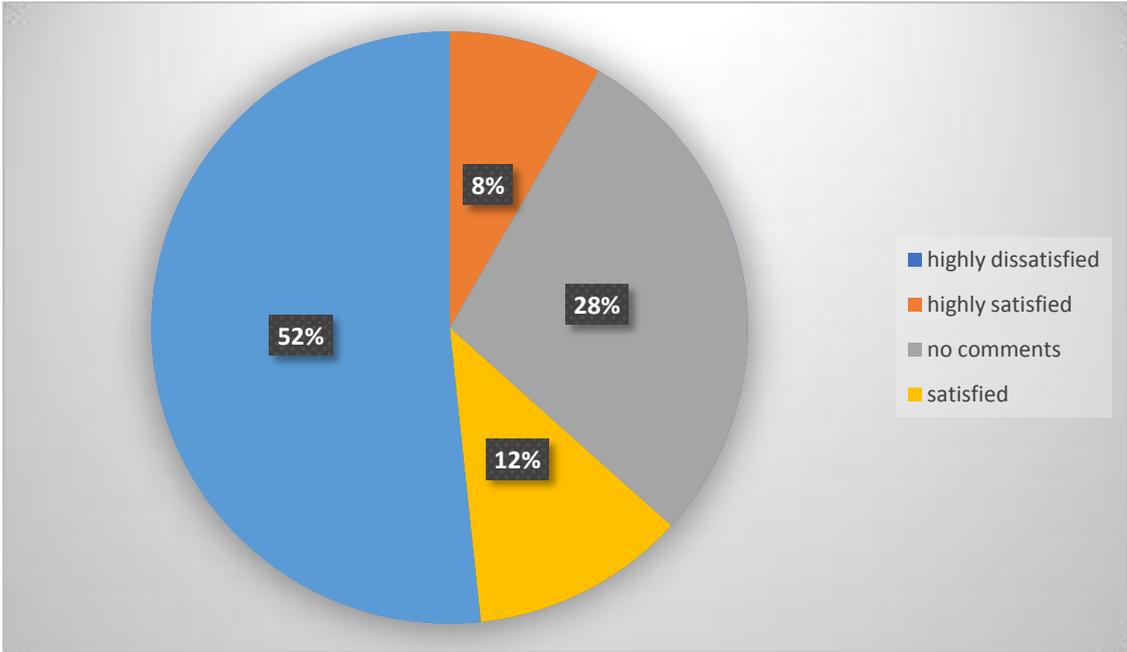
Figure 4.2.30

Based on the data, 52% of employees are highly dissatisfied with their HR experience in the organization, 8% are highly satisfied, 28% have no comments, and 12% are satisfied. This indicates that the overall satisfaction with the HR experience in the organization is low, as the majority of employees are dissatisfied.

4.2.31. The overall HR Experience in the Organization is very positive (N=60)
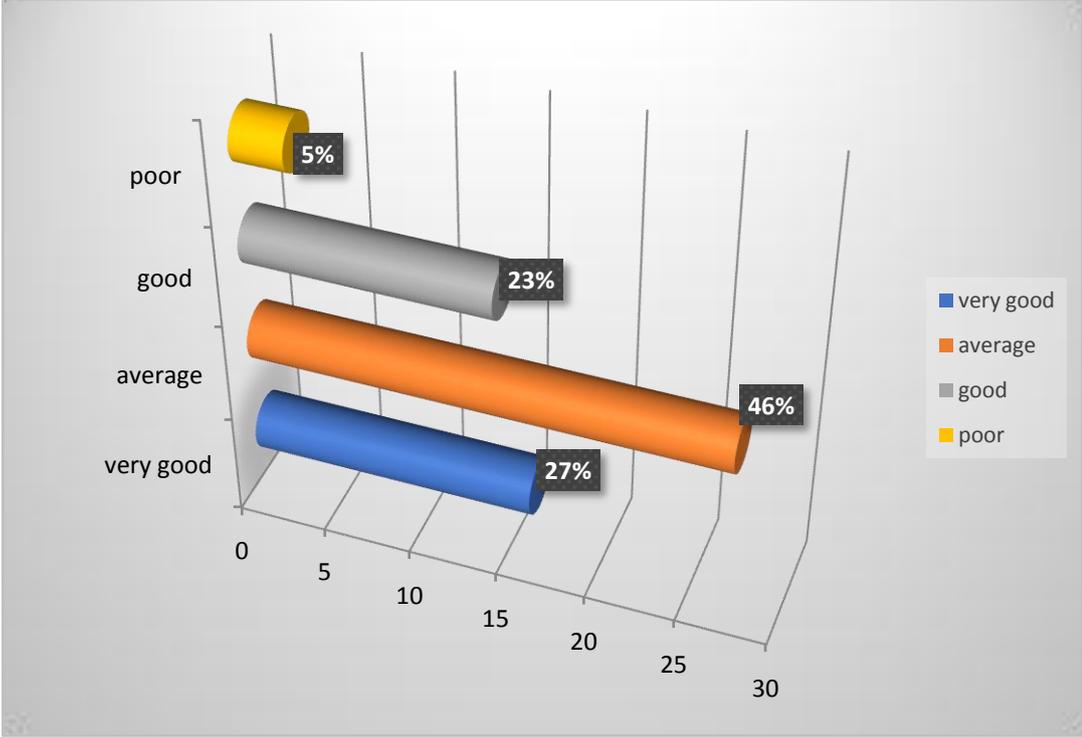
Figure 4.2.31

This data indicates that the overall HR experience in the organization is highly positive, as the majority of employees (27% very good and 45% average) reported that their experience was either very good or at least average. Only 5% of employees reported a poor experience. This suggests that the organization is providing a positive HR experience for its employees.

4.2.32 HR Policies to support employee's Physical and Mental Health (N=60)
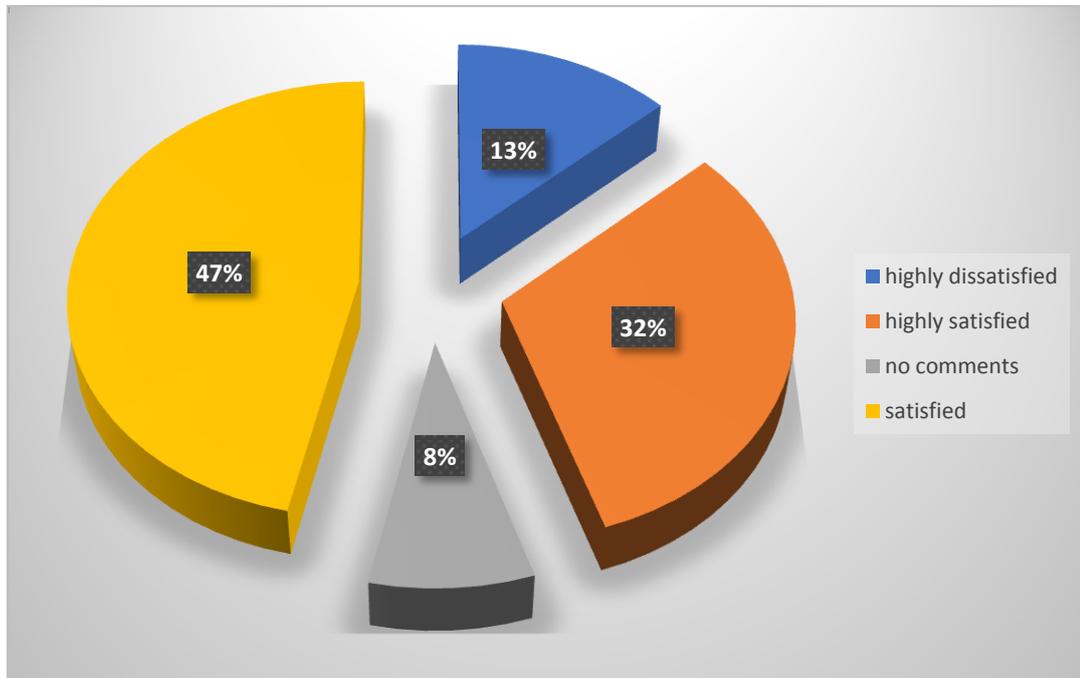
Figure 4.2.32

This data suggests that most employees are satisfied with the HR policies in place to support their physical and mental health, with 47% expressing satisfaction and 32% expressing highly satisfaction. However, there is still room for improvement, as 13% of employees are highly dissatisfied. 8% of employees did not comment on the policies.To improve employee satisfaction with HR policies, it is imperative to identify the areas that are causing dissatisfaction and make changes to address these issues.

4.3. Conclusion

In this chapter researcher interpret the various data related with the objectives of the study. Through this analysis and interpretation researcher found that HRD practices have a significant impact on the quality of work life of employees.

CHAPTER V

FINDINGS, SUGGESTIONS AND CONCLUSION

CHAPTER 5

FINDINGS, SUGGESTIONS AND CONCLUSION

5.1 INTRODUCTION

This chapter presents the findings and suggestions for the research topic of HRD practices on the quality of work life of employees. This chapter summarizes the results of the study, highlighting the key themes and patterns that emerged from the data analysis. Additionally, this chapter offers recommendations for future research and practical implications for HRD practitioners, aiming to improve the quality of work life of employees through effective HRD practices.

5.2 MAJOR FINDINGS

Socio Demographic Details

- The majority of people in a region live in rural areas followed by urban areas and semi-urban areas.
- Here working employees have an economic status above the poverty line.
- Employees in this company are relatively young, with most being between the ages of 25 and 30
- The major finding of this data is that men are the majority in the company, while women are the minority.
- Majority of employees in the company are married .
- Employees in the company have one or two dependents.
- The majority of employees have achieved a degree level qualification.

To Determine The HRD Practice Of Mahindra Kochi

- Findings indicate that there is a large proportion of executives in the company.
- Majority of the company's employees are permanent.
- The majority of employees work 12 hours a day.
- Employees chose the company due to the job opportunity and salary increases it provides.
- Data shows that employee exchange is the most common method for recruiting employees.
- Company values selecting employees based on their qualifications and merit.

- The majority of employees in the company have been selected based on their experience.

- A significant portion of the workforce is highly dissatisfied with their work-life balance in the company.

- Majority of employees in the company are satisfied with their job security.

- Employees have a positive opinion of the HR policies and procedures in their company.

To Access The Quality Of Work Life Of Employees At Mahindra Kochi

- Majority of employees are satisfied with the benefits provided by the company.

- Employees agree that their work is recognized and valued by the organization.

- Majority of employees are satisfied with their salary and compensation.

- Most employees feel that the company provides adequate opportunities for career progression.

- Employees have a positive opinion about the company providing a healthy and safe environment.

- One major finding from the data is that while the majority of people are satisfied with the HRD policies of the company.

- Majority of employees have a neutral view towards the company's culture of promoting employee engagement.

- HRD practices have a positive impact on the quality of work life for employees.

- Satisfied with HRD's communication and support in resolving work-related issues.

- Employees are satisfied or highly satisfied with the HRD practices, indicating successful meeting of employee needs.

- A significant portion of employees express satisfaction with their work life,

- Majority of employees are highly dissatisfied with HR experience in the organization.

- The majority of employees reported a positive HR experience, with only a small percentage reporting a poor experience.

- Most employees are satisfied with HR policies for physical and mental health, but improvements are needed to address areas causing dissatisfaction..

5.3 IMPLICATIONS OF STUDY

Studying employee demographics and job satisfaction data can lead to a more satisfied and engaged workforce, improved productivity, and better work culture. Targeted interventions and policy changes can address areas needing improvement while reinforcing positive findings on job security, recognition, and compensation. Study on HRD practice onquality of work life of employees have significant implications for improving the well-being and satisfaction of employees in the company.

5.4LIMITATIONS OF THE STUDY

Being a management research, the study was not free from limitations. Whileconducting this study, the following were the limitations that were faced:

1. This study is majorly based on the use primary data for drawing inference. Hencethe coverage of the study has been limited only to the mahindra at kochi.

2. The coverage of the study has been limited only to the mahindra kochi, hence cannot be generalized.

3. Lack of sincere cooperation from few mahindra management due totheir work pressure and stressful environment.

4. Inability to meet all the respondents personally due to organizations rules andregulations.

5.5 SUGGESTIONFOR FURTHER RESEARCH

Based on the findings of the study conducted, the researcher put forward the following suggestions:

1. Further investigate the reasons behind the high levels of dissatisfaction with work-life balance.
2. Explore ways to increase diversity and gender balance in the company.
3. Analysed the factors that contribute to employee satisfaction with job security and consider implementing similar practices in other areas.
4. Continue to provide opportunities for career progression to maintain employee satisfaction and retention

5. Review the company's HRD policies and procedures to address areas causing dissatisfaction and improve employee experience.

6. Consider implementing initiatives to improve employee engagement and foster a positive company culture.

5.6 CONCLUSION

In conclusion, the implementation of effective HRD practices can significantly improve the quality of work life for employees. By offering training and development opportunities, promoting work-life balance, providing fair compensation, and fostering a positive work environment, organizations can enhance employee satisfaction, motivation, and productivity. Furthermore, it is suggested that organizations should continuously evaluate and adapt their HRD practices to meet the evolving needs and expectations of employees in order to maintain a healthy and productive work culture.

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APPENDIX

APPENDIX

Objective 1: Socio Demographic Details

1.Name of the employee :

2.Designation:

3. company:

4.geographical place _____

5.domicile

    Urban ☐

    rural ☐

6.Economic status

    APL ☐

    BPL ☐

7.Family type

    Nuclear family ☐

    Joint family ☐

8.years of work experience?_____

9. How much is your salary? _____

10. Age of the employee

    25 below ☐

    26 to 30 ☐

    31 and above ☐

11.Gender

    Male ☐

    Female ☐

    Other ☐

12.Marital status

    Married ☐

    Divorce ☐

    Single ☐

13.Dependents

    Nill ☐

    1 to 2 ☐

    3 and above ☐

14. Education qualifications

    SSLC ☐

    Plus two/ diploma ☐

    Degree ☐

    Masters ☐

Objective 2: To Determine The HRD Practice Of Mahindra Kochi

15.Position of work

    Trainee ☐

    Executive ☐

    Associate ☐

16.Type of workman?

    Temporary ☐

    Permanent ☐

    Other ☐

17.How many hours you work?

        Less than 7 hours   ☐

        8 hours   ☐

        12 hours   ☐

        More than 13 hours   ☐

18.Reason to choose the company

        Career growth   ☐

        Job opportunity   ☐

        Salary hike   ☐

        Other   ☐

19.Source for your recruitment?

        Employee exchange   ☐

        Advertisement   ☐

        Present employee reference   ☐

20.Are you satisfied with the method of recruitment and selection? Explain

        _____

21.Your selection as an employee was through?

        Direct selection   ☐

        Written test   ☐

        Interview   ☐

22.In your opinion you are selected on the basis of?

        Experience   ☐

        Influence   ☐

        Merit   ☐

23. How satisfied are you with the work-life balance at company?

Highly dissatisfied ☐

Highly satisfied ☐

No comments ☐

Satisfied ☐

24. How satisfied are you with the job security provided by your company ?

Highly dissatisfied ☐

Highly satisfied ☐

No comments ☐

Satisfied ☐

25. Do you agree that the hr policies and procedures at your company are conducive for a positive work ?

Strongly disagree ☐

Strongly agree ☐

Somewhat agree ☐

Neutral ☐

26. Are you satisfied with the employee benefits provided by company ?

Highly dissatisfied ☐

Highly satisfied ☐

No comments ☐

Satisfied ☐

27. Do you agree that your work is well-recognized and valued by the organization?

Strongly disagree ☐

Strongly agree ☐

Somewhat agree ☐

Neutral ☐

28.how satisfied are you with the salary and compensation at your company?

Highly dissatisfied ☐

Highly satisfied ☐

No comments ☐

Satisfied ☐

29.Do you feel that your company provides adequate opportunities for career progression?

Strongly disagree ☐

Strongly agree ☐

Somewhat agree ☐

Neutral ☐

Objective 3: To Access The Quality Of Work Life Of Employees At Mahindra Kochi

30.Do you feel that company provides a safe and healthy work environment?

Strongly disagree ☐

Strongly agree ☐

Somewhat agree ☐

Neutral ☐

31.How satisfied are you with the overall HRD practice in the organization?

Highly dissatisfied ☐

Highly satisfied ☐

No comments ☐

Satisfied ☐

32.Do you agree that your company encourages a culture?

Strongly disagree ☐

Strongly agree ☐

Somewhat agree ☐

Neutral ☐

33.Do you find HRD practices beneficial for improving the quality of work life?

Highly dissatisfied ☐

Highly satisfied ☐

No comments ☐

Satisfied ☐

34.How effective do you find the HRD practices in helping you to your work -life balance?

Highly dissatisfied ☐

Highly satisfied ☐

No comments ☐

Satisfied ☐

35.How would you rate the communication and support provided by HRD in resolving your work related issues?

Highly dissatisfied ☐

Highly satisfied ☐

No comments ☐

Satisfied ☐

36. Do you think the HRD practices are adequately addressing the needs of employees?

Highly dissatisfied ☐

Highly satisfied ☐

No comments ☐

Satisfied ☐

37. Do you think the HRD can do to improve the quality of work life for employees?

Highly dissatisfied ☐

Highly satisfied ☐

No comments ☐

Satisfied ☐

38. how satisfied are you with the HRD experience in organization?

Highly dissatisfied ☐

Highly satisfied ☐

No comments ☐

Satisfied ☐

39. How do you rate the overall HRD experience in the organization?

Very good ☐

Average ☐

Good ☐

Poor ☐

40. HRD policies to take care of physical and psychological health of employees are there in the organization?

Highly dissatisfied ☐

Highly satisfied ☐

No comments ☐

Satisfied ☐

IMPORTANCE OF SEX EDUCATION AMONG HIGHER SECONDARY STUDENTS

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2021-2023

IMPORTANCE OF SEX EDUCATION AMONG HIGHER SECONDARY STUDENTS

DISSERTATION SUBMITTED TO THE KANNUR UNIVERSITY
IN PARTIAL FULFILLMENT OF THE REQUIREMENT
FOR THE AWARD OF THE DEGREE OF
MASTER OF SOCIAL WORK

BY

THARA THOMAS

Register No: C1GMSW1029

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MAY 2023

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KANNUR

CERTIFICATE

This is to certify that the dissertation entitled **IMPORTANCE OF SEX EDUCATION AMONG HIGHER SECONDARY STUDENTS** is a bonafide record of work done by **THARA THOMAS** under the guidance of Mrs. Sreeparvathi Induchudan in partial fulfilment of the requirement for the award of the degree of Master of Social Work, during the period of his study (2021-2023) in the Department of Social Work, Don Bosco Arts and Science College, Angadikadavu, Kannur, affiliated to The Kannur University.

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CERTIFICATE

This is to certify that the dissertation entitled, **IMPORTANCE OF SEX EDUCATION AMONG HIGHER SECONDARY STUDENTS** submitted by **THARA THOMAS** in partial fulfilment of the requirement for the award of the degree of Master of Social Work, is a bonafide record of work done under my guidance and supervision during the period of his study (2021-2023) in the Department of Social Work, Don Bosco Arts and Science College, Angadikadavu, Kannur, affiliated to The Kannur University.

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DECLARATION

I, THARA THOMAS, the undersigned, hereby declare that the dissertation entitled, **IMPORTANCE OF SEX EDUCATION AMONG HIGHER SECONDARY STUDENTS**, submitted to the Kannur University, in partial fulfilment of the requirement for the award of the degree of **Master of Social Work**, is a bona fide work done by me under the guidance of **Mrs. Sreeparvathi Induchudan,** Assistant professor, Department of Social Work, Don Bosco Arts And Science College, Angadikadavu. This work has not been placed by anybody in the University for the Award of any degree or diploma.

ANGADIKADAVU   THARA THOMAS
MAY 2023

ACKNOWLEDGEMENT

ABSTRACT

Sex education plays a crucial role in the comprehensive development of higher secondary students, addressing their physical, emotional and social wellbeing. This abstract highlights the significance of sex education among higher secondary students. Sex education plays a vital role in the overall wellbeing of higher secondary students. It equips them with accurate information essential life skills and a comprehensive understanding of their sex. Sex education provide accurate and age appropriate information about the human sexuality, reproductive health and sexual behaviour. Comprehensive sex education program emphasises the importance of mutual respect, communication skills, boundaries, empowering students to cultivate healthy and respectful relationship throughout their life. The importance of sex education as a means of developing healthy attitudes can be proved on various accounts. Many educationalists agree that school is the best place to administer formal sex education to children. Since children start asking questions about sexual matters even while they are only three years old or so it is desirable that their question should be properly answered right from that age.

Sex education is very necessary for adolescents to accrued positive direction and right information related with sex. It will also help them avoid un necessary worries and tensions. It is very essential that sex education became compulsory in school activities or syllabuses as its is seen as a solution to problems surrounding teenagers such as lack of knowledge in contraception which sometimes result in an unplanned pregnancy. Sometimes lack of knowledge leads to infections by diseases and AIDS as most of the teenagers say that they had learned about sex from their friends and their peer group and that coercion place a significant role in adolescents' sexual behaviour. The learners are helped to develop relationships and interpersonal skills and exercise responsibility regarding sexual relationships including addressing abstinence.

KEY WORDS: Sex education, higher secondary students

CONTENTS

LIST OF FIGURES

CHAPTER I
INTRODUCTION

CHAPTER 1
INTRODUCTION

INTRODUCTION

The importance of sex education as a means of developing healthy attitudes can be proved on various accounts. Many educationists agree that school is the best place to administer formal sex education to children. Since children start asking questions about sexual matters even while they are only three years old or so, it is desirable that their questions should be properly answered right from that age. Freud pointed out that more freedom should be given to children in the expression of biological urges. Children should be allowed to grow at their own pace with passing interest in various stages which are temporary such as anal stage, the genital stage or the phallic stage, where their interest in the sex organs is more prominent. Neither infantile sex nor adult sex should be treated as a nasty subject, since their ignorance leads to a harmful consequence. It is believed that suppression of sex is one of the most important causes for later life mental disorders. Children keep things hushed up and silently attempt to find truths about sex and are likely to knock wrong doors, which could lead to gathering of wrong and dangerous information. Sex education is very niece.

Sex education is very necessary for adolescents to acquire positive direction and right information related with sex. It will also help them avoid unnecessary worries and tensions. Due to access to sex education adolescents will not only have scientific knowledge about it but also have healthy attitude towards this issue because adolescence is often regarded as a period of marked sexual urgency which almost demands expression. It is very essential that sex education becomes compulsory in school activities or syllabus as it is seen as a solution to problem surrounding teenagers such as lack of knowledge in contraception which sometimes results in an unplanned pregnancy. Sometimes lack of knowledge leads to infection by diseases and AIDS as most of the teenagers say that they had learned about sex from their friends and their peer group and that coercion plays a significant role in adolescent sexual behaviour. Sex education equips learners with life skills, reduces the high level of dropping out and of unwanted pregnancies. It gives knowledge to teenagers on how to prevent transmission of diseases and health problems. Sex education offers

sexuality programmes which aim to provide accurate information about human sexuality and the opportunity for young people to develop and understand their values, attitudes and beliefs about sexuality. The learners are helped to develop relationships and interpersonal skills and exercise responsibility regarding sexual relationships including addressing abstinence.

1.1 STATEMENT OF THE PROBLEM

The purpose of sex education is to enable young people to better understand their sexuality and relationships, which will ultimately improve their sexual health and general quality of life. In India, it is considered taboo to talk about sexuality in the home or at school because of cultural standards that are largely "closed" to it. Sexual health issues are incredibly private while also being strictly constrained by social conventions. Cultural "closeness" and the lack of a comprehensive sexuality education programme may cause the younger generation to seek out inaccurate information about sexual problems and draw them to the darker aspects of what might otherwise be useful information during their formative years. Teenagers frequently turn to pornography for the information they need, despite the fact that it rarely addresses themes like gender equality, marital sexual relationships, or even violence or sexual abuse. According to one study of teenagers, three-fourths of them learned about sex from friends, and roughly half of them learned about it from pornographic media such as movies and books/magazines. Appropriate information and the right mind-set can promote healthy and safe sexual behavior and lower the risk of STDs and AIDS. Adolescents must receive sexual health education in order to give them the correct guidance and information and help them avoid unwarranted consequent

1.2 TITLE OF THE STUDY

Importance of sex education among higher secondary students

1.3 OBJECTIVES

1.3.1 GENERAL OBJECTIVES

To study about the importance of sex education among higher secondary students.

1.3.2 SPECIFIC OBJECTIVES

- The assess about the socio demographic details of the respondents.

- To determine the knowledge of sex education among higher secondary students.
- To assess the attitude of sex education among higher secondary students.
- To identify the sources sex education among higher secondary students.

1.4 SIGNIFICANCE AND RELEVANCE OF THE STUDY

Every nation, society and community has to work towards promoting the health of its people. When children acquire knowledge, desirable attitudes, values and life skills, they benefit in a variety of ways. These skills help children and adolescents to make informed decisions, solve problems, think critically and creatively, communicate effectively, build healthy relationships, empathies with others and cope with and manage their lives in a healthy and productive manner. Such knowledge and skills can lead to behaviours that prevent disease and injury foster healthy relationships and enable young people to play leadership roles. In India, like other developed and developing countries, teenagers are becoming sexually active at an early age. This can be because of the early entering of puberty and they face many challenges and opportunities. The atmosphere in which the present day child grows has changed radically and is very different from that of their parents and grandparents. Sexual matters are projected everywhere through different mass media like cinema, magazines, newspapers, radio, mobile phones and advertisements etc.

A survey conducted by the Family Planning Association among school children revealed that the primary sources of information on sex and related matters were television and magazines, not family, friends, or school. The living atmosphere is saturated with sexual awareness, that no one can be shielded from its impact. Research done by Kahn in (1999)13 in Gambia shows that during the mid-to-late 1950s 8% of adolescent females had intercourse by age 16, in contrast with the mid – 1980s where 21% of female teenagers had sex by age 16. Also in 1990s 50% had sex by age 18 compared with 27% of adolescents of similar ages in the 1950s. The need of Sex Education in the educational process is unquestionable. Sex Education is the inculcation of the correct moral attitudes towards sex. It means all the educational measures, which prepare young people to meet the problems of life centers around the sex instinct. Therefore it is imperative that parents unfold the true significance of sex in the wholesome development of the young into healthy and intelligent adulthood.

1.5 CHAPTERIZATION

The entire research work runs into five chapters. The first one, Introduction, brings out the importance of the study, and states its objectives and significance. The Second Chapter contains the review of literature. Chapter third is the methodological part of the Study, the specific procedures or techniques used to identify, select, process, and analyze information about the topic. The fourth chapter includes analyses and interpretations. Findings, Conclusions and Suggestions for further Research are presented in Chapter five followed by Bibliography and References.

1.6 CONCLUSION

The need of Sex Education in the educational process is unquestionable. Sex Education is the inculcation of the correct moral attitudes towards sex. It means all the educational measures, which prepare young people to meet the problems of life centers around the sex instinct. Therefore it is imperative that parents unfold the true significance of sex in the wholesome development of the young into healthy and intelligent adulthood. Otherwise, adolescents will pick up unwholesome information from the street corner, gutter and the polluted lips of vulgar language. Finally, this type of unhealthy sex knowledge will lead to erratic forms of social indiscipline

CHAPTER II
REVIEW OF LITERATURE

CHAPTER II

REVIEW OF LITERATURE

2.1 INTRODUCTION

Review of literature is the critical analysis which deals with the information regarding with earlier studies which is related with the research. It is an important aspect of research project which work as a guide post, not only with regards to the work done in the field, but also to perceive the gaps in the concerned field of research. It gives a theoretical basis for the research and helps to determine the nature of research. It also shows the originality and relevance of the research. This study was designed to study about the importance of sex education among higher secondary school children.

2.2 REVIEWS

Sex Education in Secondary Schools, *Health Education Research*, Volume 15, Issue 4, August 2000, HARRISON 01 August 2000

Sex Education in Secondary Schools is a first-rate handbook for both experienced and new teachers of sex education. It would also be valuable reading for staff and governors at maintained secondary schools and special schools with secondary-aged pupils, involved in formulating their school's sex education policy. It not only outlines current research undertaken in this area—it also provides a comprehensive review of the best teaching resources available.

The book is divided into two parts—the first part examining the background and providing guidelines for good practice, and the second part covering the relevant topics in a simple, but highly informative way.

The initial chapter on the evolution of health and sex education is a little confusing, because the author tries to amalgamate the history of sex education with that of health education and health promotion. The material is relevant to provide background knowledge, but could be organized better. The chapter demonstrates well how sex education has often been victim to the moral and political agendas of the day. The following chapter focusing on Equal Opportunities opens with reference to research

undertaken by the National Foundation for Educational Research (NFER), which found that 94% of parents wanted schools to play a part in teaching their children about human sexuality and sexual development. Another key issue of this research was the difficulty secondary schools have in fitting sex education into the curriculum, because of the restricted time allocated to personal and social education within the school timetable.

Part II of the book covers the content of the curriculum for sex education lessons. The author divides the topics into four different topic areas: puberty and sexuality (developing adulthood); fertilization, pregnancy and abortion (reproductive activity); HIV and other STD (personal safety); and, lastly, contraception, special needs and sexual abuse (personal safety). The author not only gives helpful information about these topics (including diagrams), she makes suggestions about the language teachers could use, suggests suitable activities for beginner and more experienced teachers, and provides an extensive list of resources teachers could turn to for further information.

The author, having dealt with the background, the context in which sex education should be taught continues in the next chapter to look at how to teach sex education. She draws attention to the skills teachers need to communicate effectively. She suggests that a traditional, biological approach to sex education is limiting; it is essential to cover the emotional aspects of sex. This book is to be highly commended, because the author does not merely theorize, but suggests practical approaches to teaching about these sensitive issues. In this chapter, following some suggested starter activities, there are examples given of didactic, participatory and other methods of teaching.

Sex education beyond school: implications for practice and research: Juping yu, 2010 may

The emphasis on the need of sex education starts to show when statistic related to moral issues such as free mixing baby bornout of wedlock drug abuse and addiction, rape, prostitution and sex out of wedlock start to increase rapidly from time to time. The desire to know more about matters related to sex is belived to the source to this problem.

For Islamic countries, sex education is still not being thought widely such as in Iran, Saudi Arabia, Pakistan, Malaysia and Indonasia. Elements of sex education is inserted in some subjects and discussed only superficially. Recent news in Malaysia about a girl who possibly gave birth at age 12 has provoked as serious political debate over the high rate teenage pregnancies in amasyia. Poloiticians started suggest new single subject on sex education. The adverce concequencies of ealrly sexual initiation, such as increased lifelite sexual partners, unwanted pregnancies and STI's are issues of concerned in Malayisia as muslim country. The aim of the article is to review the current litreture on school sex education and the role of social factors play in teenage sexual behaviour.

Sex Education in Public Schools: Tessa Palmer, 2016 july

Sex education permeates the public school system, but in its current form it is failing to adequately teach students about sex and sexuality. Rates of unwanted pregnancies and sexually transmitted infections are far too high, particularly among LGBT+ students. Teenagers are uninformed or misinformed about many issues concerning their bodies and turn to alternative forms of sex education, which are usually not very accurate or informative. There is not currently a nationwide standard for sex education. This article discusses the shortcomings of the United States' present sex education norms—particularly as they relate to abstinence-only sex education programs and the ability of the programs already in place to include queer students—explores the opinions of advocates from multiple sides of the issue (from comprehensive sex education to abstinence-only programs to the complete abolishment of sex education in public schools), and ultimately presents the Sexuality Information and Education Council of the United States (SEICUS) and their National Sexuality Education Standards as a viable option for pushing toward the objective of nationwide, comprehensive, and inclusive sex education in public schools. The goal of this article is to start a conversation about the current state of sex education in public schools and the best way to reform sex education moving forward. Sex education permeates the public school system, but in its current form it is failing to adequately teach students about sex and sexuality. Rates of unwanted pregnancies and sexually transmitted infections are far too high, particularly among LGBT+ students. Teenagers are uninformed or misinformed about many issues concerning their bodies and turn to alternative forms of sex

education, which are usually not very accurate or informative. There is not currently a nationwide standard for sex education. This article discusses the shortcomings of the United States' present sex education norms—particularly as they relate to abstinence-only sex education programs and the ability

of the programs already in place to include queer students—explores the opinions of advocates from multiple sides of the issue (from comprehensive sex education to abstinence-only programs to the complete abolishment of sex education in public schools), and ultimately presents the Sexuality Information and Education Council of the United States (SEICUS) and their National Sexuality Education Standards as a viable option for pushing toward the objective of nationwide, comprehensive, and inclusive sex education in public schools. The goal of this article is to start a conversation about the current state of sex education in public schools and the best way to reform sex education moving forward.

Parental Attitude towards Sexuality Education for Secondary School Students in Kwara State, Nigeria: Aminat Adeola Odebode, April 2019

Sex education plays a significant role in the development of adolescents' attitude towards healthy sexual relationship and avoidance of negative sexual consequences. Despite this, the role of parent as an agent to promote child's development cannot be underrated in the society. This assertion agrees with the claim of Haffner (2001) that for sexuality education to be effectively taught in schools, parents support must be sought as the education of the child includes cooperation of parents. However, sexuality education involves more than sexual development and reproductive health, it includes interpersonal relationships, intimacy, body languages, values and gender influence (Sieswerda & Blekken, 2003). Moreover, home is the first contact a child has which provides opportunities for discussions on sexuality, making parents the primary sex educators of their children (SIECUS, 2001). Adolescents are known for their pronounced sexual zeal and they need accurate information about healthy sexual activities (Olubayo, 2012). More importantly, adolescence stage is a wonderful period in one's life and time filled with new and exciting things and inventions. Mensch, Bruce and Green (2008) stated that what happens between ages 10-19, whether good or bad shapes how girls and boys live out their lives as women and men. Mensch et al

believed that it is the task of all responsible parents to make sure that the transition from childhood to adulthood happens under favorable conditions and environments. Similarly, according to Lloyd (2005) in a study titled 'growing up global the changing transitions to adulthood in developing Countries' found that an estimated 4.3% of young women and 1.5% of young men 15-24 in sub-Saharan, were living with HIV while 9-13% young women had given birth by age 16. This implies that young people need access to productive information and skills before they become sexually active to reduce their risk of contracting HIV and other sexually transmitted infection (STIs) and having unwanted pregnancies at early age.

Development of contextually- relevant sexuality education: lessons from a comprehensive review of adolescent sexuality education across culture: Hildie leung, 2019 February

Sex education is defined as a "method of teaching about sex and relationships that is age- appropriate, culturally relevant, and provides knowledge that is syntifically correct, realistic, and non-judgemental". This definition recognises that sex educations goals go beyond simply imparting information on human physiology, reproductive system, or STI prevention. Sex education on the other hand is viewed holistically with the intention of empowering young people to better understand their sexuality and relationships, which will ultimately enhance adolescents quality of life. This is in the line with WHO's the delineation of sexual health as "a state of physical, emotional, mental and social wellbeing in relation to sexuality. Sex education is to provide young people with the knowledge and abilities they need to make best choices about sex and relationships for themselves throughout their life.

Why teach sexuality education in school? Teacher discretion in implementing comprehensive sexuality education in rural Zambia: Joseph Mumba Zulu, 2019 september

Reproductive health problems such as HIV, unwanted pregnancy and unsafe abortion among adolescents are closely linked to insufficient knowledge about sexuality and reproduction and lack of access to contraceptives. Supported by international agencies, Zambia has introduced an ambitious nation-wide program for comprehensive sexuality education (CSE) to be implemented into ordinary school

activities by teachers. The curriculum is firmly based in a discourse of sexual and reproductive rights, not commonly found in the public debate on sexuality in Zambia.

The Comprehensive Sexuality Education had limited legitimacy in the community and was met with resistance from teachers tasked with its' implementation. In order to enhance ownership to the CSE program, local concerns about the contents of the curriculum and the parent-teacher role dilemma must be taken into consideration. Not addressing these challenges may undermine the policy's intention of increasing knowledge about sexuality and reproduction and empowering adolescents to access contraceptive services and avoid unwanted pregnancies.

Importance of sex education in schools: literature review: Maria Maqbool, 2019 january

According to the National Association for the Education of Young Children, early childhood also includes infancy, making it age 0-8 instead of age 3-8. At this stage children are learning through observing, experimenting and communicating with others. Childhood is the age span two years to adolescence. The term childhood is non-specific in its time span and can imply a varying range of years in human development. The broad stages of childhood are: Early childhood (two to six years) and Late Childhood (six to twelve years).The implementation of sex education in schools will provide teenagers with the correct information to enable them to make the right choices in life. Sex education teaches the young person what he or she should know for his or her personal conduct and relationship with others. Sex education is an awareness to understand the sex problems scientifically. It conveys all educational measures, which help the growing children to understand and face the problems of life. At the time of puberty, physical changes and emergence of sexual feelings cause a lot of problem among adolescents. It encompasses sexual development, sexual and reproductive health, interpersonal relationships, affection, intimacy, body image, and gender roles. Sex education in high schools helps young people to be more prepared for life changes such as puberty, menopause and aging. Sex education can develop skills and self-esteem to help students enter adolescence. It helps them in knowing that the sudden few changes are okay and normal. For example, girls would not get shocked, panic and afraid at their first menstruation once they already had the knowledge about it.

Importance of Sex Education from the Adolescents' Perspective: A Study in Indonesia: Siti Maimunah, August 2019

This study aims to explore the adolescents' perspective on sex education as a policy basis of determining whether or not sex education is of importance for adolescents. To date, the concept of sex education is still considered taboo in the community and therefore rarely gets concerned at both home and school. This particularly has an impact on finding less-accurate information among adolescents that leads them into free and risky sexual behaviors. The subjects in this study were 165 adolescents aged 12-19 years. The results of the study show that sex education is of utmost importance from the adolescents' perspective. The material contents of sex education according to respondents' perspective include (1) how to avoid sex and promiscuity; (2) the knowledge improvement on proper sex education; (3) the impacts of free-sex, including sexually transmitted diseases and teenage pregnancy; (4) self-protection (e.g. from free-sex and sexual harassments). This proves the necessity for both parents and teachers to provide adolescents with sex education.

Knowledge, attitude and perception of sex education among school going adolescents in urban area of Chennai, Tamil Nadu: v.k shiva, 2021 January

Adolescence is a significant period of one's life, the students or children at this age should be taught about sex education in order to lead a healthy reproductive life, to prevent sexually transmitted disease and to avoid unwanted pregnancies. Adolescence is a significant period of one's life and the individuals entering the adolescent phase will undergo physical, psychological, emotional and behavioural changes. It is estimated that 21 million girls between the ages of 15-19 in developing countries become pregnant every year and 12 million give birth.[1] The World Health Organization states that one in twenty adolescents is projected to contract a STI per year.[2] So, an adolescent should have knowledge about sex education in order to handle the changes undergoing in an adolescent phase. Therefore, sex education plays an important part in adolescent life.

Influence of Sex Education on the Sexual Behaviour of Adolescents: Lovedale Adzo Tsotovor, August 2022

The purpose of this study was to assess the influence of sex education on the sexual behaviour of adolescents in Senior and Junior High Schools in the New Juaben Municipality. A cross-sectional research design was adopted for the study. The population of the study are adolescents in Junior and Senior High Schools in New Juaben Municipality. A random sampling technique was used to select two-hundred and fifty (250) respondents from two Junior High Schools and two Senior High Schools in New Juaben Municipality. The main instrument used for data collection was a questionnaire. Both inferential and descriptive statistics were used to analyse the data. The study indicated that sex education (in terms of HIV/AIDS education) has had a significant influence (impact) on sexual behaviours. The positive sexual behaviours of adolescent in Junior and Senior High Schools is evident in their attitude toward premarital sex. The study also revealed that adolescents exhibited a positive attitude toward premarital sex and abstaining from sex that will make them sick or look odd in society, neither would it give them problems during intercourse when they finally marry. It is recommended that Parents should ensure that their children receive more sex education to offset the negative influences of the media.

2.3 Conclusion

The research topic is relevant as many adolescents are not aware about sex education that let to many deviation of behaviour arising from sexual desires sexual fantasies and body function thus the research topic will help in removing misconceptions about sex and sexuality.

CHAPTER III

RESEARCH METHODOLOGY

CHAPTER 3

RESEARCH METHODOLOGY

3.1 INTRODUCTION

This chapter describes various steps used in carrying out the research task. The research methodology is very important for the social work research. The accuracy of the research depends on the perfection of the methodology of research. The research methodology includes theoretical definitions, operational definitions, variable, hypothesis, pilot study, research design, universe and unit of the study and sources of data.

3.2 DEFINITION OF CONCEPTS

3.2.1 THEORETICAL DEFINITION

Sex: According to Oxford dictionary "it means the biological difference between male and female"

Sex education: According to Oxford dictionary "it is the study of human sexuality"

Higher secondary school: According to Teachmint "higher secondary is also known as senior secondary in some places. It refers to the education imparted in the eleventh and twelth standard in schools. The schools which provide education upto these classes are known as higher secondary schools"

3.2.2 OPERATIONAL DEFINITIONS

Knowledge: the stae of being aware of something or of having information.

Attitude: The belief (views)of a person towards something.

Source: A person, thing,or place from which information comes ,arises or is obtained.

3.3 VARIABLES

A variable is an object, event, idea, feeling, time period or any other type of category you are trying to measure. There are two major types of variables.

3.3.1 INDEPENDENT VARIABLE

The independent variable is the variable the reasearcher manipulates or changes and is assumed to have a direct effect on the dependent varibale. Higher secondary students are the independent variable in this study.

3.3.2 DEPENDENT VARIABLE

The dependent variable is the variable being tested and measured in an experiment and is dependent on the independent variable. Importance of sex education is the dependent variable in this study. .

3.4 RESEARCH DESIGN

The major objective of the researcher is to access the awareness level of sex education among higher secondary school children the researcher used cross-sectional descriptive research design for the research because it will give more familiarity with the topic and add more facts.

3.5 PILOT STUDY

The pilot study helps the researcher to evaluate the feasibility, practicality, resources, time and cost of the study, as well as identify design issues and potential problems. The researcher had conducted pilot study in order to acquainted with the area and also to check the validity of the research problem. Pilot study has been conducted among 5 respondents.

3.6 UNIVERSE AND UNIT OF STUDY

Universe of the study consist of higher secondary students in the Iritty block. In iritty block the researcher had taken samples from various schools under Iritty block.

3.6.1 UNIT OF THE STUDY

Unit of the study is a higher secondary student in the Iritty block.

3.7 SAMPLING

The scholar adopted convenience sampling method. Convenience sampling is a non-profitablity sampling method where units are selected for inclusion in the sample because they are the easiest for the researcher to assess.

3.8 SOURCES OF DATA

3.8.1 Primary data: primary data has been collected through questionnaire.

3.8.2 Secondary data: Secondary data was collected from the available articles, books, journals and internet.

3.9 TOOLS OF DATA COLLECTION

The researcher collected the necessary data from the higher secondary school students using questionnaire. The questionnaire was prepared on the basis of objectives. The researcher had used closed ended questionnaire for the data collection.

3.10 PRE TEST

The researcher had conducted pre test among six respondents to test the validity of tool of data collection. Based on the pre test conducted researcher felt that some questions need to be changed and some more to be added.

3.11 METHOD OF DATA COLLECTION

The researcher prepared self-made questionnaire. Researcher asked questions through Google forms and collected the data from the respondents. Researcher prepared 40 questions and collected data from 70 respondents.

3.12 METHOD OF DATA ANALYSIS

The research scholar was analysed the data by using SPSS software and descriptive statistics has done..

CHAPTER IV

ANALYSIS AND INTERPRETATION

CHAPTER IV

ANALYSIS AND INTERPRETATION

4.1 INTRODUCTION

The data gathered and proposed are analyzed and interpreted in this chapter. The analysis and interpretation are based on the answers given by the respondents. The researcher collected the data through self made questionnaire. After the data collection, it was tabulated and summarized with reference to the objectives of the study.

4.2 ANALYSIS AND INTERPRETATION

4.2.1 AGE OF HIHER SECONDARY STUDENTS

FIGURE 1
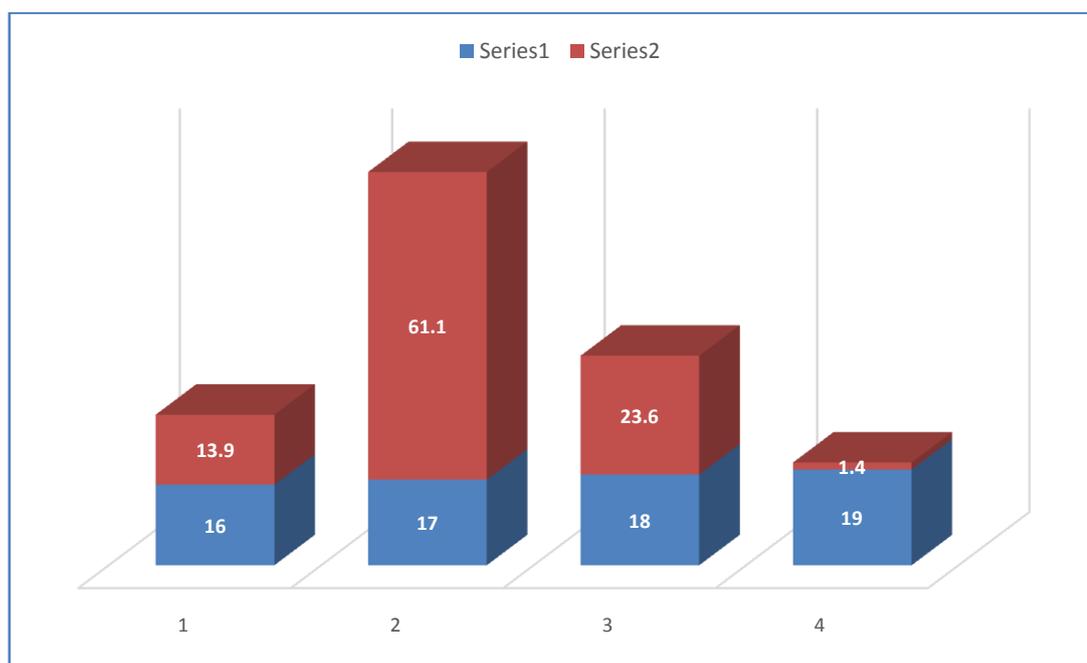
The above bar diagram shows the age classification of respondents in the study. There are total of 72 respondents and the age starts from 16 to 19. Here we can see that 13.9% of respondents are under the age of 16. 61.1% are under the age of 17. 26.6% are under the age of 18 of the remaining 1.4% of the total percentage comes under the age of 19. Hence majority of respondents are under the age of 17.

4.2.2 GENDER OF HIGHER SECONDARY STUDENTS

FIGURE 2
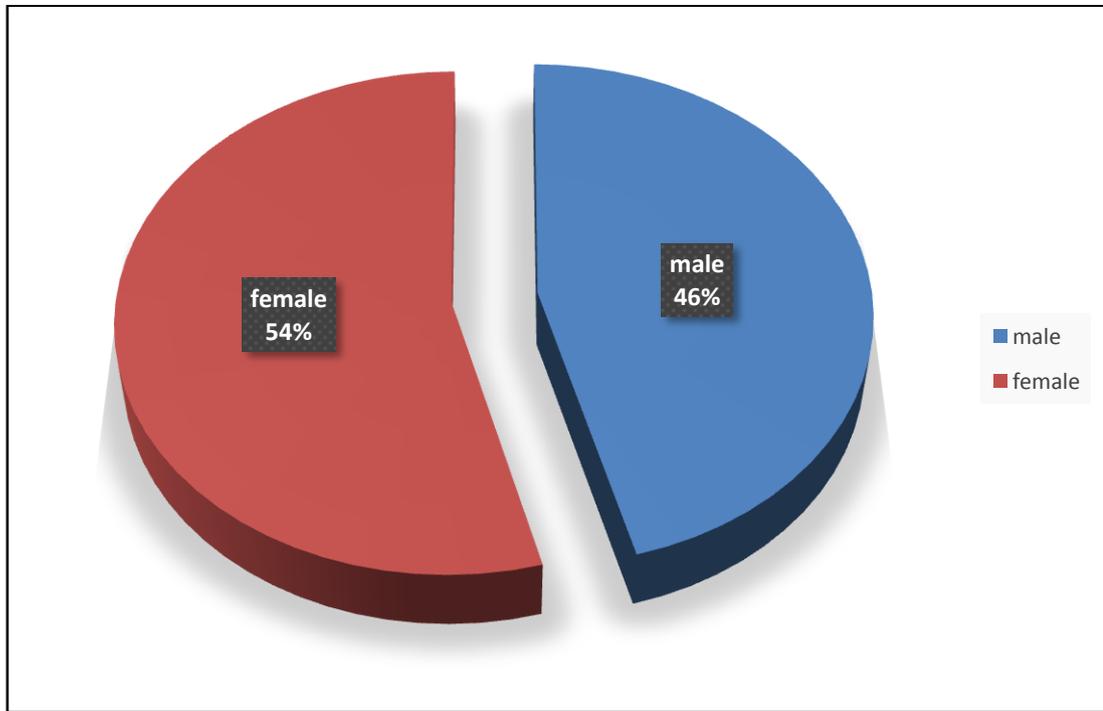
The above pie diagram shows the details of respondents based on gender. The majority of the respondents are female that is 54.2% and 45.8% of the respondents are male.

4.2.3 EDUCATION OF HIGHER SECONDARY STUDENTS

FIGURE 3
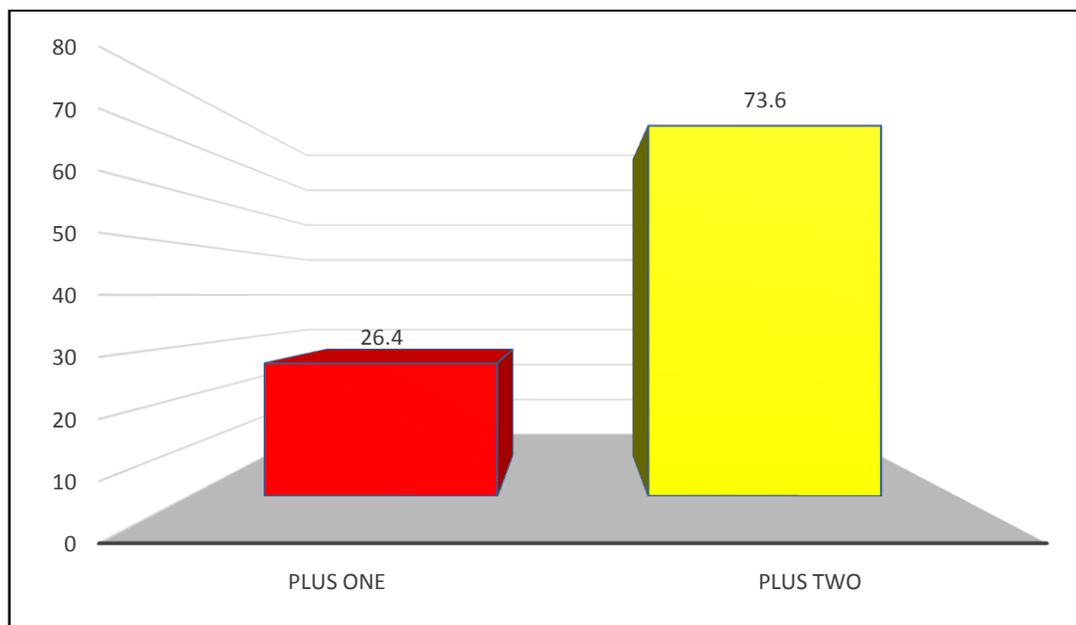
The histogram shows the details of respondents based on class. Out of 72 respondents, 26.4% of respondents are from higher secondary first year class (plus one) and 73.6% of respondents are from higher secondary second year class (plus two). Hence the majority of respondents are from higher secondary second year class.

4.2.4 HEARD ABOUT SEX EDUCATION

FIGURE 4
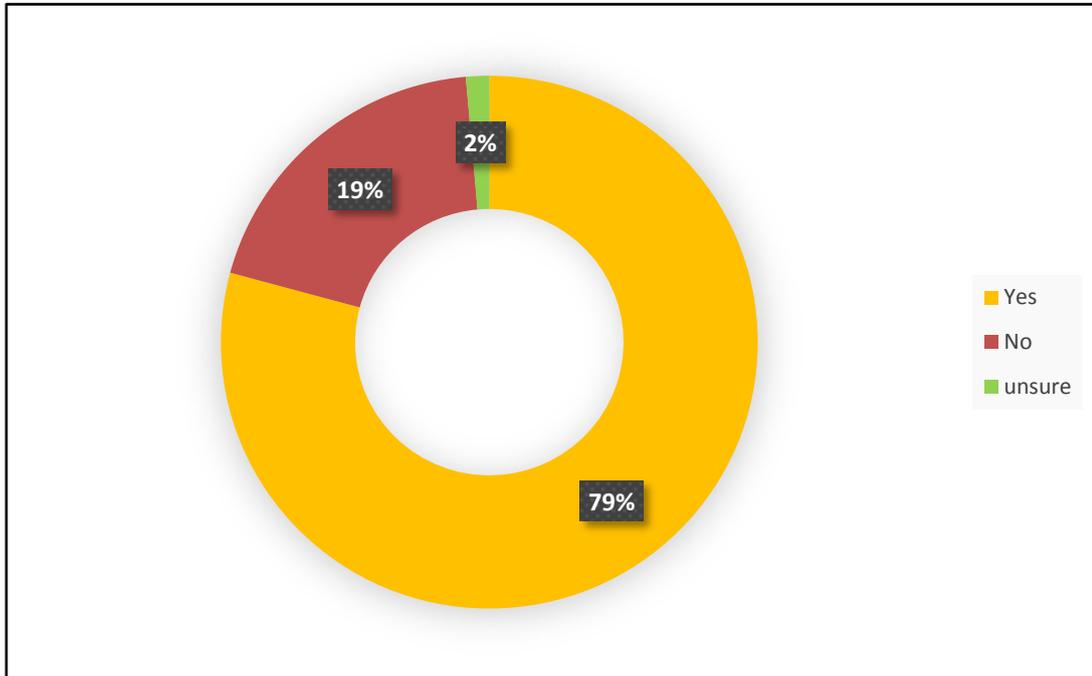
This figure depicts if the respondents heard about sex education or not. Here 79% of the respondents heard about sex education. 19% of the respondents where not heard about sex education and the remaining 2% of the respondents where not unsure whether they heard about sex education.

4.2.5 DIFFERENCE BETWEEN SEX AND GENDER

FIGURE 5
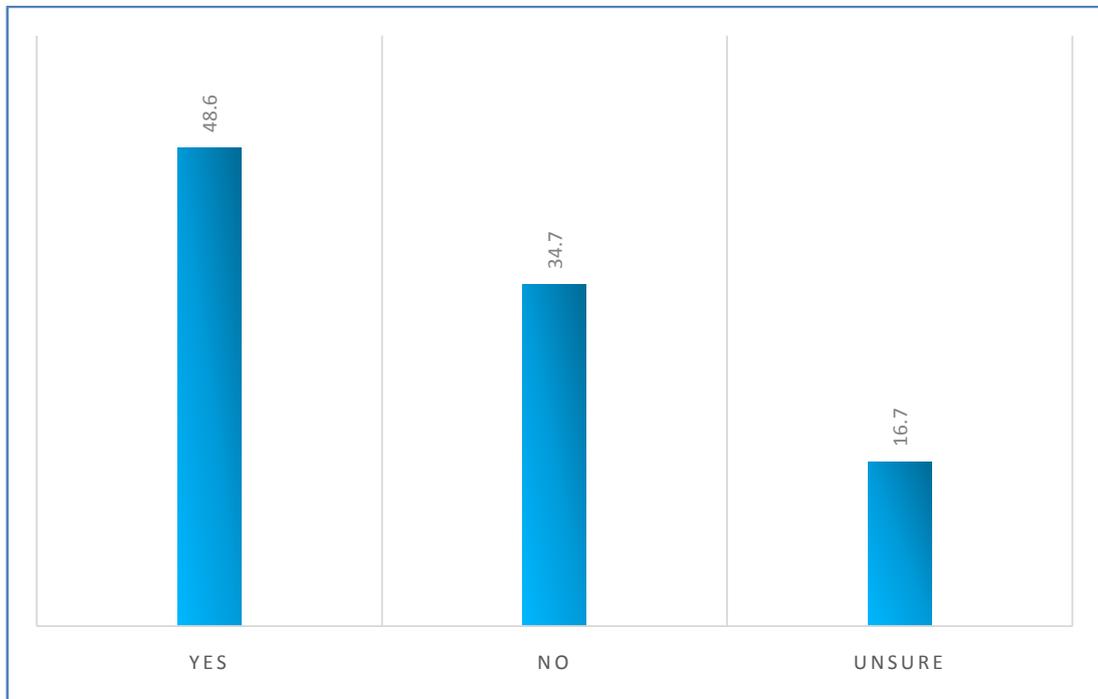
The above bar diagram represents whether the respondents are aware of the difference between sex and gender. Here 48.6% of the respondents where aware of the difference between sex and gender. 34.7% of the respondents where not aware of the difference between sex and gender, and the remaining

4.2.6 INFORMATION ABOUT MENSTRUATION, GOOD TOUCH AND BAD TOUCH, BODY CHANGES FROM FAMILY MEMBERS.

FIGURE 6
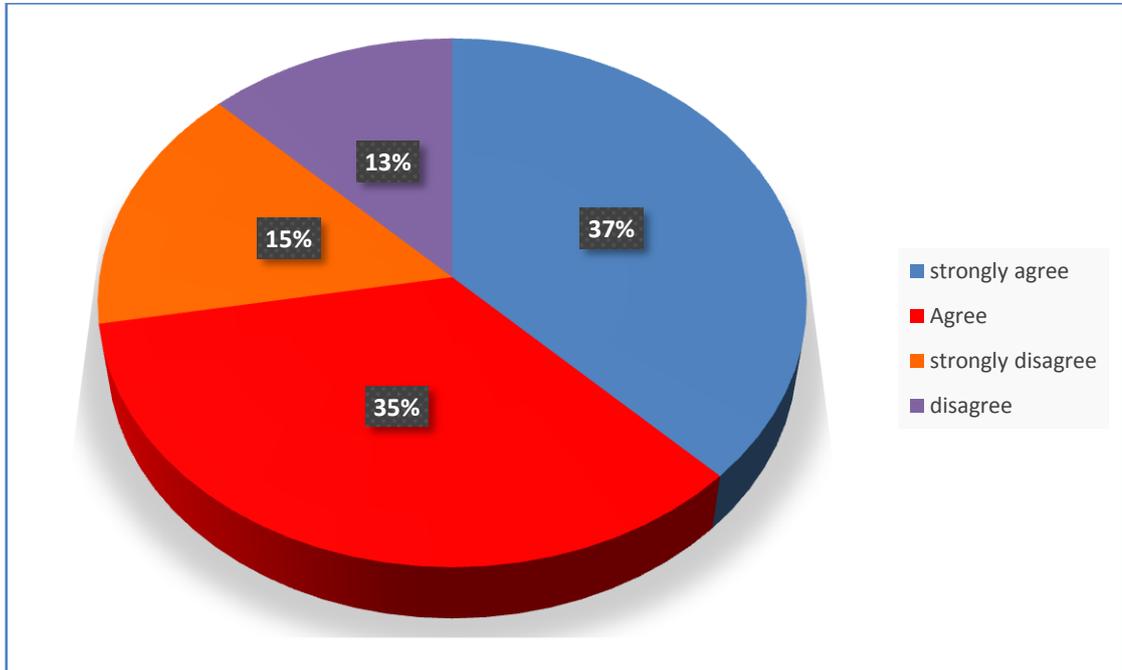
This figure shows the respondents opinion to the statement "I got information about menstruation, good touch and bad touch, body changes from family members". Here we can see 37% of the respondents strongly agree with the statement and 35% of the respondents agree with the statement. While 15% of the respondents strongly disagree with the statement and remaining 13% of the respondents disagree with the statement.

Hence we can see that majority of the respondents got information about menstruation, good touch and bad touch, body changes from family members.

4.2.7 AWARENESS ABOUT POCSO ACT

FIGURE 7
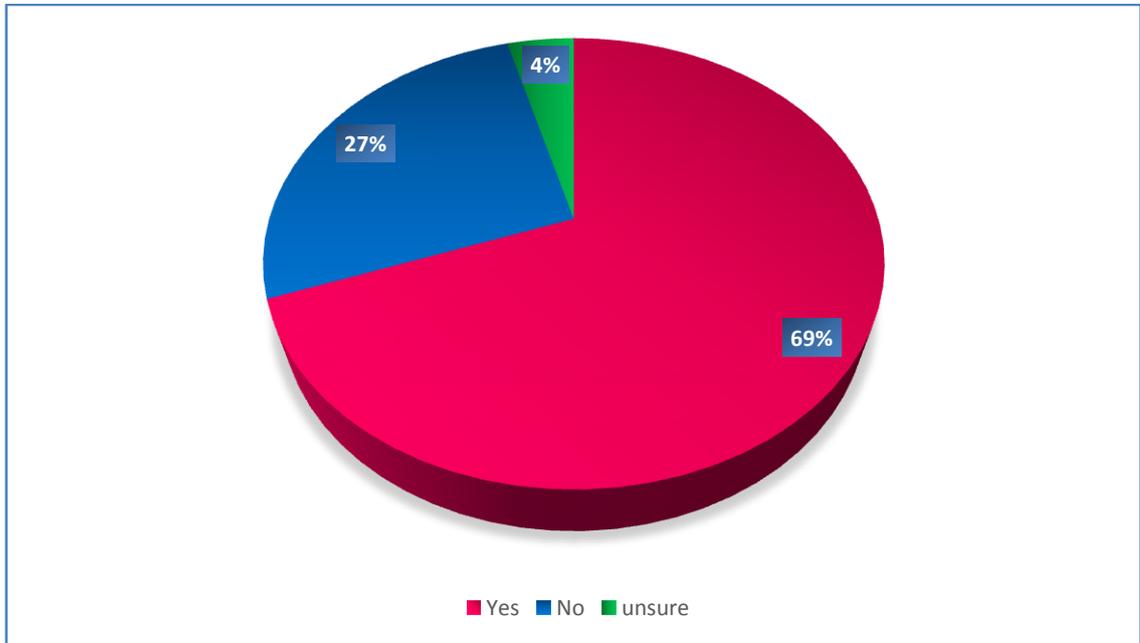
The above diagram shows whether the respondents aware about POCSO ACT. The majority of the respondents that is 70% where aware of POCSO ACT while 26% of the respondents where not aware about POCSO ACT, and the remaining 4% of the respondents were unsure on whether they where aware on POCSO ACT.

From this we can identify that majority of the respondents have proper knowledge and awareness about POCSO ACT.

4.2.8 AWARENESS ABOUT CHILDLINE

FIGURE 8
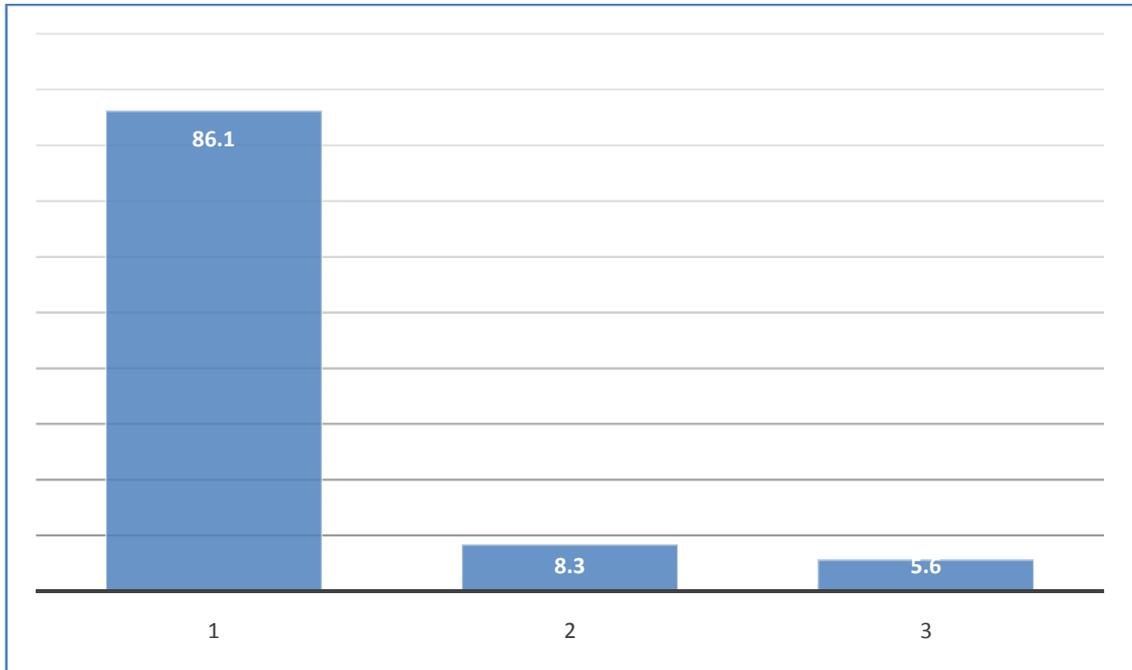
This bar diagram shows whether the respondents were aware of Childline. From here we can understand that majority of the respondents that is 86.1% were aware of Childline, 8.3% of the respondents were not aware of Childline and the remaining 5.6% of the respondents were unsure whether they were aware of Childline.

From this we can identify that majority of the respondents have proper knowledge and awareness about Childline.

4.2.9 EDUCATIONAL CLASSES REGRADING SEX EDUCATION

FIGURE 9
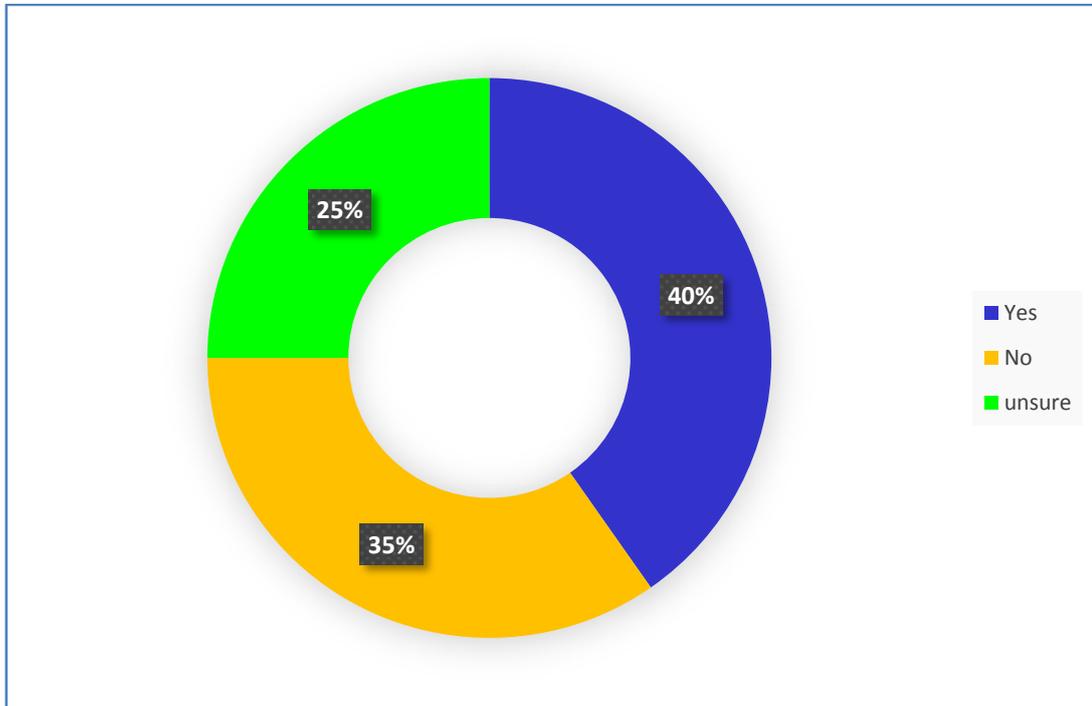
The above pie diagram represents the respondent's distribution whether they got any educational classes regarding sex education. From this diagram we can see that 40% of the respondents got educational classes regarding sex education. 35% of the respondents have didn't get any educational classes regarding sex education and remaining 25% of the respondents were not unsure about whether they got any educational classes regarding sex education.

From this we can understand that most of the respondents didn't get educational classes regarding sex education.

4.2.10 AWARE ABOUT THE AREAS COVERED UNDER SEX EDUCATION

FIGURE 10
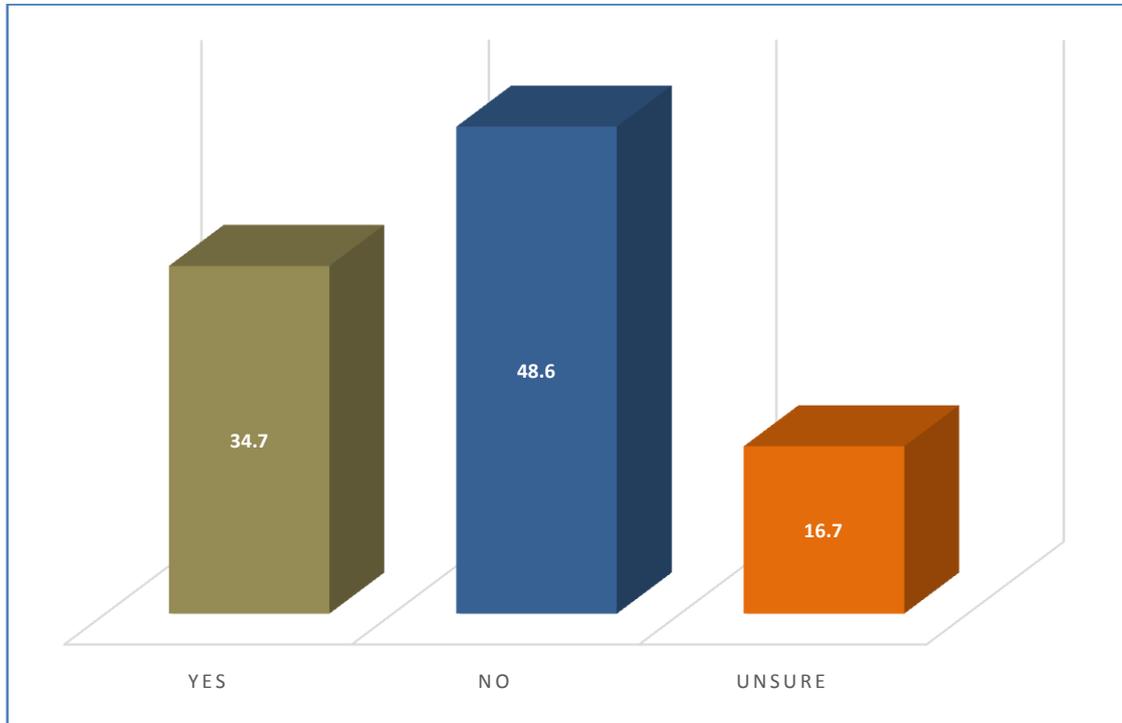
This diagram shows that is the respondents know what are the areas covered under sex education. Majority of the respondents that is 48.6% of total percentage of that data collected didn't know about what are the areas to be covered under sex education. 34.7% of the respondents were aware about what are the areas to be covered under sex education, and the remaining 16.7% of the respondent were unsure about what are the areas to be covered under sex education.

From this we can understand that majority of the respondents were unsure about what are the areas to be covered under sex education.

## 4.2.11 RECEIVED ADEQUATE INFORMATION ABOUT SEX EDUCATION FROM SCHOOL

FIGURE 11

.
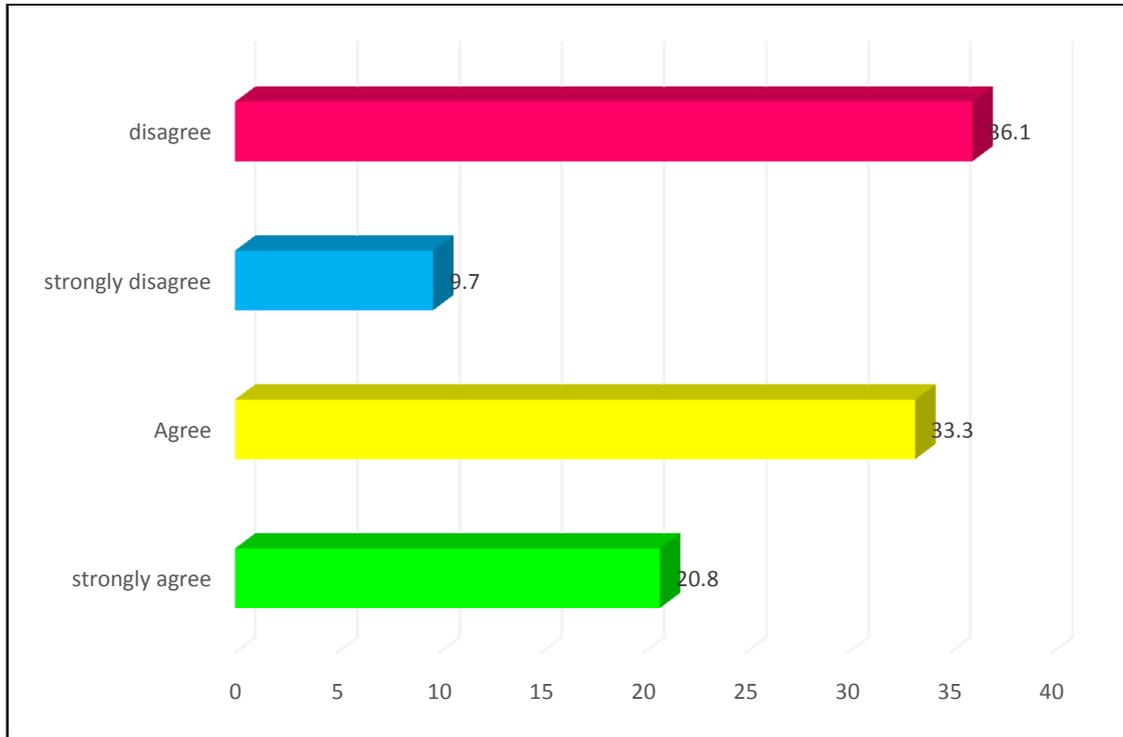
This bar diagram depicts is the school have a clear process for helping respondents who have concerns about sex education. Out of 72 respondents 36.1% of the respondents disagree with the statement that they have received adequate information about sex education from school. 9.7% of the respondents strongly disagree with the statement that they have received adequate information about sex education from school. While 20.8% of the respondents strongly agree with the statement that they have received adequate information about sex education from school, and the remaining 33.3% of the respondents agree with the statement that they have received adequate information about sex education.

From this we can identify that most of the respondents haven't received adequate information about sex education from school.

## 4.2.12 SEX RELATED TOPICS IN THE SYLLABUS

FIGURE 12
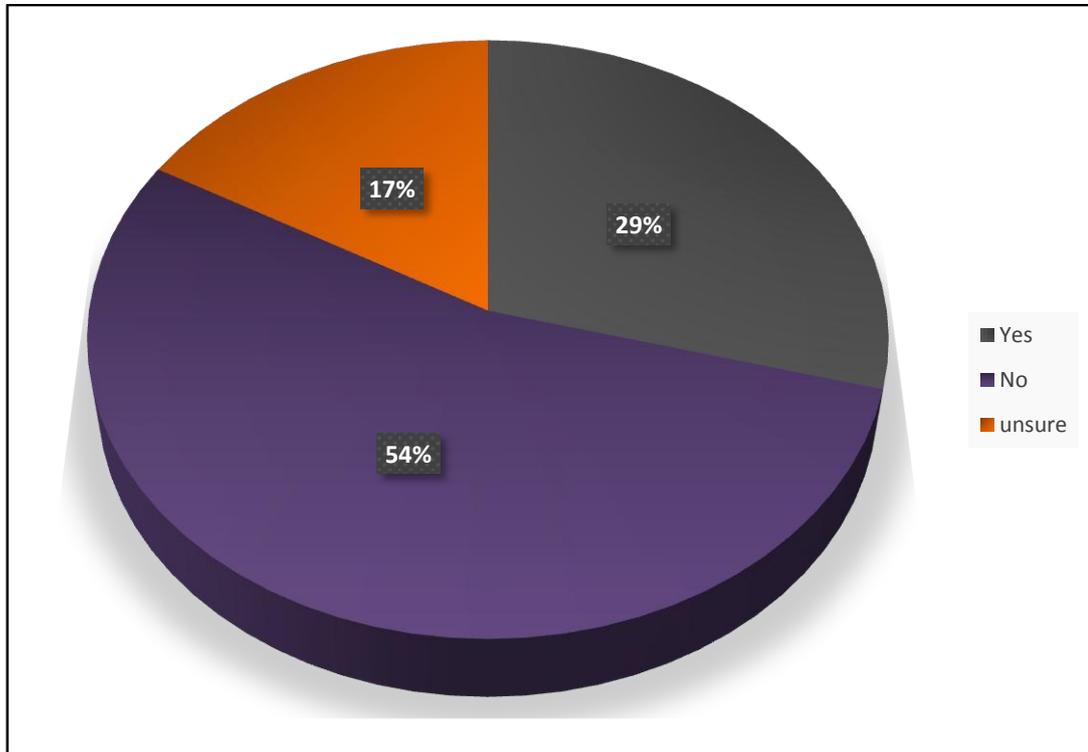
This bar diagram depicts whether the respondents have sex related topics in the syllabus. From this we can understand that more than half of the respondents that is 54% responded that they have no sex related topics in the syllabus. 29% of the respondents responded that they have sex related topics in the syllabus and the remaining 16% of the respondents were unsure about whether they have sex related topics in the syllabus.

From this we can see that majority of the respondents responded that there is no sex related topics in the syllabus.

4.2.13 BETTER POSITION TO RECOGNIZE ABUSIVE PERSONS AND SITUATIONS

FIGURE 13
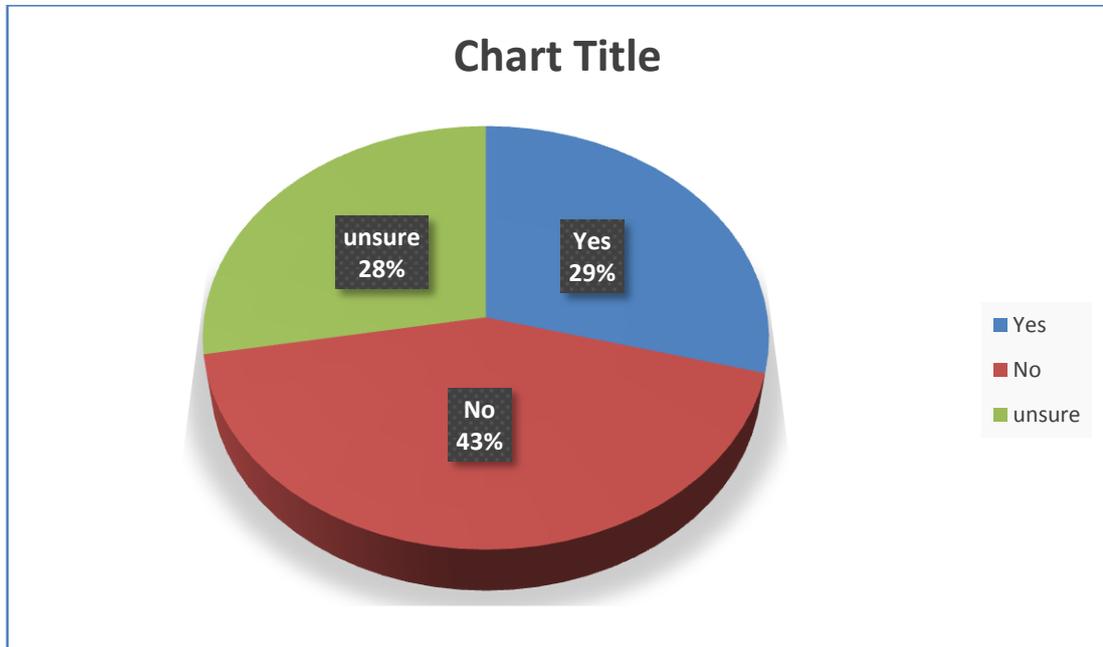
The above table shows respondents ability to recognize abusive persons and situations. Here 29% of the respondents are in a better position to recognize abusive persons and situations. 43% of the respondents are not in a better position to recognize abusive persons and situations. 28% of the respondents were unsure to recognize abusive persons and situations.

Hence we can see that most of respondents are not in a better position to recognize abusive persons and situations.

4.2.14 HEARD ABOUT ANY PRECAUTION METHOD

FIGURE 14
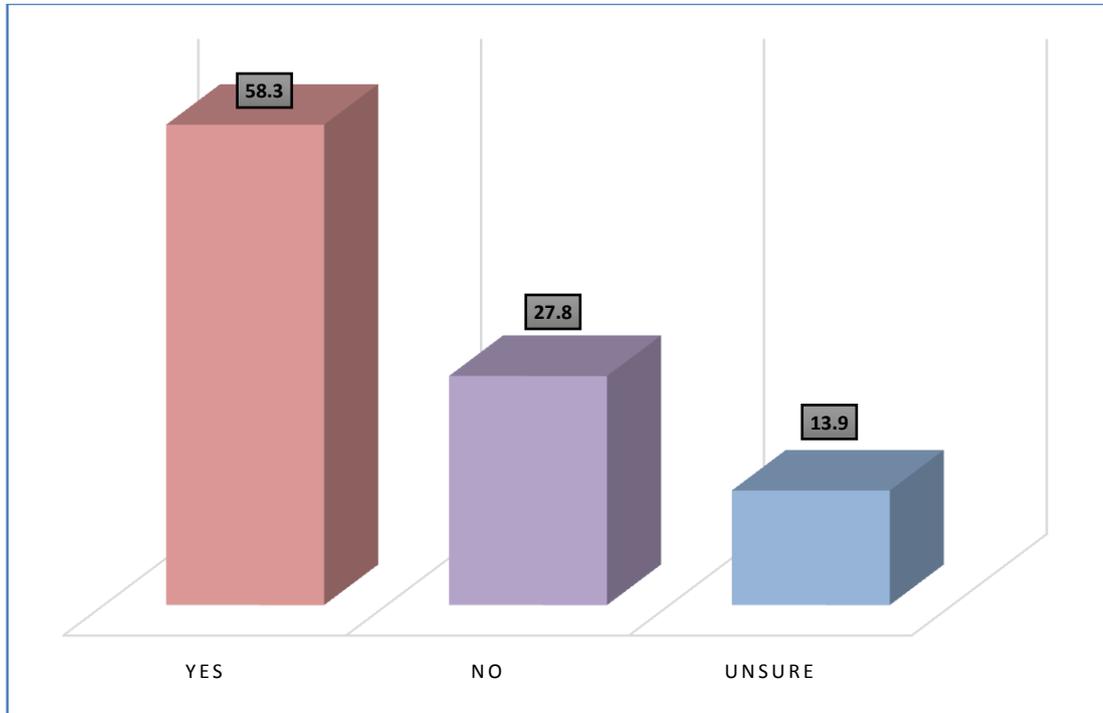
This picture shows is the respondents heard about any precaution methods. Majority of respondents that is 58.3% of the total percentage of collected data, heard about precaution method while 27.8% of the respondents did not heard about precaution method and the remaining 13.9% are unsure about any precaution method.

Hence we can identify that most of the half of respondents heard about precaution method.

4.2.15 SEX EDUCATION IS IMPORTANT FOR THE STUDENTS

FIGURE 15
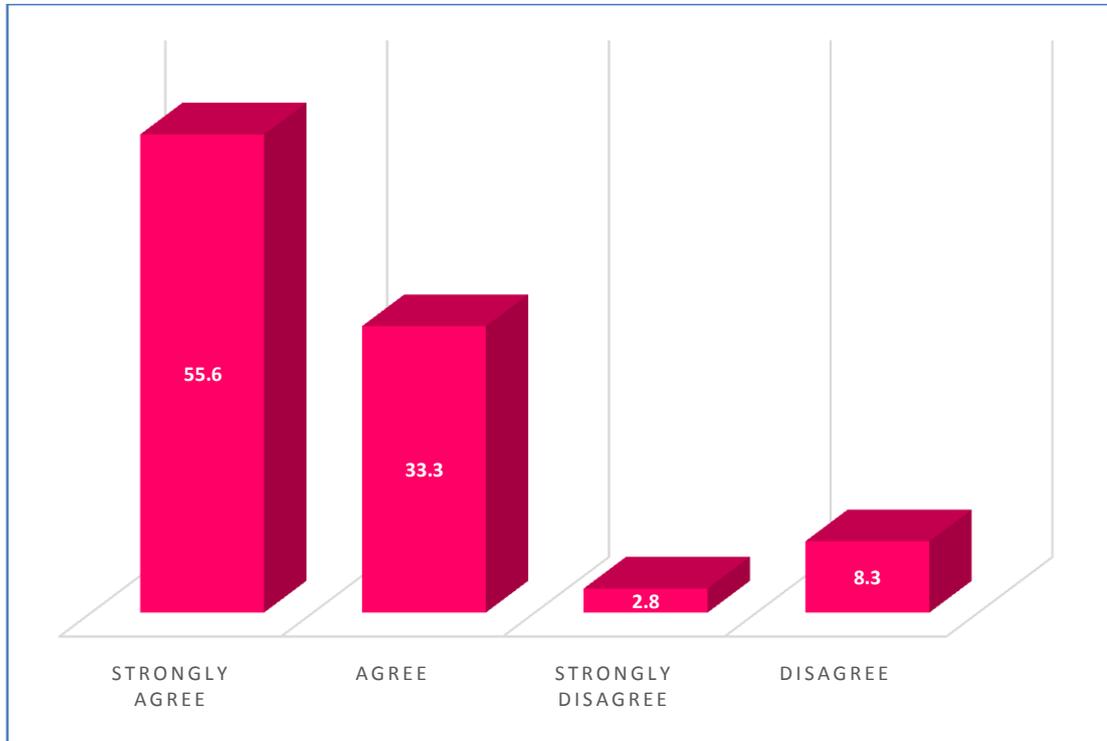
This table shows whether the sex education is important for the students. Here 55.6% of the respondents strongly agree with that sex education is important for the students. 33.3% of the respondents agree that sex education is important for the students while 2.8% of the respondents strongly disagree with the statement that sex education is important for the students, and the remaining 8.3% of the respondents disagree with the statement that sex education is important for the students.

From this we can understand that majority of the respondents agree with the statement that sex education is important for students.

4.2.16 DISCUSSION/TALKS ABOUT MENSTRUATION MUST BE CONDUCTED ONLY FOR GIRLS

FIRE 16
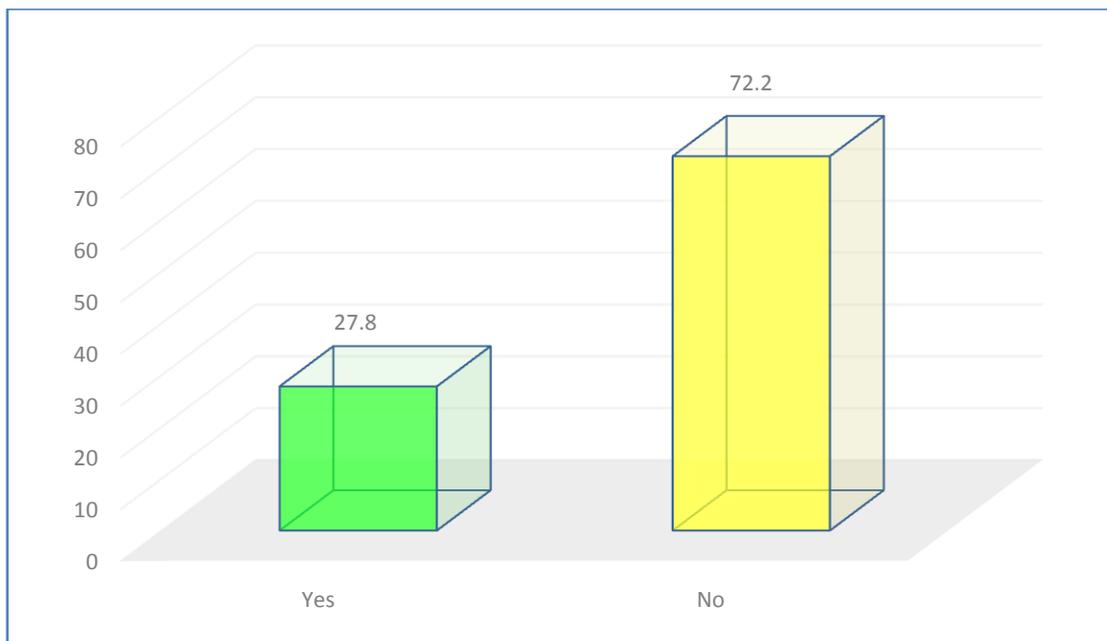
Above bar diagram depicts whether the respondents believe that discussions/talks about menstruation must be conducted only for girls. Here 72.2% of the respondents do not believe that discussion/talks about menstruation must be conducted only for girls. Remaining 27.8% believe that discussion/talks about menstruation must be conducted only for girls none of the respondents are unsure about discussion/talks about menstruation must be conducted only for girls.

From the above bar diagram majority of the respondents have an opinion that discussion/talks about menstruation must be conducted only for girls.

4.2.17 RIGHT WAY TO APPROACH OPPOSITE SEX AMONG STUDENTS CAN BE ACHIEVED THROUGH SEX EDUCATION

FIGURE 17
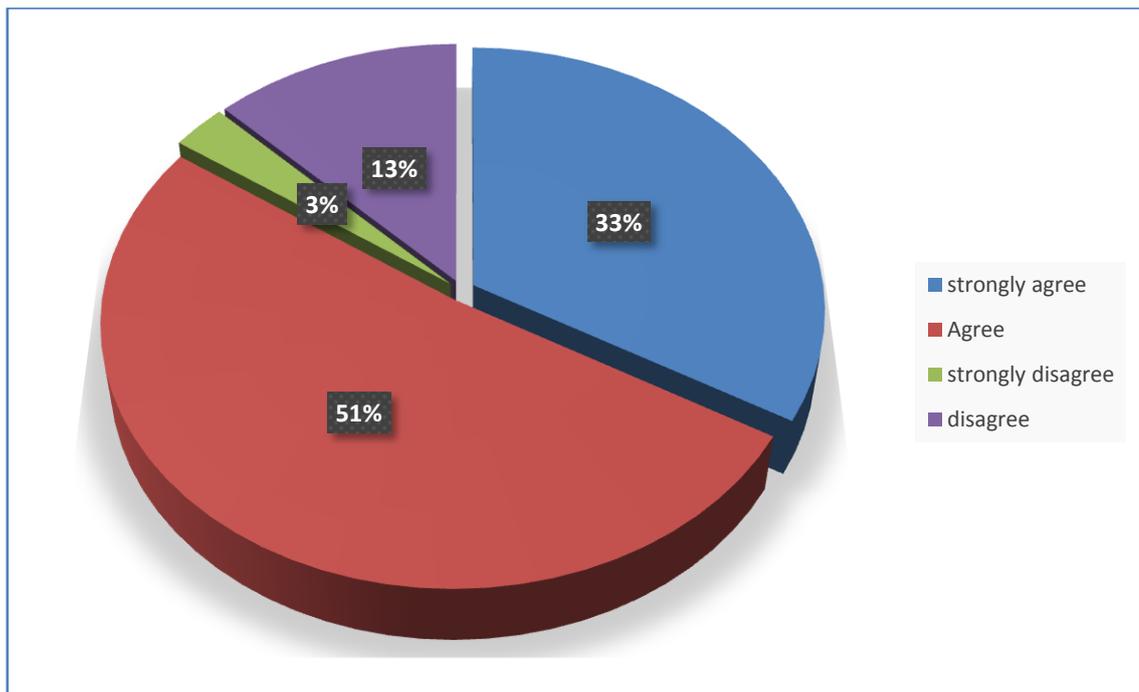
The above table shows whether the respondents believe that right way to approach opposite sex among students can be achieved through sex education. Here 33% of the respondents strongly agree that right way to approach opposite sex can be achieved through sex education, 51% of the respondents agree that right way to approach opposite sex can be achieved through sex education. While 3% of the respondents strongly disagree with the statement that right way to approach opposite sex can be achieved through sex education and the remaining 13% of the respondents disagree that right way to approach opposite sex can be achieved through sex education.

From the table we realized that a vast majority of the respondents agree that right way to approach opposite sex can be achieved through sex education.

## 4.2.18 SEX EDUCATION DIVERT THE MIND SET OF STUDENTS FROM STUDIES

FIGURE 18
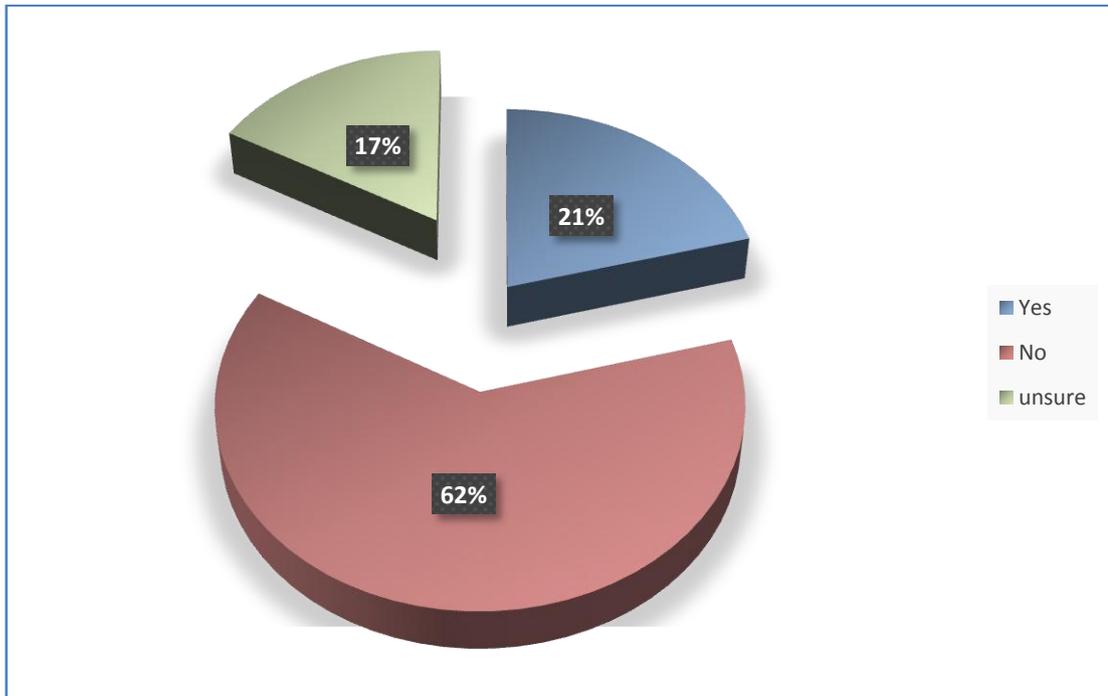
The given pie diagram shows respondents opinion about providing sex education divert student mind set from studies. Out of 72 respondents 21% of the respondents responded providing sex education divert student mind set from studies, 62% of the respondents responded that providing sex education does no divert student mind set from studies and the remaining 17% were unsure whether sex education provides mind set from studies. Almost vast majority of the respondents believe that sex education does not divert student mind set from studies.

## 4.2.19 ACCEPTANCE OF ALL TYPE OF PEOPLE IN THE SOCIETY

FIGURE 19
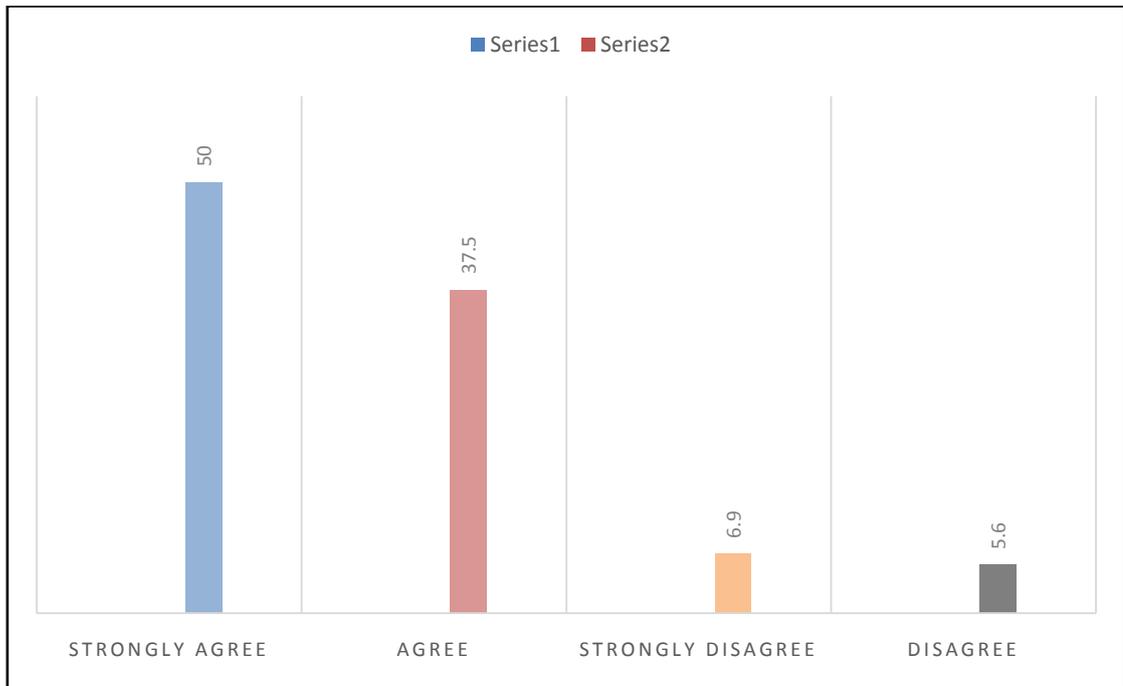
This diagram represents whether the respondents accept all type of people in the society. The diagram clearly shows that the majority of the respondents that is 50% of the respondents strongly agreed to accept all type of people in the society 37.5% agree to accept all type of people in the society, while 6.9% strongly disagreed to accept all type of people in the society and the remaining 5.6% are disagreed to accept all type of people in the society.

Hence more than half of the respondents are ready to accept all type of people in the society.

4.2.20 AWARENESS ABOUT LGBTQ+ COMMUNITY

FIGURE 20
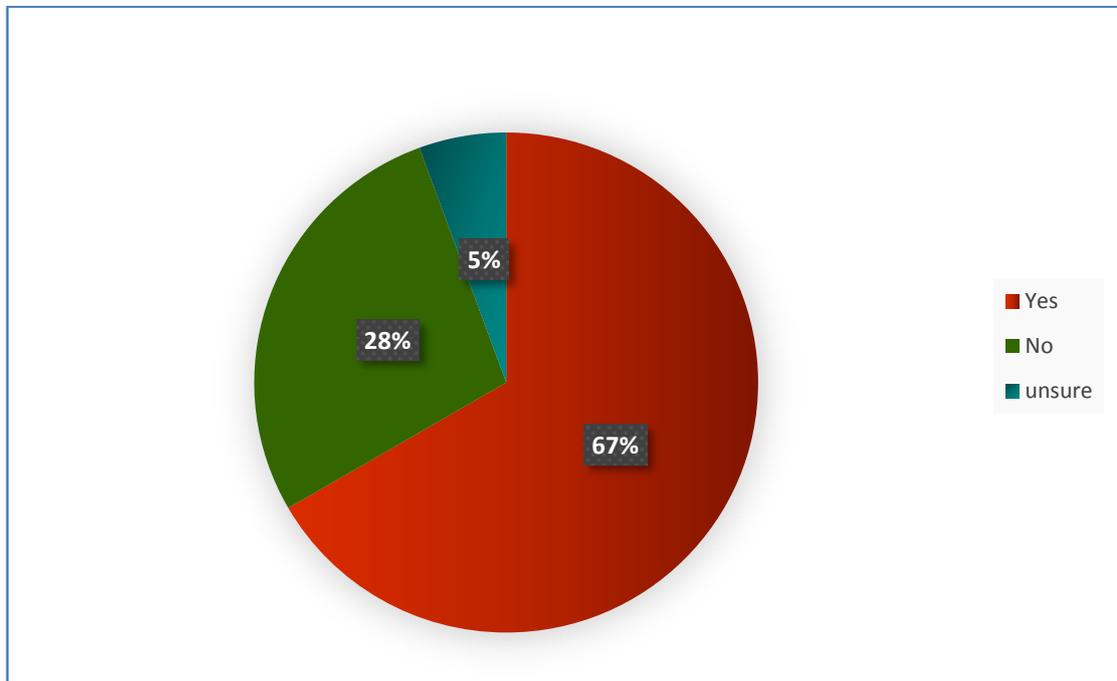
The given pie diagram shows awareness about LGBTQ+ community. 67% of the respondents were aware about LGBTQ+ community, 28% of the respondents are not aware about LGBTQ+ and the remaining 5% are unsure about LGBTQ community. From this we can understand that vast majority of respondents are aware about LGBTQ+ community.

4.2.21 SEX EDUCATION SHOULD BE GIVEN

FIGURE 21
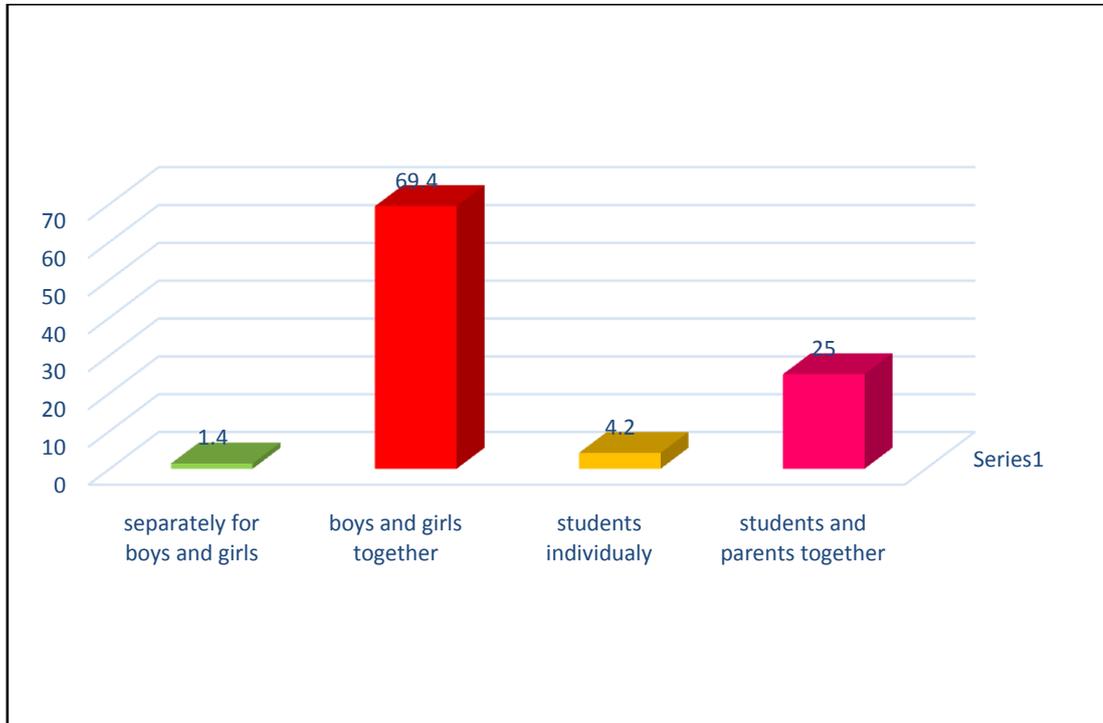
This bar diagram shows about the respondent's opinion about on giving sex education for students. Here 1.4% of the respondents have an opinion that sex education should be given separately for boys and girls. 69.4% of the respondents have an opinion that sex education should be given for boys and girls together, 4.2% of the respondents responded that sex education should be given to the students individually and the remaining 25% responded that sex education should be given for the students and parents together.

From this diagram it shows that majority of the students stick on with the opinion that sex education should be given boys and girls together.

4.2.22 GENDER EQUALITY AMONG STUDENTS CAN BE ACHIEVED THROUGH TEACHING SEX EDUCATION IN SCHOOL

FIGURE 22
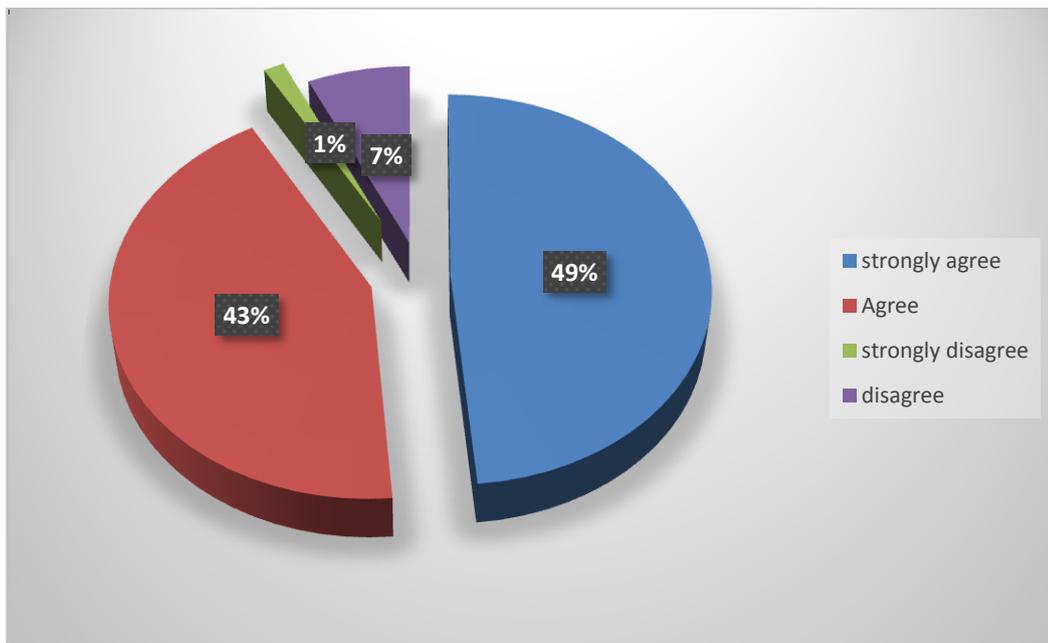
The above shows is the respondents believe that gender equality among students can be achieved through teaching sex education school. Here 48.6% of the respondent strongly agree that gender equality among students can be achieved through teaching sex education in school. 43.1% of the respondent agree that gender equality among students can be achieved through teaching sex education in school, 1.4% of the respondent strongly disagree that gender equality among students can be achieved through teaching sex education in school, 6.9% of the respondent disagree that gender equality among students can be achieved through teaching sex education in school. From this we can see that vast majority of the respondent strongly believe that gender equality among students can be achieved through sex education in school.

4.2.23 SEX EDUCATION SHOULD BE DISCUSSED BY

FIGURE 23
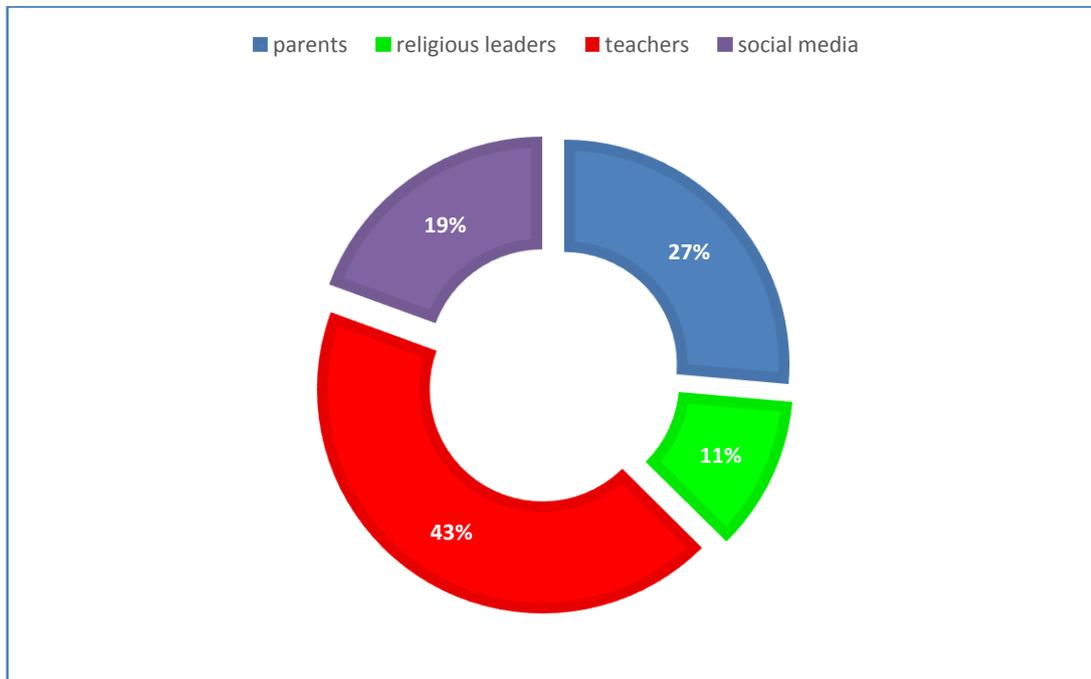
The diagram shows respondents opinion about who should discuss sex education with the students. Here 27% of the respondents responded that sex education should be discussed by the parents. 11% of the respondents responded that it should be discussed by religious leaders, 43% of the respondents responded that it should be discussed by the teachers and the remaining 19% has an opinion that social media should discuss sex education with students.

4.2.24 SEX EDUCATION ENCOURAGES PEOPLE TO HAVE SEX

FIGURE 24
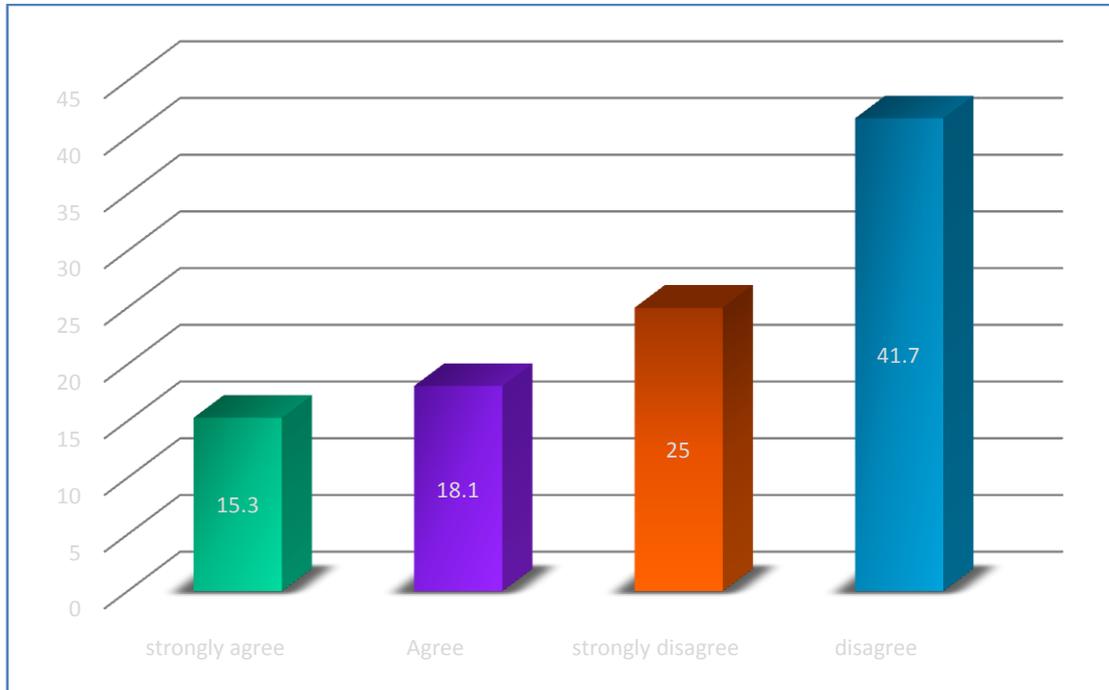
The above diagram shows the respondents has an opinion that sex education encourages people to have sex, from that 15.3% of the respondents strongly agree that sex education encourages people to have sex. 18.1% of the respondents agree that sex education encourages people to have sex. While 25% strongly disagree with the statement that sex education encourages people to have sex, and the remaining 41.7% disagree that sex education encourages people to have sex.

From this we can understand that majority of the people has a negative attitude towards the statement that sex education encourages people to have sex.

4.2.25 SEX EDUCATION WILL HELP FOR POSITIVE HEALTH

FIGURE 25
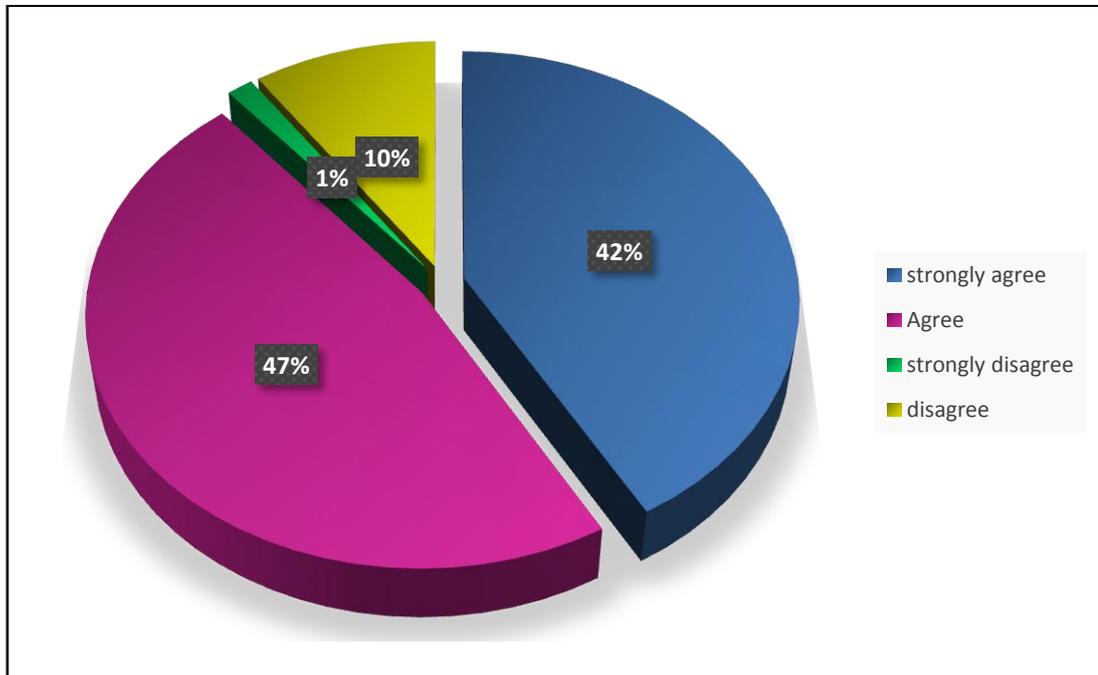
This shows is the respondents believe that sex education will help for positive health. Here we can see 42% strongly agree that sex education will help for positive health while 47% agree that sex education will help for positive health, 1% of the respondents strongly disagree that Sex education will help for positive health and the remaining 10% disagree that Sex education will help for positive health.

Here vast majority of the respondents believe that Sex education will help for positive health.

4.2.26 READ NEWS RELATED TO SEX EDUCATION

FIGURE 26
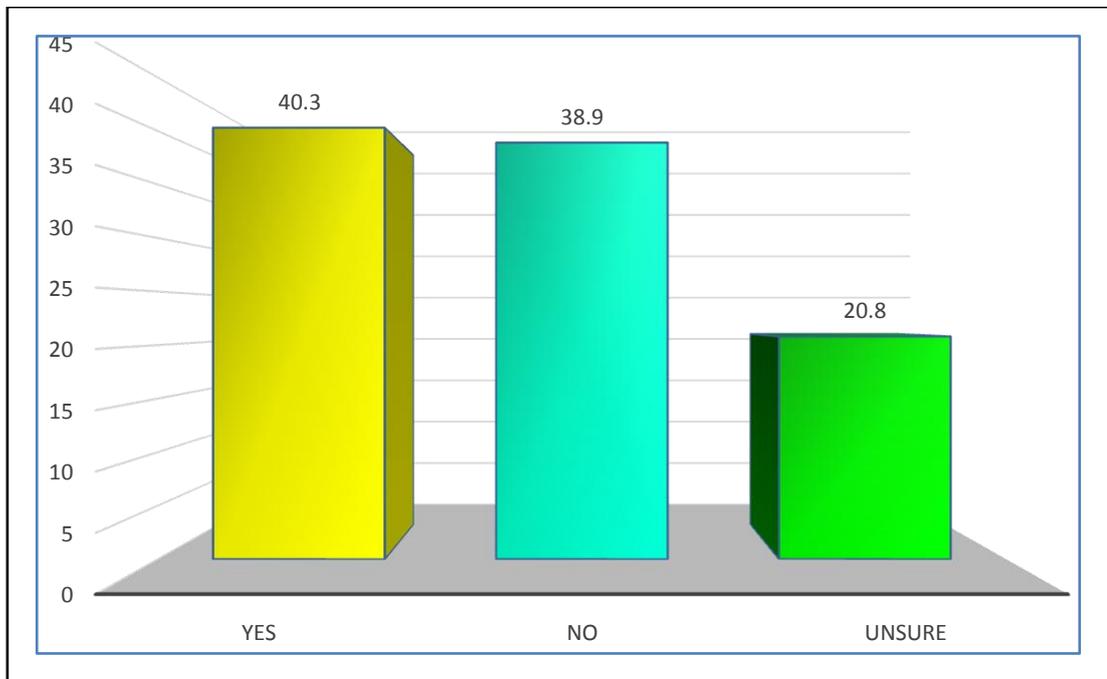
Above diagram shows whether the respondents read any news related to sex education, from that 40.3% respondents read news related to sex education, while 38.9% did not read any news related to sex education and remaining 20.8% were unsure whether any news read related to sex education.

From this we can understand that half of the respondents did not read any news related to sex education.

4.2.27 DISCUSSION OF SEX RELATED MATTERS WITH FRIENDS

FIGURE 27
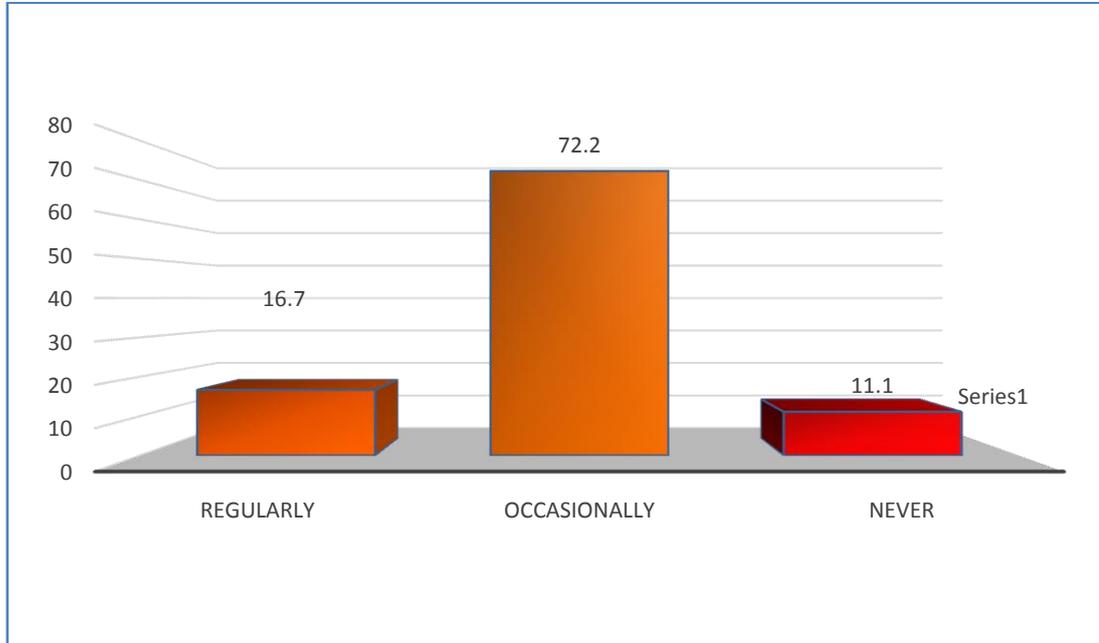
This diagram depicts whether respondents discussed sex related matters with friends from that 16.7% were regularly discussed sex related matters with friends, 72.2% discussed sex related matters occasionally with friends, and remaining 11.1% never discussed sex related matters with friends.

From that we can understand that majority of the respondents occasionally discussed sex related matters with friends.

## 4.2.28 REJECTIONS FROM THE PART OF TEACHERS TO PROVIDE INFORMATION ON SEX EDUCATION

FIGURE 28
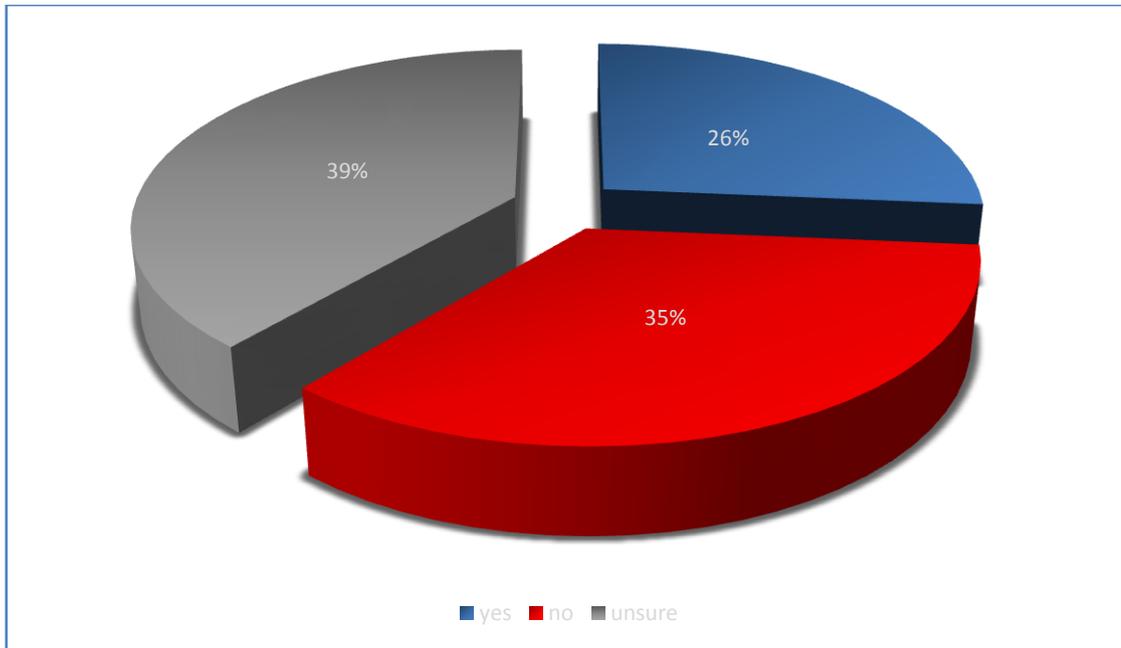
The above diagram represents if the respondents felt any rejections from the part of teachers to provide the information about sex education. From the figure we can see that 26% of the respondents faced rejections from the teachers to provide information on sex education, while 35% did not face any rejections, and the remaining 39% were unsure that they were faced any rejections to provide information on sex education.

From this we can understand only half of the respondents can surely agree that they were not faced any rejections from teachers to provide information on sex education.

4.2.29 AWARENESS CLASSES BASED ON SEX EDUCATION

FIGURE 29
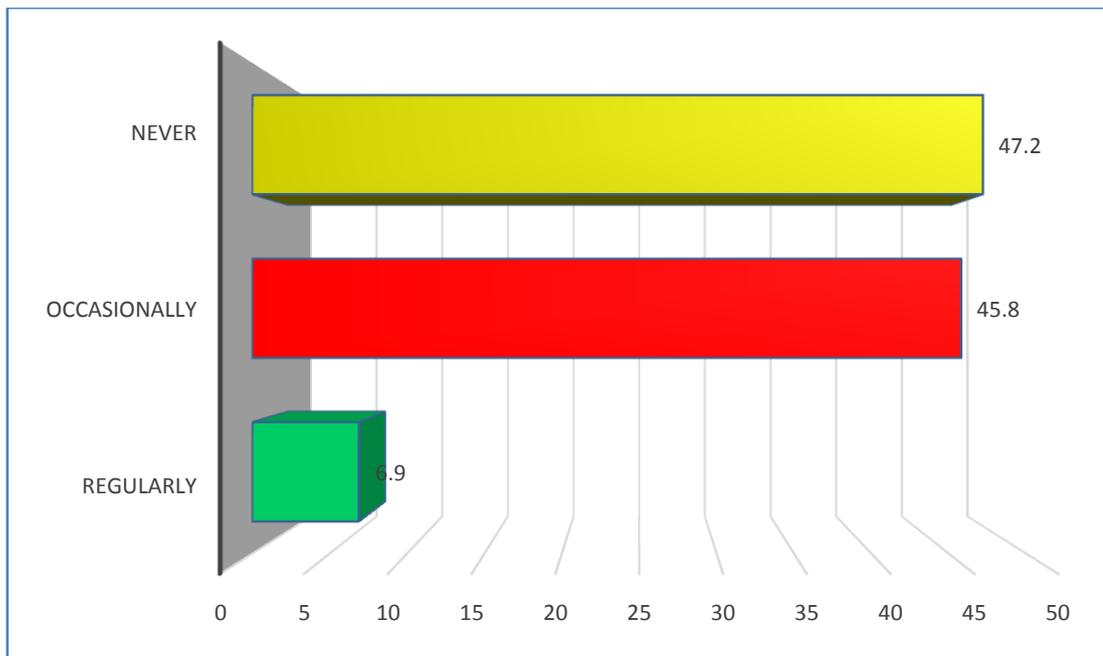
The above figure shows whether the respondents attended any awareness classes based on sex education. From this we can see that 6.9% of the respondents attended regularly awareness classes based on sex education while 45.8% of the respondents occasionally attended the awareness classes, and the remaining 47.2% respondents didn't attended awareness classes from this we can understand that majority of the respondents did not get any awareness classes on sex education.

4.2.30 DISCUSSION ABOUT SEX RELATED DOUBTS

FIGURE 30
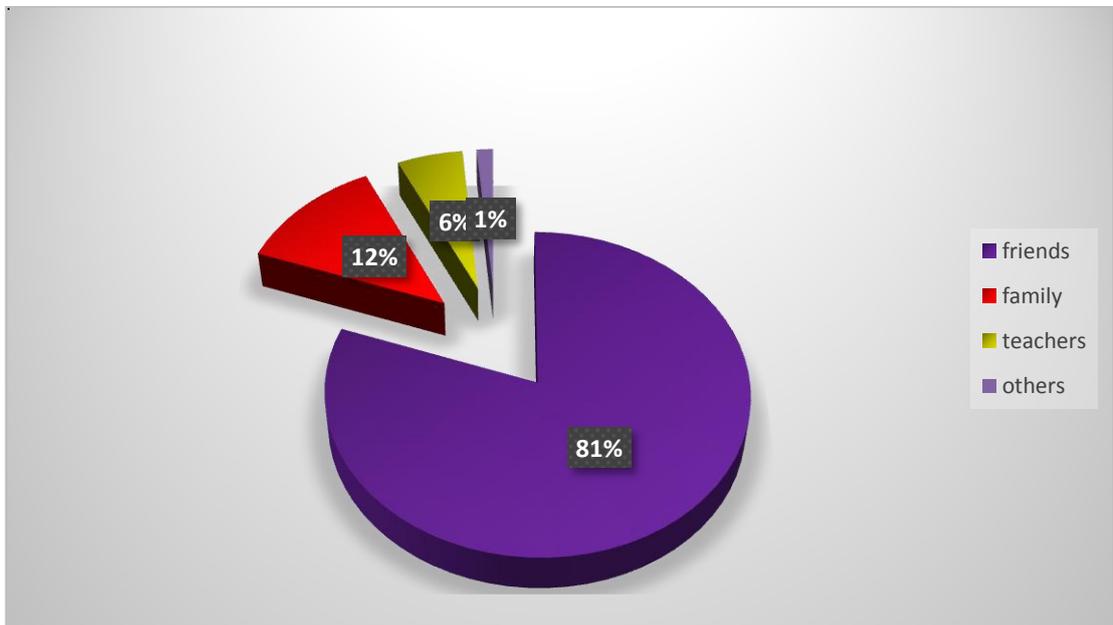
This figure shows to whom the respondents discussing sex related doubts mostly. From the collected data we can see that 81% of the respondents depend their friends to clear the doubts. 12% of the respondents cleared their doubts from family members. 6% of the respondents approached teachers to clear the doubts and the remaining 1% of the respondents depend others to clear the doubt.

4.2.31 SEX EDUCATION FROM RELIGIOUS STUDIES

FIGURE 31
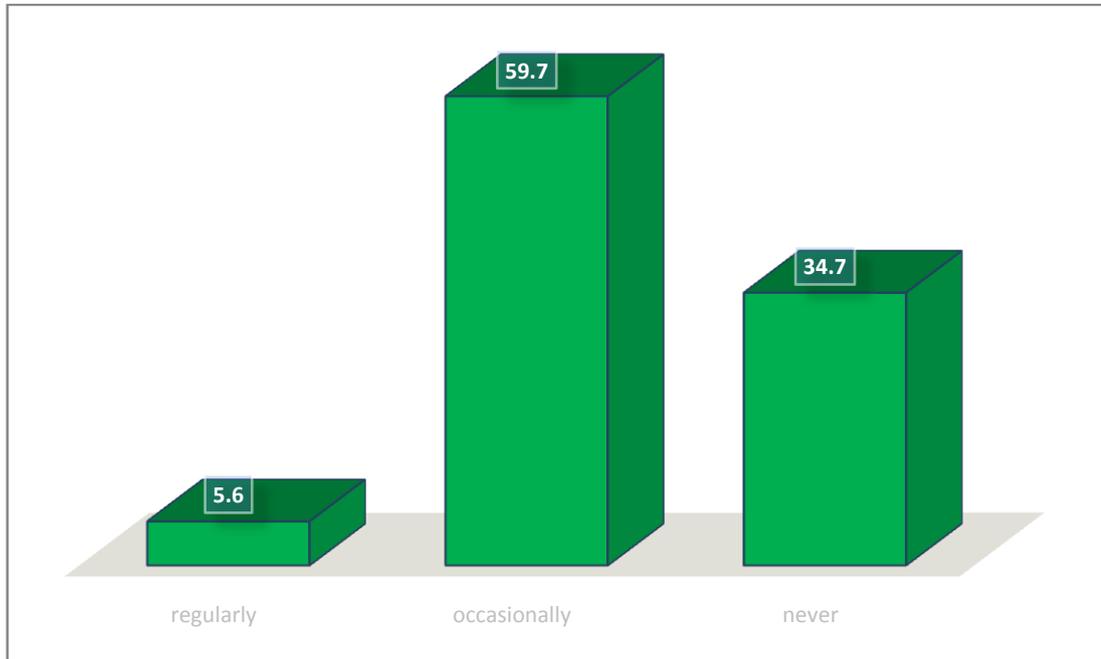
This figure shows if the respondents acquired sex education from religious studies. From this we can identify that 5.6% of the respondents regularly acquired sex education from religious studies. 59.7% of the respondents occasionally acquired sex education from religious studies and the remaining 34.7% of the respondents did not acquired sex education from religious studies. From this we can understand that more than half of the respondents occasionally acquired sex education from religious studies.

4.2.32 MOVIES ARE THE MAJOR SOURCE OF SEX EDUCATION

FIGURE 32
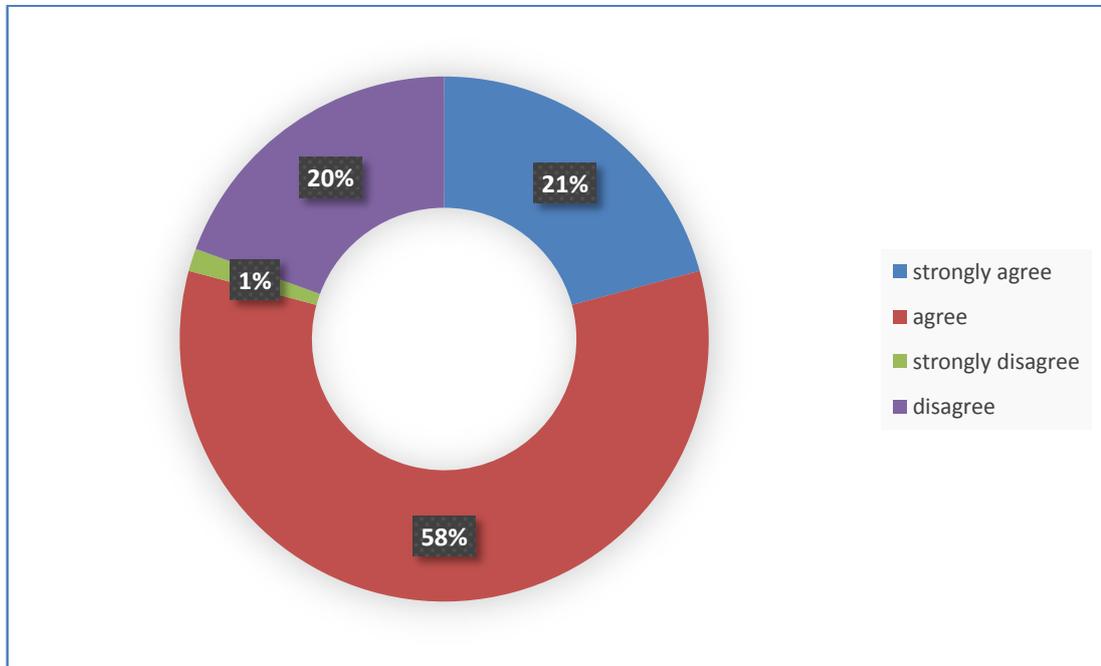
The above diagram shows whether movies are one of the major sources of sex education among students. From this we can identify that 20% of the respondents strongly agree that movies are one of the major sources of sex education among students.58% of the respondents agreed that movies are one of the major sources of sex education. 1% of the respondents strongly disagree that movies are one of the major sources of se education, and the remaining 19% of the respondents disagree that movies are one of the major sources of sex education among students. From this we can understand that more than majority of the respondents depends on movies for sex education.

4.2.33 SOCIAL MEDIA ARE THE ONE OF MAJOR SOURCE OF SEX EDUCATION

FIGURE 33
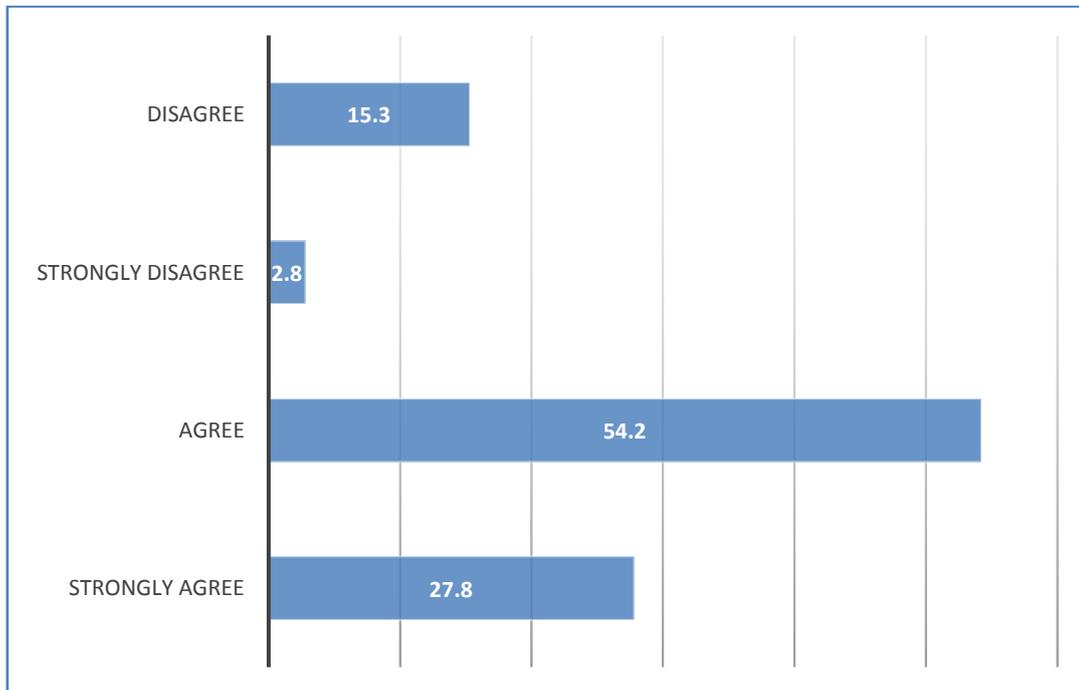
The above diagram shows whether social media is one of the major source of sex education among students. From this we can see that 27.8% of the respondents strongly agree that social media are one of the major sources on acquiring sex education among students. 54.2% of the respondents agree that social media are one of the major sources on acquiring sex education. 2.8% of the respondents strongly disagree that social media are one of the major sources on acquiring sex education and the remaining 15.3% disagree that social media are one of the major sources on acquiring sex education. From this we got an idea that social media plays an important role for acquiring knowledge on sex education.

4.2.34 NOVELS/MAGAZINES ARE ONE OF THE MAJOR SOURCES OF SEX EDUCATION

FIGURE 34
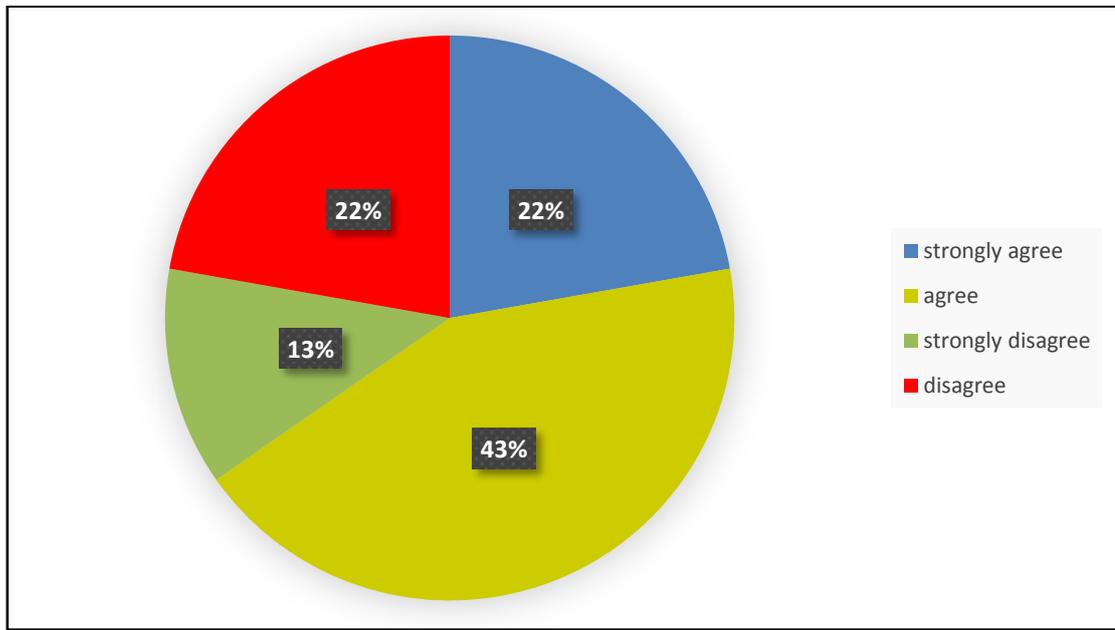
The above diagram shows whether the novels and magazines are one of the major sources of sex education among students. Here 22% of the respondents strongly agree that novels/magazines are one of the major sources of sex education. 43% of the respondents agree that novels/magazines are one of the major sources of sex education, 13% of the respondents strongly disagree that novels/magazines are one of the major sources of sex education. 22% disaagree that novels/magazines are one of the major sources of sex education. From this we can see that most of the respondents depend novels/magazines for aquring knowledge on sex education.

4.2.35 SEX EDUCATION FROM RELIGIOUS LEADERS IS MOSTLY BASED ON THAT PARTICULAR RELIGION

FIGURE 35
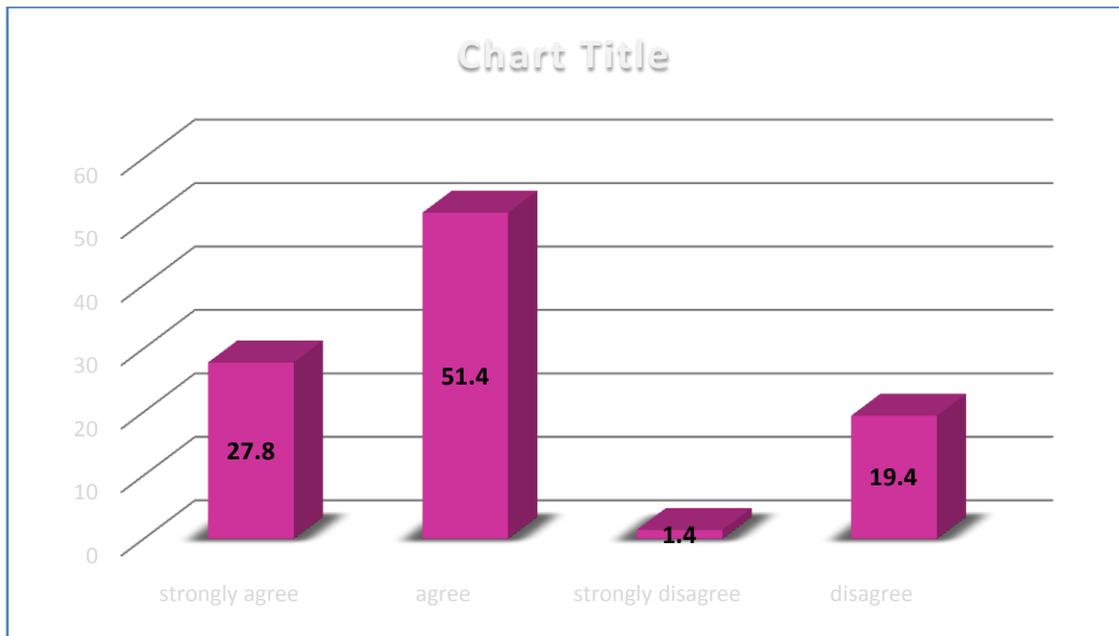
This diagram shows whether sex education acquired from religious leaders is based mostly on that particular religion. Here 27.8% of the respondents strongly agree that sex education from religious studies is mostly based on that particular religion, 51.4% agree that that sex education from religious studies is mostly based on that particular religion, 1.4% of the respondents strongly disagree that that sex education from religious studies is mostly based on that particular religion, 19.4% of the respondents disagree that that sex education from religious studies is mostly based on that particular religion. From this we can identify that sex education from religious leaders is mostly based on that particular religion.

4.2.36 EFFECTIVENESS OF PEER GROUP DISCUSSIONS ON SEX RELATED MATTERS

FIGURE 36
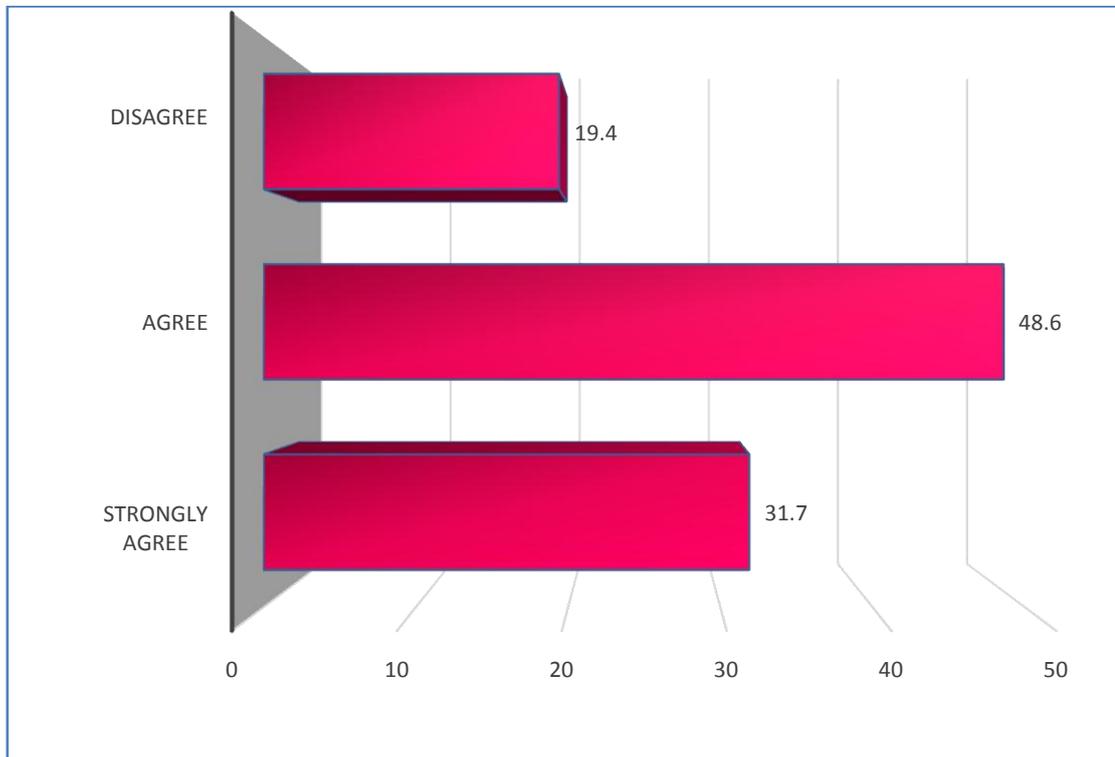
The above bar diagram shows whether the peer group discussions about sex related matters are more effective than others. Here 31.7% of the respondents strongly agree that peer group discussions about sex related matters are more effective than others. 48.6% of the respondents agree that peer group discussions about sex related matters are more effective than others. 19.4% of the respondents disagree that peer group discussions about sex related matters are more effective than others. From this we can understand that majority of the respondents responded that peer group discussions about sex related matters are more effective than others.

4.3 CONCLUSION

The analysis of research work is a vital step in advancing knowledge and improving the quality of research in various fields. The chapter dealt with analysis and interpretation, which is the major part of the research study. The data collected from 60 samples of respondents are analysed and interpreted using figures.

CHAPTER V

FINDINGS & SUGGESTIONS

CHAPTER 5

FINDINGS & SUGGESTIONS

INTRODUCTION

This chapter deals with the findings and suggestions of the study based on the importance of sex education among higher secondary students. findings are formulated on the basis of analyzing and interpreting the collected data. The major findings of the study are below.

5.1 MAJOR FINDINGS

The major findings will depict under each objective -

Objective 1: To assess the socio demographic details of the respondents

- ➢ Majority of the respondents are females and the remaining of respondents are male.

Objective 2: To determine the knowledge of sex education among higher secondary students

- ➢ The study shows that more than majority of the respondents heard about sex education.
- ➢ More than majority of the respondents have an opinion that they have received adequate information about good touch, bad touch, menstruation etc from family members.
- ➢ Few of the respondents were not aware of POCSO ACT.
- ➢ More than majority of the respondents were aware of Childline.
- ➢ A large number of respondents agreed have not got education classes regarding sex education.
- ➢ More than majority respondents disagreed that they have sex related topics in their syllabus.
- ➢ Less than majority of the respondents were capable to recognize abusive persons and situations.
- ➢ More than majority of the respondents were heard about precaution methods and remaining few were not heard about precaution method.

Objective 3: To assess the attitude of sex education among higher secondary students

➢ More than majority of the respondents agreed that sex education is important for the students.

➢ More than majority of the respondents disagreed that discussions/talks about menstruation must be conducted only for girls.

➢ Majority of the respondents agreed that sex education will help for the right way to approach opposite sex.

➢ A few percentages of the respondents believe that sex education diverts the mind set of children from studies.

➢ Majority of the respondents will accept all type of people in the society.

➢ A few numbers of respondents responded sex education should be provided separately for boys and girls.

➢ The study reveals that majority of the respondents have an opinion that gender equality can be achieved through teaching sex education in school.

➢ Less than majority of the respondents have arrived in an opinion that sex education should be discussed by teachers.

Objective 4: To identify the sources of sex education among higher secondary students

➢ Less than half of the respondents have an opinion that sex education should be discussed by parents.

➢ Few numbers of respondents arrived in an opinion that sex education should be discussed by religious leaders.

➢ Majority of the respondents disagree that sex education encourages people to have sex.

➢ More than majority of the respondents believes that sex education will help for positive health.

➢ More than majority of the respondents occasionally discuss sex related matters with friends.

➢ Majority of the respondents depends on friends to discuss sex related doubts and only few of them depends family members to discuss sex related doubt.

- Majority of the respondents acquired sex education from religious studies.
- More than majority of the respondents depend social media as a major source of sex education and a few of them disagreed with that.
- More than majority of the respondents believe novels/magazines are one of the major sources of sex education.
- More than majority of the respondents believes that sex education from religious studies is completely based on that particular religion.
- Peer group discussion about sex related matters are more effective than others.

5.2 IMPLICATION OF THE STUDY

SOCIAL WORK IMPLICATIONS

- ✓ Awareness program and classes for students from childhood.
- ✓ Regular sensitization program with various issues.
- ✓ Imparting the importance of menstrual management and practice.
- ✓ Conducting school wise workshops.
- ✓ Creating awareness among parents about their responsibility in giving sex education at home.

5.3 LIMITATIONS

- No gender comparison
- Poor sampling size.
- The study is only focused on Iritty block hence the result cannot be generalized.

5.4 SUGGESTIONS

- Initially parents should provide proper information about good touch, bad touch, menstruation etc.
- Parents should interact friendly with their children so that the children can clear sex related doubts with family members.
- Teachers should ensure that the students are well aware of POCSO ACT and Childline.

➢ Teachers should personally interact with the students to understand their concerns regarded with their age, gender etc.

➢ Sex education should be included in the syllabus appropriate to the age of the children.

➢ Trained teachers would be needed to deal with this kind of delicate topic.

➢ Try to ensure that the sex education from religious studies is not based on particular religion.

➢ Organize awareness classes and programs on sex education of teenagers with reference to different age group.

➢ Teachers should teach the students about the areas to be included in sex education.

5.5 CONCLUSION

From the study researcher was able to understand the importance of sex education among higher secondary students. from the study, the researcher identify that the peer group plays an important role in creating awareness related to sex education. There are also some misconceptions, stigma and myths related to sex education. The study also helped to find out the influence of family members, teachers and religious studies for sex education.

In conclusion the overall study helped for the need of sex education among higher secondary students. The study conducted was based on importance of sex education among higher secondary students in Iritty block there are mainly four objectives comes under the research. The objective of the study is to understand the socio demographic of respondents, to identify the knowledge of respondents regarding sex education, to assess the attitude of respondents regarding sex education, to identify the source of information regarding sex education.

From this the researcher end by some of the major findings through data analysis and interpretation. From this the findings are categorized with objectives. The major findings under first objective is that most of the respondents are female comes under the age of 17. The major findings come under second objective is that majority of the respondents are a well-known knowledge about sex education. The other findings come under third objective that is the attitude of students regarding sex education is that they believe sex education is important in schools. The last findings come under fourth objective that is source of information regarding sex

education is that most of the respondents got information from social media and they occasionally discuss sex related matters with friends. From this we can understand that peer group has a great influence in providing sex education and there is a need for change so that the teachers and parents should interact with the students and children in a very friendly manner so that they can discuss sex related matters with them.

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APPENDIX

Socio demographic details of respondents

1) Name :
2) Age :
3) Gender :

    Male ☐   Female ☐   Others ☐

4) Religion :
5) Class :
6) School :
7) Place :

Knowledge of respondents towards sex education

8) Have you heard about sex education?

    Yes ☐   No ☐   Unsure ☐

9) Are you aware about the difference with sex and gender?

    Yes ☐   No ☐   Unsure ☐

10) "I got the information about menstruation, good touch and

    bad touch, body changes etc from family members".

    Strongly agree ☐

    Agree ☐

    Strongly disagree ☐

    Disagree ☐

11) Are you aware about POCSO ACT?

    Yes ☐   No ☐   Unsure ☐

12) Are you aware about Child line?

    Yes ☐   No ☐   Unsure ☐

13) Do you get any educational classes regarding sex

    education?

    Yes ☐   No ☐   Unsure ☐

14) Do you know what are the area to be covered under sex

 education?

  Yes [ ]   No [ ]   Unsure [ ]

15) "I agree that I have received adequate information about

 sex education"

  Strongly agree   [ ]

  Agree   [ ]

  Strongly disagree   [ ]

  Disagree   [ ]

16) Do you have sex educational topic in your syllabus?

  Yes [ ]   No [ ]   Unsure [ ]

17) Are you in a better position to recognise abusive persons

 and situations?

  Yes [ ]   No [ ]   Unsure [ ]

18) Have you heard about any precaution methods?

  Yes [ ]   No [ ]   Unsure   [ ]

Attitude of respondents towards sex education

 19) I agree with the opinion that sex education is important

  for the students?

  Strongly agree   [ ]

  Agree   [ ]

  Strongly disagree   [ ]

  Disagree   [ ]

 20) Do you believe that discussion/talks about menstruation

  must be conducted only for girls?

  Yes [ ]   No [ ]   Unsure   [ ]

21) Right way to approach opposite sex among students can

be achieved through sex education.

Strongly agree ☐

Agree ☐

Strongly disagree ☐

Disagree ☐

22) Do you have an opinion that providing sex education

diverts students mind set from studies?

Yes ☐   No ☐   Unsure ☐

23) "I accept all types of people in the society".

Strongly agree ☐

Agree ☐

Strongly disagree ☐

Disagree ☐

24) Do you know about LGBTQ+ community?

Yes ☐   No ☐   Unsure ☐

25) Sex education is not against our culture.

Strongly agree ☐

Agree ☐

Strongly disagree ☐

Disagree ☐

26) For the implementation of gender equality among

students, inclusion of sex education in schools is a must.

Strongly agree ☐

Agree ☐

Strongly disagree ☐

Disagree ☐

27) In your opinion who should discuss sex education with

students?

Parents ☐

Religious leaders ☐

Teachers ☐

Social media ☐

28) Education about sex encourages people to have sex.

Strongly agree ☐

Agree ☐

Strongly disagree ☐

Disagree ☐

29) Sex education will help for positive health.

Strongly agree ☐

Agree ☐

Strongly disagree ☐

Disagree ☐

Source of information about sex education

30) Have you read any news related to sex education?

Yes ☐   No ☐   Unsure ☐

31) Are you ever discussed sex related matters with friends?

Regularly ☐   Occasionally ☐   Never ☐

32) Is there any rejections from the part of teachers to provide

information on sex education?

Yes ☐   No ☐   Unsure ☐

33) Does your school organise any awareness classes based

on sex education?

Regularly ☐   Occasionally ☐   Never ☐

34) To whom you discuss sex related doubts mostly?

Friends ☐   Family ☐   Teachers ☐   Others ☐

35) Do you get any class on sex education from your religious

Studies?

Regularly ☐   Occasionally ☐   Never ☐

36) Do you agree that movies are one of the major sources of

sex education among students?

Strongly agree ☐

Agree ☐

Strongly disagree ☐

Disagree ☐

37) Do you agree that social media is one of the major source on acquiring knowledge on sex education among students?

Strongly agree ☐

Agree ☐

Strongly disagree ☐

Disagree ☐

38) Do you agree that novels/magazines was the major source

of information about sex education in earlier times?

Strongly agree ☐

Agree ☐

Strongly disagree ☐

Disagree ☐

39) Do you agree that information regarding sex education from religious leaders is mostly based on that particular religion?

Strongly agree ☐

Agree ☐

Strongly disagree ☐

Disagree ☐

40) Peer group discussions about sex related matters are more effective than the others.

Strongly agree ☐

Agree ☐

Strongly disagree ☐

Disagree ☐

MENARCHE OF ADOLESCENT GIRLS: A QUALITATIVE STUDY

VIRTUE & EXCELLENCE

DON BOSCO ARTS & SCIENCE COLLEGE

ANGADIKADAVU

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ANGADIKADAVU, IRITTY
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2021-2023

MENARCHE OF ADOLESCENT GIRLS: A QUALITATIVE STUDY

DISSERTATION SUBMITTED TO THE KANNUR UNIVERSITY IN PARTIAL FULFILLMENT OF THE REQUIREMENTFOR THE AWARD OF THE DEGREE OF MASTER OF SOCIAL WORK

BY

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MAY 2023

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CERTIFICATE

This is to certify that the dissertation entitled, **MENARCHE OF ADOLESCENT GIRLS: A QUALITATIVE STUDY**, submitted by **Linate Mathai,** in partial fulfillment of the requirement for the award of the degree of **Master of Social Work**, is a bonafide record of work done under the guidance and supervision of **Harikrishnan U., Ph.D.** during the period of her study (2021-2023) in the Department of Social Work, Don Bosco Arts and Science College, Angadikadavu, Kannur, affiliated to The Kannur University.

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CERTIFICATE

This is to certify that the dissertation entitled, **MENARCHE OF ADOLESCENT GIRLS: A QUALITATIVE STUDY**, submitted by **Linate Mathai**, in partial fulfilment of the requirement for the award of the degree of Master of Social work, is a bona fide record of work done under my guidance and supervision during the period of her study (2021-2023) in the Department of Social Work, Don Bosco Arts and Science College, Angadikadavu, Kannur, affiliated to The Kannur University.

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DECLARATION

I, Linate Mathai, the undersigned, hereby declare that the dissertation entitled, **Menarche of Adolescent Girls: A Qualitative Study**, submitted to the Kannur University in partial fulfillment of the requirement for the award of the degree of master of social work, is a bonafide work done by me under the guidance of **Harikrishnan U., Ph.D.** Assistant Professor, Department of Social Work, Don Bosco Arts and Science College Angadikadavu. This work has not been placed by anybody in the university for the Award of any degree or diploma.

ANGADIKADAVU   **LINATE MATHAI**

May 2023

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LINATE MATHAI

ABSTRACT

INTRODUCTION

The purpose of this study is to emphasize the adolescent girls and their mother's perception of menarche. Two sets of data were analyzed: one set of information was gathered from adolescent girls within the age of 13-15 years and the second set of data was gathered from the mothers of these adolescent girls. The objective of the current study is to assess the socio demographic details of adolescent girls and their mothers, to understand the perspective of adolescent girls menarche and to understand the mothers perspective of menarche.

METHODOLOGY

A phenomenological research design was carried out in the current study. The study was conducted among the adolescent girls age group of 13 to 15 living in Peravoor of Kannur district. Saturation method was used for collection the samples for the current study. Key informal interview perspectives were included in the major findings. The tools for data collection were socio- demographic profile, questionnaire related to the topic and interview guide. The method of the data collection was done through various steps like approval, tool construction, consent form and interview. The findings of the current study were analysis through SPSS and transcript process for thematic analysis.

RESULTS

SOCIO-DEMOGRAPHIC DETAILS

A total 23 adolescent girls and their mothers were participated in the current study. The mean age of adolescent girls was 14.17 and standard deviation was 0.717. The mean age of the mothers of adolescent girls was 42.43 and the standard deviation was 9.67. The socio economic status of the family belongs to lower middle.

ADOLSCENT GIRLS PERSPECTIVE OF MENARCHE

The result of adolescent girl's perspective on menarche shows that adolescent girls faced so many restrictions in their menarche. They got knowledge about the menarche and its practice from their surroundings. Adolescent girls experienced mental and physical distress and also faced huge restrictions during their menarche.

MOTHERS PERSPECTIVE OF MENARCHE

Mother's perspective of menarche express that now a day's their daughters facing so many restrictions during their menarche and child's also faced physical and mental distress.

CONCLUSION

Through analyzing these themes and subthemes through the adolescent girls have a good support system and acceptance in their menarche they suffer with psychological issues, they have miserable experiences related to menstruation and they face restrictions during their menarche. They follow a good hygiene practice and having good knowledge about menarche.

KEY WORDS: adolescent girls, menarche, qualitative study.

CONTENTS

LIST OF TABLES

LIST OF FIGURES

LIST OF ABBREVIATIONS

BV   Bacterial Vaginosis

JMP   Joint Medical Program

MHM   Menstrual Hygiene Management

PID   Pelvic inflammatory Disease

PMS   Pre- Menstrual Syndrome

RTI   Reproductive Tract Infection

STD   Sexually Transmitted Disease

UTI   Urinary Inflammatory Disease

CHAPTER I

INTRODUCTION

CHAPTER I

INTRODUCTION

The term "adolescence" is drawn from the Latin verb 'adolescence', which means, "to grow up." Adolescence is the transitional stage of development between childhood and adulthood. Maximum physical growth and development occurs during this stage of life. Though the progress of the nation largely depends on adolescents, due to gender inequality girls receive comparatively less attention with respect to nutritional status and reproductive health. All these factors add up to the physical and mental challenges faced by adolescent girls. Girls are not conscious of their increased nutritional wants and due to which they are caught in the cycle of malnutrition. The poor nutritional status will result in obstetric risks during child bearing days and put their babies at risks. This way the viscous cycle continues and affects the growth of the nation because the health of the women and education are closely interrelated. The World Health Organization (WHO) defines an adolescent as any person between ages 10 and 19.

According to the **World Health Organization**, "Health" is "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity." For women, menstrual health is an integral part of overall health because, between menarche and menopause, most women menstruate and menstruation can have a significant impact on the physical, mental, and social well-being. Normal menstruation is currently defined as cyclic bleeding that occurs from the uterine corpus between menarche and menopause. It can be described in terms of 4 simple domains: how frequently the woman has episodes of bleeding, the regularity or predictability of these episodes, the duration of bleeding episodes, and the volume or heaviness of bleeding. Not all women experience "normal" menstrual bleeding; up to 30% of women will experience alterations in the volume or pattern of menstrual blood flow, which is defined as the symptom of abnormal uterine bleeding (AUB), which in turn can be caused by multiple etiologies and sometimes more than 1 etiology at the same time. In addition, many women will have other symptoms such as pain, dysmenorrhea, anxiety, depression, and fatigue associated with their menstrual cycle that require attention for them to achieve early diagnosis of reproductive health issues such as endometriosis, premenstrual syndrome, and premenstrual dysphoric disorder and attain optimal health.

MENARCHE RITUALS IN EARLY SOCIETIES

The earliest cultures were gathering-hunting traditions, which were and remain egalitarian in all aspects including gender. In these cultures, women were equated with the Earth aspect of the female-male primary complementary divine couple, Sky-Earth, from whom all life came. Menstrual flowing was equated with springs and streams, the flowing of Earth, and the menstrual cycle was equated with the female aspect of the complementary divine couple of male Sun-female Moon, as the two cycles tend to be the same. Thus menarche brought the girl becoming woman not only to her physical reproductive power but to her spiritual power, making her equivalent to Earth and Moon.

In caves throughout the world, one finds images of the vulva engraved or painted on the walls from tens of thousands of years ago to the present. In Iowa there are vagina-shaped caves, by streams near old village sites, whose walls are inscribed over and over again with the symbol for the vulva, which in some contemporary Anshinaabe traditions in the Great Lakes region, is also the symbol for Earth. Less than a century ago, young women sequestered themselves in these caves during menarche, fasting to attain guardian spirits, and bonding themselves with Earth. As they sat on the earthen floor, their menstrual flow merged with Earth as they heard her flowing water nearby. To commemorate their newly gained spiritual power, these young women inscribed the vagina/earth sign on the cave wall. More commonly, they sequestered themselves in a small wigwam or teepee for the same purpose.

MENARCHE AND WOMEN AS POWERFUL BEINGS

This separation from community tends to be completely misunderstood by misogynous cultures. Modern European and North American scholars assume that other traditions have the same hatred for the female body as their own and usually interpret menstrual seclusion as a way to avoid the polluting nature of females, particularly during menstruation. This understanding has led to theories of pollution and purity. The actuality is the opposite.

Before the spread of Christian misogyny, women's bodies were thought to be spiritually powerful. This power increased during menstruation, when the life-force of the body,

blood, flowed from the center of her reproductive/ spiritual power. At this time women were so powerful that their power would overwhelm male power, which would be deleterious to both men and women. Thus women removed themselves from contact with males. As a practical consideration, if the pheromones produced by women during menstruation were to adhere to men or their hunting weapons, they could be smelled at a distance by animals and the hunt would be unsuccessful, thus reducing the available food for the entire community.

During the ceremony, the young woman becomes temporarily divine; she is the Earth Mother herself and can heal those around her. The ceremony is the major ritual of these cultures, serving as a means for continuing tradition and for the community to reaffirm its solidarity in the presence of the sacred. For those women who undergo the arduous ritual, it remains the most important and empowering ritual of their lives.

EFFECTS OF RITUAL CELEBRATION OF MENARCHE

Celebrating menarche enhances social approbation by the community and engenders a strong sense of self-worth for the initiate. In addition the ritual also has positive effects on the body decades after the ceremony takes place. A 1999 study by Clo Mingo found that few Navajo women who had the puberty ceremony experienced menopausal problems, even if they did not continue traditional spiritual practices or had undergone hysterectomy. In contrast those Navajo women who did not have the ceremony had the same physiological problems with menopause as most women in the United States. Thus where menarche is celebrated, the effects of the ritual lasts a lifetime. The ceremony ensures a positive self-understanding physically, spiritually, socially, and mentally that is empowering and timeless.

Menarche, the first menstrual period is the most unforgettable and significant moment for girls. It is a meaningful and real event which marks puberty. The transition of childhood to sexual maturity can be full of anxiety, fear for the early adolescent. The commencement of menstruation is frequently met with a variety of responses. Feelings of nervousness have been associated with menarche in several studies. Varied feelings, such as being "excited but scared" and "happy and embarrassed," are common. The age of menarche at which females start their periods, had been reported to be decreasing

over the years. The goal of this project was to study the effect of Menarche among adolescent girls of Peravoor in Kannur district.

1.2 STATEMENT OF THE PROBLEM

The purpose of this research was to study the effect of Menarche among adolescent girls of Peravoor. The intention of this study was to analyze the physical and psychological effect of menarche among adolescent girls and study their social life. From the perspective of menstruation as a curse, menstrual huts are seen as evidence that women in these societies are considered to be dangerous and untouchable during menstruation. In primitive times menstrual blood was considered highly powerful and potent. In many rituals menstrual blood was used especially for making magic potions. The main aim of this research is to identify whether the adolescent girls have enough knowledge to maintain their menstrual hygiene practices and also their daily activities, if they are faced any restrictions on menarche and what are the socio cultural barriers and how the belief system affecting adolescent girls menarche. Proper knowledge is really required to maintain their hygiene practices and also physical and mental support is really essential for adolescent girls while on their menarche.

1.3 TITLE OF THE STUDY

"Menarche of adolescent girls: A qualitative study".

1.4 OBJECTIVES

1.4.1 GENERAL OBJECTIVES

The current study aims to understand the adolescent girls and mothers perspective of menarche in Peravoor in Kannur District.

1.4.2 SPECIFIC OBJECTIVES

- To assess the socio demographic details of adolescent girls and their mother.
- To understand the perspective of adolescent girls of menarche
- To understand the perspective of the mothers of adolescent girls of menarche

1.5 SIGNIFICANCE OF THE STUDY

Adolescence is considered as an exclusive phase of human development. Among adolescent girls menarche is an important landmark in the process of growth and maturation. The beginning of puberty has been observed as an absolute marker for entry into adolescence, and thus has established a great consideration in research. In general, timing of first menstruation (menarche) has been the subject of research in this area. Early onset of menarche in girls has been considered as a stressful experience and therefore it is relating to deficits in their functioning. It was found from many studies that early matures are more likely to have social and emotional instability such as depression ,anxiety, fear, anger and experience more extreme conflict with parents than do their peers. Age at menarche is also an important indicator for certain diseases. Early age at menarche has been reported to be linked with several health difficulties including higher risk of obesity, cardiovascular disease, breast cancer, ischemic heart diseases, type-2 diabetes and uterine fibroid. Early menarche has also been found to be associated with behavioral problems such as depression, anxiety symptoms, premature intercourse and intense behavior. Early menarcheal age causes precocious shutdown of the plates. Girls undergoing late menarche have a longer final adult height when compared to early menarche group. Girls of 9, 10 or 11 years old are not emotionally or psychologically stable to handle menarche.

1.5 CONCLUSION

The onset of menarche is influenced by socioeconomic and environmental factors. Place of living, family type, BMI, food habits, physical activity, nutrient intake all have been shown to influence menarcheal age; Moreover, endocrine-disruptor chemicals result on puberty timing alteration. Menarcheal age has important health effects, as early menarche is related with more cardiovascular disorder, cancer, especially of the breast and other physiological and mental problems. Osteoporosis and increased fracture risk are seen in late menarching girls. Additionally, early menarche has been related to psychological problems like anxiety, depression, anger, irritability, premature intercourse and violent behavior. Studies to date describe the association between early menarche and psychosocial problems, as well as physical health problems, over the entire lifespan of women, but they do not provide a clear pathological mechanism that can explain this association.

CHAPTER II
REVIEW OF LITERATURE

CHAPTER II
REVIEW OF LITERATURE

2.1 INTRODUCTION

Adolescence is a period of transition from childhood to adulthood characterized by rapid physical, psychological, and mental development and maturity. It is also the time of rapid development of secondary sexual characteristics including the initiation of menstruation for girls. Menstruation is the physiological process of releasing blood from the uterus through the vagina as part of the menstrual cycle experienced by adolescent girls and women in reproductive age. The onset of menstruation for the first time is known as menarche, which usually occurs during early adolescence (10–14 years of age).

In addition to harmful beliefs and taboos in the community, for adolescent girls who lack knowledge and unpreparedness to menstruation, menarche will be a distressing experience of fear, anxiety, embarrassment, tension, and shame .Inability to manage menstruation with dignity in public spaces like schools intensifies these feelings and increase school absenteeism, school dropout, and poor academic performance of adolescent girls .On the other hand, good menstrual knowledge and preparation for menstruation before menarche effectively improves positive experience to menarche, attitude towards menstruation, and proper menstrual hygienic practice . This knowledge learned after menarche and their menstrual experience could affect their response leading to the overestimation of menstrual knowledge and preparedness to menstruation before menarche **(Cabanes, Ascunce, Vidal , n.d)**.

Menarche and menstruation Girls attain menarche, the first menstrual period anytime between 09 to 14 years **.** Menarche is one of the most memorable and defining moment for adolescent girls. It is a meaningful, dramatic, and concrete event which makes puberty unlike public hair growth and breast development, which are prolonged pubertal changes; menarche is unique in that, its onset is abrupt. As the most distinct event of female puberty, menarche is a sign of physical maturity and fertility (white, 2008). Menarche and menstruation is an issue that every girl and women to deal with once she enters adolescence around the age of 12, until she reaches the menopause somewhere in her 40's **(Jamadar, 2012)**.

Menarche, among Adolescence girls, signifies the adaptation to womanhood as it is associated with pubertal changes and beginning of the capacity to reproduce. This is a period of gonadal development and growth spurt. Menstrual hygiene is crucial to healthy reproductive system and in return to good physical health and wellbeing. Therefore, enhanced awareness regarding menstruation and related hygiene, right from adolescence may escalate safe practices that are helpful in alleviating the distress of millions of women. Unless these girls have period pain, or difficulties obtaining sanitary towel, they had nothing to say **(walker, 1997)**.

Mean age of menarche was 13 years with wide variations, i.e., 10–17 years. 73.1% had cycle duration of 21–35 days. More than half of them reported 5–6 days' duration of menstrual blood flow and 12% of the participants had >7 days of flow. Long blood flow duration was more prevalent in early than in late adolescence. 30.1% reported abundant blood loss. 66.8% had dysmenorrhea and no difference was observed between early and late adolescents. Menstrual cycles tend to be shorter in early adolescence period. A comprehensive school education program on menarche and menstrual problems may help girls to cope better and seek proper medical assistance **(Amiri, Bakhtiari, Begum, 2018).**

Taboo is something prohibited, forbidden or restricted, something not allowed by a culture. Taboo is a vehement prohibition of an action based on the belief that such behavior is either too scared or too accursed for ordinary individuals to undertake, under threat of supernatural punishment. Such prohibitions are enforced virtually in all societies. The Romans called a menstruating women sacra, scared and accursed **(Delaney et al, 1998)**. The meaning of these words indicate the reverence and fear primitive man associated with menstrual blood and with the unknown forces that causes the blood to flow.

Menarche is an event laden with personal, biological, and social significance. Because the timing of pubertal development varies across individuals, menarcheal age serves as an easily identifiable marker for developmental status relative to same-age peers. Research suggests that an earlier rate of physical development in girls correlates with a disturbing number of detrimental outcomes compared with on-time or later maturation. These include depression, substance abuse, eating pathology, body dissatisfaction,

externalizing behavior, risky sexual behavior, abortion, breast cancer, and obesity **(Blyth, Simmons, Zakin, 1985).**

Given this myriad of diverse, negative correlates of early menarche, it is important to investigate factors that contribute to pubertal timing. One notable effect is that menarche occurs at an earlier age among girls raised in stressful family circumstances **(Doughty & Rodgers, 2000)** have suggested an evolutionary explanation for this phenomenon. Specifically, they hypothesized that early childhood environment influences reproductive strategies that individuals adopt later in life. Unstable parental relationships during childhood subsequently lead girls to believe that resources are limited, people untrustworthy, and relationships opportunistic. Paternal investment theory, an extension of psychosocial acceleration ideas, posits that the developmental pathways presaging adult reproductive behavior are especially sensitive to the father's family role and parenting behavior **(Draper & Harpending 1982; Ellis, 2004)**.

Maturational onset seems especially sensitive to the presence of a stepfather **(Ellis, 2004)**. Step fathering predicts menarcheal age better than absence of a biological father, and a longer duration of stepfather presence correlates with earlier ages of menarche **(Ellis & Garber, 2000)**. The magnitude of this association increases as conflict between a girl's mother and stepfather increases. Interestingly, animal studies offer additional support for the step fathering menarche association: A variety of mammals including baboons, mice, deer, and lemmings demonstrate accelerated onset of menarche when unrelated adult males are introduced into a colony, a phenomenon attributed to phenomenal activity and referred to as the male effect **(Colmenares & Gomendio, 1988; Ellis, 2004).**

In fact, mother's age of menarche seems to be a better predictor of daughter's age of menarche than socioeconomic, contextual stressors such as mother's education, age at first marriage, and employment status of mother and/or current husband **(Campbell & Udry, 1995)**. Because early menarche is associated with early sexual intercourse and consequent single motherhood, it may be that mothers predisposed to raise children without a biological father in the home genetically transmit an early menarcheal age to their daughters **(Caspi, 1998; Surbey, 1990).**

During your period, you may notice red or brown blood on your underwear or in the toilet after using the bathroom. You may bleed so little that you only see a few spots before your period ends. Or, your bleeding may start light, get heavier, and then become light again before it ends.**(Caspi, 1998; Surbey, 1990).**

Early maturing adolescents with problematic peer relations experience elevated social anxiety symptoms. A recent research combined accelerated sexual maturation with negative experiences with the opposite sex, indicating that the earlier the menarche, the larger the estimated egocentric distance of virtual male voices and the more negative the evaluations of male faces. Moreover, if early maturation is combined with social factors, such as an underprivileged neighborhood, susceptibility to a violent behavior enhances. On the other hand, girls with constitutional delay in puberty and onset of menstruation feel that this delay has an impact on school, work or social status and would prefer to accelerate their growth spurt by treatment **(Delaney et al, 1998)**.

2.5 CONCLUSION

Menarche, among Adolescence girls, signifies the adaptation to womanhood as it is associated with pubertal changes and beginning of the capacity to reproduce. This is a period of gonadal development and growth spurt. Menstrual hygiene is crucial to healthy reproductive system and in return to good physical health and wellbeing. Therefore, enhanced awareness regarding menstruation and related hygiene, right from adolescence may escalate safe practices that are helpful in alleviating the distress of millions of women.

There are number of myths, misconceptions, and superstitions and cultural and/or religious taboos concerning menstrual blood and menstrual hygiene, for instance in Jewish, menstruating women and everything they touch is considered to be impure. In Hindus, menstruation is considered as dirty and restrictions during menses are linked to auspiciousness and positivity. In certain tribes of Nigeria, menstruating women must isolate themselves in menstruation huts, because they believed that menstrual blood pollutes the home. Such taboos have a major impact on mentality, lifestyle, emotional state, and most importantly and health of women.

CHAPTER III

RESEARCH METHODOLOGY

CHAPTER III

RESEARCH METHODOLOGY

3.1 INTRODUCTION

This chapter described various steps used in carrying out the research task. The research methodology is very important for the social work research. The accuracy of the research depends on the perfection of the methodology of research. A finally drawn research methodology is essential for any good research. This chapter briefly presents where the study was conducted and focus on the problem formulation, aim of the study, along with sampling methodology, methods of data collection and research design.

3.2 DEFINITION OF CONCEPTS

3.2.1 THEORETICAL DEFINITION

ADOLESCENCE

The World Health Organization defines adolescence both in terms of age (spanning the ages between 10 and 19 years) and in terms of a phase of life marked by special attributes.

These attributes include –

- Fast bodily growth and development
- Physical, social and psychological maturity
- Sexual maturity and the onset of sexual activity
- Experimentation
- Development of adult mental processes and adult identity
- Transition from total socio-economic dependence to relative independence

The beginning of puberty and maturity is a slow process and mutable among individuals. Thus it is not practical to set exact age or chronological limits in defining the adolescent period **(WHO n.d).**

MENARCHE

Menarche indicates the start of reproductive life and the end of puberty. Menstruation is defined as throwing the endometrial layer out periodically. Menarche is the first

menstruation bleeding starting with the hormonal changes **(Deurgate et al, 2004)**. Even though the menarche age is related with genetic, socio-economic status, nutrition, and geographic regions, the average menarche age was found 11.67-13.59 at international studies **(Tang et al., 2003 Deo 2005)**. It is a magical sign of growing up for some societies whereas it is perceived as a disgraceful illness and needs to be kept as secret. Similarly, while some societies celebrate menarche, for others it is even forbidden to talk about it **(Ince, 2001, Ceylan, 2007).**

3.2.2 OPERATIONAL DEFINITIONS

ADOLESCENCE

In this study adolescent girls are selected within the age of 13- 15 years to understand the various problems and restrictions faced on their menarche.

MOTHERS OF ADOLESCENT GIRLS

Adolescent girls who have selected in the study age between 13 to 15 years and their mothers were also participated in this study.

MENARCHE

Menarche is defined as the stage in a women's lifetime during which there is an onset of menstruation which occurs at about 12-13 years of age in the life cycle of the female. In the study for assessing the menarche the following concepts such as experience, knowledge and practices, socio-cultural context

3.3 RESEARCH DESIGN

The researcher is using phenomenological research design for the study. In this study adolescent girls within the age of 13-15 years and their mothers are taken to understand their perception of menarche and also find the various problems and restrictions faced by the adolescent girls on their menarche.

3.4 PILOT STUDY

The pilot study was no conducted in the current study.

3.5 UNIVERSE AND UNIT OF STUDY

3.5.1 UNIVERSE

Based on age, gender and place of residence the samples are selected. Considering the need, all adolescent girls who belong to age group of 13 to 15 living in Peravoor of Kannur District are taken as samples.

3.5.2 UNIT

The adolescent girl has age between 13 to 15 years old from the place of Peravoor in Kannur district.

3.6 SAMPLING

The current study, there were 23 adolescent girls and their 23 mothers are selected.

3.7 SOURCE OF DATA

Data collected through the interview guide prepared by the researcher based on the objective of the research.

3.8 TOOLS FOR DATA COLLECTION

Research data collection is done through primary methods and secondary methods. The primary data was collected through socio demographic profile (72,73) questionnaire and interview guide *(see the appendix No.70-78)*. Secondary data was collected through related topic articles, websites, journals etc.

3.9 PRE-TEST

The pre-test was not conducted in the current study.

3.10 METHODS OF DATA COLLECTION

The following are the steps of data collection:

- Approval from the institution.

14

- Tool construction.
- The researcher gave the information sheet and administered consent form to the respondents.
- Administered the questionnaire and did the interview.

3.11 METHODS OF DATA ANALYSIS

The method of data analysis is:

Quantitative analysis

- Data entry in MS Excel sheet.
- Data entry through SPSS (Statistical Package for Social Sciences) for analysing the socio-demographic details and questionnaire of respondents.

Qualitative analysis

- Firstly, the researcher did English transcript through manually.
- After the transcript, identified the verbatim and did a frequency distribution.
- Arrange the verbatim under different themes and subthemes.

CHAPTER IV

ANALYSIS AND INTERPRETATION

CHAPTER IV

ANALYSIS AND INTERPRETATION

This chapter is about the results and interpretation focused on the demographic details, adolescent girl's perception of menarche and mothers' perception of menarche.

4.1. SOCIO DEMOGRAPHIC DETAILS OF ADOLESCENT GIRLS

There were 23 adolescent girls were taken for the study. All respondents were in the Kannur district. The results mentioned in socio demographic details are age, religion, total number of siblings.

4.1.1. AGE DISTRIBUTION OF ADOLESCENT GIRLS

Table 4.1.1: Age Distribution of Adolescent Girls (N=23).

Age	Mean	Standard Deviation
	14.17	0.717

The age distribution of adolescent girls is illustrated in table 4.1. The mean age of the adolescent girls were 14.17 and standard deviation adolescent girls' was 7.17. This indicates that majority of the adolescent girl's falls under the age of 13 to 15 years.

4.1.2. RELIGION OF ADOLESCDENT GIRLS

**Figure 4.1.2:** Religion of Adolescent Girls (N=23).
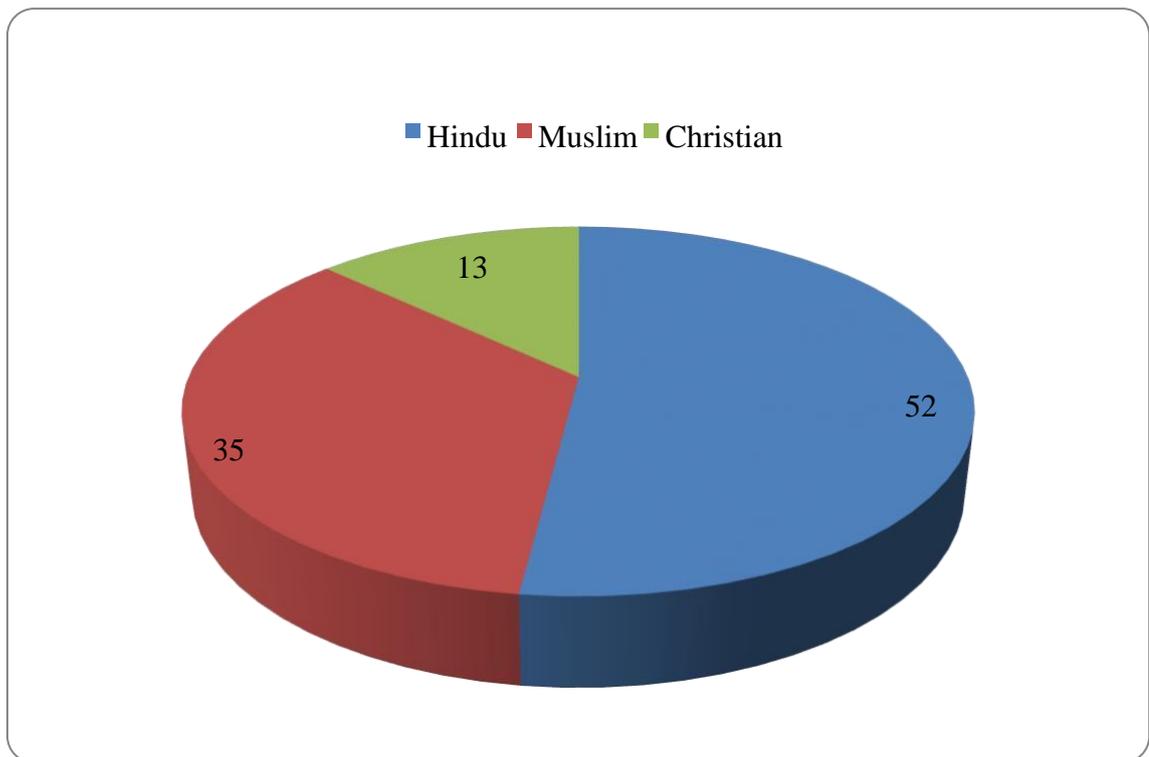
Figure 4.1.2 describe that majority (52%, N=12) of the adolescent girls are belonging to Hindu religion. Whereas (35%, N=8) believed in Christianity and (13%, N=3) belonging to Muslim. This indicates that the Hindus are the majority population of India and Kerala.

4.1.3. TOTAL NUMBER OF SIBLINGS

Figure 4.1.3: Total number of Siblings (N=23).
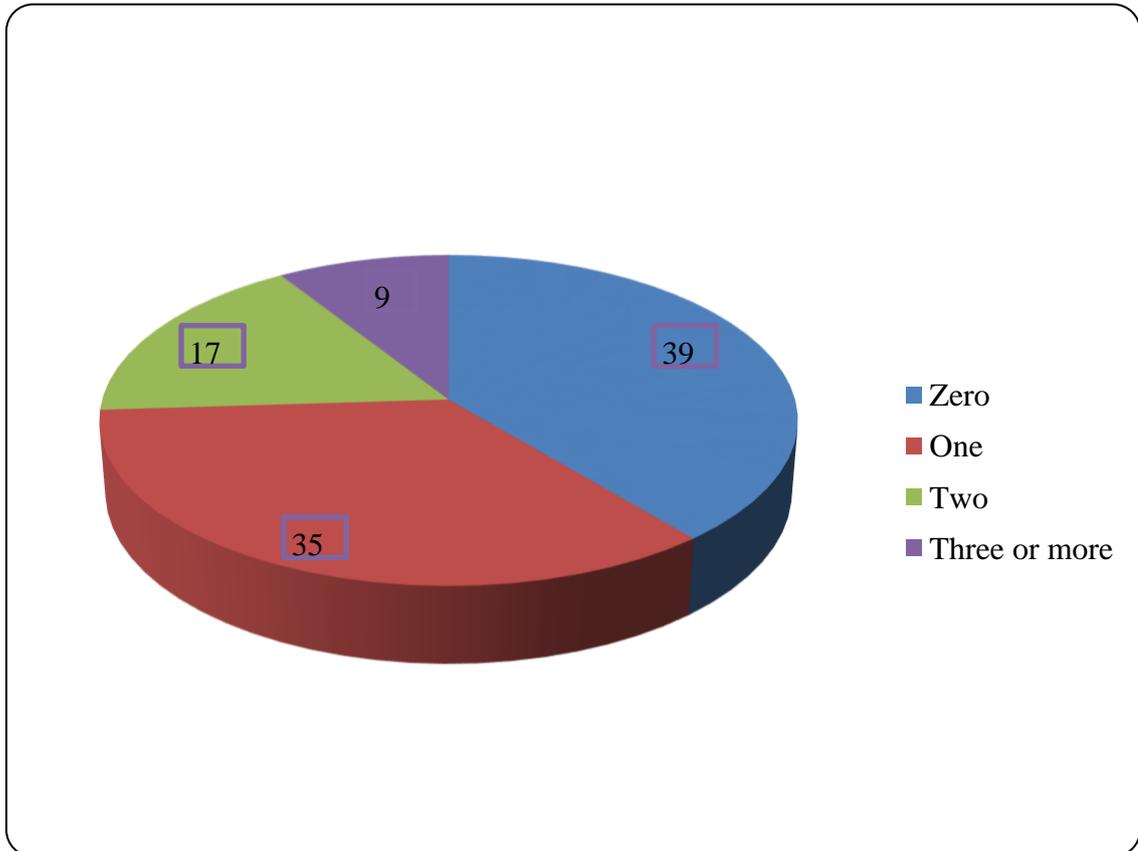
Figure 4.1.3 describes that (39%, N=9) adolescent girls have zero sibling, (35%, N=8) adolescent girls has one sibling, (17%, N=4) adolescent girls have two siblings and (9%, N=2) adolescent girls have three or more siblings.

4.2 SOCIO DEMOGRAPHIC DETAILS OF MOTHERS OF ADOLESCENT GIRLS.

There were 23 mothers were taken for the study. All respondents were in the Kannur district. The results mentioned in socio demographic details are age, occupation of the head of the family, education of the head of the family, total family monthly income

**4.2.1 AGE DISTRIBUTION OF MOTHERS OF ADOLESCENT GIRLS**

Table 4.2.1: Age Distribution of Mothers of Adolescent Girls (N=23).

Age	Mean	Standard Deviation
	42.43	9.67

The age distribution of mothers of adolescent girls is illustrated in table 4.2.1. The mean age of the adolescent girls was 42.43 and standard deviation was 9.67. This indicates that majority of the adolescent girl's mother's falls under the age of 42.

4.2.2 OCCUPATION OF THE HEAD OF THE FAMILY

Figure 4.2.2: Occupation of the Head of the Family (N=23).
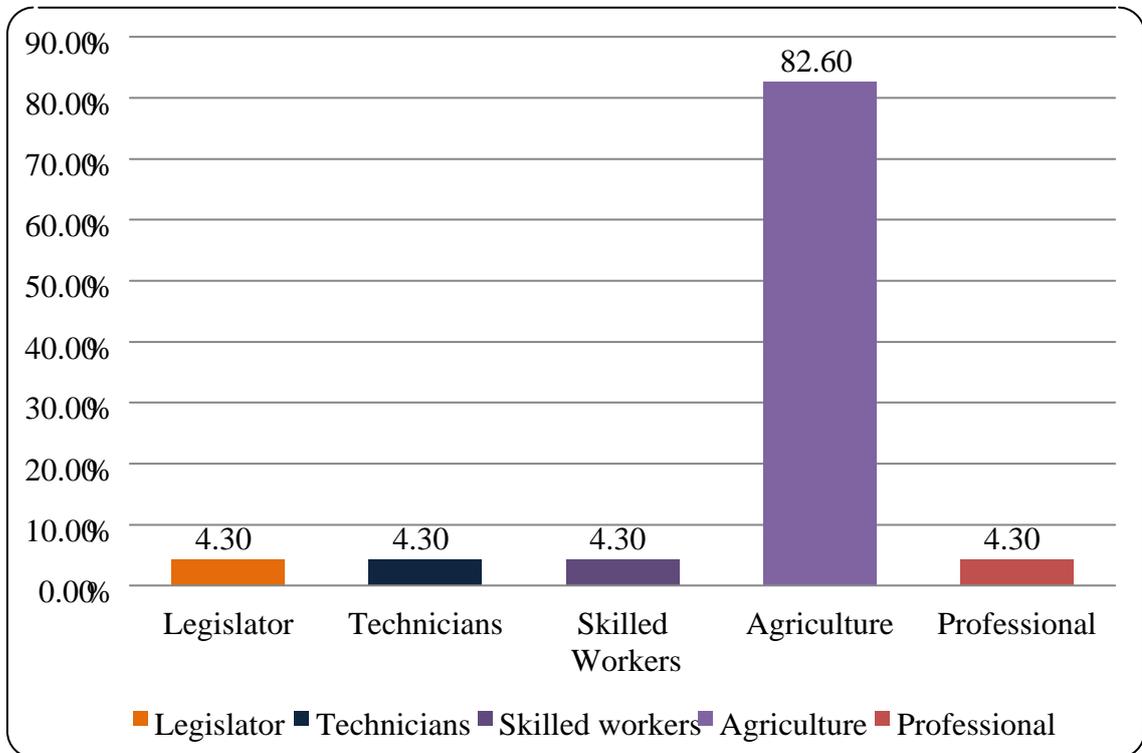
The figure 4.2.2 shows the occupation status of the head of the family. (82.60%, N=19) are belongs to agriculture field. While others are legislator, technicians, skilled workers, professional (4.30%, N=3).

4.2.3 EDUCATION OF THE HEAD OF THE FAMILY

**Figure 4.3.3** Education of the Head of the Family (N=23).
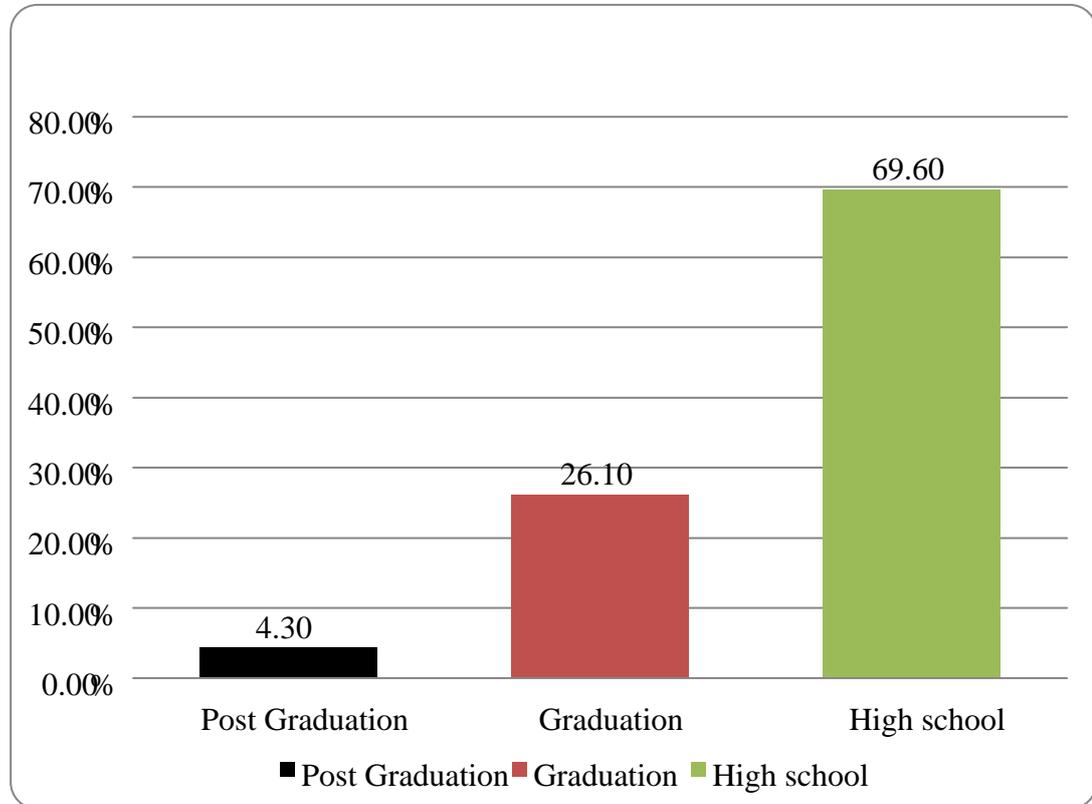
Figure 4.2.3 shows the education of the head of the family. Most of the family head have high school education qualification (69.60%, N=16), some of them are graduated (26.10%, N=6) and remains are Post graduated (4.30%, N=1).

4.2.4 SOCIO ECONOMIC STATUS

**Figure 4.2.4:** Socio Economic Status of the Family (N=23).
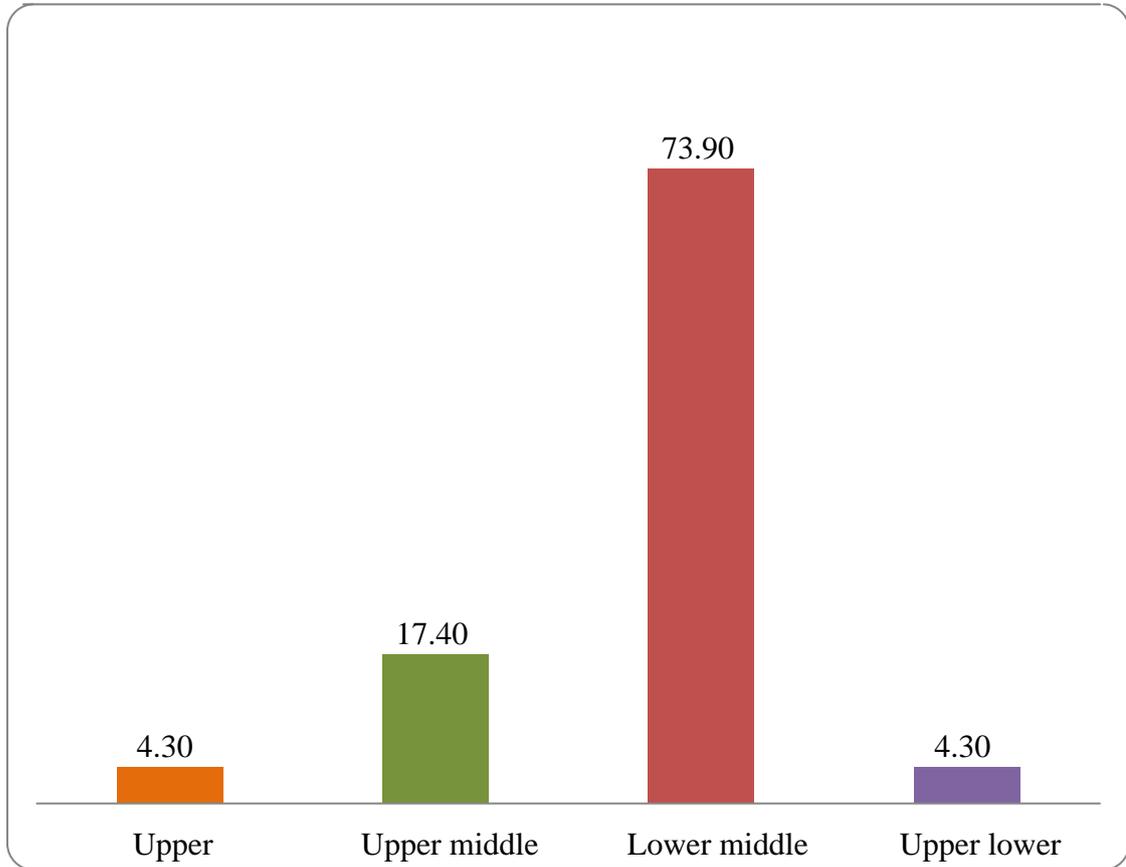
Figure 4.2.4 shows the socio economic status of the family. (73.90%, N=17) are belongs to lower middle. (17.40%, N=4) are belongs to upper middle. (4.30%, N=1) belongs to upper class and remains (4.30%, N=1) are belongs to upper lower status.

4.3. ADOLESCENT GIRLS PERSPECTIVE OF MENARCHE

The different themes and sub themes will be discussed in this session.

Table 4.3.1: Frequency distribution of adolescent girl's perspective of menarche.

THEME	SUB THEME	FREQUENCY
EXPERIENCE	First experience	12
	Physical distress	15
	Mental distress	13
KNOWLEDGE AND PRACTICE	Awareness about menarche	15
	Hygiene practice	12
	Support system	18
SOCIO CULTURAL CONTEXT	Beliefs	14
	Celebration	10
	Restrictions	16

The table 4.3.1 shows the adolescent girls perspective of menarche. Thematic analysis was used by which involves constructing and selecting the codes and sub themes, to address the issue of the research.

THEME 1: EXPERIENCE

The first theme discuss about the experience of adolescent girls on their menarche. It includes first experience, physical distress and mental distress.

SUB THEME 1. FIRST EXPERIENCE OF MENARCHE

Here the adolescent girls expressing that they were mentally prepared and accept their first menarche or not.

**Figure 4.3.1:** First experience of Menarche (N=23).
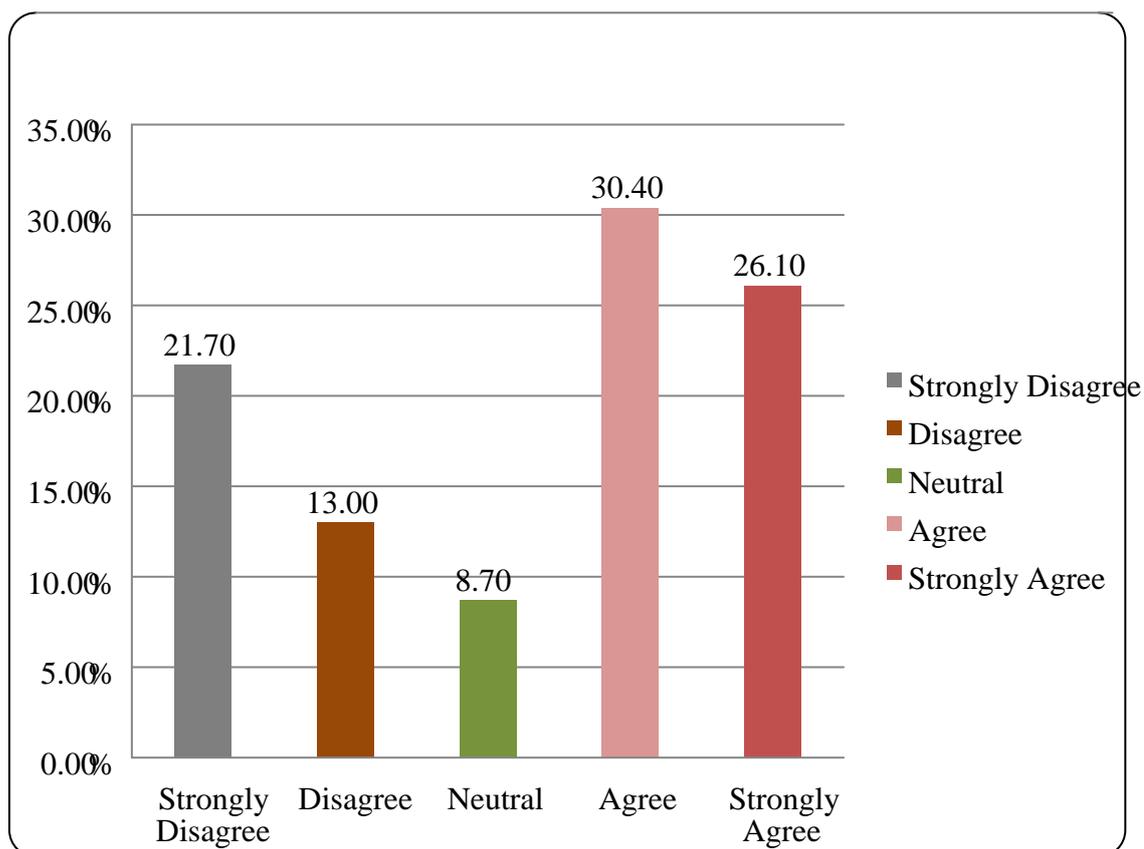
Figure 4.3.1 shows the first experience of adolescent girls on their menarche. Here (30.40%, N=7) adolescent girls mentally prepared and accepted their menarche. (26.10%. N=6) adolescent girls were strongly agreed which means they are mentally prepared. (21.70%, N=5) adolescent girls were strongly disagreed they did not accept and mentally prepared for their menarche. (13.00%, N=3) adolescent girls disagreed. (8.70%, N=2) adolescent girls are neutral with this statement.

Here 12 adolescent girls responded this theme. The following verbatim are connecting to the sub theme.

"My menarche is so uncomfortable. Just get it over with already please"- (**Adolescent Girl 3, 13 years old, 8th standard**).

"I was so terrified when I got my first period. I was concerned that I couldn't handle it." - (**Adolescent Girl 6, 14 years old, 8th standard**).

SUB THEME 2: PHYSICAL DISTRESS OF ADOLESCENT GIRLS

Here the adolescent girls expressing that whether they were faced any physical distress on their menarche.

Figure 4.3.2: Physical Distress of Adolescent Girls (N=23).
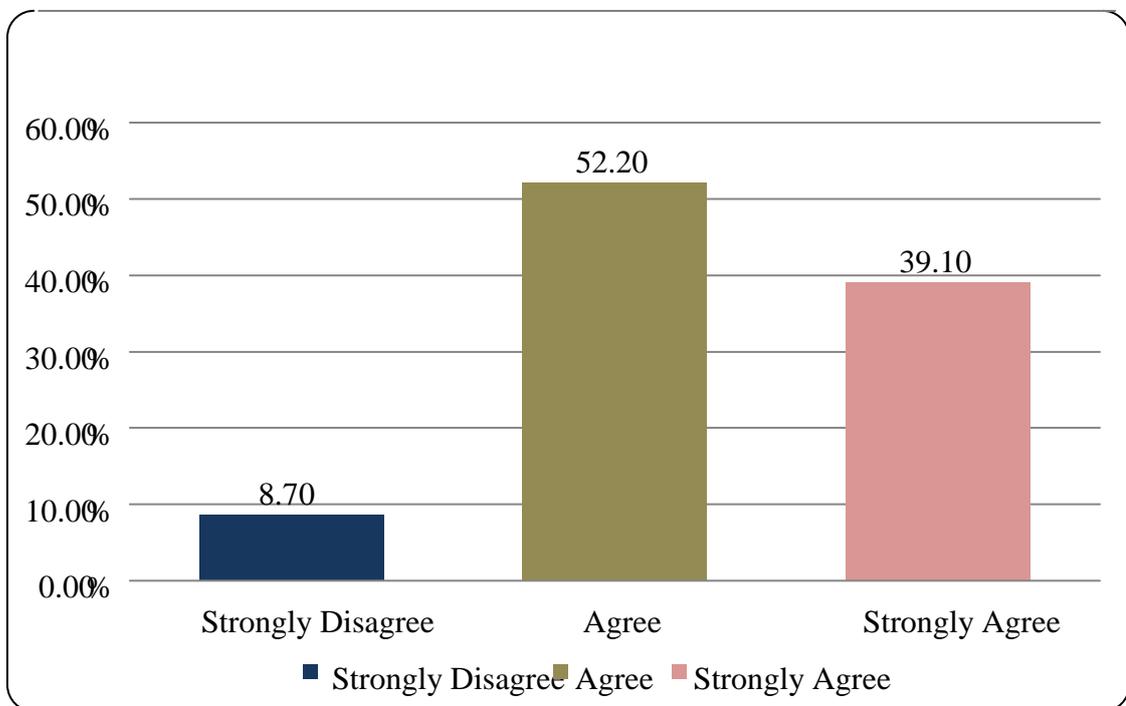
Here (52.20%, N=12) adolescent girls faced physical distress during their menarche. (39.10%, N=9) adolescent girls strongly agreed with this statement which means they faced extreme physical distress during their menarche. (8.70%, N=2) adolescent girls strongly disagreed with this statement that is they did not faced any physical distress on their menarche.

Here 15 adolescent girls responded this theme. The following verbatim are connecting to the sub theme.

"I feel like I have cramps all the time, and they hurts so much". - (**AdolescentGirl 5, 13 years old, 7th standard).**

"I find it really challenging to focus when I'm in pain from my period."- (**Adolescent Girl 8, 13 years old, 8th standard).**

"I always dread the beginning of my period because I know I will be in such excruciating pain for the next few days."- (**Adolescent Girl 10, 14 years old, 9th standard).**

"I find difficult to concentrate on anything when I'm on my period because the pain is so distracting."- (**Adolescent Girl 12, 13 years old, 8th standard).**

"The uncomfortable reminder of how my body is changing is my period".-(**Adolescent Girl 14, 13 years old, 8th standard).**

SUB THEME 3: MENTAL DISTRESS OF ADOLESCENT GIRLS

Here the adolescent girls expressing the mental distress they faced on menarche.

**Figure 4.3.3:** Mental Distress of Adolescent Girls (N=23).
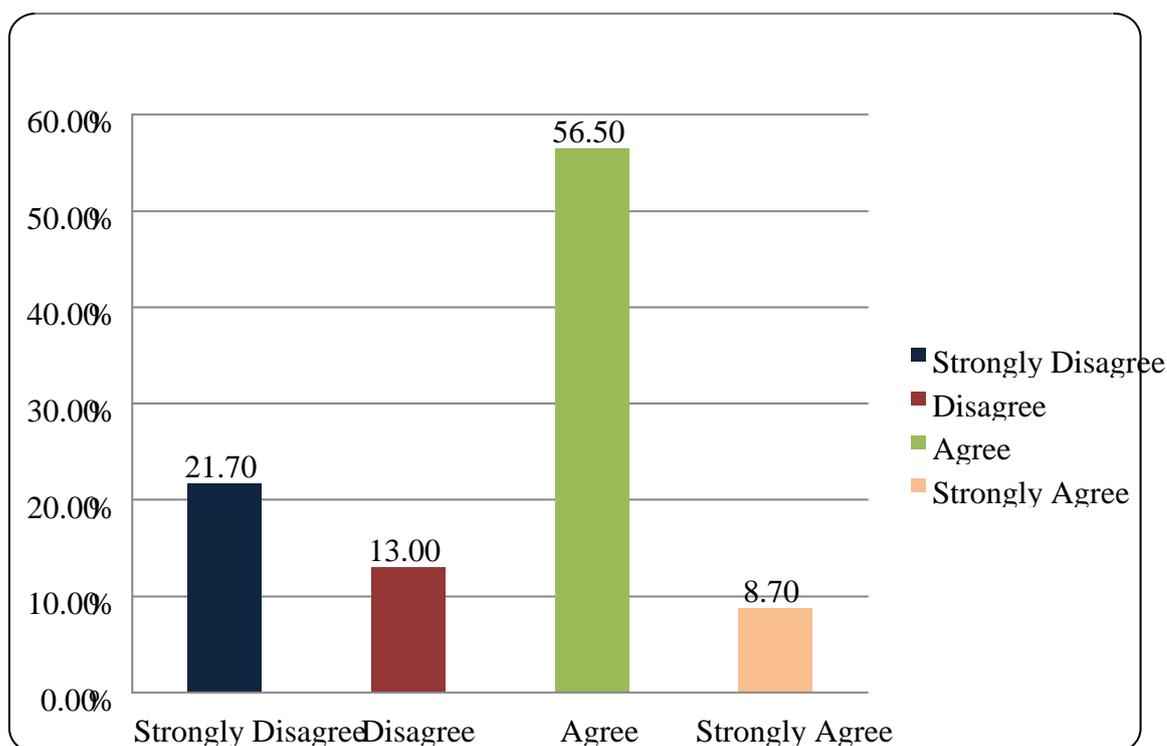
Figure 4.3.3 shows the mental distress that faced by adolescent girls during their menarche. Here (56.50%, N=13) adolescent girls faced mental distress on their menarche. (21.70%, N=5) adolescent girls strongly disagreed with this statement which means they did not faced mental distress during their menarche. (13.00%, N=3) adolescent girls disagreed with this statement. (8.70%, N=2) adolescent girls agreed that they faced mentally distress on their menarche.

Here 13 adolescent girls responded this theme. The following verbatim are connecting to the sub theme.

"I was so terrified when I got my first period. Being forced to deal with cramps and all the other symptoms scared me. I was concerned that I couldn't handle it". - **(Adolescent Girl 3, 13 years old, 8th standard)**

28

"When I initially started my period, I was really concerned. I was uncertain of what to anticipate and concerned that I might experience severe pain. I was so overpowered".(**Adolescent Girl 7, 13 years old, 8th standard**)

"When I received my first period, I felt incredibly humiliated. I was concerned that if they learned, they would assume I was too young. I was concerned that I would be incompetent".- (**Adolescent Girl 5, 13 years old, 7th standard**)

"I felt so alone when received my first period."- (**Adolescent Girl 18, 13 years old, 8th standard**)

THEME 2. KNOWLEDGE AND PRACTICE

The second theme discuss about the knowledge and practice of adolescent girls on their menarche. It includes knowledge sharing, hygiene practices and support system.

SUBTHEME 4: AWARENESS ABOUT MENARCHE

Here the adolescent girls expressing that from where they got information and knowledge related to menarche.

**Figure 4.3.4:** Awareness about menarche (N=23).
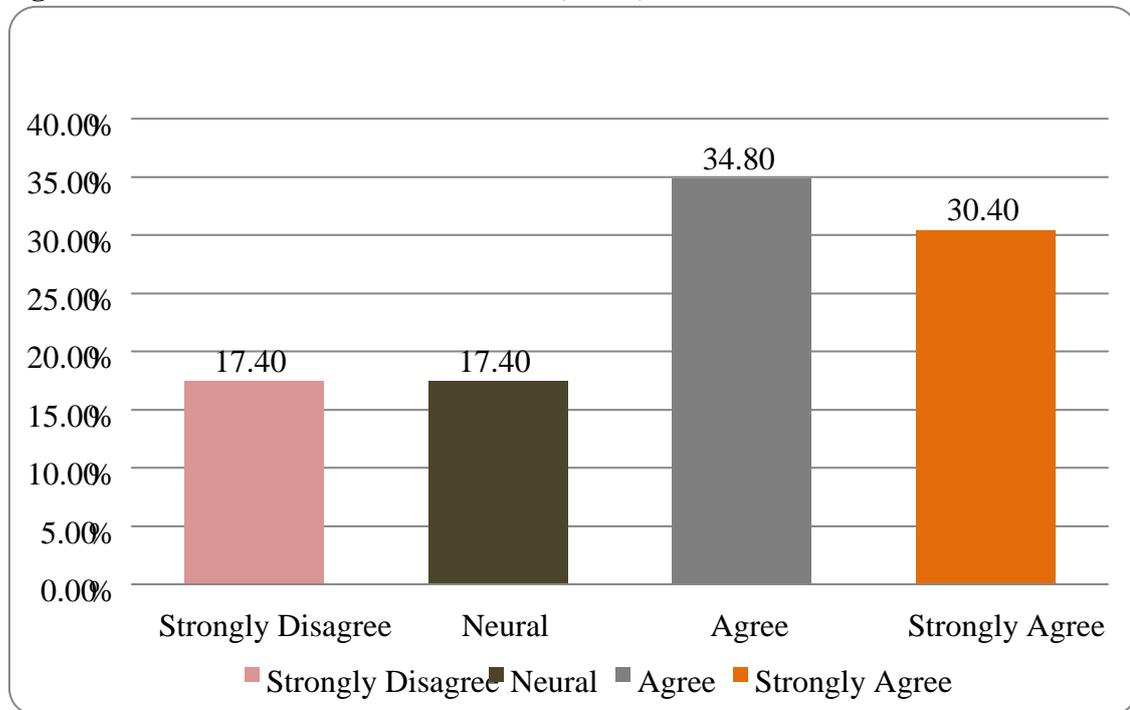
Figure 4.3.4 shows the awareness related to menarche. (34.80%, N=8) adolescent girls agreeing that they were aware about menarche. (30.40%, N=7) adolescent girls strongly agreed with this statement which means they are aware about menarche. (17.40%, N=4) adolescent girls neutral with this statement. (17.40%, N=4) adolescent girls strongly disagreed which means they were not aware about menarche.

Here 15 adolescent girls responded to this theme. The following verbatim are connecting to the sub theme.

"It's fascinating to learn about menarche in school. I had no clue there were so many options for menstrual health issues."- **(Adolescent Girl 12, 13 years old, 8th standard).**

"Menarche, in my opinion, is an excellent method to educate and empower women about their bodies and menstrual health. There is lot more to learn I ever imagined."- **(Adolescent Girl 7, 13 years old, 8th standard)**

"I'm only beginning to educate myself on menarche and various menstruation products that are accessible. Being able to decide what's best for me is so empowering."(Adolescent **Girl 5, 13 years old, 8th standard)**

SUB THEME 5: HYGIENE PRACTICES OF ADOLESCENT GIRLS

Here the adolescent girls expressing that they are satisfied with hygiene practices or not.

**Figure 4.3.5:** Hygiene Practices of Adolescent Girls (N=23).
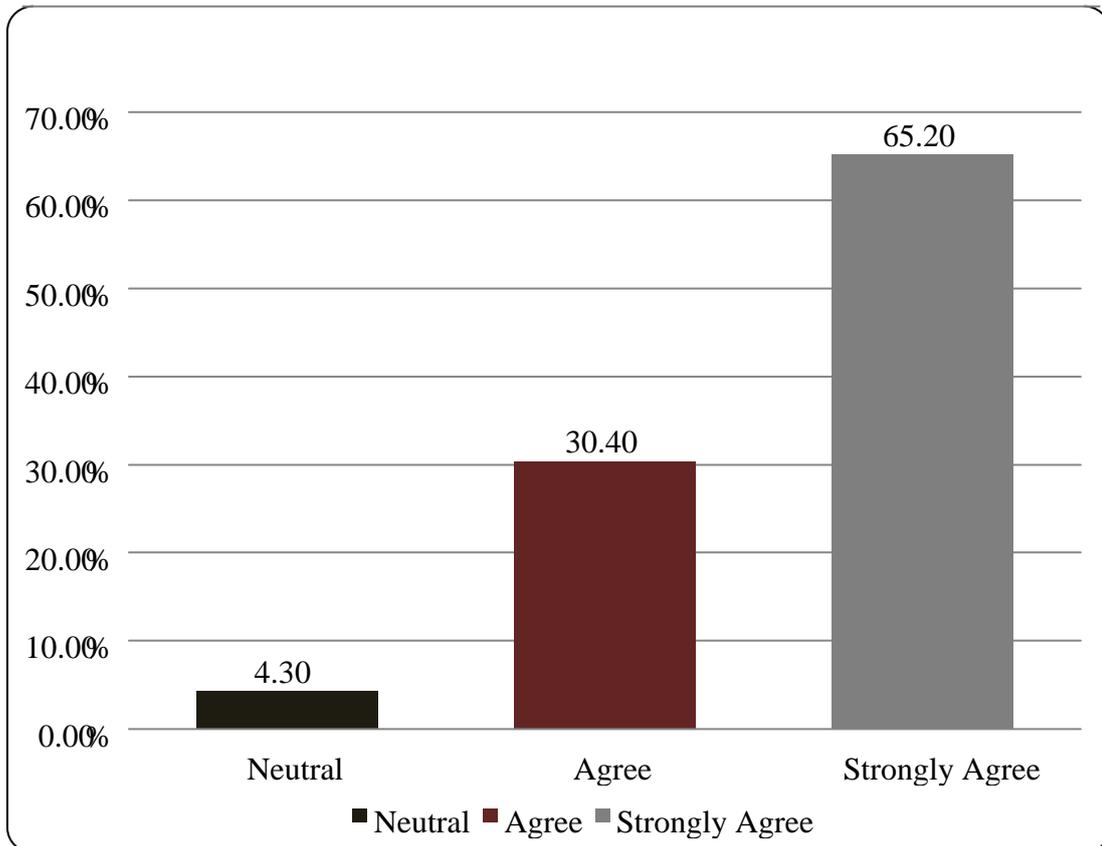
Figure 4.3.5 shows the hygiene practices of adolescent girls. Here (65.20, N=15) adolescent girls highly satisfied with their hygiene practices. (30.40%, N=7) adolescent girls agreed which means they are satisfied with hygiene practices and (4.30%, N=1) adolescent girls neutral with this statement.

Here 12 adolescent girls responded to this theme. The following verbatim are connecting to the sub theme.

"I was so astonished to realize how crucial it is to practice good cleanliness while on my period. That significantly increased my capacity to control my cycle."- **(Adolescent Girl 3, 13 years old, 8th standard).**

"I had no idea how crucial maintaining good hygiene was while on my period. Knowing this has given me the confidence I need to look for my body better". - **(Adolescent Girl 7, 13 years old, 8th standard).**

"I was shocked to discover how much information there is regarding period hygiene. Now that I feel more charge of my health". - **(Adolescent Girl 15, 13 years old, 8th standard).**

SUB THEME 6: SUPPORT SYSTEM OF ADOLESCENT GIRLS

Here the adolescent girls expressing that whether they got any support from the surroundings on their menarche.

Figure 4.3.6: Support System of adolescent girls (N=23).
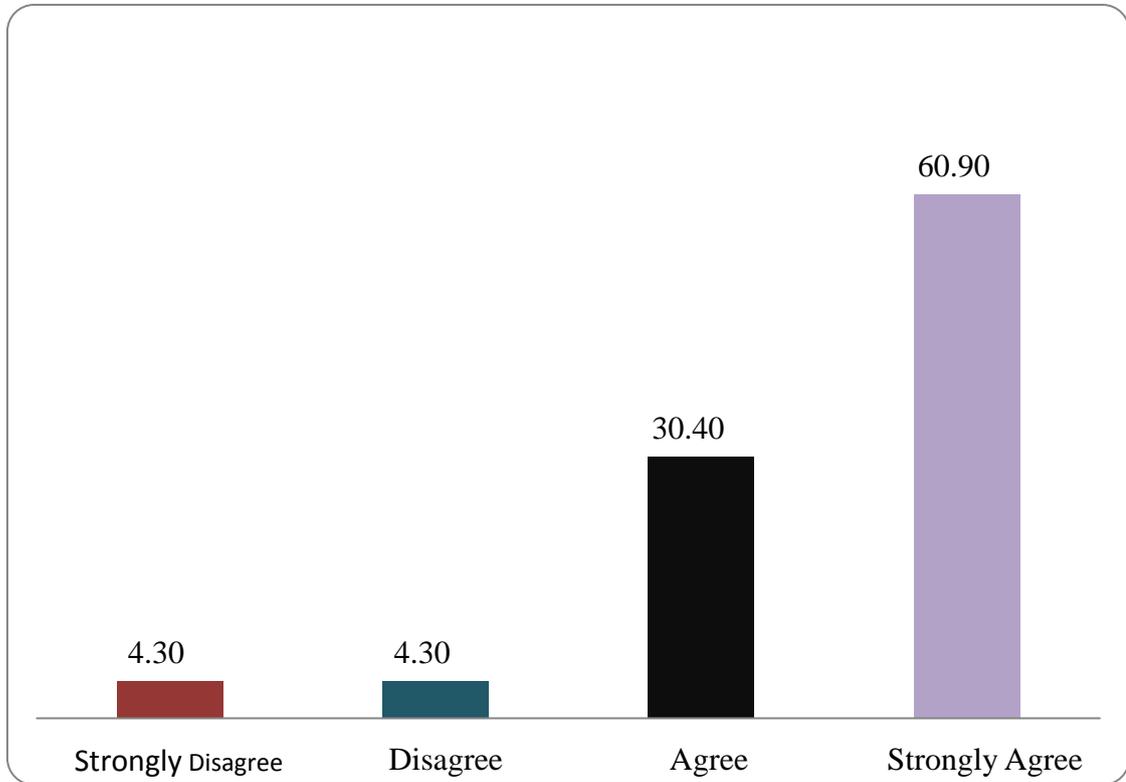
Here (60.90%, N=14) adolescent girls were strongly agreed which means they got support from their surroundings. (30.40%, N=7) adolescent girls agreed that means they also got support from their surroundings. (4.30%, N=1) adolescent girls were strongly disagreed which means they didn't have any support from their surroundings. Remaining (4.30%, N=1) disagreed with this statement.

Here 18 adolescent girls responded to this theme. The following verbatim are connecting to the sub theme.

"I really value the assistance I receive from the menarche. It's wonderful to live in a place where I may express my emotions without fear of being criticized". - **(Adolescent Girl 17, 13 years old, 8th standard)**

"The menarche has been incredibly helpful in helping me understand what I'm going through. Knowing that I'm not alone is comforting". - **(Adolescent Girl 19, 13 years old, 8th standard)**

"The menarche support system is incredible. Everyone is incredibly sympathetic and eager to assist. That has significantly improved my life". - **(Adolescent Girl 10, 13 years old, 8th standard)**

"I'm very appreciative of the menarche. It's the one place where I feel comfortable speaking openly and honestly about my difficulties without worrying about being judged". - **(Adolescent Girl 21, 15 years old, 9th standard)**

THEME 3: SOCIO CULTURAL CONTEXT

The third theme discuss about how the socio cultural context affect the adolescent girl's during their menarche. It includes Beliefs, Celebration and Restrictions.

SUB THEME 7: BELIEFS OF MENARCHE OF ADOLESCENT GIRLS

Here the adolescent girls expressing how the socio cultural beliefs affect their menarche.

Figure 4.3.7: Beliefs of menarche of adolescent girls (N=23).
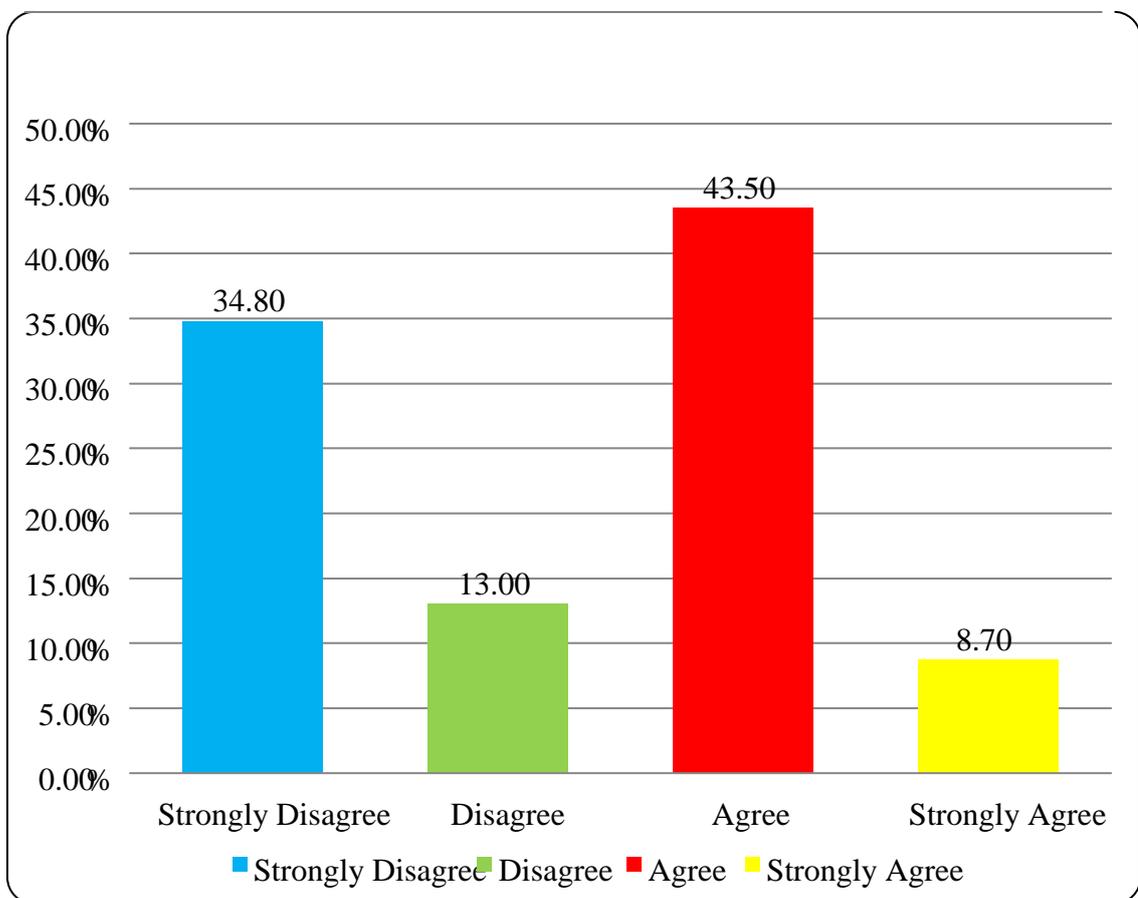
Here (43.50%, N=10) adolescent girls strongly agreed that the belief system affected their menarche. (34.80, N=8) adolescent girls strongly disagreed with this statement. (13.00%, N=3) adolescent girls disagreed which means their belief system didn't affected the menarche. Remaining (8.70%, N=2) adolescent girls strongly agreed which means their belief system strongly affected their menarche.

Here 3 adolescent girls responded this theme. The following verbatim are connecting to the sub theme.

"I think my religious beliefs have a big impact on how I handle my menarche. I believe it has an impact on both my capacity to accept the associated changes and my coping mechanisms for both the physical and emotional side effects". - **(Adolescent Girl 12, 13 years old, 8th standard).**

"I believe that a major contributor to how I feel about menarche is my belief system. Although I am aware that it is a normal aspect of growing up, I occasionally feel strange about it because of what my faith teaches". - **(Adolescent Girl 15, 13 years old, 8th standard).**

"There is no doubt that my beliefs influence how I manage my menarche. They seem to increase my sense of security and comfort". - **(Adolescent Girl 3, 13 years old, 8th standard).**

SUB THEME 8: CELEBRATION OF MENARCHE OF ADOLESCENT GIRLS

Here the adolescent girls expressing that whether they celebrated their menarche or not.

**Figure 4.3.8:** Celebration of menarche of adolescent girls (N=23).
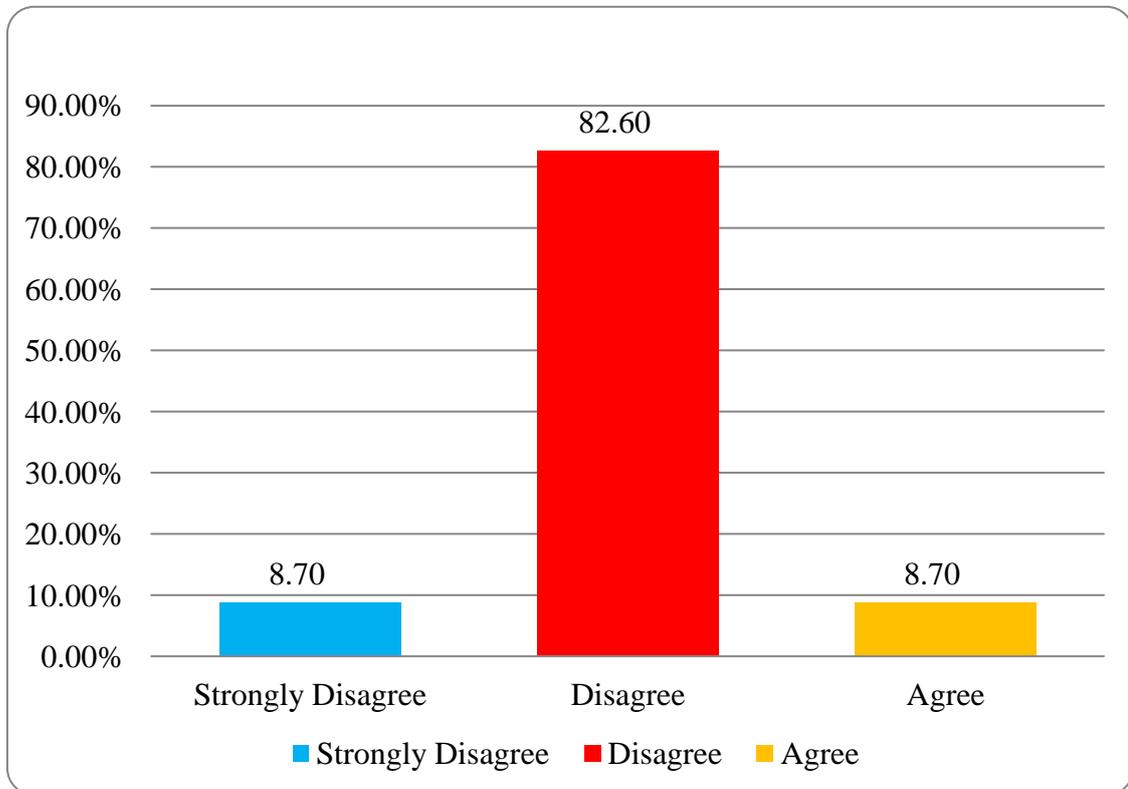
Figure 4.3.8 shows that whether adolescent girls celebrated their menarche or not. Here (82.60%, N=19) adolescent girls disagreed with this statement and (8.70%, N=2) adolescent girls were agreed and remaining (8.70%, N=2) disagreed with this statement.

Here 10 adolescent girls responded this theme. The following verbatim are connecting to the sub theme.

"My first menarche was a bit of an emotional roller coaster, I had both fear and excitement at the same moment. The main thing that made me happy was that everything went well and that I could enjoy this achievement with my loved ones". -

(Adolescent Girl 13, 13 years old, 8th standard).

"I had a truly unique encounter with my first menarche. Being able to formally transition into femininity made me feel really proud and in control. My friends and family were all about me, and they all contributed to the day's particular and memorable nature". -

(Adolescent Girl 17, 13 years old, 8th standard).

SUB THEME 9: RESTRICTIONS OF ADOLESCENT GIRLS ON MENARCHE

Here the adolescent girls expressing that they faced any restrictions or not during their menarche.

Figure 4.3.9: Restrictions of adolescent girls on menarche (N=23).
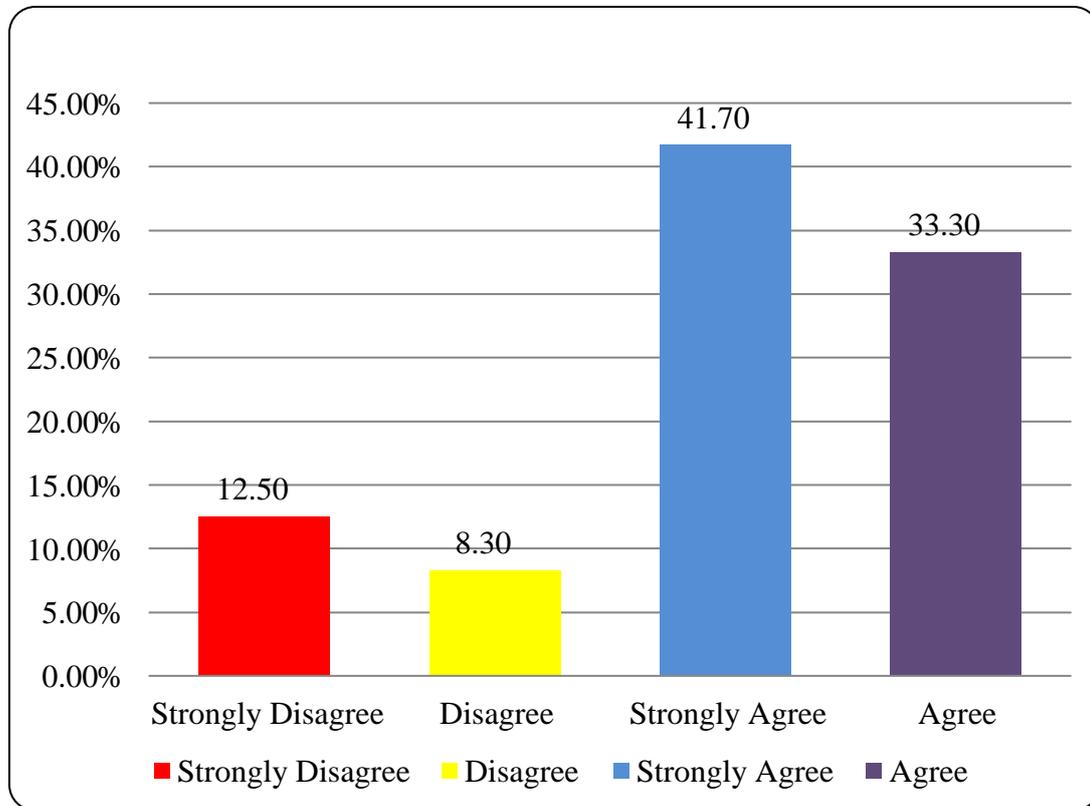
Here majority (41.70%, N=10) of the adolescent girls agreeing that they faced huge restrictions on their menarche. Some adolescent girls (12.50%, N=3) strongly disagreed with this statement.

Here 16 adolescent girls responded this theme. The following verbatim are connecting to the sub theme.

"With all the restrictions during my menarche, I feel like I'm in prison. Even hanging out with my friends and going to the park are off limits". - **(Adolescent Girl 5, 13 years old, 8ᵗʰ standard).**

"When I'm on my period, I feel like I'm in a cage. Nothing that I wish to do can be done". - **(Adolescent Girl 12, 13 years old, 8ᵗʰ standard).**

"I'm so tired of these limitations during my period. Despite the fact that I'm an adult, I still feel like a child". - **(Adolescent Girl 16, 13 years, 8ᵗʰ standard)**

4.4.1: MOTHERS PERSPECTIVE OF MENARCHE

THEME	SUB THEME	FREQUENCY
EXPERIENCE	First experience	12
	Physical distress	15
	Mental distress	13
KNOWLEDGE AND PRACTICE	Awareness about menarche	15
	Hygiene practice	12
	Support system	18
SOCIO CULTURAL CONTEXT	Beliefs	14
	Celebration	10
	Restrictions	16

The **Table 4.4.1**: shows the Mothers perspective of menarche. Thematic analysis was used by which involves constructing and selecting the codes and sub themes, to address the issue of the research.

THEME 1: EXPERIENCE

The first theme discuss about the experience of mothers of adolescent girls on their Childs menarche**.** It includes first experience, physical distress and mental distress.

SUB THEME 1: FIRST EXPERIENCE

Here the mothers expressing that their child were mentally prepared and accept their first menarche or not.

**Figure 4.41:** First experience (N=23).
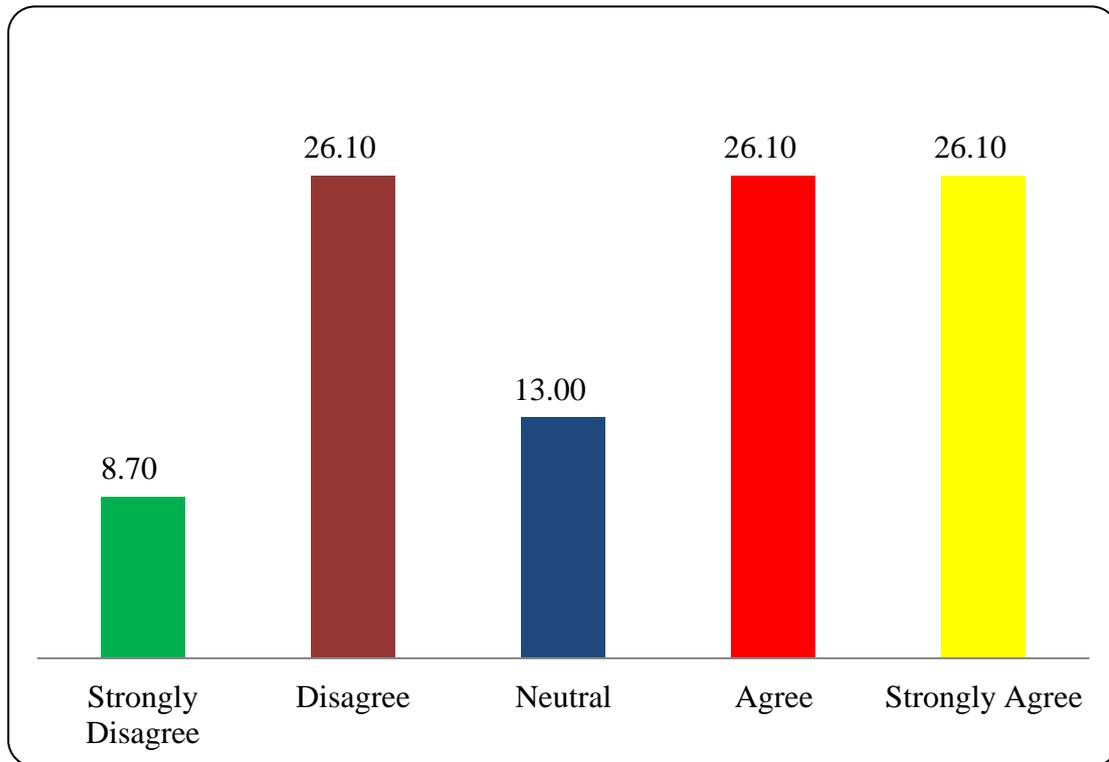
Figure 4.4.1 shows the first experience of mothers of adolescent girls on their child's menarche. Here (26.10%, N=6) mothers saying that their child mentally prepared and accepted their menarche. (26.10%. N=6) mothers were strongly agreed which means their child are mentally prepared. (26.10%, N=6) mothers were strongly disagreed; their child did not accept and mentally prepared for their menarche. (13.00%, N=3) mothers neutral with this statement. (8.70%, N=2) mothers are strongly disagreed with this statement.

Here 12 mothers responded to this theme. The following verbatim are connecting to the sub theme.

"When my daughter got her first period, I was relieved. Given how long it had taken, I was concerned that there was a problem". - **(Mother of Female Adolescent 14, 42 years old).**

SUB THEME 2: PHYSICAL DISTRESS OF ADOLESCENT GIRLS

Here the Mothers expressing that whether their child were faced any physical distress on their menarche or not.

Figure 4.4.2: Physical Distress of adolescent girls (N-23).
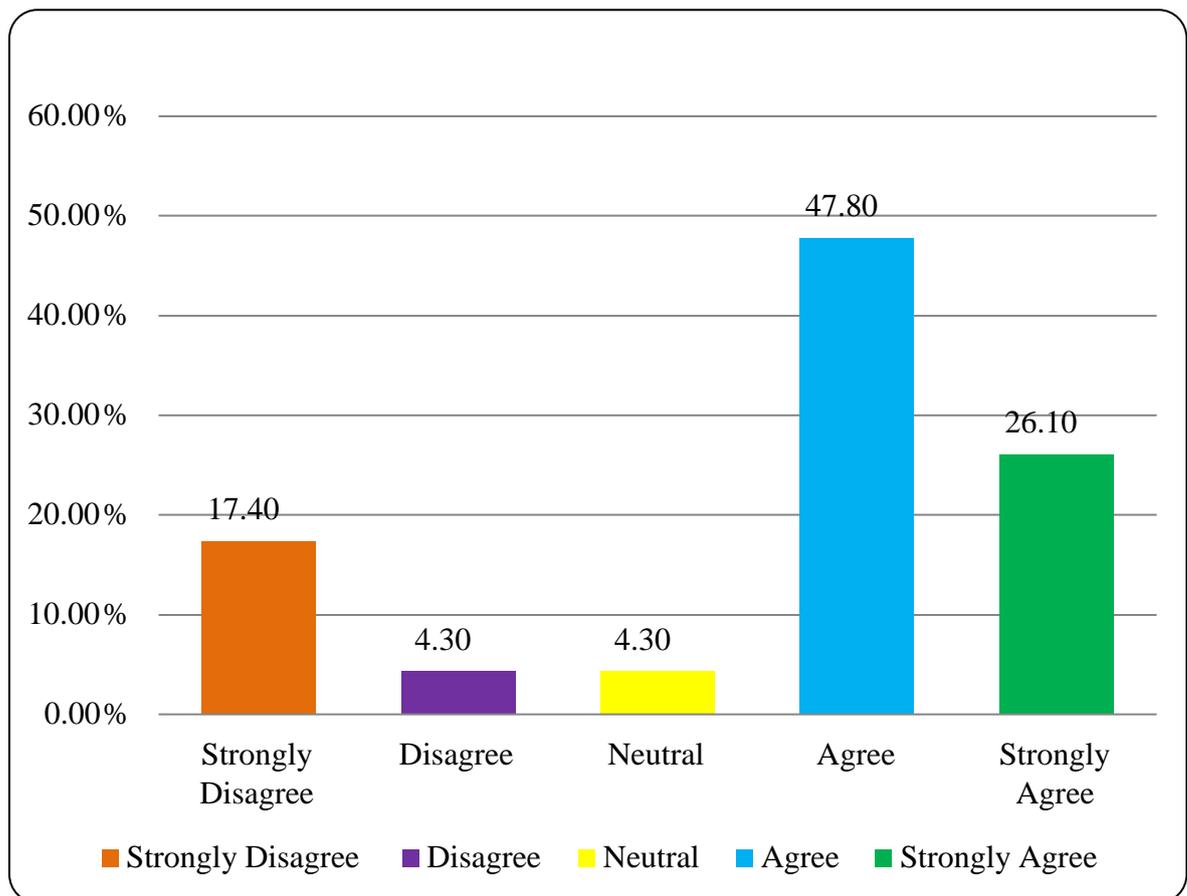
Here (47.80%, N=11) mothers says that their child faced physical distress during their menarche. (26.10%, N=6) mothers strongly agreed with this statement which means their child faced extreme physical distress during their menarche. (17.40%, N=4) mothers strongly disagreed with this statement that is they did not faced any physical distress on their menarche. (4.30%, N=1) mother disagreed and remaining (4.30%, N=1) mother neutral with this statement.

Here 15 mothers responded this theme. The following verbatim are connecting to the sub theme.

"I recall how frightened and bewildered I was on my first period. My kid should be aware that she may turn to me for assistance and support". -**(Mother of Female Adolescent 5, 40 years old).**

"I recall the discomfort and cramps I experienced when I was my daughter's age. Seeing her go through the same experience is difficult". - **(Mother of Female Adolescent 2, 45 years old).**

"When I first got my period, I was so ashamed, so I wanted to make sure my daughter knew it was nothing to be ashamed of". - **(Mother of Female Adolescent16, 38 years old).**

SUB THEME 3: MENTAL DISTRESS OF ADOLESCENT GIRLS

Here the adolescent girls expressing the mental distress they faced on menarche.

Figure 4.4.3: Mental Distress of Adolescent Girls (N=23).
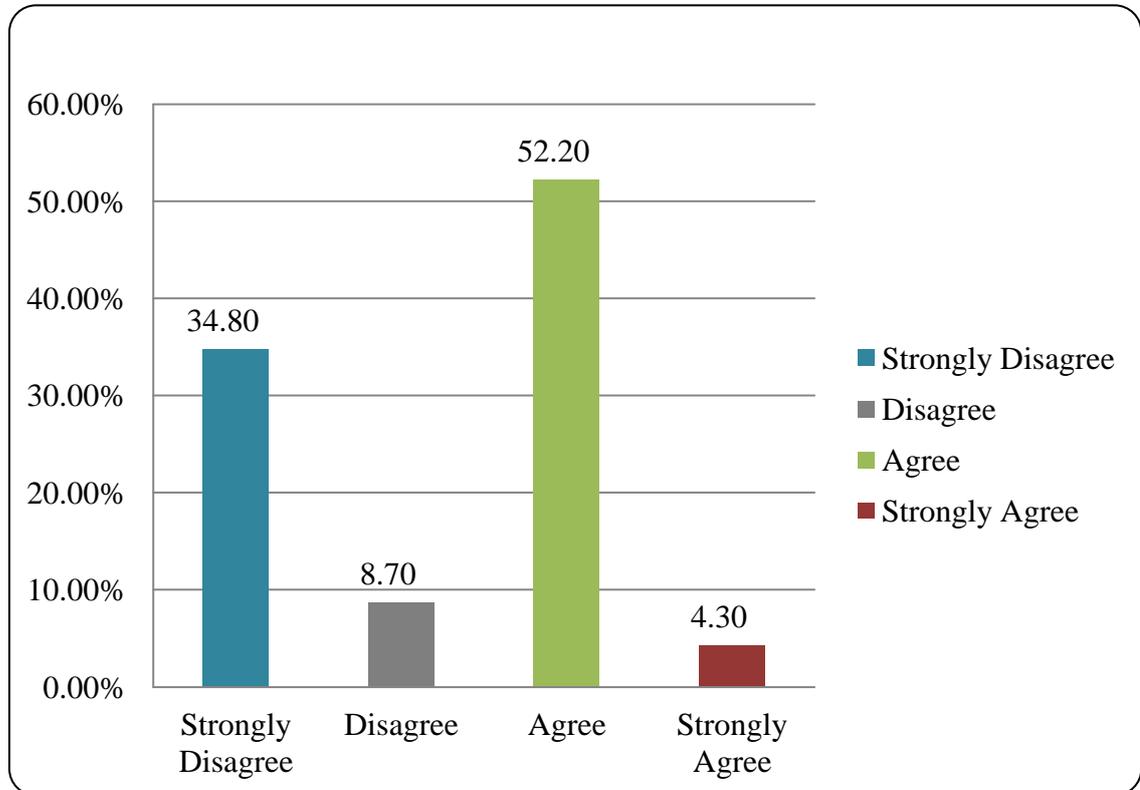
Here (52.20%, N=12) mothers agreed that their child faced mental distress on their menarche. (34.80%, N=8) mothers strongly disagreed. (8.70%, N=2) mother disagreed which means their child didn't faced any mental distress during their menarche. (4.30%, N=1) mother strongly agreed with this statement.

Here 13 mothers responded this theme. The following verbatim are connecting to the sub theme.

"I recall how difficult it was for me to experience my own menarche. My daughter hasn't talked to me yet, but I'm concerned that she is struggling as well". -**(Mother of female adolescent 12, 45 years old).**

"I have noticed that my daughter is more withdrawn and emotional during her periods. Her mental health concerns me, and I want to do anything I can to help."

(Mother of Female Adolescent 16, 45 years old).

"My daughter has had a hard time adjusting to her menarche. She has become angrier recently and is unwilling to discuss it. Throughout this moment, I'm worried about her mental health". - **(Mother of Female Adolescent 10, 47years old).**

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THEME 2: KNOWLEDGE AND PRACTICE

The second theme discuss about the mothers reaction to the knowledge and practice of adolescent girls on their menarche. It includes knowledge sharing, hygiene practices and support system.

SUB THEME 4: AWARENESS ABOUT MENARCHE

Here the mother expressing that from where their child got information and knowledge related to menarche.

Figure 4.4.4: Knowledge sharing of adolescent girls (N=23).
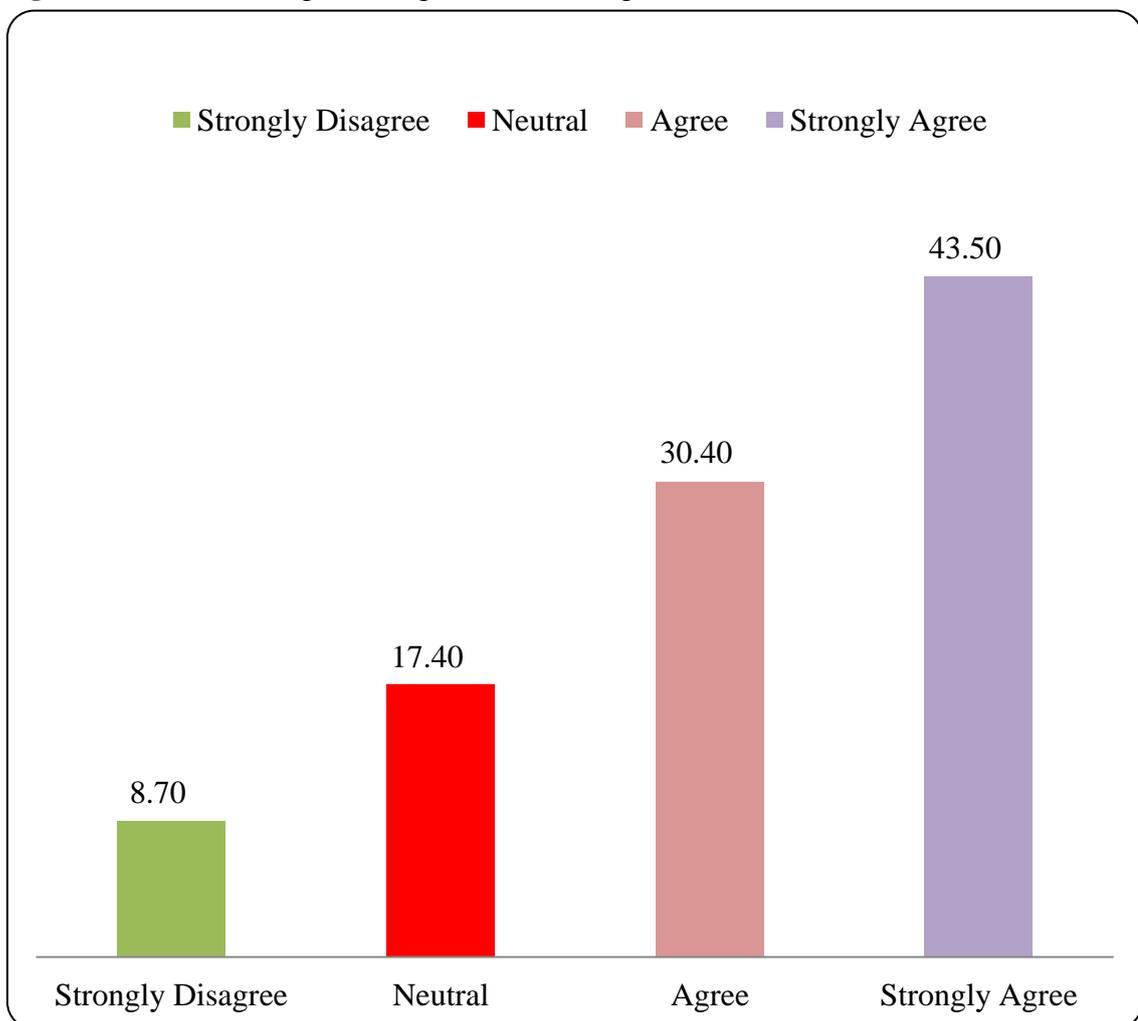

Figure 4.4.4 shows the knowledge sharing related to menarche. Majority of the (43.50%, N=10) mothers agreeing that their child were aware about menarche and (8.70%, N =2) mothers strongly disagreed with this statement.

Here 15 mothers responded to this theme. The following verbatim are connecting to the sub theme.

"I'm pleased that my daughter is discovering more about menarche and how to take care of her body. To maintain good health, it's critical to have the appropriate knowledge and equipment". - **(Mother of Female Adolescent7, 40 years old)**

*"My daughter's knowledge of and participation in conversations regarding menarche makes me incredibly pleased. She must understand how to take care of her body and herself."***(Mother of Female Adolescent 9, 40 years old)**

"I'm pleased to see my daughter talking to people about the menstrual cycle. She must understand how to take care of her body and make wise decisions". - **(Mother of Female Adolescent17, 41 years old)**

"It's critical that my daughter be receptive to learning about the menstrual cycle. I'm delighted she's talking and taking the initiative". - **(Mother of Female Adolescent 13, 40 years old)**

SUB THEME 5: HYGIENE PRACTICES OF ADOLESCENT GIRLS

Here the mothers of adolescent girls expressing that they are satisfied with Childs hygiene practices or not.

Figure 4.4.5: Hygiene Practices (N=23).
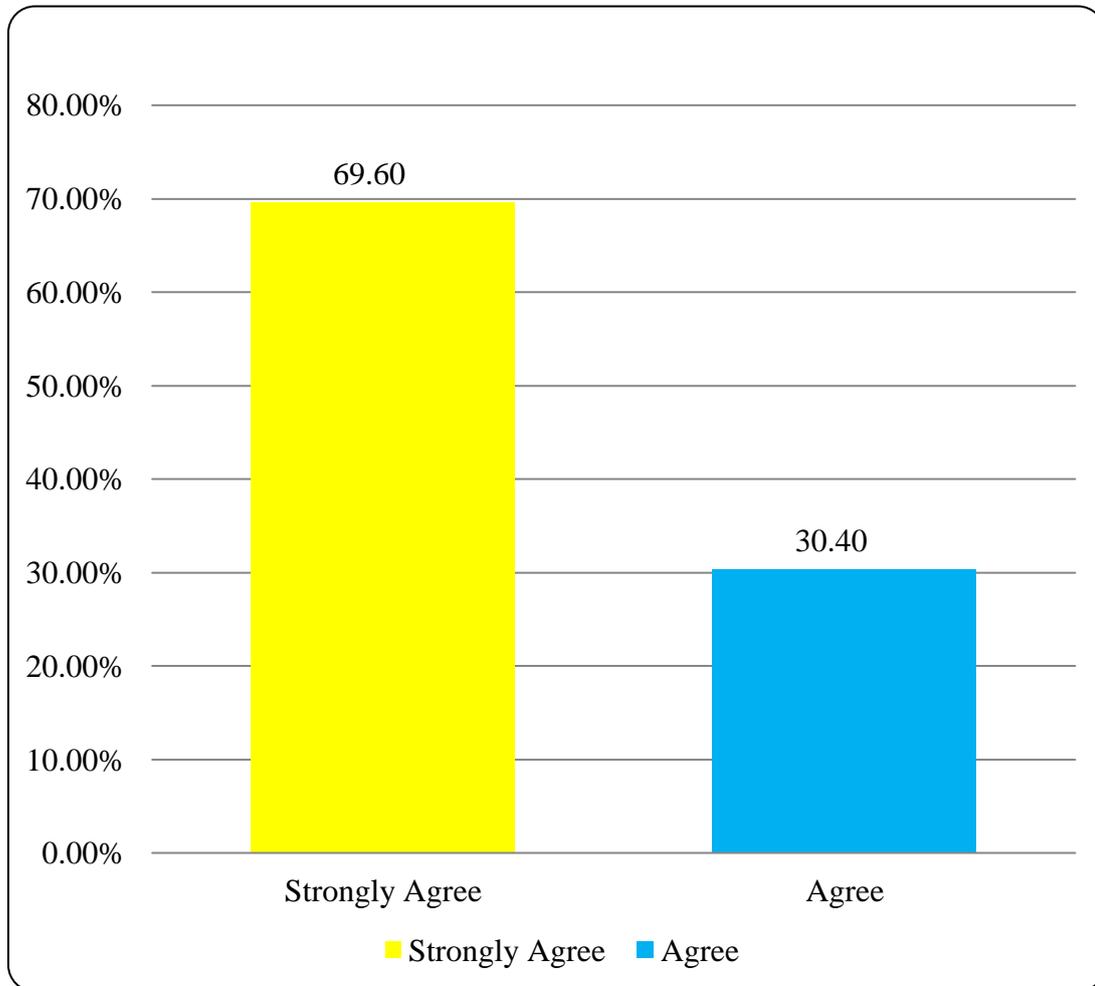
Figure 4.4.5 shows the mothers opinion about hygiene practices of their child. Majority of the (69.60%, N=16) mothers highly satisfied with the child's hygiene practice.

Here 12 mothers responded this theme. The following verbatim are connecting to the sub theme.

*"That my daughter is knowledgeable about menstruation hygiene makes me very happy. She is aware of the need to use pads and tampons throughout her period, which is good". - (**Mother of Female Adolescent2, 42 years old**).*

*"I'm pleased that my daughter understands the significance of regularly changing her menstrual products to prevent infection". - (**Mother of Female Adolescent7, 40 years old**).*

"I'm grateful that my daughter understands the importance of thoroughly cleaning her menstrual products before and after use". - **(Mother of Female Adolescent 5, 40 years old).**

"I'm grateful that my daughter knows how to handle light flow days with products like panty liners". - **(Mother of Female Adolescent 12, 42 years old).**

SUB THEME 6: SUPPORT SYSTEM OF ADOLSCENT GIRLS

Here the adolescent girls expressing that whether they got any support from the surroundings on their menarche.

Figure 4.4.6: Support System of adolescent girls (N=23).
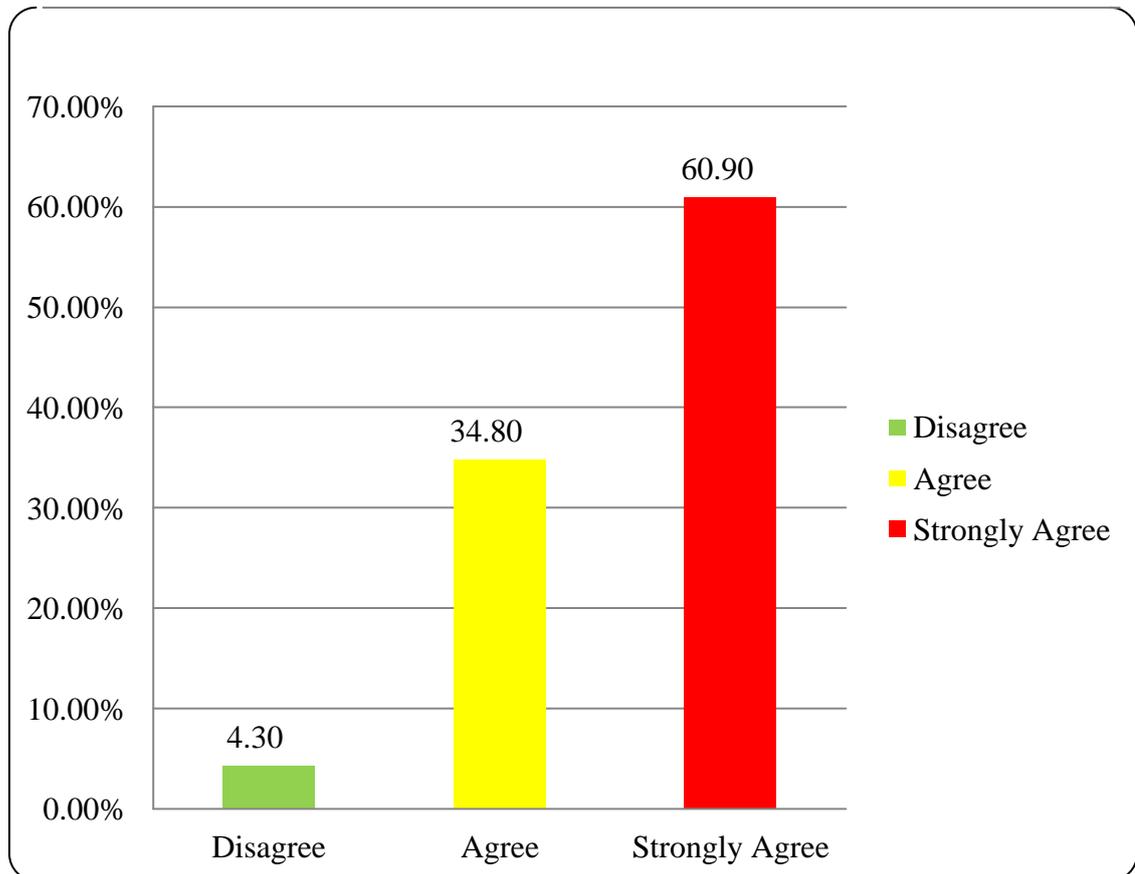

Figure 4.4.6 shows the support system. Here majority (60.90%, N=14) mothers strongly agreeing that their child got bigger support from their surroundings. (4.30%, N=1) mother disagreed with this.

Here 18 mothers responded this theme. The following verbatim are connecting to the sub theme.

"I'm so happy my daughter has a support network during her menstrual cycle. Knowing she has someone to talk to and ask questions to if she needs to makes me feel better". - **(Mother of Female Adolescent 3, 40 years old)**

"I appreciate the teachers and medical staff who are supporting my daughter during her menstrual cycle. That she has access to trustworthy information and services are comforting."

(Mother of Female Adolescent 18, 44 years old)

"I'm glad my daughter has a strong support system around her during her menstrual cycle. When she needs assistance, she can go to her friends, family, and teachers". - **(Mother of Female Adolescent 9, 43 years)**

"It's a huge relief for me to have a support system during my daughter's menarche". - **(Mother of Female Adolescent 1, 45 years old)**

THEME 3: SOCIO CULTURAL CONTEXT

The third theme discuss about how the socio cultural context affect the adolescent girl's during their menarche. It includes Beliefs, Celebration and Restrictions.

SUB THEME 7: BELIEFS OF MOTHERS OF ADOLESCENT GIRLS

Here the adolescent girls expressing how the socio cultural beliefs affect their menarche.

**Figure 4.4.7:** Beliefs of mothers of adolescent girls (N=23).
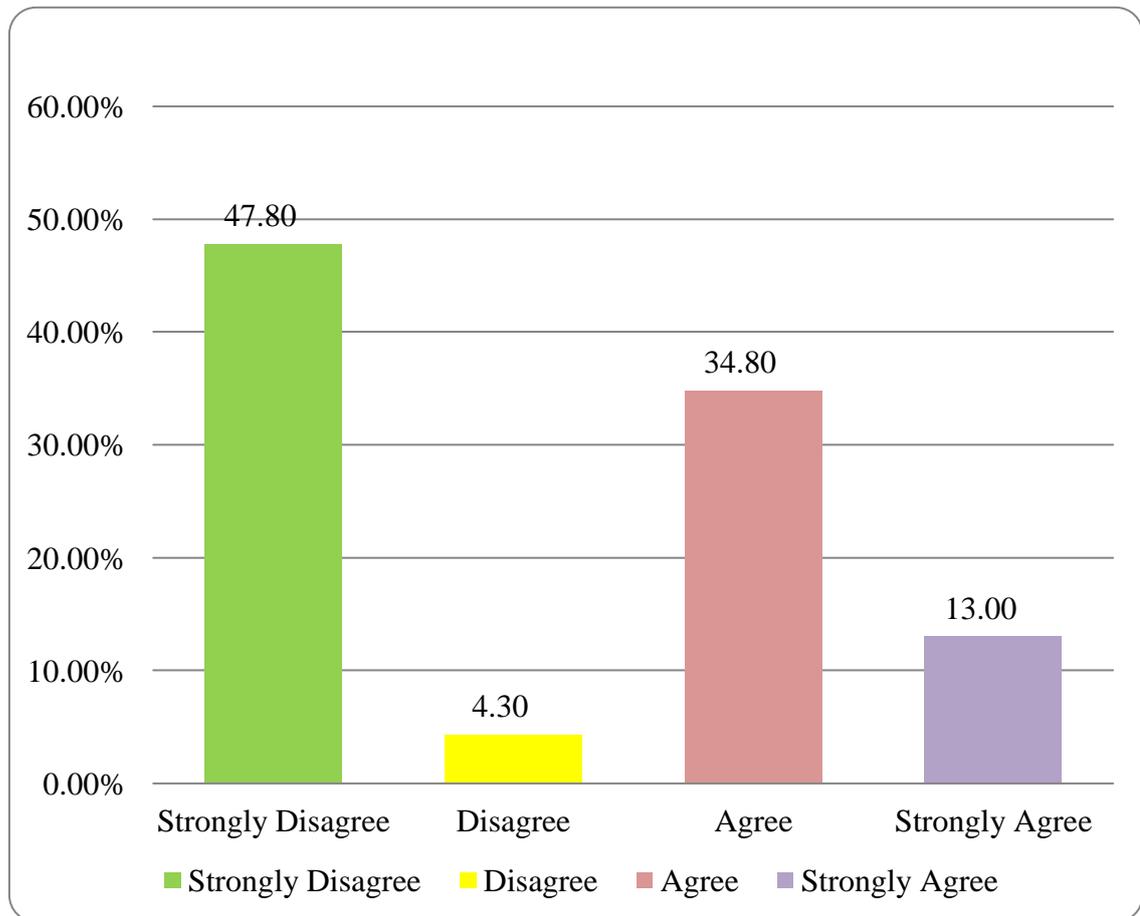
Figure 4.4.7 shows the mothers opinion towards socio cultural belief system that affected their child during menarche. Majority of the mothers (47.80%, N=11) saying that their belief didn't affected their Childs menarche.

Here 14 mothers responded this theme. The following verbatim are connecting to the sub theme.

"My daughter is starting her first menstrual period, and I'm so afraid for her. While I want her to understand that this is a natural and healthy procedure, I also want her to realize how crucial it is for her to take good care of her body at this time". - **(Mother of Female Adolescent 7, 40 years old).**

"I'm working very hard to inculcate in my daughter the idea that her menstrual cycle is a natural part of her life and not something to be ashamed or embarrassed about. I want her to feel at ease discussing it and to be aware of the alterations her body is through". - **(Mother of Female Adolescent14, 44years old).**

SUB THEME 8: CELEBRATION OF MENARCHE

Here the adolescent girl's mother expressing that whether their Childs menarche celebrated or not.

Figure 4.4.8: Celebration of menarche (N=23).
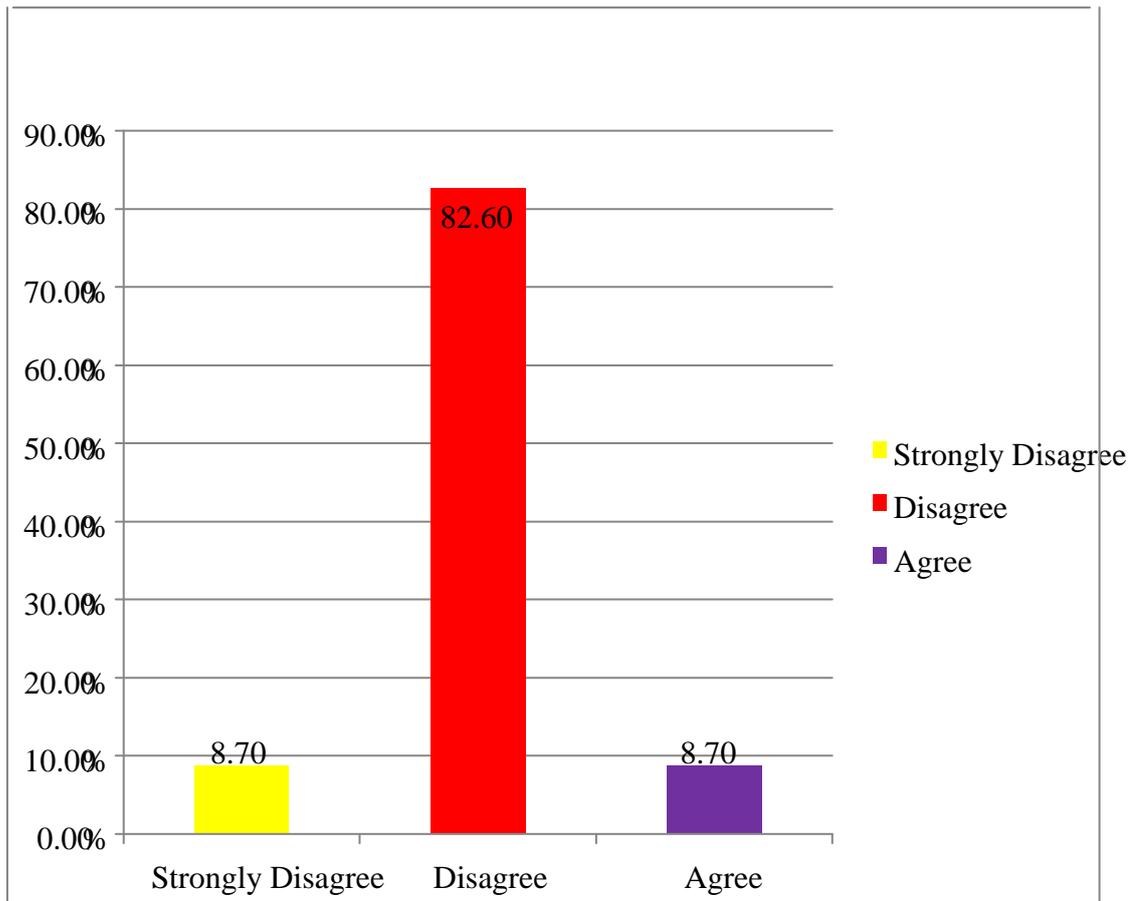
Figure 4.4.8 shows that whether adolescent girls celebrated their menarche or not. Here (82.60%, N=19) mothers disagreed, (8.70%, N=2) mothers agreed and remaining (8.70%, N=2) mothers strongly disagreed with this statement.

Here 10 mothers responded this theme. The following verbatim are connecting to the sub theme.

"Our family made a big deal out of my daughter's menarche, and we celebrated it with a special dinner". - **(Mother of Female Adolescent 10, 42 years old).**

"I gave my daughter a special gift to commemorate her menarche because I wanted to acknowledge the significance of the event". - **(Mother of Female Adolescent 7, 40 years old).**

SUB THEME 9: MOTHERS PERCEPTION OF RESTRICTIONS OF ADOLESCENT GIRLS ON MENARCHE

Here the mothers of adolescent girls expressing that their child faced any restrictions or not during their menarche.

**Figure 4.4.9**: Mothers perception of restrictions of adolescent girls on menarche (N=23).
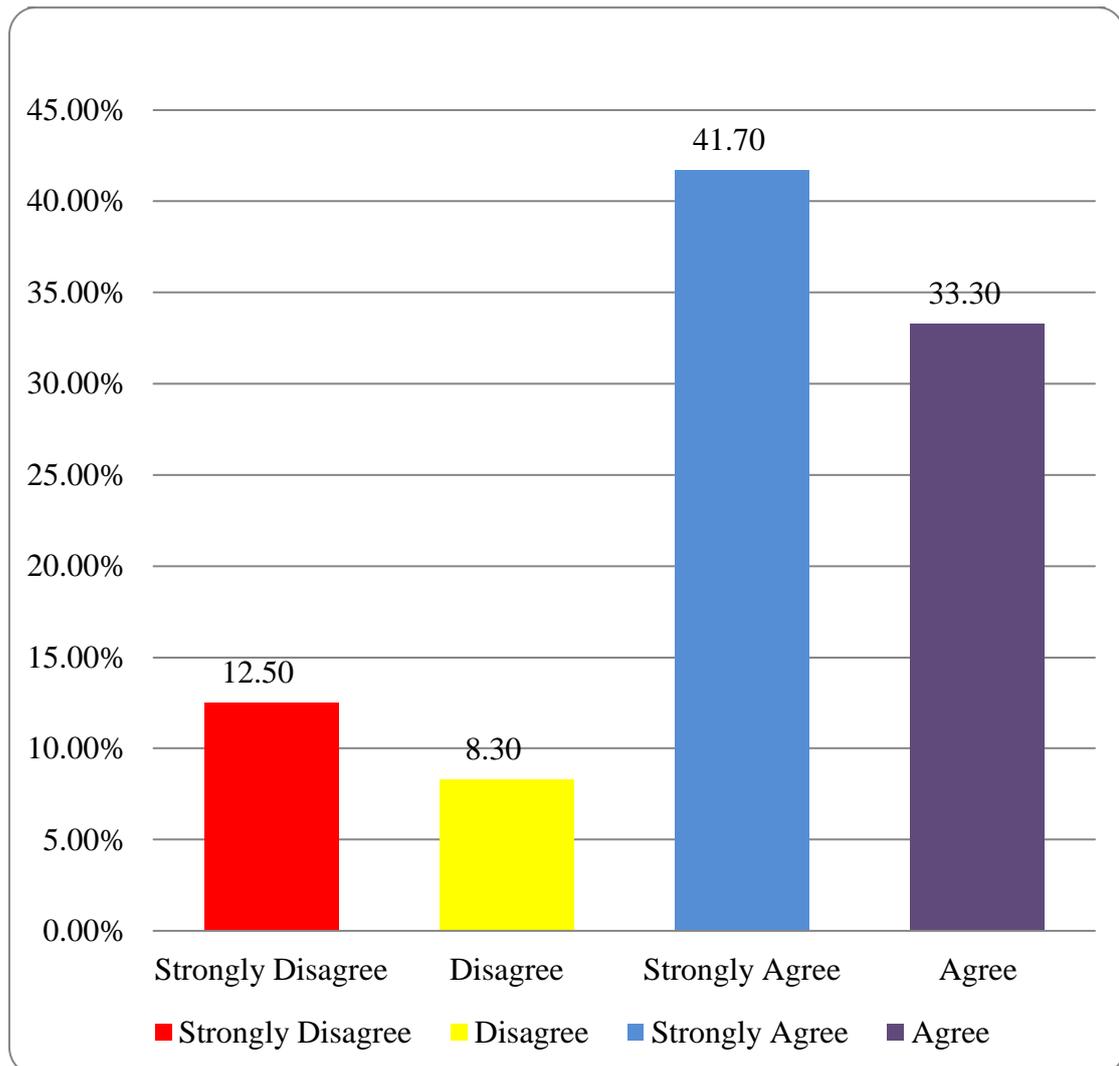
Figure 4.4.9 debits the restrictions faces by the adolescent girls. Here majority of the mothers (41.70%, N=10) mothers saying that their child faced huge restrictions on their menarche. Remaining (12.50%, N=3) disagreed with this statement.

Here 16 mothers responded this theme. The following verbatim are connecting to the sub theme.

"I don't believe my teenage daughter should be going out while she is having her period. During this time, she must stay at home and take care of herself". - **(Mother of Female Adolescent 11, 40 years old).**

"I want my daughter to be careful about how active she is while having her period. She should stay away from demanding tasks and engage in modest exercise only". - **(Mother of Female Adolescent 21, 43 years old).**

"My daughter shouldn't go swimming in public pools or other bodies of water while she is menstruating". - **(Mother of Female Adolescent9, 42 years old).**

"I believe it's critical for my daughter to understand and respect the limitations during her menstrual cycle. She ought to stay away from risky hobbies like contact sports". - **(Mother of Female Adolescent14, 42 years old).**

4.5 CONCLUSION

Menstruation is a phenomenon unique to girls. However, it has always been surrounded by taboos and myths that include women from many aspects of socio- cultural life. Such taboos about menstruation present in many societies impact on girls and women's emotional state, mentality and lifestyles and most importantly, health. The challenge of addressing the socio-cultural taboos and beliefs in menstruation is further compounded by the low girls knowledge levels and understandings of puberty. Thus there is the need to follow a strategic approach in combating these issues.

CHAPTER V

FINDINGS, SUGGESTIONS AND CONCLUSION

CHAPTER V

FINDINGS, SUGGESTIONS AND CONCLUSION

This chapter emphasized the major findings and suggestion about the effect of menarche among adolescent girls. This chapter focuses on major findings, implications, limitations, suggestions and conclusion.

5.1 MAJOR FINDINGS OF THE CURRENT STUDY

The major findings will depict under each objectives –

Objective 1: To assess the social demographic details of the adolescent girls

- The mean age of adolescent girls was 14.17 and standard deviation was 0.717.
- The most of the adolescent girls belongs to Hindu (50%).
- Majority of the adolescent girls has no siblings (39%).

Objective 2: To assess the social demographic details of mothers of adolescent girls

- The mean age of mothers was 42.43 and standard deviation was 9.67.
- The majority of the mothers of adolescent girls belong to agriculture field (82.60%).
- The majority of the family head have high school education qualification (69.60%).
- The majority of the mothers of adolescent girls have lower middle socio economic status (73.90%).

Objective 3: Adolescent Girl's Perspective of Menarche

The findings were revealed under the themes like Experience, Knowledge and Practice, and Socio- Cultural Context.

Experience- first experience

- Majority of the adolescent girls accepted their menarche as a normal phenomenon (30.40%).

Majority of the adolescent girls said that they are terrified on their menarche and become very uncomfortable.

Experience- physical distress

- Majority of the adolescent girls said that they faced physical distress on their menarche (52.20%).
- They find difficulty to concentrate and also felt like have cramps all the time and they hurts so much.

Experience-mental distress

- Majority of the adolescent girls faced mental distress on their menarche (56.50%)
- Adolescent girls being forced to deal with all cramps and all other symptoms.

Knowledge and Practice- knowledge sharing

- Majority of the adolescent girls were aware about menarche (34.80%).
- Adolescent girls said that it is an excellent method to educate and empower women about their bodies and menstrual heath.

Knowledge and practice- Hygiene practice

- Majority of the adolescent girls satisfied with their menstrual hygiene practices (65.20%).
- They said that they have no idea how crucial maintaining good hygiene was while on their menarche. Knowing this give them confidence that they needed to look for their body better.

Knowledge and practice- Support system

- Majority of the adolescent girls got support from their surroundings (60.90%).
- They said that knowing that I'm not alone is comforting.

Socio cultural context- Beliefs

Majority of the adolescent girls said that their belief system have big impact on their menarche (43.50%).

- They believe that it makes both physical and emotional side effects.

Socio cultural context- Celebration

- Majority of the adolescent girls not celebrated their menarche (82.60%).
- Some of the adolescent girls celebrated their menarche. They said that first menarche was a bit of an emotional roller coaster they had both fear and anxiety but their family and friends made them comfortable and made the day special through the celebration

Socio cultural context- restrictions

- Majority of the adolescent girls agreed that they faced huge restrictions on their menarche (41.70%).
- Adolescent girls said that during menarche they feel like in prison. Nothing that they wish to do can be done.

Objective 4: Mother's perspective of menarche

Experience- First experience

- Majority of the mothers said that their child were mentally prepared and accepted their menarche (26.10%).
- Mothers were concerned that how long it will take and if their child will have some problems.

Experience – physical distress

- Majority of the mothers agreed that their child faced physical distress during their menarche (47.80%).
- Some of the mothers said that they recall the discomfort and cramps experienced on their menarche by seeing their daughter on menarche.

Experience- Mental distress

- Majority of the mothers of adolescent girls agreed that their child faced mental distress during menarche (52.20%).

  Mothers said that they noticed that their child's more withdrawn and emotional during menarche.

Knowledge and Practice- awareness about menarche

- Most of the mothers agreed that their child were aware about menarche (43.50%).
- Mothers said that they are pleased that their daughter is discovering more about menarche and taking care of her body.

Knowledge and Practice- Hygiene Practice

- Most of the mothers satisfied with their child's menstrual hygiene practices (69.60%).
- Mothers said that they are pleased because their daughter understands the significance of regularly changing her menstrual products to prevent infection.

Knowledge and Practice- Support System

- Most of the mothers agreed that their child got support from surroundings during menarche (60.90%).
- Mothers said that they appreciate teachers and medical staff who are supporting their daughter during menarche.

Socio Cultural Context- Beliefs

- Majority of the mothers said that their belief system badly affected their child's menarche (47.80%).
- Mothers said that they are very hard to inculcate in their daughter the idea that her menstrual cycle is a natural part of her life and not something to be ashamed or embarrassed about.

Socio Cultural Context- Celebration

Some of the mothers said that they didn't celebrate their child's menarche (8.70%).

- One of the mother said that "our family made a big deal out of my daughter's menarche, and we celebrated it with a special dinner"

- Majority of the mothers said that their child faced huge restrictions during menarche (41.70%).

- One of the mother said that it's crucial for their daughter to understand and respect the limitations during her menarche.

5.2 IMPLICATIONS OF THE STUDY

Social work implication

- Capacity building for adolescent girls and their mothers.
- Regular sensitization programme with various issues.
- Imparting the importance of menstrual management and practice.
- Provide more information about modern practice from base level.

5.3 LIMITATIONS OF THE STUDY

- No cross cultural comparison
- No focus group discussion

5.4 SUGGESTIONS FOR FURTHER RESEARCH

- Longitudinal study
- Intervention study

5.5 CONCLUSION

The current study is to understand the effects of menarche on adolescent girl's life. The objective of the study was to assess the socio demographic details, the perception of menarche from both adolescent girls and mothers. A phenomenological research design was carried out this research for exploring and supporting the quantitative findings through qualitative interpretation. The present study was conducted in Peravoor, Kannur District. On this qualitative study researcher received information from 23 adolescent and 23 mothers of the adolescent girls. The researcher divided the objectives in to 3 themes subsequently divided again into 3 sub themes. Through analyzing these themes and sub themes all though the adolescent girls have a good support system and acceptance in their menstruation they suffer with psychological issues, they have unforgettable experience related to menstruation and they face restrictions on their menarche and they follow a good hygiene practice and got great support from their surroundings.

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APPENDIX I

Information sheet

Title: Menarche of Adolescent Girls; A Qualitative Study.

Purpose of the Study: My name is Linate Mathai, student in the Department of Social Work, Don Bosco Arts and Science College Angadikadavu, Kannur University, Kannur, India. As the part of study master of social work, I am undertaking a study to find out the effect of menarche of the adolescent girls in Kannur District, Kerala. I wish to interact with girls (aged 13-15 years) who are currently studying in class VIII to class X; who are studying in high school and their parents are administer a few questionnaires. I am being supervised under Dr.Harikrishnan U, Assistant Professor, Department of Social Work, Don Bosco Arts and Science College Angadikadavu, Kannur University, Kannur, India.

What does Study Involve?

The study involves an interview to assess the effect of Menarche of adolescent girls. The interview guide is attached so that you can consider them before deciding whether or not to participate. It is likely to last for about 30 to 45 minutes. You can keep only information sheet with you.

What will happen to my Information?

The information given by all participants will remain entirely confidential and your name will not be divulged to anyone else. The interview data will be kept secure. The final report of the study may include quotation from the interviews but these will be anonymous. No individual will be identified in any way in any report of the study. You will receive a summary of the findings if you wish.

Benefits and Risks: There is no risk and benefits associated with this research.

Your Rights as a Participant of the Study

Your entry to the study is entirely voluntary. You are entitled to decline to answer any question in the interview, and can withdraw from the study at any time without having to give any explanation. If you decide to participate, you will be given the summary of findings at the conclusion of the study on request.

Do you have further questions?

If you have further queries, please write to Linate Mathai at the address below, or phone him on 7306788349 between 6 p.m-8 p.m. Alternatively, you can email: linatmathai@gmail.com

By

Linate Mathai

Department of Social Work,

DonBosco Arts and Science College Angadikadavu.

APPENDIX II

Consent Form

Title of the Study: Menarche of Adolescent Girls; A Qualitative Study.

Name of Researcher: Ms. Linate Mathai , Department of Social Work, DonBosco Arts and Science College Angadikadavu., Kannur University, Kannur, E-mail id: linatmathai@gmail.com

Name of Supervisor: Dr. Harikrishnan U, Assistant Professor, Department of Social Work, DonBosco Arts and l Science College Angadikadavu, Kannur University, Kannur.

If you have read the information sheet and consent to be interviewed, please show your agreement by ticking the following

1.	I confirm that I have read the information sheet and understand what I will be asked to do	
2.	I understand that my participation is voluntary and that I am free to withdraw at any time without my legal rights being affected, and without having to give a reason	
3.	I understand that all my information will be strictly confidential.	
4.	I agree to take part of the interview and agree for the voice record.	

…………………………   ……..   ……………………
Name of the student   **Date**   **Signature**

………………………   ……..   ……………………….
Name of the parent   **Date**   **Signature & Phone no**

I have explained the nature, demands and foreseeable risks of the above research to the participant

Linate Mathai   …………   ……………
Name of researcher   **Date**   **Signature**

APPENDIX III

SOCIO- DEMOGRAPHIC DETAILS OF ADOLESCENT GIRLS.

Name:

Age:

Religion:

Hindu   Muslim   Christian   Others

Economic category

APL   BPL   Do not know

Age of Menarche:

How many siblings do you have?

APPENDIX IV

SOCIO - DEMOGRAPHIC DETAILS OF MOTHER

Name:

Age:

Literacy status:

Illiterate   Primary   Graduate   Metric   Higher Secondary

Post Graduate

Employment status

 Yes   No

Occupation of the head

Legislators, Senior Officials& Managers   Professionals   Technicians and
Associate Professionals   clerks   Skilled Workers and
Shop & Market Sales workers   Skilled Agricultural & Fishery Workers
Craft & Related Trade Workers.

Education of the Head score

Profession or Honours Graduate   Intermediate or   diploma
High school certificate   Middle school certificate   Primary school certificate
Illiterate

   Monthly income in rupees
> 123,322   61,663 - 123,321   46,129 - 61,662   30,831   –   46128
18,497 – 30830   6175 – 18496   <6174.

APPENDIX V

ADOLESCENT GIRL'S PERCEPTION ON THEIR MENARCHE

Do you think	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Face any physical distress during menarche?					
Mentally prepare for menarche?					
Face any mental distress during menarche?					
Aware about menarche?					
Satisfied with the hygiene practice?					
Surrounding was supportive on your menarche					
Belief systems affect the menarche?					
Your family celebrates your menarche?					
Face any restrictions on menarche?					

APPENDIX VI

MOTHERS PERCEPTION ON ADOLESCENT GIRLS MENARCHE

Do you think your child	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Mentally prepare for menarche?					
Face any physical distress during menarche?					
Face any mental distress during menarche?					
Aware about menarche?					
Satisfied with the hygiene practice?					
Surrounding was supportive on your child's menarche?					
Belief systems affect your child's menarche?					
Menarche celebrated?					
Face any restrictions on menarche?					

APPENDIX VII

INTERVIEW GUIDE OFADOLESCENT GIRLS

Explain your first experience on menarche.

Describe the physical distress faced on menarche.

Can you describe the mental distress faced during menarche?

Can you explain from where you got the knowledge about menarche?

Do you satisfied with the hygiene practice?

Can you explain how your surrounding did support on menarche?

Does your belief system affect the menarche? Explain.

Can you explain, did you celebrate your menarche?

Do you faced any restrictions on menarche? Elaborate.

APPENDIX VIII

INTERVIEW GUIDE OF MOTHER

Explain your child's first experience on menarche.

Can you describe the physical distress faced by your child during menarche?

Can you explain the mental distress faced by your child during menarche?

Could you explain, from where your child got the knowledge about menarche?

Could you explain are you satisfied with the child's hygiene practice?

Can you explain, did your child have any surrounding support on menarche?

Describe, does belief system affect your child's menarche?

Can you explain, does your child's menarche is celebrated?

Can you explain, does your child face any restrictions on menarche?

MENSTRUAL HYGIENE MANAGEMENT AND PRACTICE AMONG ADOLESCENT GIRLS: A QUALITATIVE STUDY

VAISHNAVI K

DON BOSCO ARTS & SCIENCE COLLEGE

ANGADIKADAVU, IRITTY

KANNUR - 670706

2021-2023

MENSTRUAL HYGIENE MANAGEMENT AND PRACTICE AMONG ADOLESCENT GIRLS: A QUALITATIVE STUDY

DISSERTATION SUBMITTED TO THE KANNUR UNIVERSITY
IN PARTIAL FULFILLMENT OF THE REQUIREMENT
FOR THE AWARD OF THE DEGREE OF
MASTER OF SOCIAL WORK

BY

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UNDER THE GUIDANCE OF

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MAY 2023

DEPARTMENT OF SOCIAL WORK

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CERTIFICATE

This is to certify that the dissertation entitled, **MENSTRUAL HYGIENE MANAGEMENT AND PRACTICE AMONG ADOLESCENT GIRLS:A QUALITATIVE STUDY**, submitted by **VAISHNAVI K,** in partial fulfillment of the requirement for the award of the degree of **Master of Social Work**, is a bonafide record of work done under the guidance and supervision of HARIKRISHNAN U., Ph.D., Assistant Professor during the period of her study (2020-2023) in the Department of Social Work, Don Bosco Arts and Science College, Angadikadavu, Iritty, Kannur, affiliated to The Kannur University.

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CERTIFICATE

This is to certify that the dissertation entitled, **MENSTRUAL HYGIENE MANAGEMENT AND PRACTICE AMONG ADOLESCENT GIRLS:A QUALITATIVE STUDY** submitted by **Vaishnavi K**, in partial fulfillment of the requirement for the award of the degree of Master of Social Work, is a bona fide record of work done under my guidance and supervision during the period of her study (2021-2023) in the Department of Social Work, Don Bosco Arts and Science College, Angadikadavu, Iritty, Kannur, affiliated to The Kannur University.

HARIKRISHNAN U., Ph.D.

Assistant Professor and Research Guide

Department of Social Work

Don Bosco Arts and Science College

DECLARATION

I, **Mrs.Vaishnavi K,** the undersigned, hereby declare the dissertation entitled**, MENSTRUAL HYGIENE MANAGEMENT AND PRACTICE AMONG ADOLESCENT GIRLS:A QUALITATIVE STUDY**, submitted to the Kannur University, in partial fulfillment of the requirement for the award of the degree of master of Social Work, is a Bonafide work done by me under the guidance of **Harikrishnan U., Ph.D.**, Assistant professor, Department of Social Work, Don Bosco Arts and Science College, Angadikadavu, Iritty. This work has not been placed by anybody in the University for the Award of any degree or diploma.

ANGADIKADAVU

May 2023   VAISHNAVI K

AKNOLEDGEMENT

VAISHNAVI K

ABSTRACT

Introduction

In order to preserve women's general health and wellness, menstrual hygiene management is crucial. A range of illness and health hazards can be avoided by managing menstrual hygiene properly. This entails utilising the proper hygiene products, such as menstrual cups and sanitary pads changing them frequently throughout the day, properly washing and thoroughly drying a reusable menstrual cup, and washing ones hands every day. Along with keeping the genital area dry to prevent bacterial growth, it is crucial to wear clean, comfortable clothing when on a period. Finally it is suggested that stress level can be controlled by maintaining a nutritious diet, obtaining enough rest, and exercising regularly. Menstrual hygiene management is crucial since it can prevent several health complications. The current study objectives are: 1) To access the socio-demographic details of adolescent girls, 2) To access the socio-demographic details of the mothers of adolescent girls, 3) To understand the perspective of adolescent girls menstrual hygiene management and practice, 4) To understand the perspective of the mothers of adolescent girls' menstrual hygiene management and practice.

Methodology

A phenomenological research design was carried out in the current study. The study was conducted among the adolescent girls age group of 13 to 19 living in Peravoor of Kannur district. Saturation method was used for collection the samples for the current study. Key Informant Interview perspectives were included in the major findings. The tools for data collection were socio-demographic profile, questionnaire related to the topic and interview guide. The method of the data collection was done through various steps like approval, tool construction, consent form and interview. The findings of the current study were analysis through SPSS and transcript process for thematic analysis.

Results

A total of 22 adolescent girls and their mothers were participated in the current study. The mean age of the adolescent girls was15.45 and standard deviation 1.68. The mean age of the mothers of adolescent girls was 41.95 and standard deviation was 4.14. The socio economic status of the family belongs to lower middle.

The result of adolescent girls' perspective on menstrual hygiene management and practice indicates that the society is accepting the menstrual hygiene management and practice, some among them have issue with belief system during menstruation, and they suffer from psychological issues in every month. They are not ready to use modern menstrual products because of fear.

Mother's perspective on adolescent menstrual hygiene management and practice stated that now a day's menstruation becomes more acceptable in the society than older days. Their children face several livelihood issues related to their menstruation and face psychological issues and discomfort with modern practices. The study limitations are lack of cross cultural findings, poor exploration in the perspective of opposite gender, and need to do a comprehensive search in casual factors. For further research, the current topic should conduct in longitudinal or intervention research.

Conclusion

Through analysing these themes and subthemes although the adolescent girls have a good support system and acceptance in their menstruation they suffer with psychological issues, they have miserable experiences related to menstruation and they face lively hood issues during their menstruation. They follow a good hygiene practice but they are still using menstrual product like pads they are hesitating to switch on to modern practices. The social work implications for the current study are regular sensitization programme, capacity building, eco-friendly practice and hygienic environment.

Keywords: Menstrual hygiene management and practice, adolescent girls, qualitative study.

CONTENTS

LIST OF TABLES

LIST OF FIGURES

14	4.3.1.9	Distribution of modern practices of menstruation adolescent girls	43
15	4.4.1	Menstrual hygiene management practice socially acceptable	45
16	4.4.2	Distribution of livelihood issues on menstrual period	46
17	4.4.3	Menstruation affects the socio cultural believes	47
18	4.4.4	Distribution of social support on their menstruation	48
19	4.4.5	Facing psychological issues during their menstruation	49
20	4.4.6	Distribution of miserable experience on their menstrual period	50
21	4.4.7	Distribution of practices hygiene methods during menstruation	51
22	4.4.8	Menstrual products are easily available and accessible	52
23	4.4.9	Distribution of awareness about the modern practice of menstrual hygiene	53

LIST OF ABBREVIATIONS

BV	Bacterial Vaginosis
JMP	Joint Medical Program
KII	Key Informant Interview
MHM	Menstrual Hygiene Management
PID	Pelvic Inflammatory Disease
PMS	Pre-Menstrual Syndrome
RTI	Reproductive Tract Infections
SPSS	Statistical Package of Social Sciences
STD	Sexually Transmitted Diseases
UTI	Urinary Tract Infections

CHAPTER I
INTRODUCTION

CHAPTER I

INTRODUCTION

This chapter is introducing the concepts, statement of the problem, conceptual framework, general and specific objectives, research questions and chapterization. The contents will be discussed in the following sub-heading.

ADOLESCENCE

Teenagers between the ages of 13 and 19 are considered adolescents. Adolescence is the time when childhood ends and puberty and adulthood begin. When a child reaches puberty, they begin to develop sexually. The development of secondary brain structures is another characteristic that often occurs between the ages of 10 and 14. Qualities that is sexual. Boys and girls go through the same developmental stages that result in the production of secondary sex characteristics. These morphological characteristics have nothing to do with reproduction. Changes in voice, body type, pubic hair pattern, and facial hair are among them. The development of breast buds is followed by the growth of the breasts and nipples as the first puberty changes in girls. Menarche, or the beginning of menstruation, is one of the key phases of puberty in girls and is recognised as one of the puberty-causing variables. Menstruation, the term for the monthly biological process, is derived from the Latin word "menses," which means moon and denotes the lunar month. Blood from the uterus passing via the vagina. Although it is crucial for the reproductive process, people frequently pass it on to their offspring as a flow of dirty blood. Menarche often begins within two to three years following the menarche and typically occurs between the ages of ten and sixteen. Through adolescence, menstrual cycles will typically not be consistent. In this age group, menstrual problems are also prevalent.

MENSTRUATION

In India, there are about 32 crore women between the ages of 15 and 49, according to the 2011 census. Menstruation is a cyclical process that occurs when the inner lining of the endometrium naturally sheds. The monthly cyclical changes that occur in a woman's uterus are known as her menstrual cycle. It consists of the menstrual phase, the follicular phase, the ovulation phase, and the luteal phase.

- The menstrual phase, which is the initial stage, is brought on by the unfertilized egg. The deteriorated uterine lining that was thickened to accommodate a pregnancy is leaking out via the vagina along with blood and the uterus. On the first day of periods, the follicular phase begins. The follicles hold immature eggs, and eventually the healthiest egg will mature while the other follicles are reabsorbed by the body.

- The uterus is creating a mature egg when ovulation occurs. The discharged egg descends the fallopian tube to reach the uterus. Ovulation typically occurs on day 14 of a cycle of 28 days.

- Luteal phase occurs after ovulation and during this phase the uterus lining gets thicker for conceiving. when the egg goes unfertilized the menstrual phase start.

The menstrual cycle ranges between 21-35 days and the bleeding will occur for 3-5 day, depending on the person. It is a hormone-controlled process. Menstruation and menstrual hygiene methods is surrounded by various kinds of myths and taboos in the society. Even the religions have different opinions on the behaviour and activities of the girls during menstruation and restricts girls from routine activities' also affects the physical, emotional, and psychological wellbeing of girls. The most common issues faced by the girls during their menstrual period include:

- Abdominal pain
- Back pain
- Mood swings
- Fatigue
- Vomiting
- Headache

MENSTRUAL HYGIENE MANAGEMENT

The term "hygiene" refers to practises that promote cleanliness, disease prevention, and healthy living. In the case of menstruation, it is also crucial to practise proper hygiene practises in order to prevent infections and other illnesses.

MHM, according to the JMP's definition from 2012, is when "women and adolescent girls are using a clean menstrual management material to absorb or collect menstrual blood, that can be changed in privacy as often as necessary for the duration of a

menstrual period, using soap and water for washing the body as necessary, and having access to facilities to dispose of used menstrual management materials."

Services for reproductive health, basic hygiene, and sanitation all depend on women's capacity to regulate their bodies. It is crucial that menstruators change their menstrual hygiene products after specific amounts of time. Menstrual hygiene is essential for a woman to live a healthy life. Women are more susceptible to acquiring genital and urinary tract infections during the menstrual cycle. Several STDs and can potentially result in serious problems like cervical cancer. Therefore, females must have a thorough understanding of and practise with cleanliness practises before their menarche.

UNHYGIENIC MENSTRUAL PRACTICES

Lack of sufficient understanding about menstruation hygiene is sometimes the root cause of unhygienic menstrual practises. Users who engage in unsanitary practises risk major health problems. These procedures consist of:

- Unhygienic sanitary products
- Infrequent pad changes
- Inserting unhygienic objects into the vagina are all bad habits.
- Using tampons and other superior menstrual hygiene products. after urinating or defecating, wipe from back to front
- Unguarded sex.
- Improper discarding of discarded sanitary products Douching
- The repeated pumping of liquid into the vagina
- without washing one's hands after replacing a sanitary towel

1.1 STATEMENT OF THE PROBLEM

There the current study is an attempt to understand the Menstrual hygiene practices of adolescent girls in Kannur. The study is extended the perspective of mothers of adolescent girls. The Girls in underdeveloped nations are at danger of infections and diseases because of unhygienic menstrual practises, which involve regulating menstruation using outdated, conventional ways. Due to its potential to result in severe health issues and, in some cases, even death, it is a practise that is still common in

many nations and poses a serious threat to public health. The most typical unclean menstrual practise is the collection of menstrual blood in cloth, rags, leaves, or other dirty items. Girls who engage in this practise run the danger of contracting infections, rashes, and potentially toxic shock syndrome. Reusing menstrual products, not having access to clean water and soap for cleaning, and not having proper sanitation are all examples of unsanitary behaviours. Unhygienic menstrual practices can lead to a range of about relevant diseases related to unhygienic menstrual practice.

Unhygienic menstrual practices can lead to a range of serious health issues. Such practices include reusing the same menstrual material for prolonged periods, inadequate access to clean water for washing, and improper disposal of used menstrual products.

One of the most common diseases associated with unhygienic menstrual practices is bacterial vaginosis (BV), which is caused by an imbalance of bacteria in the vagina. BV can cause unpleasant odours, increased discharge, and itching or burning. It can also increase the risk of contracting sexually transmitted infections (STIs). Another common disease associated with unhygienic menstrual practices is urinary tract infections (UTIs). UTIs are caused by bacteria entering the urinary tract, and can cause burning sensations when urinating and bladder pressure. Using the same menstrual product for extended periods of time can also lead to skin irritation and inflammation. This can be further exacerbated by chemicals found in certain products, such as sanitary pads or tampons.

Unhygienic menstrual practices can also lead to reproductive tract infections, such as pelvic inflammatory disease (PID). PID is caused by bacteria entering the reproductive organs, and can cause chronic pelvic pain, fever, and irregular menstrual. Unhygienic menstrual practises can result in a variety of disorders that are pertinent to menstruation.

A number of major health problems can result from unhygienic menstruation practises. These behaviours include using the same monthly product over an extended length of time, having insufficient access to clean water for washing, and disposing of used menstrual products improperly. Bacterial vaginosis (BV), which is brought on by an unbalanced bacterial population in the vagina, is one of the most prevalent illnesses linked to unclean menstruation practises. Unpleasant odours, excessive discharge, itching, and burning are all possible effects of BV. Additionally, it may make you more

likely to develop STIs (sexually transmitted infections). Urinary tract infections (UTIs), another common condition linked to unclean menstruation practises. Bacteria entering the urinary system is what causes UTI. This study is amongthe Adolescent girls is carried out in peravoor, Kannur, Kerala.The understandings, hygiene practices, abnormalities, and challenges of the menstruating girls are collected by this qualitative study.

1.2 TITLE

Menstrual Hygiene Management and Practice among Adolescent Girls:A Qualitative Study

1.3 OBJECTIVE

The current study aims to understand the menstrual hygiene management and practice of adolescent girls in Peravoor, Kannur.

SPECIFIC OBJECTIVES

- To access the socio-demographic details of adolescent girls.
- To access the socio-demographic details of the mothers of adolescent girls.
- To understand the perspective of adolescent girls menstrual hygiene management and practice.
- To understand the perspective of the mothers of adolescent girls menstrual hygiene management and practice.

1.4 SIGNIFICANCE

Studies on menstrual hygiene management can point out knowledge and awareness gaps among various demographic groups, which can then be used to guide policy and practise to improve menstrual hygiene for women and girls. Studying menstrual hygiene management can also aid in assessing the efficacy of initiatives to promote menstrual hygiene, such as access to sanitary products, menstrual hygiene education. For women's general health and wellness, it is crucial to understand menstrual hygiene management and practise in India. In India, where many women lack access to proper sanitation, menstrual hygiene products, or information regarding the significance of monthly hygiene, menstrual hygiene management (MHM) is a crucial element of good health and cleanliness for women.

Due to the existing taboos related to the menstruation and the accumulation of false knowledge from the people surrounding there is a high chance for young ladies to be continuing doing unhealthy unhygienic practices during menstruation. Menstrual hygiene products are becoming a massive part for environment pollution and the unawareness of different health issues that may occur during the menstruation if not treated properly can cause serious problems later. The inappropriate use of products makes adolescent girls and women more vulnerable to bacterial, fungal, and urinary tract infections, which has an adverse effect on their general health and wellbeing. Among other things, this entails knowing how periods function, when to anticipate them, how to handle them, hygienic treatments, where to get them, and disposal techniques. So, through this study, the girls can be provided proper awareness to adopt healthy menstrual hygiene practices and make them aware about the eco-friendlier products they can be trusted for using as menstrual hygiene material and provide awareness on the health issues and the need for consulting a doctor if necessary and, making them feel confident on speaking about the subject in public. Mental hygiene management, which is frequently discussed in terms of physical health but is also intimately related to mental health, is a key idea in the development of women's health and wellness. It is a multifaceted viewpoint that takes into account the social, emotional, and physical components of controlling and comprehending the menstrual cycle. This indicates that menstrual hygiene management should be seen as something that is strongly tied to people's total welfare rather than as a basic hygiene practise. Menstrual hygiene management on a physical level entails actions like washing and replacing sanitary pads and liners, correctly discarding used items, and utilising products that are safe for the body

1.5 CONCLUSION

Menstrual health and hygiene programmes are not widely known, which has resulted in a lack of knowledge about the use of sanitary pads. When compared to urban areas, the number of girls utilising sanitary napkins in rural areas was much lower. Their primary method of menstruation hygiene is wearing old clothes. Use the material for more than a few months, wash it, and reuse it. This is a result of the lack of resources and availability in rural areas. Additionally, there are other restrictions placed on women and girls throughout this time. Teenagers are subjected to constraints in household concerns and are forced to engage in unclean menstruation practises as a result of

inadequate awareness of menstrual hygiene. Innovations are required to promote menstrual hygiene in rural areas, and the establishment of adolescent-friendly service centres that will educate people about menstruation practises and reproductive health will be beneficial. In order to correctly educate the child with accurate knowledge about menstruation, the participation of female instructors, peer educators, and mothers is very vital.

CHAPTER II
REVIEW OF LITERATURE

CHAPTER II
REVIEW OF LITERATURE

2.1 INTRODUCTION

A literature review is a comprehensive summary of previous research on a topic. The literature review surveys scholarly articles and other sources relevant to a particular area of research. The review should enumerate, describe, summarises, objectively evaluate, and clarify this previous research. The literature helps to understand more about menstrual hygiene management and practice.

Menstrual Hygiene Management (MHM) and practice is an important health and development issue that affects the lives of adolescent girls around the world. MHM is the practice of managing menstrual health with dignity, safety, and comfort. It involves access to menstrual products, proper disposal of used products, and education about menstruation and related health issues. Adolescent girls face several challenges in practicing MHM due to their age, gender, and social norms. These challenges have a negative impact on their health, education, and well-being. Therefore, it is essential to promote MHM among adolescent girls in order to improve their overall quality of life.

The first major challenge faced by adolescent girls in practicing MHM are inadequate access to menstrual products. Many girls lack access to menstrual products due to cultural taboos, poverty, and lack of awareness. This can lead to the use of unsanitary materials such as rags and leaves, which can cause infection and other health issues. It can also lead to missed days of school, which can have a negative impact on their academic performance. Therefore, it is important to ensure that adolescent girls have access to menstrual products in order to maintain their health and education.

The second major challenge faced by adolescent girls in practicing MHM are inadequate education about menstruation. Many girls lack knowledge about the menstrual cycle, menstrual hygiene, and related health issues. This can lead to confusion, embarrassment, and poor hygiene practices. Therefore, it is important to provide girls with comprehensive education about menstruation and MHM in order to promote healthy practices. This education should include information about the menstrual cycle, menstrual hygiene, and other related health issues.

The third major challenge faced by adolescent girls in practicing MHM are social norms and gender stereotypes. Many girls face stigma and discrimination due to cultural taboos and gender stereotypes. This can lead to exclusion and isolation. Menstrual hygiene management is a critical issue for all women, but especially for adolescent girls. Adolescence is a vulnerable time for girls, and managing their menstrual hygiene can be a challenging task. Without proper education and access to necessary resources, adolescent girls may not understand the importance of menstrual hygiene, or they may not have the necessary items to adequately manage their periods. The first step in improving menstrual hygiene management among adolescent girls is to provide comprehensive education.

2.2 REVIEWS

A study investigated on the assess knowledge, beliefs, and source of information regarding menstruation, and also to assess hygiene among them. Adolescence has been recognized as a special period that requires specific attention as it marks the onset of menarche, an important milestone, and hence good hygienic practices during menstruation are crucial to maintain a healthy life.A cross-sectional study was carried out in urban slum area. Data were collected using pre-tested proforma during the period of 1st June to 31th August 2017. Among the 100 adolescent girls, 72% were between 15 and 19 years. A maximum of 47% were having high school education. About 47% mothers were illiterate; 27% girls had menarche at 14 years and 82% had regular cycles. About 76% had no knowledge of menses before menarche. The source of information was mother in 84%. Only 16% girls commented that bleeding initiated in uterus. About 60% girls used sanitary pad and the rest used cloth pieces. About 22% used water and no soap for hand washing. Multiple restrictions were practiced. The study reported that menstrual hygiene was unsatisfactory among adolescent girls. Therefore, girls should be educated about the facts of menstruation and proper hygienic practices **(Deshpande, Patil, Gharai, Patil and Durgawale, 2018).**

Menstrual Hygiene Management—Knowledge, Attitudes, and Practices Among Female College Students in Bhutan discusses about the lack of understanding about menstruation among the college students of Bhutan through a cross sectional KAP survey among random female students of different colleges. The study analysed the

differences in the opinion of the first year and final year students. The major findings of the study included that most of the students scored a high index in MHM practices but their knowledge on menstruation comparing to the former was very low. Due to issues with menstruation management, female college students who live in hostels suffer significant losses throughout their formative years of learning, including time, energy, and money. The study also showed that proper psychosocial support was not provided to these students, which increased absenteeism**(Tshomo, 2021).**

Menstrual hygiene is very much important to women and is also associated with having physiological and psychological affects in their life. During this time there is a high chance for women to develop reproductive react infections, various sexually transmitted diseases etc. The practices like inserting unclean substances to vagina, continuous use of same pad without changing, douching will increase the threat of infection. Also having unprotected sex during menstruation time may invite HIV or Hepatitis B infection as blood carries a high concentrated amount of both. Special emphasis has to be given in the hygiene related matters during the menstrual phase. The correct knowledge of menstruation from early childhood days will be helping for acquiring good hygiene practices (**Deshpande, 2018).**

Due to the lack of awareness on menstrual health and hygiene programs has led to the unawareness of using sanitary pads. In the rural areas the number of girls using sanitary napkins were very less when compared with urban areas. They mostly use old clothes as their menstrual hygiene material, reuse them and wash them and use it for over a few months. This is due to the lack of money and lack of availability in the rural areas. Also, the girls and women have to face a lot of restrictions during this period. This is also seen more in rural areas than urban and is mainly related to rituals they practice and is due to the lack of proper knowledge on menstruation. Mothers and teachers are having avery important role in providing factual knowledge about reproductive health, menstrual hygiene etc to the younger generation

The lack of proper knowledge on menstrual hygiene is paving way for doing unhygienic menstrual practices, and restrictions in house matters are also imposed on adolescents. The women who uses the cloths as menstrual hygiene material is more in number and it leads to a more number of RTI symptomatic persons . There is a need of innovations to improve menstrual hygiene in rural setting and opening adolescent

friendly service centres which will provide knowledge on menstrual practices and reproductive health will be helpful and the need for it to be established in school curriculum .The role of female teachers, peer educators and mothers in properly educate the child with factual knowledge on menstruation is very important. In accordance with millennium development goals 2,3 and 7 water and sanitation needs of the women and girls at all levels has to be addressed for attaining better menstrual hygiene practices **(Thakre,2011).**

"Menstrual Hygiene Management among Young Unmarried Women in India" discuss the hygienic methods practiced by the unmarried women in different age groups. The women of age group 20-24 are using a more hygienic menstruation than to the unmarried women of age group of 15-19. The study tells that with increase in education the hygienic methods practiced has also improved, that is with proper awareness and knowledge women are adopting more hygienic practices during their menstruation. The study also compares the hygiene among the urban and rural population and find out that only quarter of the rural women were adopting hygienic methods but half of the urban population was using hygienic methods. The study discusses that the unhygienic practices followed by the women during menstruation will increase the risk for getting reproductive health related issues. The cultural norms and traditional practices related to menstruation in India have forced these women to have the unhygienic methods along with it the socio-economic status, place of domicile, accessibility to the hygiene materials are also factors that determine the hygiene of the menstruating women. The study suggests some methods like providing low-cost pads through health centres, anganwadi workers etc will help in tackling the inaccessibility to the sanitary napkins, but along with that study also suggest in providing proper waste management infrastructure so that the disposal of these pads will not affect the village environment**(Anand, 2015).**

Menstrual waste is being a great hazard to environment because of the unsafe ways of its disposal .it is also making difficulties to the users and the sanitation systems. This unscientific disposal of these waste makes a negative impact on sewage system. Considering the situation and the problems caused by this inappropriate disposal of menstrual waste the methods like implementing software methods like providing awareness, capacity building, hardware methods like technology will be good and there is a need for the interventions of government at various levels of waste management

starting from collection of materials from the users to its management, final treatment and disposal (**Elledge, 2018**).

Women face a lot of women faces so many challenges in disposing the used menstrual hygiene product. The women dispose the absorbents according to the place they are in, if it is at home then it is disposes in domestic waste and if they are outside using public restrooms then the waste material is flushed into the toilet without knowing the harmful effects of choking. The study throws light to the need of educating them about the environmental and health hazards related to the unhygienic disposal practices. From the authorities side the implementation of incinerators will help in reducing the waste. Providing awareness on the reusable menstrual products is also helpful in this. In the present-day girls (**Kaur,2018**).

Mostly prefer disposable pads and tampons which are made of high absorptive materials such as polyacrylate which when coming in contact with liquid will swell up. The disposal of these items in the toilets and flushing will cause blockage in the toilets causing the sewage backflow which a very serious health hazard and pollution. And also, the adhesive wing coming in these sanitary napkins is not biodegradable. The blockage of sewage caused by the accumulation of solid waste is a global issue and the most common and major factor contributing to it is the disposal of menstrual products in the toilets. Menstrual products are available on the market in disposable and environmentally friendly categories. Menstrual pads and tampons, which are made mostly of cotton, non-woven textiles, and polymer absorbers and fall under the first category, must be buried or burned after use. A pad takes 50 years to decompose, and when it is burned, the chlorinated, disinfected, and bleached pulp components produce dioxins and other dangerous compounds that wind up in the food chain, endangering both natural species and the environment. The similar problem applies to baby diapers. When sanitary goods are recycled, a variety of hazardous compounds can be created that are likely to eventually enter the food chain. This puts natural animals and their habitats in jeopardy in addition to polluting the environment. Reusable environmentally friendly menstrual products are an option to replace women's physiological needs and lessen the environmental impact given the gravity of the aforementioned issues. Disposable menstrual pads continue to be the main sample in most sanitation education and internet media, which confines the awareness of menstrual products among the majority of women to the well-known menstrual pads. To prepare young girls for

menarche, it is therefore vital to provide proper instruction on health and cleanliness. (**Tu. J C,2021**)

Even the poorest communities have been shifted to menstrual pads as their menstrual hygiene product, but it also causes a significant challenge to the environment. But there exist more sustainable alternatives to these onetime usable menstrual products like cloth menstrual cups etc. Its beneficial for women's health and possible environmental hazards are very less. The women always find it convenient to see disposable product as they can be thrown out after single use, so the study suggests that more awareness and education has to be given to women to promote the sustainable menstrual products. (**Garikipati, 2019**)

Hormonal issues during the menstruation have been related to significant emotional and physical effects. The menstrual cycles inherent hormonal variations are linked to symptoms that are related to the menstrual cycle. Physical, behavioural, or emotional issues such as dysmenorrhea, premenstrual syndrome (PMS), and premenstrual dysphoric disorder are among these symptoms (PMDD). Menstrual diseases affect up to 2.5 million women annually and can significantly lower a person's quality of life**. (Claython &Anitha,2008)**

The most prevalent gynaecological illnesses among urban residents are menstrual issues. Although not life threatening, this affects their productivity and efficiency at work and in their daily lives. This is a significant contributor to absenteeism in workplaces and educational institutions. Stress was a very prevalent cause of menstruation problems. Adolescent girls who have reported higher levels of stress from school and exams, are having more issues like dysmenorrhea. Women in their middle years were under stress from their jobs and the economy and were experiencing menorrhagia and oligomenorrhoea. Women who were menstruating at the time Many of the females had dysmenorrhoea, menorrhagia, or oligomenorrhoea, which are all symptoms of PMS. In all age groups of females, social stress was present in equal amounts with all types of menstrual disorders (**Deliwala K.J et al., 2013**).

World Health Organization (WHO): Expert Committee, defined adolescence is the period between 10-19 years, the second decade of life. Adolescence is a time of extreme introspection. Adolescent are strength of the society and future citizens of the world. Developing every healthy adolescent contributes to build a healthy future. One

in every five persons in the world is an adolescent. It is worthwhile to mention that poor menstrual hygiene comes in the way of achieving the several Millennium Development Goals such as achieving universal education, promoting gender equality and women empowerment, improving maternal health, ensuring environmental sustainability, and attaining global partnership for overall development of the society **(WHO, n.d).**

A study has been emerged that, the adolescent girls in the slum areas are curious to know about menstruation, but they get sparse information, which makes it a disgusting experience. Most of the girls had knowledge about menstruation before their starting of adolescence and their main source of information is either their mother or elder sister. However, those girls who have no idea of menstruation before attaining that period were frightened and cried during menarche. Sometimes, they are unable to handle menstrual complexities like irregular blood flow, menstrual cramps, mood swings, fear of leakage, unbearable abdominal or back pain, and a good number of them faced embarrassment in schools and colleges **(Kumar & Srivastava, 2011).**

A study of 190 adolescent girls of a rural secondary school of West Bengal were surveyed using closed ended questionnaire to identify the issues and challenges of menstruation faced by adolescent girls. The study explains that, menstruation is still considered as a social taboo in India and people feel embarrassed to discuss this topic in open. This limits the free flow of information and knowledge about menstruation and menstrual hygiene among adolescent girls and they have to pay major costs by getting affected with infections or using inappropriate methods to manage their periods. Most of the girls come to know about menstruation with their mothers, friends, or elder female family members. This limits their access to correct and logical information. They are not educated properly to manage their menstruation time by using proper resources or taking proper diet. They are forbidden to attend schools or to stay at one place only for a limited period. It reduces their confidence and they feel embarrassed during menstruation. Instead of attaining mental or social support they are discarded from society gatherings and considered as a dirty object or untouchable. The study concludes that with proper information girls will be able to adopt quality based preventive measures which rescue them from cancer or any other related disease or infection**(Ray & Dasgupta, 2012).**

A systematic review and meta-analysis has been conducted to analyze the status of menstrual hygiene management among adolescent girls in India to determine their unconsidered requirements. Information on menarche awareness, type of absorbent used, disposal, hygiene, restrictions and school absenteeism were few important factors identified during the study. The study produces several inferences about menstrual hygiene and its related factors. The results of the study were totally shocking which explains that most of the girls are still unaware of adolescence and the reason for it. Being considered as taboo girls face uncountable restrictions from family and society. Using of absorbent like sanitary napkins, tampons or menstrual cups is more in urban area while in rural due to socio-economic factors girls are forced to use clothes or sand or rags. Most of the girls reported that, they did not attend school during menstruation due to which school absenteeism due to menstruation did not decrease over time. Cloths are traditionally used to absorb menstrual flow; they are cheaper and environmentally less polluting, but cleaning and drying cloths is a problem if girls lack water, privacy and a drying place. It has been scientifically preferred to dry the cloth or innerwear under sun so that germs get destroyed but mostly girls feel it a matter of shame to dry their clothes in open or under sun **(van Eijk, 2016)**.

This study aimed to investigate menstruation management practices, barriers and facilitators, and the influence of menstruation on school absenteeism among secondary school students in a peri-urban district of Uganda. The study explained that, adolescent girls having better knowledge regarding menstrual hygiene and safe practices are less vulnerable to reproductive tract infections (RTI) and its consequences. Therefore, increased knowledge about menstruation right from childhood may escalate safe practices and may help in mitigating the suffering of millions of girls**(Miiro, 2018).**

A study explains that as girls and boys grow up, their bodies develop and changes occur due to secretions in their bodies called hormones. These physical and emotional changes occur between the ages of 9 – 19 years. This stage of life has been scientifically termed as adolescence. It is a transition period from childhood to adulthood and is characterized by a spurt in physical, endocrinal, emotional, and mental growth, with a change from complete dependence to relative independence. The period of adolescence for a girl is a period of physical and psychological preparation for safe motherhood. As the direct reproducers of future generations, the health of adolescent

girls influences not only their own health, but also the health of the future population**(Water Supply and Sanitation Collaborative Council (WSSCC), 2018).**

A Quantitative research approach with Descriptive research design was used for this study to assess occurrence of menstrual irregularities among adolescent girls in selected rural area, Dehradun, Uttarakhand. The population comprised of adolescent girls having age group between 10–19 yrs. The study was conducted in selected rural area of, Dehradun, Uttarakhand. The study results indicate that very few adolescent girls were having menstrual irregularity whereas dysmenorrhea was common in all. Obesity is common in adolescent girls but in the selected area where research was done all the girls were having normal BMI (18.5–24.9) **(Kandpal, Sharma, & George, 2019**).

Based on data from the survey of income and program participation 189,000 children in age group 6-14 years (0.5%) have difficulty in seeing words and letters in ordinary newsprint even when wearing glasses or contact lenses. Of those 42,000 have a severe visual impairment and 14,000 having non-severe visual impairment. In such cases it has been recommended that, there exists need to setup health care centers where visually impaired girls can be guided and educated about menstruation and its related information. Amongst all they should be guided more importantly about maintaining menstrual hygiene and its necessity for female body. Such guidance can help in eradicating the existing societal taboos and improves the perception of society regarding menstruation **(Steinmetz, 2006).**

 A study conducted among the attendees of blind centers to provide demographic information about low vision in blind centers at Khartoum state. The result reveals that 39.7% of the subject in blind centers had low vision which can be improved with proper low vision aids. Thus, it concludes that there should be great need for ophthalmologists and optometrists to aware. They can guide and educate both girls and their families about the essence of maintaining a healthy body during menstruation. They can also help in solving confusions and tensions of girls during premenstrual dysphoric disorder (PMDD) and help them in improvising themselves **(Mohammed Ali, Elsheik & Elaward, 2009).**

Disabled adolescent have many challenges due to their physical condition. To take care of menstrual health and hygiene with limited physical condition it is necessary to research properly and try to bring related problems in front of policy makers with

evidences to facilities the solution and make their life easy and comfortable. Menstrual periods are associated with biological and hormonal changes in young women. So during menstrual periods they need to take care of proper sanitation and hygiene**(Sahu & Mukherjee, 2017).**

A study among 664 schoolgirls aged 14-18 in Mansoura, Egypt, asked about type of sanitary protection used, frequency of changing pads or cloths, means of disposal and bathing during menstruation. Girls were selected by cluster sampling technique in public secondary schools in urban and rural areas. Data were collected through an anonymous, self-administered, open-ended questionnaire during class time. The significant predictors of use of sanitary pads were availability of mass media at home, high and middle social class and urban residence. Use of sanitary pads may be increasing, but not among girls from rural and poor families, and other aspects of personal hygiene were generally found to be poor, such as not changing pads regularly or at night, and not bathing during menstruation. Lack of privacy was an important problem. Mass media were the main source of information about menstrual hygiene, followed by mothers, but a large majority of girls said they needed more information. Instruction in menstrual hygiene should be linked to an expanded programme of health education in schools. A supportive environment for menstrual hygiene has to be provided both at home and in school and sanitary pads made more affordable (**El-Gilany, Badawi, & El-Fedawy, 2005).**

A descriptive, cross-sectional study was conducted among 160 adolescent girls of a secondary school situated in the field practice area of Rural Health Unit and Training Center, Singur, West Bengal, with the help of a pre-designed and pre-tested questionnaire. Data were analyzed statistically by simple proportions. Out of 160 respondents, 108 (67.5%) girls were aware about menstruation prior to attainment of menarche. Mother was the first informant regarding menstruation in case of 60 (37.5%) girls. One hundred and thirty-eight (86.25%) girls believed it as a physiological process. Seventy-eight (48.75%) girls knew the use of sanitary pad during menstruation. Regarding practices, only 18 (11.25%) girls used sanitary pads during menstruation. For cleaning purpose, 156 (97.5%) girls used both soap and water. Regarding restrictions practiced, 136 (85%) girls practiced different restrictions during menstruation. Menstrual hygiene, a very important risk factor for reproductive tract infections, is a vital aspect of health education for adolescent girls. Educational

television programmes, trained school nurses/health personnel, motivated school teachers and knowledgeable parents can play a very important role in transmitting the vital message of correct menstrual hygiene to the adolescent girl of today **(Dasgupta & Sarkar, 2008).**

Women spend around six to seven years of their lives menstruating. A key priority for women and girls is to have the necessary knowledge, facilities and cultural environment to manage menstruation hygienically, and with dignity. Yet, the importance of menstrual hygiene management is mostly neglected by development practitioners within the WASH (water, sanitation and hygiene) sector, and other related sectors such as reproductive health. This article explores the reasons why menstrual hygiene management is not generally included in WASH initiatives, the social and health impacts of this neglect on women and girls, and provides examples of successful approaches to tackling menstrual hygiene in WASH in the South Asia region **(Mahon, & Fernandes, 2010).**

The management of menstruation presents significant challenges for women in lower income settings; the effect of poor MHM however remains unclear. It is plausible that MHM can affect the reproductive tract but the specific infections, the strength of effect, and the route of transmission, remain unclear. There is a gap in the evidence for high quality randomized intervention studies which combine hardware and software interventions, in particular for better understanding the nuanced effect improving MHM may have on girls' attendance at school **(Sumpter, & Torondel, 2013)**.

This study has been conducted to assess the knowledge and practices of menstrual hygiene between 11 to 16 years adolescent girls in one of the municipal corporation school Ahmednagar. It was evident that only (62.14%) girls were aware of source of menstrual bleeding. The study showed that 31.42% of girls used satary pads during menstruation, 64.28% of girls used cloth pieces and 4.28% girls used both i.e. sanitary pad and cloth. The cleaning of external genitalia was satisfactory in 97% of girls and only 3% of girls showed unsatisfactory results **(Pundkar, Zambare, Jayant, & Bride, 2014).**

A self-administered questionnaire was developed to conduct the school based cross-sectional study among high school girl students at Western Ethiopia using stratified random sampling technique. To collect data, six girls with high-school education were

recruited as data collectors. Out of the total (980) respondents 330 (39.9%) of the respondents only had good practice on menstrual hygiene (**Ray, 2014).**

Among 60 school going adolescent girls aged 13-16 years at karad taluk an epidemiologic study was undertaken using cross – sectional study method in (2015) to assess to attitude and practices regarding reproductive health. Non- probability purposive sampling technique was used for the collection of data. The result of this study was maximum participants were aware of menstruation prior to menarche, and mothers were the main source of information for them. Majority 58 (96.66%) of adolescent girls feels menstruation is good for health as well as using sanitary pads during menstruation period as menstrual absorbent **(Mulik, 2015).**

A paper examines how men and boys have an essential role in effective menstrual hygiene programmes and describes an initiative to engage men and boys in Uttar Pradesh, India. In India, Water Aid and Vatsalya have targeted men and boys to address this gap, in a programme that started in December 2011. Groups of men and boys were established and sensitized. Male teachers and masons were also trained to provide menstrual hygiene management (MHM) services in school. Regular monitoring of software and hardware components, focus group discussions with male and female community members, and analysis of attendance registers has been undertaken to assess the emerging outcomes of the programme. As a result of the initiative, men and boys have begun to talk about menstruation more freely and are better able to support the MHM needs of women and girls within the household, community, and school Mahon (**Tripathy, & Singh, 2015).**

A study of Shah Appropriate menstrual hygiene management (MHM) is impeded by taboos and secrecy surrounding menstruation. Unhygienic menstrual practices and unpreparedness for managing menstruation has been associated with adverse health and social outcomes among adolescent girls. In the Gambia, there is limited data on menstrual practices among girls and women in rural communities and the sources of information about menstruation for the adolescents. This study aimed to explore knowledge, preparedness and practices of menstruation and its management among adolescents, mothers and teachers in rural Gambia **(Shah, 2019).**

Bhattacharya revealed in his study of 123 first year nursing students of Nepal that the majority of girls were unprepared to face the menstruation and most of them had

frightening experiences due to their poor knowledge about maintaining menstrual hygiene. It has been argued that menstruation is a normal phenomenon occurring in a normal and healthy girl and it should not pose any physical threat or cause emotional upset. But due to certain stigma attached to it and lack of knowledge, many girls go through very frightening experiences which may leave negative impact on their reproductive health. It has been suggested that inclusion of basic information and knowledge regarding family health and basic physiology of reproduction in the curriculum for lower secondary level can have the potential to reduce the menace of negative menstrual experiences **(Bhattacharya, 1999).**

Reena has revealed in her study aimed to explicate relationship between pubertal timing, emotional and behavioural problems in middle adolescence, that physical as well as psychological changes during adolescence create a state of physiological stress that demand coping. The study involved a school based survey of health and health behaviours in school as well as concerns about emotional and behavioural problems as well as the association between socio-environmental factors. Research findings suggested that the adolescent girls who are unprepared for the physical and emotional changes of puberty faced difficulty with menstruation and it was concluded that the adolescent girls demonstrated the need for counselling and support for coping with the bodily as well as psychological changes of adolescence **(Reena ,2015).**

Pavithran conducted a study to identify reproductive health problems and health seeking behaviour among adolescent girls of Karnataka employing cross-sectional study on 400 adolescent girls and found that majority of the adolescent girls suffered from one or more types of reproductive health-related problems and had negative health seeking behaviour. The findings also suggested a strong need to increase reproductive health seeking behaviour of adolescent girls apart from their curricular activities **(Pavithran, 2015).**

Buss and Schmitt have posited that women and men are expected to differ in domains in which they have faced recurrently different adaptive problems over human evolutionary history. They are expected to be similar in all domains in which they have faced similar adaptive problems over human evolutionary history. Adaptive problems of food selection, food shortages, habitat selection, predator defense, parasite defense, and social exchange are all problems both genders have recurrently faced. Conversely,

because of gender differences in human reproductive biology, such as internal female fertilization and obligatory parental investment, with different fitness payoff matrices linked with different mating strategies, it is expected that women and men differ in some adaptations to problems of mating. It has been further argued that even within the domain of long-term mating and gender similarities abound, for example, both genders must solve adaptive problems such as self-assessment of mate value, identifying partners willing to commit, and retaining a mate over long stretches of time (**De Miguel & Buss, 2011**).

A study more than 50% of higher secondary school going girls are using cloth for managing their menstruation and the reason for this condition is to be told as poverty and high cost of these sanitary products There is a need for providing adequate and accurate information about periods to girls 21 before the onset of menstruation. The education, socio economic status. cultural taboos etc as the factors contributing to adopting different menstrual hygiene practice. It is important that the adolescent girls have to come out of cultural taboos and maintain their proper hygiene throughout the menstrual process and help has to provide by appropriate authorities for achieving this. This can be done by providing proper education and mothers are primarily responsible for providing such information (**Verma, p., Ahmads.,& Srivastava, 2013**).

2.3 CONCLUSION

Menstrual hygiene management and practice is essential for the physical, mental, and emotional well-being of women and girls. In order to ensure that women and girls have access to the resources they need to manage their menstrual hygiene, there needs to be an increase in efforts to create awareness and provide education on menstrual hygiene management and practice. Additionally, more research needs to be conducted on the best practices for menstrual hygiene management and how to effectively implement them in different settings. With the right resources and support, women and girls can feel empowered to take control of their menstrual hygiene and lead healthier and more successful lives.

CHAPTER III
RESEARCH METHEDOLOGY

CHAPTER III
RESEARCH METHEDOLOGY

3.1 INTRODUCTION

This chapter deals with the research methodology. It is a systematic, theoretical analysis of the methods applied to a field of study. It comprises the theoretical analysis of the body of methods and principles associated with. A finally drawn research methodology is essential for any good research. This chapter briefly presents where the study was conducted and focus on the problem formulation, aim of the study, along with sampling methodology, methods of data collection and research design.

3.2 DEFINITIONS OF CONCEPTS

CONCEPTUAL DEFINITION

Menstruation: "Menstruation is that the stage of the menstrual cycle during which the endometrium, thickened in readiness to receive a fertelised egg cell (ovum), is shed because fertilization has not occurred" **(oxford Reference).**

Menstrual hygiene management: Menstrual Hygiene Management (MHM) has been defined as:

"Women and adolescent girls using a clean menstrual management material to absorb and collect blood, that can be changed in privacy as often as necessary for the duration of the period, using soap and water for washing the body as required and having access to facilities to dispose of used menstrual management materials"
Adolescence: Any person between ages 10 and 19 **(WHO, n.d)**.

OPERATIONAL DEFINITIONS

Menstruation: A monthly occurring biological cyclic process of discharge of blood and endometrial tissues through the vagina.

Menstrual hygiene management and practice: The accessibility of girls and women to safe and clean menstrual hygiene products, their safe disposal, and the hygienic measures to be practised during the menstrual phase

Adolescence: According to the current study adolescence is the age from 13 to 19 years.

3.3 RESEARCH DESIGN

There searcher is using phenomenological research design for the study. The phenomenological research design helps to understand a phenomenon's universal nature by exploring the views of those who have experienced it. This approach is popularly used to study lived experiences, gain a deeper understanding of how human beings think, and expand a researcher's knowledge about a phenomenon. In this study, it provided an in-depth understanding of the subjective meaning that people attach to their experiences.

Phenomenological research studies helped the researcher to experience, gain deeper insights into how people understand those experiences. Researchers using phenomenological research design assume that people use a universal structure or essence to make sense of their experience. They interpret the participants' feelings, perceptions, and beliefs to clarify the essence of the phenomenon under investigation. In simpler terms, researchers use phenomenological research designs to understand a phenomenon's universal nature by exploring the views of those who have experienced it. This approach is popularly used to study lived experience, gain a deeper understanding of how human beings think, and expand a researcher's knowledge about a phenomenon.

3.4 PILOT STUDY

The pilot study was not conducted for this study.

3.5 UNIT AND UNIVERCE OF THE STUDY

UNIVERSE
Based on age, gender, and place of residence the samples are selected. Considering the need, the adolescent girls who belong to the age group of 13 to 19 living in Peravoor of Kannur district are taken as samples.

UNIT

The unit of this study is any girl living in Peravoor between the age of 13-19.

3.6 SAMPLING

Saturation is an important indicator that a sample is adequate for the phenomenon studied that data collected have captured the diversity, depth, and nuances of the issues studied and thereby demonstrates content validity (Francis et al., 2010).

The researcher is using data saturation for research. It is the point in research process where enough data has been collected to draw necessary conclusions, and any further data collection will not produce value added insights.

3.7 SOURCE OF DATA

Data collected through the interview guide prepared by the researcher based on the objectives of the research. Key Informant Interview (KII) also used to collect data.

3.8 TOOLS FOR DATA COLLECTION

Research data collection is done through the primary methods and secondary methods. The primary data was collected through interview guide, Questionnaire method and secondary data was collected through related topic researches, websites, articles, journals etc.

3.9 PRE-TEST

There is no pre-test has been conducted for this study.

3.10 METHOD OF DATA COLLECTION

Method of data collection through following steps:

- Institutional approval for the current study
- Tool construction
- Information sheet and consent form was administered among respondents.
- The researcher administered questionnaire and did interview.

3.11 METHODS OF DATA ANALYSIS

The method of data analysis is:

Quantitative analysis

- Data entry in MS Excel sheet.

- Data entry through SPSS (Statistical Package for Social Sciences) for analysing the socio-demographic details and questionnaire of respondents.

Qualitative analysis

- Firstly, the researcher did English transcript through manually.
- After the transcript, identified the verbatim and did a frequency distribution.
- Arrange the verbatim under different themes and subthemes.

CHAPTER IV
ANALYSIS AND INTERPRETATION

CHAPTER IV

ANALYSIS AND INTERPRETATION

INTRODUCTION

This chapter is about the results and interpretation focused on the demographic details and perception on menstrual hygiene management and practice of adolescent girls and their mothers. This chapter discuss the socio demographic details of the mother, the perception of adolescent girls on menstrual hygiene management, the perception of mother of adolescent girls on menstrual hygiene management.

4.1 SOCIO DEMOGRAPHIC DETAILS OF ADOLESCENT GIRLS

Socio demographic details of adolescent girls there were total 22 respondents and their mothers were taken for the current study. The respondents were adolescent girls of peravoor, Kannur district, Kerala. The results mentioned in socio-demographic details are age, religion, siblings, their perception on menstrual hygiene management and the age, occupation, education, income of household, perception of mother on menstrual hygiene management.

Table 4.1.1. **Age Distribution of adolescent girls**

Age	Mean	Standard Deviation
	15.45	1.68

The age distribution of adolescent girls was illustrated in table 4.1.1. The mean age of the adolescent girl's was15.45 and standard deviation adolescent girl's were1.68. This indicates most girl's falls under the age of 14 to 16 years.

Figure 4.1.1Distribution of adolescent girls on Religion
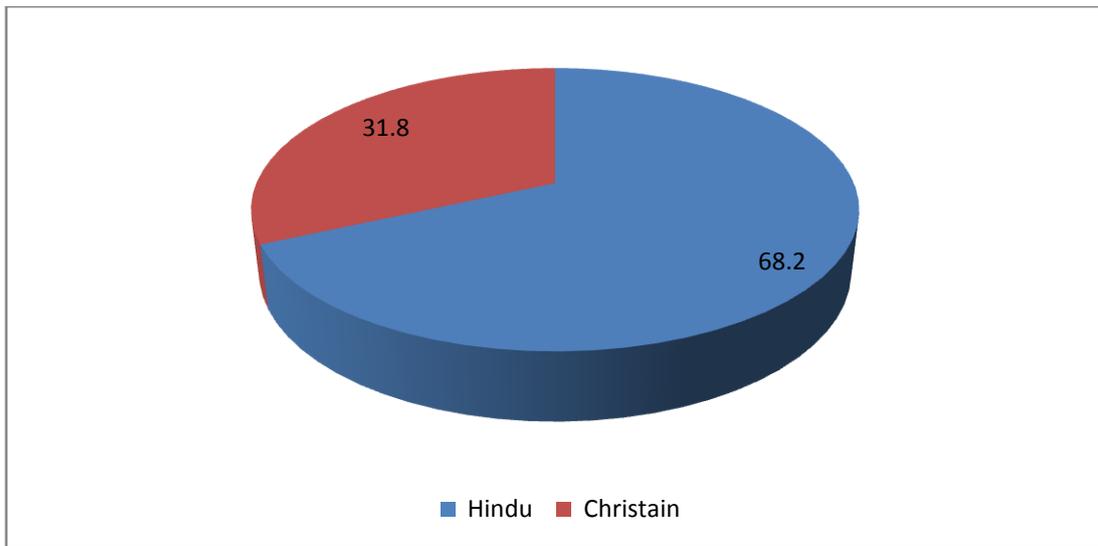
Figure 4.1.1 was noted that the majority of (68.2%) belonged to Hinduism and 31.8 belonged to Christian. This indicates that the Hindus are the majority population of India.

Figure 4.1.2Distribution of Siblings of adolescent girls.
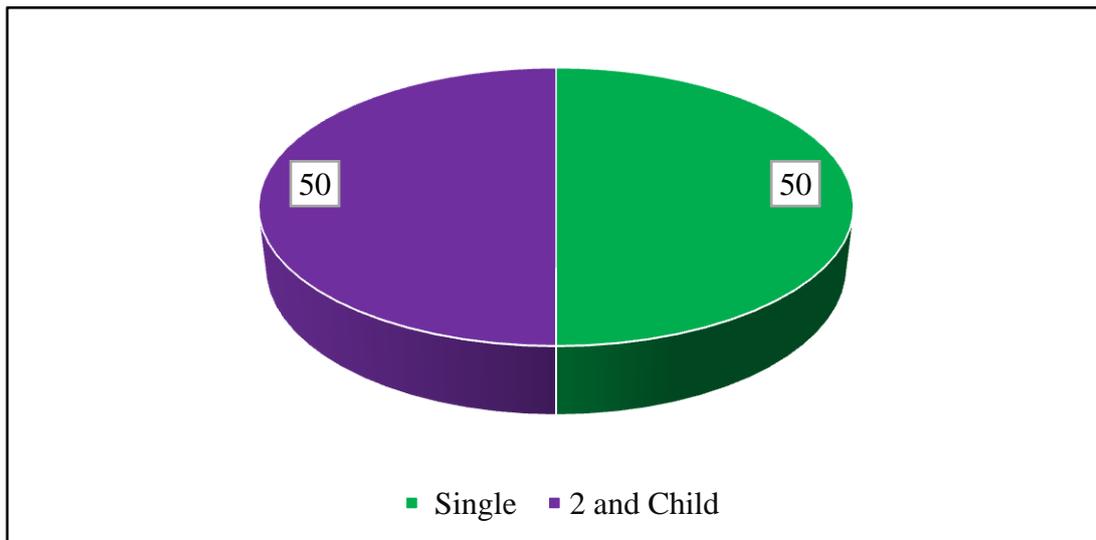
Figure 4.1.2 shown that 50% are single child and 50% are 2nd child and above.

4.2 SOCIO DEMOGRAPHIC DETAILS OF MOTHER

There were 22 mothers are taken for the study. All respondents were in the Kannur district. The results mentioned in the socio demographic details are age, occupation of the head of the family, education, and economic status.

Table-4.2.1 Distribution of age of the mother

Age	Mean	Standard Deviation
	41.95	4.146

The age distribution of mothers of adolescent girls is illustrated in table 4.2.1. The mean age of the adolescent girls was 41.95 and standard deviation was 4.146. This indicates that majority of the adolescent girl's mother's falls under the age of 40 to 42.

Figure-4.2.1 Distribution of occupation of the head of the family
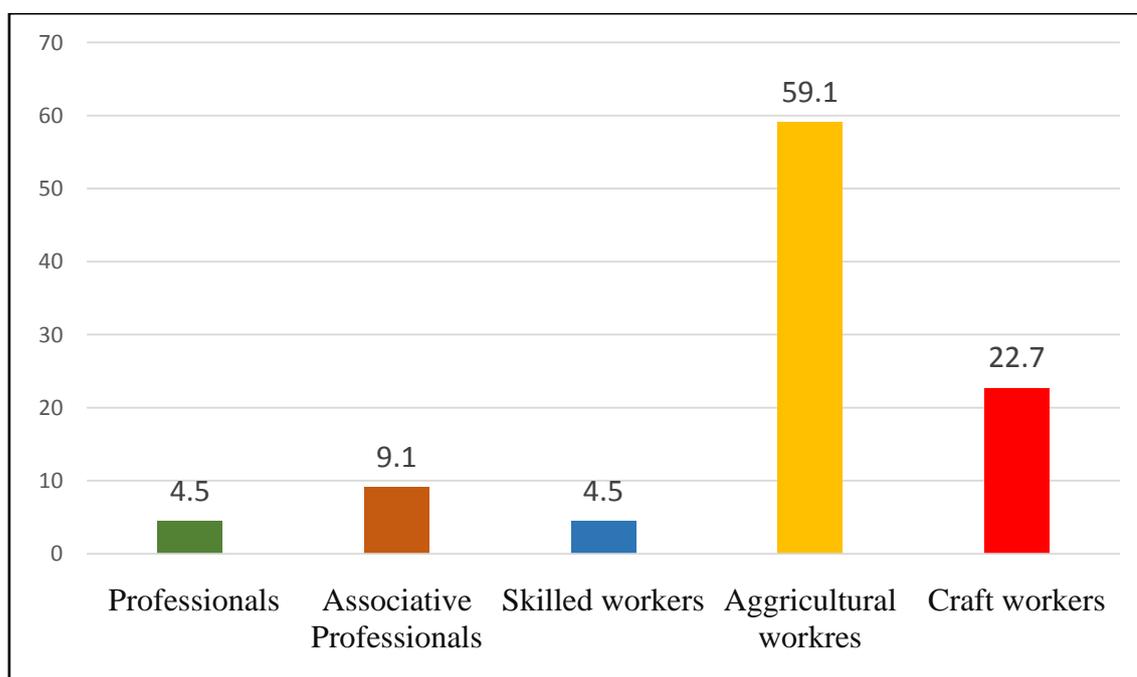
The figure 4.2.1 shows the occupation status of the head of the family. (59.15%) are belongs to agriculture field. While others are 4.5% professionals,9.15% associate professionals,4.5% skilled workers,22.7% are craft workers.

Figure-4.2.2 Distribution of Education of the Mother
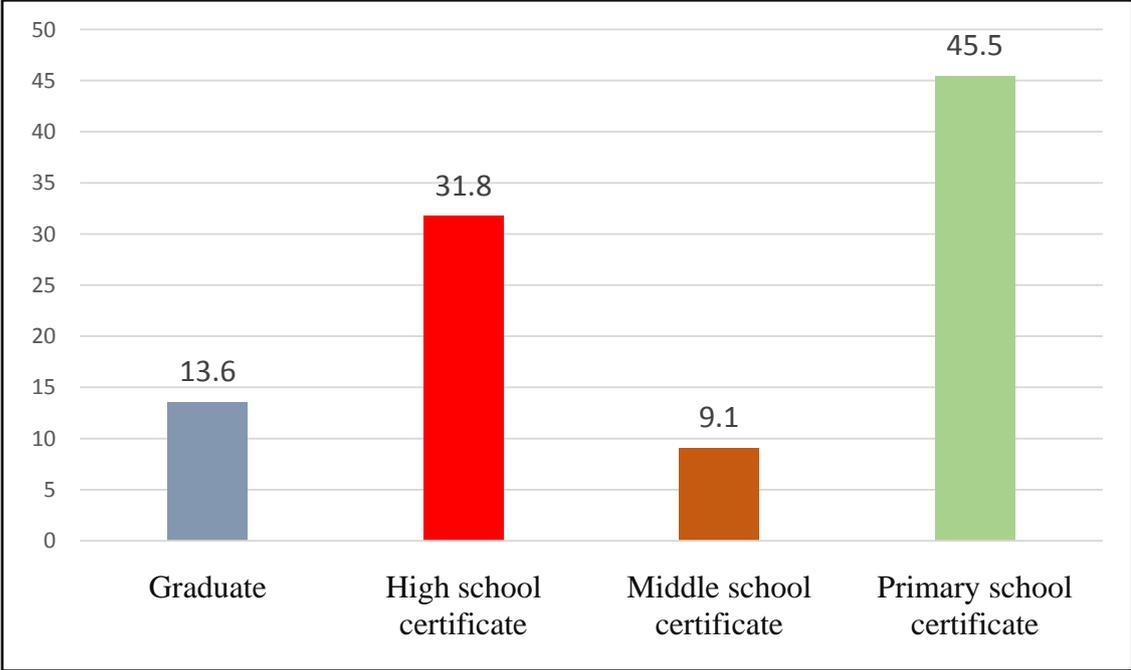
The figure 4.2.2 depicts Figure the education of the head of the family. Most of the family head have primary school education qualification (45.5%),31.8% have high school education, some of them are graduated (13.6%) and remains have middle school certificate (9.1%).

Figure-4.2.3Socio Economic Status
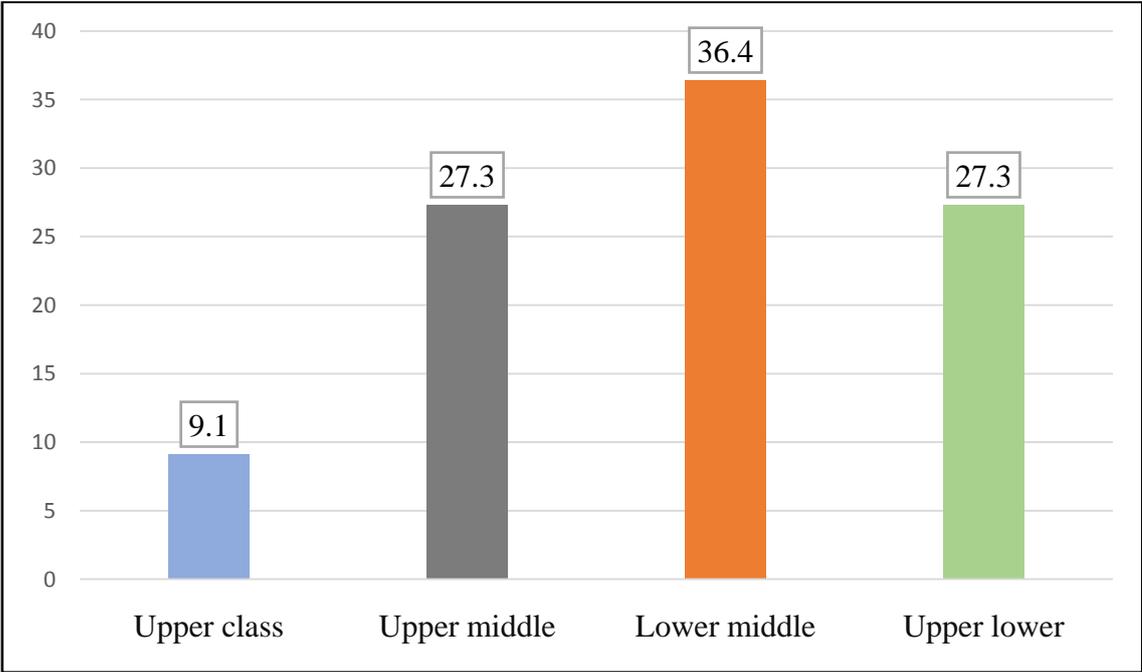
Figure 4.2.3 shows the socio-economic status of the family. (36.4%) are belongs to lower middle,27.3% are belongs to upper middle. (9.1%) belongs to upper class and remains (27.3%) are belongs to upper lower status.

4.3 Adolescent Perspective of Menstrual Hygiene Management and Practice

Theme, subtheme details of 22 adolescent girls are discussed here.

Table-4.3.1Distribution of Theme, Subtheme, and Frequency of Perspective of Adolescent Girls

Themes	Subthemes	Frequency Distribution
Socio-cultural context	**Acceptance**	10
	Livelihood issues	15
	Belief	14
Personal hygiene	**Support system**	18
	Psychological issues	16
	Experiences	11
Practices	**Hygiene**	17
	Availability and accessibility	15
	Modern practices	7

Table 4.3.1 illustrate theme, subtheme, and frequency distribution of menstrual hygiene management among adolescent girls.

THEME –1 SOCIO CULTURAL CONTEXT

The first theme discusses about socio cultural context, it includes subthemes such as Acceptance, livelihood issues, belief.

Subtheme 1- Acceptance

It includes the acceptance of menstruation and menstrual hygiene management of adolescent girls by the society.

Figure 4.3.1.1 Perception of Adolescent Girls on Acceptance of Menstrual Hygiene Management
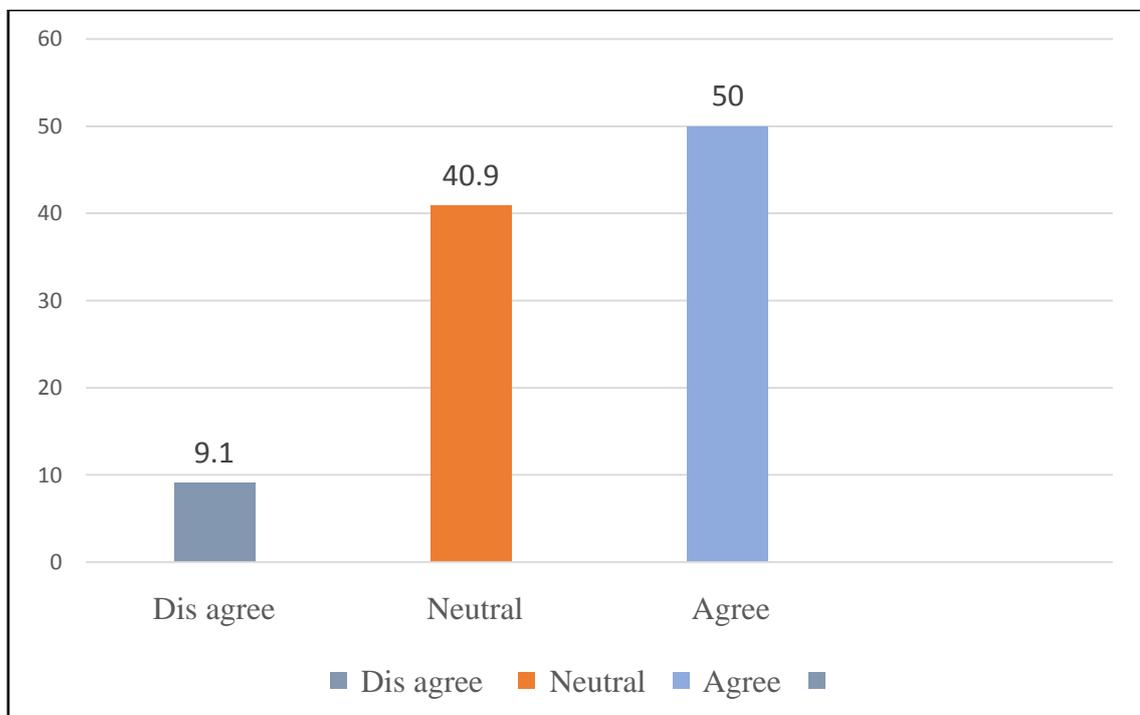
Figure 4.3.1.1. Shows distribution social acceptance of menstrual hygiene management and practice by adolescent girl shown that half (50%) girls agree with the statement and 40.9% are neutral. only 9.1% disagree with the statement.

"I believe that menstrual hygiene management is not discussed enough. All women go through it naturally, yet it is still such a taboo subject" (**Adolescent Girl - 12,16 years old.**)

"I think it is crucial that we start having open discussions about menstrual hygiene management. We should not feel guilty about our bodies or the normal functions they go through" (**Adolescent Girl -3,15years old.**)

Sub theme 2- livelihood issues

Subtheme livelihood issues deals with the issues faced by the adolescent girls during their menstruation.

Figure 4.3.1.2 Distribution of Livelihood Issues of Adolescent Girls During Menstruation
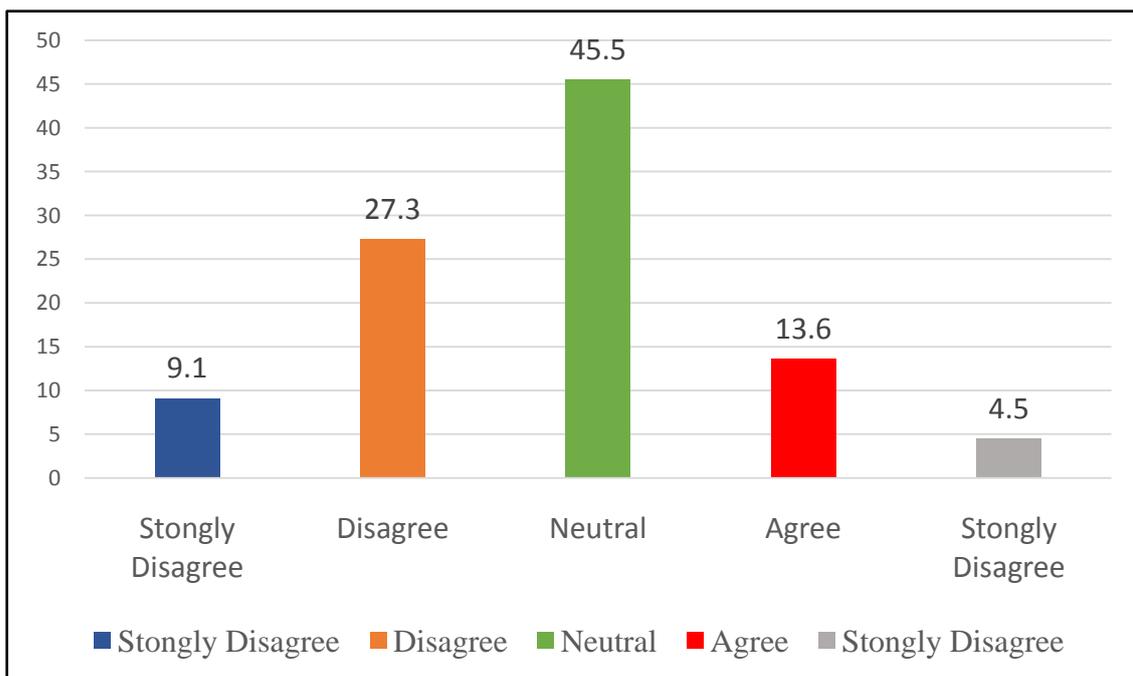
Figure 4.3.1.2 depicts the livelihood issues faced by the adolescent girls. Here majority of the girls are neutral with the statement (45.5%), 27.3%disagree with the statement, 9.1% strongly disagree, 13.6% are agree,4.5 are strongly agree.

"I don't receive enough education about my period, and I feel embarrassed and ashamed to talk about it."(**Adolescent girl- 6,16 years old.**)

"I am worried that having my period will keep me from doing things I wanted to do, like attend class, dance, swim "(**Adolescent Girl-8,15 years old.**)

"I don't receive enough education about my period, and I feel embarrassed and ashamed to talk about it." (**Adolescent Girl- 6, 16 years old**)

*"When I'm away from home and don't have access to the right products, I find it difficult to manage my period." (***Adolescent Girl-17,18years old***)*

Sub Theme 3-Belief

How someone views menstruation can be significantly influenced by their belief systems. Menstruation is cherished in some culture as a signal of a woman's capacity for child birth. And is viewed as a sign of fertility. Menstruation may be seen as a symbol of impure or unclean behaviour in other culture.

Figure 4.3.1.3 Distribution of belief system of adolescent girl on menstruation
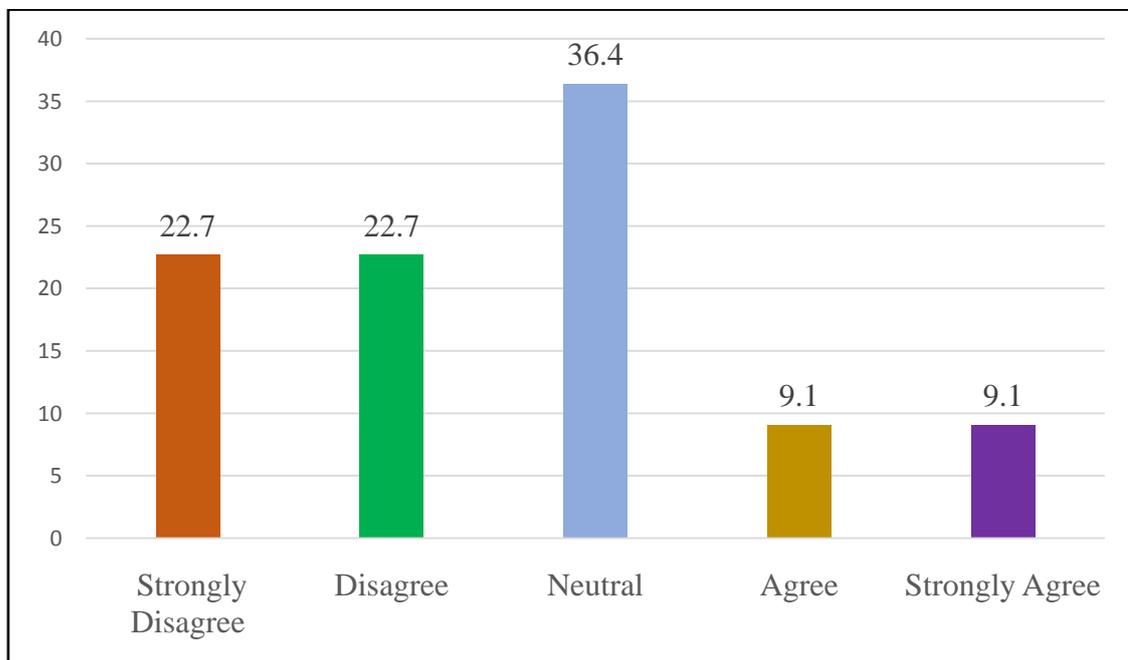
Figure 4.3.1.3 shows that 36.4% are neutral with the statement, 22.7% both strongly disagree and disagree with this statement.9.1% are agreeing and strongly agreeing with the statement.

"My belief system has a significant influence on my menstrual hygiene management and practice" (**Adolescent Girl-3,15 years old**)

"*My beliefs have a very real impact of how I handle menstruation hygiene. As I come from conservative culture I don't feel confident discussing it openly."* (**Adolescent Girl-16,16 years old**)

THEME 2-PERSONAL HYGIENE

Personal hygiene refers to the practice of keeping oneself clean, especially to maintain good health. This includes cleaning the body, brushing and flossing teeth, washing hair, and wearing clean clothes. It also involves washing hands after using the toilet or meeting any potentially hazardous materials. Regular personal hygiene helps to prevent the spread of germs and illness, and can also improve an individual's self-confidence and overall well-being.

Subtheme 1- Support System

Adolescent girls should be provided with an understanding and supportive environment to discuss the physical and emotional changes they experience during menstruation. Here it shows the distribution of support systems of adolescent girls.

Figure 4.3.1.4 Distribution of Support System of Adolescent Girls on Menstruation
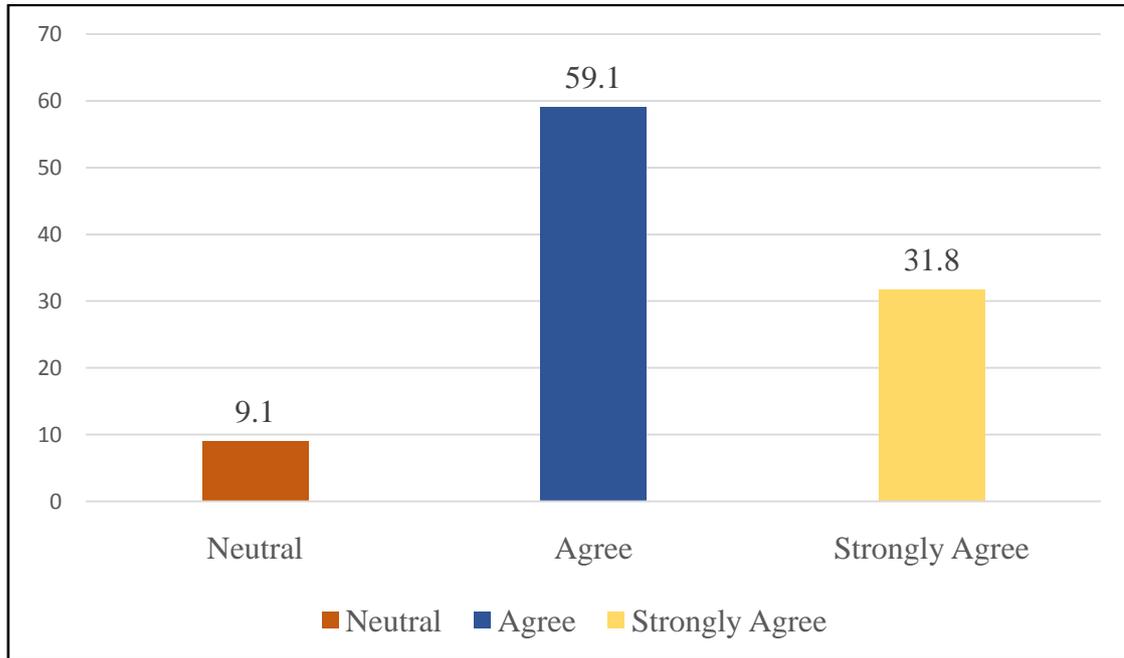
Figure 4.3.1.4 shows that majority of (59.1) agree with the statement.31.8%are strongly agree, and 9.1 are neutral.

*"It has been fantastic to have a support system I can rely on during my period. It has greatly reduced my sense of isolation and helped me to better control the mental and physical suffering I have been going through."***(AdolescentGirl-6,18 years old***.)*

*"It has been helpful to have a support network to get me through my menstrual period. They have been there to listen, offer suggestions, and give me the motivation I need to succeed."***(Adolescent Girl -8,14 years old).**

Subtheme 2-Psychological Issues

Physical symptoms such as cramping and fatigue can lead to feelings of depression or irritability. For some women, the physical changes associated with menstruation can also have a negative impact on their self-esteem. This is especially true for those who struggle with body image issues.

Figure 4.3.1.5 Distribution of Psychological Issues of Adolescent Girls on Menstruation.
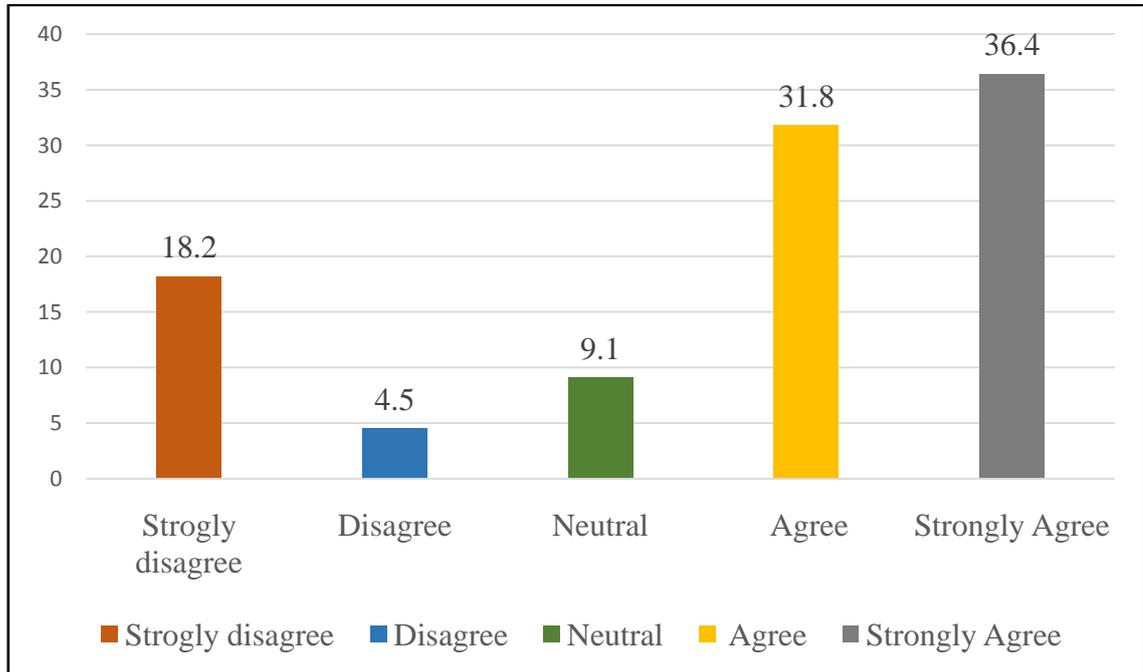
Figure 4.3.1.5depicts majority of (36.4%) strongly agree and 31.8% agree with the statement.9.1% are neutral.4.5% disagree and 18.2%strongly disagree.

"The way I feel during my period bothers me. I am simply constantly irritated and frustrated."(**Adolescent Girl-18,13 years old**)

"I find it impossible to focus on anything else before my period starts." (**Adolescent Girl-10,14 years old**)

 "When I'm on my period, I worry continuously about something. It seems as though my mind will not turn off."(**Adolescent Girl-6,18 years old**)

Subtheme 3-Experiences

The experience of menstruation for a teenage girl can be both positive and negative. On one hand, it is a sign of physical maturity, which can be a source of pride and confidence. On the other, it can cause embarrassment, frustration, and confusion.

Figure 4.3.1.6 Distribution of Experiences of Adolescent Girls During their Menstruation
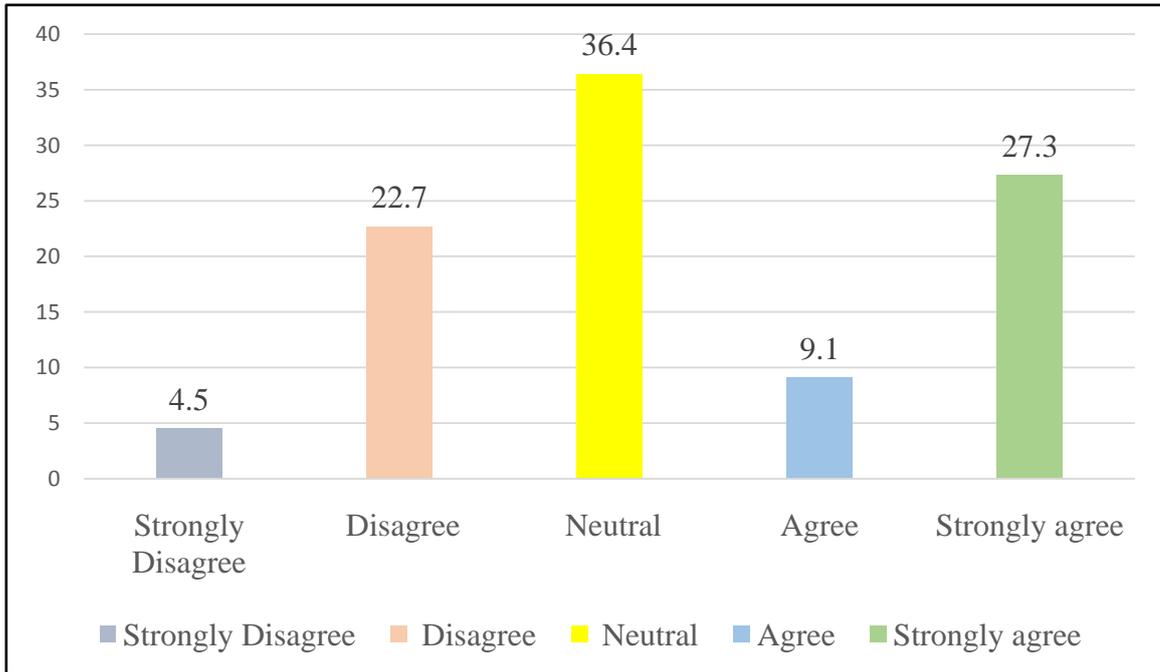
Figure 4.3.1.6 illustrate the majority of (36.4) adolescent girls are neutral with the statement.27.3strongly agree,22.7% disagree, 9.1% agree and 4.5 strongly agree.

"I feel like my period makes my life harder every month. Even without the cramps, headaches, and mood changes, school and extracurricular activities are challenging."

(Adolescent Girl-6,14 years old)

"When my period comes on at the worst possible time, it is so embarrassing. I want to conceal because I feel like everyone can see." **(Adolescent Girl-9,16 years old)**

*"I detest having to schedule my entire life around my period. Being concerned about when it will arrive and whether I will have adequate supplies for it is so frustrating"***(Adolescent Girl-6,15 years old)**

THEME 3- PRACTICES

During this time, it is important to follow certain practices to maintain good health and hygiene. This includes taking regular showers, changing tampons or pads regularly, wearing clean and comfortable underwear, and avoiding tight-fitting clothes. Other

practices include avoiding activities that can cause physical strain, like heavy lifting, and avoiding using scented products near the vagina.

Subtheme 1- Hygiene

While talking about practices it is important to talk about hygiene practices. Subtheme 1 shows the hygiene practices of adolescent girls on their menstruation.

Figure 4.3.1.7 Distribution of hygiene practices during menstruation
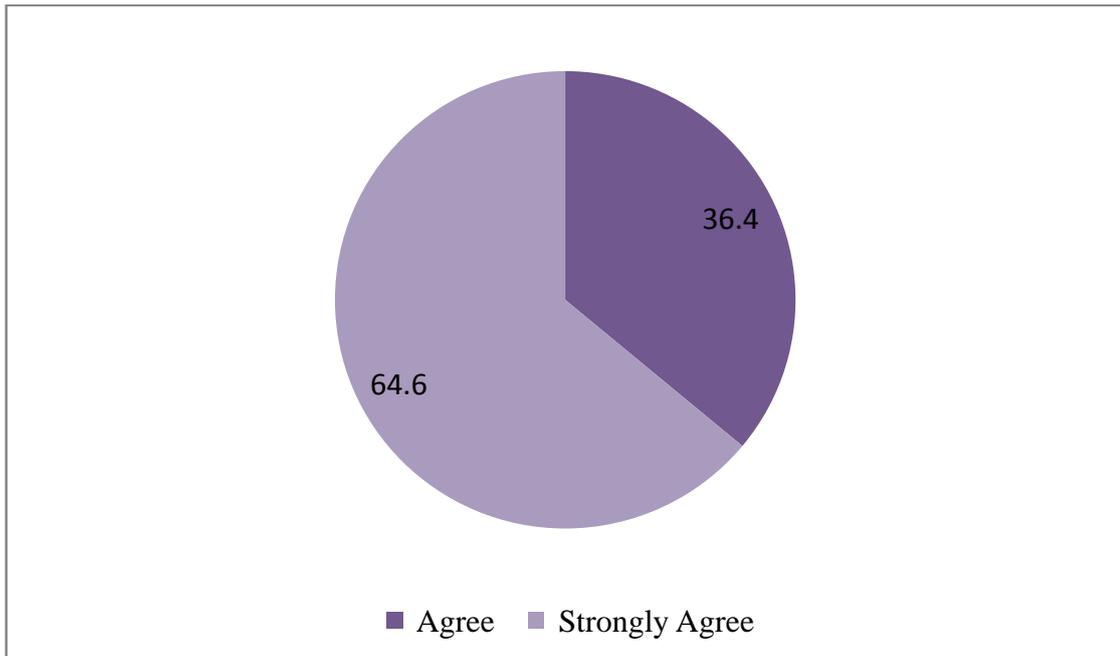
Figure 4.3.1.7 depicts 8.2% strongly agree the statement that they are aware about hygiene methods 3.2% are agree with the statement.

"To prevent any infections, "I make care to change my pad every few hours during my period, sometimes it feels difficult for me."(**Adolescent Girl-16,18 years old**)

"I make sure to use a mild soap and a soft cleaner to keep myself clean because I like to pay additional attention to my hygiene during my period."(**Adolescent Girl-19,14 years old**)

"I try to dress comfortably throughout my period to prevent any unnecessary itchiness or rashes."(**Adolescent Girl-20,18 years old**)

Subtheme 2-Availability and accessibility

Subtheme 2 deals with the availability and accessibility of menstrual products to the adolescent girls.

Figure 4.3.1.8 Distribution of Availability and Accessibility of Menstrual Products of Adolescent Girls.
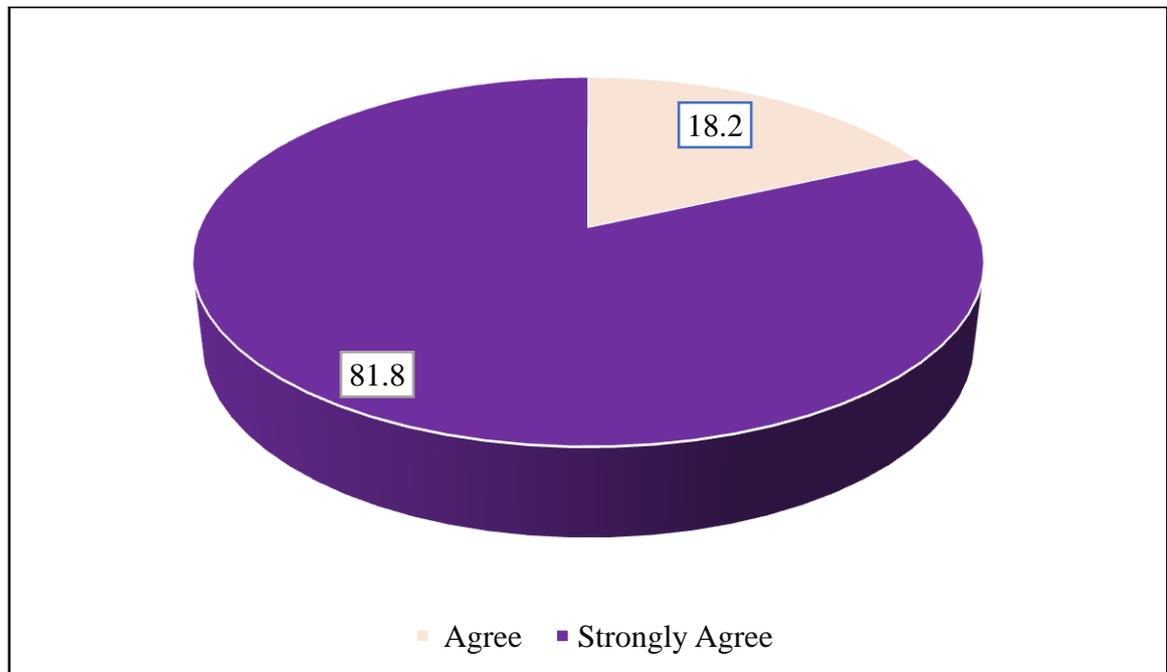
Figure 4.3.1.8 Shows that majority of (81.8%) strongly agree that menstrual products are easily available and 18.2% are agreeing with the statement.

"It's very convenient to know I can always have menstrual products when I need them; having quick access to them is crucial." **(Adolescent Girl-6,14 years old)**

"Knowing that I can always get menstrual products when I need them makes managing my periods much simpler." **(Adolescent Girl-6,18 years old)**

Subtheme 3-Modern Practices

Subtheme 3 shows the knowledge of modern practices of menstruation of adolescent girls. The appropriate disposal of menstrual products is one of the most crucial components of modern menstrual hygiene. For disposal of old pads women should use trash container, menstrual cups and period pants are good that can usually be cleaned and reused.

Figure 4.3.1.9 Distribution of Modern Practices of Menstruation Adolescent Girls.
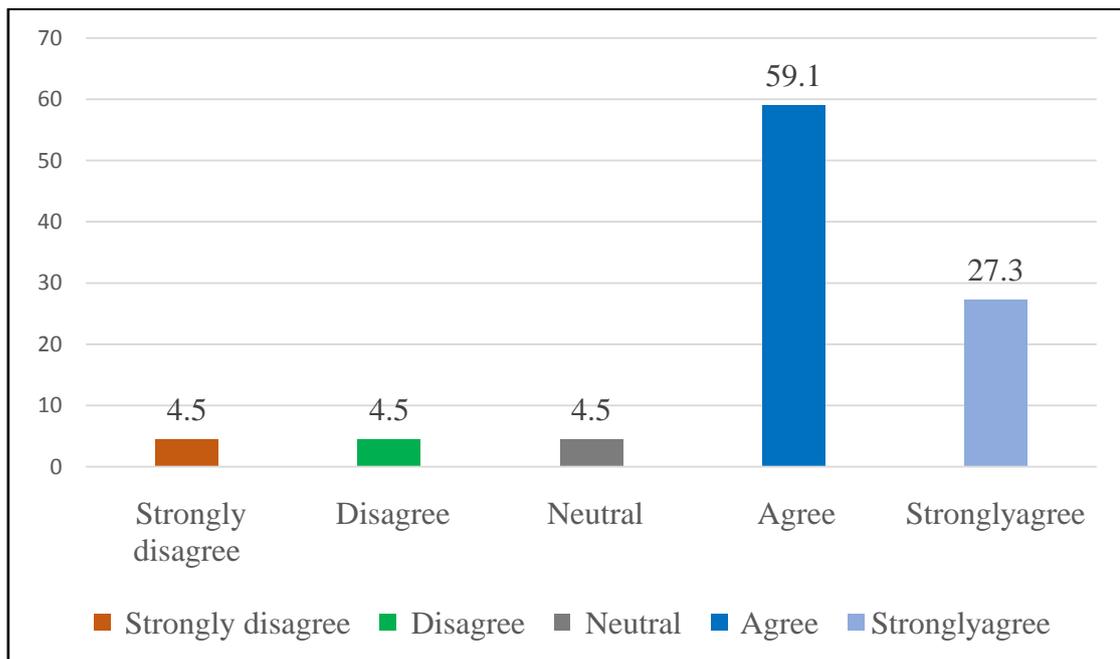
Figure 4.3.1.9 Shows that 59.1% agree they are aware about the modern practices,27.3% strongly agree,4.5% are neutral,4.5 % are disagree and 4.5 % strongly disagree.

"I do not think using modern menstrual practises is safe or natural, so I am reluctant to use them. These may include chemicals, and I am concerned about how they might affect me."(**Adolescent Girl-20,18 years old**)

"I am aware about the Modern practices but I will not use contemporary menstrual practises unless I am sure they are secure and efficient. I do not want to just plunge into something without thinking it out."(**Adolescent Girl-5,14 years old**)

4.4 Mothers' Perception About Menstrual Hygiene Management

4.4 deals with the perception of mothers of adolescent girls about their child's menstrual hygiene management. Theme, subtheme details of 22 adolescent girls are mentioned here.

Table 4.4.1- Distribution of Theme and Subtheme Details of Mothers of Adolescent Girls.

Theme	Subtheme	Frequency Distribution
Socio-cultural context	Acceptance	10
	Livelihood issues	12
	Belief	15
Personal hygiene	Support system	16
	Psychological issues	15
	Experiences	17
Practices	Hygiene	16
	Availability and accessibility	10
	Modern practices	5

Table 4.4.1 shows theme, subtheme, and frequency distribution of menstrual hygiene management of mothers of adolescent girls.

THEME 1-SOCIO-CULTURAL CONTEXT

Socio-cultural context plays a major role in the way that menstruation is perceived and handled around the world. In many cultures, menstruation is viewed as a taboo subject and is generally not discussed in public. In some cultures, women and girls may be restricted from taking part in religious festivals and activities, or even from entering certain places during their periods. In some cases, menstruating women and girls may even be subjected to social stigma and discrimination. Socio-cultural context can also influence the way menstruation is managed, with some cultures providing more access to menstrual hygiene products, such as sanitary pads and tampons, than others.

Subtheme 1-Acceptance

Here subtheme acceptance includes the acceptance of menstruation in the society.

Figure 4.4.1 Menstrual Hygiene Management Practice Socially Acceptable
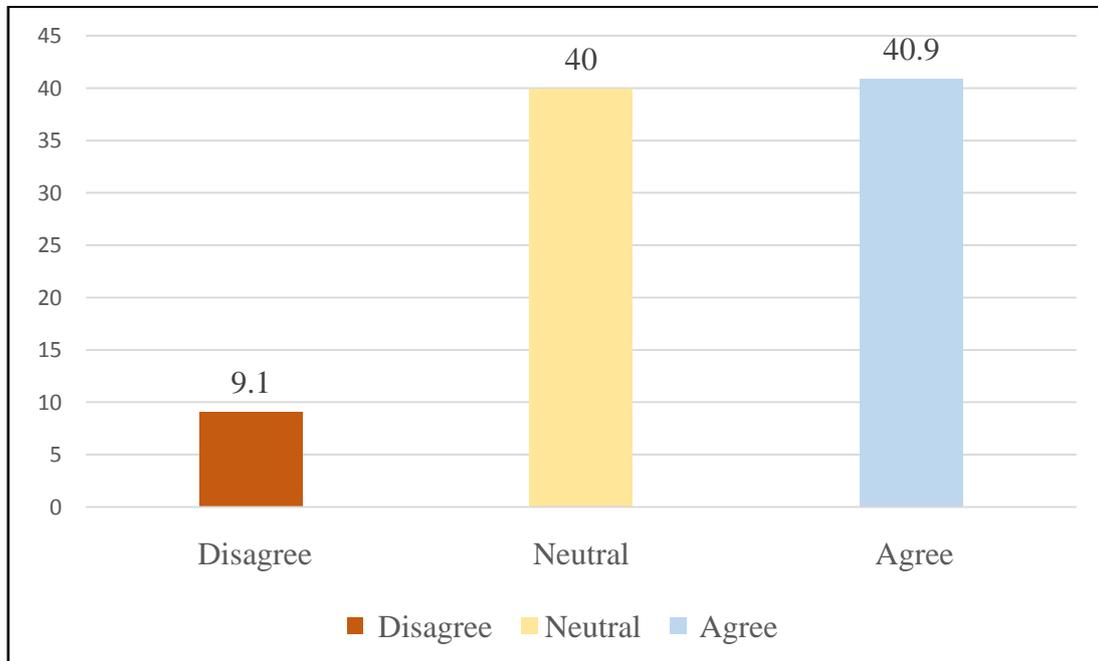
Shows 40.9% agree with menstruation is socially acceptable, 40% are neutral, 9.1% dis agrees with the statement.

*"I am incredibly proud of the progress our society has made towards normalising and accepting periods. We must continue to ensure that nobody feels embarrassed or humiliated of such a normal process."***(Mother of adolescent Girl-5,47 years old)**

*"I am relieved that society has finally realised that menstruation is normal and should not be a cause for embarrassment or shame. It is wonderful to see our girls empowered and self-assured."***(Mother of adolescent Girl-8,48 years old)**

Subtheme 2- livelihood issues

Figure 4.4.2 Livelihood Issues On Menstrual Period
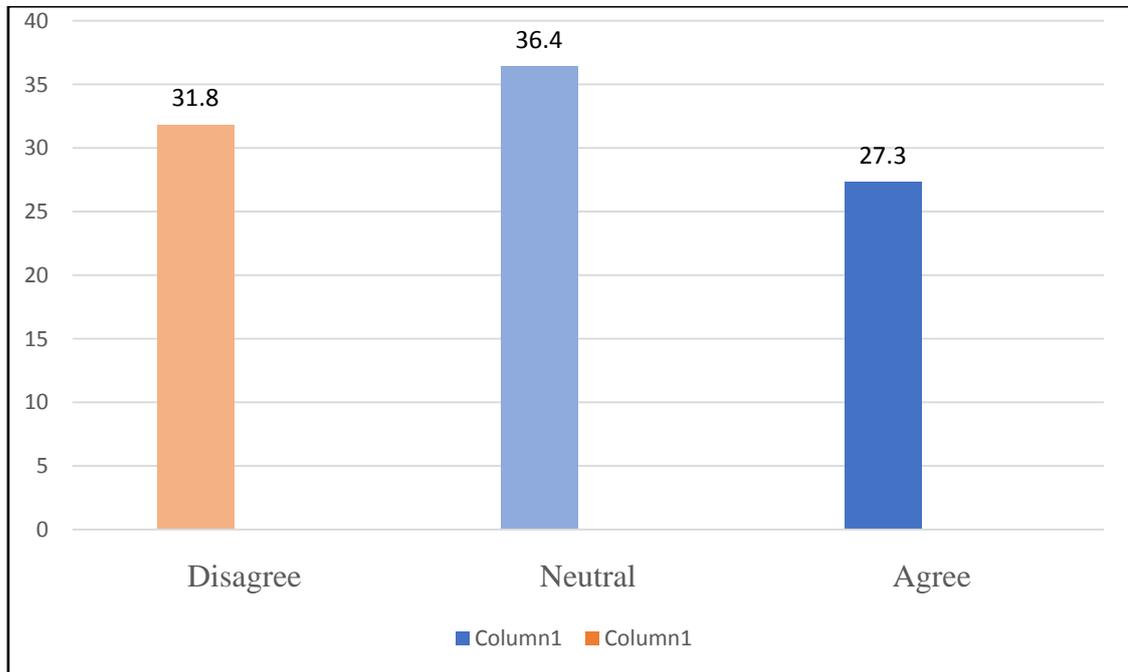
Figure 4.4.2 shows that 27.3% agree that they face livelihood issues during mensturaion.36.4%are neutral and 31.8%disagrees.

*"While it is difficult to see my daughter battle the physical and psychological impacts of her period every month, I am grateful she has access to hygiene items to assist her in managing. I make sure she gets what she needs to keep happy and healthy despite the expense."***(Mother of adolescent Girl-10,42 years old)**

"I can recall going through the same situation as a little girl. The fact that my daughter has more resources than I did makes me grateful. I still worry about how much it will cost for her to use menstruation products each month as well as how to keep her happy and healthy. **(Mother of adolescent Girl-3,38 years old)**

Subtheme 3- Socio-Cultural Beliefs

Figure 4.4.3 Menstruation Affects the Socio Cultural Believes
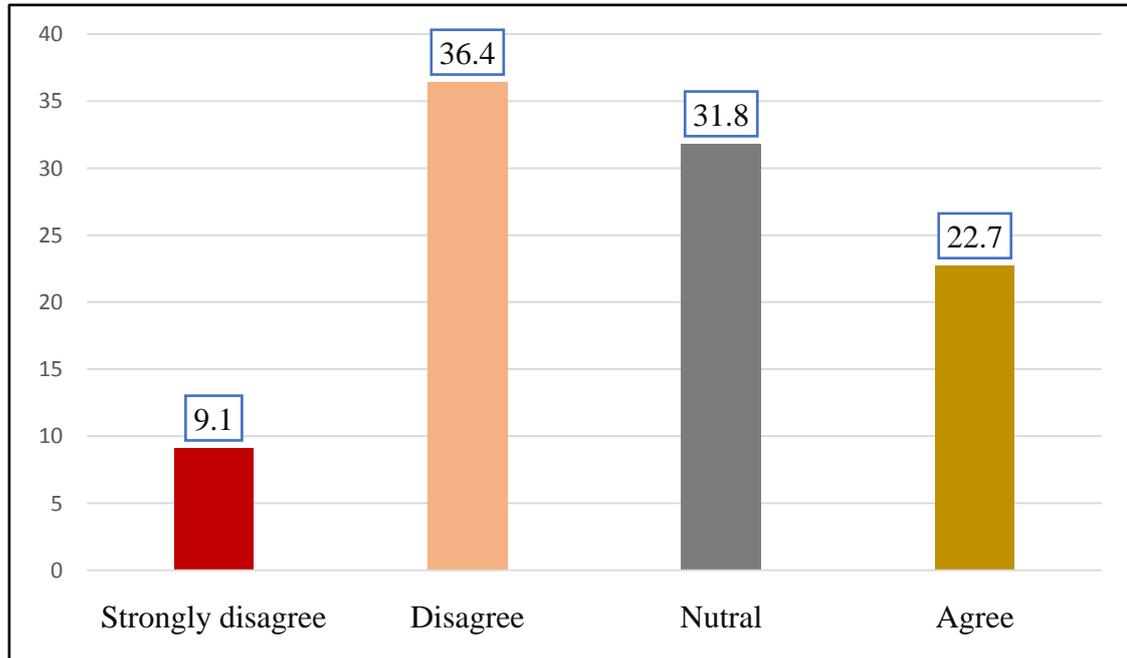
Figure 4.4.3 illustrate 22.7% agree with the socio-cultural belief affects the menstruation.31.8% are neutral,36.4 disagree and 9.1strongly disagree.

*"I taught my daughter that having her period is not something to be ashamed of; it is a natural part of being a woman."***(Mother of adolescent Girl-20,38 years old)**

*"I explained to my daughter the importance of being aware of her body's changes and that periods are a normal part of life cycle."***(Mother of adolescent Girl-18, 48 years old)**

*"I reminded my daughter that having her period is not something to be ashamed about and is a sign of good health."***(Mother of adolescent Girl-17,48 years old)**

THEME 1- PERSONAL HYGIENE

Subtheme 1- Support System

Figure 4.4.4 Distribution of Social Support on their Menstruation
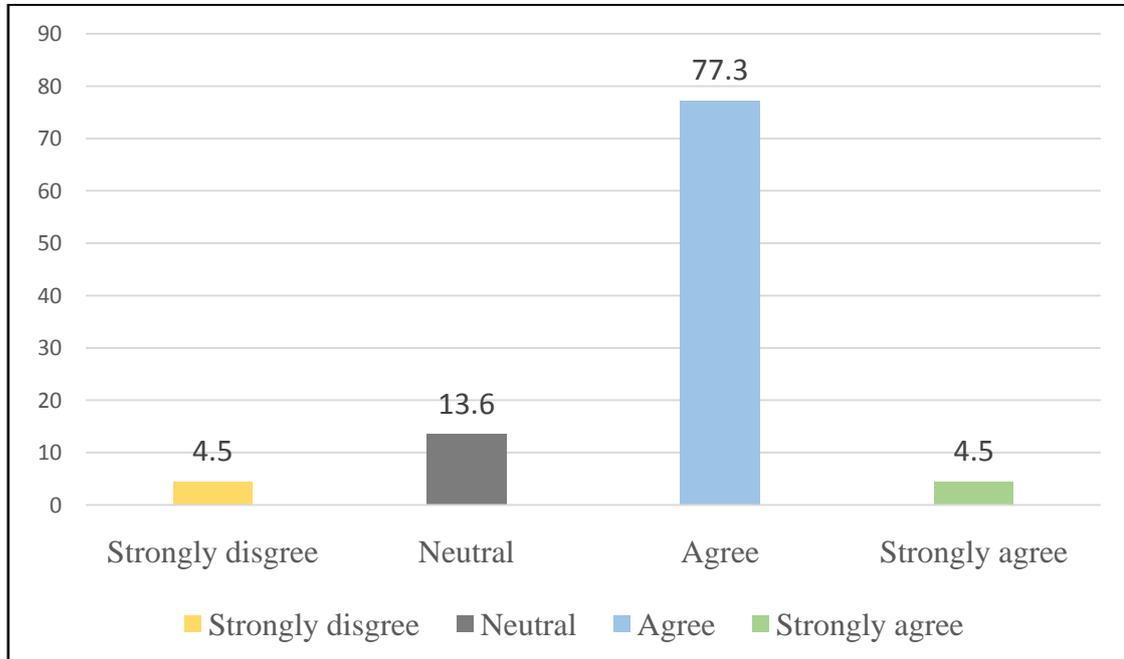
The figure 4.4.4 illustrates the perception on social support given to the adolescent girls on their menstruation. The highest 77.3% total agree on the above statement. 4.5% have selected strongly agree. And 13.6%is neutral on the statement and rest 4.5% have strongly disagree.

*"I'm always available to talk and provide support if you need it during your period, so don't hesitate to reach out."***(Mother of adolescent Girl-6,42 years old)**

*"I know it can be difficult and uncomfortable when you have your period. Do not hesitate to ask for help if you need it."***(Mother of adolescent Girl-10,38 years old)**

*"It is important to have a support system during your period. If you ever need to talk or need help with anything, I am here for you."***(Mother of adolescent Girl-12,45 years old)**

Subtheme 2- Psychological Issues

Figure 4.4.5 Facing Psychological Issues During Their Menstruation
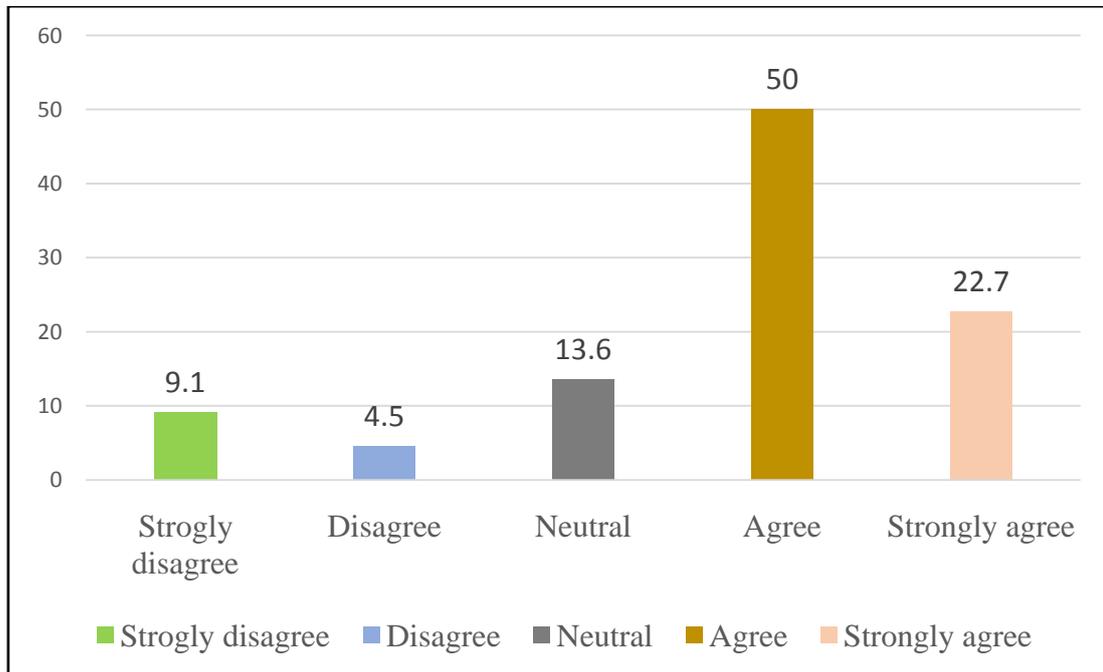
The figure 4.4.5 illustrates the perception psychological issues during menstruation. The highest 505 total have agreed the above statement. 22.75 have selected strongly agree. And 13.6%are neutral, 4.55have disagree on the statement and rest 9.2% have strongly disagree.

*"I recall how moody and depressed I used to be during my period when I was a teenager. During that time, I want to ensure that my kid is taking care of her emotional needs."***(Mother of adolescent Girl-22,45 years old)**

*"It is typical for teenagers to experience emotional or overwhelmed states during their period. I want to be there for my daughter to support and assist her through it."***(Mother of adolescent Girl-10,42 years old)**

Subtheme 3-Experiences

Figure 4.4.6 Distribution Of Miserable Experience On Their Menstrual Period
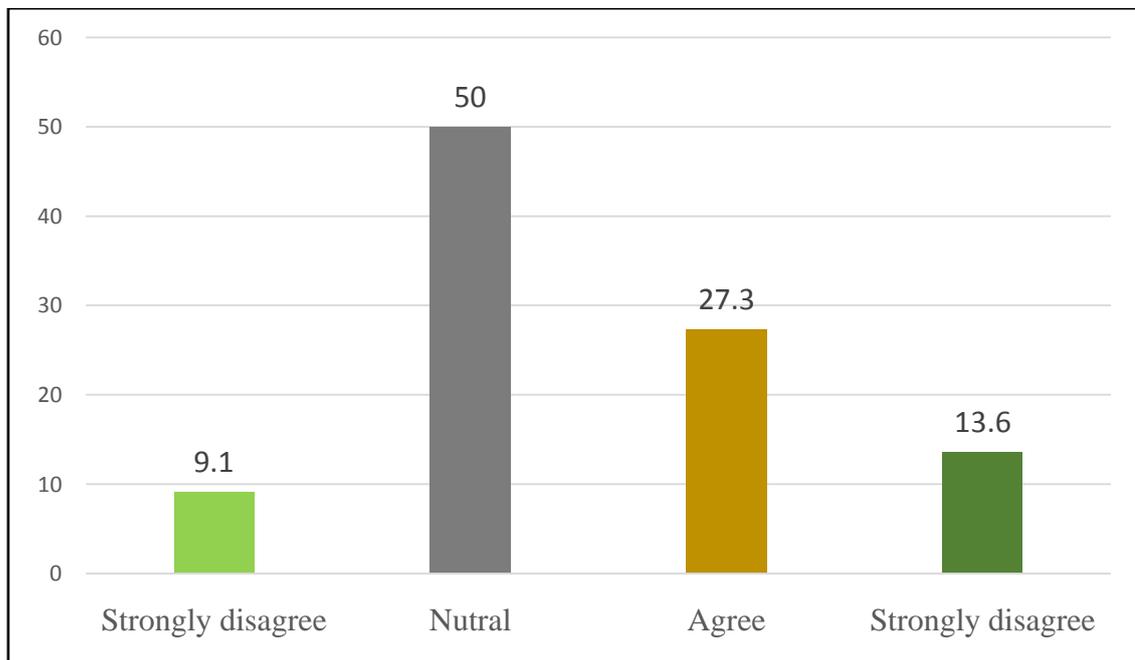
The figure 4.4.6 illustrates the perception of experiences during menstruation. The highest 50% neutral with the above statement. 13.6% have selected strongly agree. And 27.3% are agree with the statement, 9.1% have disagree on the statement.

"Every month when my daughter gets her period, she is in excruciating pain. It breaks my heart to see her struggle." **(Mother of adolescent Girl-13,38 years old)**

When my teenage daughter first started her period, she was so ashamed. It was challenging to talk to her about it because she did not know how to manage it." **(Mother of adolescent Girl-38,19 years old)**

"Watching my daughter go through the mental and emotional transformations that come with puberty has been difficult. The mood swings and cramping are difficult to manage." **(Mother of adolescent Girl-7,38 years old)**

"Because of the stigma associated with periods, my daughter is so ashamed to purchase feminine hygiene products. I wish she felt more at ease discussing it." **(Mother of adolescent Girl-8,37 years old)**

"Due to her periods, my daughter had to miss school and activities. She feels very dejected and angry." **(Mother of adolescent Girl-22,37 years old)**

THEME 3 – PRACTICES

Subtheme 1- Hygiene

Figure 4.4.7 Distribution of Practices Hygiene Methods During Menstruation
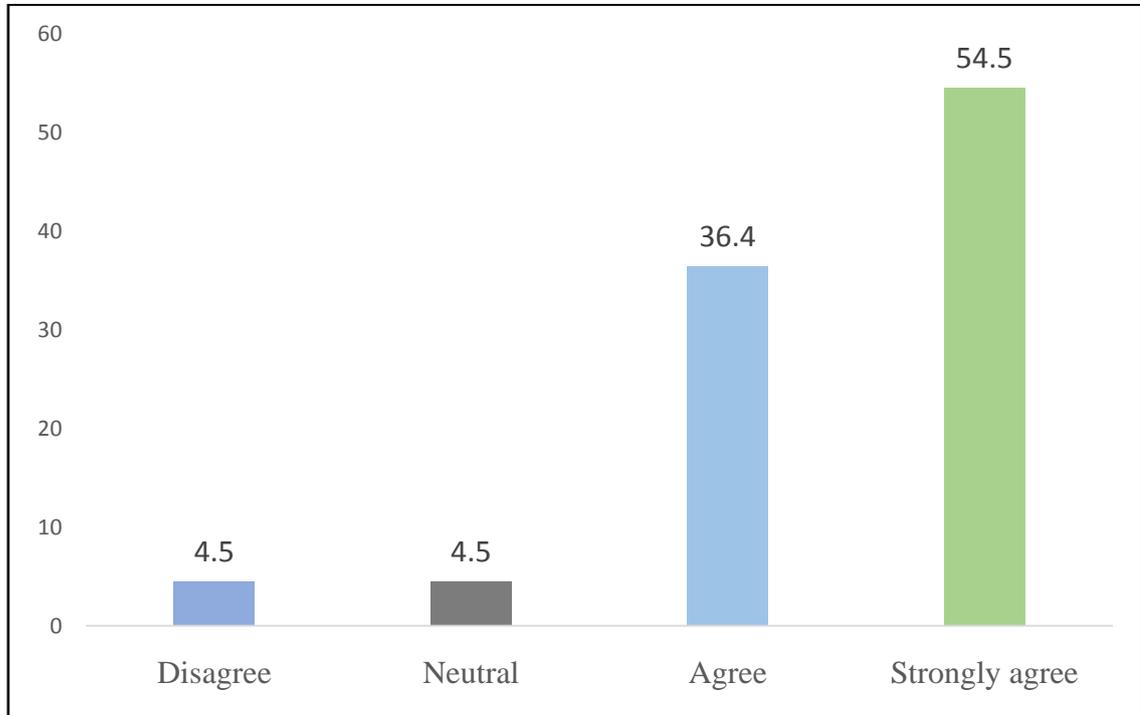
The figure 4.4.7illustrates the perception of hygiene methods during menstruation. The highest 54.5% strongly agree with the above statement,36.4% agree. And 4.5 are neutral with the statement, 4.5%have disagree on the statement.

"To keep herself clean and healthy, my daughter has been really diligent about keeping track of her period and making sure she changes her pads regularly."(**Mother of adolescent Girl-12,47 years old**)

"My daughter always makes sure to change her pad every four to eight hours because she understands how important it is to do so."(**Mother of adolescent Girl-13,37 years old**)

"I'm proud of my daughter because she maintains excellent hygiene throughout her period."(**Mother of adolescent Girl-11,39 years old**)

Subtheme 2- Availability and Accessibility of Menstrual Products

Figure 4.4.8 Menstrual Products Are Easily Available And Accessible
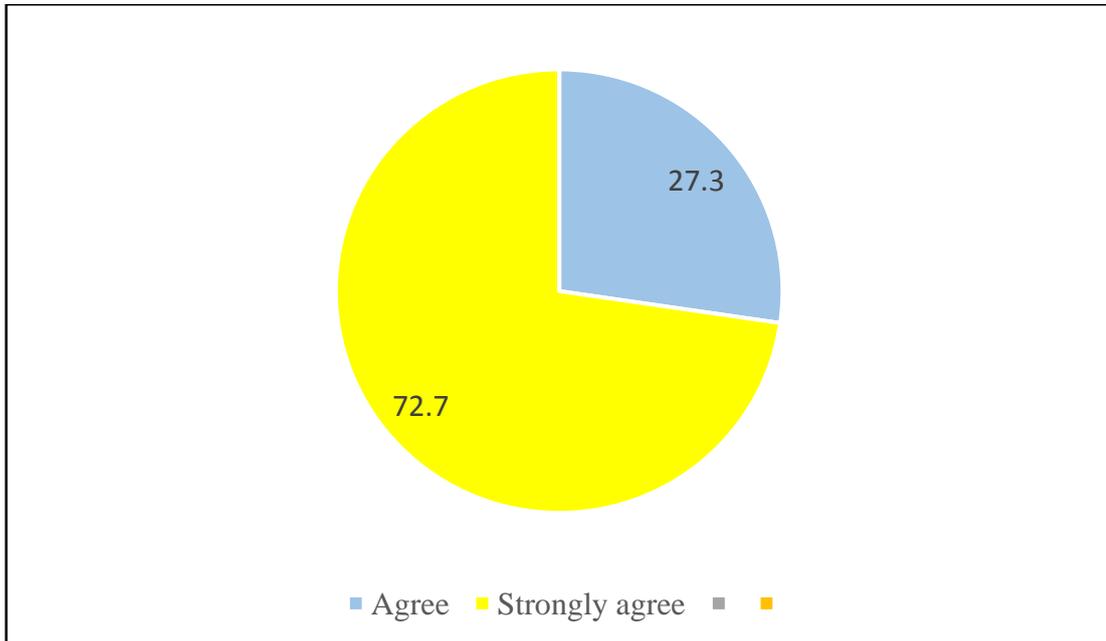
The figure 4.4.8 illustrates the perception of availability of menstrual products. The highest72.7%strongly agree and 27.3 agree with the statement.

"My concern is that my kid will not have access to the menstruation supplies she requires. I do not want to watch her go through it again because she has already experienced going without a couple times."(**Mother of adolescent Girl-12,37 years old)**

"For my daughter and other teenage females, the lack of more cheap menstrual products disgusts me. It should be available to everyone because it is a necessity.(**Mother of adolescent Girl-10,42 years old**)

"I am concerned about my daughter's access to menstrual products. She is already ashamed to bring it up, so I can bet she will not seek for assistance if she does not need it."(**Mother of adolescent Girl-12,37 years old**)

Subtheme 3- Modern Practices

Figure 4.4.9Distribution Of Awareness About The Modern Practice Of Menstrual Hygiene
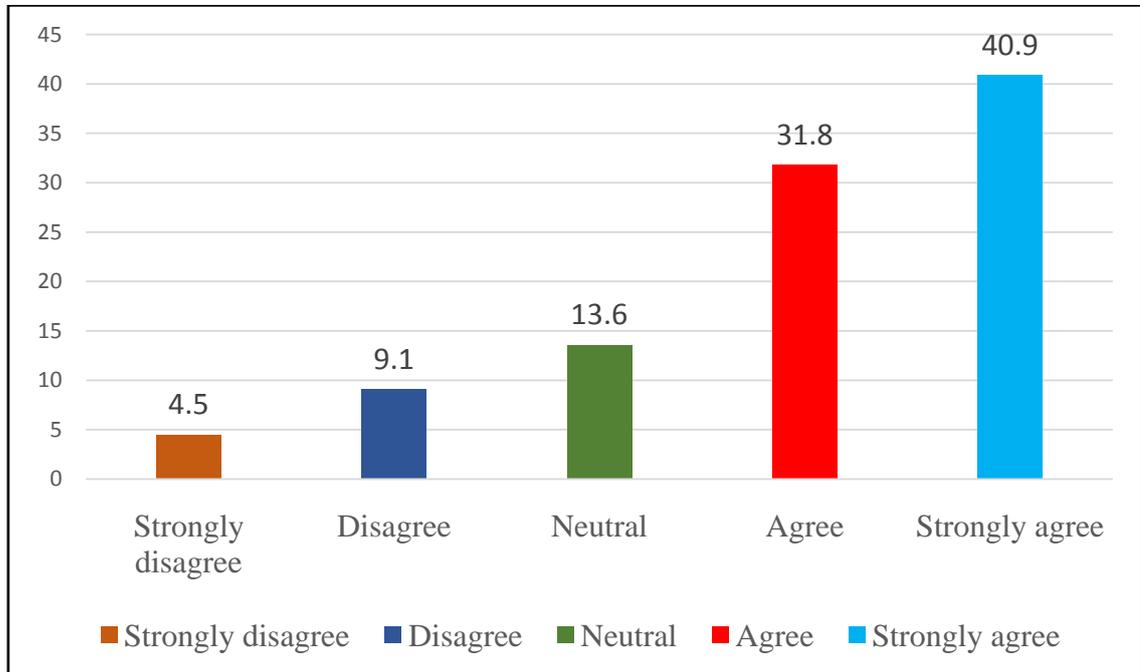
The figure 4.4.9 illustrates the awareness of modern practices of menstruation. The highest 40.9%strongly agree with the above statement, 31.8%% have selected s agree. And 13.6%are neutral with the statement, 9.2%have disagreed with the statement,4.5%strongly disagree.

"Having disposable pads is great for convenience, but I still believe it's crucial to teach my daughter about the environmental effects of her menstrual products."(**Mother of adolescent Girl-15,38 years old**)

"I am happy that my daughter has more access to period-related products than I did when I was a teen. It greatly simplifies for her the management of her cycle."(**Mother of adolescent Girl-3,47 years old**)

"It is wonderful that there are more options than ever before for controlling menstruation. But it is become difficult to recommend to my child because of fear to choose it." (**Mother of adolescent Girl-2,40 years old**)

CONCLUSION

The management and practice of menstrual hygiene management and practice is a difficult topic that affect especially adolescent girls. To maintain people's good health and dignity, it is crucial that menstrual hygiene management and practice become more widely accepted. In addition it is crucial to address the root cause of the problem with menstrual hygiene management and practice. Such as livelihood issues, psychological issues bad experiences and other challenges.

CHAPTER V
FINDINGS, SUGGESTIONS AND CONCLUSION

CHAPTER V

FINDINGS, SUGGESTIONS AND CONCLUSION

Introduction

The study was conducted among teenage girls residing Peravoor. A total of 22 respondents of age group 13-19 participated in the study and the data was collected through interview schedule provided to the respondents, which includes socio demographic profile, data regarding respondent's menarche and knowledge on menstruation, the hygienic practices of the respondents and the disposal mechanisms practiced by them, the physical and psychological problems, social stigma they face etc. The collected data was analysed using SPSS software and then interpreted by the researcher.

5.1 MAJOUR FINDINGS

The major findings will depict under each objective

Objective 1: To assess the socio-Demographic details of adolescent girls

- Mean age of the adolescent girls was15.45 and standard deviation 1.68.
- Most of them belong to Hinduism (62.8%) and others were belongs to Christianity (31.8%).
- Equal distribution found on the number of children in their home. Half of the adolescence is single child and rest of them has one or two siblings.

Objective 2: To assess the socio-demographic details of the mothers of adolescent girls

- Mean age of the mothers of adolescent girls was 41.95 and standard deviation was 4.14.
- The occupation of head of the family is mostly agricultural workers (59.15%).
- Majority of the mothers were primary school certificate holders (45.5%)
- Socio economic status of the family belongs to lower middle (36.4%)

Objective 3: To determine perspective of adolescent girls on menstruation

Socio-cultural context - Acceptance

- Adolescent girls agree with the statement that menstrual hygiene management and practice is socially acceptable (50%).
- Adolescent girls stated that the society is accepting the menstrual hygiene management and practice.

Socio-cultural context-livelihood issues

- Adolescent girls are neutral with the statement they face lively hood issues during menstruation (45.5%)
- Adolescent girls stated that some of them faces livelihood issues and some have not faced such issues.

Socio-cultural context-belief

- Adolescent girls strongly disagree (22,7%) and disagree (22.7%) the statement that belief system affect menstrual hygiene management.
- Adolescent girls sated that some among them have issue with belief system during menstruation, also some do not agree with the statement that belief system affect menstrual hygiene.

Personal hygiene- support system

- The majority of (59.1%) agree with the statement they have a good support system during menstruation.
- Adolescent girls stated that they receive enough social support from family, school and from society.

Personal hygiene-psychological issues

- Most of them strongly agree (36.4%) and agree (31.8%) on the psychological issues during menstruation.
- Adolescent girls stated that they suffer from psychological issues in every month. And they face several problems related to these psychological issues.

Personal hygiene- Experiences

- Majority of the adolescent are neutral (36.4%) on miserable experience during menstruation.

- Adolescent girls stated that they have several experiences related to menstruation. And they hate those moments.

Practices – hygiene practice

- Adolescent girl strongly agrees on (64.6%) they aware about the hygiene practices during menstruation.

- Adolescent girls stated that they follow a hygiene practice during their menstrual period.

Practices - Availability and accessibility

- Most of the adolescent girls (81.8%) strongly agree on the availability and accessibility of menstrual products.

- Adolescent girls stated that they have a proper availability of menstrual products.

Practices- Modern practices

- Majority of (81.8%) agree on they aware about the modern practices of menstrual hygiene.

- Adolescent girl stated that they have a proper awareness of modern menstrual products and practices but they are not ready to use these products because of fear.

Objective 4: To determine perspective of the mothers of adolescent girls on menstruation.

Socio-cultural context - Acceptance

- Majority of the mothers of adolescent girls (40.9%) agree with the statement menstrual hygiene management and practice is socially acceptable.

- Mothers of adolescent girls stated that now a day's menstruation becomes more acceptable in the society than older days.

Socio-cultural context- Livelihood Issues

- Most of the mothers of adolescent girls (36.4%)neutral with their child face livelihood issues.
- Mothers of adolescent girls stated that their children face several livelihood issues related to their menstruation.

Socio-cultural context- Beliefs

- Mothers of adolescent girls (36.4%) disagree with belief system affects menstruation.

Mothers of adolescent girls stated that their children don't have an issue with the belief system during their menstruation.

Personal hygiene- support system

- Majority of the mothers of adolescent girls (77.3%) agree with social support during menstruation.
- Mothers of adolescent girls stated that their child receives a good social support system from the society.

Personal Hygiene- Psychological Issues.

- Most of the mothers of adolescent girls (50%) agree with their child face psychological issues.
- Mothers of adolescent girls sated that their children are suffering from psychological issues in every month.

Personal hygiene- Experiences

- Most of the mothers of adolescent girls (50%) neutral with miserable experience during menstruation.
- Mothers of adolescent girls sated that their children undergo with miserable experiences related to menstruation.

Practices- hygiene

- Majority of the mothers of adolescent girls (54.5%) agree with hygiene practices during menstruation.
- Mothers of adolescent girls stated that their children follow a good hygiene practice during their menstruation.

Practices- availability and accessibility

- Most of the mothers of adolescent girls (72.7%) strongly agree with availability of menstrual products during menstruation.
- Mothers of adolescent girls stated that the menstrual products are easily available for their child.

Practices- Modern practices

- Most of the mothers of adolescent girls are (40.9%) are aware about modern practices of menstrual products.
- Mothers of adolescent girls stated that they aware about modern practices but they assume that it may have some disadvantages while using it so they didn't recommend it to their children.

5.2 IMPLICATION OF THE STUDY

Social Work Implication

- Regular sensitization programme with various issues.
- Capacity building for adolescent girls and their mother.
- Imparting the importance of menstrual management and practice.
- Eco-friendly practice and hygienic environment.
- Provide more information about modern practices from base level.

5.3 LIMITATIONS OF THE STUDY

- lack of cross cultural findings
- poor exploration in the perspective of opposite gender
- need to do a comprehensive search in casual factors.

5.4 SUGGESSIONS FOR FURTHER RESEARCH

- Longitudinal study
- Intervention study

5.5 CONCLUSION

The current study is to understand the menstrual hygiene management and practice of adolescent girls. The objective of the study was to assess the socio demographic details, determine the perception of menstrual hygiene management and practice from both the adolescent girls and mothers. A qualitative study was carried out in this research for exploring and supporting the quantitative findings through qualitative interpretation. The present study was conducted in Peravoor, Kannur district. On this qualitative study researcher received information from 22 adolescents and 22 mothers of the adolescent girls. The researcher divided the objectives into 3 themes and subsequently divided again into 3 subthemes. Through analysing these themes and subthemes although the adolescent girls have a good support system and acceptance in their menstruation they suffer with psychological issues, they have miserable experiences related to menstruation and they face lively hood issues during their menstruation. They follow a good hygiene practice but they are still using menstrual product like pads they are hesitating to switch on to modern practices.

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APPENDIX I

Information sheet

Title: Menstrual hygiene management and practice of adolescent girls; A Qualitative study.

Purpose of the Study: My name Vaishnavi K, student in the Department of Social Work, Don Bosco Arts, and science college Angadikadavu, Iritty, Kannur University, Kannur, India. As the part of my study master of social work, I am undertaking a study to find out the menstrual hygiene management and practice of adolescent girls in Kannur District, Kerala. I wish to interact with girls and girls (aged 13-19years) who are currently studying in high school and higher secondary and their parents are administer a few questionnaires. I am being supervised under. Harikrishnan U., Ph.D., Assistant Professor, Department of Social Work, Don Bosco Arts and Science College Angadikadavu, Iritty.

What does Study Involve?

The study involves an interview to assess the menstrual hygiene management and practice of adolescent girls. The interview questions are attached so that you can consider them before deciding whether to participate. It is likely to last for about an hour. You can keep only information sheet with you.

What will happen to my Information?

The information given by all participants will remain entirely confidential and your name will not be divulged to anyone else. The interview data will be kept secure. The final report of the study may include quotation from the interviews but these will be anonymous. No individual will be identified in any way in any report of the study. You will receive a summary of the findings if you wish.

Benefits and Risks: There is no risk and benefits associated with this research.

Your Rights as a Participant of the Study

Your entry to the study is entirely voluntary. You are entitled to decline to answer any question in the interview, and can withdraw from the study at any time without having to give any explanation. If you decide to participate, you will be given the summary of findings at the conclusion of the study on request.

Do you have further questions?

If you have further queries, please write to Vaishnavi K, the address below, or phone her on 9747341136 between 6 p.m-8 p.m. Alternatively, you can email: vaishnavishibin0509@gmail.com

By

Vaishnavi K

Department of Social Work,

Don Bosco College Angandikkadavu, Iritty.

Kannur University, Kannur, Kerala, India.

APPENDIX II

Consent Form

Title of the Study: Menstrual hygiene management and practice of adolescent girls; A Qualitative study.

Name of Researcher: Mrs. Vaishnavi K, Department of Social Work, Don Bosco college Angandikkadavu, Iritty, Kannur University, Kannur Kerala, India

Name of Supervisor: Harikrishnan U., PhD, Assistant Professor, Department of Social Work, Don Bosco Arts and science college Angadikadavu, Iritty Kannur University, Kannur, Kerala, India.

If you have read the information sheet and consent to be interviewed, please show your agreement by ticking the following.

1.	I confirm that I have read the information sheet and understand what I will be asked to do.	
2.	I understand that my participation is voluntary and that I am free to withdraw at any time without my legal rights being affected, and without having to give a reason.	
3.	I understand that all my information will be strictly confidential.	
4.	I agree to take part of the study, interview and agree for voice record.	

………………………… ……….. ………………………

Name of the student **Date** **Signature**

……………………… ……….. ……………………….

Name of the parent **Date** **Signature & Phone no**

I have explained the nature, demands and foreseeable risks of the above research to the participant

Vaishnavi K ………… ……………

Name of researcher **Date** **Signature**

APPENDIX III

Socio-Demographic Details of Adolescent Girls

1.Name:

2.Age:

3.Religion:

   Hindu   Muslim   Christian   Others

4.Ecomonic category:

   APL   BPL   Do not know

5.How many siblings do you have?

APPENDIX IV

Perception of Adolescent Girl on Menstrual Hygiene

Do you think that:	SD	D	N	A	SA
Menstrual hygiene management practice of adolescent girls is socially acceptable.					
Adolescent girls face livelihood issues on menstrual period.					
The socio-cultural believes effects the adolescent girls on their menstruation.					
Adolescent girls get a social support on their menstruation.					
Adolescent girls are facing psychological issues during their menstruation.					
Adolescent girls have miserable experience on their menstrual period.					
Adolescent girls' practices hygiene methods during menstruation.					
The menstrual products are easily available and accessible.					
You have an awareness about the modern practices of menstrual hygiene?					

APPENDIX V

Socio-Demographic Details of Mother

1.Name:

2.Age:

3.Literacy status:

Illiterate   Primary   Graduate

Metric   Higher Secondary   Post Graduate

4.Employment status:

Yes   No

5. Occupation of the head

Legislators, Senior Officials & Managers   Professionals

Technicians and Associate Professionals   Clerks

Skilled Workers and Shop & Market Sales Workers

Skilled Agricultural & Fishery Workers   Craft & Related Trade Workers

Plant & Machine Operators and Assemblers   Elementary Occupation

Unemployed

6. Education of the Head Score

Profession or Honours   Graduate   Intermediate or diploma

High school certificate   Middle school certificate

Primary school certificate   Illiterate

7. Monthly income in rupees

≥123,322   61,663-123,321   46,129-61,662   30,831-46128

18,497-30830   6,175-18,496   ≤6174

APPENDIX VI

Mothers' Perception on Menstrual Hygiene of Adolescent Girls

Do you think that your child's	SD	D	N	A	SA
Menstrual hygiene management practice socially acceptable					
Faces livelihood issues on menstrual period					
Menstruation affects the socio cultural believes					
Get a social support on their menstruation					
Facing psychological issues during their menstruation					
Have miserable experience on their menstrual period					
Practices hygiene methods during menstruation					
Menstrual products are easily available and accessible					
Have an awareness about the modern practice of menstrual hygiene					

APPENDIX VII

Interview Guide of Adolescent Girls

1. Explain about the menstrual hygiene practices, is it socially acceptable?

2. Share your livelihood issues on your menstruation?

3. Can you explain how your belief system effects menstruation and its practices?

4. Describe about the social support that you get during menstruation?

5. Can you explain the psychological issues faced during menstruation if any?

6. Elaborate an unforgettable incident related with your menstruation?

7. Explain about the hygiene practices which you follow during menstruation?

8. Describe about your menstrual products and its availability

9. Share about the modern practices and techniques of menstruation?

APPENDIX VIII

Interview Guide of Mother

1. Explain about your views about the menstrual hygiene practices and its acceptability?

2. Describe about livelihood issues faced your child on her menstruation?

3. Can you explain how your belief system effects your child's menstruation?

4. Illustrate about the support system that get your child during her menstruation?

5. Can you explain about the psychological issues of your child during menstruation?

6. Share about any unforgettable incidents of your related with her menstruation?

7. Explain about the hygiene methods practices by your generation and your child's generation?

8. Describe about your child's menstrual products and its availability

9. Share about your awareness about modern practices used in menstruation?

A STUDY ON ADJUSTMENT PROBLEMS OF CHILDLESS COUPLES, KANNUR

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DON BOSCO ARTS & SCIENCE COLLEGE
ANGADIKADAVU
KANNUR 670706

2021-2023

A STUDY ON ADJUSTMENT PROBLEMS OF CHILDLESS COUPLES, KANNUR

DISSERTATION SUBMITTED TO THE KANNUR UNIVERSITY INPARTIAL FULFILMENT OF THE REQUIREMENT FOR THE AWARD OF THE DEGREE OF MASTER OF SOCIAL WORK

BY

ATHISHA THANKACHAN

Register Number: CIGMSW1015

UNDER THE GUIDENCE OF

MR.ZAVIARKUTTY FRANCIS

DEPARTMENT OF SOCIAL WORK

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CERTIFICATE

This is to certify that the dissertation entitled, **A STUDY ON ADJUSTMENT PROBLEMS OF CHILDLESS COUPLES, KANNUR,** is a bonafide record of work done by **ATHISHA THANKACHAN** under the guidance of **MR. ZAVIARKUTTY FRANCIS** in partial fulfilment of the requirement for the award of the degree of **Master of Social Work**, during the period of her study (2021-2023) in the Department of Social Work, Don Bosco Arts and Science College, Angadikadavu, Kannur, affiliated to The Kannur University.

FR. SOJAN PANANCHICKALSDB
Head, Department of Social Work
Don Bosco Arts and Science College

DEPARTMENT OF SOCIAL WORK
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KANNUR

CERTIFICATE

This is to certify that the dissertation entitled, **A STUDY ON ADJUSTMENT PROBLEMS OF CHILDLESS COUPLES, KANNUR,** submitted by **ATHISHA THANKACHAN** in partial fulfilment of the requirement for the award of the degree of **Master of Social Work**, is a bonafide record of work done under my guidance and supervision during the period of her study (2021-2023) in the Department of Social Work, Don Bosco Arts and Science College, Angadikadavu, Kannur, affiliated to The Kannur University.

MR.ZAVIARKUTTY FRANCIS

Assistant professor and Research Guide

Department of Social Work

Don Bosco Arts and Science College

DECLARATION

I, Athisha Thankachan, the undersigned, hereby declare that the dissertation entitled, **A STUDY ON ADJUSTMENT PROBLEMS OF CHILDLESS COUPLES, KANNUR**, submitted to the Kannur University, in partial fulfilment of the requirement for the award of the degree of **Master of Social Work**, is a bonafide work done by me under the guidance of **MR. ZAVIARKUTTY FRANCIS,** Assistant professor, Department of Social Work, Don Bosco Arts And Science College, Angadikadavu. This work has not been placed by anybody in the University for the Award of any degree or diploma.

ANGADIKADAVU   ATHISHA THANKACHAN

MAY 2023

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On this occasion I thank all the respondents for their cooperation and availability.

I also wish to express sincere thanks to my parents and friends who have always supported and encouraged me to finish the research work successfully.

ATHISHA THANKACHAN

ABSTRACT

Childlessness is a significant life circumstance that affects many couples worldwide. While some couples choose to remain childless by choice, others experience difficulties in conceiving or face external factors that prevent them from having children. The absence of children in a couple's life can lead to various adjustment issues, impacting their emotional well-being, social relationships, and overall life satisfaction.

Childlessness often prompts psychological challenges for couples, such as feelings of grief, loss, and longing for parenthood. Couples may experience a sense of incompleteness or failure, which can result in decreased self-esteem and increased stress levels. These emotional struggles may lead to depressive symptoms, anxiety, and even marital discord. However, research suggests that the psychological adjustment of childless couples varies greatly, influenced by factors such as personal attitudes towards childlessness, societal norms, and individual coping mechanisms.

Childlessness can also impact the social dynamics of a couple's life. Childless couples may face social stigma, societal pressures, and intrusive questioning from family, friends, and society at large. They may feel left out or excluded from parenting-focused social circles, as their experiences and priorities differ from those of parents. The absence of children can strain relationships with friends or family members who have children, as well as lead to a perceived lack of social support and understanding.

ATHISHA THANKACHAN

CONTENTS

LIST OF TABLES

LIST OF FIGURES

CHAPTER 1

INTRODUCTION

CHAPTER 1

INTRODUCTION

1.1 INTRODUCTION

Children are the motivational factors for the parents to work hard and earn money for the betterment of their just life Reproduction is the one and only way to sustain the human life. Pregnancy and child birth carefully connected with constructive emotions. When planning a life together majority of the couples will have their own expectation about their life and they will expect their own biological child People want children for continue their generations. The reproduction has many explanations in social. Psychological and biological aspects. The birth of the children is considered to be an opportunity to create maintain and fulfil their wishes.

Infertility affects a couple socially, psychologically and personally. Compared to men women are suffering more due to infertility because the social pressure will come more towards to women infertility gives them guilty feeling, sometimes some will started blame their fate or blaming each other and sometimes it will lead to mental disorders. on a social level to most of the cultures remain connected with social, a failure to satisfy the social norms and resolutions in some cultures, infertility leads to divorce or separation there by giving an opportunity for the fertile partner to get a child and also started that "emotional and social factors in many countries there is on or limited public funding for medical treatment of infertility. Infertility and its treatment can be a grate financial burden for couples".

Infertility can act as a painful emotional experience it can cause many psychological problems, including stress, anxiety. Depression decreased self-esteem, decreased sexual satisfaction and decreased quality of life. Infertility is one of the prime causes for childlessness. Many advancements and researchers are going on in the field of infertility the central problem is to define both a population with reduced fertility and an appropriate comparison population. The former can be conceptualized either as individuals or couples who are unable to conceive after a period of regular unprotected intercourse, or as individuals who seek medical help to conceive the childless couples in almost all societies have a negative social values and parenthood is considered as a norm. Childbirth is an important in one's life especially for a woman, because she gives

birth to a child after tolerating so much pain, it is almost rebirth of women. Parenthood is a fundamental human need and within a specified period. If the person doesn't become a parent, it leads to personal and interpersonal problems.

1.2 STATEMENT OF THE PROBLEM

Infertility is a reproductive health problem that is related to a couple use lollies the health care system takes care of individual hoeing problem, but with infertility the patients is the couples. It is well known that infertility for many coheres a serious strain on their interpersonal relationships. As well as personal distress reduced self-esteem and periods of existential one of the important challenges in infertility in relation to one self as in relation with the partner and in the different social areas.

Childless couples face many problem from family, friends and also from society. Infertility is the failure to become pregnant with one year of regular, unprotected Intercourse. Being labelled infertile is devastating to the couple. For the vast majority of patients infertility is totally unexpected. Infertility is a major life crisis for many couples. It affects the self-esteem, body image, sexual identity, life goals and sexual relations. Childless couple faces psychological and social problems. They suffer emotional harassment from the significant people. The harassment comes in many forms that are ostracism from family celebrations, stigmatization, negative attitude and withholding from food and-health care.

1.3 TITLE OF THE STUDY

A Study on the Adjustment Problems of Childless couples, Kannur

1.4 OBJECTIVES

General objectives

• To understand different problems faced by childless couples.

Specific objectives

• To study the problems in marital relationship caused by Infertility.
• To understand the emotional harassment from the family.
• To understand the socio-economic status of respondents.

1.5 SIGNIFICANCE OF THE STUDY

The childless couples face different social stigma. Most of the studies done regarding the problems of childless couples are based on the emotional aspects and not many studies are available, and how this cause adjustment issues between couples. Such as a scenario makes it important to study how much it can cause adjustment issue which may lead to broken families. Infertility, which affects one in six couples – cover ten million people is at once a medical, social and psychological problem. Infertility is a growing problem in today's world, despite in advanced reproductive Technologies, which have far- reaching implications for the family and culture life styles. Change to have been contributing to the increasing infertility rate in Kerala. According to studies 16.25 percentage couples have been found to have infertility problem.

1.6 CHAPTERIZATION

INTRODUCTION: The Introduction consists of the statement of the problem, the title of the study and general and specific objectives. It also includes the significance and scope of the study, chapterization and conclusion also added in introduction.

REVIEW OF LITERATURE: This chapter speaks the reviews of related studies and relevant studies about childless couples. In this chapter the theoretical and empirical terms arranged in a logical order and ends with conclusion.

RESEARCH METHODOLOGY: This chapter is the important chapter containing lot of information about research problem including introduction, definition of concepts theoretical meaning and operational definitions. Variables independent or dependent. Hypothesis, Research Design, Pilot study, Universal unit of the study. Sampling inclusion and exclusion, Sources of data primary or secondary, Tool of data collection, Pre-test, Method of data collection and the method that is used to data analysis.

DATA ANALYSIS AND INTERPRETATION: The fourth chapter mainly deals with introduction, the collected data and testing hypothesis (optional) or analysing hypothesis and conclusion.

FINDINGS, SUGGESTIONS, AND CONCLUSION: The last chapter includes the major findings, implications of the study, limitations of the study suggestions for further research and conclusion.

1.7CONCLUSION

Childlessness is a problem facing by many couples. Some couples are trying to adjust with the situation by accepting different methods like adoption of other child, accepting the situation of childlessness etc. The aim of the research is to find out the social, family and psychological problems faced by childless couples.

CHAPTER 2

LITERATURE REVIEW

CHAPTER 2

LITERATURE REVIEW

2.1 INTRODUCTION

A literature review is a text written by someone to consider the critical points of current knowledge including substantive finding, as theoretical and methodological contribution to a particular topic. Literature reviews are secondary sources, and as such, do not report any new or original experimental work. Also, a literature review can be interpreted as a review of an abstract accomplishment. Its main goals are to situate the current study within the body of literature and to provide context for the particular reader.

A review of the literature is an essential part of your academic research project. The review is a careful examination of a body of literature pointing towards the answer to your research question.

Literature review typically includes scholarly journals, scholarly books, authoritative database and primary sources. Sometimes it includes Newspapers, magazines, other books, films and audio and video tapes and other secondary sources.

- Primary sources are the origin of information under study, fundamental document relating to a particular subject or idea. Often they first-hand accounts written by a witness or researcher at the time of an event or discovery. These may be accessible as physical publications, as publications in electronic databases, or on the internet.
- Secondary sources are document or recording that relate to or discuss information originally presented elsewhere. These two may be accessible as physical objects or electronically in databases or on the internet.

All good research and writing is guided by a review of the relevant literature. Your literature review will be the mechanism by which your research is viewed as a cumulative process. That makes it an integral component of the scientific process.

2.2 REVIEWS

1. **Psychological Distress and Infertility**: A Review of the Literature" examines the emotional and psychological difficulties faced by couples who are experiencing infertility. The authors discuss how infertility can affect a person's self-esteem, relationships with others, and overall wellbeing. The article is a review of existing research on the topic and aims to provide a comprehensive understanding of the psychological impact of infertility. Overall, the authors conclude that infertility can lead to significant emotional distress and that healthcare providers should address these concerns when treating couples who are experiencing infertility.

2. **The study titled "The Emotional Distress of Infertility:** A Comparison of Childless Men and Women" compared the emotional distress levels experienced by men and women who are seeking infertility treatment. The authors found that both men and women experienced high levels of distress related to infertility, but women reported more negative emotions related to infertility than men. The study highlights the need for infertility treatment to address the emotional needs of both men and women.

3. **Childlessness and Psychological Well-Being in Midlife and Old Age**: An Examination of Parental Status Effects across a Range of Outcomes" explored the relationship between childlessness and psychological well-being in midlife and old age. The authors found that childless individuals reported lower levels of happiness and life satisfaction compared to parents. However, this difference was mitigated by social support and other factors. The study suggests that social support plays a crucial role in the psychological well-being of childless individuals, and interventions aimed at enhancing social support can help improve their well-being.

4. **The study by Boivin et al. (2016)** aimed to examine whether infertility-related stress has an impact on the success of infertility treatments for both men and women. The authors found that high levels of stress related to infertility predicted a lower likelihood of treatment success for both genders after one year. This suggests that managing stress related to infertility may be important for improving the outcomes of infertility treatments.

5. **Infertility and Well-Being: The Mediating Role of Perceived Stress and the Moderating Role of Social Support**". The study conducted by Shkedi-Rafid and Shnabel in 2017 aimed to examine the impact of perceived stress and social support on the relationship between infertility and wellbeing. The authors found that perceived stress plays a mediating role in the relationship between infertility and negative emotions, meaning that infertility can lead to increased levels of stress, which in turn can negatively impact well-being. Additionally, the study found that social support can moderate this relationship, meaning that individuals who have higher levels of social support may be better equipped to cope with the stress associated with infertility and experience better well-being outcomes compared to those with lower levels of social support. Overall, this study highlights the importance of addressing perceived stress and social support in infertility treatment and support.

6. **The Psychological Impact of Infertility and Its Treatment" by Alice D. Domar and Elizabeth A. Gabel** discusses the emotional challenges that individuals and couples may experience when dealing with infertility. The authors describe the various stages of infertility, including the initial shock, the grieving process, and the decision-making phase. They also explore the impact of infertility on a person's self-esteem, relationships, and sexuality.

7. **The Experience of Infertility by Lisa J. Schulman-Green and Diane L. Dailey.** The article by Schulman-Green and Dailey provides a review of recent literature on the experience of infertility. The authors focus on the social and emotional challenges faced by couples who are unable to conceive, and examine the impact of infertility on various aspects of their lives, including relationships, identity, and quality of life. The article provides a comprehensive overview of the psychological and social aspects of infertility, drawing on recent research in the field. Overall, the article highlights the importance of understanding the experience of infertility from a holistic perspective, and emphasizes the need for support and interventions that address the complex emotional and social issues faced by couples dealing with infertility.

8. **Emotional Distress and Infertility by Kate Tchanturia and Janet Treasure**. The article by Tchanturia and Treasure provides a comprehensive review of the literature on emotional distress experienced by couples struggling with infertility. The authors discuss the psychological impact of infertility, including

depression, anxiety, and stress. They also explore how infertility can affect social relationships and offer coping strategies for dealing with the emotional challenges associated with infertility. The authors note that infertility can be a source of significant psychological distress for both men and women, leading to feelings of loss, grief, and isolation. Infertility can also negatively impact intimate relationships, causing tension, communication breakdowns, and sexual difficulties. The authors emphasize the importance of addressing these emotional challenges as part of a holistic approach to infertility treatment.

9. **Social Support and Infertility by Lyndsay A. Nelson and Eric B. Larson**. This article explores the role of social support in helping couples cope with infertility. The authors discuss the impact of social support on psychological well-being, communication, and decision-making.

10. **Psychological and Social Consequences of Infertility by S. Hamideh Karimi and Behrouz Dolatian**. This article provides a broad overview of the psychological and social consequences of infertility. The authors examine the impact of infertility on self-esteem, body image, sexuality, and relationships, and discuss the importance of psychological interventions and social support for couples dealing with infertility.

11. **Identity and Infertility by Ingrid Soderlund and Lena Wettergre**n. This article explores how infertility can affect a person's sense of self and how it may lead to identity struggles, particularly for women.

12. **The study "Psychosocial Adjustment to Infertility and Its Treatment**: Male and Female Responses at Different Stages of Medical Investigation and Therapy" by Boivin, Edwards, and Clarke (1999) focuses on the psychological and emotional experiences of men and women dealing with infertility and how their coping strategies evolve during the medical treatment process. The research examines the psychosocial adjustment of both men and women facing infertility, considering the various stages of medical investigation and therapy they go through. It explores how individuals cope with the emotional challenges associated with infertility and how these coping mechanisms may change over time as they progress through different medical interventions. The study, published In the journal Human Reproduction, specifically investigates the psychological responses of male and female participants at different stages of their fertility treatment. By understanding the psychosocial aspects of infertility

and the impact of treatment on individuals' wellbeing, the research aims to provide valuable insights into the psychological support needed for couples experiencing infertility.

13. **The article by Pintus and Johnson (2016)** examines the influence of infertility on couples' relationships, specifically focusing on communication patterns, intimacy, and sexual functioning. The authors delve into the various ways in which infertility can impact these aspects of a couple's relationship. this article provides valuable insights into the complex and multifaceted ways in which infertility can affect couples' relationships. It emphasizes the importance of understanding and addressing these challenges to support couples in navigating the emotional and relational aspects of infertility.

14. **The article "Psychological Distress and Infertility**: A Review of the Literature" by Helen M. Hall and Justine M. Schover, published in the Journal of Assisted Reproduction and Genetics in 2011, provides a comprehensive overview of the psychological impact of infertility. The authors review various studies and research on the topic, exploring the factors that contribute to psychological distress among individuals experiencing infertility. These factors may include feelings of grief, loss, shame, guilt, and lowered self-esteem. Additionally, the article discusses the potential impact of infertility on relationships, including marital stress and sexual dysfunction. The authors also examine coping strategies and interventions aimed at addressing psychological distress associated with infertility. These may include individual or couples counseling, support groups, educational interventions, and mind-body techniques such as relaxation exercises and mindfulness. Overall, this article serves as a valuable resource for understanding the psychological aspects of infertility and provides insights into potential approaches to support individuals and couples dealing with this challenging condition.

15. **The study by Gaber and Hafez (2016)** titled "Couples' Coping Strategies and Marital Satisfaction in Infertile Couples: The Moderating Role of Gender" investigates the impact of couples' coping strategies on marital satisfaction, specifically focusing on infertile couples, and explores how gender influences this relationship. The research was published in the International Journal of Psychology and Behavioral Sciences.

The study aims to understand how different coping strategies employed by infertile couples may affect their marital satisfaction. It also explores whether the influence of coping strategies on marital satisfaction varies based on the gender of the individuals involved. The researchers examine the moderating role of gender to determine if there are any differences in the way men and women cope with infertility and how these coping strategies relate to marital satisfaction.

16. **The study conducted by SevilaySenol-Durak and HakanDurak in 2015,** titled "Perceived social support, coping strategies, and psychological distress among infertile women in Turkey," examines the relationship between perceived social support, coping strategies, and psychological well-being among infertile women in Turkey. The study was published in the Journal of Health Psychology.

    The researchers investigated how the perception of social support and the utilization of coping strategies might influence the psychological distress experienced by infertile women in Turkey. The participants of the study were infertile women, and their psychological well-being was assessed using measures of psychological distress.

    The study aimed to determine whether higher levels of perceived social support and more adaptive coping strategies were associated with lower levels of psychological distress among infertile women. The researchers collected data through questionnaires and analyzed the responses using statistical methods to identify any significant relationships or associations.

    The findings of the study provide insights into the importance of social support and coping strategies in the psychological well-being of infertile women in Turkey. Understanding these factors can help healthcare professionals develop improving their overall mental health and quality of life.

17. **The Impact of Infertility on Life Satisfaction and Subjective Well-Being,"** authors Erin K. Fletcher and Arthur A. Stone explore the influence of infertility on an individual's overall life satisfaction and subjective well-being. The study also investigates potential factors that might moderate this relationship.

2.3 CONCLUSION

The literature suggests that childlessness can also affect the quality of the marital relationship, with some studies indicating that childless couples may experience higher levels of marital distress than couples with children. The review highlights the importance of social support and coping strategies in helping couples navigate the challenges of infertility and childlessness. Support from family, friends, and healthcare professionals can help alleviate some of the emotional distress associated with infertility, while effective coping strategies can improve resilience and promote psychological well-being.

CHAPTER 3

RESEARCH METHODOLOGY

CHAPTER 3

RESEARCH METHODOLOGY

3.1 INTRODUCTION

Methodology is very important in all research. It helps to assess the research on its Reliability and validity. Methodology is a way to scientifically resolve the research Problem by the use of systematic methods. The researcher tactics for understanding social Hitches and to initiate approach through which one can gather information from the Selective area, and finally arrive at a conclusion by interpreting that one would be able to generate a write up. The researcher attempted to understand the Adjustment problems of childless couples, Kannur.

3.2 DEFINITION OF CONCEPTS

3.2.1 THEORETICAL DEFINITION

- **Adjustment**

An adjustment is a small change that is made to something such as machine or a way of doing…" Collins Dictionary".

- **Problem**

A problem is a situation that is unsatisfactory and causes difficulties for people……."Collins Dictionary"

- **Childless couple**

Couples who are unable to conceive a child or carry a pregnancy to term after a certain period of time of trying to conceive, usually defined as one year of regular unprotected sexual intercourse. (WHO)

3.2.2 OPERATIONAL DEFINITION

- **Adjustment**

Adjustment is a change in a person's behaviour or thinking.

- **Problem**

A problem is that which affect a person's mentally and psychologically socially. It is situation of a human being having incompatibility with his.

- **Childless Couple**

Childless couples are those couples they have no child after one year of marriage but it is not a voluntary childlessness.

3.3 VARIABLE – INDEPENDENT AND DEPENDENT

3.3.1 INDEPENDENT VARIABLE

Adjustment problems of childless couples

3.3.2 DEPENDENT VARIABLE

Infertility

3.4 RESEARCH DESIGN

Descriptive researches emphasize accurate description of a situation or an association between variables. Because the researcher goes in depth about the study descriptive design was used. Researcher wants to know the Adjustment problems of childless couples.

3.5 PILOT STUDY

Pilot study conducted before the main study. The main aim of pilot study is to test the Feasibility and variability of the study. The researcher conducts pilot study before collecting the data and gave an idea about the research problem.

3.6 UNIVERSE AND UNIT OF THE STUDY

3.6.1 UNIVERSE OF THE STUDY

The study aims to look at the Adjustment problems of childless couples between the age group of 25-45. The population of the respective study in Kannur district is more than 2000 based on 2011 census.

3.6.2 UNIT OF THE STUDY

The data of 60 childless couples who are under treatment for children in Kannur district.

3.7 SAMPLING

In this study the researcher had used purposive sampling method. Purposive sampling is a non-probability method for obtaining a sample where researchers use their expertise to choose specific participants that will help the study meet its goals. These subjects have particular characteristics that the researchers need to evaluate their research question.

3.8 SOURCES OF DATA

Researcher used the data from both primary and secondary source

3.8.1 PRIMARY DATA

The researcher collected primary data from the respondents through questionnaire.

3.8.2 SECONDARY DATA

The secondary data was collected from the journals, books, articles, and previous researchers related to the topic for getting related information.

3.9 TOOLS OF DATA COLLECTION

The researcher used self-prepared questionnaire as the tool for collecting the primary data.

3.10 PRE-TEST

The researcher sends the questionnaire to four respondents to identify whether it was effective and understandable to them.

3.11 METHOD OF DATA COLLECTION

Researcher used Questionnaire method to collect primary data from the childless couples and secondary data is collected from the internet, journals, books and reports.

3.12 METHOD OF DATA ANALYSIS

The collected data were tabulated and coded in Microsoft excel and analysed and interpreted through the statistical software SPSS (statistical package of social science). Descriptive statistical such as frequency and percentage tables, graphical plots and charts were used to explain the distribution.

CHAPTER 4
DATA ANALYSIS AND INTERPRETATION

CHAPTER 4
DATA ANALYSIS AND INTERPRETATION

4.1 INTRODUCTION

The data gathered and proposed are analysed and interpreted in this chapter. This analysis and interpretation are based on the answers given by the respondents. The researcher collected the data through the questionnaire. After the data collection, it was tabulated and summarized with reference to the objectives of study.

4.2 DATA ANALYSIS AND INTERPRETATION
4.2.1 GENDER
TABLE NO 4.1

VARIABLES	FREQUENCY	PERCENT
Male	15	25.0
Female	45	75.0
Total	60	100.0

The analysis shows that out of the 60 respondents, 25% of the respondents are male and 75% of the respondents are female.

4.2.2 EDUCATIONAL QUALIFICATION

FIGURE NO .4.1
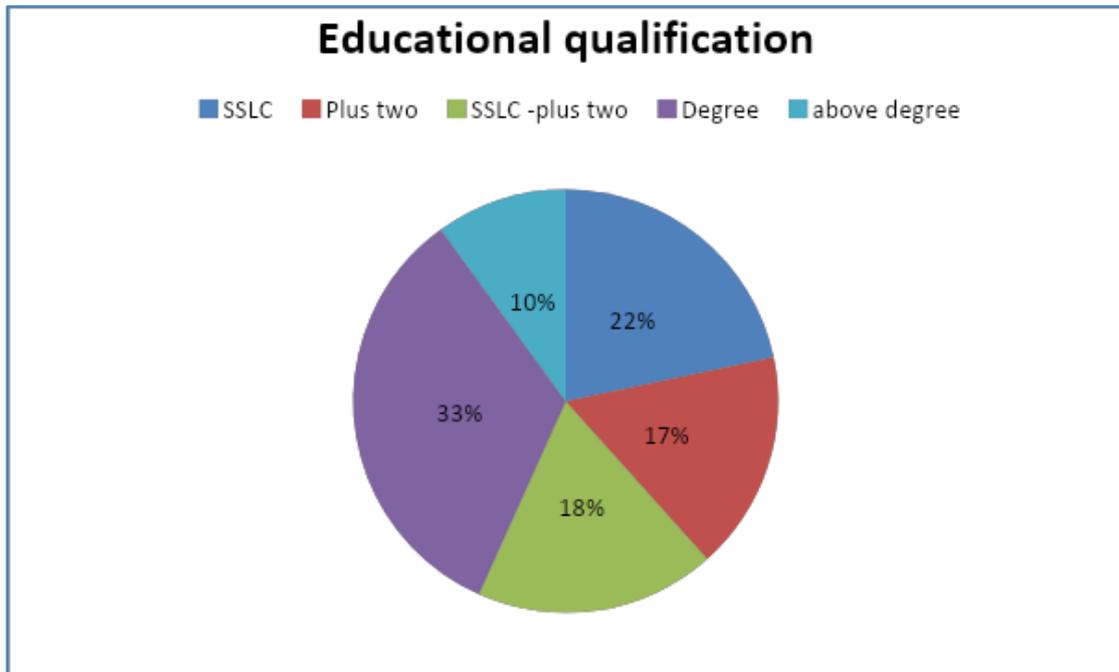
The above figure shows the educational qualification of respondents. From the diagram we can analyse that 33% of the respondents are degree holders, 22% of the respondents are SSLC, 18% of the respondents are SSLC- Plus two, 17% of the respondents are plus two and reaming 10% of the respondents are above degree.

Thus, the majority of respondents are private or government employed so that their education qualification is better and most of them are under or post graduates. Also, the high literacy rate of Kerala became a reason of high education status.

4.2.3 EMPLOYMENT STATUS

FIGURE NO .4.2
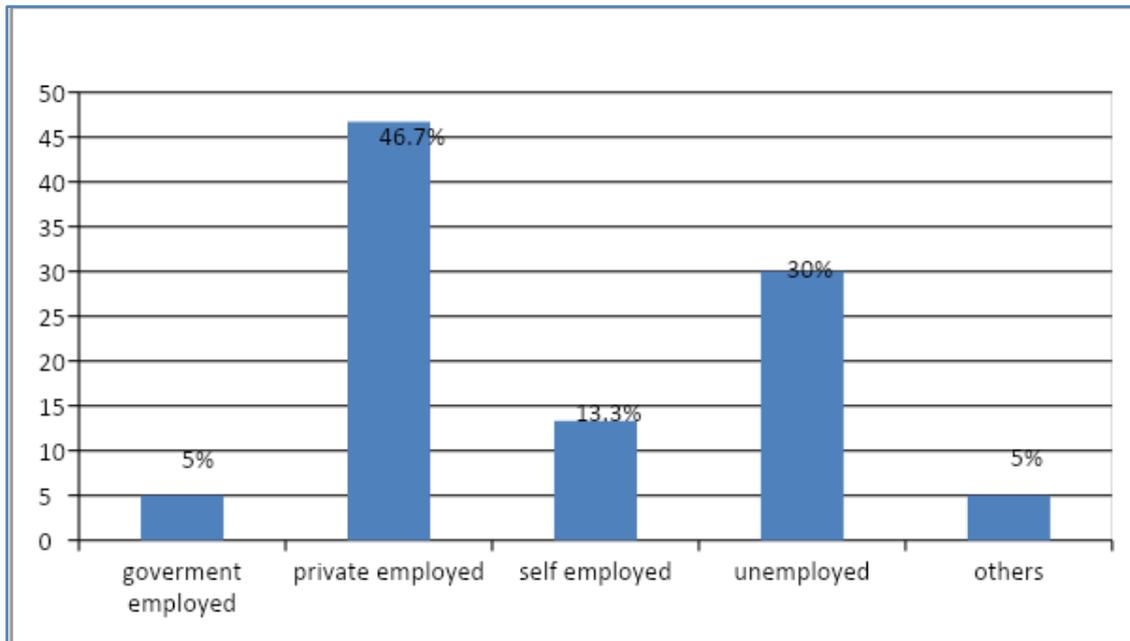
The employment status of the respondents, the analysis explains that 5% of the respondents are government jobs and another 46.7% of the respondents have various kinds of private jobs. Whereas 13.3% of the respondents are self-employed and 30% respondents are unemployed and 5% of them have various other jobs.

Based on this graph half of the respondents are private sector employees and 30% of the respondents are unemployed so the rate of unemployment is high because of lack of employment opportunity and half of them are turned to insecure private jobs.

4.2.4 TYPE OF FAMILY

TABLE NO 4.2

VARIABLE	FREQUENCY	PERCENT
Joint family	21	35.0
Nuclear family	39	65.0
Total	60	100.0

The type of family of the respondent's analysis explains that the majority of the respondents were living in nuclear families, constitutes 65% of the total sample and 35% of the respondents are joint family.

Based on the table it's clear that most of the families are nuclear family. Because of the new living style and trend most of them are chosen nuclear family.

4.2.5APL OR BPL

FIGURE NO .4.3
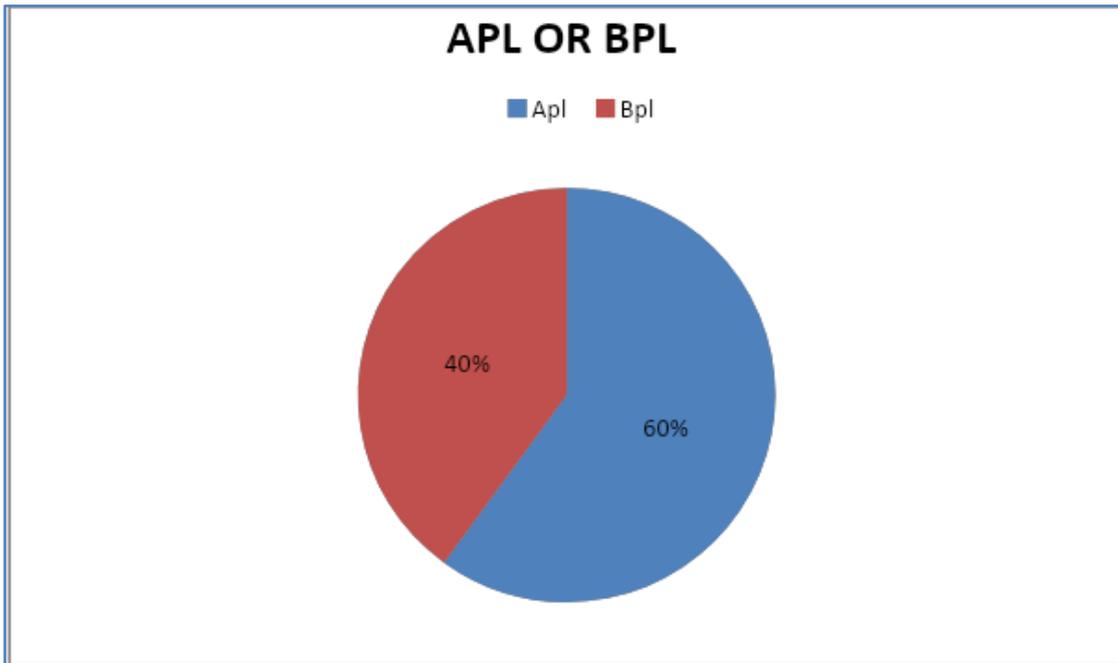
The analysis shows that out of the 60 respondents, 60% of the respondents are APL and 40% of the respondents are BPL. Most of the respondents are employed and they have an income source so that most of the respondents are above poverty line.

4.2.6 AGE OF MARRIAGE

FIGURE NO .4.4
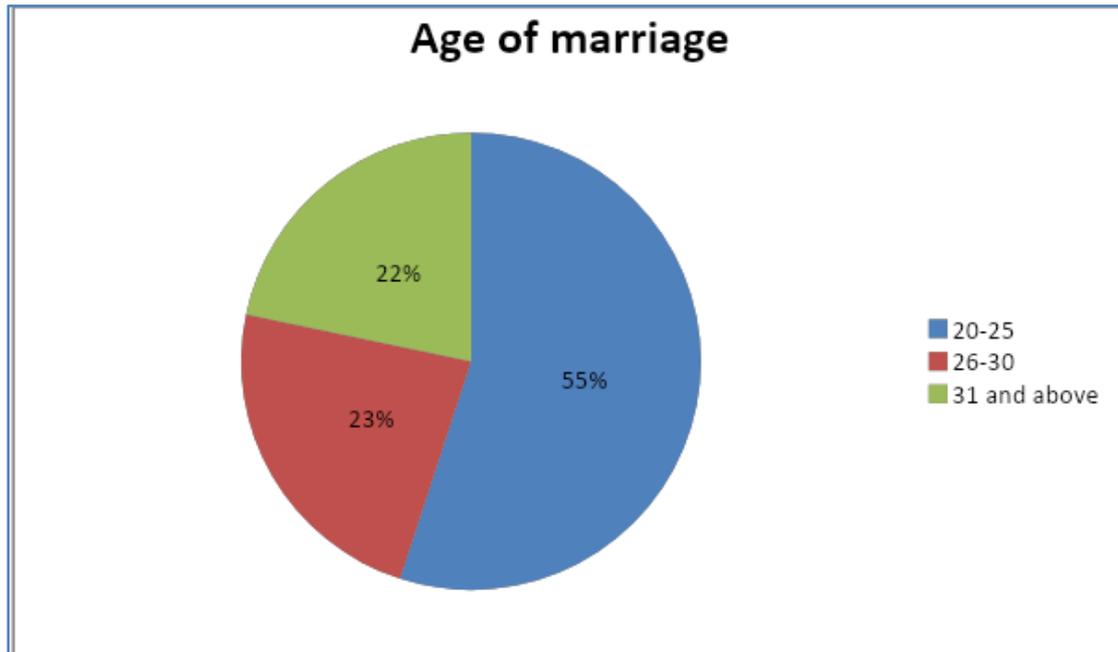
The above Figure shows that 55% of the respondents are in the age group 20-25, 23% of the respondents are from the age group of 26-30, and rest of 22% of the respondents are from the age group 31 and above.

According to Kerala culture most of the respondents are married between 20 - 25 years and rest of the respondents married after 25. Here all the age group couples suffering the problem of infertility.

4.2.7 ANNUAL INCOME

TABLE NO 4.3

VARIABLE	FREQUENCY	PERCENT
0-25000	6	10.0
25001-50000	8	13.3
50001-75000	9	15.0
75001-100000	17	28.3
100001-200000	13	21.7
above 200000	7	11.7
Total	60	100.0

The above table Shows the distribution of the annual income of the respondents, the analysis explains that 10% of the respondent's annual income range of 0-25000 and 13.3% of the respondent's annual income range of 25001-50000 and 15% of the respondent's annual income range of50001-75000 and 28.3% of the respondent's annual income range of 75001-100000 and 21.7% of the respondent's annual income range of 100001-200000 and 11.7% of the respondent's annual income range of above 200000.

4.2.8 LAND OR PROPERTY

FIGURE NO .4.5
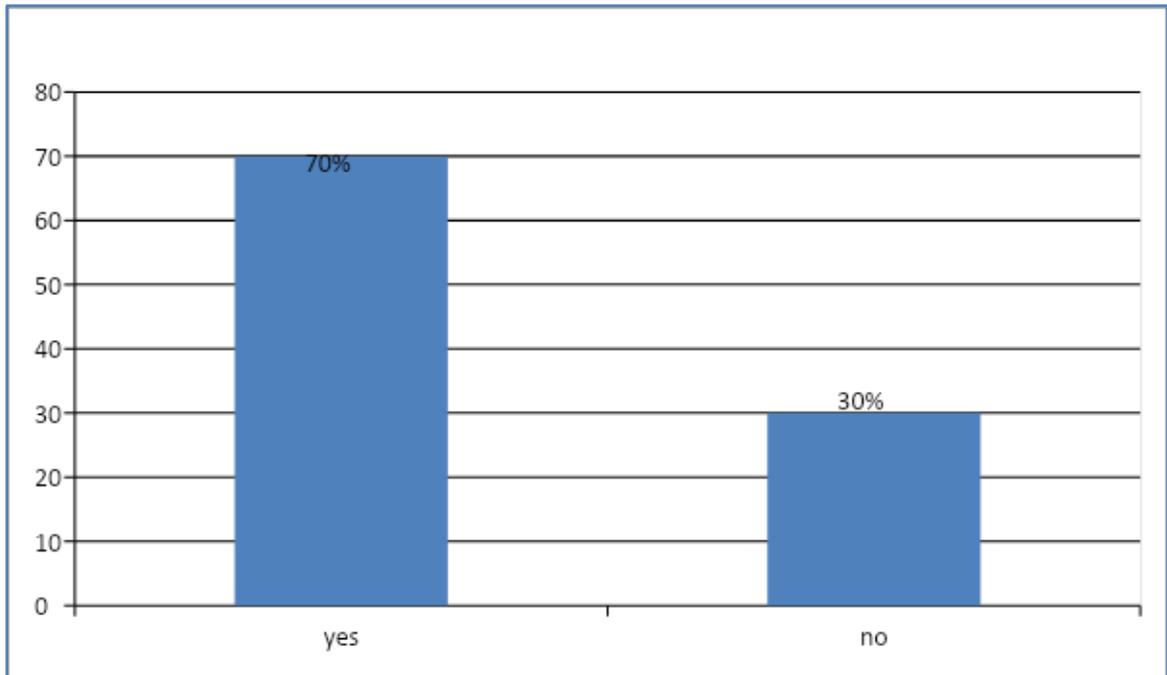
The above Figure shows that 70% of the respondents have own land or property and remaining 30% of respondents do have not land or property.

4.2.9 IS YOUR PARTNER ABROAD

TABLE NO 4.4

VARIABLES	FREQUENCY	PERCENT
yes	9	15.0
no	51	85.0
Total	60	100.0

The above table shows that 15% of the respondent's partner abroad and 85% of the respondent's partner is not abroad.

4.2.10HAVE YOU UNDERGONE ANY TREATMENT

FIGURE NO .4.6
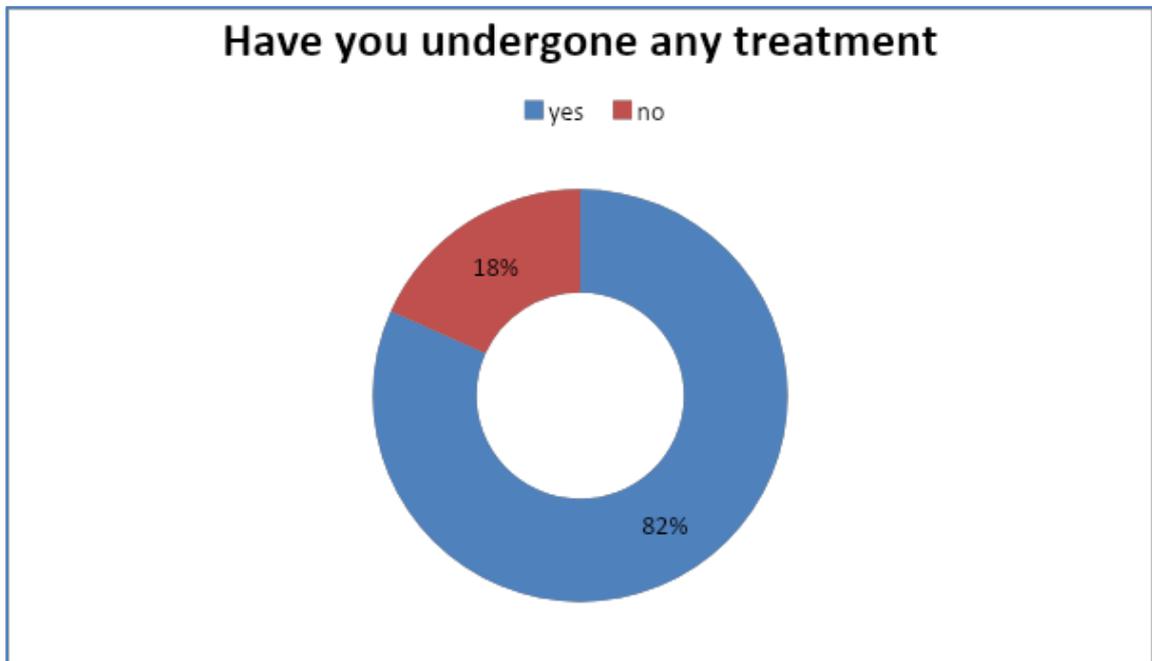
The above Figure shows that 81.7% of the respondents undergone their treatment and remaining 18.3% of the respondents not haven't any treatment.

Based on the figure most of the respondents responded yes because they tried maximum way to become a parent and they understood it's a treatment needed problem.

4.1.11 IS THE TREATMENT BEING CONTINUED

TABLE NO 4.5

VARIABLES	FREQUENCY	PERCENT
Yes	40	66.7
No	19	31.7
Not sure	1	1.7
Total	60	100.0

The above table shows that 66.7% of the respondents being continued their treatment and remaining 31.7% of the respondents not continued their treatment and 1.7% of the respondents being not sure continued treatment.

Thus the table shows that most of the respondents are continuing their treatment because they want a child and also it is a long treatment process and the chance to become fertilize is till the end of menopause.

4.2.12 DO YOU FACE ANY FINANCIAL CRISIS FOR TREATMENT

FIGURE NO .4.7
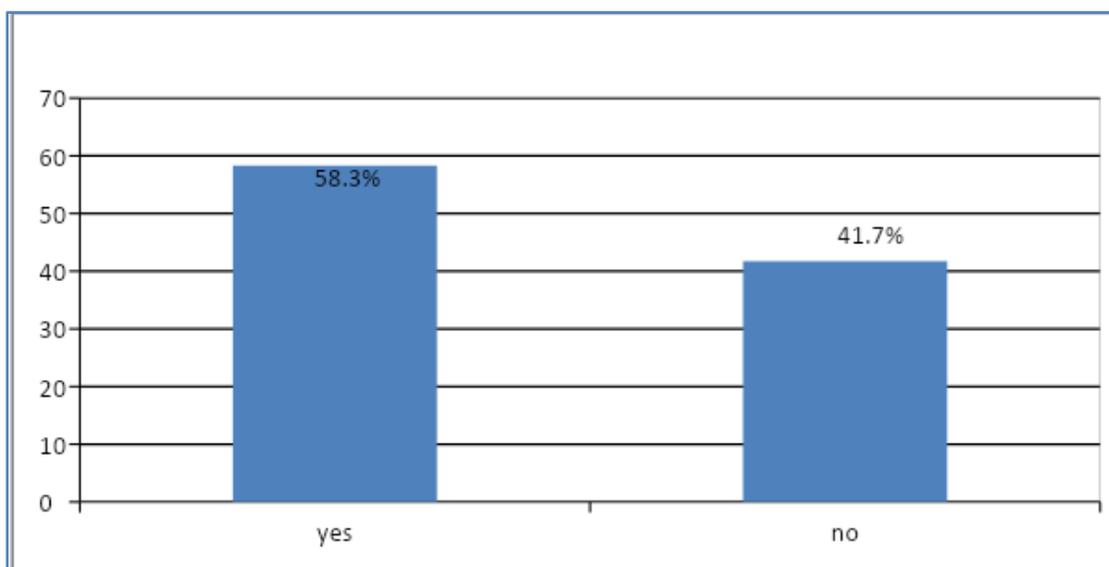
The above figure shows that 58.3% of the respondents are facing financial crisis for treatment and remaining 41.7% of the respondents has the financial secureness for treatment continued.

Thus, the graph shows that most of the respondents are responded yes because of the expense for treatment was more costly compare to other treatment. In initial stage the treatment cost is more than 1.5 lakhs after that each stage of treatment is more expensive than first stage. So, the treatment cost was high expensive compare to other treatment.

4.2.13 IS THERE A GOOD RELATIONSHIP WITH YOUR PARTNER

TABLE NO 4.6

VARIABLES	FREQUENCY	PERCENT
Yes	53	88.3
No	7	11.7
Total	60	100.0

The table Shows the distribution of the respondents maintaining good relationships with their partner, the analysis explains that 88.3% of the respondents were maintaining good relationships with their partners and remaining 11.7% respondents are never maintaining good relationships with their partner.

Thus, table shows that most of the respondents are responded yes because their trying for a child and maintaining a good and healthy relationship with partner. So, the infertility did not affect their marital relationship and they are continuing better marital life.

4.2.14 ANY OPPOSITION FROM THE FAMILY MEMBERS REGARDING TREATMENT

FIGURE NO .4.8
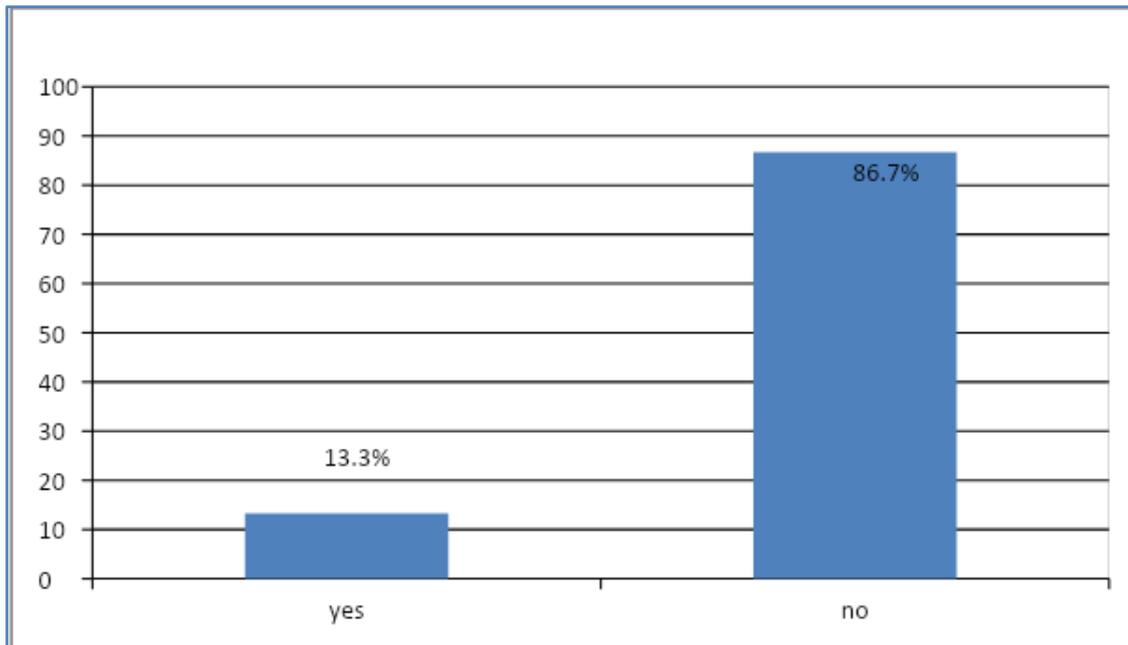
The above figure shows that 13.3% of the respondents are getting opposition from the family members regarding treatment and remaining 86.7% of the respondents is support from family members.

Thus, figure shows that 86.7 % of the respondents get support from family members. So we can conclude that most of the respondents get maximum support from their family members for their treatment.

4.2.15 ANY FEELING OF AVOIDANCE FROM YOUR PARTNER

TABLE NO 4.7

VARIABLES	FREQUENCY	PERCENT
Yes	6	10.0
No	54	90.0
Total	60	100.0

The above table shows that 10% of the respondents are feel avoidance from partner and remaining 90% of the respondents are do not felt any avoidance from partner.

Majority of the responded they didn't feel any avoidance from their partners so we can conclude that the couple have mutual understanding and they are considering each other.

4.2.16 ANY FEELING OF AVOIDANCE FROM YOUR FAMILY

FIGURE NO .4.9
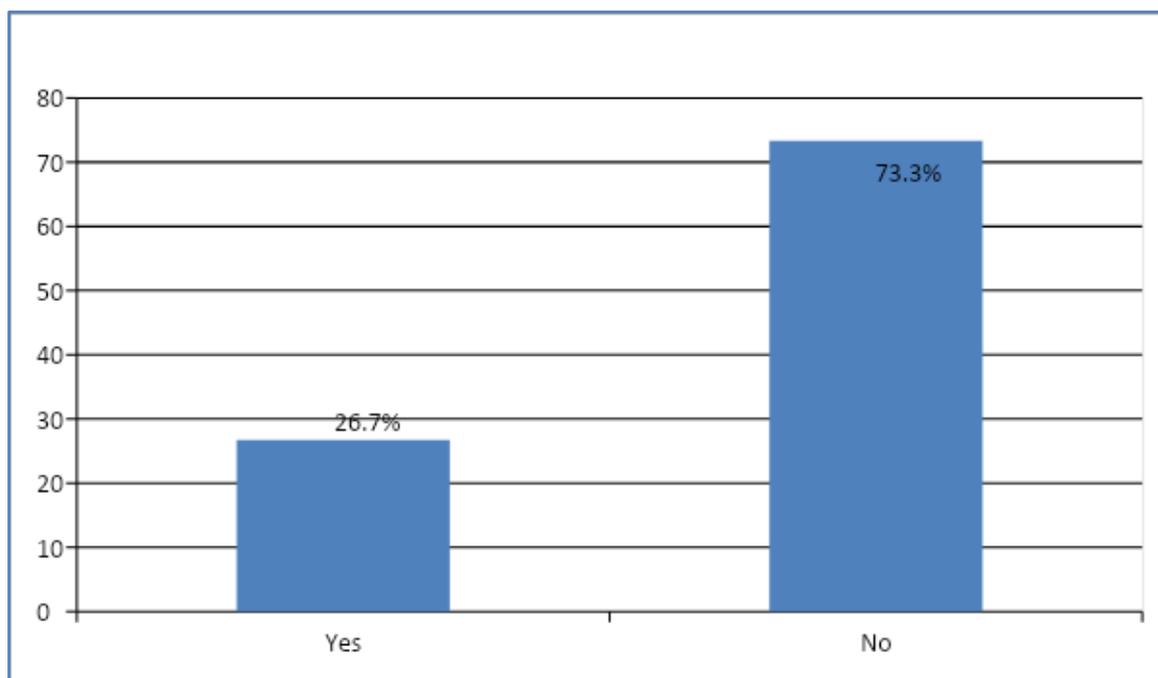
The Above figure shows that 26.7% of the respondents are feel avoidance from family members and remaining 73.3% respondents are do not felt any avoidance from family members

Majority of the respondents responded that they do not feel any avoidance from their family. So, we can understand that most of the family members are well cooperative and do not shows any kind of avoidance against the couples.

4.2.17 ARE YOU GETTING ADEQUATE CONSIDERATION FROM YOUR FAMILY MEMBERS

TABLE NO 4.8

VARIABLES	FREQUENCY	PERCENT
Yes	20	33.3
No	40	66.7
Total	60	100.0

The Above table shows that 33.3% of the respondents have adequate consideration from family members, 66.7% respondents are not adequate consideration from family members.

The support from family members is really relief during their situation.

The majority of the respondents are responded that they did not get any adequate consideration from their family members. Sometimes the support and consideration from family members is really better relief for their situation, here most of them didn't get the consideration from family members and it's emotionally affected by the couples.

4.2.18 HAVE YOU FACED ANY PAINFUL EXPERIENCE FROM YOUR FAMILY MEMBERS DUE TO CHILDLESSNESS

FIGURE NO .4.10
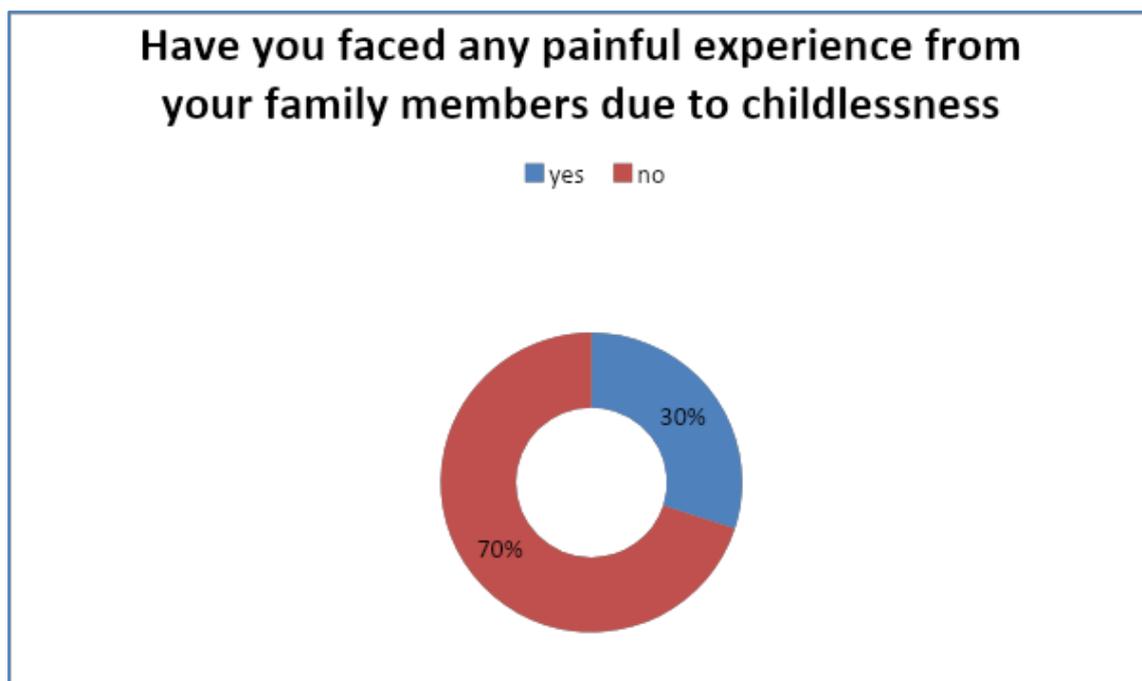
The Above figure shows that 30% of the respondents are having feel painful experience from their family members and 70% of respondents are haven't feel painful experience from family members.

Majority responded that they do not face any painful experience from their family members due to childlessness. So, they do not feel any emotional harassment, avoidance from family events due to infertility.

4.2.19 ANY OTHER PHYSICAL PROBLEMS

TABLE NO 4.9

VARIABLES	FREQUENCY	PERCENT
Yes	14	23.3
No	46	76.7
Total	60	100.0

The Above table shows that 23.3% of the respondents are facing some physical problems in life and 76.7% of the respondents are not facing any physical problems in life.

Most of the respondents do not face any other physical problems that are leads to infertility.

4.2.20 ANY PREVIOUS EXPERIENCE OF ABORTION

FIGURE NO .4.11
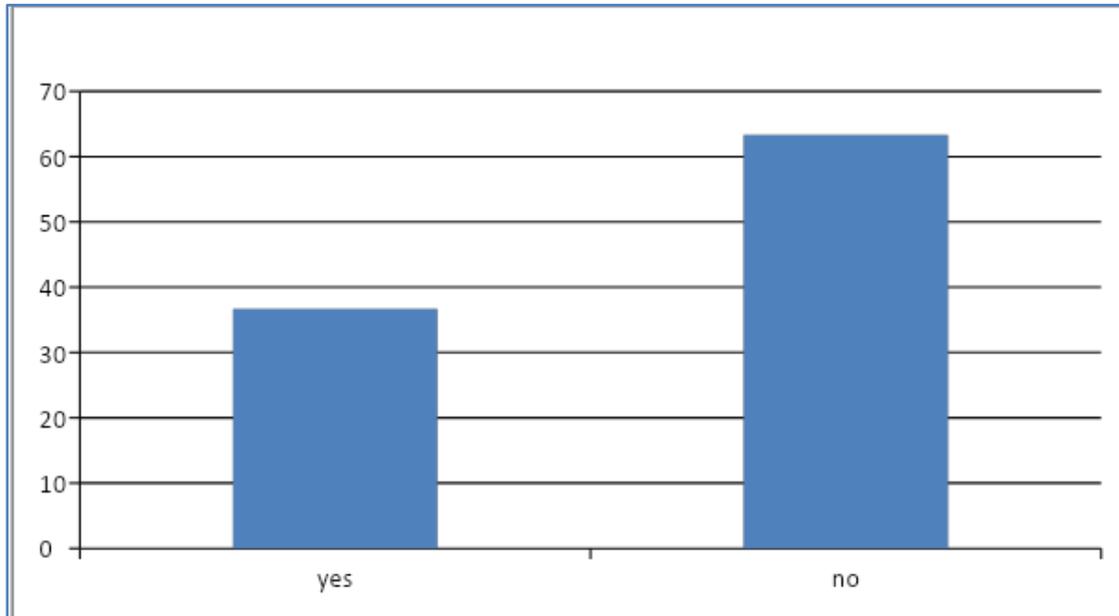
The Above figure shows that 36.7% of the respondents have previous experience of abortion and remaining 63.3% of the respondents hasn't previous experience of abortion.

Most of the respondents are responded they do not have any previous experience of abortion and some of them have the experience, in childless couples the rate of abortion is high also during the treatment process there is a 50/50 chance for abortion. Here most of the respondents are never experience any kind of situation related to abortion.

4.2.21 ANY THYROID PROBLEMS

TABLE NO 4.10

VARIABLES	FREQUENCY	PERCENT
Yes	19	31.7
No	41	68.3
Total	60	100.0

The Above table shows that 31.7% of the respondents has thyroid problem and remaining 68.3% of the respondents hasn't thyroid problems. Infertility is due to the thyroid problems.

Most of the respondents are does not face any thyroid problem. Thyroid disorder can be a cause of infertility in male and female. Hypothyroidism leads to heavy and long menstruation cycle in women. And one's it managed successfully most of the couples have the chance to being a family. So here some of them are facing thyroid problem and most of the case thyroid does not leads to infertility.

4.2.22 IS THERE ANY OTHER FAMILY MEMBERS WITH ISSUES RELATED TO INFERTILITY

FIGURE NO .4.12
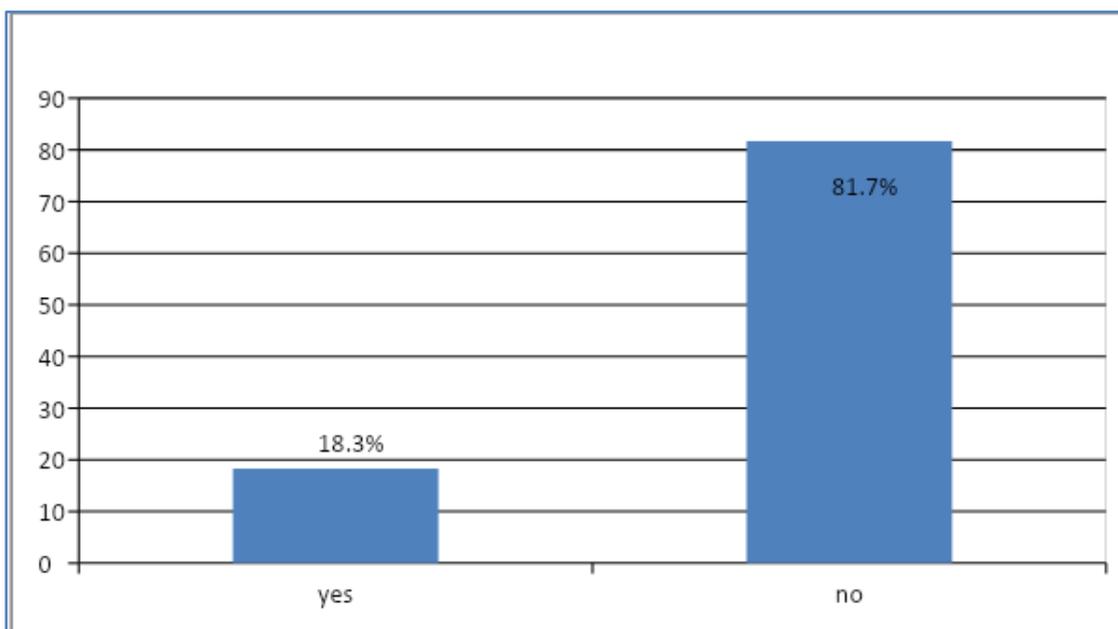
The Above figure shows that 18.3% of the respondents responded other family members have the issues related infertility and 81.7% respondents responded that other family members haven't the issue related infertility.

Most of the respondents are responded they haven't family history of infertility. Infertility is not a genetic disorder and it is totally depending individual problem or individual health condition.

4.2.23 ARE YOU WELL AWARE ABOUT SEXUAL LIFE

FIGURE NO .4.13

Are you well aware about sexual life

26.7%

3.3%

70%

yes
no
not full
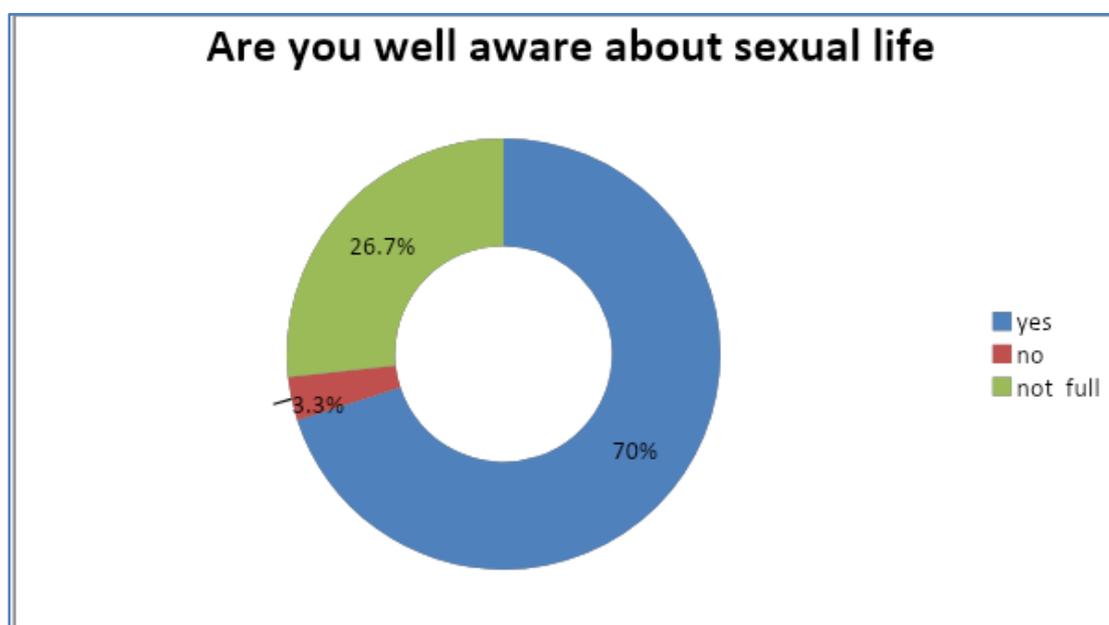
The Above figure shows that70.0% of the respondents is proper aware about sexual life and 26.7% respondents are not fully aware about sexual life and remaining 3.3% respondents are not aware about sexual life.

Most of the respondents are responded that they are well aware about sexual life and few of them are not fully aware about sexual life. In a marital relationship the knowledge about proper sexual life is an important thing, it helps to the procreation of children and maintaining a better family bond. Here most of them have a better knowledge about sexual life and few of them have not fully aware about it. The inappropriate knowledge sometimes leads to infertility.

4.2.24 IS YOUR PARTNER A DRUNKARD

TABLE NO 4.11

VARIABLES	FREQUENCY	PERCENT
Yes	9	15.0
No	51	85.0
Total	60	100.0

The Above table shows that 6.7% of the respondents are consuming alcohol and remaining 90.0% respondents are haven't consuming alcohol.

Most of the respondents are responded   their partners are not drunkard. Alcohol consumption can reduce a person's fertility; regardless of their gender .Even drinking lightly can reduce the chance of pregnancy. Heavy drinking increases the time it takes to get pregnant and reduces the chances of having a healthy baby. So fertility rate and alcohol consumption have strong relation. Here most of the partners are not drunkard so it does not affect the infertility.

4.2.25 ANY QUARRELS OCCURS IN YOUR FAMILY LIFE AFTER CONSUMING ALCOHOL

TABLE NO 4.12

VARIABLES	FREQUENCY	PERCENT
Yes	4	6.7
No	56	93.3
Total	60	100.0

The Above table shows that 6.7% of the respondents are respondedyes and remaining 93.3% respondents are responded no.

Majority of the respondents are responded they do not face any quarrels after consumption of alcohol. The consumption of alcohol rate in partners is very low, based on that the quarrels after consumption of alcohol is very less.

4.2.26 DID YOU HAVE ANY BASHFULNESS EXPERIENCE

FIGURE NO .4.14
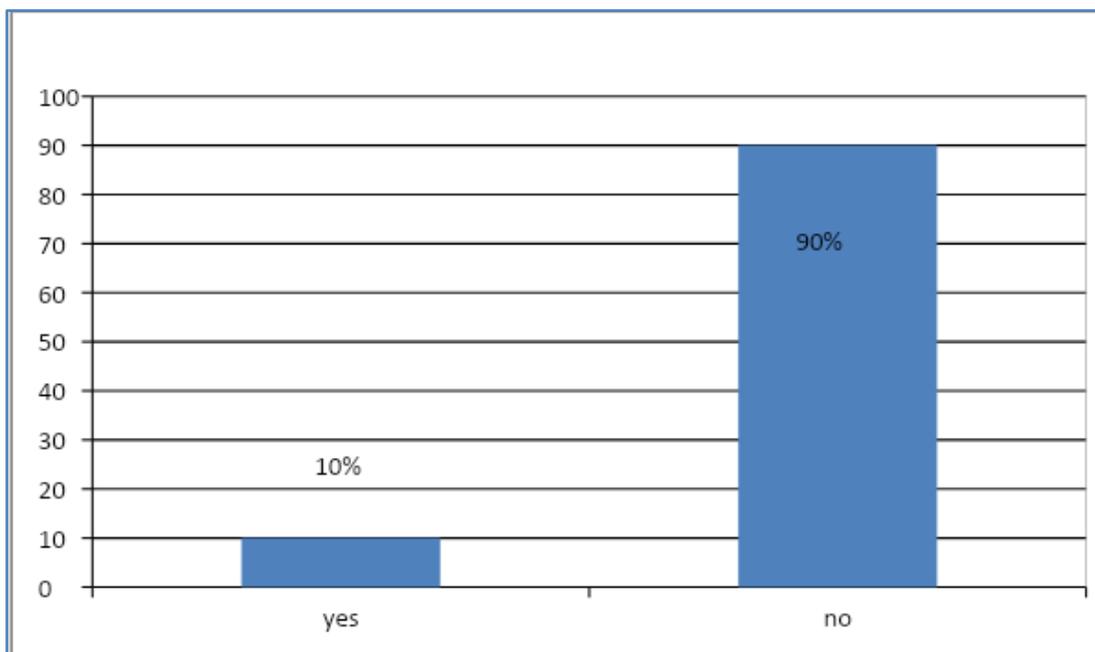
The Above Figure shows that 10.0% of the respondents are felt bashfulness experience from society and remaining 90.0% respondents are haven't bashfulness experience from society.

Majority of the respondents are responded they did not face any bashfulness experience in society because of infertility. Society does not consider the childlessness as bash fulness. So majority of them are not face any bitter experience from society.

4.2.27 ANY ISOLATING EXPERIENCE FROM SOCIETY

TABLE NO 4.13

VARIABLES	FREQUENCY	PERCENT
Yes	11	18.3
No	49	81.7
Total	60	100.0

The Above table shows that 18.3% of the respondents are felt isolating experience from society and remaining 81.7% respondents are haven't isolating experience from society.

Majority of the respondents are responded they did not face any isolation from society. Because the modern society does not criticise or avoid the childless couples and also they well know that it is a treatable disease and it is not a curse of god. So that childless couples now a day does not face any avoidance or isolation from society.

4.2.28 ANY AVOIDANCE FOR WORKPLACE

FIGURE NO .4.15
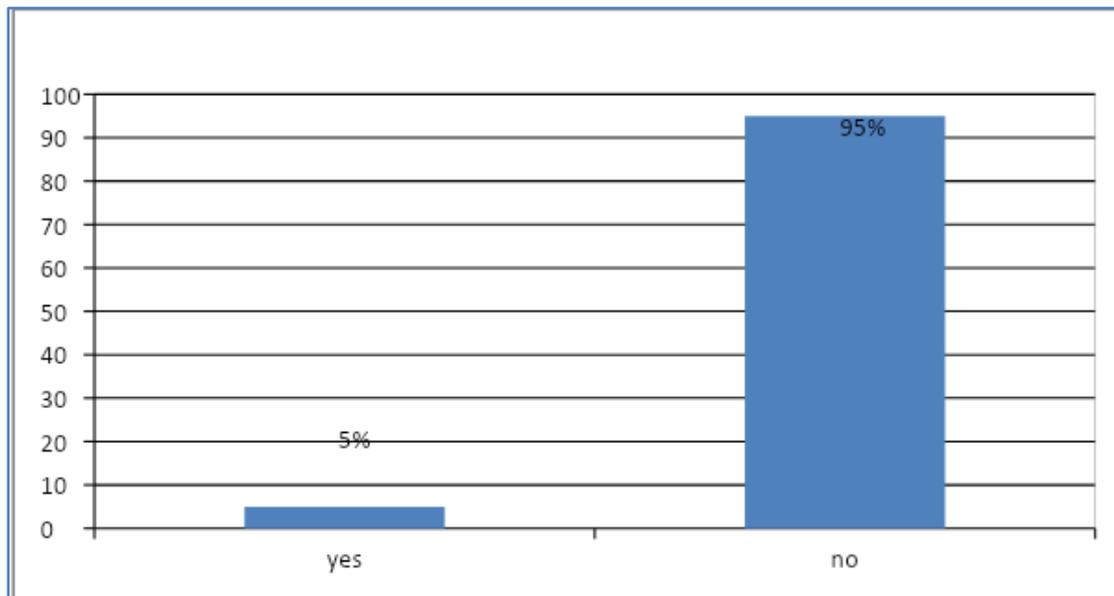
The Above figure shows that 5.0% of the respondents feel avoidance from workplace and 95.0% of the respondents is doing not felt any avoidance from workplace.

Majority of the respondents are responded that they did not face any avoidance from workplace. Because the infertility does not affect the working pattern of respondents and also there is no chance for avoidance by co-workers based on infertility. So that most of the respondents did not face any avoidance from workplace.

4.2. 29ANY AVOIDANCE FOR RELIGIOUS ACTIVITIES

TABLE NO 4.14

VARIABLES	FREQUENCY	PERCENT
Yes	8	13.3
No	52	86.7
Total	60	100.0

The Above table shows that 13.3% of the respondents are having avoidance from religious activities and remaining 86.7%percentage respondents are does not avoidance from religious activities.

Majority of the respondents are responded that did not face any avoidance activities. In previous era some religious activities are not permitted for childless couples because people consider infertility is a curse of god. Now a day's people do not consider in that way and there was no separation from religious activity.

4.2. 30 ANY DELIBERATE AVOIDANCE EXPERIENCE IN CELEBRATIONS

FIGURE NO .4.16
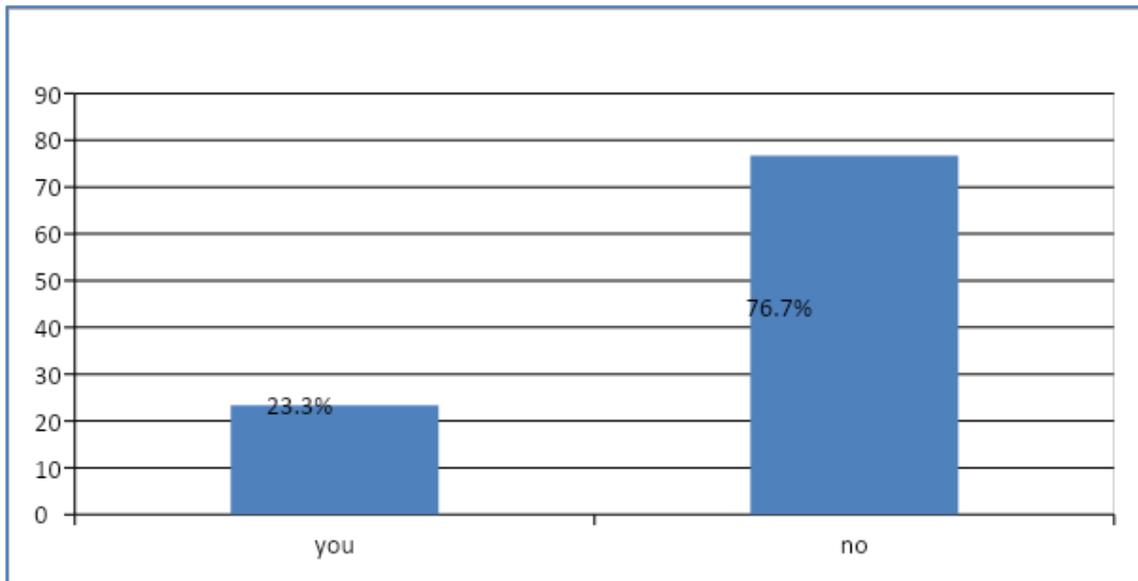
The Above figure shows that 23.3% of the respondents are having avoidance experience in celebrations and remaining 76.7% respondents are does not experience in avoidance from celebrations.

Most of the respondents are responded that they did not face any avoiding experience in celebrations. In some events people are talking with the reason of infertility and something relater to this topic, in some case it hurt the couples but they do not feel any deliberately avoidance from celebration.

4.2.31ANY EMOTIONAL DISTURBANCES DUE TO INFERTILITY

TABLE NO 4.15

VARIABLES	FREQUENCY	PERCENT
Yes	44	73.3
No	16	26.7
Total	60	100.0

The Above table shows that 73.3% of the respondents are having emotional disturbance due to infertility and remaining 26.7% respondents are haven't emotional disturbance due to infertility. Majority of the respondents are experiencing emotional disturbance due to infertility.

Most of the respondents are responded that they have emotional disturbance due to infertility. The childlessness is one of the most important reasons for emotional disturbance, also the treatment cost, abortion after consumption all are leading to emotional disturbance.

4.2.32 ANY EMOTIONAL HARASSMENT EXPERIENCE FROM THE FAMILY/RELATIVES

FIGURE NO .4.17
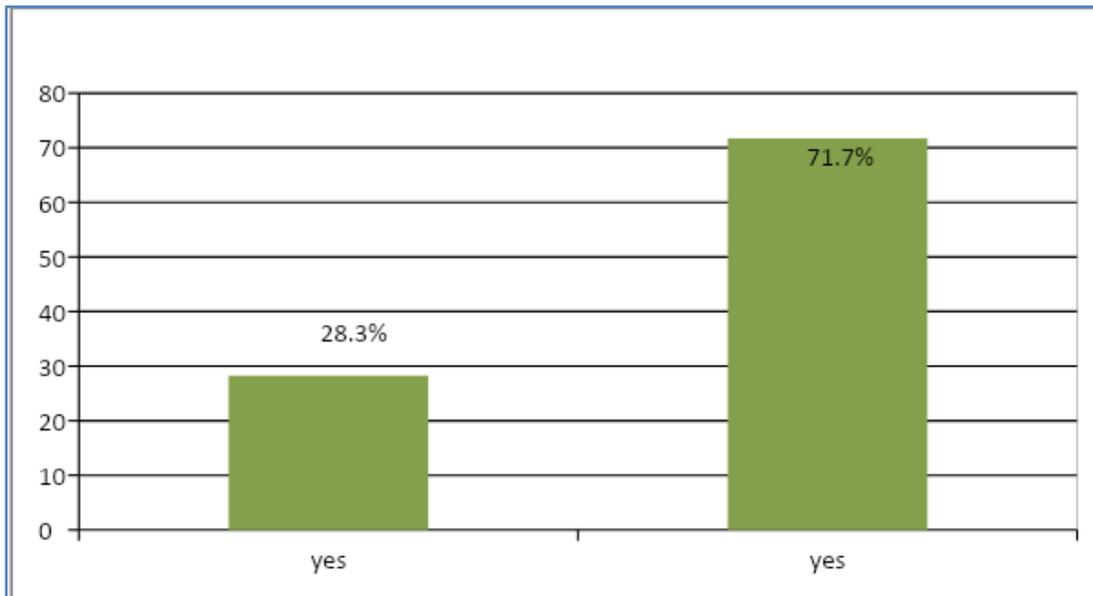
The Above figure shows that 28.3% of the respondents are have emotional harassment experience from the family/relatives and remaining 71.7% respondents are haven't emotional harassment experience from the family/relatives.

4.2.33 DO YOU LACK SELF-CONFIDENCE BECAUSE OF CHILDLESSNESS

TABLE NO 4.16

VARIABLES	FREQUENCY	PERCENT
Yes	37	61.7
No	23	38.3
Total	60	100.0

The Above table shows that 61.7% of the respondents are facing lack of self - confidence of childlessness and remaining 38.3% respondents are not affected the lack of self- confidence of childlessness.

Majority of the respondents are experience lack of self-confidence of childlessness. The inability to reproduce naturally can cause feeling of shame, guilt, and law self –esteem. These negative feelings may lead to varying degrees of depression, anxiety, distress, and a poor quality of life.

4.2. 34 DOSE THE FAMILY PRESSURES YOU TO HAVE CHILDREN

FIGURE NO .4.18
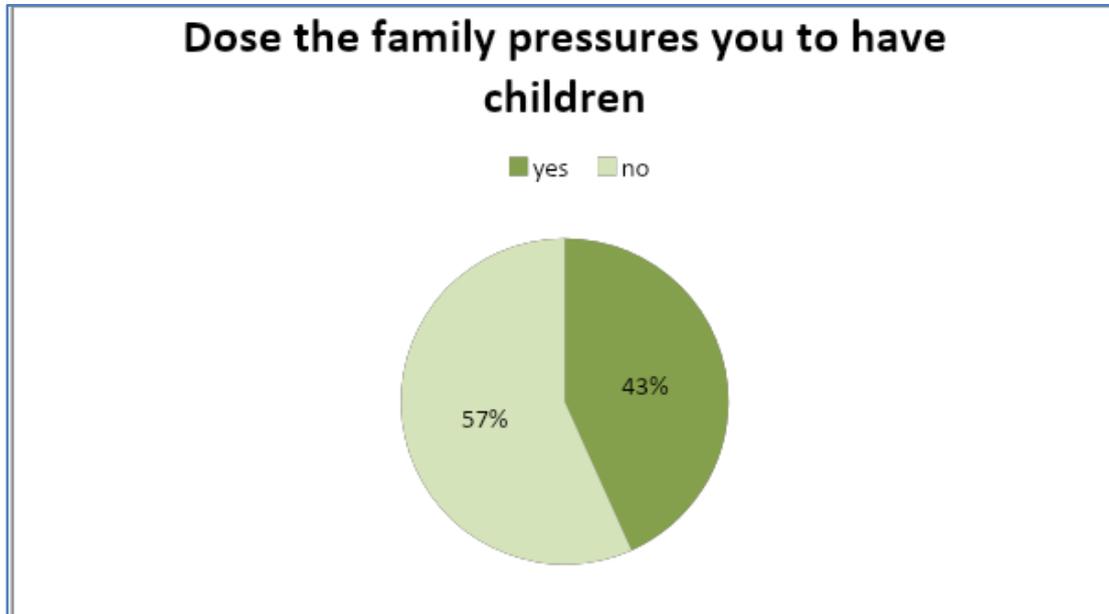
The Above figure shows that 43.3% of the respondents is saying family members pressures for children and remaining 56.7% of the respondents are saying family members does not pressure for children.

Slightly majority of the respondents are responded that they haven't any pressure from family for a child. Also, more than 40% of respondents responded they have pressure. We can identify that each one has different family situations and the pressure based on their family. The increasing pressure situation from family leads may emotional disturbance for couples.

4.2.35 ARE YOU SATISFIED WITH YOUR FAMILY LIFE

FIGURE NO .4.19
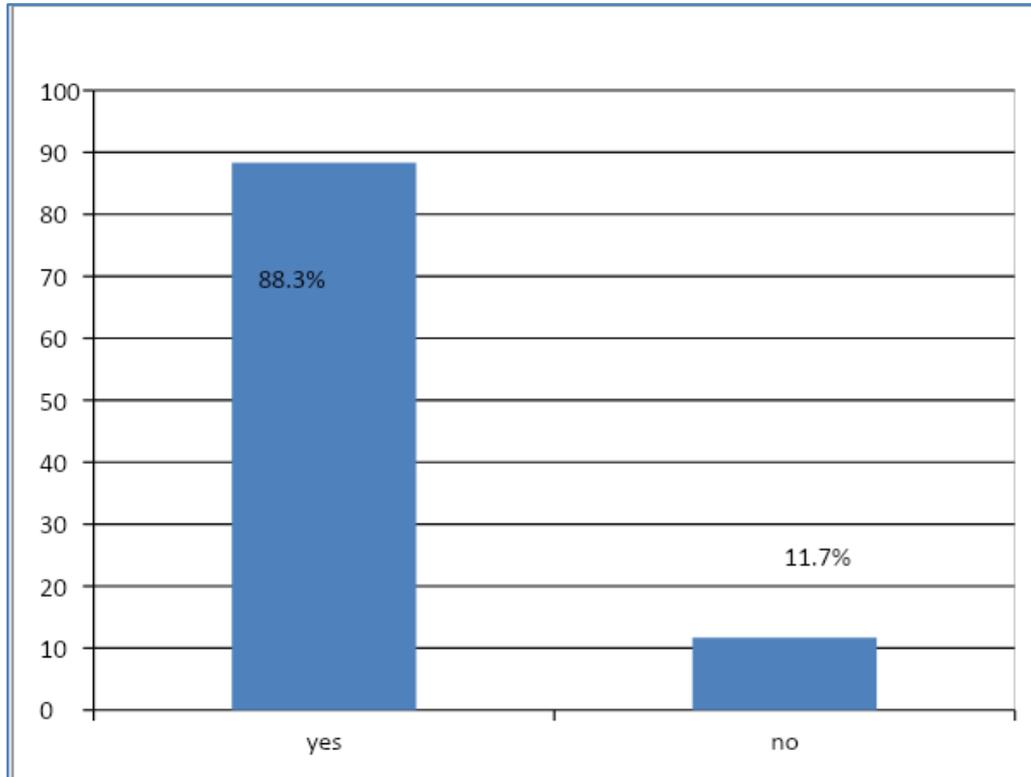
The Above figure shows that 88.3% respondents are satisfied in their life and 11.7% of respondents are not satisfied in their life.

Majority of respondents are satisfied in their family life. Because the couples have better understanding and emotional support. Also they accept the reality and mentally prepare for that, So that they are happy with their family life.

4.3 CONCLUSION

In this chapter researcher interpret the various data related with the objectives of respondents are satisfied in their family life the study. Through this analysis and interpretation researcher found that majority of the respondents are experienced lack of self -confidence of childless and faced emotional disturbance.

CHAPTER 5

FINDINGS, SUGGESTION

CHAPTER 5

FINDINGS, SUGGESTION

5.1 INTRODUCTION

Findings are very important to every study report. It provides an overall view of the study: findings are the back born of the study because it is the source for the new knowledge. Here in the study the research reach at some findings after the analysis of collected data. Findings help the researcher to get an idea about the study. The findings are based on the data which is collected by the researchers from the beneficiaries on the basis of the objectives; suggestions help the responsible personalities to bring the necessary modifications in the existing social system.

5.2 MAJOR FINDINGS

- The study shown that among the respondents, majority of them are females, and most of them are degree holders who has various kinds of private jobs, also most of them have nuclear families and most of the respondents are above poverty line, majority of them are in the age group 20-25, one by fourth of them has annual income range of 75001-100000 and most of them have own land/property.
- From the study it is clear that most of the respondents are not in abroad.
- The study indicates majority of the respondents have undergone treatment.
- The result of the study shows that most of the respondents are continuing their treatment.
- The study depicts that most of the respondents are facing financial crisis in their treatment.
- From the data collected and analyzed, majority of the respondents are maintaining good relationships with their partners.
- From the study most of the respondents have support from family members for treatment.
- The research findings show that majority of the respondents doesn't face any avoidance from partner.

- From the study it is clear that most of the respondents doesn't feel any avoidance from family members.
- The study indicates that majority of the respondents doesn't adequate consideration from family members.
- The study depicts that majority of the participants responded that they don't have any painful experience from their family members due to childlessness.
- Majority of the respondents do not face any other physical problems that lead to infertility.
- The research findings show that most of the respondents do not have any previous experience of abortion.
- Majority of the respondents doesn't have thyroid problems.
- Majority of the respondents doesn't have any other family member who has issues related to infertility.
- From the data collected and analyzed most of the respondents have proper awareness about sexual life.
- The result of the study shows majority of the respondents partners are not drunkard.
- It was found that most of respondents do not have any quarrels after consumption of alcohol.
- From the study majority of the respondents doesn't have any bashfulness experience in society because of infertility.
- The research finding shows that most of the respondents do not have any isolating experience from society.
- Majority of the respondents do not feel any avoidance from workplace.
- Majority of the respondents do not face any avoidance in religious activities.
- Most of the respondents doesn't have any experience of avoidance from celebrations.
- Majority of the respondents are suffering from emotional disturbance due to infertility.
- Most of the respondents do not have emotional harassment experience from the family/relatives.
- Majority of the respondents are facing lack of self-confidence due to childlessness.

- The research finding shows that most of the respondents are not having any pressure from family for a child.
- Majority of the respondents are satisfied in their family life.

5.3 IMPLICATIONS OF THE STUDY

- To create a supportive environment both at family and societal level for the couples suffering from infertility.
- To create an inclusive society for the childless couples without any exclusion in any aspects of life.
- To give insight on the financial aspect of the treatment.
- To create awareness on the problems faced by childless couples.

5.4 LIMITATION OF THE STUDY

- The tendency to misunderstand the questions being asked and the inability to take it as a part of research.
- The difficulty in identifying and recognising childless couples.
- Limited time period.
- Unawareness regarding the importance of research among the respondents.
- The presence of the couples may have forced the couples to respond on their favour.

5.5 SUGGESTIONS FOR FURTHER RESEARCH

- ☐ The study only focuses on the adjustment problem of childless couples in Kannur district, however further study could be done in a larger or any other location.
- ☐ The study only asses the area of adjustmental problem, further research could be done in other areas such as social and psychological aspects.
- ☐ Gender based research on the adjustment problem of childless couples can be done.

5.6 CONCLUSION

The finding session in the research paper has great importance as it is the session in a research paper or dissertation that helps in developing an in-depth understanding of the research problems and the section helps in demonstrating the significance of the problem on which the research is performed.

The research "A study on the adjustment problems of childless couples, Kannur" from the studies it shows that the social and emotional factors influence the quality of life among infertility couples. Most respondents are facing lack of self -confidence of childlessness and the respondents are satisfied in their life. The main challenge faced in the study was the presence of the spouse as it may have forced the couples to respond on their favour.

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APPENDIX

QUESTIONNAIRE

TITLE OF STUDY

A study on adjustment problem of childless couples in Kannur

Socio-Economic status of the respondents

1. Name :

2. Gender :
   i. a) Male ☐ b) Female ☐

3. Age : ☐

4. Place : ☐

5. Panchayat : ☐

6. Phone number : ☐

7. Educational qualification :
   a) Below SSLC ☐ b) SSLC to plus two ☐
   c) Degree ☐ d) Above degree ☐

8. Employment Status:
   a) Self-employed ☐ b) Government employed ☐ c)Unemployed ☐
   d) Private ☐ e) Others ☐

9. Type of family:
   a) Nuclear ☐ b) joint ☐

10. Year of marriage: ☐

11. Annual income: ☐

12. APL ☐   BPL ☐

13. Do you own any land or property?

    a) Yes ☐   b) No ☐

14. If yes how much? ☐

15. Is your partner abroad?

    a) Yes ☐   b) No ☐

Any problem n marital relationship caused by infertility.

16. Have you undergone any treatment?

    a) Yes ☐   b) No ☐

17. Is the treatment being continued?

    a) Yes ☐   b) Not sure ☐   c) No ☐

18. Do you face any financial crisis to take treatment?

    a) Yes ☐   b) No ☐

19. Is there a good relationship with your partner?

    a) Yes ☐   b) No ☐

20. Any Opposition from the family members regarding the   treatment?

    a) Yes ☐   b) No ☐

21. Any feeling of avoidance from your partner?

    a) Yes ☐   b) No ☐

22. Any feeling of avoidance from your family members?

    a) Yes ☐   b) No ☐

23. Are you getting adequate consideration from your family   members?

    a) Yes ☐   b) No ☐

24. Have you faced any painful experience from your family member due to childlessness?

    a) Yes ☐   b) No ☐

25. Any physical problems?

    a) Yes. ☐   b) No ☐

26. Any previous experience of abortion?

a) Yes [ ]   b) No [ ]

27. Any thyroid problems?

a) Yes [ ]   b) No [ ]

28. Is there any other family member with issues related to   infertility?

a) Yes [ ]   b) No [ ]

29. Are you well aware about sexual life?

a) Yes [ ]   b) Not fully [ ]   c) No [ ]

30. is your partner a drunkard?

a) Yes [ ]   b) No [ ]

31.   Any quarrels occur in your family life after consuming alcohol?

a) Yes [ ]   b) No [ ]

C) Any emotional harassment experience from the family.

32. Did you have any bashfulness experience?

a) Yes [ ]   b) No [ ]

33. Any isolating experience from society?

a) Yes [ ]   b) No [ ]

34. Any avoidance from workplace?

a) Yes [ ]   b) No [ ]

35. Any avoidance for religious activities?

a) Yes [ ]   b) No [ ]

36. Any deliberate avoidance experience in celebrations?

a) Yes [ ]   b) No [ ]

37. Any emotional disturbances due to infertility?

a) Yes [ ]   b) No [ ]

38. Any emotional harassment experience from the family/relatives?

a) Yes [ ]   b) No [ ]

39. Do you lack self-confidence because of childlessness?

a) Yes [ ]   b) No [ ]

40. Does the family pressures you to have children?

a) Yes [ ]   b) No [ ]

41. Are you satisfied with your family life?

a) Yes [ ]   b) Nos [ ]

A STUDY ON CHALLENGES FACED BY TEACHERS DEALING WITH LEARNING DISABILITIES STUDENTS

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ANGADIKADAVU

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2021-2023

A STUDY ON CHALLENGES FACED BY TEACHERS DEALING WITH LEARNING DISABILITIES STUDENTS

DISSERTATION SUBMITTED TO THE KANNUR UNIVERSITY INPARTIAL FULFILMENT OF THE REQUIREMENT FOR THE AWARD OF THE DEGREE OF MASTER OF SOCIAL WORK

BY

MARY THOMAS.P

Register Number: CIGMSW1019

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CERTIFICATE

This is to certify that the dissertation entitled**, A STUDY ON CHALLENGES FACED BY TEACHERS DEALING WITH LEARNING DISABILITIES STUDENTS** is bonafide record of work done by **MARY THOMAS.P** under the guidance of **Mrs. DHANYA K.V** in partial fulfilment of the requirement for the award of the degree of MASTER **OF SOCIAL WORK** during the period of her study (2021-2023) in the Department of Social Work, Don Bosco Arts and Science College, Angadikadavu, Kannur affiliated to the Kannur University.

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Head, Department of Social Work

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DECLARATION

I, **MARY THOMAS.P**, the under signed, here by declare that the dissertation entitled**, A STUDY ON CHALLENGES FACED BY TEACHERS DEALING WITH LEARNING DISABILITIES STUDENTS,** submitted to the Kannur university, in partial fulfilment of the requirement for the award of the degree of Master of Social Work, is a bonafide work done by me under the guidance of **Mrs. DHANYA K.V** Assistant professor, Department of Social Work, Don Bosco Art And Science College .Angadikadavu .This work has not been placed by anybody in the university for the Award of any diploma.

ANGADIKADAVU

MAY 2023   **MARY THOMAS.P**

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ABSTRACT

This Research Paper elucidates the challenges faced by teachers while teaching learners with learning disability. This has been conducted as a research study by the Research Scholar, which explores multifaceted aspects of 'challenges based on the responses given by the participants in the tool of questionnaire. It is a study designed to identify multifaceted dimensions of challenges faced by teachers while teaching learning disabled children. The research study analyzes the impact of challenges on teachers and how they are overcoming these challenges.   The study will try to highlight the challenges faced by teachers to address them in front of the school administration. The challenges faced by teachers while teaching learning disabled children, 'Teaching material and Curriculum structure', 'Behavioural issues', 'Lack of time', 'Parental expectations and Parental issues', 'Motivation', 'Self-esteem' and 'Emotional issues. The methods used to overcome these challenges were pointed out and analyses. Each teacher was using their own methods to tackle these challenges but some methods were used generally and an individual tailored method were developed and used according to respective learners.

Key words : Teachers, Challenges and Learning Disabilities.

CONTENTS

LIST OF TABLES

LIST OF FIGURES

CHAPTER I

INTRODUCTION

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INTRODUCTION

1.1 INTRODUCTION

Learning disability is a general term that related to specific kinds of learning problems. LDs vary in severity and may interfere with the acquisition and use of language, speaking, reading, writing, mathematical calculations. LD is also related to organisational skills, social and psychological factors. It is very common and affects one to five percent of the people. LD is due to genetic and other congenital or neurobiological factors.

The term 'Learning Disability' was first used by Dr. Samuel Kirk of Chicago, USA in 1963. The Children with Specific Learning Disabilities Act (USA) was passed in 1969. However, it was not until 1990s that the biological basis for LDs found support. Specific learning disability, which includes dyslexia, dysgraphia, and dyscalculia, is commonly referred to as 'Learning Disability' or 'LD' in India. Now special educators for remediation are available in India. A learning disability is found across all ages and socio-economic classes. It is not a type of mental retardation as sometimes mistakenly thought, in fact, IQ scores could fall in the very high range. LD is a hidden handicap that affects academic achievement, vocational career and social life. Every child born in this world gets the care and comfort from the family in which he or she is born. But the children with disability cannot enjoy and get such care and comfort from the family. If a child grows, he develops into a worthy citizen. These children are able to quantify well and prove their worth. Similarly, the society expects the same from the disabled students also, here the children failed. Specific learning disabilities have been recognized in some countries for much of the 20th century, in other countries only in the latter half of the century, and yet not at all in other places. These may be detected only after a child begins school and faces difficulties in acquiring basic academic skills. Learning disability is a general term that describes specific kinds of learning problems. It is a neurological disorder that affects a child's brain and impairs his ability to carry out one or many specific tasks.

The LD affected children are neither slow nor mentally retarded (Julie M. et al.). They have either normal or above average intelligence. A child with a learning disability is

often wrongly labelled as being smart but lazy. A learning disability can cause a child to have trouble learning and using certain skills. The skills most often affected are reading, writing, listening, speaking, reasoning and doing math. There is no cure for learning disabilities. There are also certain clues, most relate to elementary school tasks, because learning disabilities tend to be identified in elementary school, which may mean a child has a learning disability. A child probably will not show all of these signs, or even most of them. They are lifelong. However, children with LD can be high achievers. They can be taught ways to get around the learning disability. With the right help, children with LD can and do learn successfully Learning disability is a disorder in which a child has difficulty in learning in a typical manner, usually caused by an unknown factor or factors. The unknown factor is the disorder that affects the brain's ability to receive and process information. This disorder can make it problematic for a child to learn as quickly or in the same way as some child who is not affected by a learning disability. Learning disability is not indicative of intelligence level. Rather, children with a learning disability have trouble performing specific types of skills or completing tasks if left to figure things out by themselves or if taught in conventional ways.

A learning disability cannot be cured or fixed. There are also certain clues, most relate to elementary school tasks, because learning disabilities tend to be identified in elementary school, which may mean a child has a learning disability. A child probably will not show all of these signs, or even most of them. Even where they have been recognized, the amount of help available varies from no services to their universal provision. This unevenness in intervention services is tragic since most children with learning disabilities who receive sufficient, knowledgeable remediation can proceed through the school system and attain jobs that range from professor to labourer. Conversely, if they are not helped, the possibility of adjustment of problems arising is considerable. As our world becomes more complex, the knowledge base increases and the concepts more abstract, an increasing number of children will experience difficulty and be assumed to have learning to our collective lives is not forfeited. Learning disabilities are formally defined in many ways in many countries. However, they usually contain three essential elements: a discrepancy clause, an exclusion clause and an etiologic clause. The discrepancy clause states there is a significant disparity between aspects of specific functioning and general ability; the exclusion clause states

the disparity is not primarily due to intellectual, physical, emotional, or environmental problems; and the etiologic clause speaks to causation involving genetic, biochemical, or neurological factors . As many as one out of every 10 children in the United States has a learning disability. Almost 3 million children (ages 6 through 21) have some form of a learning disability and receive special education in school. In fact, over half of all children who receive special education have a learning disability.

A learning disability often displays a cluster of characteristics over time, in various intensities, which interfere with his/her overall development and achievement. LD affected children can face unique challenges that are often spreading throughout their lifespan. Depending on the type and severity of the disability, interventions may be used to help the individual learn strategies that will foster future success. Some interventions can be quite simplistic, while others are intricate and complex. Teachers as well as parents will be a part of the interventions. They can give aid to the children successfully in completing different tasks. School psychologists quite often help to design the intervention and coordinate the execution of the intervention with teachers and parents. With the right support and intervention, LD affected children can succeed in school and go on to be successful later in life. Social support is also a crucial component for these type children in the school system and should not be overlooked in the intervention plan. Parents of LD affected children often find themselves attempting to cope with a bewildering array of problems. Their children appear to be intelligent but they encounter all kinds of obstacles in school. In India, the term disability is used synonymously as impairment, and handicap or disability. These terms are different. The impairment means, the loss of physical or sense organs. The child has not able to see, it is disability. Handicap is the result of impairment and disability.

Learning disability is a broad term that covers a wide range of problems, including dyslexia and behavioural problems and the full range of ability. If a child having learning disability, that child requires special education needs. Learning disabilities vary from child to child. One child with LD may not have the same kind of learning problems as another child with LD. This lifelong disability can interfere with the students' acquisition of academic and other basic skills necessary for survival as an independent adult. Some of the common signs of learning disabilities and learning disorders in children will be able to catch the problem early and take steps to get help to child. It is very important in paying attention to normal developmental milestones for

toddlers and preschoolers. As early detection of developmental differences is an early signal of a learning disability and thus the problems that are spotted early can be easier to correct. LD is real and a stumbling block for a nation's development process. The problems of children with specific learning disabilities have been a cause of concern to parents and teachers for some time. When a LD is suspected based on parent and/or teacher observations, a formal evaluation of the child is necessary. A parent can request this evaluation, or the school might advise it. Parental consent is needed before a child can be tested. Many types of assessment tests are available. Child's age and the type of problem determines the tests that child needs.

A complete evaluation often begins with a physical examination and testing to rule out any visual or hearing impairment (Julie M. et al.). Pediatricians are often called on to diagnose specific learning disabilities in school- age children. Many other professionals can be involved in the testing process. The purpose of any evaluation for LDs is to determine child's strengths and weaknesses and to understand how he or she best learns and where they have difficulty. The information gained from an evaluation is crucial for finding out how the parents and the school authorities can provide the best possible learning environment for the child. Depending on the type and severity of the disability, interventions may be used to help the individual learn strategies that will foster future success. Some interventions can be quite simplistic, while others are intricate and complex.

Teachers and parents will be a part of the intervention in terms of how they aid the individual in successfully completing different tasks. School psychologists quite often help to design the intervention and coordinate the execution of the intervention with teachers and parents. Social support can be a crucial component for students with learning disabilities in the school system and should not be overlooked in the intervention plan. With the right support and intervention, children with learning disabilities can become great success in school as well as later in the society.

At present, in India, LD is considered the prerogative of a few in the big cities. Even Directors of State Education are known to express doubts at the existence of any such disability. Unfortunately, the confounding factors of English as a foreign language and lack of proper education and exposure whilst aggravating the academic difficulties for the children, also play a major part in masking the processing problems and hence make LD an elusive entity. Teachers attribute the learning difficulties to a "language

problem", not realizing that LD too is a language based disorder. Most of the (research and intervention) work in the area of LD is being done by private organizations and the NGOs. There is little communication between these organizations and the state educational authorities. Adding further to the problems, there is a divide between the personnel in the health and the educational fields, be they private or government. LD as all other developmental problems is both a health and an educational issue, but regrettably, the meeting point between the two is few and far between. The multilingual social context in India, where children often have to learn to study through a medium other than their mother tongue is a complexity that makes not only diagnosis extremely difficult but also, estimation of prevalence next to impossible.

The language issue is further compounded by factors such as age of enrolment in school, preschool exposure and literacy support available in their respective homes during the school years. Consequently, relating "adequate instruction" and "social opportunity" as is required by definition of SLD to children from varied backgrounds from an urban child enrolled in preschool at age 2½ years with early and sustained support to a rural child attending school for the first time at age 6½ years with no additional literacy support of any kind is a tremendous challenge (Karanth, 2002). If this is true of identification and assessment, the challenges faced with respect to remediation and management is no less daunting. Our educational system with its overwhelming emphasis on knowing rather than learning, theory rather than application, is ill suited for the child with LD.

The overwhelming influence of Western thought with lack of indigenous research has led to a situation where even ones strengths are turned into liabilities, an example being the 'phonemicizeation' of the Indian scripts under the influence of the phonic method of the West. The near total lack of alternate systems of education and the social premium for a handful of vocational courses with an utter disregard for all other vocational training are other major hurdles in the 'education' of the child with LD. These are but some of the issues faced by the individual and the family of the learning disabled, to date in India (Karanth, 2002). An epidemiological study (1995-2000) of child and adolescent psychiatric disorders in urban and rural areas of Bangalore was done by the Dept of Psychiatry, Epidemiology and Biostatistics, National Institute of Mental Health and Neuro Sciences, Bangalore to determine prevalence rates of child and adolescence psychiatric disorders for the Indian Council of Medical Research. The

total prevalence rate in 4-16 year old children in urban middle class, slum and rural areas was 12%. However, the children with SLD were eventually excluded from this study as most of them lacked adequate schooling as per the ICD-10-DCR criteria for SLD. In addition, many of the assessments were incomplete due to lack of cooperation for the lengthy testing for Specific Learning Disabilities (Srinath S, et al., 2005). The prevalence study on Learning Disability conducted at the L.T.M.G. Hospital, Sion, and Mumbai reveals that of the total number of 2,225 children visiting the hospital for certification of any kind of disability, 640 were diagnosed as having a Specific Learning Disability.

These children came from the lower, middle and upper middle socioeconomic strata of society. Referral was due to their poor school performance (LTMG, 2006). Studies conducted by the Sree Cithara Thirunal Institute of Medical Sciences and Technology in Kerala in 1997 revealed that nearly 10% of the childhood population has developmental language disorders of one type or the other and 8-10% of the school population has learning disability of one form or the other. The Institute for Communicative and Cognitive Neurosciences (ICCONS), Kerala, has been conducting research programs in child language disorders and developing research and rehabilitation programs for learning disabilities. Screening for LDs for Classes I to VII in schools with follow up assessments by experts in 10 panchayats in Kerala revealed that 16% of these schoolchildren have a learning disability (Suresh, 1998). Other studies have been done at child guidance clinics in India (Khorana, 1980; John & Kapur, 1986) where 20% children attending the clinic were diagnosed to be scholastically backward. However, variables such as the socioeconomic class, exposure to language act as confounding variables in such clinic-based studies (GEON, 2005)

HISTORICAL PERSPECTIVE

"No other disabling condition affects so many people and yet has such a low public profile and low level of understanding as LD", Washington Summit 1994 (Reid L, et al., 1994).

Morgan, a general practitioner in Sussex, England, published the first case of what is now known as dyslexia, a word derived from the Latin word "dys", which translates to 'difficult', and the Greek word "lexia", which translates to 'words'; it literally means, "difficulty with words". On 7th November 1896. Morgan wrote in the British Medical

Journal, about Percy F, a 14-year old, who was intelligent, bright, quick with learning games, and the intellectual equal of his peers, but fell behind, in his inability to learn how to read. Today, as in 1896, most people associate intelligence with the ability to read, but Percy F. and the experience of millions of people with dyslexia breaks down the relationship between reading and intelligence. Researchers were left with the question, "What causes dyslexia if intelligence is not the marker?" Morgan and Hinshelwood, an ophthalmologist also writing at the turn of the Century, speculated that such difficulties with reading and writing were due to "congenital word blindness", and for many years, the dominant view was that dyslexia was caused by visual processing deficiencies.

There is still interesting the role of visual factors in the etiology of dyslexia, especially in low-level impairments of the visual system. However, the most widely accepted view today is that dyslexia is a verbal deficit and can be considered part of the continuum of language disorders. Indeed, converging evidence supports a specific theory, that dyslexic readers have phonological (speech) processing deficits (Snowling MJ, 1996). The identification and description of Learning Disabilities as being deficient general learning processes centering mostly on what we today call distractibility, hyperactivity and visual perceptual and perceptual-motor problems began in the Western world in the 1950s and 1960s (The Nalanda Institute, 2002).

The major developments of the LD movement during this period centered on children who appeared normal in many intellectual skills, but who also displayed a variety of cognitive limitations that seemed to interfere with their ability to read, write and learn in the classroom. LD was seen primarily as a processing disorder with difficulty in cross-modal integration (Karanth, 2002). Dyslexia at this stage was a term coined to describe right brained thinkers who have difficulty in reading, think in pictures and are very imaginative and multidimensional (Eklavya School). Famous personalities, Walt Disney and Albert Einstein were cited as examples. It was a unanimous thought even at this time that these children needed to be accommodated in the mainstream class and rather than expecting them to mould themselves to the system, the system needed to become flexible to adapt to their needs. Gardner's theory (1983) of Multiple Intelligences talked of different ways to teach these children. In addition, detailed assessments in various processing areas such as auditory or visual sequencing, auditory / visual memory and discrimination (which are still included in most test batteries for

LD) resulted in specific remedial measures to deal with a deficient processing pathway. The 1980s, however, witnessed a renewed emphasis on the association of language disturbances with Learning Disabilities. Today it is accepted that LD is a language-based disorder. In the years following the report on the first case of dyslexia, different (difficulty in writing), dyscalculia (difficulty in numbers and mathematical concepts) and dysnomia (difficulty in naming). Simultaneously dysphasia (expressive language difficulty) was also being noted together with receptive language difficulties. Today all these are included under the umbrella of Specific Learning Disability (SLD). Hence using the word dyslexia interchangeably with LD is technically incorrect. It is important to remember that a Specific Learning Disability, as the name suggests, includes difficulties in specific processing areas as opposed to global difficulties in children with compromised intelligence (Karanth, 2002).

1.2 STATEMENT OF THE PROBLEM

The study challenges faced by teachers dealing with learning disability students. This study was trying to identify challenges faced by teachers while implementing inclusive education in schools and their role in the teaching and learning process. It discusses the additional efforts taken by the regular schoolteacher to include students with special needs in their classes and the key challenge to implementing inclusive education in schools.

This study describes the challenges faced by teachers while teaching learners with learning disability and the methods used to overcome these challenges. By describing the various challenges, we can address all these challenges and make the school administration understand the challenges faced by special need teachers and address them, thereby increasing their satisfaction in the work place.

1.3 TITLE OF STUDY

A study on challenges faced by teachers dealing with learning disability students .

1.4 OBJECTIVES

1.4.1 General Objective

To study the challenges faced by teachers dealing with learning disability students.

1.4.2 Specific Objectives

- To assess the challenges faced by teachers among Learning Disability students.
- To determine the problems faced by teachers while dealing children with learning disability.
- To assess the strategies used by teachers among learning disability.

1.5 SIGNIFICANCE OF THE STUDY

The study will enhance the researcher's knowledge about the challenges faced by teachers dealing with learning disability students. To understand the major challenges faced teachers in classroom and other situations. The remedial teachers in educational institutions are dealing with children in learning disabilities. The majority of the institutions are following similar conventional curriculum and the students find it difficult to cope up with this traditional learning method, so teachers spend a large amount of time on such learners. This study aims to identify the challenges faced by teachers dealing with learning disability students. The teachers faced by the main challenges are: Teaching material and curriculum structure, behavioural issues, lack of time, parental expectations and parental issues, motivation, self esteem and emotional issues.

1.6 CHAPTERIZATION

The chapter 1 introduction includes the title of the study that is "A study on challenges faced by teachers dealing with learning disability students. It also includes general and specific objective of the study, statement of the problem, significance of the study and chapterization.

The second chapter includes the review of literature; consist of the review of all available studies related to challenges faced by teachers dealing with learning disability students.

The third chapter research methodology includes theoretical and operational definitions of the concepts, dependant and independent variables, research design, universe and unit of the study, source of data etc.

The Chapter fourth deals with data presentation and interpretation of data.

The final and fifth chapter consists of major findings, implication of the study, limitations of the study, suggestions for further research and conclusion.

1.7 CONCLUSION

The study is to understand major challenges faced by teachers dealing with learning disability students. This study is trying to create awareness about slow learners, the factors that cause some students to be slow learners, the systematic way of identifying and dealing with slow learners. And the things teacher should know about slow learners and how teachers can cope with slow learners and lastly, the strategies and techniques used to teach slow learners. This study will help how to overcome the challenges and faced by to make aware the teachers.

CHAPTER II

REVIEW OF LITERATURE

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REVIEW OF LITERATURE

2.1 INTRODUCTION

A literature review is an account of what has been published on a topic by accredited scholars and researchers. In writing the literature review, the purpose is to convey what knowledge and ideas have been established on a topic, and what their strengths and weaknesses are. As a piece of writing, the literature review is defined by a guiding concept. It is not just a descriptive list of the material available, or a set of summaries. A literature review is more than the search for information, and goes beyond being a descriptive annotated bibliography. It should give a theoretical base for the research and help to determine the nature of the research. Works, which are irrelevant, should be discarded and those, which are peripheral, should be looked at critically.

2.2 REVIEWS

April H. Conti (2000) conducted a study - Motivation among students with learning disabilities was to examine whether intrinsic motivation is a major factor in explaining academic performance deficits in children with learning disabilities. Harter's Scale of Intrinsic Versus Extrinsic Orientation in the Classroom was given to 34 students with learning disabilities and 36 students without learning disabilities from Grades 4 to 6 from a suburban, middle-class school district located in Southeastern New Jersey. It was proposed that students with learning disabilities were less intrinsically motivated than students without identified learning disabilities. However, the general pattern of results derived from a T-Test for Independent Samples did not show a significant correlation between motivation orientations. Although students with learning disabilities proved to be less intrinsically motivated on the criteria subscale, they scored similarly to their non-handicapped peers on the challenge, curiosity, mastery, and judgment subscales. These findings may be attributed to the minimal number of participants and that they were not representative of the entire population.

Borah (2013) conducted a study - Slow learners: Role of teachers and Guardians in knowing their hidden skills identified the major characteristics of slow learners. In the

discussion with the interventions for slow learners, it discusses certain specific strategies like reducing environmental distractions, shorter assignments, alternative forms of assessment like orals etc.

Humphrey (2014) conducted a study - Challenges faced by teachers when teaching learners with developmental disability in Tanzania. This study addressed the issue of children with developmental disability by examining the challenges faced by teachers who teach children with developmental disability and how they try to overcome these challenges. Local teachers in most of the primary schools in Tanzania lack training in special needs education for children with developmental disability and the general purpose of this study is to find out what challenges teachers face when teaching children with developmental disability.

Bar Nava (**2015**) Difficulties Experienced by Special Education Novice Teachers in Their Induction Year, At the Various Special Education Frameworks in Israel: Outline of a Research Study is focuses on the stage of the entry into teaching of the beginning teacher is a distinct stage in the circle of the professional development of teachers and is accompanied by many challenges and difficulties. The classic model of Fuller (1969) and its extension into the model of Fuller and Brown (1975) that addresses the beginning teacher's concerns, presents three stages in the beginning teacher's professional development: the stage of survival concerns about the self, the stage of mastery concerns about tasks/situations, and the stage of impact concerns about the impact on students. This article seeks to present a research outline that addresses a population on which the research has not focused extensively, the novice teachers in special education, who work in the different frameworks of special education that present the novice teachers with challenges and difficulties. The research will examine what are the difficulties of the novice teachers in special education, in the different frameworks of special education, during the year of their entry into teaching. In addition, the research will examine whether there is a distinction between the different frameworks in the aspect of the difficulties with which the novice teachers cope, as well as in the solutions provided to them in coping with their difficulties. The importance of this research study is by extension the theoretical academic knowledge about the entry into teaching and the difficulties of beginning teachers in special education, and the possibility to use this knowledge to improve the mechanisms of absorption of the special education novice teachers in the educational field.

S'lungile Thwala (**2015**) **conducted a study** -Challenges Encountered by Teachers in Managing Inclusive Classrooms in Swaziland. The purpose of the study in which this paper is derived was to identify challenges encountered by teachers in managing inclusive classrooms in Swaziland. The literature review shed light on the various aspects of inclusive education from the classroom to the outside environment to the teachers involved in inclusive education. The study employed qualitative methods in which Focus Group Discussions were utilized and Thirty-five (N=35) teachers were purposively sampled from primary schools in the Manzini region. Res ults revealed that a majority of teachers were not trained on how to teach in an inclusive class. However, the literature indicates that with proper training and resources, inclusion can be a practical and effective learning environment. It can be concluded that mainstream teachers generally lacked confidence as they attempted to include students with disabilities into classes. The study recommends that The Ministry of Education should consider increasing the availability of special needs courses, workshops and conference for teachers in primary schools who are working with students with disabilities.

Rema (**2016**) **conducted a study**- the challenge of teaching in a mixed ability classroom. This study focuses on the challenges of a teacher who teaches in a mixed ability classroom and different ways by which a teacher can deal with the high achievers, slow learners, and others. And the challenges faced by the teacher while teaching slow learners.

Paul (**2016**) this study is trying to create awareness about slow learners, the factors that cause some students to be slow learners, the systematic way of identifying and dealing with slow learners. And the things teacher should know about slow learners and how teachers can cope with slow learners and lastly, the strategies and techniques used to teach slow learners.

Nombuso Gama et al (**2016**) **conducted a study** - Swazi Teachers' Challenges in Including Learners with Dyslexia was to explore the challenges faced by teachers when teaching learners with dyslexia. The problem was that teachers seemed to struggle to understand learners who failed to reach language proficiency. The study used qualitative research methods; where a phenomenological design was used to conceptualize the essence of the teachers" challenges. Participants were 12 (n = 12) purposively sampled English language teachers of dyslexic learners who met a pre-

determined criteria. Data on the teachers" challenges were collected by individual interviews. Conventional content analysis was used to analyze the data. The data were thematically presented. The findings suggest that teachers

experience a lot of challenges emanating from the lack of inclusive education training, knowledge and monetary support from the Swazi Government.

Kuldeep Singh Katoch, et al (2016) had done a study on the Problems Faced by Teachers in Special Schools of Himachal Pradesh. The investigation was undertaken to study the problems faced by teachers of special schools for speech and hearing impaired children in Himachal Pradesh. For conducting this investigation, survey method was employed and all the teachers serving in special school Dhalli (Shimla) and Sundernagar (Mandi) were included in the sample. The data was gathered with the help of a self-developed interview schedule for teachers, which contained both close-ended and open-ended items. The data were analyzed by employing frequency count and percentage analysis. It was pointed out by teachers of special school Dhalli and Sundernagar that these schools are lacking in proper infrastructural facilities, subject-wise teaching staff and they are facing many other difficulties which has been explained in detail in this paper.

Mumpuniarti (2017) the study explored pedagogical strategies carried out by teachers to support special need children in improving their level of literacy and numeracy. The current study utilized qualitative research design this research was carried out in one of the elementary schools in Yogyakarta, Indonesia. Data collected was analyzed manually by focusing on the main aspects. Results demonstrated that 27 activities were frequently used by teachers in teaching language and mathematics. Those activities are the common teaching practice for slow learners. In order to evaluate the effectiveness of those practices, a focus group discussion with a group of students was carried out. Results revealed that most students have problems in literacy (spelling, reading complex words, and write long words) and numeracy (counting, subtraction, multiplication and divide). As the common teaching practice was found to have minimal effect on children's literacy and numeracy, the current study suggests rethinking of a new pedagogical approach for improving literacy and numeracy for slow learners.

Isave (2017) this study was trying to identify challenges faced by teachers while implementing inclusive education in schools and their role in the teaching and learning process. It discusses about the additional efforts taken by the regular schoolteacher to include students with special needs in their classes and the key challenge to implement inclusive education in schools.

According to the U.S Department of Education's Ninth Annual Report to Congress, in 1985 -1986 almost 5% of school children nationally were identified as learning disabled and received special educational services. This figure is in contrast to the next most prevalent categories of handicap, speech impairment (2.86%) and mental retardation (1.86%). It should be emphasized that learning disabilities is the only handicapping condition that increased in prevalence over a 10 year period , the percentages of children identified and served growing from 1.79% in 1976 to 4.73% in 1986.

According to John Dewey, the challenges in delivering education that is multilingual are many .The diversity of the U. S student population is growing differentially than in the past. By the time you start teaching, approximately one-third of students in schools across the nation will be from ethnic groups other than European. By 2020 more than 45% of the school – age population will be students of colour. Because many teacher candidates have either no or limited experience with the ethnic and religious groups represented in their classrooms, they will face unknown. The ideals of diversity and social justice will require that these teachers engage in continuous learning about and with communities.

According to Catherine Cobb Morocco, is **principle** investigator of the teacher as Composer Project and Associate Director for center for family school and community at education development center in Newton Massachusetts. She has conducted classroom research on inquiry – based approaches to teaching and learning in literary and science, designed a wide range of professional development programs, and published extensively on teacher development with other researchers, they say in part over the past four years, we have had a rare opportunity to study how classroom teachers think and plan for their increasing diverse classrooms. This work has led to us directly into one of the most profound and complex problems of educating children in a democratic society: providing children with equal opportunity to maximise their

abilities. Teachers currently need to respond to widely varied student needs and strengths, because of increasing number of children with learning difficulties in the classroom and steady changes in cultural linguistic backgrounds of American students. The nation special education teachers, faced with an ever- increasing number of children with severe behaviour problems, have found that traditional methods of disciplining youngsters simply will not work with some of their charges.

According to Aisha Cheikhmous, (**UAE University**) Equity in education, including accessing education facilities and proper instruction, is one of the human rights regardless of student's mental, physical, ethic, or socio – economic status. Despite all the research bodies, initiatives, and legislation that parade under the banner of accommodating students with special educational needs and disabilities (SEND) with equitable and inclusive learning opportunities, there is a mode of uncertainty about how to robustly put these intentions and theories into action and measure their effectiveness. Such findings on negative attitudes towards providing SEND children with their right to similar educational experiences and chances within an inclusive educational environment urge the need for an immediate vigorous move towards reconstructing them to be more positive and optimistic. There is an indispensable need for raising awareness about the efficiency of inclusive education for all students. Jeffrey Bakken (2016) reports several benefits for both students with the without disabilities such as a) greater social initiations, relationships, and interaction with classmates without disabilities, b) having students without disabilities as role models academically ,socially, and behaviourally c) access to general education including the curriculum and instruction d) setting higher expectations for SEND students e) the feeling of being part of both school and local community and f) an inclination by others to respect and develop a meaningful relationship with those who are different from themselves and accept diversity around them.

 According to UNDESA 2016 within education context ,inclusion refers to the perception that all children should learn to gather ,irrespective of their diversities or disability as "all learners have unique characteristics ,interests, abilities and particular learning needs and, further , that learners with SE needs must have equal access to and receive individual accommodation in the general education system" While federal efforts strive to fulfil inclusive education, most on – ground practices do not reflect that .There is an insistent necessity to reformulate school practices to elevate adequate

support equality, and full access to conventional and tailored education to students with SEND .It is essential to bear in mind that SE is "a service, not a place. If SE would have a place, it would be within the general education classroom" (Kirby, 2017).

2.3. CONCLUSION

The present chapter review a framework for the research. The chapter helps the researcher to know about the previous studies related to the topic and methodology used for analysis and interpretation of data. This gives us an overall idea about the topic and offers us vast understanding.

CHAPTER 3

RESEARCH METHODOLOGY

CHAPTER 3

RESEARCH METHODOLOGY

3.1 INTRODUCTION

Research methodology is the path through which researcher needs to conduct their research. It shows the way through which these researchers formulate their problems. A methodology can help make the research process efficient and reliable by guiding researcher's on which method to employ at each step. A methodology is any research includes a suitable research design, appropriate selection of population, sampling design, tool and procedures for data collection and analyzing the collected data.

3.2 DEFINITION OF CONCEPT

3.2.1 THEORTICAL DEFINITION

Learning Disability

According to Kirk and Kirk [1971], Learning disability is not minor or temporary difficulties in learning but with a severe discrepancy between ability and achievement in educational performance.

Teachers

According to Dewey, Teachers have a responsibility to structure educational environments in ways that promote educative learning experiences, those that change the learner in such a way as to promote continued learning and growth.

Challenges

According to IGI Global, Something that by its nature or character serves as a call to make a special effort, a demand to explain ,justify, or difficulty in an undertaking that is stimulating to one engaged in it.

3.2.2 OPERATIONAL DEFINITION

Learning Disability

A learning disability is a reduced intellectual ability and difficulty with everyday activities – for example household tasks, socialising or managing money, which affects someone for their whole life. People with a learning disability tend to take longer to learn and may need support to develop new skills, understand complicated information

and interact with other people. There are different types of learning disability, which can be mild, moderate, severe or profound. In all cases, a learning disability is lifelong. It can be difficult to diagnose a mild learning disability as the individual will often mix well with others and will be able to cope with most everyday tasks. People with a severe learning disability or profound and multiple learning disability will need more care and support with areas such as mobility, personal care and communication. People with a moderate learning disability may also need support in these areas, but not definitely.

Teachers

A teacher is a person who helps students to acquire knowledge, competence, or virtue, via the practice of teaching. Teachers, like other professionals, may have to continue their education after they qualify, a process known as continuing professional development. Teachers may use a lesson plan to facilitate student learning, providing a course of study, which is called the curriculum. A teacher who facilitates education for an individual may also be described as a personal tutor, or largely historically, a governess. In some countries, formal education can take place through home schooling. Informal learning may be assisted by a teacher occupying a transient or ongoing role, such as a family member, or by anyone with knowledge or skills in the wider community setting.

Challenges

The situation that is being faced with something that needs great mental or physical effort in order to be done successfully and therefore tests a person's ability. Challenges are problems and issues that interfere with your quality of life or ability to achieve life goals. These include external issues that are beyond your direct control such as cost of living increases and internal issues that you can control such as a bad habit. A job, duty or situation that is difficult because you must use a lot of effort, determination, and skill in order to be successful.

3.3 RESEARCH DESIGN

The researcher used cross sectional research design and quantitative study. , it is primarily concerned with finding out what is in the field, it used this study as a suitable way to gather vital information regarding the current status of the problem which was the challenges faced by teachers when teaching learners with learning disability and how they try to overcome these challenges. This design greatly helped me to increase the knowledge about the challenges faced by teachers.

3.4 PILOT STUDY

Pilot study conducted before the main study. The main aim of pilot study is to test the feasibility and variability of the study. The researchers conduct pilot study before collecting the data and gave an idea about the research problem.

3.5 UNIVERSE OF THE STUDY

All Schoolteachers who belongs to Kannur district who works in UP Level.

3.6 UNIT OF THE STUDY

A school teacher who belongs to Kannur district.

3.7 SAMPLING

Research design is a logical and systematic plan for directing a research. The sampling method used for the study is convenient sampling. In this research, the challenges faced by teachers dealing with learning disability students of Kannur District and collected data by convenient sampling from 60 samples.

3.8 SOURCE OF DATA COLLECTION

Researcher used the data from both primary and secondary source.

3.8.1 Primary Data

The researcher collected primary data from the respondents through questionnaire.

3.8.2 Secondary Data

The secondary data was collected from books, articles, periodicals, journals and topic for getting related   information.

3.9 TOOLS OF DATA COLLECTION

Research data collection is done through the primary methods and secondary methods. The primary data was collected through questionnaire method and secondary data was collected through related topic researchers, websites , articles, journals etc.

3.10 PRE – TEST

The researcher met to five respondents and collect the data to identify whether it was effective and understandable to them.

3.11 METHOD OF DATA COLLECTION

The data was collected from challenges faced school teachers of Kannur District by questionnaire was circulated through online portal and printed questionnaire was given to the teachers.

3.12 METHOD OF DATA ANALYSIS

The researcher made use of collected data is to coding, tabulation and analysis using various statistical methods, tables and graphs. SPSS [Statistical Package for the Social Science] software, to do the statistical application. The data is presented on graph sheet .

CHAPTER 4

DATA ANALYSIS AND INTERPRETATION

CHAPTER 4

DATA ANALYSIS AND INTERPRETATION

4.1. INTRODUCTION

This chapter deals with the anaiysis and interpretation of the collected data. Analysis and interpretation of data are two major steps in the process of research. Analysis of data is the most skilled task in the research process. It is the area of critical examination of the assembled and grouped datafor studying the charactristics of the object under study and for determining the pattern of releationship among the variables relating to it. Data analysis is described as the process of bringing order, structure, and meaning to the collected data.The data anaiysis aims to unearth patterns or regularities by observing, exploring,organizing, transforming and modeling the collected data. Data interpretation is the process of using diverse analytical methods to review data and arrive at relevent conclusion. The interpretation data helps researchres to categorize, manipulate, and summarize the informationin order to answer critical questions.

4.2 ANALYSIS AND INTERPRETATION

4.2.1 GENDER OF THE RESPONDENTS

Table No.4.1
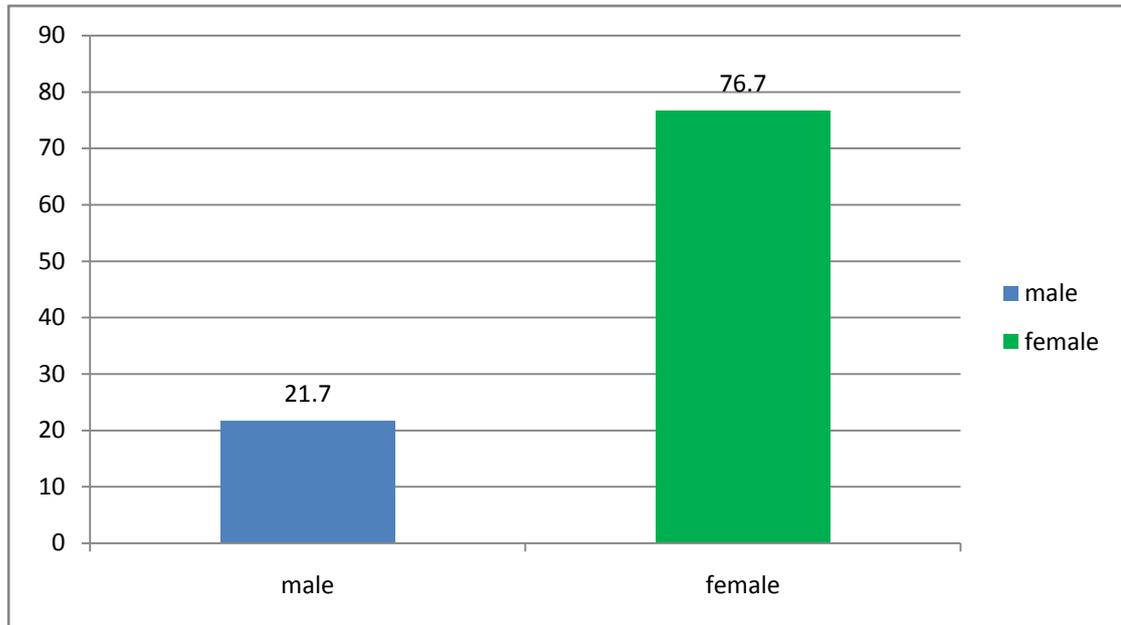
The above table 01 shows the gender of the participants.Here 76.7% of teachers are females and other 21.7% are males. This is means majority teachers responded are female, because female teachers are taking care of the LD students. Female teachers are very much able and they had the talent of taking care of such students.A motherly touch and concern motivates the students to respond to the teachers very freely.

4.2.2 EDUCATIONAL QUALIFICATION OF THE RESPONDENTS

Table No. 4.2
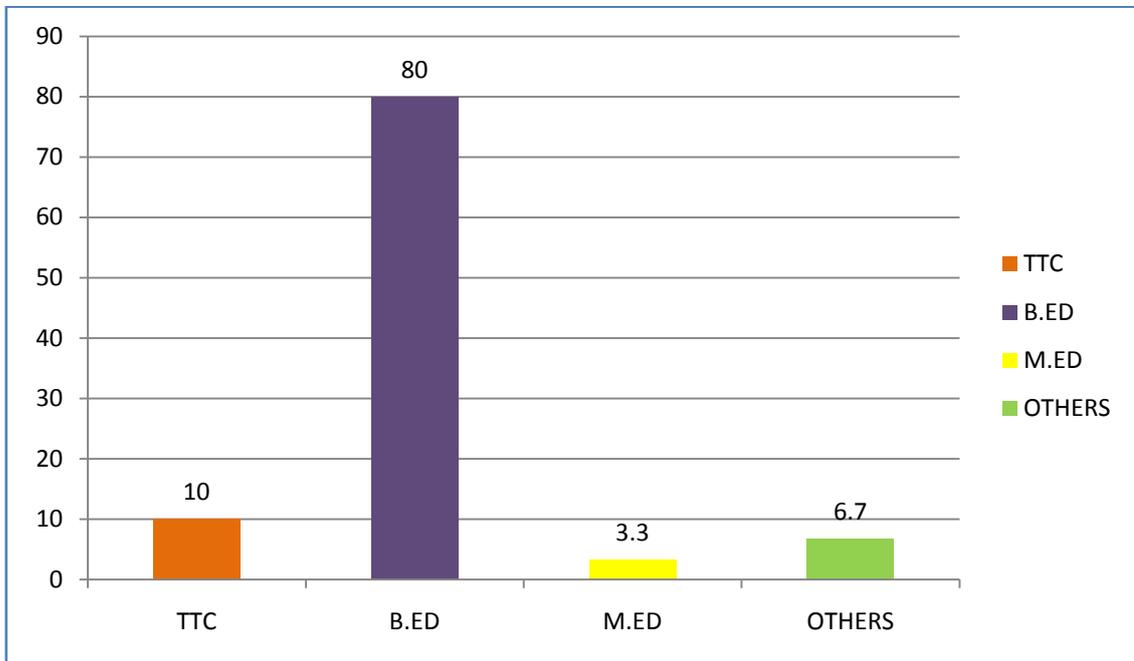
The above table 02 shows the educational qualification of respondents. 80% of the teachers are B.ED qualified, 10% of the teachers are TTC qualified , 6.7% of the teachers are done other qualifications and 3.3% of the teachers are M.ED qualified. From the above graph it is clear that majority of the teachers are B.ED qualified. The basic educational qualifications help the teachers to make use their experiences and learning in dealing with the children in encouraging and making them learned.

4.2.3 MARITAL STATUS OF THE RESPONDENTS

Figure No.4.1
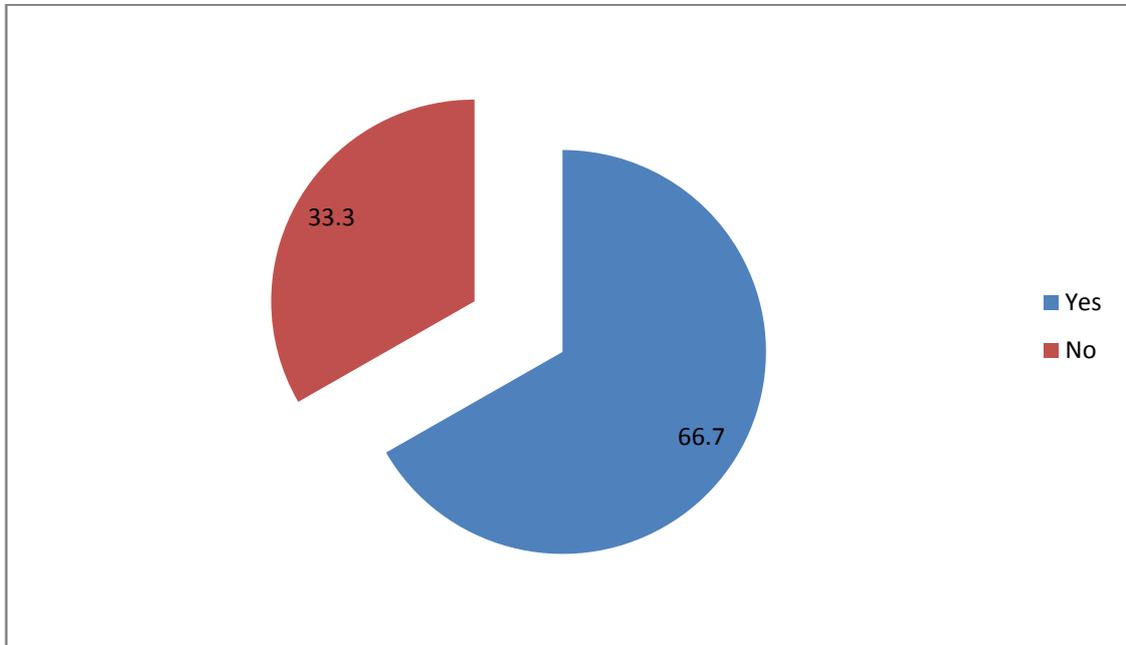
The above figure 01 shows that the marital status of teachers are 66.7 % of the teachers are married and 33.3% teachers are unmarried. The majority of the teachers are married according to the survey and the above figure. It also in another way indicates their dedication and concern towards their work and the betterment of the children. Family affection and care shows towards the children.

4.2.4. BEGINING OF THE TEACHING PERIOD

Figure No.4.2
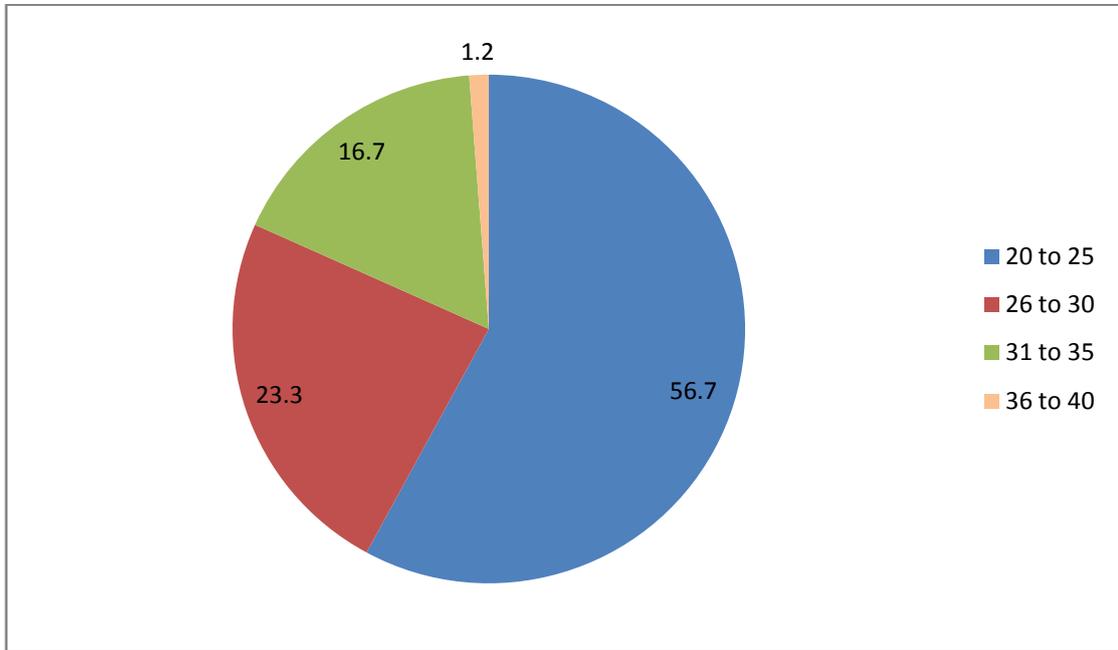
The above figure 02 shows the year that the respondents started to teach. 56.7% teachers started teaching from 20 to 25years. 23.3% teachers started teaching at the age of 26 to 30. 16.7 % teachers started to teach from 31 to 35 years and 1.2 % teachers started to teach at the age of 36 to 40. The majority of the teachers started to teach at the age of 20 to 25. It shows their dedication and interest in channelizing their knowledge and learning's for the benefit of the children as well as the society.

4. 2.5. YEARS OF THE EXPERIENCE IN TEACHING.

Table No.4.3
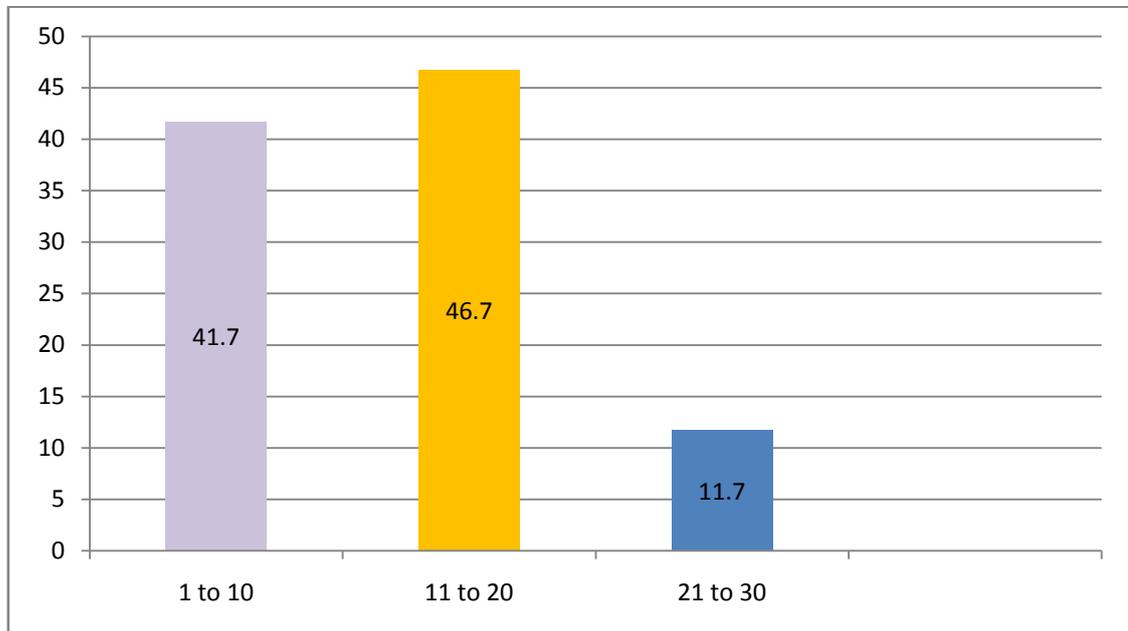
The above graph shows the years of experience in teaching field of the respondents. 46.7% teachers have experience of 11 to 20 years. 41.7% teachers have experience of 1 to 10 years, and 11.7% teachers have experiences of 21 to 30 years respectively .The majority of the teachers have experience of 11 to 20 years. It shows that very experienced and talented teachers are working in this field and they contribute to the benefit of the society by empowering and taking care of such unwanted and discouraged children in the society.

4.2.6 AVAILABILITY OF THE SPECIAL EDUCATOR IN SCHOOL

Figure No.4.3
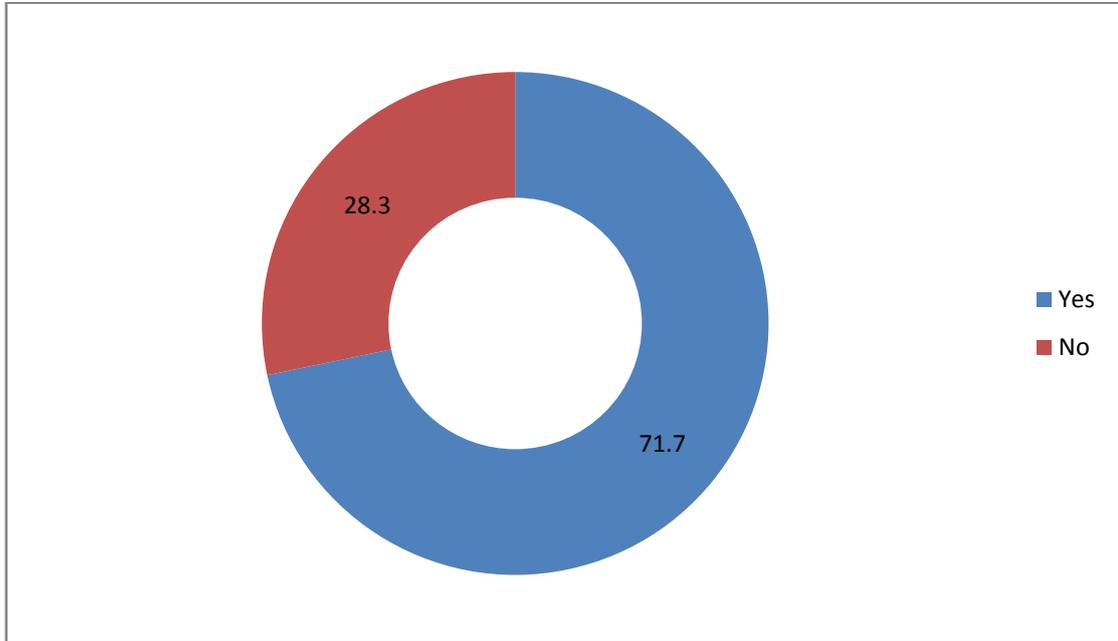
The above figure 03 shows that the availability of the special educator in school. 71.7% teachers have responded to the availability of special educator in school, but 28.3% teachers denied the availability of special educator in school. In this situation, other teachers manage and guide the LD students. The table agrees that there is a great need of special educator in the schools and they can perform well in guiding and transforming the children's learning conditions.

4.2.7. IDENTIFICATION OF THE LD STUDENTS.

Figure No.4.4
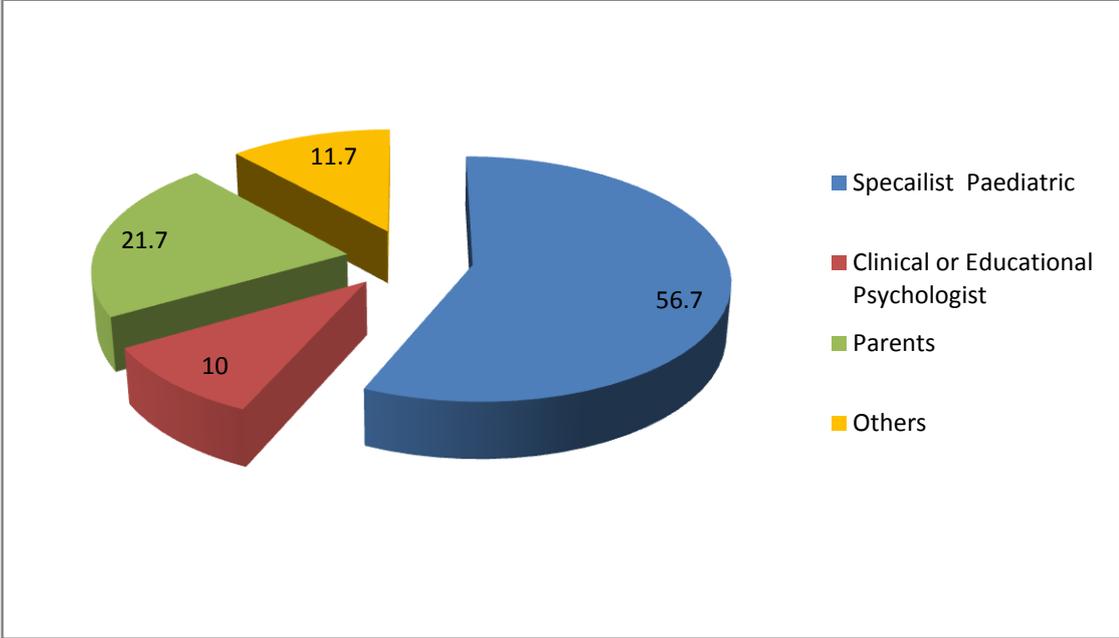
The above figure 04 shows that who identifies the LD students. 56.7% teachers responded that specialist paediatric identify the LD students, 21.7% teachers responded to parents identify the LD students, 11.7% teachers responded to others are identify the LD students and 10% teachers responded to clinical or educational psychologist identify the LD students. The majority of them responded to that specialist paediatric identify the LD students.

4.2.8 TEACHER'S FIRST EXPERIENCE WITH THE LD STUDENTS.

Figure No.4.5
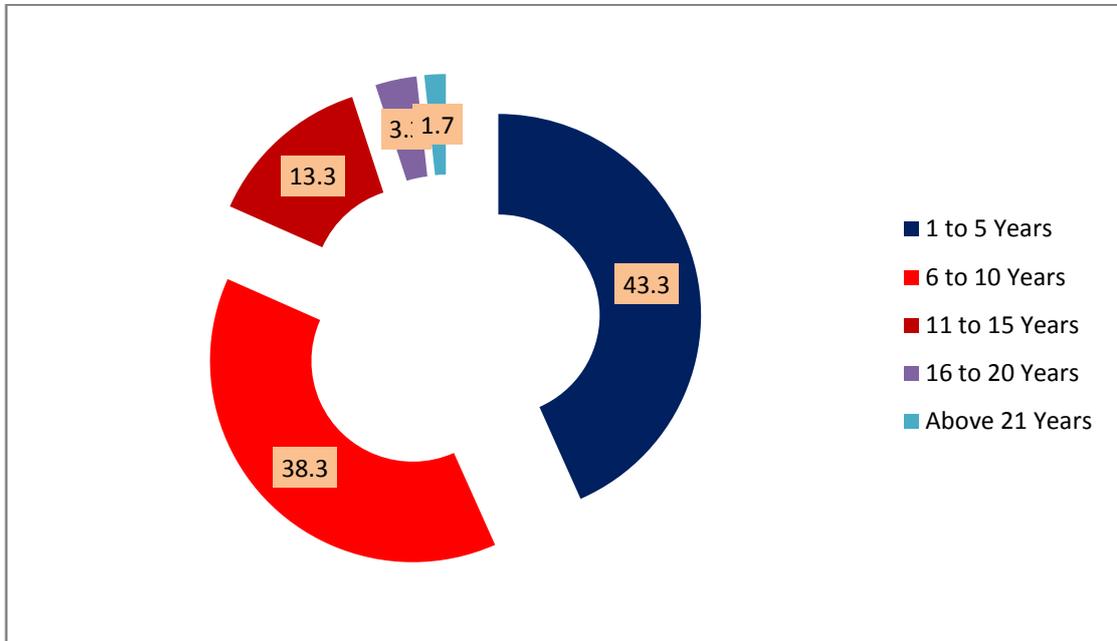
The above figure 05 shows that when the respondents first handled the LD students during their teaching experience. 43.3% teachers responded between 1 to 5 years. 38.3% teachers responded between 6 to 10 years, 13.3% teachers responded between 11 to 15 years, 3.3% teacher's responded between16 to 20 years and 1.7% teachers responded above 21 years respectively. Majority of the teachers are being mingled with and worked among such students in their first years of teaching profession. It shows that there are number of LD students are in and around our schools and we need to pay attention towards them.

4.2.9. TEACHER'S KNOWLEDGE ABOUT INCLUSIVE EDUCATION.

Table No.4.4
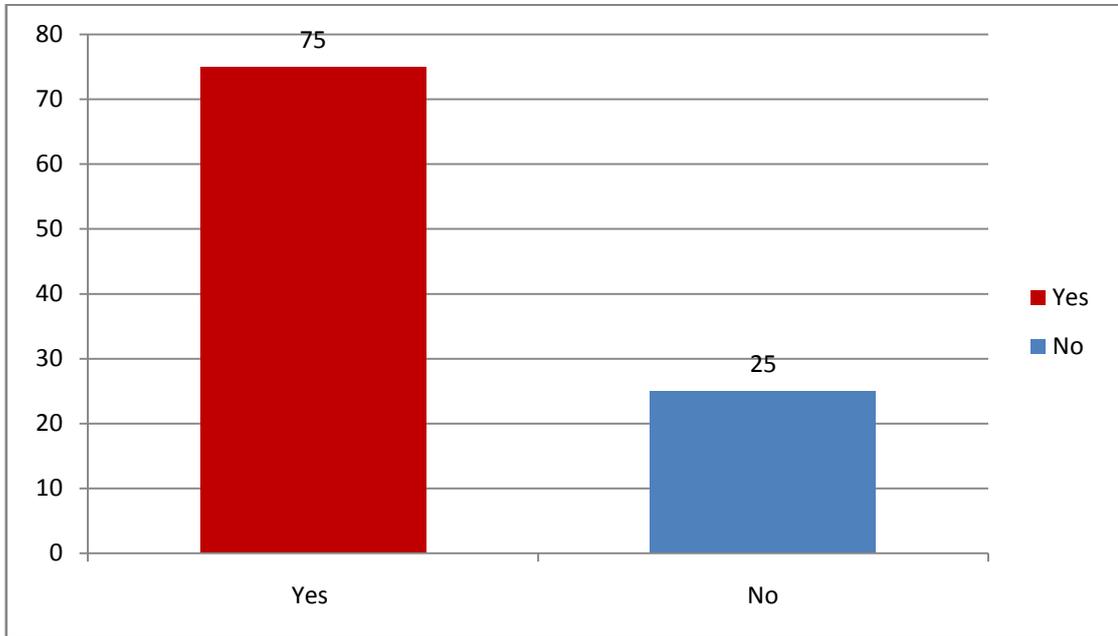
The above table 04 shows that whether the teachers know about inclusive education or not. 75% teachers know about inclusive education but 25% teachers do not know about inclusive education. Inclusive education towards special children are necessary and need to be aware of it. It helps the special children to create changes in their lives. Teacher's knowledge and skills will contribute to the growth of the children.

4.2.10. SYMPTOMS IDENTIFIED IN LD STUDENTS.

Figure No.4.6
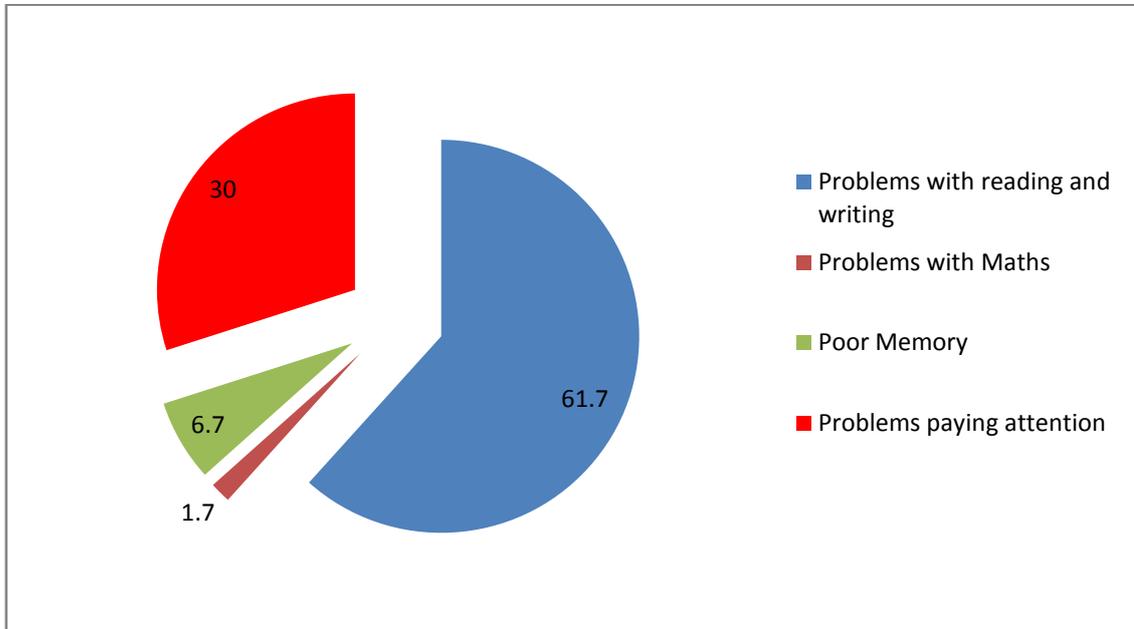
The above figure 06 shows the symptoms shown by the LD students. 61.7% teachers responded to the problems of reading and writing, 30% teachers responded to the problems of paying attention, 6.7% teachers responded to the symptom of poor memory, and 1.7% teachers responded to the problems with maths. The majority of the teachers responded to the symptom of LD students is the problems of reading and writing.

4.2.11.TEACHER'S KNOWLEDGE ON DYSLEXIA.

Table No.4.5
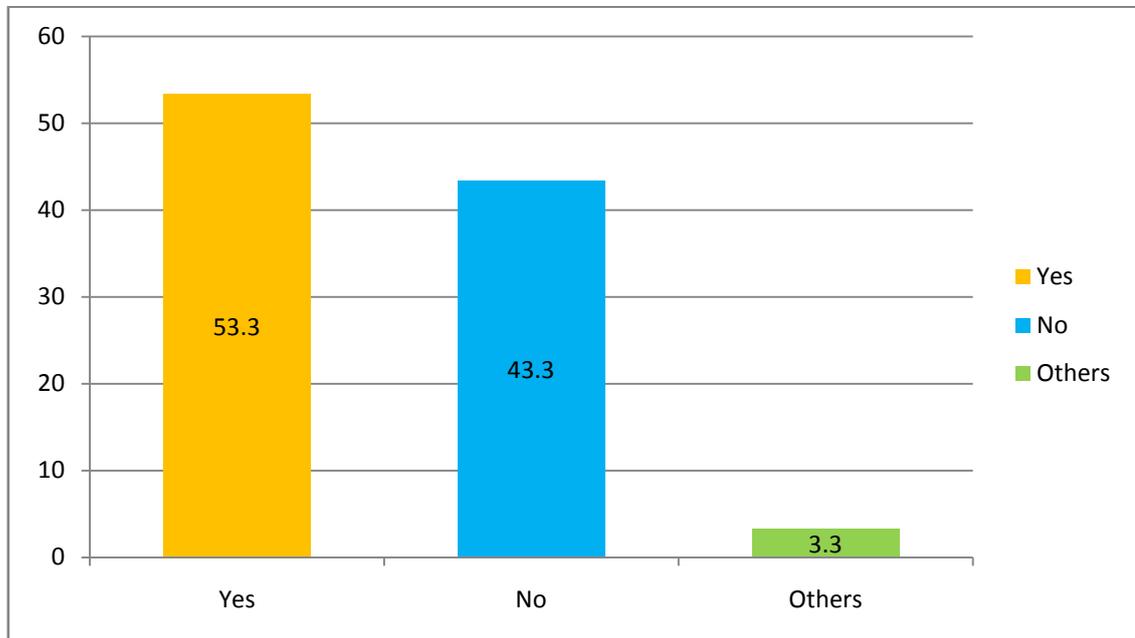
The above table 05 shows about the knowledge of teachers on dyslexia. 53.3% teachers are aware about dyslexia, 43, 3% teachers are unaware about dyslexia, but 3.3% teachers have some ideas about dyslexia. The basic knowledge and awareness of the basic problems, dyslexia etc. will help the teachers to focus on the children and to support them in improving their capacities and growing in them. Understanding and awareness is important in dealing with such students.

4.2.12. DIFFERENT WAYS TO HELP CHILDREN WITH LD.

Figure No.4.7
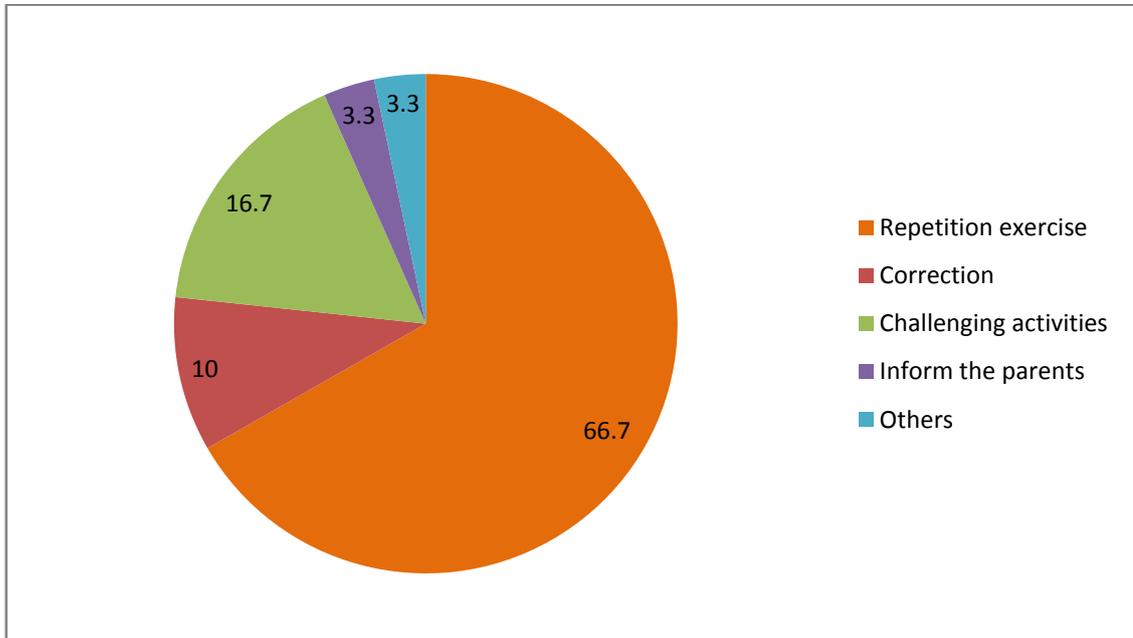
The above figure 07 shows that what is the best way to help children with LD. 66.7% teachers responded to repetition exercise, 16.7% teachers responded to do challenging activities, 10% teachers are responded correction, 3.3% teachers responded to inform the parents and another 3.3% teachers responded to the other ways of helping students. The majority of the teachers feel right to provide repetition exercise for LD students.

4.2.13. TEACHER'S ATTITUDE TOWADRS LD CHILDREN.

Table No.4.6
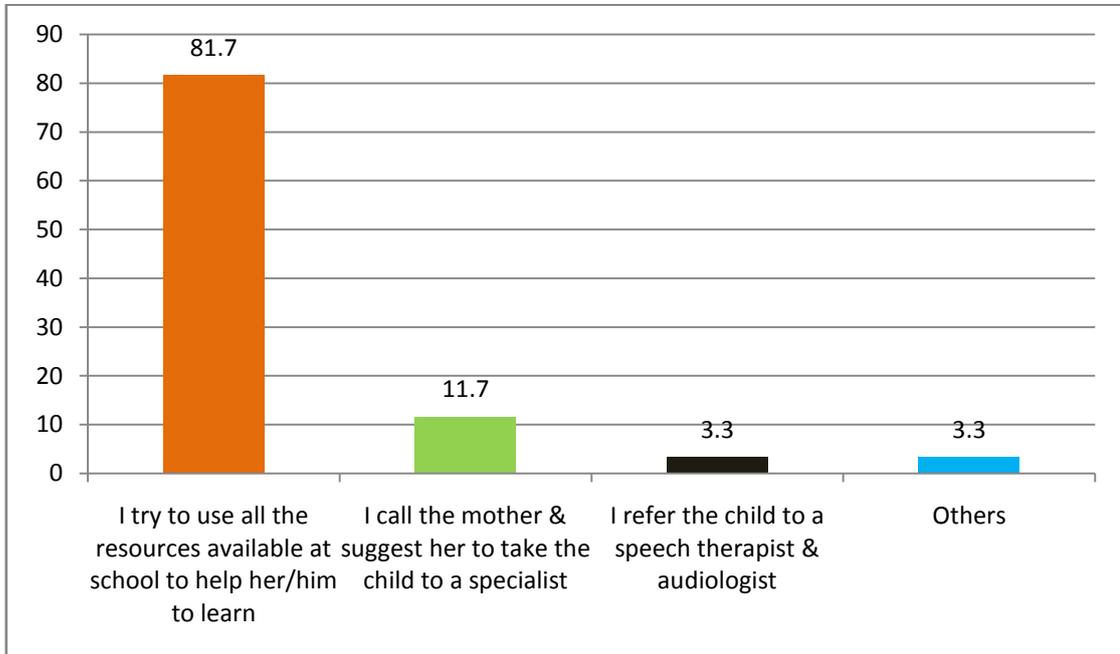
The above table 06 shows that what attitudes the teachers have while dealing with a child who struggles to read and write. 81.7% teachers responded that they try to use all the resources available at school to help her/him to learn, 11.7% teachers responded that they call the mother and suggest her to take the child to a specialist, 3.3% teachers responded they refer the child to a speech therapist and audiologist and another 3.3% teachers responded to the other ways of dealing with children in answering to the attitudes that that teachers have when dealing with a child who struggles to read and write.

4.2.14 .TEACHERS ROLES AND WAYS IN IDENTIFYING THE PROBLEM OF THE LD STUDENTS.

Figure No.4.8
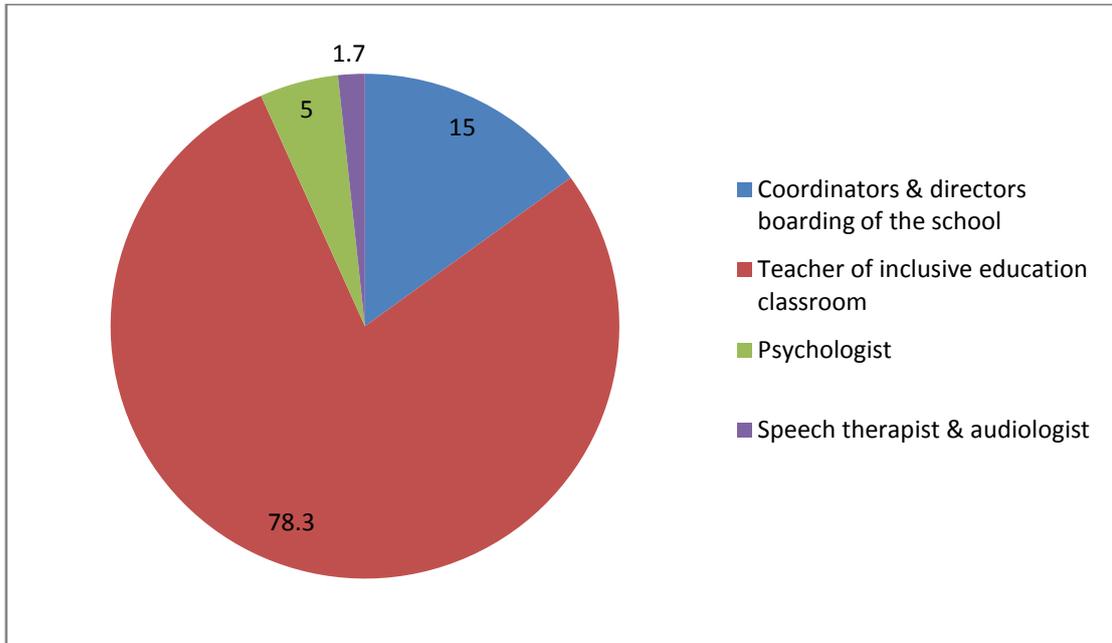
The above figure 08 shows that the teachers role to find out the problems of the children . 78.3% teachers responded to the inclusive education classroom, 15% teachers responded to refer to the coordinators and directors boarding of the school, 5% teachers responded to refer to the psychologist and 1.7% teachers responded to refer to the speech therapist and audiologist to the question that when they identify a problem, which do they refer the child.

4.2.15. CAUSES OF READING AND WRITING DISORDERS

Table No.4.7
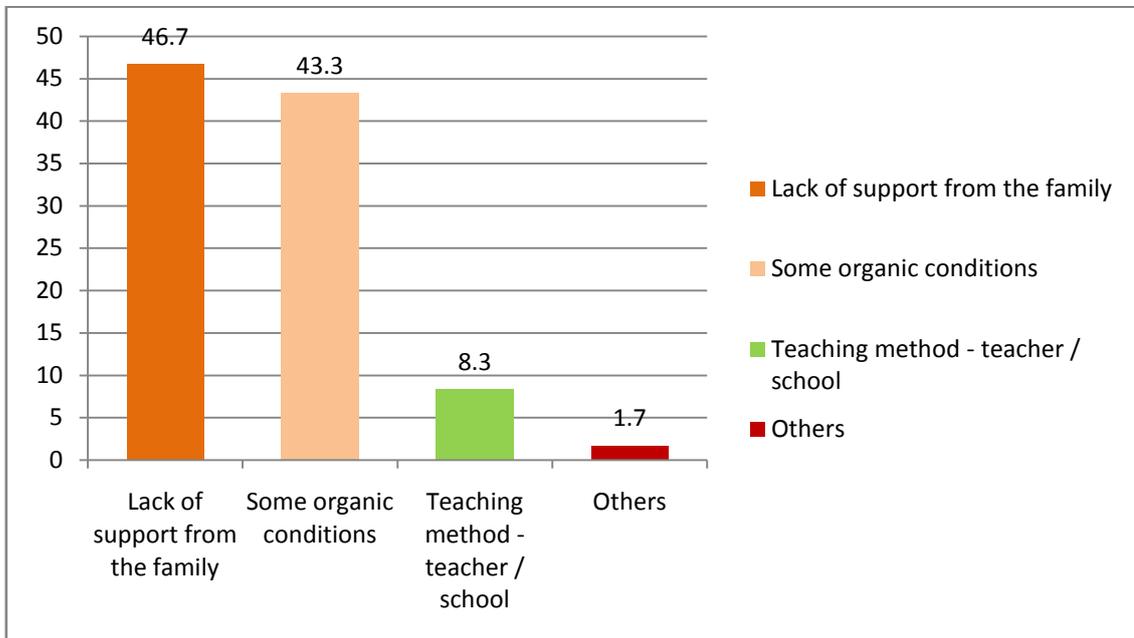
The above table 07 shows that what are the causes they justify the reading and writing disorders.46.7% teachers responded to the cause of lack of support from the family, 43.3% teachers responded to the cause of some organic conditions, 8.3% teachers responded to the cause of teaching method –teacher/ school and 1.7% teachers are responded to the other causes of reading and writing disorders. There can be different reasons and causes. Majority agree that lack of support from family and the care make the children more dull and unwanted.

4.2.16.NEED OF REGULAR CLASSES WITH BACKUP SUPPORT.

Table No.4.8
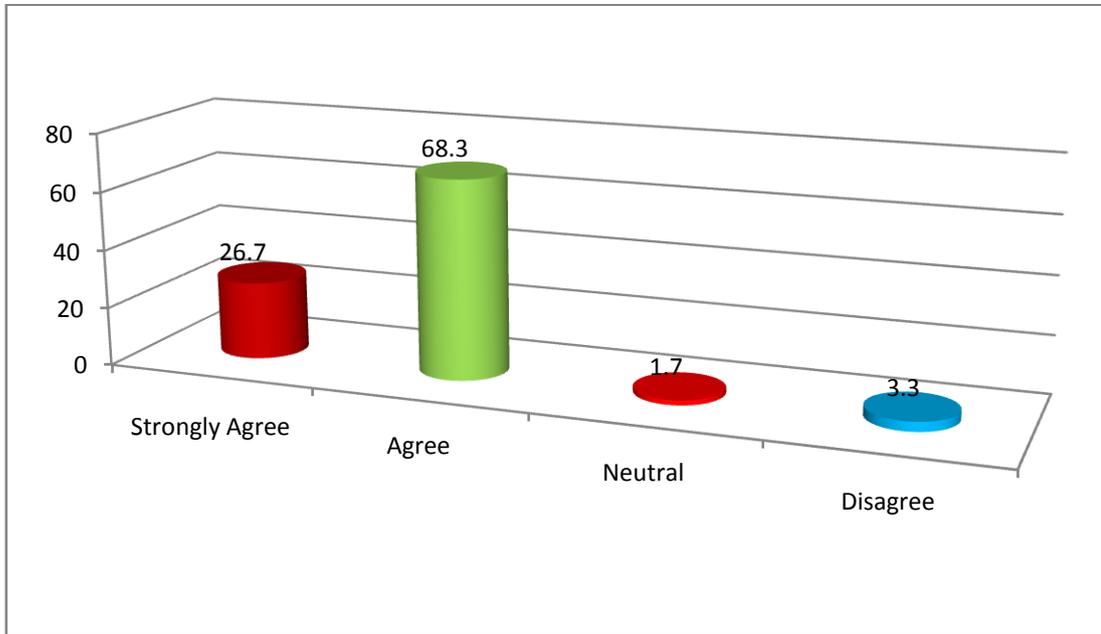
The above table 08 shows that in order to achieve higher needs of inclusion it is necessary for students with special needs to be placed in regular classes with backup support. 68.3% teachers agree with this statement, 26.7% teachers strongly agree with this statement, 3.3% teachers disagree with this statement and 1.7%teachers are neutral with this statement. The back up support classes will help to focus and concentrate more on the children and guide them properly.

4.2.17. THE RIGHT OF THE STUDENTS WITH SPECIAL NEEDS TO RECEIVE EDUCATION ON MAINSTREAM CLASSES.

Figure No.4.9
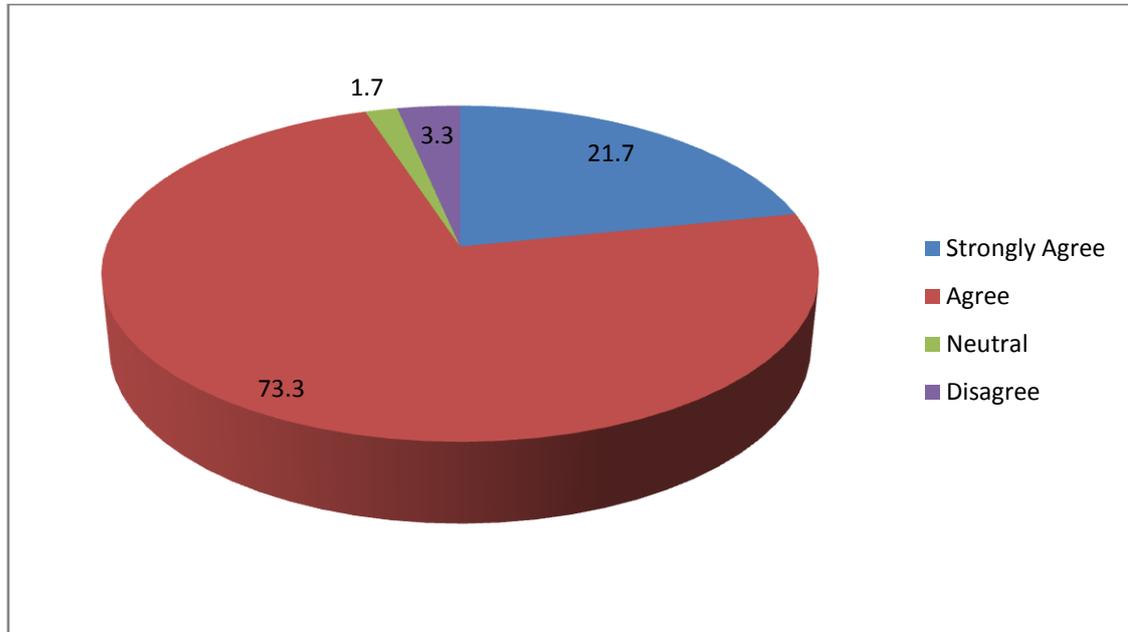
The above figure 09 shows the students with special needs have the right to receive an education in mainstream classes. 73.3% teachers agree with this statement, 21.7% teachers strongly agree with this statement, 3.3% teachers disagree with this statement and 1.7% teachers are neutral with this respectively. The education in mainstream classes will motivate the children and improve their confidence. The support and encouragement from the teachers will create new enthusiasm and energy in the children too.

4.2.18. THE CHALLENGES OF STUDENTS WITH SPECIAL NEEDS IN THE MAINSTREAM CLASSES.

Figure No.4.10
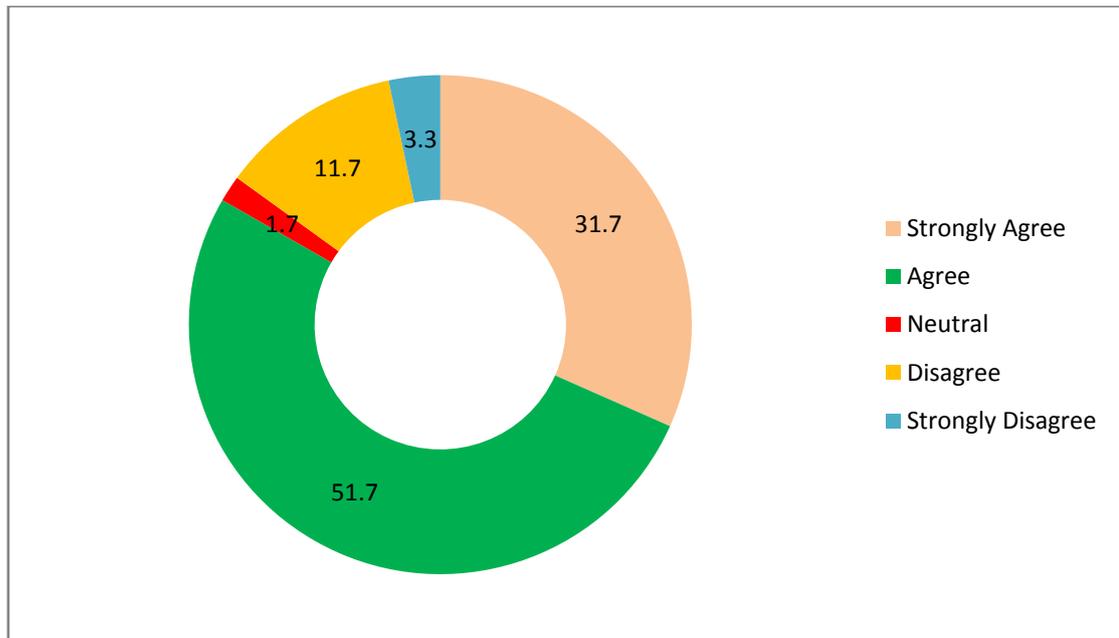
The above figure 10 shows that students with special needs will not be labelled as 'stupid', 'weird,' or 'hopeless' when placed in regular classroom. 51.7% teachers agree with this statement, 31.7% teachers strongly agree with this statement, 11.7% teachers disagree with this statement, 3.3% teachers strongly disagree with this statement and 1.7% teachers are neutral with this statement respectively. Such usage will demotivate the children and will discourage them too. It will create negative energy among the children. They will withdraw to themselves and loss hope in coming front and facing the people.

4.2.19.TEACHER'S SATISFACTION IN TEACHING THE LD STUDENTS.

Table No.4.9
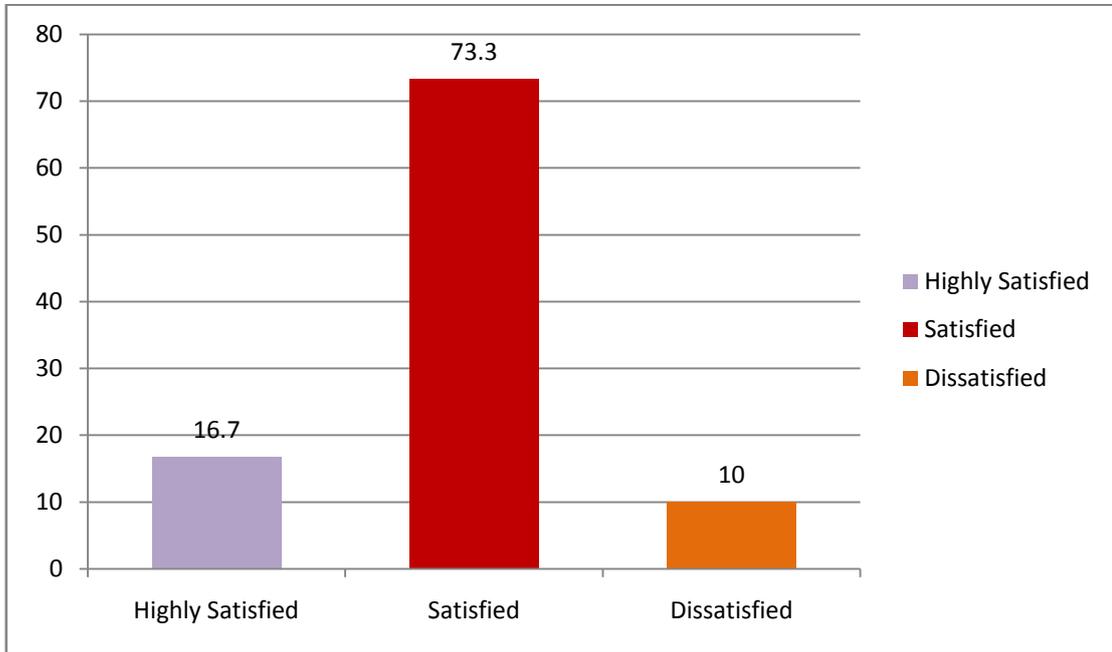
The above table 09 shows the teachers satisfaction in teaching the LD students. 73.3% teachers are satisfied teaching LD students, 16.7% teachers are highly satisfied teaching LD students and 10% teachers are dissatisfied teaching LD students. The majority of the teachers are satisfied in this field. They care and support the LD students. Teachers satisfaction in teaching the LD students will give them comfort and encouragement.

4.2.20.TEACHER'S AWARENESS ON THE LD STUDENT SCHEMES.

Figure No.4.11
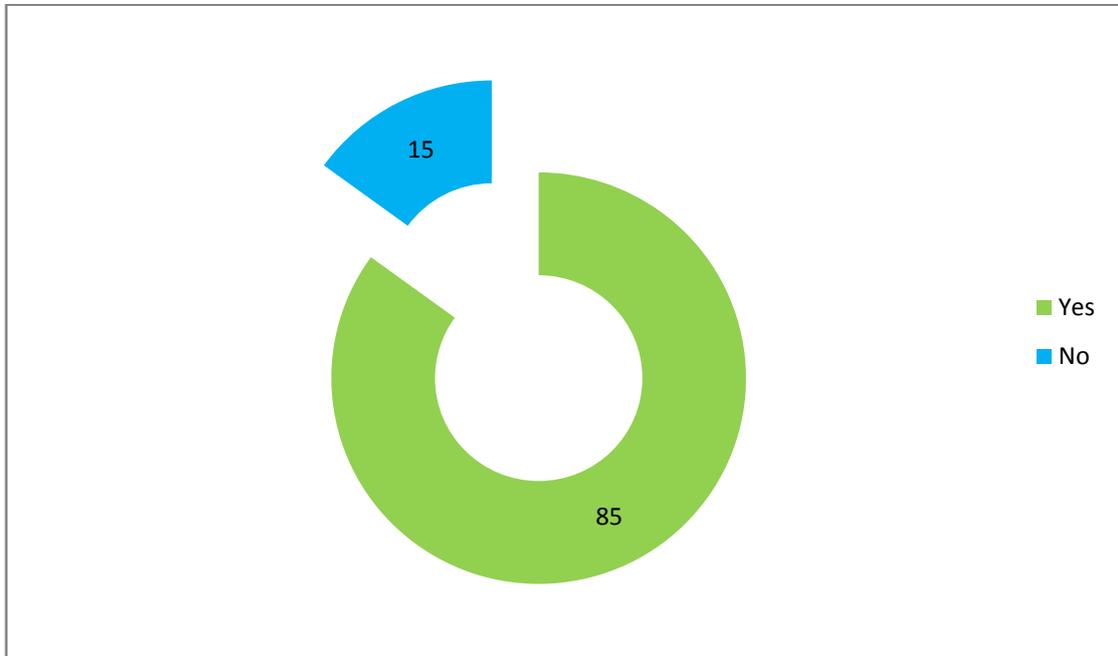
The above figure 11 shows about the schemes for the LD students. 85% teachers are aware about the scheme for LD students, 15% teachers are unaware about the scheme for LD students. The scheme for the LD students help them in taking care of their needs, benefits etc. it protects them from all kinds of discrimination, and supports them to come up and mingle in the public freely and happily.

4.2.21. COMMON CHALLENGES FACED BY LD STUDENTS

Figure No.4.12
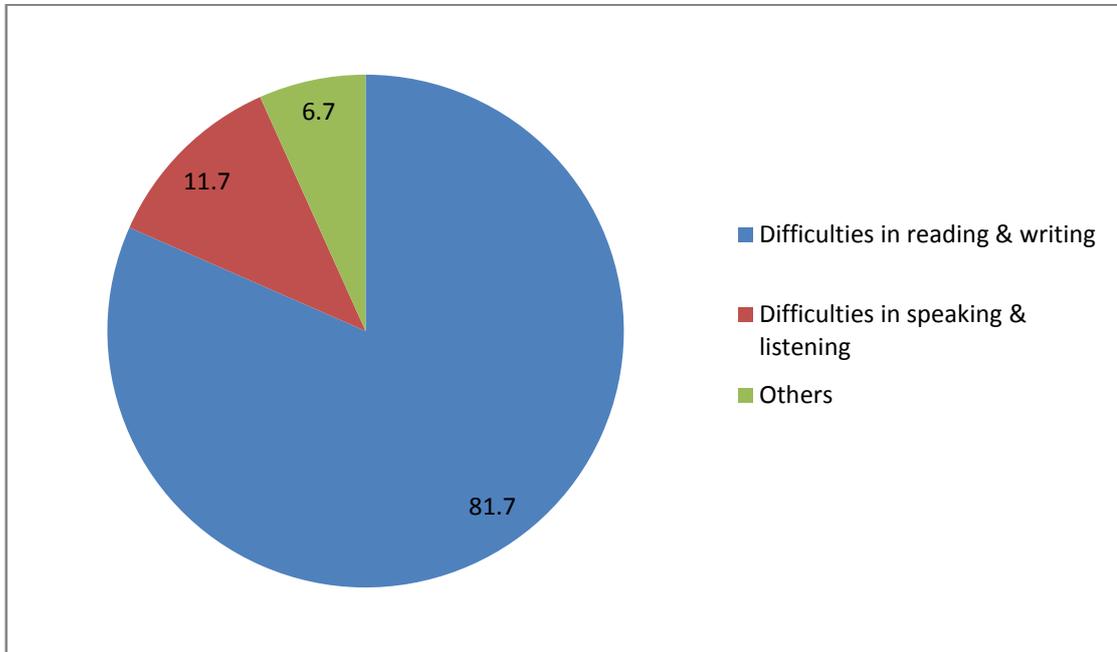
The above figure 12 shows the common challenges faced by LD students at school. 81.7% teachers responded to the challenges of difficulties in reading and writing, 11.7%teachers responded to the challenges of difficulties in speaking and listening and 6.7%teachers responded to the LD students face other challenges. The challenges make them to hide and run away from the public and finding difficulty to face everything and everyone. These challenges separate them from the normal students and compels them to stand behind.

4.2.22. THE CHALLENGES FACED IN TEACHING THE LD STUDENTS.

Table No.4.10
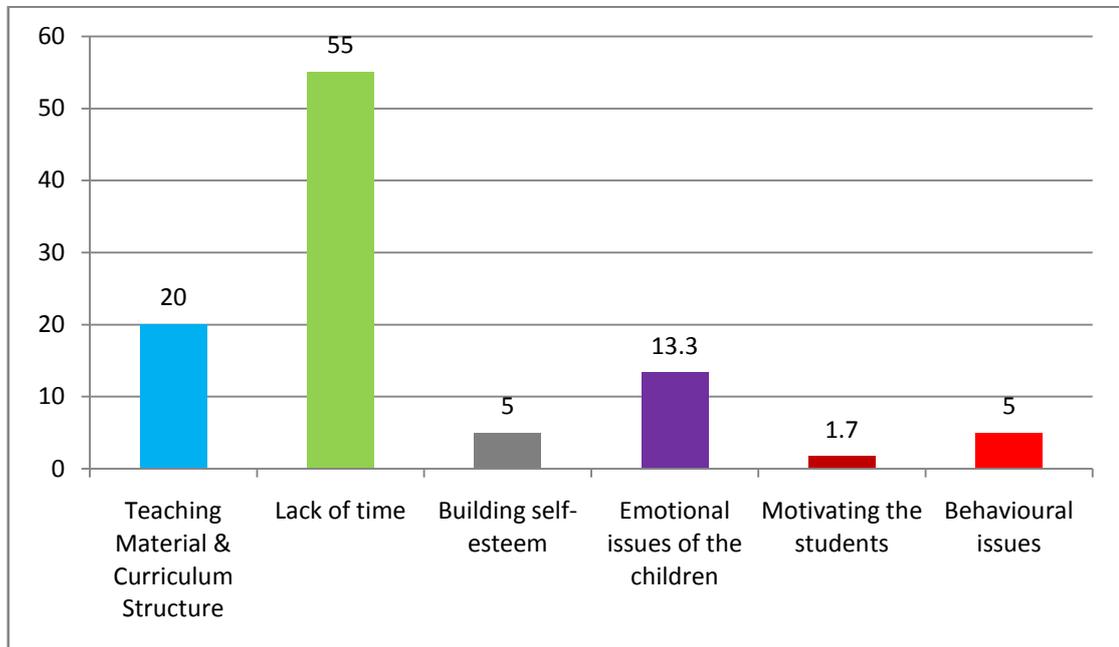
The above table 10 shows the main challenges faced while teaching LD students. 55% teachers responded that they face the challenge of lack of time, 20% teachers responded that they face the challenge of teaching material and curriculum structure, 13.3%teachers responded that they face the challenge of emotional issues of the children, 5% teachers responded that they face the challenge of building self esteem, again 5% teachers responded that they face the challenge of behavioural issues and 1.7% teachers responded that they face the challenge of motivating the students. Majority of the teachers face the challenge of lack of time because LD students are very slow in capturing the lessons and other activities.

4.2.23.THE NEGATIVE EXPERIENCE OF THE TEACHERS WHILE TEACHING THE LD STUDENTS.

Table No.4.11
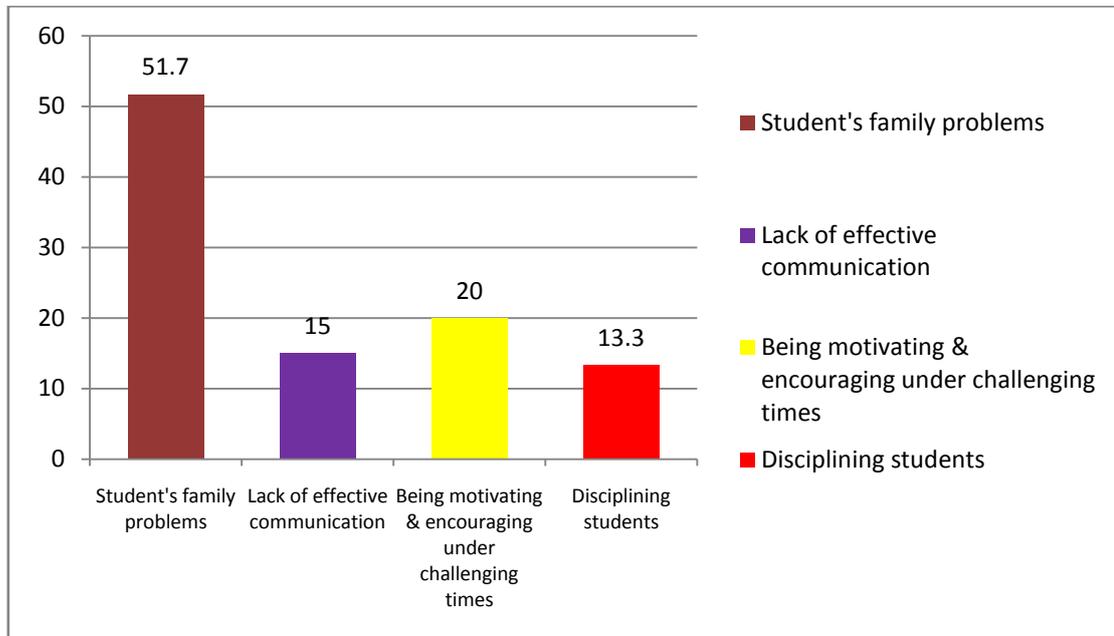
The above table 11 shows the negative experience while teaching children with learning difficulties. 51.7% teachers responded to the negative experience of student's family problems, 20% teachers responded to be motivating and encouraging under challenging times, 15% teachers responded lack of effective communication and 13.3% teachers responded disciplining students. Majority of the teachers are facing the negative experience of student's family problems. The negative experiences and comments discourages the teachers in coming forward and teaching the students with learning difficulties. The teachers take more efforts and struggles to teach them and many do not appreciate and encourage them.

4.2.24. USE OF DIFFERENT TEACHING METHODS.

Figure No.4.13
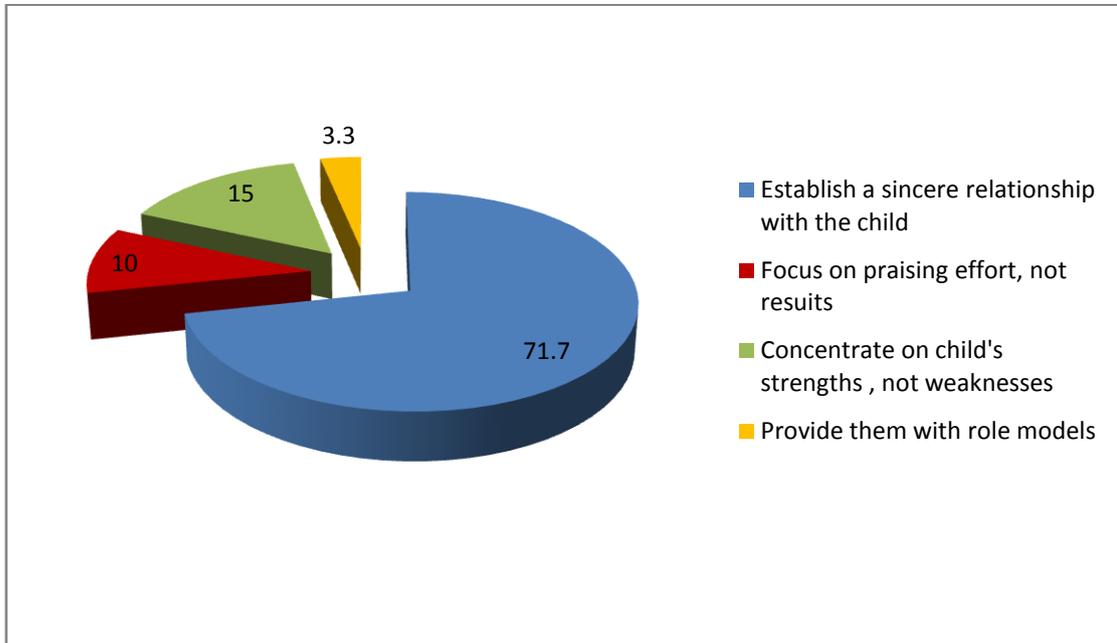
The above figure 13 shows that how to teach a child with LD. 71.7% teachers responded to the teaching method of establish a sincere relationship with the child, 15% teachers responded to the teaching method of concentrate on child's strengths not weaknesses, 10% teachers responded to the teaching method of focus on praising effort not results, 3.3% teachers responded to the teaching method of providing them with role models respectively. Different teaching methods will help the students to improve their learning difficulties and solve out their problems. Establishing a sincere relationship with the child, concentrating on child's strengths not weaknesses, praising effort not results, role models and role plays etc. help the students to grasp and learn well.

4.2.25. PREPARATION OF THE SPECIFIC MATERIALS FOR TEACHING .

Figure No.4.14
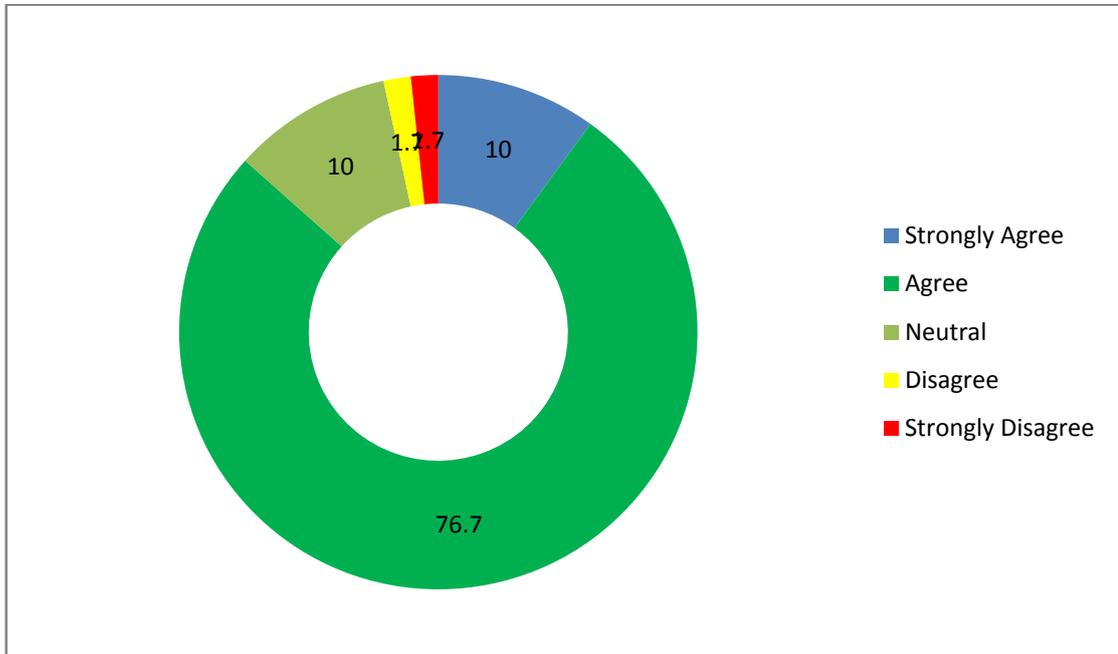
The above figure 14 shows that material preparation is a challenge because they have to prepare specific materials. 76.7% teachers agree with this statement while 10% teachers strongly agree, then 10% teachers neutral and 1.7% teachers disagree and strongly disagree with this statement. The material preparation is a difficult task for the teachers especially for the students with learning difficulties. Even though it is difficult and a great challenge it will help them to focus more on the students, to understand how to help them in improving their difficulties, how to support them etc.

4.2.26.TEACHER'S DEALINGS WITH THE LD CHILDREN.

Table No.4.12
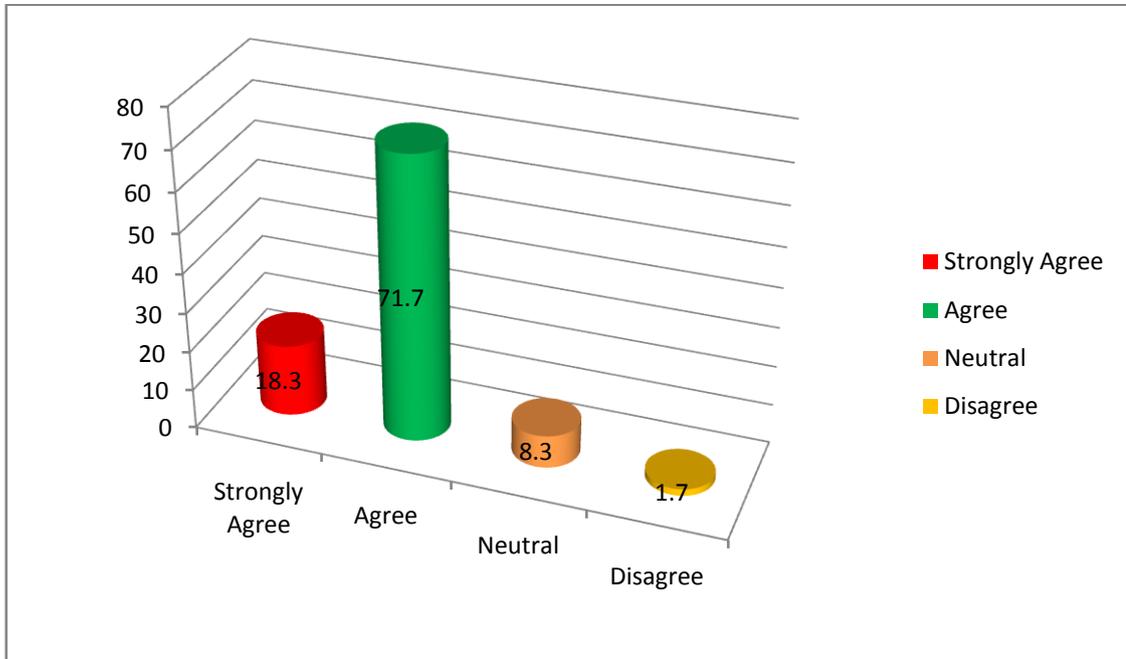
The above table 12 shows that while dealing with these children, it does not work with the way we have to work with and a lot of other things as well. 71.7% teachers agree with this statement while 18.3% teachers strongly agree, 8.3% teachers are neutral and 1.7% teachers disagree with this statement respectively. It is not necessary that one method or one way of working with the LD students is okay or enough. It will not be successful and effective to all. We need to use different strategies and ways to deal with them, to teach them, to empower them and to motivate them.

4.2.27.IMPORTANCE OF TEACHER'S FOCUS ON LD CHILDREN.

Figure No.4.15
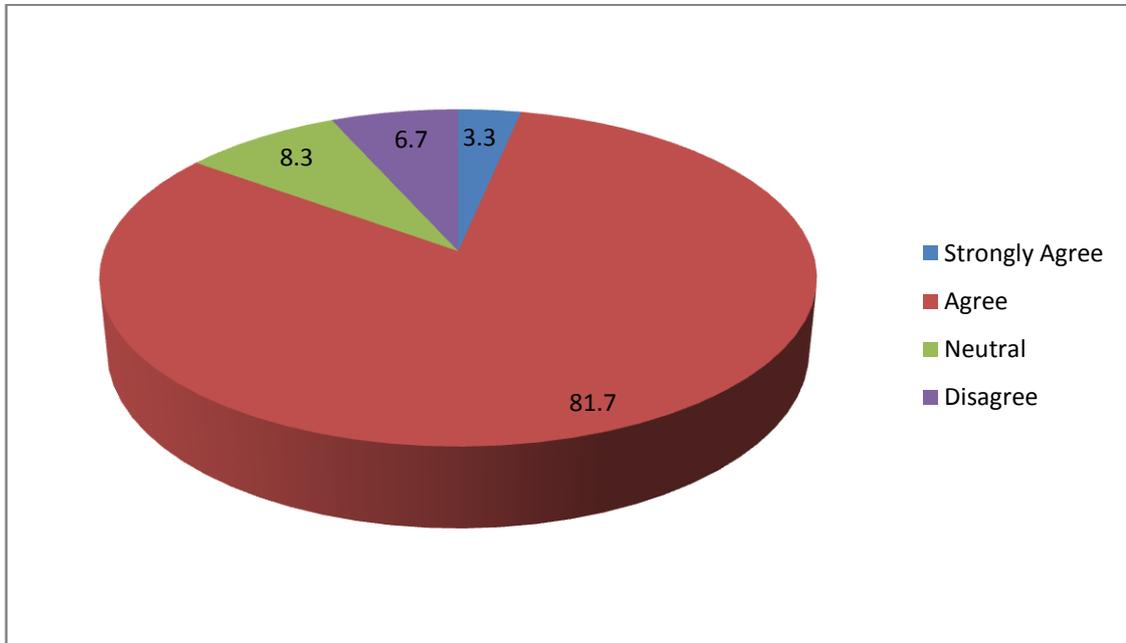
The above figure 15 shows that sometime teachers feel like, they could not spare enough time to focus on each child. 81.7% teachers agree with this situation, 3.3% teachers strongly agree with this situation, 8.3% teachers are neutral with this situation, 6.7% teachers disagree with this situation respectively. Teaching the children with LD are demanded of more focus and care on them. They are very vulnerable and weak. They need special attention and care. Unless and otherwise we focus on them or give attention they will not study. They are to be cared and supported. More motivation and encouragement are needed for them.

4.2.28. TEACHER'S OBSERVATION ON THE PARENTS OF LD STUDENTS.

Table No.4.13
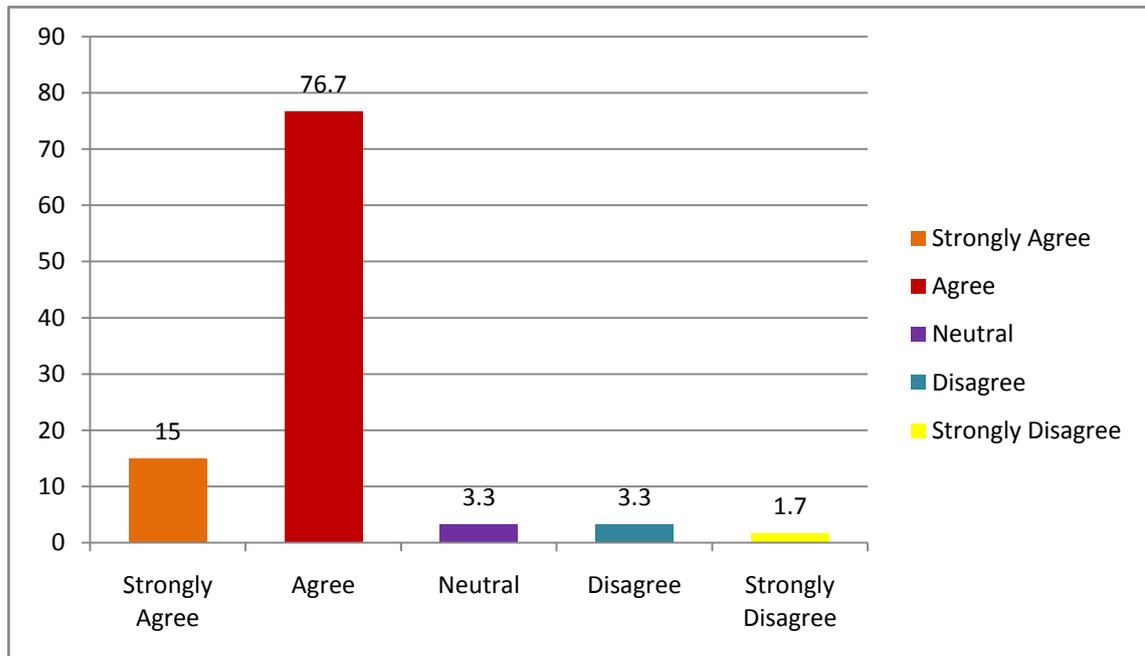
The above table 13 shows that sometimes they observe that parents are not accepting the child's difficulties, there is denial, and then we feel lack of communication on their part. 76.7% teachers agree with this statement, 15% teachers strongly with this statement, 3.3% teachers are neutral and disagree with this statement and 1.7% teachers are strongly disagree with this statement respectively. The feeling of denial, avoidance, lack of love and affection from the parents will demotivate the students and discourage the teachers in taking care of such children. Only with the cooperation and the support of the parents that the teachers can help the students with learning difficulties.

4.2. 29.SUPPORT OF THE PARENTS OF LD STUDENTS.

Figure No.4.16
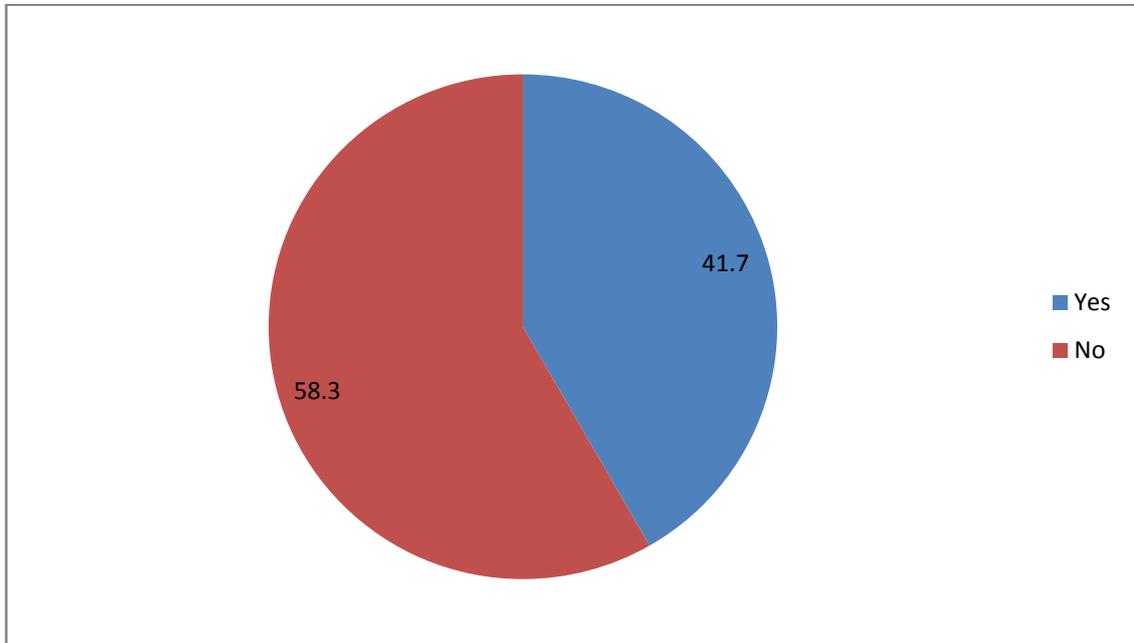
The above figure 16 shows about getting full support from the parents. 58.3% teachers responded that they do not get support from parents, 41.7% teachers responded that they get full support from parents. Unless and otherwise we get support from the parents only that the teachers can fully focus and encourage the students. Parent's supports play a great role. Children also feel like they are cared and loved. Parents are the backbone and everything of the students. Teachers also cannot everything alone by themselves. They need parent's supports to help the students for bringing them up and improve their difficulties.

4.2.30. UTILISATION OF THE STRATEGIES IN TEACHING THE LD STUDENTS.

Table No.4.14
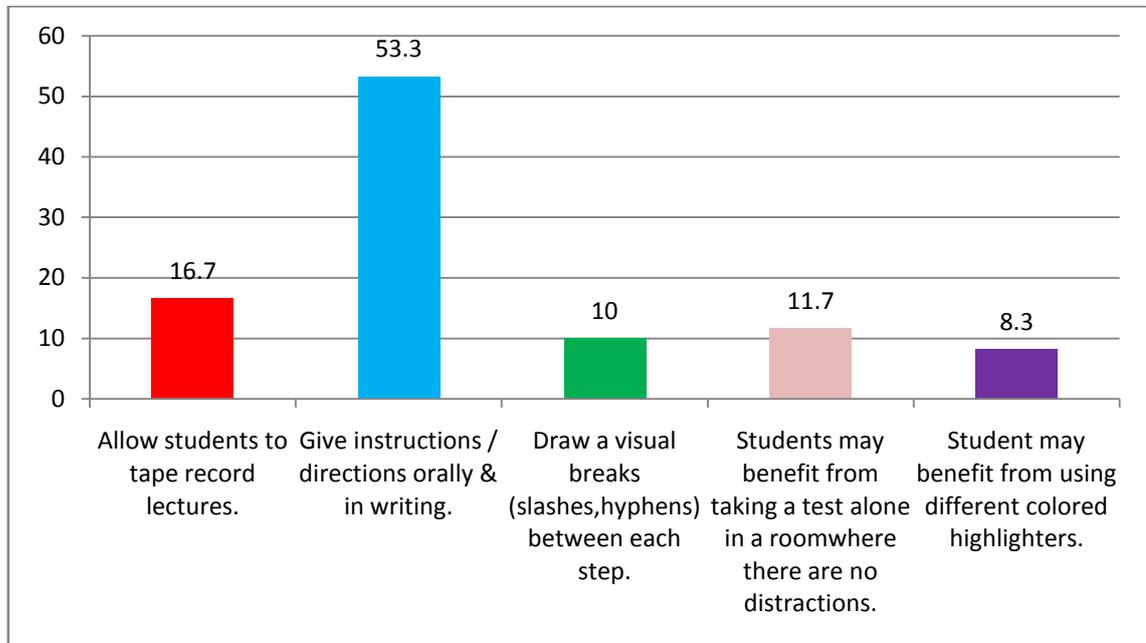
The above table 14 shows the different strategies utilised within the classroom to manage teaching LD students. 53.3% teachers responded that they utilise the strategies as giving instructions / directions orally and in writing, 16.7% teachers responded that they utilise strategies as allowing the students to tape record lectures, 11.7% teachers responded that they utilise strategies as students may benefit from taking a test alone in a room where there are no distractions, 10% teachers responded that they utilise strategies as drawing a visual breaks between each step, 8.3% of teachers responded that they utilise strategies as students may benefit from using different colored highlighters respectively.

4.2.31. MOTIVATION TO THE CHILDREN WITH LD.

Figure No.4.17
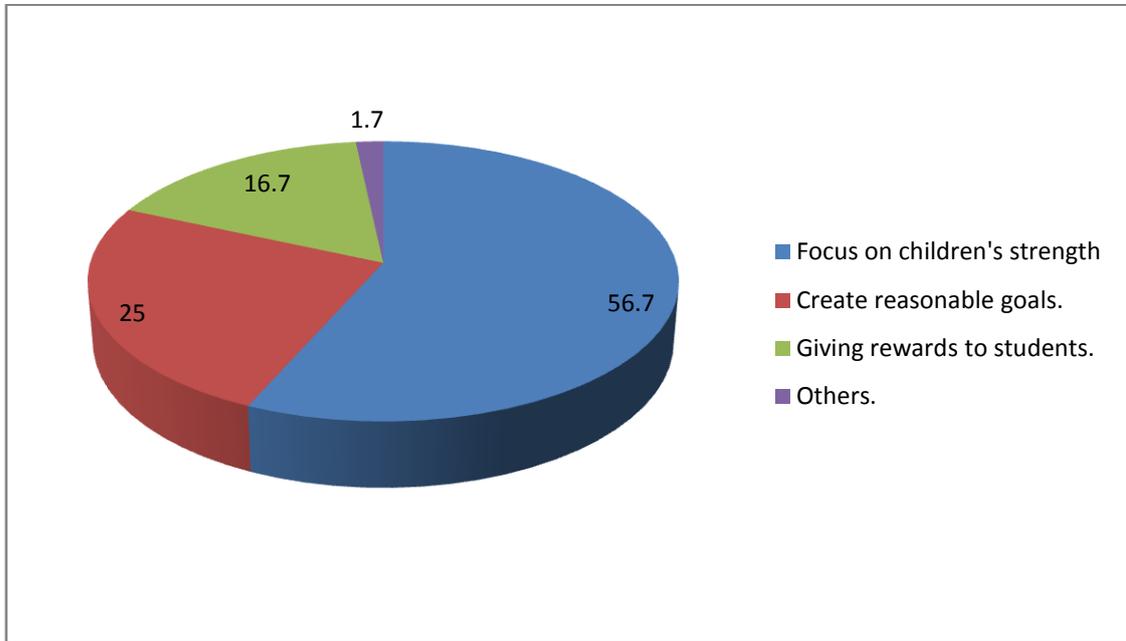
The above figure 17 shows that how to motivate the children with LD. 56.7% of teacher motivate the focus on children's strength, 25% of teacher motivate to create reasonable goals, 16.7% of teacher motivates giving rewards to students and 1.7% of teacher motivates in another ways. Motivation is a very important aspect of teaching and encouraging the students with learning difficulties. Actually, the children expect motivation from parents, teachers, friends, family, neighbours etc. It creates in them a boosting and feeling of attention and respect. They feel like they are taking care of or loved by all.

42.2.32. STRATEGIES TO OVERCOME THE CHALLENGES.

Table No.4.15
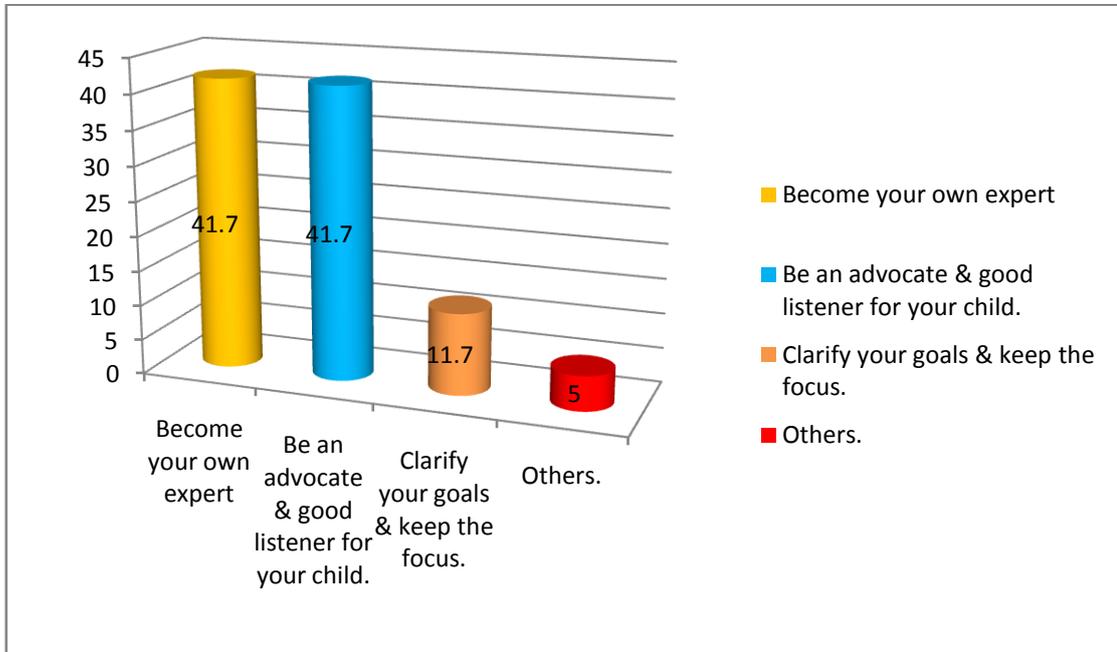
The above table 15 shows the different strategies to overcome the challenges. 41.7% of teachers responded that the strategies become your own expert , then 41.7% of teachers responded that the strategies can be an advocate and good listener for your child, 11.7% of teachers responded to the strategies to clarify their goals and keep the focus and 5% teachers are using other strategies respectively. Strategies are the ways and means through which they can motivate, encourage, support and empower the children and help them to come out from their learning difficulties.

4.2.33. NECESSITY OF HAVING ENOUGH TIME TO TEACH THE LD STUDENTS.

Figure No.4.18
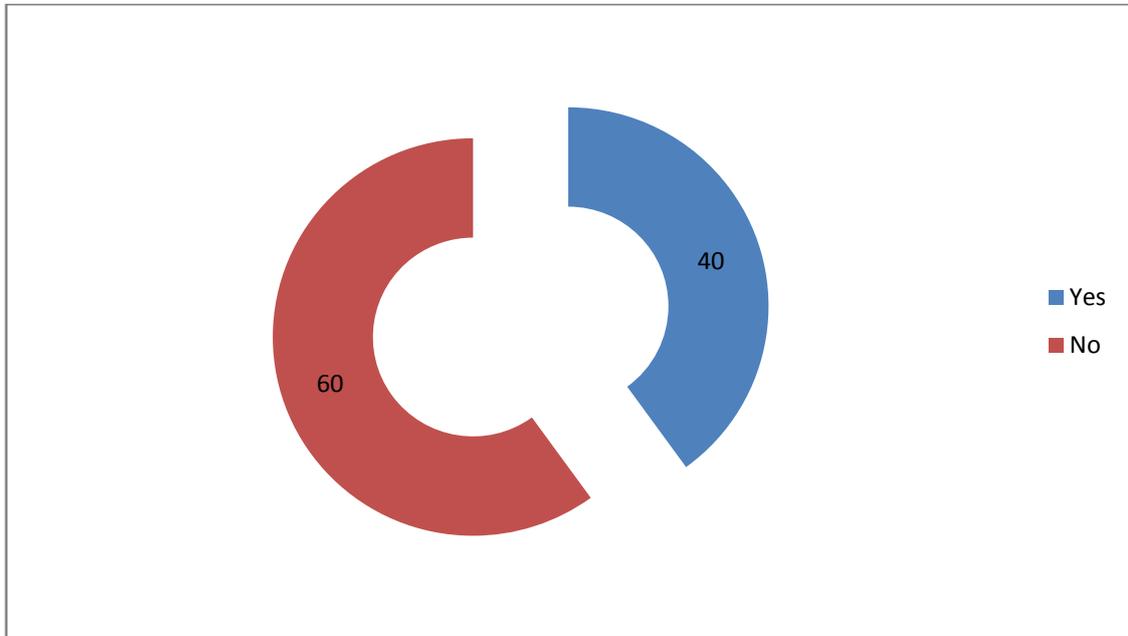
The above figure 18 shows that whether respondents are getting enough time to teach LD students or not. 40% of teachers responded that they are, getting enough time to teach but 60% teachers responded that they do not get enough time to teach the LD students. Time is very important in teaching LD students. They may not be able to grasp soon, we need to repeat very often, special attention and care in demanded too. All these demand more time also. Unless we are able to spare time and energy to the students then they too will be able to study and learn well, otherwise not.

4.2.34. IMPRORTANCE OF IMPROVING THE PERFORMANCE OF STUDENTS WITH LEARNING DISABILITIES.

Table No.4.16
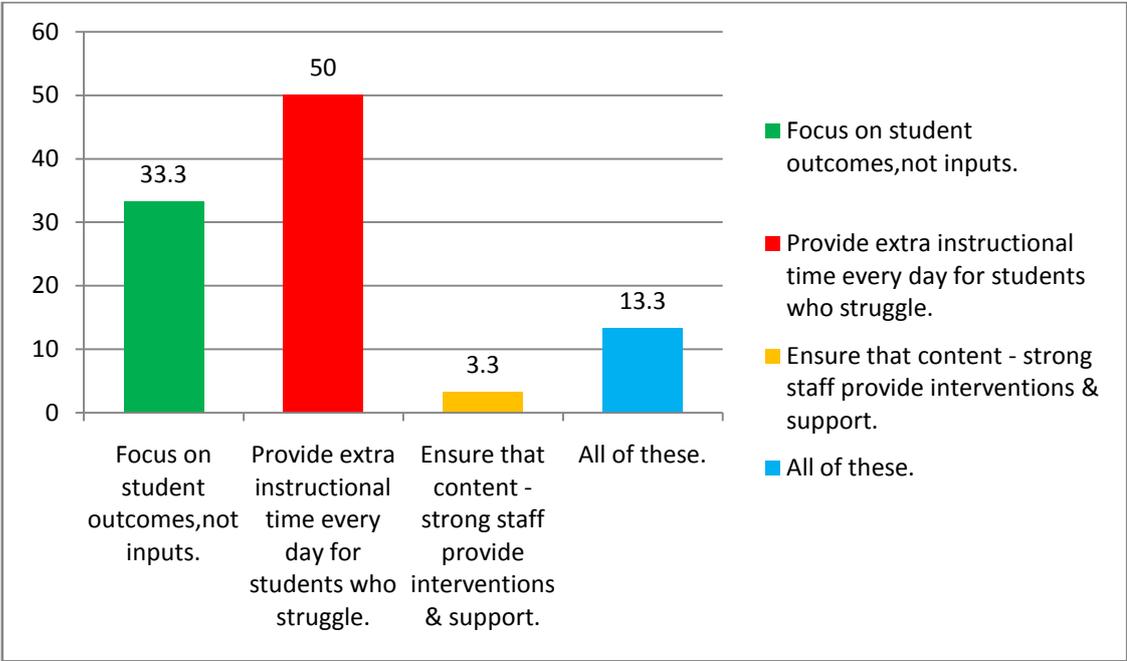
The above table 16 shows the ways to improve the performance of students with disabilities. 50% of teachers responded that students should be provided extra instructional time every day for those who struggle, 33.3% of teachers responded that focus should be on student outcomes, not inputs,13.3% of teachers responded that all the above factors matter and 3.3% teachers responded that ensure the content -strong staff provide interventions and support.

4.3. CONCLUSION

The chapter four deals with the data analysis and interpretation .This is mainly focused on the challenges faced by teachers dealing with learning disabilities students. The data collected from sixty samples are analysed and interpreted separately with the help of charts. Through the analysis and interpretation of data, the researcher could discover relevant information, draw conclusions and support decision making to solve a research problem .

CHAPTER 5

FINDINGS, SUGGESTIONS AND CONCLUSION

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5.1 MAJOR FINDINGS

SOCIO DEMOGRAPHIC DETAILS

➢ 76.7% of female teachers are very much able and they had the talent of taking care of LD students.

➢ The majority of the teachers are B.ED qualified. The basic educational qualifications help the teachers to make use their experiences and learning in dealing with the children in encouraging and making them learned.

➢ The majority of the teachers started to teach at the age of 20 to 25. They have dedication and interest in channelizing their knowledge and learning's for the benefit of the children as well as the society.

➢ 71.7% teachers have responded the availability of special educator in school, it is a great need of special educator in the schools and they can perform well in guiding and transforming the children's learning conditions.

➢ The majority of the teachers responded that specialist paediatric identify the LD students.

TO ASSESS THE CHALLENGES FACED BY TEACHERS AMONG L D STUDENTS.

➢ 75% teachers know about inclusive education .Inclusive education towards special children are necessary and need to be aware of it. It helps the special children to create changes in their lives. Teacher's knowledge and skills will contribute to the growth of the children.

- The majority of the teachers responded the symptom of LD students is the problems of reading and writing.

- 66.7% teachers responded repetition exercise, 16.7% teachers responded to do challenging activities, 10% teachers are responded correction, and 3.3% teachers responded to inform the parents and another 3.3% teachers responded other ways of helping students. The majority of the teachers feel right to provide repetition exercise for LD students.

- 81.7% teachers responded they try to use all the resources available at school to help her/him to learn, 11.7% teachers responded they call the mother and suggest her to take the child to a specialist, 3.3% teachers responded they refer the child to a speech therapist and audiologist and another 3.3% teachers responded other ways of dealing with children in answering to the attitudes that teachers have when dealing with a child who struggles to read and write.

- 78.3% teachers responded of inclusive education classroom, 15% teachers responded to refer to the coordinators and directors boarding of the school, 5% teachers responded to refer to the psychologist and 1.7% teachers responded to refer to the speech therapist and audiologist to the question that when they identify a problem, which do they refer the child.

TO DETERMINE THE PROBLEMS FACED BY TEACHERS WHILE DEALING CHILDREN WITH LEARNING DISABILITY .

- The Majority of teachers agree that lack of support from family and the care make the children more dull and unwanted.

- The back up support classes will help to focus and concentrate more on the children and guide them properly.

- The education in mainstream classes will motivate the children and improve their confidence. The support and encouragement from the teachers will create new enthusiasm and energy in the children too.

- 73.3% teachers are satisfied teaching LD students. The majority of the teachers are satisfied in this field. They care and support the LD students. Teachers satisfaction in teaching the LD students will give them comfort and encouragement.

➢ 81.7% teachers responded the challenges of difficulties in reading and writing, 11.7%teachers responded the challenges of difficulties in speaking and listening and 6.7%teachers responded the LD students face other challenges. The challenges make them to hide and run away from the public and finding difficulty to face everything and everyone. These challenges separate them from the normal students and compels them to stand behind.

➢ The Majority of the teachers face the main challenge of lack of time because LD students are very slow in capturing the lessons and other activities.

➢ The Majority of the teachers are facing the negative experience of student's family problems. The negative experiences and comments discourage the teachers in coming forward and teaching the students with learning difficulties. The teachers take more efforts and struggles to teach them and many do not appreciate and encourage them.

TO ASSESS THE STRATEGIES USED BY TEACHERS AMONG LEARNING DISABILITY .

➢ The Different teaching methods will help the students to improve their learning difficulties and solve out their problems. Establishing a sincere relationship with the child, concentrating on child's strengths not weaknesses, praising effort not results, role models etc. help the students to grasp and learn well.

➢ The material preparation is a difficult task for the teachers especially for the students with learning difficulties. Even though it is difficult and a great challenge it will help them to focus more on the students, to understand how to help them in improving their difficulties, how to support them etc.

➢ The feeling of denial, avoidance, lack of love and affection from the parents will demotivate the students and discourage the teachers in taking care of such children. Only with the cooperation and the support of the parents that the teachers can help the students with learning difficulties.

➢ 58.3% teachers responded that they do not get support from parents, 41.7% teachers responded that they get full support from parents. Unless and otherwise we get support from the parents only that the teachers can fully focus and encourage the students. Parent's supports play a great role. Children also feel

like they are cared and loved. Parents are the backbone and everything of the students. Teachers also cannot everything alone by themselves. They need parent's supports to help the students for bringing them up and improve their difficulties

➢ Motivation is a very important aspect of teaching and encouraging the students with learning difficulties. Actually, the children expect motivation from parents, teachers, friends, family, neighbours etc. It creates in them a boosting and feeling of attention and respect. They feel like they are taking care of or loved by all.

➢ The Strategies are the ways and means through which they can motivate, encourage, support and empower the children and help them to come out from their learning difficulties.

➢ 50% of teachers responded that students should be provided extra instructional time every day for those who struggle, 33.3% of teachers responded that focus should be on student outcomes, not inputs,13.3% of teachers responded that all the above factors matter and 3.3% teachers responded that ensure the content - strong staff provide interventions and support.

5.2 IMPLICATIONS OF STUDY

This study describes the challenges faced by teachers while teaching learners with learning disability and the methods used to overcome these challenges. By describing the various challenges, we can address all these challenges and make the school administration understand the challenges faced by special need teachers and address them, thereby increasing their satisfaction in the workplace.

5. 3 LIMITATIONS OF THE STUDY

• No comparison between Learning Disability students and normal students.

• The socioeconomic, cultural, and religious backgrounds of the participants were not accounted for in the study.

• No focus group discussion.

5.4 SUGGESTIONS OF THE STUDY

➢ Give more support and opportunity for the LD students.

➢ Good parenting is very important in the case of LD children. Take more time and support for take care your child.

➢ Use the various coping strategy like children's strength, strong staff provide interventions and support for overcome the challenges.

➢ Good communication and relationship of teachers and parents is the important part of dealing with LD students.

5.5 CONCLUSION

This research was done to understand what are the challenges faced by teachers while teaching children with learning disability and how do they overcome these challenges. This study also provides the explanation (as given by the respondents) in the various areas of challenges that teachers face while teaching. The following are some of the major   challenges that have been derived from analysis: Teaching material and curriculum structure, Lack of time, Expectations from parents, Behavioural issues, motivating the students, Building self-esteem, Emotional issues of the children .

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APPENDIX

QUESTIONNAIRE

A study on challenges faced by teachers dealing with learning disabilities students

Department of social work

Don Bosco Arts & Science College Angadikadavu

SOCIO DEMOGRAPHIC DETAILS

1. Name

2. Age

3. Gender

A) Male   B) Female

4. Education

A) TTC   B) B.ed   C) M.ed   D) Others

5. Married

A) Yes   B) No

TO ASSESS THE CHALLENGES FACED BY TEACHERS AMONG L D STUDENTS.

6. When did you start teaching?

A) 20 to 25

B) 26 to 30

C) 31to 35

D) 36 to 40

7. How many years of experience do you have in this field?

A) 1 to 10   B) 11to 20   C) 21 to 30

8. Do you have special educator in this school?

    A) Yes   B) No

9. Who identifies the Learning Disability in Students?

    A) Specialist Paediatric

    B) Clinical or Educational

    C) Parents

    D) Others

10. When did you first handled the L D students in this field?

    A) 1 to 5 years

    B) 6 to 10 years

    C) 11 to 15 years

    D) 16 to 20 years

    E) Above 21 years

11. Do you know about inclusive education?

    A) Yes   B) No

12. What are the symptoms shown by the L D students?

    A) Problems with reading and writing

    B) Problems with Maths

    C) Poor Memory

    D) Problems paying attention

13. Do you know dyslexia?

    A) Yes   B) No C) Others

14What is the best way to help children with LD?

       a) Repetition exercise

       b) Correction

       c) Challenging activities

       d) Inform the parents

       e) Others

TO DETERMINE THE PROBLEMS FACED BY TEACHERS WHILE DEALING CHILDREN WITH LEARNING DISABILITY.

15. What attitude do you have when dealing with a child who struggles to read and write?

       A) I try to use all the resources available at school to help her/ him to learn.

       B) I call the mother and suggest her to take the child to a specialist.

       C) I refer the child to a speech therapist and audiologist.

       D) Others

16. When you identify a problem, which (professional) do you refer the child to?

       a) Coordinators and directors boarding of the school

       b) Teacher of inclusive education classroom

       c) Psychologist

       d) Speech therapist and audiologist

17. Which causes may justify reading and writing disorders?

       a) Lack of support from the family

       b) Some organic conditions (deficiency, physiological, biological causes)

       c) Teaching method – teacher / school

       d) Others

18. In order to achieve higher needs of inclusion it is necessary for students with special needs to be placed in regular classes with backup support.

   a) Strongly Agree

   b) Agree

   c) Neutral

   d) Disagree

19. Students with special needs have the right to receive an education in mainstream classes.

   a) Strongly Agree

   b) Agree

   c) Neutral

   d) Disagree

20.Students with special needs will not be labelled as 'stupid', 'weird', or 'hopeless' when placed in regular classroom.

   a) Strongly Agree

   b) Agree

   c) Neutral

   d) Disagree

   e) Strongly Disagree

21. Are you satisfied teaching L D students?

   A) Highly Satisfied

   B) Satisfied

   C) Dissatisfied

22. Is there any scheme for L D students?

    a) Yes   b) No

23. What could be the common challenges faced by LD students at school?

    A) Difficulties in reading and writing

    B) Difficulties in speaking and listening

    C) Others

24. What are the main challenges faced while teaching LD students?

    A) Teaching Material and Curriculum Structure

    B) Lack of time

    C) Building self-esteem.

    D) Emotional issues of the children.

    E) Motivating the students

    F) Behavioural issues.

25. What is your negative experience while teaching children with learning difficulties?

    A) Student's family problems

    B) Lack of effective communication

    C) Being motivating and encouraging under challenging times

    D) Disciplining students

26. How do you teach a child with learning difficulties?

    A) Establish a sincere relationship with the child

    B) Focus on praising effort, not results

    C) Concentrate on child's strengths, not weaknesses

    D) Provide them with role models

27. Material preparation is a challenge because I have to prepare specific materials.

    a) Strongly Agree

    b) Agree

    c) Neutral

    d) Disagree

    e) Strongly Disagree

28. While dealing with these children, it does not work with one way; we have to work with a lot of other things as well.

    a) Strongly Agree

    b) Agree

    c) Neutral

    d) Disagree

29. Sometime I feel like, I could not spare enough time to focus on each child.

    a) Strongly Agree

    b) Agree

    c) Neutral

    d) Disagree

30. Sometime we observe that parents are not accepting the child's difficulties, there is denial, then we feel lack of communication on their part.

    a) Strongly Agree

    b) Agree

    c) Neutral

    d) Disagree

    e) Strongly Disagree

31. Are you getting full support from parents?

   A) Yes   B) No

TO ASSESS THE STRATEGIES USED BY TEACHERS AMONG LEARNING DISABILITY.

32. Are you getting full support from school authorities?

   A) Yes   B) No

33. What are the particular strategies you utilise within your classroom to manage teaching L D students?

   A) Allow students to tape record lectures

   B) Give instructions / directions orally and in writing

   C) Draw a visual breaks (slashes, hyphens, etc..) between each step

   D) The students may benefit from taking a test alone in a room where there are no distractions

   E) Student may benefit from using different colored highlighters

34. How do you motivate children with learning disabilities?

   A) Focus on children's strength

   B) Create reasonable goals

   C) Giving rewards to students

   D) Others

35. What are the strategies to overcome these challenges?

   A) Become your own expert

   B) Be an advocate and good listener for your child

   C) Clarify your goals and keep the focus

   D) Others

36. I use adapted lessons and simplify the worksheets.

    a) Strongly Agree

    b) Agree

    c) Neutral

    d) Disagree

    e) Strongly Disagree

37. Are you getting enough time to teach LD students?

    A) Yes   B) No

38. How to improve the performance of students with disabilities?

    A) Focus on student outcomes, not inputs.

    B) Provide extra instructional time every day for students who struggle.

    C) Ensure that content – strong staff provide interventions and support.

    D) All of these

39. Are you able to adjust with the behaviour of the LD student?

    A) Yes   B) No

40. I use different teaching methods for children with learning difficulties.

    a) Strongly Agree

    b) Agree

    c) Neutral

    d) Disagree

    e) Strongly Disagree

A STUDY ON EMPLOYEE MOTIVATION AND EMPLOYEE ENGAGEMENT PRACTICES IN THIRUKKURUGUDI VENGARAM SUNDRAM MOBILITY, ERNAKULAM.

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2021-2023

A STUDY ON EMPLOYEE MOTIVATION AND EMPLOYEE ENGAGEMENT PRACTICES IN THIRUKKURUGUDI VENGARAM SUNDRAM MOBILITY, ERNAKULAM

DISSERTATION SUBMITTED TO THE KANNUR UNIVERSITY IN PARTIAL FULFILMENT OF THE REQUIREMENTFOR THE AWARD OF THE DEGREE OF MASTER OF SOCIAL WORK

BY SNEHA ANIL P P

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ANGADIKADAVU, KANNUR

CERTIFICATE

This is to certify that the dissertation entitled, **"A study on employee motivation and employee engagement practices in TVS Mobility, Ernakulam,"** is a bonafide record of work done by **SNEHA ANIL P P** under the guidance of **MS. AKSHAYA P**in partial fulfilment of the requirement for the award of the degree of **Master of Social Work** during the period of her study (2021 - 2023) in the Department of Social Work, Don Bosco Arts and Science College, Angadikadavu, Kannur, affiliated to the Kannur University.

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CERTIFICATE

This is to certify that the dissertation entitled, **A study on employee motivation and employee engagement practices in TVS Mobility, Ernakulam,** submitted by SNEHA ANIL P Pin partial fulfilment of the requirement for the award of the degree of **Master of Social Work**, is a Bonafede record of work done under my guidance and supervision during the period of her study (2021-2023) in the Department of Social Work, Don Bosco Arts and Science College, Angadikadavu, Kannur, affiliated to the Kannur University.

Ms. AKSHAYA. P

Assistant Professor and Research Guide

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DECLARATION

I, **SNEHA ANIL P P,** the undersigned, hereby declare that the dissertation entitled, "**A study on employee motivation and employee engagement practices in TVS Mobility, Ernakulam.",** submitted to the Kannur University, in partial fulfilment of the requirement for the award of the degree of **Master of Social work**, is a bonafide work done by me under the guidance of **Ms. Akshaya P**, Assistant Professor, Department of Social Work, Don Bosco Arts and Science College, Angadikadavu. This work has not been placed by anybody in the University for the Award of any degree or diploma.

ANGADIKADAVU

May 2023   **SNEHA ANIL P P**

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SNEHA ANIL P P

CONTENTS

LIST OF FIGURES

28	Views are taken into account while decisions are made	48
29	Rating	49
30	Work contribution to the growth and goal of organisation	50
31	Focused and energised to accomplish work	51
32	Availability of resources when unmotivated with responsibility	52
33	Confidence about contributing to the organisational goals	53

ABSTACT

Employee motivation and employee engagement are two closely related concepts within the workplace. Employee motivation refers to the practices and processes used by employers to encourage increased productivity and job satisfaction among their employees. Employee engagement, on the other hand, is the degree to which employee are actively engaged and committed to their work, and the organisation in general. The purpose of this research is to explore employee motivation and engagement practices in the workplace. This research also tries to note various strategies and tactics used to motivate and promote employee engagement. This research has demonstrated that employee motivation and employee engagement practices are closely interconnected. The research will also explore the impact of employee motivation and engagement practices on organisational performance. This research also reveals that the employer who seeks to increase employee engagement should look to create a culture of recognition and reward through well-defined and meaningful motivation strategies.

Key words: Employee motivation, Employee engagement practices and employee.

CHAPTER I

INTRODUCTION

CHAPTER 1

INTRODUCTION

Today's business performance challenges are greater than ever. Organizational leaders must execute strategic, structural, financial, and operational changes to ensure their business prospers today, while also reshaping them for future success. Achieving organizational goals requires holistic thinking and integrated action. To achieve increased and sustainable business results, organizations need to execute strategy and engage employees. To create organizational effectiveness, business leaders need to focus on aligning and engaging their people, the people management systems, the structure, and capabilities including organizational culture to the strategy. This engagement results in higher financial performance, higher customer satisfaction, and higher employee retention. An organization that can sustain such alignment will achieve increased business results. Organizational performance is often measured by effectiveness. Aristotle, the Greek philosopher, said, "Pleasure in the job puts perfection in the work". It is a significant statement because it spotlights the necessity of a satisfied, motivated, and committed workforce. Behind that 'perfection' sparkles 'pleasure,' which is an outcome of inner motivation in the employee propelled by profound loyalty, steadfast dedication, and a deep concern for the prosperity and welfare of the organization organizational level, employee engagement is related to reduce turnover intentions and actual turnover, increase productivity, improve customer satisfaction, sales growth, and shareholder return. Engaged employees bring an enduring state of fulfilment to the workplace while feeling intrinsically motivated to exhibit positive feelings such as sharing, assisting, cooperating, and support, and thus create a holistic framework of positive psychological, social, and organizational context of work. Engaged employees are not naturally born, but can be developed by organizational support and practices. Motivation plays a crucial role in employee retention and satisfaction. Therefore, affects the company's efficiency and performance in the long run. By comprehending the key factors and developing motivational methods for work satisfaction can be provided to support organizations to elevate their employee's performance.

1.1   STATEMENT OF THE PROBLEM

As innovation, speed to market, and the need for ever increasing efficiency define the competitive edge, organizations around the globe are counting on motivated workforces to help them succeed. However, it has been reported that employee engagement is on the decline and their motivation is a deepening disengagement.

1.3 TITLE OF STUDY

A study on employee motivation and employee engagement practices in TVS Mobility, Ernakulam.

1.4 OBJECTIVES

1.4.1 GENERAL OBJECTIVES

To Study about employee motivational activities and employee engagement activities at TVS Mobility, Ernakulam

1.4.2 SPECEFIC OBJECTIVES

- To study the socio-demographic profile of the employees in TVS Mobility, Ernakulam.
- To Study about employee engagement activities practiced at TVS Mobility, Ernakulam.
- To Study about the benefit of employee motivation and employee engagement practices among workers at TVS Mobility, Ernakulam.

1.5 RELEVANCE OF THE STUDY

India, the recent decades have seen the emergence of global companies as a major industrial enterprise with enormous potential for earning foreign exchange.

However, the current levels of productivity and quality of goods/ services are not adequate for sustaining an international advantage and this is mostly due to employee disengagement. This research work is an effort to identify the variables that comprises of employee engagement and motivational activities effectiveness and identify the pitfalls, which if corrected, would ensure high employee engagement and organizational effectiveness in companies. It is presumed that the results of the present study will be of great importance to companies, which seek to enhance the levels of

engagement of employees' status. Further, the results of the investigation would throw new light on the components of employee engagement and organizational effectiveness.

1.6 CHAPTERIZATION

1.6.1 INTRODUCTION: The Introduction consists of the statement of the problem, the title of the study and general and specific objectives. It also includes the significance and scope of the study, chapterization and conclusion also added in introduction.

1.6.2 REVIEW OF LITERATURE: This chapter speaks to the reviews of related studies and relevant studies about employee engagement and motivational activities this chapter the theoretical and empirical terms arranged in a logical order and ends with conclusion.

1.6.3 RESEARCH METHODOLOGY: This chapter is the important chapter containing lot of

information about research problem including introduction, definition of concepts theoretical meaning and operational definitions , Variables independent or dependent ,Hypothesis, Research Design, Pilot study, Universal unit of the study, Sampling inclusion and exclusion, Sources of data primary or secondary, Tool of data collection, Pre-test , Method of data collection and the method that is used to data analysis.

1.6.4 DATA ANALYSIS AND INTERPRETATION: The fourth chapter mainly deals with introduction, the collected data and testing hypothesis (optional) or analyzing hypothesis and conclusion.

1.6.5 FINDINGS, SUGGESTIONS, AND CONCLUSION: The last chapter includes the major

findings, implications of the study, limitations of the study, suggestions for further research and conclusion.

1.7 CONCLUSION

Organizations have come to realize that in today's constantly changing business scenario, the most valuable resource that needs to be leveraged is human resource. This means not just attracting them and retaining them but keeping them motivated and committed to achieving the organization goals. An engaged workforce produces better business results, does not only hope for jobs but more importantly is an ambassador of the organization at all points of time. This engagement is achieved when people consider their organization respects their work, their work contributes to the organization goals and more importantly their personal aspirations, motivation, rewards and pay are met.

CHAPTER II
LITERATURE REVIEW

CHAPTER II
LITERATURE REVIEW

2.1 INTRODUCTION

A review of literature is a critical evaluation of existing research on a particular topic. It is a form of systematic and comprehensive review of the literature related to a specific research topic, which aims to identify, analyze and synthesize the relevant existing studies about the research topic. A review of literature provides a comprehensive overview of the research conducted on a particular topic, and it is essential for any research project. It can help to identify gaps in existing research, identify the strengths and weaknesses of current research, and provide direction for future research projects. A review of literature can also be used to make recommendations for policy and practice.

2.2 REVIEW LITERATURE

Summarize and relevant studies

Some of the books reviewed on employee motivation and employee engagement practices

A study evaluates the relationship between employee satisfaction, employee engagement and business outcomes. The study draws on research from over 200 articles and reports and concludes that there is a strong positive correlation between employee satisfaction, engagement, and business outcomes at the business-unit level. The findings suggest that organizations benefit from having satisfied and engaged employees who are likely to contribute to better business performance. Additionally, the study reveals that employee satisfaction is the most important factor in determining business outcomes, followed by employee engagement. The conclusion is that investing in employee satisfaction and engagement is a valuable strategy for business success (Harter, Schmidt & Hayes, 2002).

A study which examines the nature and dimensionality of organizational citizenship behaviour (OCB) through a meta-analysis of 88 studies. OCB is defined as voluntary behaviour that is not part of an individual's formal job requirements but that still

enhances the organization's effective functioning. The results suggest that there are two distinct dimensions of OCB: helping behaviour and civic virtue behaviour. Helping behaviour is characterized by active efforts to help co-workers and supervisors, while civic virtue behaviour is characterized by adherence to organizational norms, rules, and values. The results also suggest that OCB is related to job performance and job satisfaction (LePine, Erez & Johnson,2002).

A study which investigates the measurement of work engagement using a short questionnaire. The authors conducted a cross-national study to measure work engagement in four different countries. The questionnaire used in the study was developed from previous research and was designed to measure the three components of work engagement: vigor, dedication, and absorption. The results of the study showed that the questionnaire was a reliable and valid measure of work engagement in all four countries. The authors concluded that the questionnaire is a useful tool for measuring work engagement in a variety of contexts (Schaufeli, Bakker & Salanova, 2006).

A study examines the effects of job autonomy, organizational support, and reward systems on employee motivation. The authors conducted a survey of 800 Taiwanese employees in various industries, and the results were analyzed using structural equation modelling. The findings showed that job autonomy, organizational support, and reward systems all had a significant positive effect on employee motivation. Additionally, reward systems had the strongest effect on employee motivation. The authors concluded that increasing job autonomy, organizational support, and reward systems is an effective way to enhance employee motivation (Chen, Lu & Wu, 2020).

A study examines how job satisfaction, recognition and reward system, job security and career development affect employee motivation. A quantitative research method was used to survey 690 employees from different organizations in Turkey. The results showed that job satisfaction, recognition and reward system, job security, and career development all have a significant effect on employee motivation. Additionally, it was found that job satisfaction has the strongest effect on employee motivation, followed by a recognition and reward system, job security, and career development. The study

provides important insights for management to improve employee motivation and performance (Durmus & Yildirim, 2020).

A study provides an overview of the literature on employee motivation. The authors have identified a number of theories and research methods used to study employee motivation. They have also discussed the role of leadership, organizational culture, reward systems, job satisfaction, and job design in motivating employees. The authors concluded that employee motivation is an important factor in employee performance and organizational success (Lam, & Liu, 2012).

A study on Motivating People: Getting Beyond Money, by T.R. Mitchell and D. Daniels, explores the idea that money is not the only way to motivate employees. They argue that other rewards, such as recognition, a sense of accomplishment, and the ability to learn new skills can be just as effective. The book examines various types of intrinsic and extrinsic motivators, and how employers can create an environment that encourages employees to do their best work. It also provides case studies and practical solutions on how to motivate employees beyond monetary rewards. The authors provide insights into how to get employees to be more engaged in their work, how to create an environment that fosters creativity and innovation, and how to build a sense of loyalty and trust. The book is an invaluable resource for anyone looking to create a motivating workplace (Mitchell, & Daniels, 2003).

A study in which Richard Koonce argues that traditional models of employee motivation are not sufficient for today's complex work environment. He proposes a new model based on three elements: purpose, mastery, and autonomy. Koonce explains that purpose is the desire to achieve a noble goal or a higher purpose; mastery is the desire to become expert at one's work; and autonomy is the freedom to choose how to do one's work. Koonce explains how each element can be used to motivate employees and provides examples of how companies have successfully implemented these elements. Finally, Koonce suggests that companies must assess their employees' purpose, mastery, and autonomy to ensure that their motivation remains high (Koonce,2008).

In this journal, authors Teresa M. Amabile and Steven J. Kramer discuss how small wins can be used to promote joy, engagement, and creativity in the workplace. The authors provide evidence of the positive effects of small wins on the motivation and morale of employees. They explain that progress is an essential factor in employee motivation and that small wins can be used to increase progress by providing tangible evidence that progress is being made. The authors suggest that managers should recognize and reward employees when progress has been made, and that this recognition should be meaningful. Finally, the authors offer practical advice on how to promote small wins in the workplace and how to capitalize on them (Amabile & Kramer, 2011).

A study examines the role of job design in employee motivation. The author examines the three main components of job design - task design, work organization, and job context - and discusses how they are related to employee motivation. It is argued that by designing jobs with these components in mind, employers can increase employee motivation and performance. The article further explores the implications of job design on employee attitudes, job satisfaction, and job performance. The findings of this study suggest that job design is an important factor in motivating employees and should be given due consideration in the workplace (Grant, 2019).

A study by A.M. Saks examines the antecedents and consequences of employee engagement. The research focuses on how employee engagement is affected by organizational factors such as communication, job satisfaction, organizational commitment, and job involvement. The results from the study showed that organizational factors such as communication, job satisfaction, organizational commitment, and job involvement all had a positive effect on employee engagement. Additionally, the results showed that employee engagement had a positive effect on job satisfaction, organizational commitment, and job involvement. The findings suggest that organizations should focus on increasing employee engagement in order to positively affect job satisfaction, organizational commitment, and job involvement (Saks, 2006).

A study provides a comprehensive review and synthesis of the literature on employee motivation. It examines various theories of motivation, including Herzberg's two-factor

theory, Maslow's hierarchy of needs, and Vroom's expectancy theory, and the effects of different motivational factors on employee performance. The authors also discuss the implications of motivation for organizational effectiveness and suggest ways to improve motivation in the workplace. They conclude that a better understanding of the motivational factors underlying employee motivation can lead to improved organizational effectiveness (Ravanesi & Elsbach, 2018).

A study written by Mark R. Lepper and David Greene examines the concepts of intrinsic and extrinsic motivation. Intrinsic motivation is when a person is driven by an internal desire to learn, whereas extrinsic motivation is when a person is motivated by external rewards. The journal discusses the different forms of intrinsic and extrinsic motivation, and the effects that each has on learning and achievement. It provides evidence for the importance of intrinsic motivation in learning, and also addresses the challenges of motivating extrinsically. Furthermore, the authors discuss how to promote both intrinsic and extrinsic motivation in educational contexts. The journal concludes by emphasizing the need for a balanced approach to motivating learners (Lepper & Greene, 2015).

A study by Peter Thoms examines the impact of reward on employee motivation through both a qualitative and quantitative study. To measure the impact of reward on motivation, the author conducted a survey with managers and employees from two different organizations. The survey results revealed that rewards can have a positive effect on employee motivation when they are perceived to be fair. Additionally, the study found that rewards can have a negative impact on motivation when they are perceived to be unfair. The study also suggests that rewards should be tailored to the individual needs of employees, as different people may respond differently to different types of rewards. The author concludes that rewards can be effective as a tool for motivating employees when they are used correctly (Thoms, 2002).

A study by Hu and Liden (2016) provides a comprehensive assessment of the role of psychological capital in the relationship between leader–member exchange and employee engagement. The authors employ a quantitative approach to examine data from a large sample of Chinese employees. Their results suggest that psychological capital plays a mediating role in the relationship between leader–member exchange and employee engagement. Additionally, the authors provide comprehensive discussion of the implications of their results for leadership theory and practice. Overall, this journal

provides an insightful and well-structured assessment of the role of psychological capital in the leader–member exchange–employee engagement relationship (Hu & Liden, 2016).

A study examines the concept of employee engagement and its importance for business success. It offers a comprehensive overview of the literature in the field, including a review of current tools and practices for analyzing and measuring engagement. It outlines the competitive advantages of engagement and provides guidance on how to maximize engagement in the workplace. It further discusses best practices for implementing effective engagement strategies and the role of HR professionals in leading engagement initiatives. The paper provides an in-depth look into employee engagement and its implications for organizational success (Macey, Schneider , Barbera & Young ,2009).

A study presents a cross-national study examining the development and reliability of a short questionnaire to measure work engagement. The questionnaire was used with a sample of two thousand employees across six different countries. Results showed that the questionnaire had good reliability and validity, and that work engagement seemed to be related to job demands, job resources, and job satisfaction. This study contributes to the greater understanding of work engagement and provides a tool for measuring it in a reliable and valid way (Schaufeli, Bakker & Salanova, 2006).

A study examines the interactive effects of psychological empowerment and organizational supports on employee engagement. Using a survey of 478 organizations, the authors analysed the relationship between psychological empowerment, organizational supports, and employee engagement. Results showed that psychological empowerment and organizational supports had a statistically significant positive effect on employee engagement. Furthermore, the interactive effect of psychological empowerment and organizational supports was also found to be statistically significant and positively associated with employee engagement. This study adds to the literature by demonstrating the importance of understanding the interactive effects of psychological empowerment and organizational supports on employee engagement in order to increase employee engagement (Shuck, Reio & Rocco, 2011).

A study explored the psychological mechanisms of workplace engagement. Through a systematic literature review, employee engagement was identified as a three-dimensional construct (affective, cognitive, and behavioural engagement). The authors then focused on the psychological mechanisms of affective engagement, cognitive engagement and behavioural engagement. The review identified five core psychological mechanisms: goal setting, affective commitment, positive affect, work passion, and job crafting. Other psychological mechanisms, such as perceived organisational support, social exchange, and psychological capital, were identified as moderators of the five core mechanisms. The results of this study provide a better understanding of the psychological mechanisms of workplace engagement. The findings of this study are useful for managers and human resource practitioners in developing interventions that enhance workplace engagement. This review also provides a theoretical foundation for further research in this area (Moseley &O'Driscoll, 2016).

A study reviews current research on employee engagement from a variety of disciplines, including psychology, management, and sociology. The authors explore different types of engagement, the factors that influence engagement, and the implications for organizations. The review considers both positive and negative aspects of engagement, and proposes a model of engagement that considers both individual and organizational perspectives. The paper suggests that employee engagement is a complex concept that requires further research, and that organizations should take steps to create an environment where employees are more likely to be engaged. The implications of employee engagement for organizational success are discussed, as well as the need for further research (González-Romá, Sánchez-Franco & Valle, 2015)

A study which provides a comprehensive guide to understanding employee engagement through effective performance management. It is designed to help managers identify, understand, and respond to employee engagement issues. It offers an in-depth exploration of the role of performance management in creating an engaged, motivated, and committed workforce. The authors provide practical strategies and tools for implementing performance management systems that support an engaging work environment. Topics include developing performance standards, setting goals, feedback, rewards and recognition, influencing organizational culture, and measuring

employee engagement. With its comprehensive approach, this book is an invaluable resource for managers seeking to create an engaged and productive workforce (Cameron & Rich, 2013).

The book provides a quantitative review and test of the relationship between employee engagement and task and contextual performance. It examines the components of employee engagement, its effects on performance, and explores the potential benefits of a higher level of employee engagement. It also discusses the implications of employee engagement for organizations and provides recommendations for organizations to improve their employee engagement levels (Shuck & Jr. Reio, (2011).

The book examines the role of motivation in the workplace. It provides an overview of how motivation is an important factor in overall productivity and how it needs to be managed in order to be successful. The authors discuss the different types of motivation, such as intrinsic and extrinsic, and how factors such as rewards, recognition, and job satisfaction can increase motivation. They also explore how motivation can be used to increase employee engagement and performance. Finally, they provide advice on how to implement effective motivational strategies in the workplace. The authors argue that motivation is an essential component for success in the workplace and conclude that it should be taken seriously and managed Effectively (Gardner & Pierce, 2009).

Luthans and Youssef's 2007 article 'Emerging Positive Organizational Behavior' examines the potential for positive psychology to be applied to the field of organizational behavior. The authors argue that traditional approaches to managing and motivating employees are no longer sufficient, and a focus on the 'positive' elements of organizational behavior can lead to greater engagement and productivity. The authors explore various positive strategies that can be used to create a positive work environment, such as providing meaningful work tasks, emphasizing workplace strengths, and encouraging open communication. They conclude that implementing these strategies will help organizations to build a more effective and engaged workforce (Luthans & Youssef, 2007).

Employee engagement: How to Motivate and Retain Staff, by Smith and Hitt (2018), explores the importance of employee engagement and how it affects retention and motivation in the workplace. The authors discuss the various factors that lead to employee engagement, such as job satisfaction, job autonomy, and organizational commitment, and provide strategies to help employers foster engagement among their staff. The authors also examine the implications of employee engagement on organizational performance, the need for an engaged workforce, and the implications of disengaged employees. The article provides a comprehensive overview of the concept of employee engagement and the strategies employers can use to encourage and maintain it (Smith & Hitt, 2018).

The book examines the impact of employee engagement on job satisfaction in the Indian banking sector. The study employed a quantitative approach, using data collected from 459 banking employees. The results showed that employee engagement has a positive influence on job satisfaction, with the most significant factor being communication from management. Other important factors included recognition, rewards, and feedback. The findings from this study provide useful information for employers and HR managers to better understand how to improve employee engagement and job satisfaction in the Indian (Kumar, 2020).

2.3 CONCLUSION

The literature review has demonstrated that employee motivation and employee engagement practices are important elements of organizational success. The literature has shown that employee motivation and engagement practices can have a positive impact on the financial performance and productivity of organizations. Furthermore, the literature has also indicated that there is a strong correlation between employee motivation, engagement, and organizational commitment. Finally, the literature has provided evidence that effective employee motivation and engagement programs can help to improve employee satisfaction and commitment, reduce employee turnover, and increase organizational performance. Therefore, it is essential that organizations develop and implement effective employee motivation and engagement practices in order to maximize their performance and success.

CHAPTER III

RESEARCH METHODOLOGY

CHAPTER III

RESEARCH METHODOLOGY

3.1 INTRODUCTION

Research methodology is the systematic approach to the investigation of a problem and the collection, organization, analysis and interpretation of data. It is a process used to answer questions and to solve problems in a variety of fields. Research methods are the strategies, techniques, and tools used to gather and analyse data for the purpose of answering research questions. Research methodology is an important part of any research project, as it helps to ensure that the results obtained are valid and reliable. It also helps to ensure that the research process is systematic and organized.

3.2 DEFINITION OF CONCEPT

3.2.1 THEORETICAL DEFINITION

Employee

According to the Cambridge dictionary, Employee is defined as someone who is paid to work for someone else.

Employee Motivation

(Stephen P. Robbins,1998)

Motivation is the willingness to exert high levels of effort towards organisation goals, conditioned by the effort ability to satisfy some individual needs.

Employee Engagement Practices

K.G. Blakely, Year (2019), Employee engagement practices refer to activities and strategies that organizations use to engage and motivate their employees. These practices may include recognition programs, flexible working arrangements, career development, and communication initiatives.

3.2.2 OPERATIONAL DEFINITION

Employee

An employee is a person hired by an employer to perform a specific job.

Employee motivation

Employee motivation is the process of inspiring and encouraging people to work hard to achieve their goals.

Employee Engagement Practices

Employee engagement practices are activities and initiatives that organizations use to sustain a workplace culture.

3.3 VARIABLES – INDEPENDENT AND DEPENDENT

3.3.1 Independent Variable

Employee Engagement Practices

3.3.2 Dependent Variable

Motivation of the employees.

3.4 RESEARCH DESIGN

The researcher used a cross-sectional descriptive research design for the study. Since, it is primarily concerned with finding out what is in the field and used this study as a suitable way to gather vital information regarding the current status of employee motivation and employee engagement practices at TVS Mobility, Edappally. This design greatly helped the researcher to increase knowledge of employee motivation and employee engagement practices. Furthermore, the cross-sectional descriptive research design allowed for a more comprehensive understanding of the data collected, as it provided detailed information from the employees' perspective.

3.5 PILOT STUDY

Pilot study in research is a method of investigation that is used to look at the relationships between variables. Before collecting data for the main study, a pilot study was conducted to examine the feasibility and variability of the research project. The pilot study was used by the researcher to get an insight into the research problem.

3.6 UNIVERSE AND UNIT OF THE STUDY

3.6.1 UNIVERSE: All the employees at TVS Mobility private limited, Edappally, Ernakulam.

3.6.2 UNIT: An employee at TVS Mobility private limited, Edappally, Ernakulam.

3.7 SAMPLING

Simple random sampling is the sample technique employed for the investigation. This study is a simple random selection of 60 samples to get information about the employee engagement methods and staff motivation at TVS Mobility Private Limited, Edapally, Ernakulam.

3.8 SOURCE OF DATA COLLECTION

Researchers used the data from both primary and secondary source.

3.8.1 Primary Data

Researcher obtained information from respondents through questionnaires for first-hand information.

3.8.2 Secondary Data

The secondary data was gathered to obtain related information from books, articles, magazines, and journals.

3.9 TOOLS OF DATA COLLECTION

The primary data was gathered by the researcher using a self-made questionnaire. Researcher went to the company and collected data from employees. It is an important process that helps researcher to draw conclusion and make informed decisions. It is important to ensure that the data is accurate and reliable.

3.10 PRE – TEST

The researcher spoke with six respondents and gathered information to see if it was clear and legible to them. Pre -Test is a type of test conducted before the main experiment in order to measure the baseline of the participants. It is conducted prior to a more in dept study.

3.11 METHOD OF DATA COLLECTION

The data was acquired from the staff at TVS Mobility Private Limited Edappally, Ernakulam. A printed version of the questionnaire was distributed to the staffs. Research scholar used Self-made questionnaire method for the data collection.

3.12 METHOD OF DATA ANALYSIS

The researcher used the data they had gathered to code, tabulate by using Microsoft Excel, and analysed and interpreted by using statistical application SPSS [Statistical Package for the Social Science] software. That was beneficial throughout the entire research project. A graph sheet is used to display the data.

CHAPTER IV
ANALYSIS AND INTERPRETATION

CHAPTER IV

ANALYSIS AND INTERPRETATION

INTRODUCTION

Analysis and Interpretation is an essential part of research. It involves examining data and drawing conclusion from it. Analysis and interpretation of research data can provide valuable insight into the research questions being asked, helping researchers to better understand the results and make more informative decision.

4.1 GENDER DISTRIBUTION OF THE EMPLOYEES (N=60)

FIGURE - 4.1
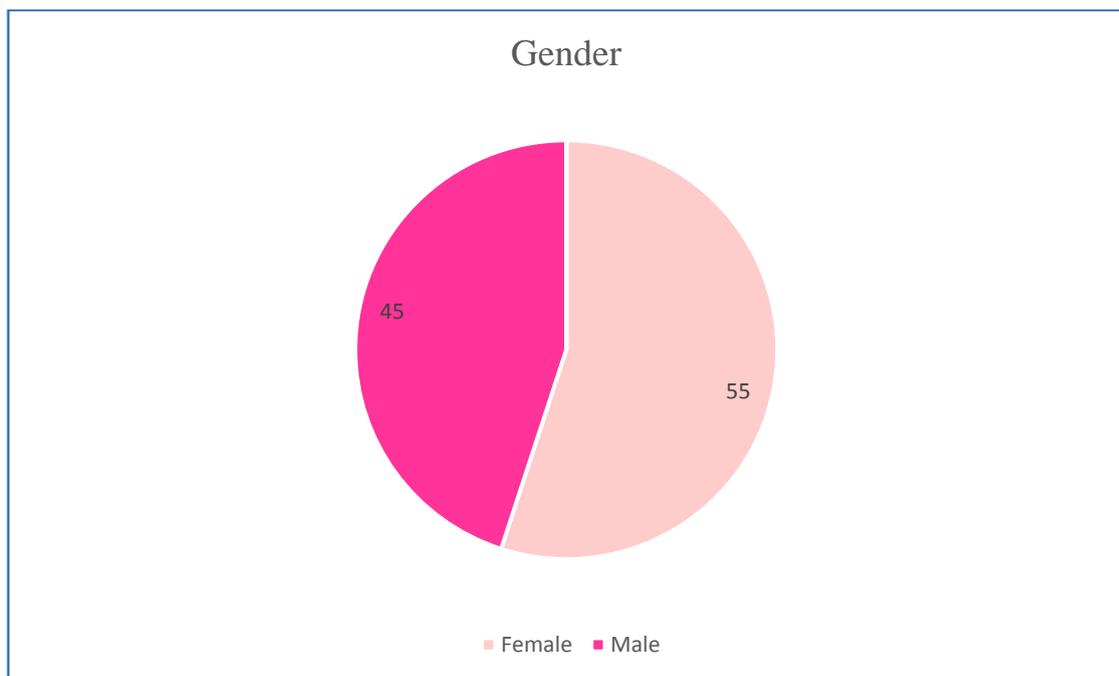
Figure 4.1 the figure says that (55%) of the employees are female and (45%) of the employees are male. This shows that there is a slightly higher proportion of female compared to male. Women are nowadays more likely to pursue career paths after studies. This shift is helping to create a more equitable and balanced workplace for all.

4.2 MARITAL STATUS OF THE EMPLOYEES (N=60)
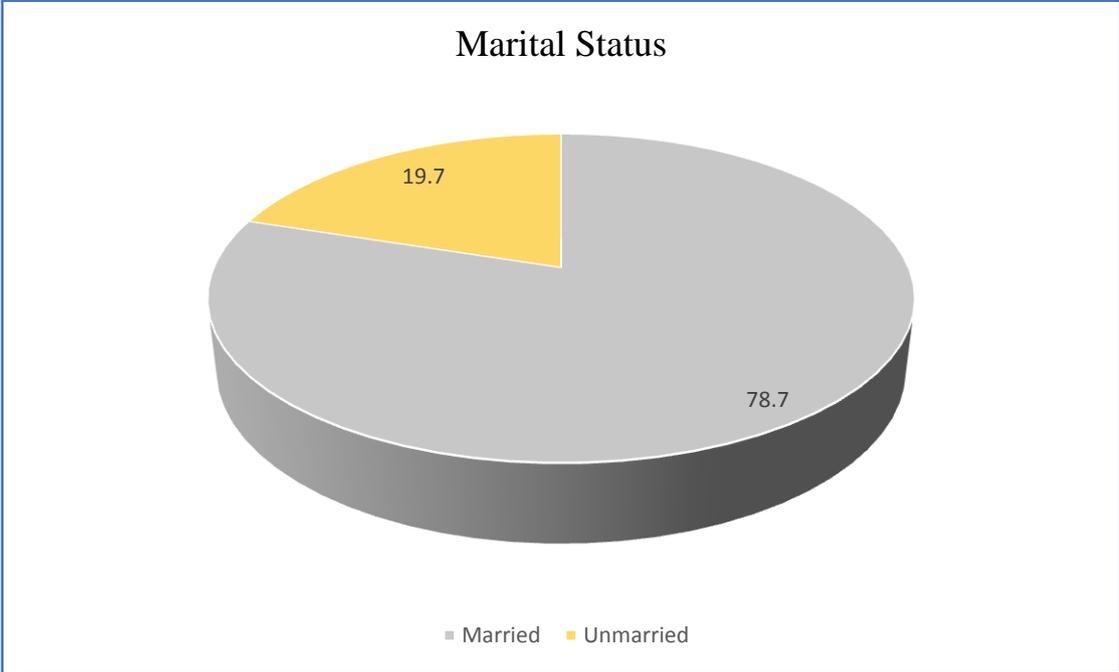
FIGURE - 4.2

Figure 4.2 shows that majority of the population is married, representing (78.7%) of the total, while unmarried individuals represent (19.7%). This is also an indication that married individuals are more cautious about job security as they have additional responsibility to support their family.

4.3 FREQUENCY DISTRIBUTION OF THE CHILDREN OF EMPLOYEES (N=60)

FIGURE - 4.3
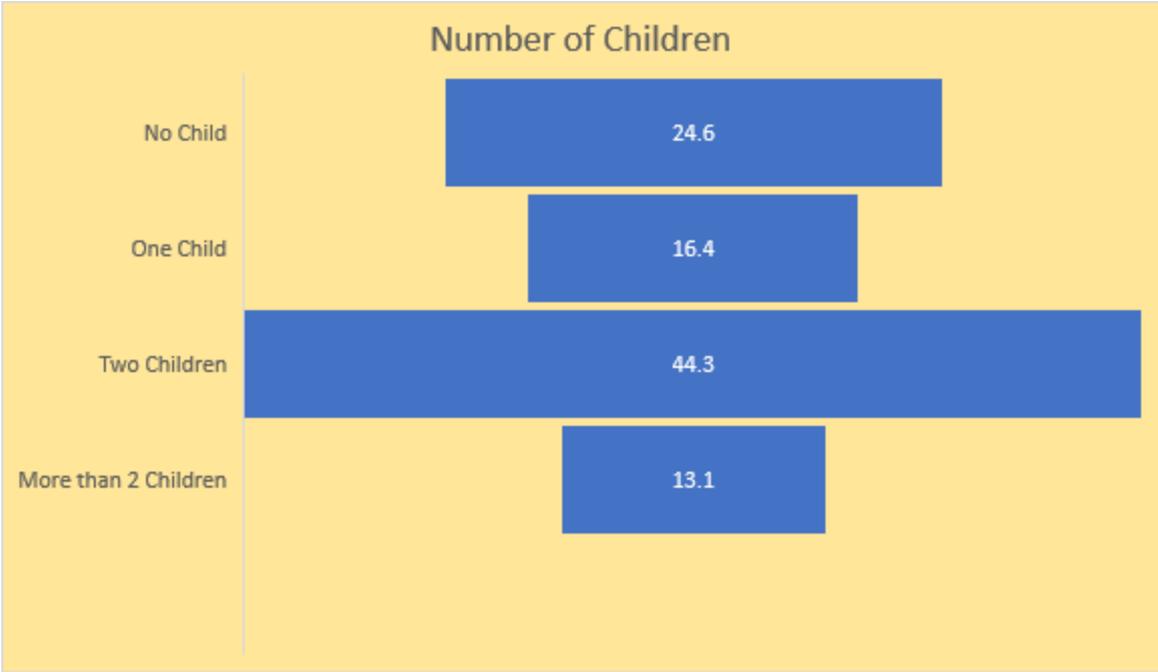
Figure 4.3 the figure says that (24.6%) of the employees have no child, (16.4%) of the employees have one child, (44.3%) of the employee have two children and (13.1%) of the employees have more than two children. This indicates that the majority of the employees have two children.

4.4 EXPERIENCE OF THE EMPLOYEES IN TVS (N=60)

FIGURE - 4.4

Tenure

16.4

44.3

37.7

■ 0-5 Years ■ 6-10 Years ■ 11 Years or more
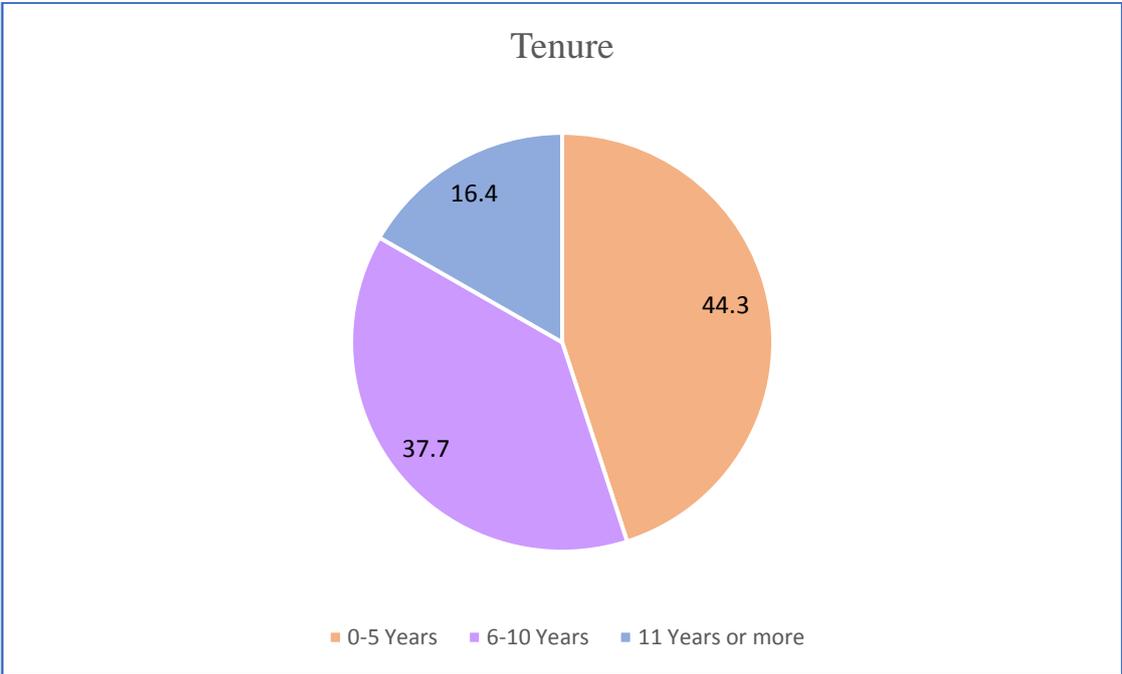
Figure 4.4 the figure says that (44.3%) of the employees have 0-5 years of experience, (37.7%) have 6- 10 years of experience and (16.4%) of the employees have experience of 11 and above years. This indicates that most of the employees fall in the category of 0-5 years experience.

FIGURE – 4.5 WELL EQUIPMENT WITH TOOLS AND RESOURCES (N=60)

FIGURE- 4.5 Necessary tools and resources to perform job effectively.
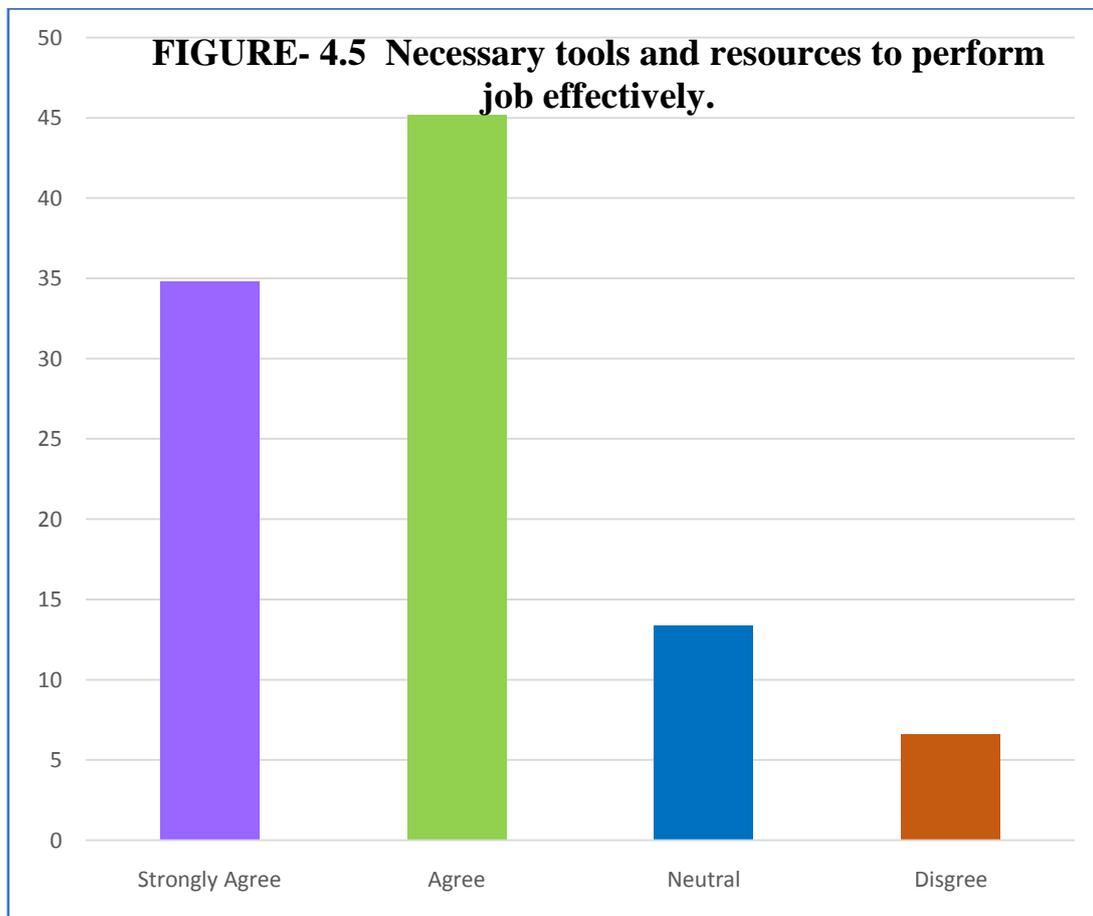
Figure 4.5 states that (34.8%) of the employees strongly agree, (45.2%) employees agree, (13.4%) of the employees have a neutral opinion and (6.6%) employees disagree. This indicates that most of the employees agree that there are enough tools and resources to effectively perform their job. The availability of tools and resources helps employees to work smoothly without disruption and frustration.

4.6 RATE OF LEVEL OF SATISFACTION WITH ORGANISATIONS WORKING CULTURE (N=60)

FIGURE - 4.6

work culture satisfaction

0
9.8
31.1
57.4

■ Highly satisfied   ■ Satisfied   ■ Average   ■   ■
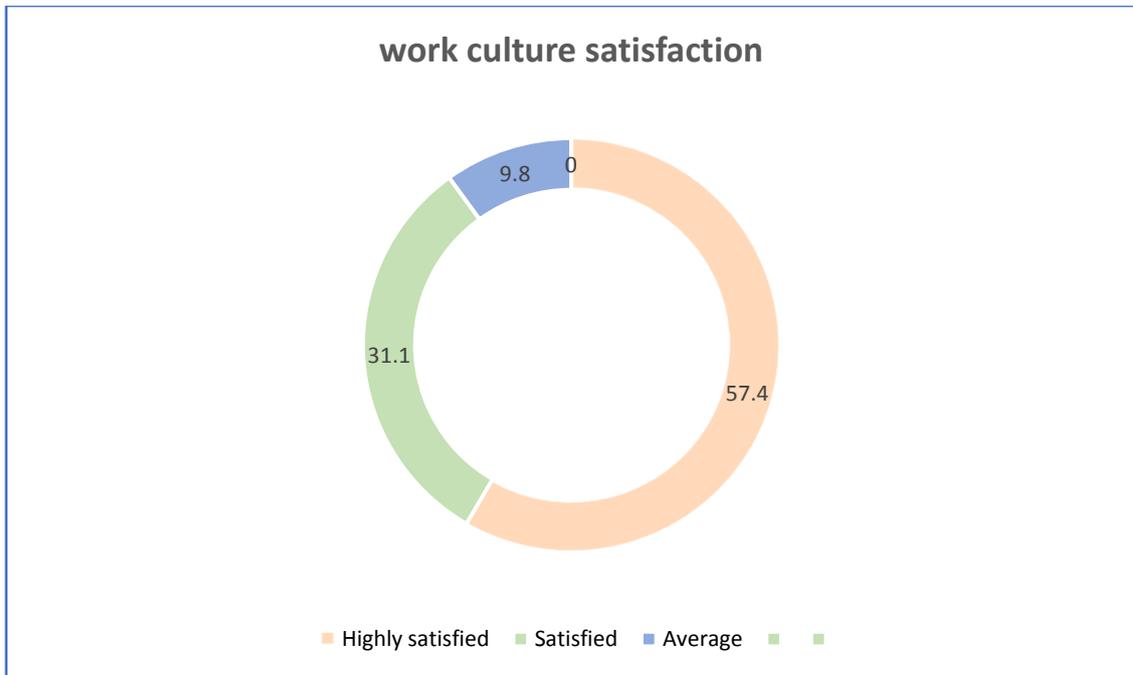
Figure 4.6 the figure says that (57.4%) of the employees are highly satisfied, (31.1%) employees are satisfied and (9.8%) of the employees have an average opinion on the rate of satisfaction with the working culture of the organisation. This indicates that most of the employees are highly satisfied. This result shows that employees feel valued by their employers, and are content with their work environment. This also ensures that employers are talking necessary steps to ensure that their employees are happy and productive.

4.7 PHYSICAL WORK ENVIRONMENT IN THE ORGANISATION (N=60)

FIGURE - 4.7
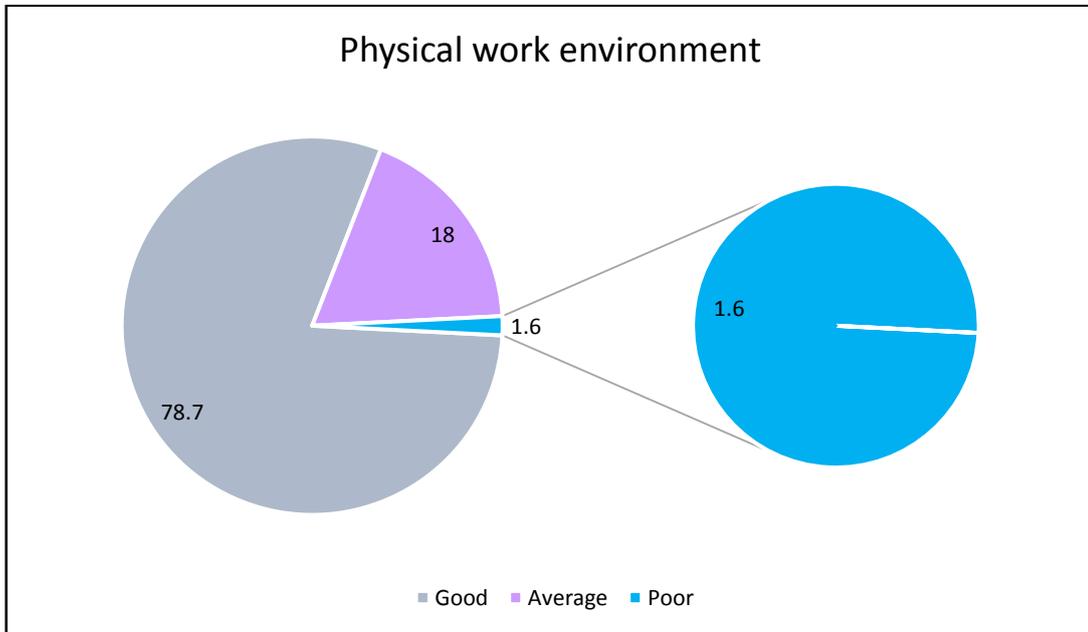
Figure 4.7 the figure says that (78.7%) of the employees remarked good, (31.1%) employees remarked average and (1.6%) of the employees have poor opinion. This indicates that most of the employees are delighted with the physical conditions of their work place. They are comfortable to work in a clean, safe, well lit and well ventilated environment.

4.8 EMPLOYEE CAREER DEVELOPMENT OPPORTUNITIES IN THE ORGANISATION (N=60)

FIGURE 4.8

Career development opportunities
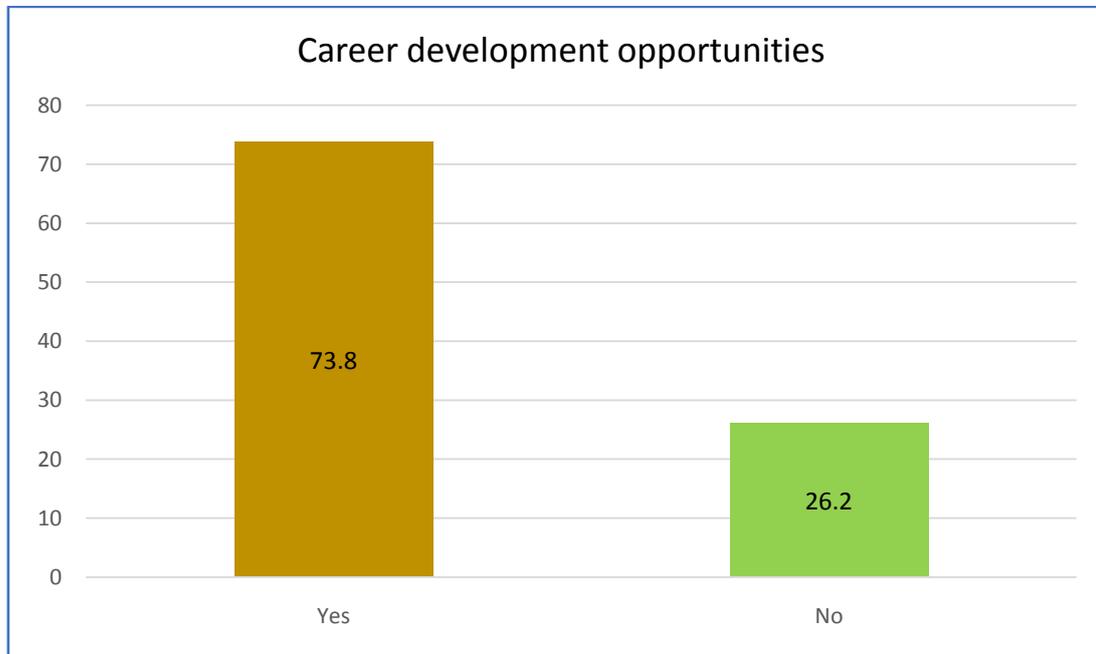
Figure 4.8 tells that (73.8%) says Yes and (26.2%) employees says No while they were asked if their organisation provided any employee career development opportunities. This suggest that there are many options for career advancement, but some areas may be more limited. Employees use resources available to them to identify and pursue career opportunities in their workplace.

4.9 FACTORS THAT MOTIVATES THE MOST (N=60)

FIGURE – 4.9

Factor that Motivates

- Salary hike
- Promotion
- Leave
- Motivational talks
- Recognition
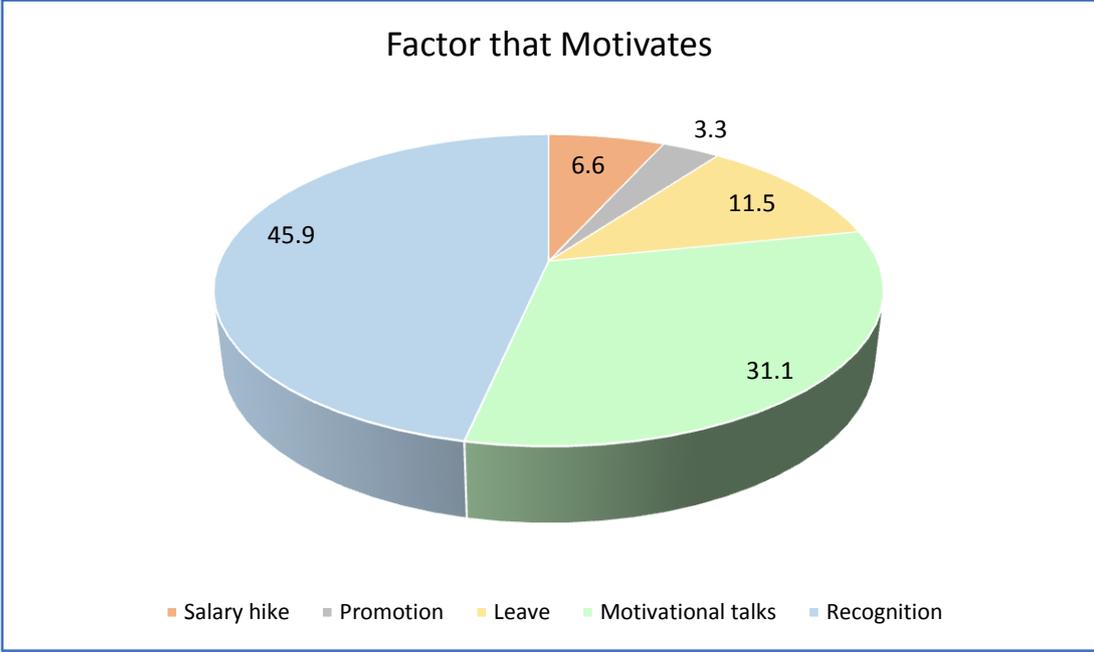
Figure 4.9, this figure says that (45.9%) of the employees are motivated by Recognition, (31.1%) employees are motivated through motivational talks, (11.5%) of the employees are motivated by leave, (6.6%) of the employees are motivated through salary hike and (3.3%)of the employees are motivated by promotion. This indicates that most of the employees are motivated by Recognition. Recognition can come in many forms, such as verbal praise, awards, incentives and so on. It helps to boost morale, increase motivation and improve job satisfaction.

4.10 IMPACT OF INCENTIVES AND OTHER BENEFITS ON PERFORMANCE (N=60)

FIGURE - 4.10

Impact of incentives and other benefits
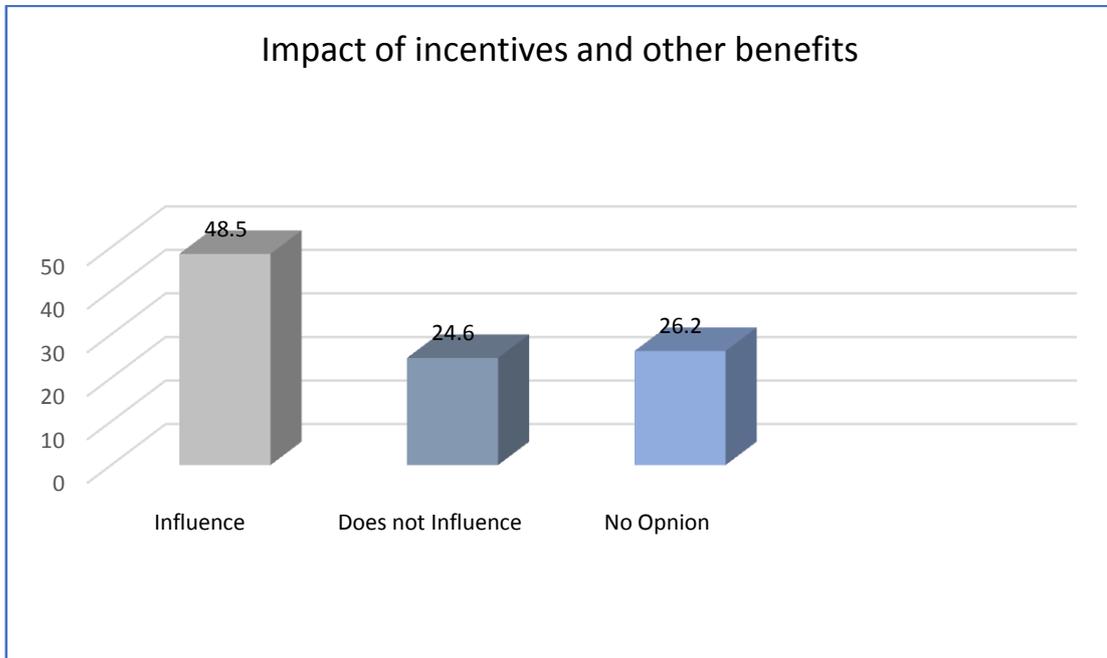
Figure 4.10 states that (48.5%) of the employees say that incentives and other benefits influence their performance, (24.6%) employees are not influenced and (26.2%) of the employees have a no opinion. This indicates that most of the employees will show a strong hike in performance if there is incentives and other benefits. Employees often cite incentives and benefits as one of the primary influences on their performance. A motivating factor for employees is the reward they receive for their hard work.

4.11 NATURE OF WORK CULTURE ? (N=60)

FIGURE - 4.11
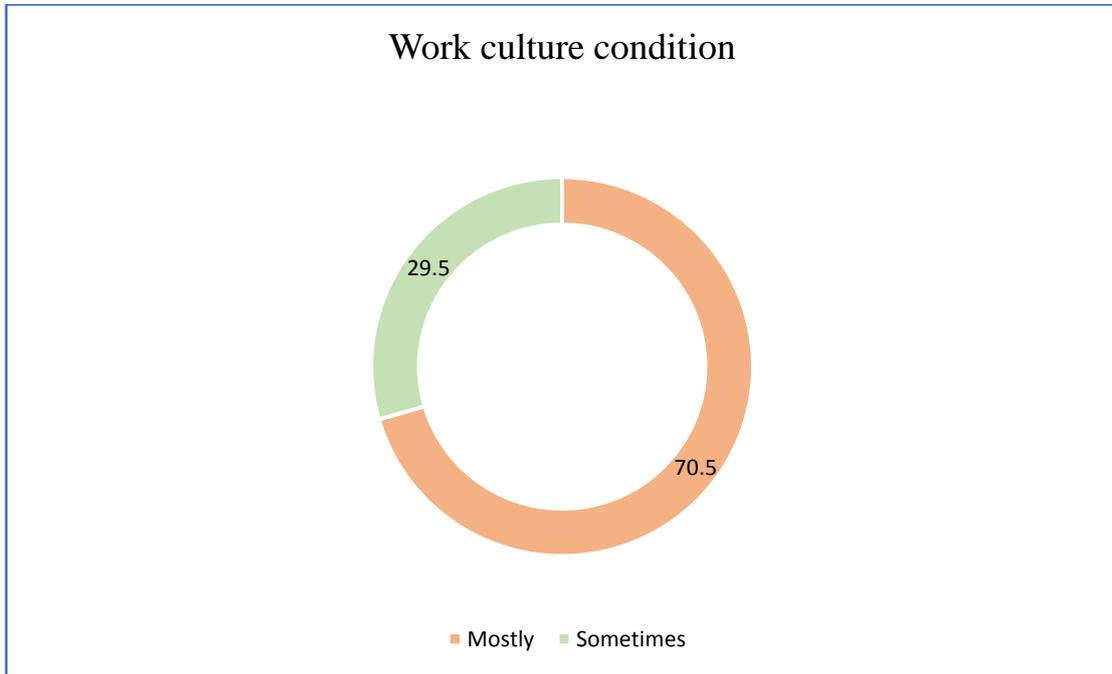
Figure 4.11 states that (70.5%) of the employees mostly support the work culture in the company whereas (29.5%) employees support the work culture sometimes. This indicates that most of the employees have a good outlook on company's work culture. Employer foster an environment where employees feel respected, valued and heard. Everyone is treated with respected and dignity. This also helps in improving productivity and positive work culture.

4.12 SATISFACTION LEVEL WHILE WORKING IN THE ORGANISATION (N=60)

FIGURE - 4.12

Figure 4.12 states that (69%) of the employees are highly satisfied and (31%) of the employees are satisfied. This indicates that most of the employees are highly satisfied. It is important for employees to have a positive and productive work environment in order to produce best results. A happy and engaged workforce produces better results, so it is important to keep up the work culture where employees have good work life balance ,recognition and reward.

4.13 LEAVE TAKEN IN PAST 12 MONTHS DUE TO LOSS OF ENTHUSIASM FOR WORK (N=60)

FIGURE - 4.13

Leave taken due to lack of enthusiasm for work

3.2

68.9

■ Yes ■ No
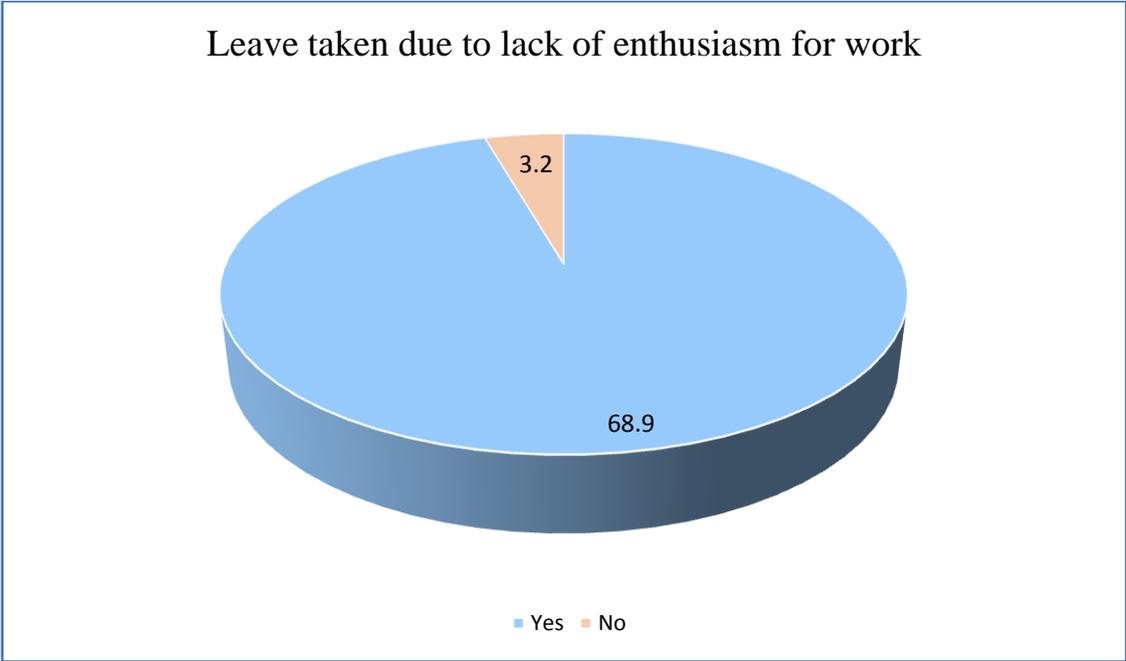
Figure 4.13 states that (68.9%) of the employees have not taken leave due to less enthusiasm for work and (3.2 %) employees have taken leave due to lack of enthusiasm. This indicates that most of the employees did not lose enthusiasm. Company must ensure that the employee feels their time was well spent and that their efforts was valued.

4.14 ESTIMATION OF THE AVERAGE WORKING HOUR PER WEEK(N=60).

FIGURE - 4.14
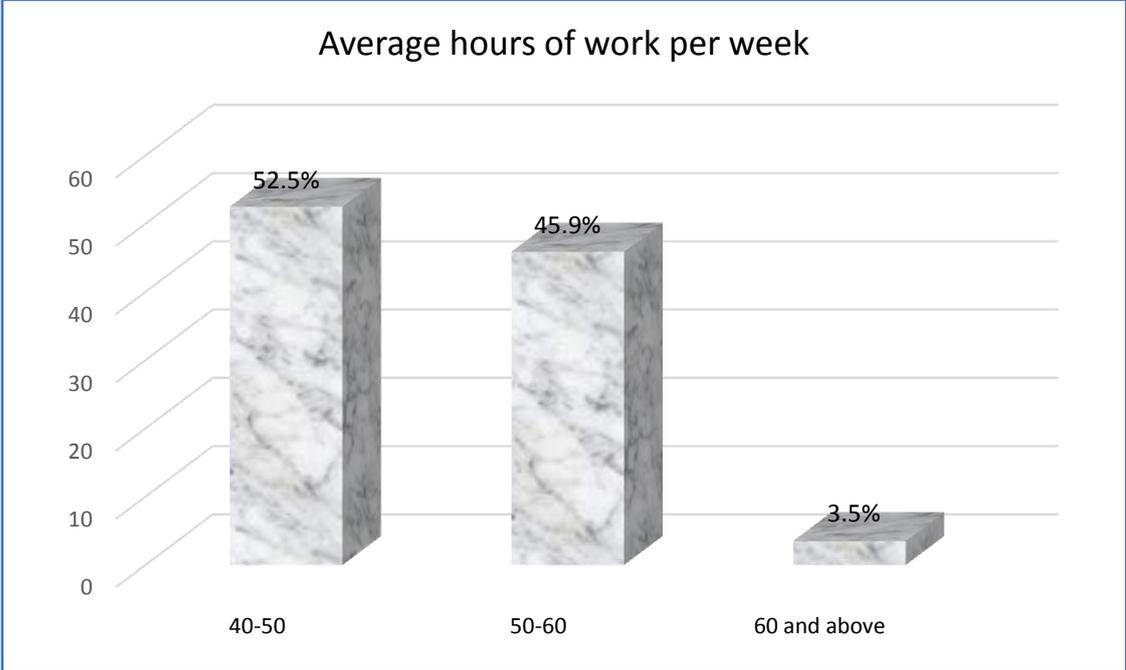
Figure 4.14 states that (52.5%) of the employees have worked for 40 – 50hr per week, (45.9 %) employees have worked for 50 – 60 hr per week and (3.5%) have worked above 60hr per week. IT is important for employers to ensure that their employees are not working excessive hours, as it can lead to burnouts and decreased productivity.

4.15 INDICATION OF TOTAL WORKLOAD DURING LAST THREE YEARS (N=60)

FIGURE - 4.15
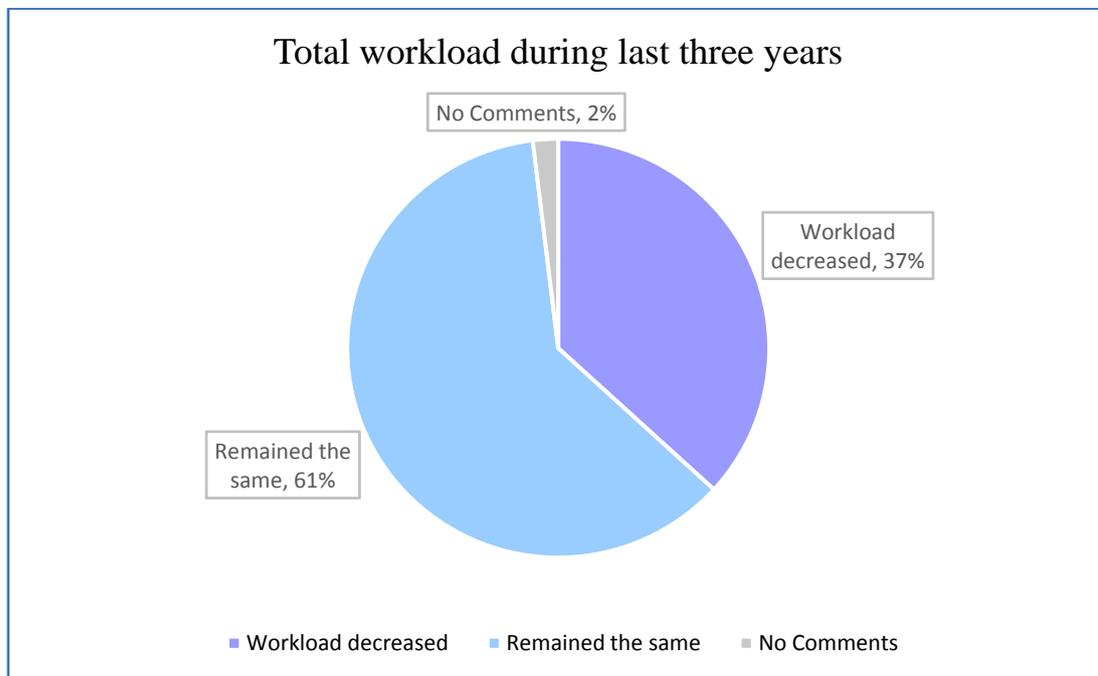
Figure 4.15 states that (61%) of the employee's work load remained the same, (37%) employee's workload decreased and (2%) of the employees have no comments on this statement. This indicates that most of the employee's workload has remained the same. This illustrates that strategies and processes that are currently in place to manage the workload are effective. The stability of the workload is also a testament to the quality of the team members and their ability to handle the responsibility that they have been entrusted with.

4.16 WORKING ENVIRONMENT (N=60)

FIGURE – 4.16
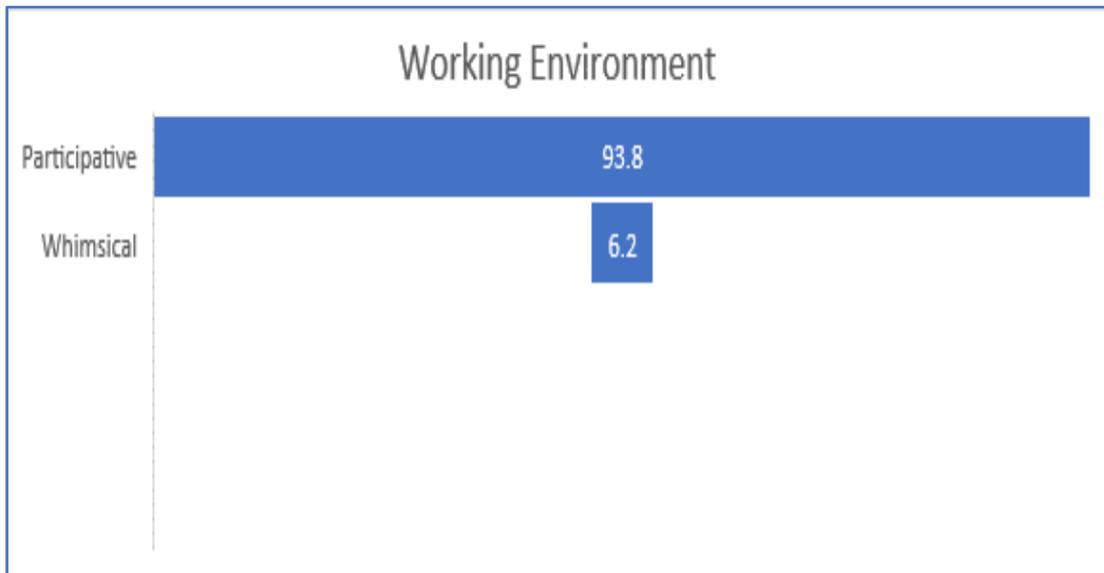
Figure 4.16 states that (93.8%) of the employees say that the work environment is participative and (6.2%) suggest it to be a whimsical. This indicates that most of the employees firmly believe that there is a participative work culture. This type of work culture leads to improved interpersonal relationships between employees and higher overall morale.

4.17 WORK ACCORDING TO QUALIFICATION AND SKILL(N=60)

FIGURE - 4.17

Work according to qualification and skills

Yes   NO
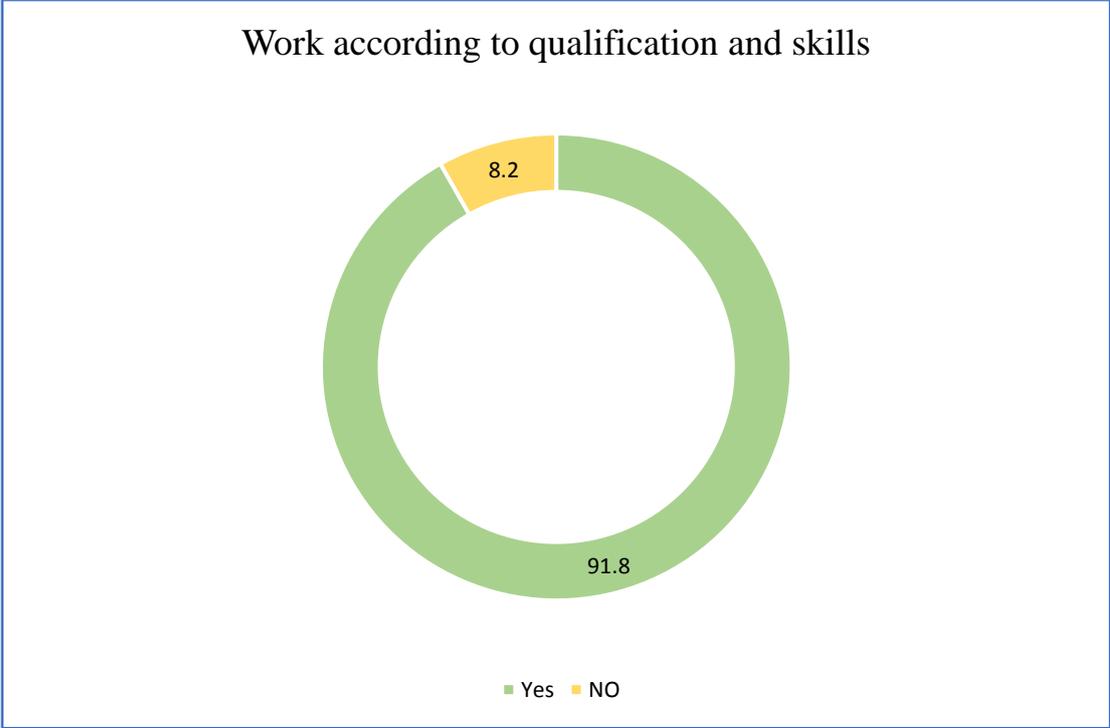
Figure 4.17 states that (91,8%) of the employees say that they work according to their qualification and skills but (8.2%) employees do not think that they are working according to their qualification and skills. Perfect fit for each job can create an environment where the employees can grow and thrive.

4.18 EMPLOYEE FEEL ENCOURAGED TO DO BEST AT WORK (N=60)

FIGURE - 4.18
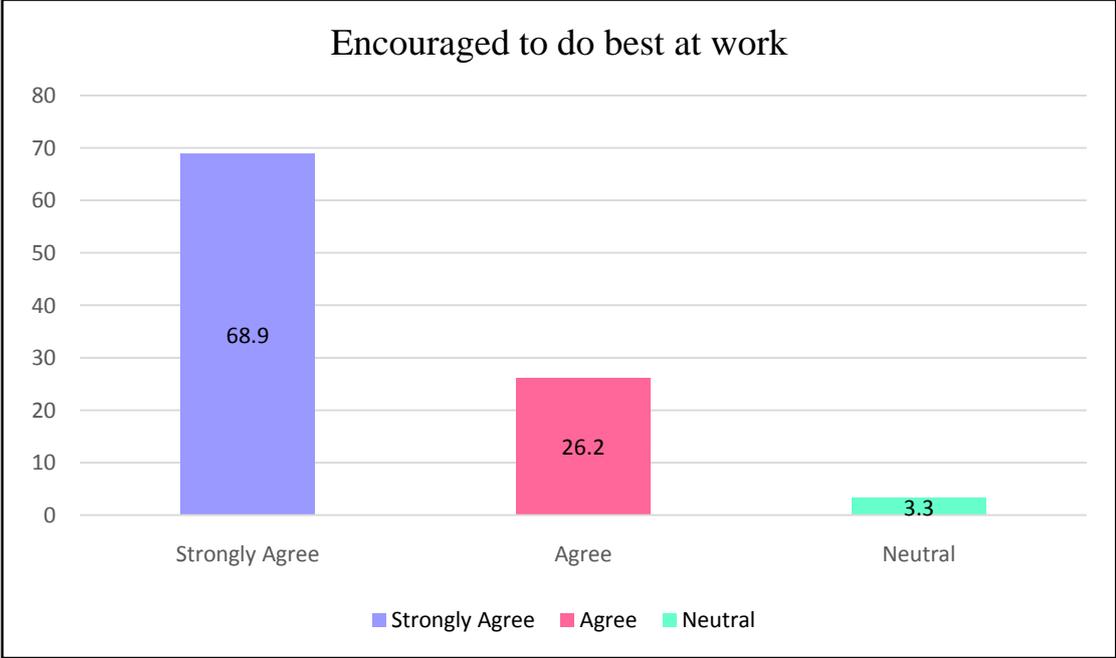
Figure 4.18 states that (68.9%) of the employees strongly agree, (26.2%) employees agree and (3.3%) of the employees have a neutral opinion. At the end of the day, an employee will be proud of his work and will feel happy when they make a difference.

4.19 EMPLOYEES SATISFACTION WITH THE WORKING HOURS(N=60)

FIGURE - 4.19

Satisfaction level with the working hour

63.9   31.1

■ Strongly Agree   ■ Agree
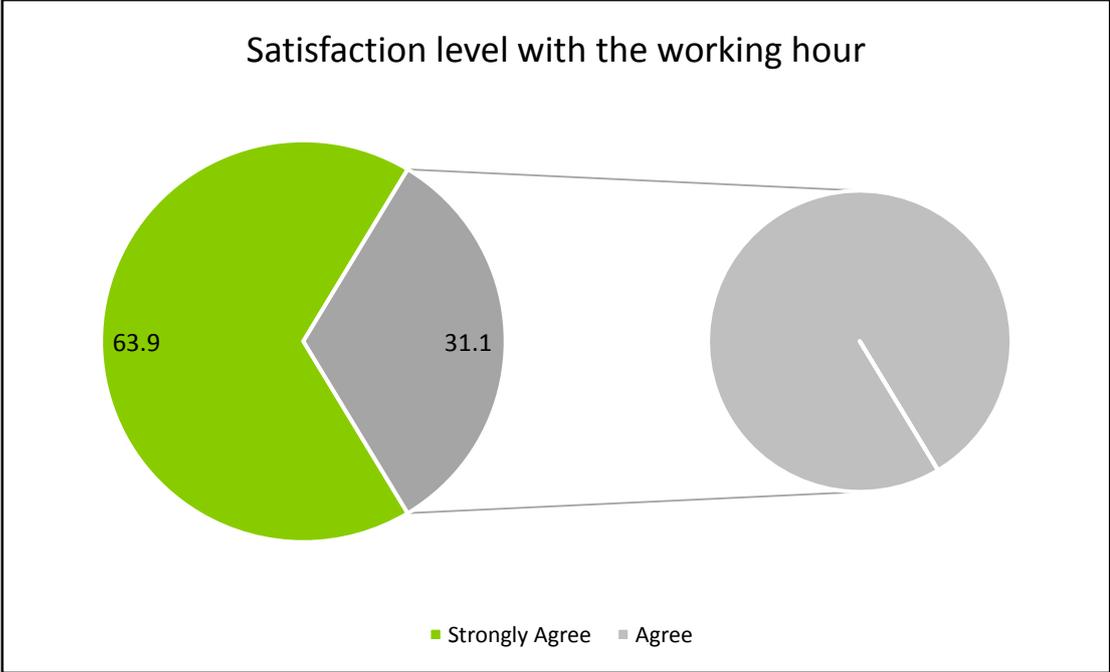
Figure 4.19 states that (63.9%) of the employees strongly agree and (31.1%) employees agree that they are highly satisfied and satisfied with the working hours of the company. Employers should consider giving employees more control over how they work offering them flexible start times.

4.20 NECESSARY AUTHORITY TO PERFORM DUTIES EFFECTIVELY(N=60)

FIGURE - 4.20
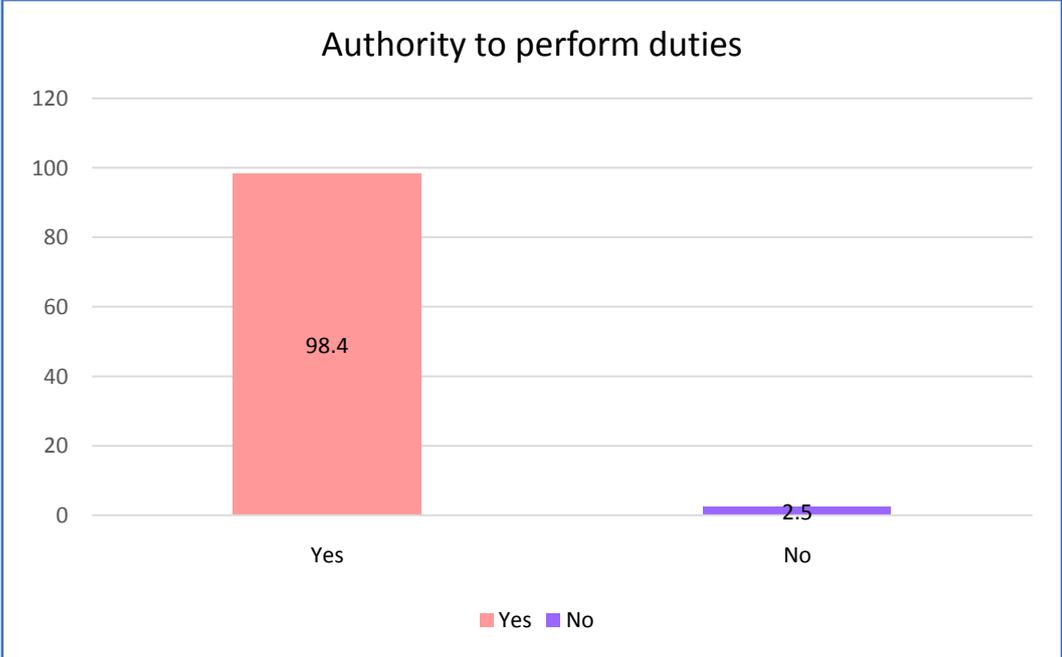
Figure 4.20 states that (98.4%) of the employees have enjoyed authority to perform duties effectively whereas (3.2 %) did not have that privilege. Authority should be given in a way that encourages ownership and accountability.

4.21 EMPLOYEES SATISFACTION WITH THE WELFARE FACILITIES PROVIDED TO THEM (N=60)

FIGURE - 4.21
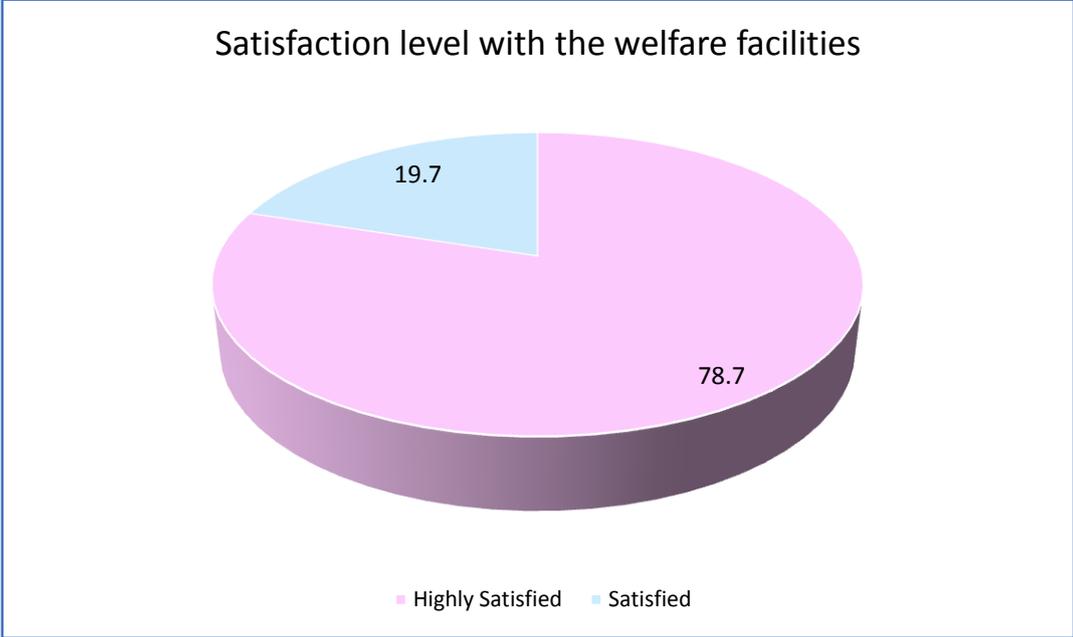
Figure 4.21 states that (78.7%) of the employees are highly satisfied and (19.7%) are satisfied with the welfare facilities provided to the employees. This indicates that most of the employees are highly satisfied. This research found that employees are appreciative of the amenities and support they are being given, and that they feel it helps to improve job satisfaction and motivation levels. This also makes it clear that providing employees with the right welfare facilities is essential in order to foster positive and productive workplace.

4.22 AREEMPLOYEES SATISFIED WITH THE LEAVE AND BREAK PROVIDED BY THE COMPANY(N=60).

FIGURE - 4.22

Figure 4.22 states that (69.1%) of the employees are highly satisfied and (30.9%) are satisfied wholly as an employee that they enjoy the lunch break, leisure beak and other leave of the company. This indicates that most of the employees are highly satisfied. The research shows that employees who receive adequate breaks and leave are more likely to be satisfied with their job, and are less likely to experience burnout. In addition, a reduced level of stress can be witnessed.

4.23 OVERALL SATISFACTION AS AN EMPLOYEE OF THE ORGANISATION (N=60)

FIGURE - 4.23

Overall satisfaction as an employee

7

93

■ Highly satisfied   ■ satisfied
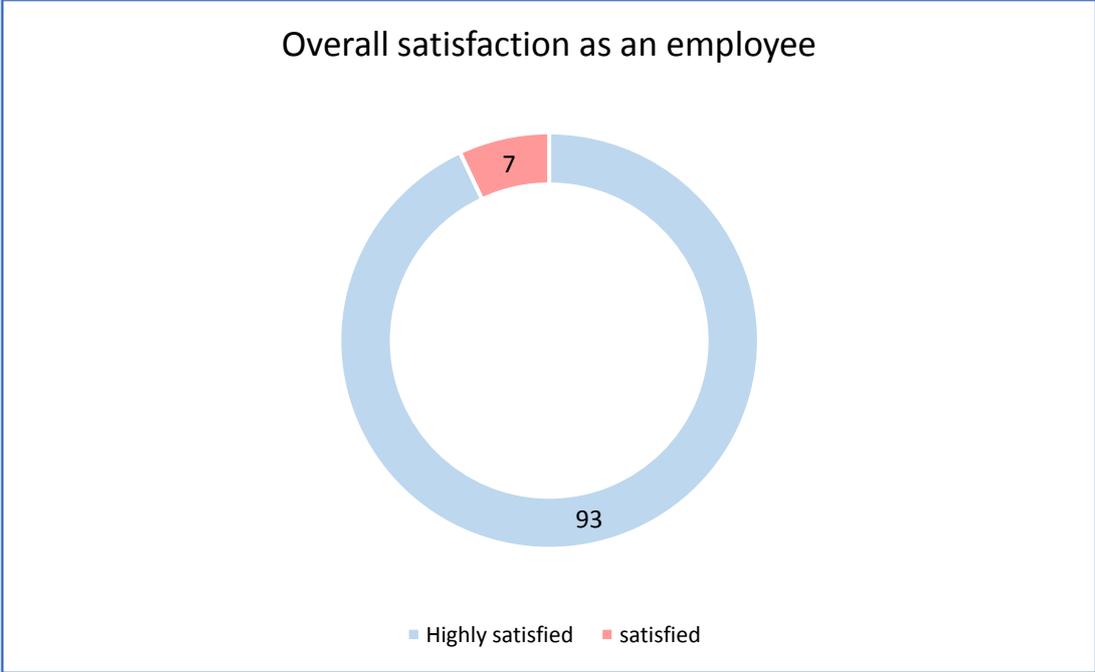
Figure 4.23 shows a very positive outlook for employees' overall satisfaction. (93%) of the employees are highly satisfied while only (7%) are satisfied as an employee. This indicated that most employees are content with their job and feel a sense of satisfaction. This is an encouraging sign that the company is committed to providing positive work environment for it's employees.

4.24 SHARING OF EXPERIENCE TO HELP EACH OTHER (N=60)

FIGURE - 4.24
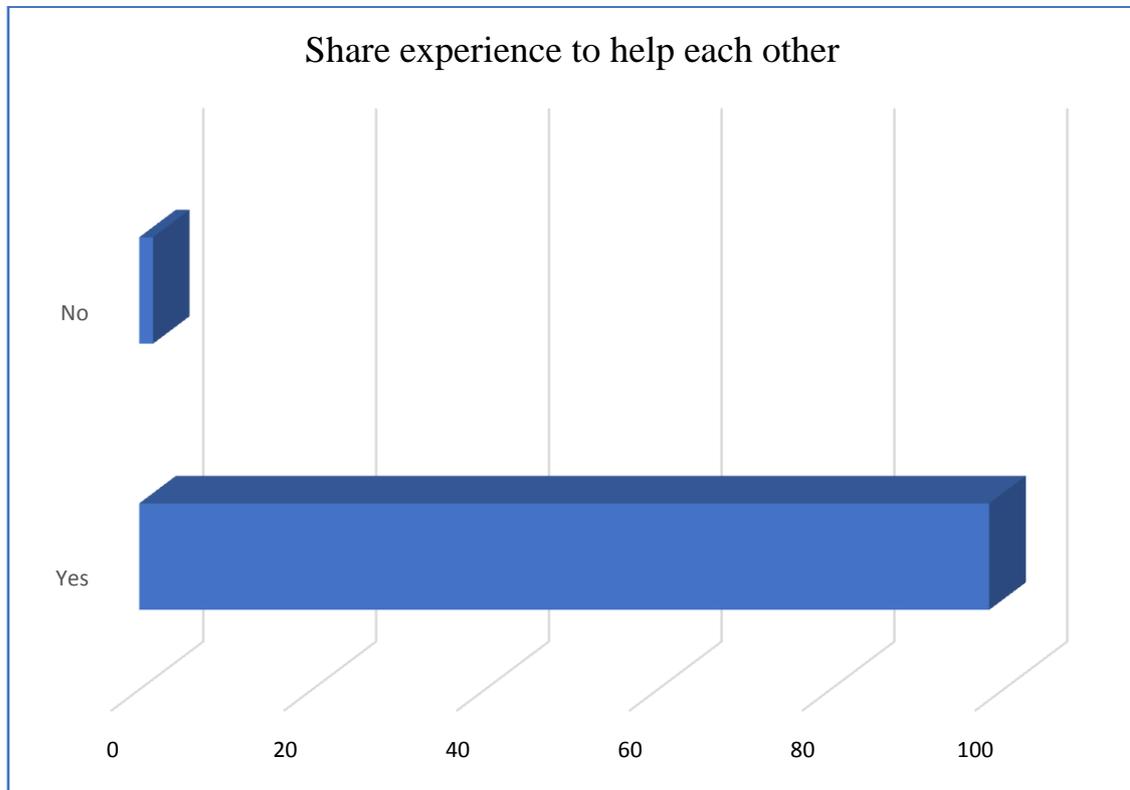
Figure 4.24 states that (98.4%) of the employees says yes to the fact that employees help each other through sharing experience and (1.6 %) have an opposite opinion. When employees work together and help each other they feel more connected and valued and they may even develop stronger relationship with their co-workers.

4.25 APPRECIATION IF THE DESIRED WORK/ TARGETS ARE ACCOMPLISHED(N=60).

FIGURE - 4.25

Appreciation

3.2

98.4

■ Yes   ■ No
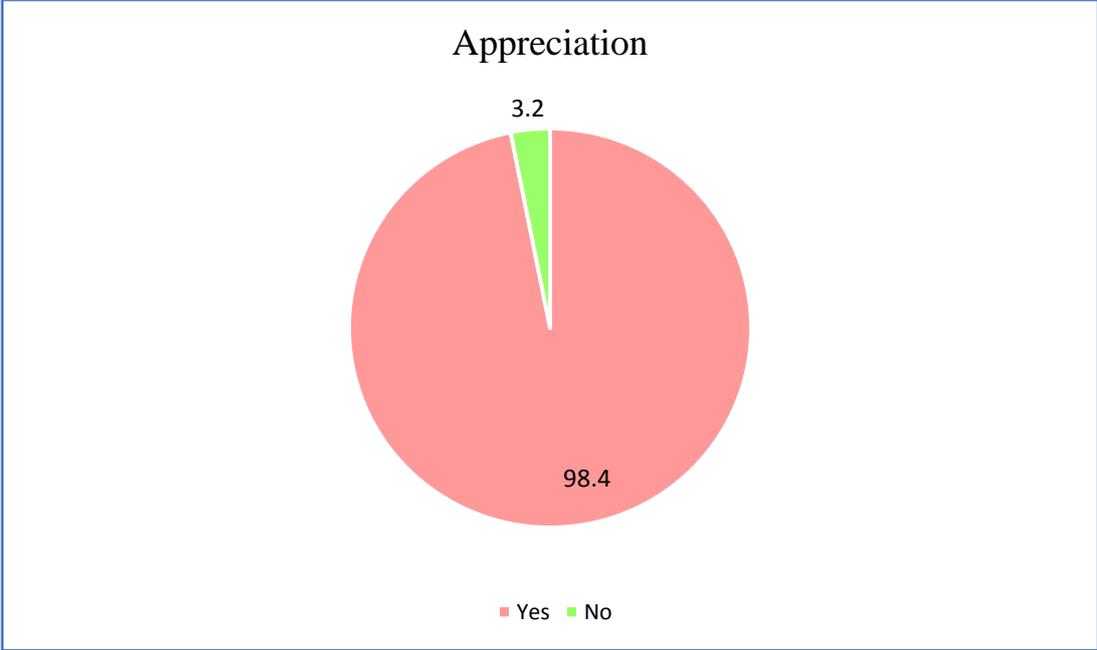
Figure 4.25 states that (98.4%) of the employees claimed that they are appreciated if the desired work/targets are accomplished and (3.2 %) of the employees came up with a contrary claim. Success does not come without challenges, so the employees should be appreciated for their willingness to strive for excellence.

4.26 THERE GOOD CAREER PROSPECT IN THE ORGANISATION(N=60)

FIGURE - 4.26

Good Career Prospect in the organisation .

1

99

■ YES ■ NO ■   ■

Figure 4.26 states that (99%) of the employees suggest that there is a good career prospect in the organisation and (1 %) do not believe so. Most of the employees believe that the organisation has a culture of innovation and that their contribution is valued and appreciated. Overall, they are optimistic about their career prospect within their organisation. They have faith in their employer's ability to recognize and reward their efforts.

4.27 SUFFICIENT MOTIVATION BY SUPERIORS(N=60)

FIGURE - 4.27
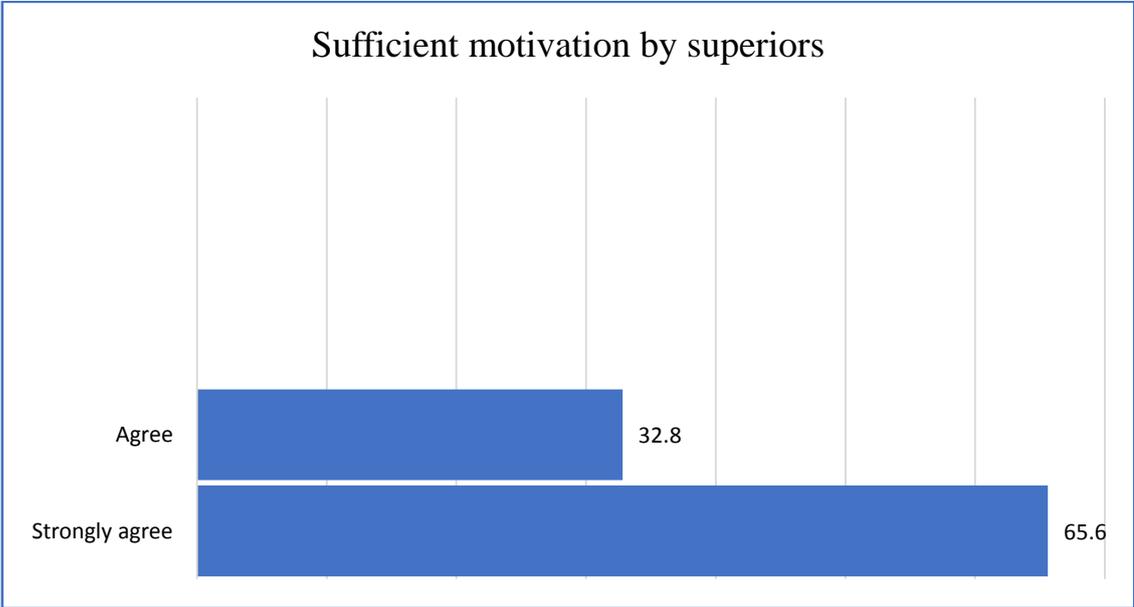
Figure 4.27 states that (65.6%) of the employees strongly agree and (32.8%) employees agree that they are sufficiently motivated by their superiors. This indicates that most of the employees strongly agree to the statement. This is extremely good to notice that superiors are taking their roles seriously and providing employees with necessary assistance and guidance to ensure they can perform to their highest potential.

4.28 VIEWS AND OPNIONS TAKEN INTO ACCOUNT WHILE DECISIONS ARE MADE(N=60)

FIGURE4.28

Views are taken into account while decessions are made

36.1

62.3
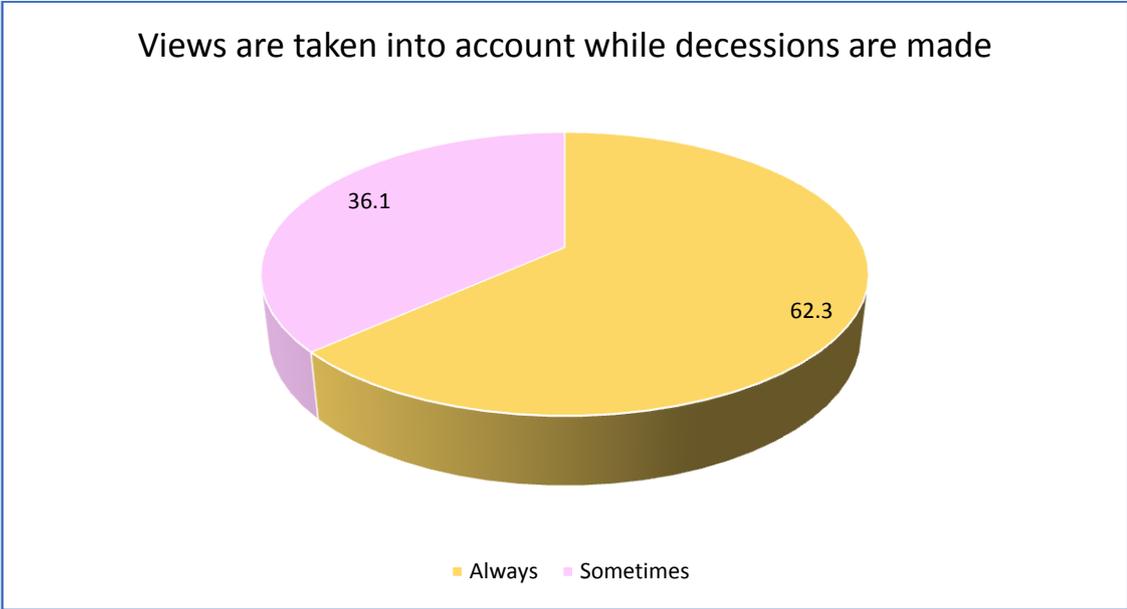
■ Always ■ Sometimes

Figure 4.28 states that (62.3%) of the employees feels that their views and opinions are always taken into account while making decisions while (36.1%) employees say only sometimes. This indicates that most of the employees are considered. This demonstrates the commitment the employers have to their employees as they strive to ensure that their staff members feel heard and valued.

4.29 RATINGS FOR MOTIVATION PROGRAMME (N=60).

FIGURE - 4.29
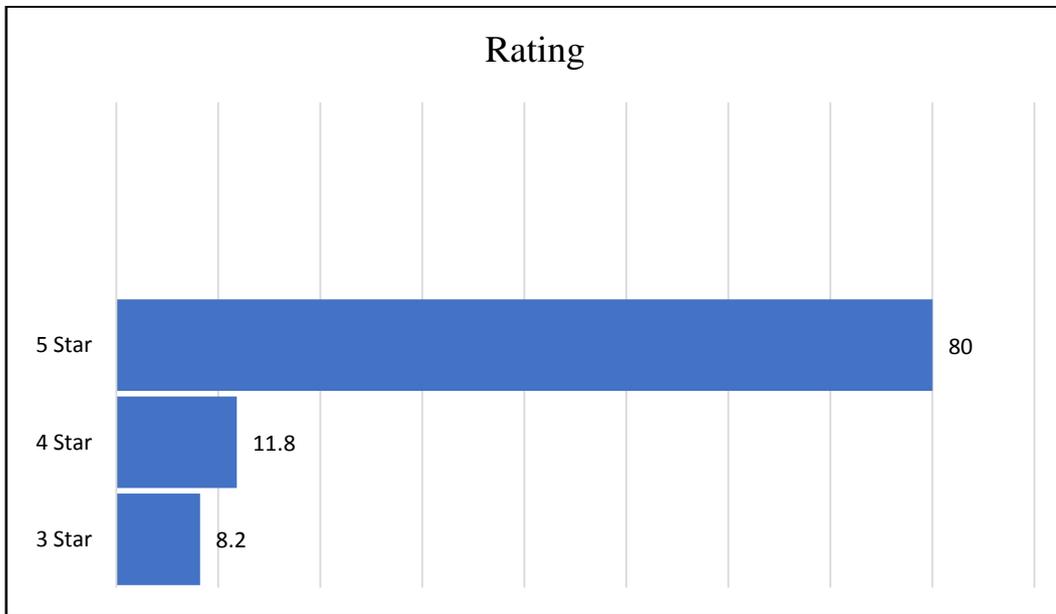
Figure 4.29 states that (8.2%) Employees rated 3star, (11.8%) employees rated 4star and (80%) employees rated 5star. Which imply that most of the employees have highly rated the motivational program of the company. This also showcases that the company has a strong record of providing employees with the resource and support necessary to be successful in their roles. Which gives a high level of job satisfaction and job security.

4.30 WORK CONTRIBUTION TO THE GROWTH AND GOALS OF THE ORGANIZATION(N=60).

FIGURE - 4.30

Work contribution to the growth and goals of the organisation

- Stronglyy Agree
- Agree

32

68
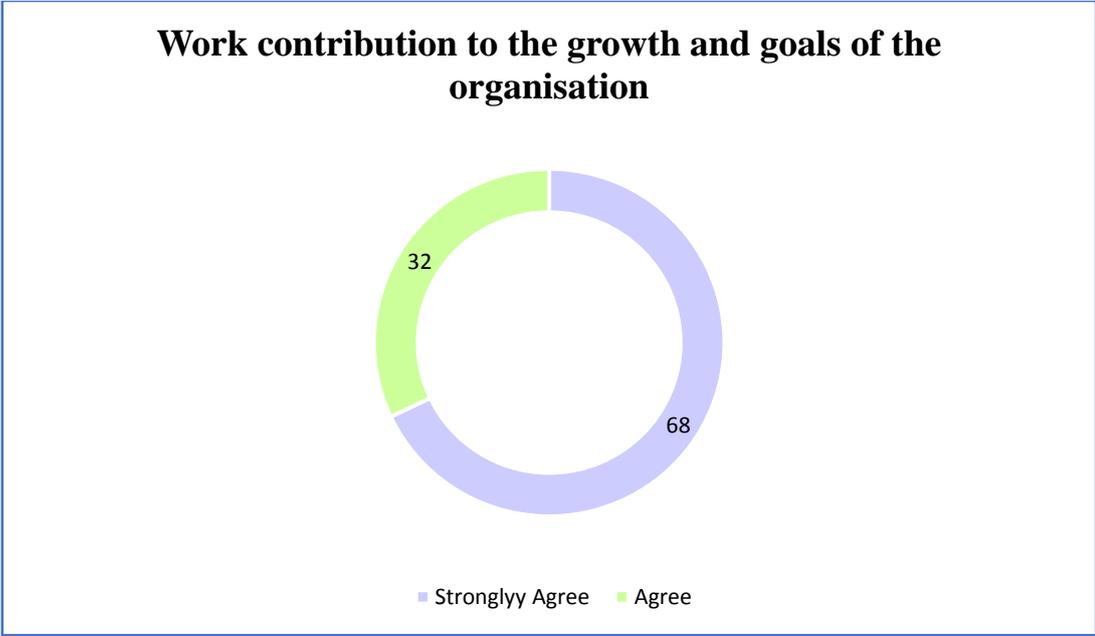
Figure 4.30 states that (68%) of the employees strongly agree and (32%) employees agree. This indicates that most of the employees strongly agree to the statement. An employee's contribution to the growth and goal of the organisation will be significant. Which enables the organisation to be more successful.

4.31 I FOCUSED AND ENERGISED TO ACCOMPLISH GOALS(N=60).

FIGURE - 4.31
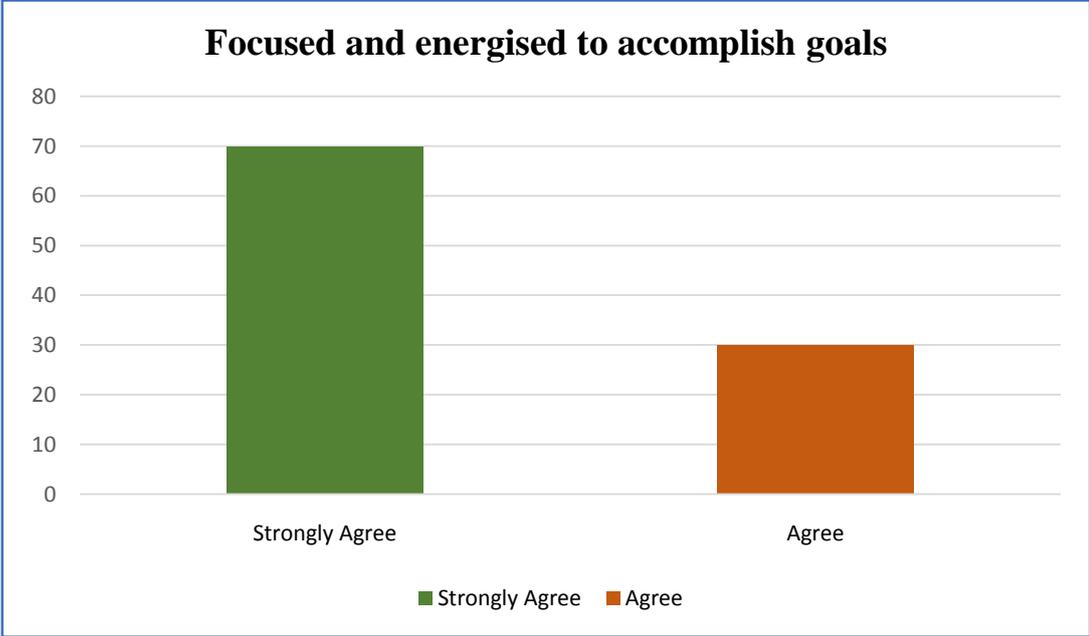
Figure 4.31 states that (70%) of the employees strongly agree and (30%) of the employees agree that they are focused and energised to accomplish goals. This indicates that most of the employees strongly agree to the statement. In order to keep the employees focused and energised, it is important to provide them with challenging and rewarding tasks.

4.3 RESOURCES TO HELP WHEN UNMOTIVATED OR UNHAPPY WITH RESPONSIBLITY (N=60)

FIGURE - 4.3

Availability of resource when unmotivated or unhappy with resposiblity
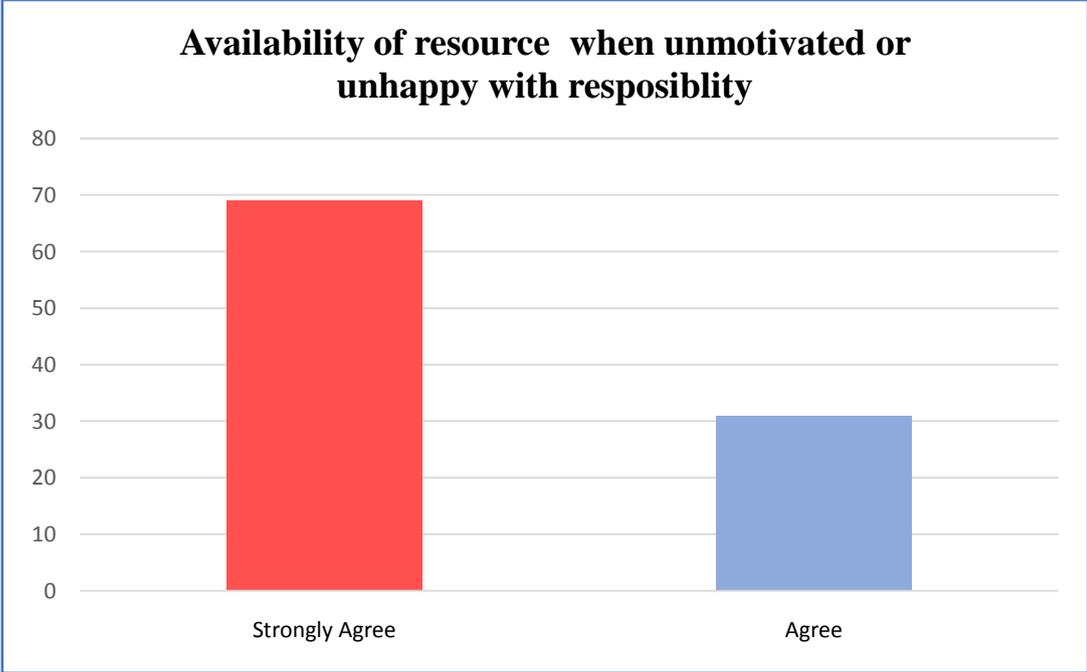
Figure 4.32 states that (69%) of the employees strongly agree and (31%) employees agree that there are resources available to help them when they feel unmotivated or unhappy with their responsibilities. This indicates that most of the employees strongly agree to this statement. Talking a break or talking to someone can help them be on track.

4.33 CONFIDENT ABOUT CONTRIBUTING TO THE ORGANISATIONAL GOALS (N=60)

FIGURE – 4.33
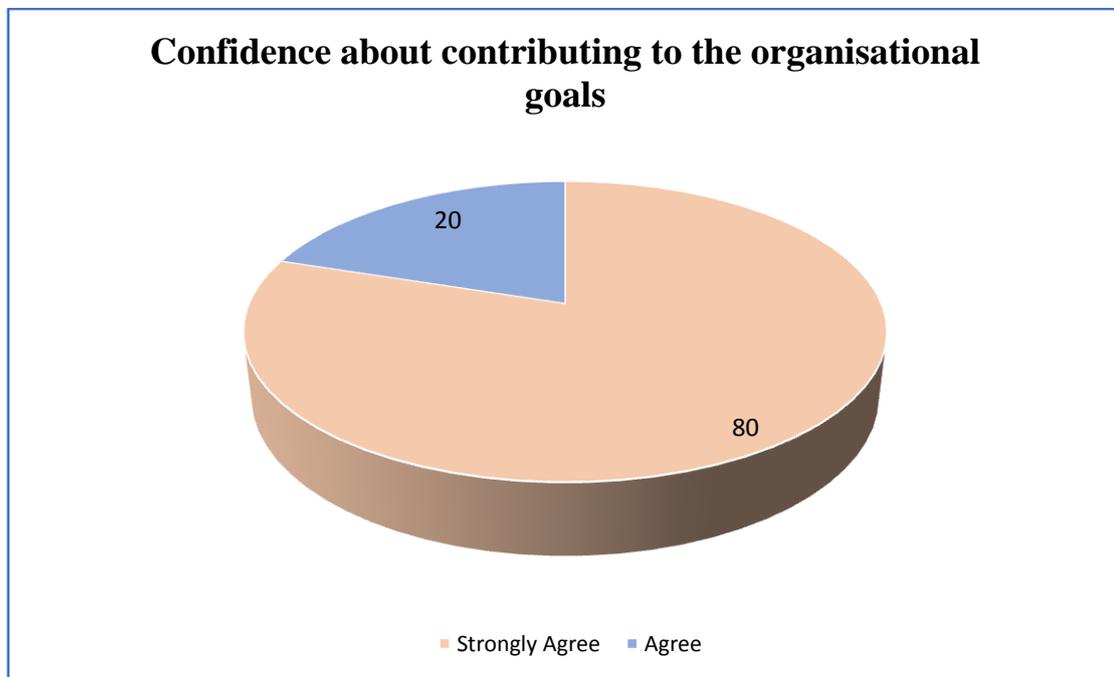
Figure 4.33 states that (80%) of the employees strongly agree, and (20%) employees agree that they are confident about contributing to the organisational goals. This indicates that most of the employees highly believe that they contributing to the organisational goals. This is a positive sign that employees feel empowered and motivated that to make meaning contribution that are beneficial to the organisation. It becomes beneficial for an organisation when employees use knowledge and expertise in a perfect manner.

CONCLUSION

The employee motivation practices, such as recognition, reward and development opportunities are effective in increasing employee motivation. However, the research also identified some factors that can affect the effectiveness of these practices such as organisational culture and nature of the job. Therefore, successful employee engagement practices should be tailored to the individual needs of the organisation and its employees. Additionally, it is important for organisations to provide ongoing support for their employees to ensure that motivation remains high.

CHAPTER V

FINDINGS AND SUGGESTIONS

CHAPTER V

FINDINGS AND SUGGESTIONS

5.1 INTRODUCTION

The research conducted on the subject of "A study on employee motivation and employee engagement practices at TVS mobility, Ernakulam" yielded several fascinating results and suggestions. Through analysis and interpretation of the acquired data, the researcher was able to single out a few major points that emerged from the study. This is designed to provide an overview of research that has been conducted, the discoveries that have been made and the recommendations that are being proposed.

5.2 FINDINGS

- The research shows that majority of the employees strongly agree that they have tools and resources to perform job effectively. Which is a very positive sign.
- The study could also find out that most of the employees are highly satisfied with the working culture of the organisation. Which is an indication of employee friendly work culture.
- The research suggests that large part of the employees have remarked that the physical working condition as Good.
- The greater part of the employees concludes that the company provides career development opportunities for developing their skill and knowledge.
- The study highlights that (45.9%) of the employees are motivated by Recognition, (31.1%) employees are motivated through motivational talks, (11.5%) of the employees are motivated by leave, (6.6%) of the employees are motivated through salary hike and (3.3%) of the employees are motivated by promotion
- The study could find out that incentives and other benefits can influence the performance of the employees.
- Employees also enjoy engagement practices linked to recognition program .This positively impact employees as they feel a sense of pride in their job.
- The researcher could perceive that the biggest part of employees feels highly satisfied while working in the company.
- A major share of the employees agrees that they have authority to perform their duty effectively.

- Employee engagement practices are also practiced in the form of festival contests where employees participate in fun activities.
- This organisation also, has a highly satisfying welfare facilities provided for the employees.
- The research could also find out that most of the employees feel encouraged to do best at work.
- The employees enjoy proper working hours at this company.
- The company has a participative model of work environment leaving no employee behind and maintaining good relation with each other.
- The company provide employee engagement practices where they conduct group activities on special days like Mother's Day, Environment day and so on.
- The superiors here motivate the employees sufficiently to help them work productively
- The employees are focused and energised to accomplish goals at work as they have good work culture and work environment.
- The company is equipped with good strategies which has enough resources to help the employee cheer up when they are unmotivated or unhappy with responsibilities.

5.3 IMPLICATION OF THE STUDY

- The study highlights a strong need of employee awarness with a positive work environment is essential to motivate employees and increase their engagement.
- This study suggests financial rewards and recognition should be used in conjunction with non-financial incentives to create an effective reward system that motivates employees.
- This study says employee feedback should be used to understand the needs and preferences of employees, and to make sure that their motivation and engagement levels are being met.
- This study puts light on the fact that companies should focus on fostering a sense of belonging among employees, as this can help to increase their motivation and engagement.

- Regular training and development opportunities should be provided to employees to help them develop their skills and increase their commitment to the organization.

5.4 LIMITATION OF THE STUDY

- The research was limited by access to certain employees of the organization.

- The research is limited by the sample size. A small sample size can lead to results that are not representative of the population being studied.

5.5 SUGGESTION FOR FURTHUR RESEARCH

- An in-depth analysis of the impact of employee motivation and engagement practices on employee retention, job satisfaction, and organizational productivity.

- An exploration of the relationship between reward, recognition, and other non-financial incentives and employee motivation and engagement.

- A study of the differences in employee motivation and engagement practices between different generations of employees.

- An examination of the role of technology in employee motivation and engagement, including the use of apps and other digital tools.

5.6 CONCLUSION

Based on the findings from this research, it is clear that employee motivation and employee engagement practices can have a significant impact on the overall performance of an organisation. It is important for organisation to not only provide competitive salaries and benefits but also to create an environment that is conducive to employee engagement. Employee motivation and engagement practices should be an essential part of any organization's strategy. It is essential to identify the needs and expectations of employees, and create strategies and practices that will help to meet these needs and expectations. Implementing effective employee motivation and engagement practices can lead to increased employee satisfaction and productivity, as well as improved organizational performance. Therefore, organizations should take the

time to understand the needs and expectations of their employees and develop strategies that will help to meet these needs. This will enable organizations to create a more satisfying and productive work environment for their employees.

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APPENDIX

A study on employee motivation and employee engagement practices in TVS Mobility, Ernakulam.

Q1. Name

Q2. Age

Q3. Gender

Q4. Address

Q5. Email or Phone number

Q76Qualification

Q7. Languages you speak

Q8. Marital Status

Q9.No. of children

Q10. Employment status

Q11 Since how many years you have been working in this organization?

 a. 0-5 Years

b. 5-10 Years

c. 10-15 Years

d. More than 15 Years

Q12. Rate your level of satisfaction with the working culture of the organization?

 a. Highly Satisfied

b. Satisfied

c. Average

d. Dissatisfied

e. Highly Dissatisfied

Q13. Do you have the necessary tools and resources to perform your job effectively?

a. Strongly Agree

b. Agree

c. Neutral

d. Disagree

e. Strong Disagree

Q14. How is the physical working condition in the Organization ?

a. Good

b. Average

c. Poor

Q15. Does your organization provide any employees career development opportunities?

a. Yes

b. No

c. No Comments

Q16. Which are the following factors that motivates you the most ?

a. Salary hike

b. Promotion

c. Leave

d. Motivational talks

e. Recognition

Q17. Do you think that incentives and other benefits will influence your performance ?

 a. Influence

b. Does not influence

c. No Opinion

Q18. Is work culture supportive in your
organization?

a. Mostly

b. Rarely

c. Sometimes

d. Not at all

Q19. How do you feel while working in the organization?

 a. Highly Satisfied

b. Satisfied

c. Dissatisfied d Highly Dissatisfied e. N

Q20. Have you taken leave in the past 12 months due to the loss of enthusiasm for work ?

 a. Yes

b. No

Q21. Please estimate the average number of hours per week that you work (both on and off site) during term time.

a. 40 – 50

b. 50 – 60

c. 60 – Above

Q22. Please indicate total workload has changed during last three years?
a. Workload has decreased

b. Workload has increased

c. Remained the same

d. No comment

Q23. How is the working Environment?

a. Participative

b. Autonomy

c. Whimsical

d. Red Tapism

Q24. Do you think Your work is according to your qualification and skills?

a. Yes

b. No

Q25.I feel encouraged to do my best at work.

 a. Strongly Agree

b. Agree

c. Neutral

d. Disagree

e. Strong Disagree

Q26. Are you satisfied with the working hours at this Organization?

 a. Highly Satisfied

b. Satisfied

c. Dissatisfied d Highly Dissatisfied e. No Comments

Q27. you have necessary authority to perform your duties effectively?

 a. Yes

b. No

Q28. Are you satisfied with the welfare facilities provided to the employees by the organization?

 a. Highly Satisfied

b. Satisfied

c. Dissatisfied

d Highly Dissatisfied

e. No Comments

Q29. I am satisfied with the lunch break , leisure break and other leave of the company

a. Highly Satisfied

b. Satisfied

c. Dissatisfied d Highly Dissatisfied

d. e. No Comments

Q30. Your Overall Satisfaction as an employee of this
Organization?

a. Highly Satisfied

b. Satisfied

c. Average

d. Dissatisfied

e. Highly Dissatisfied

Q31. Does the employees share experience to help each other ?

a. Yes

b. No

Q32. you get appreciation if the desired work / targets are accomplished ?

a. Yes

b. No

Q33. Do you think there are good career prospect in your organization?

 a. Yes

b. No

Q34. Do you feel that you are sufficiently motivated by your
superiors?

a. Strongly Agree

b. Agree

c. Neutral

d. Disagree

e. Strong Disagree

Q35. Do you feel your views and opinions are taken into account when decisions are made?

a.Always

b.Sometimes

c Rarely

d.Never

Q.26. How would you rate the motivation program in your company?

a.☆

b.☆☆

c.☆☆☆

d.☆☆☆☆

e.☆☆☆☆☆

Q37. I feel focused and energised to accomplish goals at
work. a. Strongly Agree

b. Agree

c. Neutral

d. Disagree

e. Strong Disagree

Q38. I feel my work contributes to the growth and goals of this
Organization.

 a. Strongly Agree

b. Agree

c. Neutral

d. Disagree

e. Strong Disagree

Q39.I feel there are resources available to help me when I feel unmotivated or unhappy with
my responsibilities.

a. Strongly Agree

b. Agree

c. Neutral

d. Disagree

e. Strong Disagree

Q40.I am confident about contributing to the organizational goals.

a. Strongly Agree

b. Agree

c. Neutral

d. Disagree

e. Strong Disagree

A STUDY ON FACTORS LEADING TO THE MIGRATION OF YOUTH TO ABROAD, KANNUR DISTRICT

MERIN VINSON

DON BOSCO ARTS & SCIENCE COLLEGE

ANGADIKADAVU, KANNUR 670706

2021-2023

A STUDY ON FACTORS LEADING TO THE MIGRATION OF YOUTH TO ABROAD, KANNUR DISTRICT

DISSERTATION SUBMITTED TO THE KANNUR UNIVERSITY IN PARTIAL FULFILMENT OF THE REQUIREMENTFOR THE AWARD OF THE DEGREE OF MASTER OF SOCIAL WORK

BY MERIN VINSON

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DEPARTMENT OF SOCIAL WORK

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ANGADIKADAVU, KANNUR

CERTIFICATE

This is to certify that the dissertation entitled, "**A STUDY ON FACTORS LEADING TO THE MIGRATION OF YOUTH TO ABROAD, KANNUR DISTRICT"** is a Bonafide record of work done by **MERIN VINSON** under the guidance of Mr. Zaviarkutty Francis in partial fulfilment of the requirement for the award of the degree of **Master of Social Work** during the period of her study (2021 - 2023) in the Department of Social Work, Don Bosco Arts and Science College, Angadikadavu, Kannur, affiliated to the Kannur University.

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ANGADIKADAVU KANNUR

CERTIFICATE

This is to certify that the dissertation entitled, "**A STUDY ON FACTORS LEADING TO THE MIGRATION OF YOUTH ABROAD",** submitted by **MERIN VINSON** in partial fulfilment of the requirement for the award of the degree of **Master of Social Work**, is a Bonafide record of work done under my guidance and supervision during the period of her study (2021-2023) in the Department of Social Work, Don Bosco Arts and Science College, Angadikadavu, Kannur, affiliated to The Kannur University.

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DECLARATION

I,**MERIN VINSON,**the undersigned, hereby declare that the dissertation entitled, "**a study on factors leading to the migration of youth abroad, kannur"** submitted to the Kannur University, in partial fulfilment of the requirement for the award of the degree of **Master of Social work**, is a Bonafide work done by me under the guidance of **Mr. Zaviarkutty Francis**, Assistant Professor, Department of Social Work, Don Bosco Arts and Science College, Angadikadavu. This work has not been placed by anybody in the University for the Award of any degree or diploma.

ANGADIKADAVU   **MERIN VINSON**

MAY 2023

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MERIN VINSON

ABSTRACT

The state of Kerala in India is known for its model of development and attainment of high human development indicators including the highest literacy rate in India. Yet, Kerala is overwhelmed by high unemployment and the outmigration of its residents for opportunities abroad. The popular route of migration from Kerala to other countries contributed immensely to the financial well-being of the state through remittances for decades. However, in recent years, a decline in the trend of Gulf migration and an increase in the trend of migration of youth to countries of the global north is observed in Kerala. This paper analyzed the underlying reasons behind the increased levels of youth migration and some of its resulting social and economic impacts on Kerala. The decision to migrate may not always be rational, due to the influence of fluctuating factors that transform over time. Meanwhile, the analysis of the currently observable factors fundamentally identifies this wave of migration as a movement of people toward opportunity and a better standard of living compared to what is available in Kerala. Additionally, the perception and knowledge of the conditions in the origin area and destination areas contribute heavily to migration decision-making. In the meantime, concerns about an ageing population, and further economic stagnation reverberates in Kerala as it is losing its young population.

Keywords: Migration, Youth, Opportunities abroad, better standard of living, social and economic impacts

LIST OF CONTENTS

LIST OF FIGURES

CHAPTER I

INTRODUCTION

CHAPTER I

INTRODUCTION

1.1 STATEMENT OF THE PROBLEM

The state of Kerala in India has been praised for its model of development. Kerala has accomplished the highest literacy rate in India and has excelled in education, healthcare, gender equality, and social justice. However, when examining Kerala's development successes and accomplishments, its high unemployment rates, the continuous trends of migration of its people to other regions and countries for employmentand education, and the state's reliance on remittances, cannot be overlooked. At present, Kerala is entering a new wave of migration, with a large number of youths from the state seeking employment as well as education in other countries with the goal to eventually gain permanent residency or citizenship there. This research paper, therefore, aims to analyze the factors influencing the current migration trend.

1.2 TITLE OF THE STUDY

A study on factors leading to the migration of youth to abroad, Kannur

1.3 OBJECTIVES

GENERAL OBJECTIVES

To study factors leading to the migration of youth abroad.

SPECIFIC OBJECTIVES

- To assess the socio -economic status of the migrants
- Tostudy the leading factors for migration
- To analyze the effect of migration

1.4 SIGNIFICANCE OF THE STUDY

Kerala has been praised for its model of developmentwhich has accomplished the highest literacy rate in India and has excelled in education, healthcare, gender equality, and social justice. Despite this development successes, unemployment and outward migration remain as critical concerns for Kerala.

According to the centre for development studies, Kerala is one of the states in the country which has been experiencing a very high rate of international migration. According to the ministry of external affairs, the number of Kerala students who migrated in 2019 was 30,948and in 2020 it was 15,277.

The present wave of migration could bring new social and economic challenges to Kerala, which triggers a need for analysis of the reasons behind people's movement, and the implications it could have on the future of the state. This paper therefore aims to analyse the factors influencing the current migration trend and to demonstrate some of the possible social and economic implications for Kerala.

1.5 CHAPTERIZATION

Introduction: The introduction covers the statement of the problem, the title of the study, general and specific objectives, the significance of the study, the chapterization and conclusion.

Review Of Literature: This chapter speaks about the reviews of relevant and related studies done on the migration of youth abroad and ends with conclusion.

Research Methodology: This is the important chapter which has lot of information about the research. It includes Theoretical and Operational Definition of concepts, Independent and dependent Variables, Research Design, Pilot study, Universe and unit of the study, Sampling, Sources of data - primary and secondary, Tool of data collection, Pre-test, Method of data collection and the method used for data analysis.

Data Analysis and Interpretation: The fourth chapter mainly deals with the analysis and interpretation of the collected data.

Findings, Suggestions and Conclusion: The final chapter is all about the major findings, implications of the study, limitations of the study, suggestions for further research and conclusion.

1.6 CONCLUSION

This chapter contains introduction of the study, explanation about youth migration, statement of the problem, and the significance of the study. The first chapter provides the basic information regarding the research.

CHAPTER II

REVIEW OF LITERATURE

CHAPTER II

REVIEW OF LITERATURE

2.1 INTRODUCTION

One of the largest societal issues the world is now experiencing is migration. The number of migrants is dramatically rising daily. Several factors influence migration, such as political, social, economic, and educational. The Indian state of Kerala has gained international recognition for its unique model of development and exceptional achievement in various human development indicators. Kerala boasts of the highest literacy rate in India and has made remarkable progress in areas such as social justice, healthcare, gender equality, and education. However, Kerala's high unemployment rates, significant population migration, and dependence on remittances cannot be ignored when analyzing the state's development. In recent times, there has been a surge of migration from Keralato the Global North with the ultimate goal of gaining permanent residency or citizenship there. This literature review aims to explore the factors leading to the migration of Kerala youths to other countries for employment and higher studies.

2.2 LITERATURE REVIEW

"Student Migration from Kerala, India to Destinations in the Global North: Analysis and Policy Implications" By **Mary Lucia Joseph, (2023)** explores the phenomenon of student migration from the Indian state of Kerala to destinations in the global north, including the United States, Canada, and Europe. The authors identify several key factors that motivate students to migrate, including a desire for higher quality education, better career prospects, and exposure to new cultures and experiences. They argue that student migration can contribute to brain drain and loss of talent in Kerala

The article "Four to five years, number of Kerala students opting for higher education abroad has doubled"By **Rajesh Abraham, (2022)** discusses the increasing trend of students from Kerala, India, choosing to pursue higher education abroad. The trend is

attributed to a variety of factors, including the perceived value of an international degree, better job opportunities, and the prestige associated with studying abroad.

The article titled "Emerging Patterns of Youth Migration: The Curious Case of Kerala and What Needs to be Done" by **Kandathil Sebastian (2022)** discusses the emerging patterns of youth migration in Kerala, India, and suggests potential strategies for addressing the underlying factors driving this migration. The article notes that while Kerala has a high literacy rate and a well-educated population, many young people are choosing to migrate to other states or countries in search of better job opportunities and higher wages. The article suggests that this migration is driven by a variety of factors, including a lack of high-quality job opportunities in the state, the high cost of living, and a perceived lack of social mobility.

The study "Factors influence for migration of Indian students" by **Dr. Vishal P. Deshmukh, Mrs. Sankpal S.V(2022)**discusses the factors that influence migration of Indian students. The two main elements affecting migration are wages, and quality of education. It should be stressed that the countries with the highest-quality education are not necessarily those with high wages. Therefore, there is a need to explore whether it is quality of higher education or wage levels that determine the direction of student flows.

"The article Migration of Students from India: An Overview" by **Dr. Amba Pande,(2016)**discussmigration of students from India. The number of Indian students abroad has increased four times in the last 14 years. Students' migration of such magnitude has become a major source of capital and brain drain for India while hugely benefitting the economies of the advanced countries. High standard of living, good educational and health care facilities, more job opportunities are some of the major reasons for the migration of students.

The article "Brain drain from developing countries: how can brain drain be converted into wisdom gain?" by **Sunita Dodani and Ronald E LaPorte (2005)**explores the

issue of brain drain from developing countries and proposes strategies to convert brain drain into wisdom gain. The authors argue that brain drain, the emigration of highly skilled individuals from developing countries, has negative impacts on the economic and social development of these countries. They suggest that developing countries can convert brain drain into wisdom gain by implementing policies to encourage the return of highly skilled individuals, fostering collaboration and knowledge transfer between emigrants and their home countries, and investing in education and research to retain and develop talent. The article also discusses the ethical implications of brain drain and calls for a more equitable distribution of knowledge and resources between developed and developing countries.

The paper "Driving Migration of Kerala youth's in Worldwide" discusses the reasons behind the significant migration of youth from the Indian state of Kerala to other countries across the world. The authors begin by providing a brief historical context for migration from Kerala, highlighting the role of the state's colonial past and economic struggles in driving people to seek better opportunities elsewhere.

The authors then focus on the current wave of migration from Kerala, particularly among young people, which they argue is driven by a combination of factors including economic and social aspirations, globalization, and changing cultural attitudes towards migration.

Kerala is perhaps one of the states in the country which has been experiencing a very high rate of international migration. The Kerala Migration Survey 2014 has found that flow of Keralites to abroad still continues mainly because of the state's inability to provide suitable jobs for the increasing number of educated youths

The findings of why youths leave Kerala are High taxes & prices, Corruption & sectarianism, Partiality & non respects, Corruption, Human values & Poor living conditions, Development, Strikes.

The factors that motivate people abroad are better living condition in every aspect, pay per hour wages, Social Security, Transparency of everything, Corruption less, Obeys

rules and regulations, Respect others and human values. Overall, the paper provides a comprehensive overview of the driving forces behind the migration of Kerala youth.

The article titled "As brain drain of Kerala youth continues, is the state turning into old age home?"(2022) discusses the continuing trend of youth migration from Kerala, India, and the potential consequences for the state's demographics and economy.

The article notes that despite significant improvements in education and economic development in Kerala, many young people continue to leave the state in search of better job opportunities and higher salaries abroad. The reasons also include personal freedom, a better standard of living, social security and respect for work. Poor salaries for educated people as per their educational qualification and the inefficiency of the education sector is also forcing the youth to leave the country.

The article cites data showing that more than 1.5 million Keralites are currently living abroad, with many of them highly skilled professionals in fields such as medicine, engineering, and IT. While this has contributed to the state's remittance economy, the article suggests that it has also created a "youth vacuum" that could have negative consequences for the state's social and economic development. The article discusses some of the potential implications of youth migration from Kerala, including the loss of human capital, the impact on family structures, and the challenges of an aging population.

The article concludes with a call for action to address the root causes of youth migration from Kerala, including the need for better job opportunities and education in the state. Ultimately, the article argues that addressing youth migration is critical for the future of Kerala and its people.

Youth and Migration Aspiration in Kerala by **KM Sulaiman & R. B. Bhagat, (2022)** is a paper that explores the aspirations and motivations of young people in the Indian state of Kerala to migrate abroad. The authors begin by providing a brief overview of Kerala's history of migration, highlighting the role of economic hardship and unemployment in driving people to seek better opportunities elsewhere.

The paper then focuses on the aspirations of young people, drawing on qualitative research conducted through interviews and focus group discussions with students and young professionals. The authors argue that young people in Kerala are increasingly looking beyond their immediate surroundings and are motivated by a desire for upward mobility and a better quality of life.

The authors also note that globalization and changing attitudes towards migration have played a significant role in shaping the aspirations of young people in Kerala. They argue that migration has become increasingly normalized and is seen as a viable option for achieving personal and professional goals.

However, the paper also highlights the challenges and obstacles faced by young people in pursuing their aspirations for migration. These include financial constraints, language barriers, and the difficulties of navigating complex and often opaque immigration systems. Overall, the paper provides a nuanced and detailed analysis of the aspirations and motivations of young people in Kerala towards migration.

Student Migration from Kerala, India to Destinations in the Global North: Analysis and Policy Implications By **Mary Lucia Joseph, (2023**) is a paper that explores the phenomenon of student migration from the Indian state of Kerala to destinations in the global north, including the United States, Canada, and Europe.

The paper presents the results of a quantitative study that was conducted through surveys and interviews with students, parents, and education consultants in Kerala. The authors identify several key factors that motivate students to migrate, including a desire for higher quality education, better career prospects, and exposure to new cultures and experiences.

The authors also note that student migration has significant economic and social implications, both for Kerala and for the global north. They argue that student migration can contribute to brain drain and loss of talent in Kerala, but also that it can lead to increased cultural exchange and economic benefits for both sending and receiving countries.

The paper concludes by highlighting the need for policymakers to develop strategies that can effectively address the challenges and opportunities presented by student migration. The authors argue that policies should focus on improving the quality of education and employment opportunities in Kerala.

Migration of youths for foreign education to have lasting impact on Kerala society By **Muralee Thummaruk, (2023**)discusses the growing trend of young people from Kerala, India, pursuing higher education abroad and its impact on the state's society. The author notes that the number of Keralite students studying abroad has been increasing over the past decade, with a significant proportion of them choosing to settle permanently in the countries where they study.

The article highlights the challenges and opportunities presented by this trend, both for the individuals involved and for Kerala as a whole. On the one hand, studying abroad can provide young people with access to high-quality education, better career opportunities, and exposure to new cultures and experiences. On the other hand, it can lead to brain drain and loss of talent in Kerala, as well as social and cultural disconnection between the students and their home society.

Overall, the article highlights the complex and multifaceted nature of student migration from Kerala and its impact on the state's society. It calls for a more nuanced and informed public discourse on this issue, as well as for policies and interventions that can effectively support the educational and career aspirations of young people in Kerala, while also mitigating the negative consequences of brain drain and cultural disconnection.

Four to five years, number of Kerala students opting for higher education abroad has doubled"By **Rajesh Abraham**, , 2022discusses the increasing trend of students from Kerala, India, choosing to pursue higher education abroad.According to the article, the number of students from Kerala who choose to study abroad has doubled in the last four to five years. This trend is attributed to a variety of factors, including the perceived value of an international degree, better job opportunities, and the prestige associated with studying abroad.

The article also notes that while the United States, the United Kingdom, and Canada remain popular destinations for Kerala students, other countries such as Germany, France, and Australia are also becoming increasingly popular.

The article quotes education experts and advocates who suggest that the increasing trend of students studying abroad highlights the need for improved educational opportunities and infrastructure in Kerala. They argue that investing in high-quality education in the state can help to retain talent and foster innovation, while also addressing some of the root causes of youth migration.

Overall, the article provides an interesting overview of the trend of Kerala students pursuing higher education abroad, and the potential implications for the state's economy, society, and education system.

"Emerging Patterns of Youth Migration – the Curious Case of Kerala and What Needs to be Done" by Kandathil Sebastian, discusses the emerging patterns of youth migration in Kerala, India, and suggests potential strategies for addressing the underlying factors driving this migration.

The article notes that while Kerala has a high literacy rate and a well-educated population, many young people are choosing to migrate to other states or countries in search of better job opportunities and higher wages. The article suggests that this migration is driven by a variety of factors, including a lack of high-quality job opportunities in the state, the high cost of living, and a perceived lack of social mobility.

The article highlights the potential negative consequences of this migration for Kerala, including brain drain and a loss of human capital. The article suggests that addressing the underlying factors driving migration will require a multi-pronged approach, including investment in job creation and economic development, education and skills training programs, and efforts to promote social mobility and reduce inequality.

The article also suggests that government policies can play a role in addressing the underlying drivers of migration. This may include measures such as providing incentives for businesses to invest in Kerala, promoting entrepreneurship and small

business development, and investing in infrastructure and technology to attract new industries and create new job opportunities.

Overall, the article provides a thoughtful analysis of the factors driving youth migration in Kerala, and suggests potential strategies for addressing this issue. The article underscores the importance of investing in economic development and social mobility to retain talent and promote sustainable growth in the region.

The study "Life Quality or Better Income: Understanding the Reasons for Migration and PR of Students from Kerala, Studying Abroad"Vinod Kumar K., Sreekutty U., Varna Mary George, Arun K, ieomsociety,(2022)explores the motivations and experiences of students from Kerala who have migrated abroad for higher education. The study used a survey-based approach to gather data from a sample of 213 students from Kerala who were studying in universities abroad. The findings suggest that the primary reasons for migration were to gain a better education and career prospects, with better income and life quality being secondary motivators. The study also found that students faced various challenges related to cultural adaptation, language proficiency, and social isolation, but overall, they were satisfied with their decision to migrate and were optimistic about their future career prospects. The study concludes with recommendations for policymakers to support the development of higher education in Kerala and to provide better support for students who choose to migrate abroad for education and employment opportunities.

The article "Brain drain from developing countries: how can brain drain be converted into wisdom gain?" by **Sunita Dodani and Ronald E La Porte (2005)** explores the issue of brain drain from developing countries and proposes strategies to convert brain drain into wisdom gain. The authors argue that brain drain, the emigration of highly skilled individuals from developing countries, has negative impacts on the economic and social development of these countries. They suggest that developing countries can convert brain drain into wisdom gain by implementing policies to encourage the return of highly skilled individuals, fostering collaboration and knowledge transfer between emigrants and their home countries, and investing in education and research to retain

and develop talent. The article also discusses the ethical implications of brain drain and calls for a more equitable distribution of knowledge and resources between developed and developing countries. Overall, the article provides insights into the challenges and opportunities associated with brain drain and proposes practical solutions for converting brain drain into wisdom gain.

The article "Skilled migration: the perspective of developing countries" **by Frédéric Docquier and Hillel Rapoport (2007)** examines the impact of skilled migration on developing countries. The authors argue that skilled migration can have both positive and negative effects on developing countries, depending on the level and nature of migration. They highlight the potential benefits of skilled migration, such as remittances, brain gain through return migration, and knowledge transfer through diaspora networks. However, they also note that skilled migration can lead to brain drain and loss of human capital, exacerbate labor market shortages, and contribute to the development of global inequalities. The article reviews the empirical evidence on skilled migration and discusses the policy options available to developing countries to mitigate the negative effects and maximize the benefits of skilled migration. The authors suggest that policies aimed at retaining skilled workers, promoting return migration, and facilitating knowledge transfer through diaspora networks can help to address the negative impacts of skilled migration. Overall, the article provides valuable insights into the complex and multifaceted issue of skilled migration and its implications for developing countries.

The article "From Brain Drain to Brain Gain: Migration of Medical Doctors from Kerala" by **Aravind Lathika and Rajendra Kumar(2017**) explores the patterns and drivers of medical doctor migration from Kerala, a state in India known for its high level of human development and healthcare services. The authors argue that brain drain, or the emigration of highly skilled medical professionals, has negative consequences for the healthcare system and economy of Kerala. They suggest that policymakers should adopt strategies to convert brain drain into brain gain, by attracting and retaining skilled medical professionals, promoting knowledge transfer, and leveraging diaspora networks. The article provides empirical evidence on the patterns and factors driving medical doctor migration from Kerala, including factors

such as career opportunities, better pay, and quality of life. The authors suggest that policies aimed at improving the working conditions and career prospects of medical professionals, investing in medical education and research, and strengthening healthcare infrastructure can help to reduce brain drain and promote brain gain. Overall, the article provides valuable insights into the challenges and opportunities associated with medical doctor migration from Kerala and suggests practical solutions for addressing this issue.

The article "International Migration of Kerala Students for Medicine Course" by **Paul Thomas (2020)** explores the motivations and experiences of Kerala students who migrate abroad for medical education. The authors argue that Kerala, a state in India known for its high level of human development and education, has become a significant source of international medical students due to a shortage of medical seats in the state and high demand for medical education. The article reviews the literature on international medical student migration from Kerala and presents empirical evidence on the motivations, challenges, and outcomes of medical student migration from Kerala to various destination countries such as Russia, China, and the Philippines. The authors highlight the factors that drive medical student migration, such as limited access to medical seats in India, better career opportunities, and quality of education abroad. They also discuss the challenges faced by students during the migration process, such as cultural adaptation, language proficiency, and financial constraints. The article concludes with recommendations for policymakers and institutions to address the issue of medical student migration, including increasing the number of medical seats in India, improving the quality of medical education and infrastructure, and providing better support for international medical students. Overall, the article provides valuable insights into the phenomenon of medical student migration from Kerala and its implications for the healthcare system and human development in the state.

"Factors influence for migration of Indian students" by **Dr. Vishal P. Deshmukh , Mrs. Sankpal S.V (2022)** discusses the factors that influence migration of Indian students. The purpose of this study is to explore the elements affecting students' decision on migration. The two main elements affecting migration are wages, and quality of education. It should be stressed that the countries with the highest-quality

education are not necessarily those with high wages. Therefore, there is a need to explore whether it is quality of higher education or wage levels that determine the direction of student flows. A study of the foreign experience of India shows that trends in educational migration, the outflow of talented youth are relevant issues for these countries. Only a competitive economy, financial and professional incentives can retain the best specialists in their country. This study gives an idea about the reasons behind the migration of students from India to foreign countries.

"Migration of Students from India: An Overview" **Dr. Amba Pande, (2016)**discussing migration of students from India. The number of Indian students abroad has increased four times in the last 14 years. Students' migration of such magnitude has become a major source of capital and brain drain for India while hugely benefitting the economies of the advanced countries. Ninety percent of student movement from India is concentrated in five countries of which the United States is by far the largest recipient, receiving more than half of the expatriate Indian students, followed by Australia and the United Kingdom. High standard of living, good educational and health care facilities, more job opportunities are some of the major reasons for the migration of students. This article gives an idea about the reasons behind brain drain.

"Student migration: An economic opportunity or a challenge?"**Ambarish Datta, (2018)** discusses the economic impacts of migration. Migration is not a problem, it's a process. Migration of the youth triggers from the need for quality education or forced due to domestic political and social unrest. About 4.6 million students globally study away from their home countries, of which 53% are from Asia. India sends out 300,000 students annually, second to China (800,000). In a globalised world, university education in another country is a real option. Employers also look for people who have global experience, cross-cultural competence and language skills. Among the reasons students go abroad, other than access to quality education, is the need for a better lifestyle and the belief that studying abroad is a passport to a good life. For Indians, one of the reasons is the abysmal quality of home universities-poor infrastructure, shortage of good teachers, jaded curriculum, industry disconnect. In 2016-17, Indians spent $3.7 billion towards 'maintenance of close relatives' and 'studies abroad', with these two items accounting for 45% of all outward remittances. Worryingly, for a country that

runs a perpetual trade deficit, these outflows have grown 13-fold since FY12, from $279 million. This is a huge drain on our resources. The amount sent out is more than many of our mega federal social support programmes. This study helps to understand the economic impacts of brain drain.

2.3 CONCLUSION

The present chapter reviews a framework for the research. The chapter helps the researcher to know about the previous studies related to the topic and also methodology used for analysis and interpretation of data. This gives us an overall idea about the topic and offers us vast understanding.

CHAPTER III

RESEARCH METHODOLOGY

CHAPTER III

RESEARCH METHODOLOGY

3.1 INTRODUCTION

"Methodology is the philosophical framework within which the research is conducted or the foundation upon which the research is based." (Brown,2006)

The researcher applies quantitative approach to find the factors leading to the migration of youth abroad. This chapter is a description of the methodology followed by the researcher to carry out the study scientifically and systematically.

3.2 DEFINITION OF CONCEPTS

3.2.1 THEORETICAL DEFINITION

Youth

The United Nations defines youth as "those persons between the ages of 15 and 24 years, without prejudice to other".

Youth are defined as those aged 15to 29 in the national youth policy

Migrant

The UN Migration Agency, International Organization for Migration (IOM), defines a migrant as any person who is moving or has moved across an international border or within a State away from his/her habitual place of residence, regardless of: the person's legal status.

Abroad

According to Cambridge dictionary,abroadmeans "in or to a foreign country or countries" Orbeyond the boundaries of one's country"

3.2.2 OPERATIONAL DEFINITION

Youth:

an individual who is between the ages of 18 to 35

Migration:

Movement of people from their own home country to another for various purposes, for a long period of time.

Abroad:

A country other than the home country of the youth

3.3 VARIABLE

Variables are the characteristics or conditions that are manipulated, controlled or observed by the researcher. There are two types of variables – independent and dependent variable.

3.3.1 INDEPENDENT VARIABLE

Independent variable is the cause, its value is independent of other variables in the study. The independent variable in this research is factors leading to the migration of youth.

3.3.2 DEPENDENT VARIABLE

Dependent variable is the effect, its value is dependent on other variables in the study. The dependent variable in this research is migrating youth.

3.4 HYPOTHESIS

Low wages for youth in Kerala, better standard of living abroad, lack of suitable jobs in Kerala, socio political instability, less parental interference abroad, better education abroad are the factors leading to the migration of youth abroad.

3.5 RESEARCH DESIGN

The researcher has used the cross-sectional descriptive research design. Descriptive research design is a fact-finding investigation with adequate interpretation.

3.6 PILOT STUDY

The purpose of the pilot study is to check feasibility of the study. In order to identify the feasibility of the study, the researcher referred articles and researches. The researcher also had discussions with some teachers and identified that the topic is more important and effective in the present scenario.

3.7 UNIVERSE AND UNIT OF THE STUDY

3.7.1 UNIVERSE

All the items under consideration in any field of inquiry constitute a 'universe' or 'population'. The universe in this research is migrants from Kannur district migrated to European countries.

3.7.2 UNIT

A 'unit' or 'sample' is the subset of the population. The unit in this research is one migrant in Kannur district.

3.8 SAMPLING

The research is conducted by using snowball sampling. Snowball sampling is a sampling method used by researchers to generate a pool of participants for a research study through referrals made by individuals whoshare a particular characteristic of research interest with the target population.

3.9 SOURCES OF DATA

Researcher used the data from both primary and secondary sources

3.9.1 PRIMARY

The primary data is collected from 60 migrants from Kannur district who has migrated to European countries and   in the age group of 18 to 35. The data was collected through a self-prepared questionnaire by the researcher.

3.9.2 SECONDARY

The secondary data is collected from articles, books, and previous researches.

3.10 TOOLS OF DATA COLLECTION

The process of data collection is the most important part of research. Researcher choose the self-prepared questionnaire as the research tool. The questionnaire was prepared based on the objectives of the study.

3.11 PRE-TEST

Pretesting is the stage in research when questionnaire is tested on samples or target population or study population to evaluate the reliability and validity of the survey instruments prior to their final distribution. The researcher for the pre-test discussed the

questionnaire with some of the migrants and checked the reliability and validity of the questionnaire and made the needed corrections.

3.12 METHOD OF DATA COLLECTION

The data was collected with the help of self-prepared questionnaire from respondents. Data collection means gathering information from the samples to address those critical evaluation questions that the researcher has identified earlier in the evaluation process.

3.13 METHOD OF DATA ANALYSIS

Data analysis plays an important role in the research process as researchers get an understanding of the research in general. The data collected was subjected to coding, tabulation, analysis using various statistical methods, tables, graphs. Statistical packages for social science (SPSS) and MS EXCEL are used to make the analysis simpler of the process involved in data analysis.

CHAPTER IV
ANALYSIS AND INTERPRETATION

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ANALYSIS AND INTERPRETATION

4.1 INTRODUCTION

Analysis and interpretations are integral part of any research. Analysis is the ordering of data into consistent part in order to obtain answers to research questions.

This chapter deals with analysis and interpretation of the collected data from the respondents. The data were collected from 60 respondents in Kannur district who has migrated to different European countries. The data was analysed and interpreted with the help of tables and figures, which helps for easy understanding. The researcher has done analysis with the help of SPSS (Statistical Package for Social Science) and used various tools and graphical representation methods for analysing and presenting the data.

4.2 ANALYSIS AND INTERPRETATION
4.2.1 AGE OF THE RESPONDENTS(N=60)
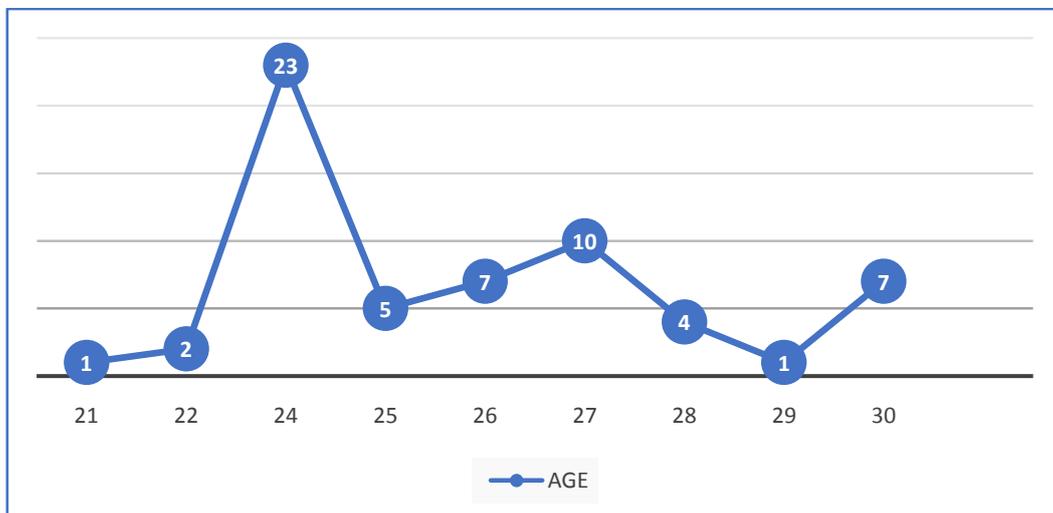
The above figure shows the age of the respondents in which 23 respondents were of age 24 ,10 respondents were of age 27, 7 respondents each of age 26 and 30. Other respondents were of age 28 (4 respondents),25 (5 respondents),22 (2 respondents),21 (1 respondent), & 29 (1 respondent). Majority of the respondents were of age 24.

4.2.2 GENDER OF THE RESPONDENTS(N=60)
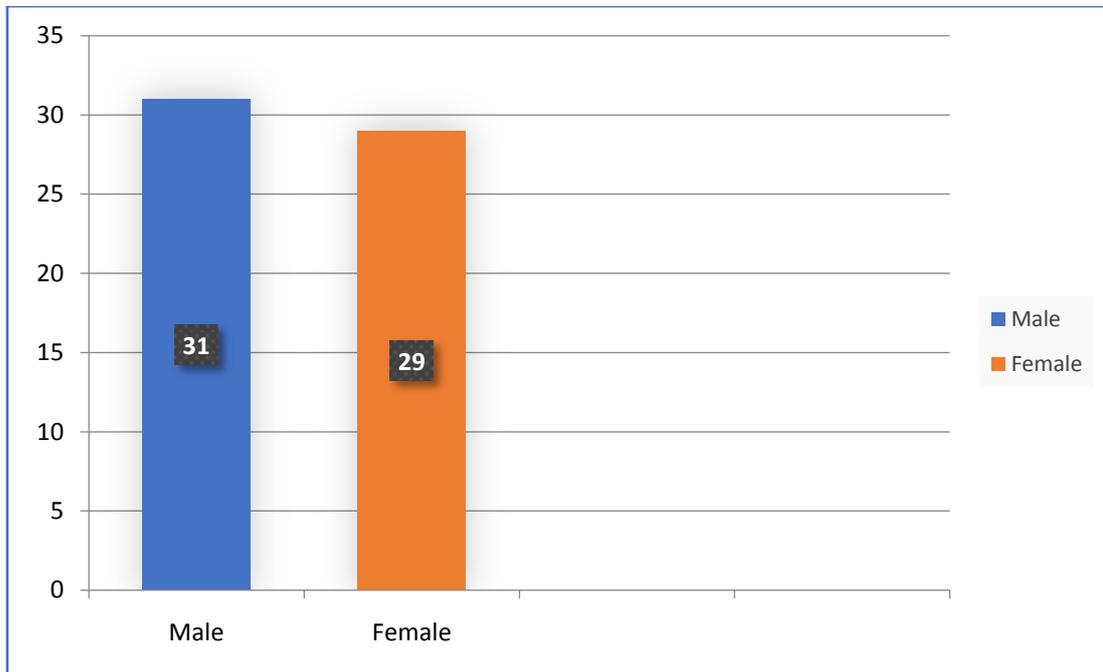
The above figure shows the percentage of 60 respondents. Here, 52 percentage respondents are male and other 48 percentage respondents are female. The migration of male is 4 percent higher than that of female. Males migrate more than females.

4.2.3 RELIGION OF THE RESPONDENTS(N=60)
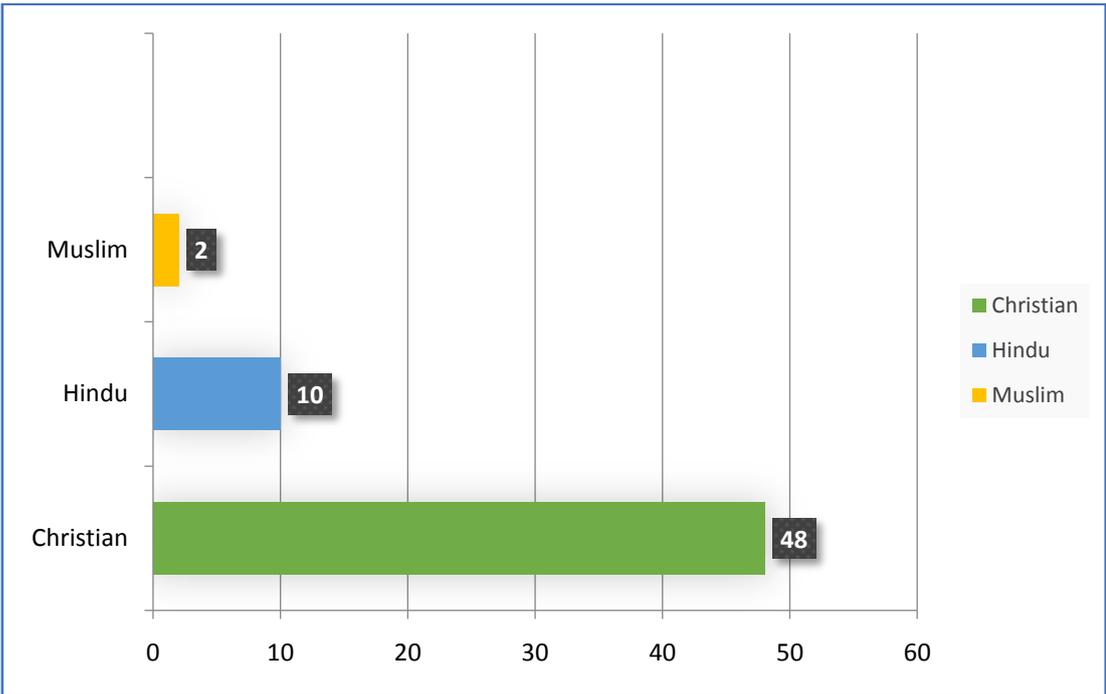
The figure shows the religion of the respondents. Most of the respondents i.e., 80 percentage were Christian.Here,17 percentage of respondents were Hindu and the other 3 percentage of respondents were Muslim. It can be interpreted that Christians are the ones mostly migrating to European countries.

4.2.4 DOMICILE OF THE RESPONDENTS(N=60)
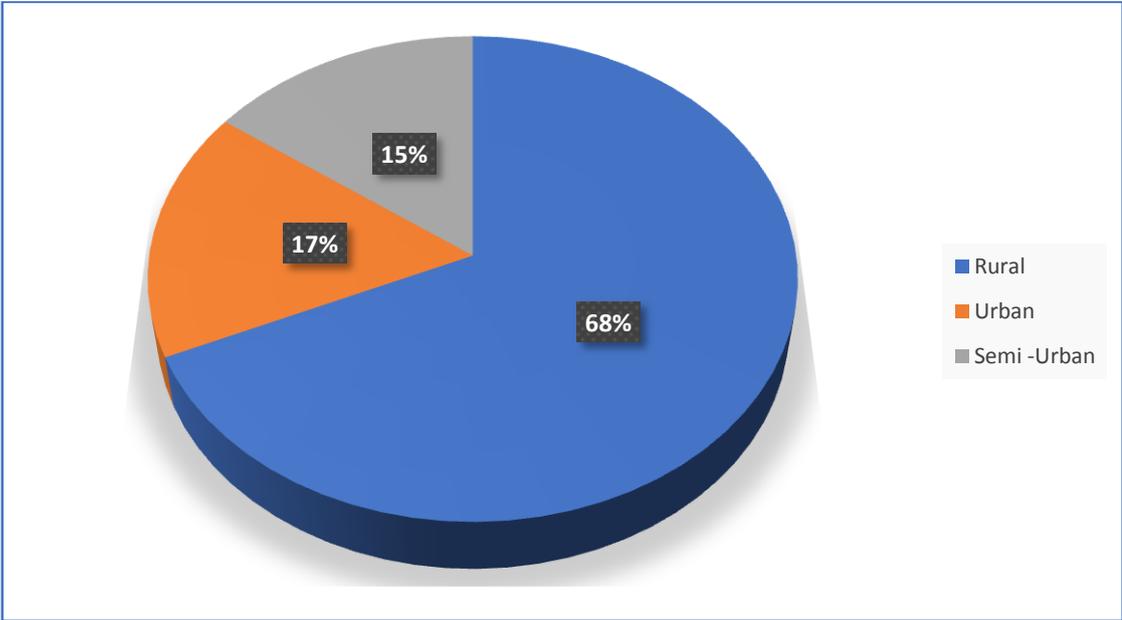
Figure indicate the domicile of the respondents in which 68 percentage of respondents are from Rural background,17 percentage of respondents from Urban and 15 percentage of respondents from Semi-urban background. It suggests that a significant proportion of young people who migrate internationally come from rural areas. This may be due to fewer economic opportunities and lower living standards in rural areas than urban areas, which can lead young people to seek a better life elsewhere.

4.2.5 ECONOMIC STATUS OF THE RESPONDENTS(N=60)
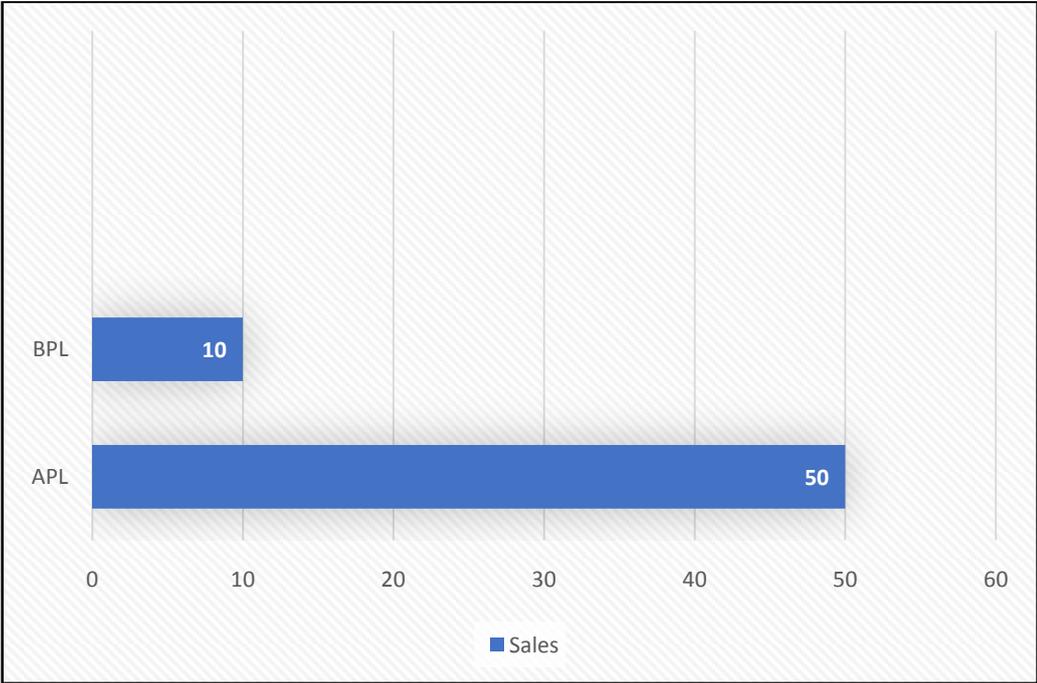
The above figure indicates the economic status of the respondents in which 83 percentage of respondents are APL and only 17 percentage respondents are BPL. Migration can be costly, and individuals from lower socio-economic backgrounds may face additional challenges in accessing the resources needed to migrate.

4.2.6   ANNUAL INCOME OF THE FAMILY(N=60)
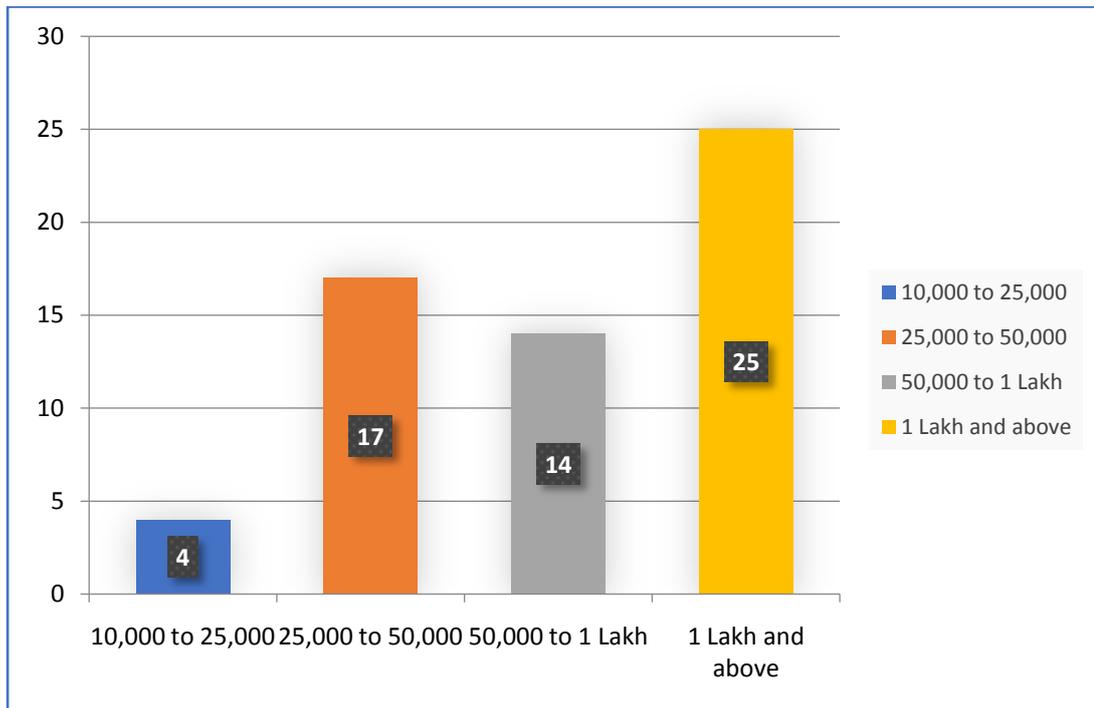
The figure indicates the annual income of the family in which 42 percentage respondents' annual income is 1 Lakh and above, 28 percentage respondents' annual income is 25,000 to 50,000, 23percentage respondents' annual income is 50,000 to 1 Lakh and that of remaining 7 percentage is 10,000 to 25,000. This indicate that youth from high family annual income migrate, this may be due to high expense of migration as indicated above.

4.2.7 EDUCATIONAL STATUS OF THE RESPONDENTS(N=60)
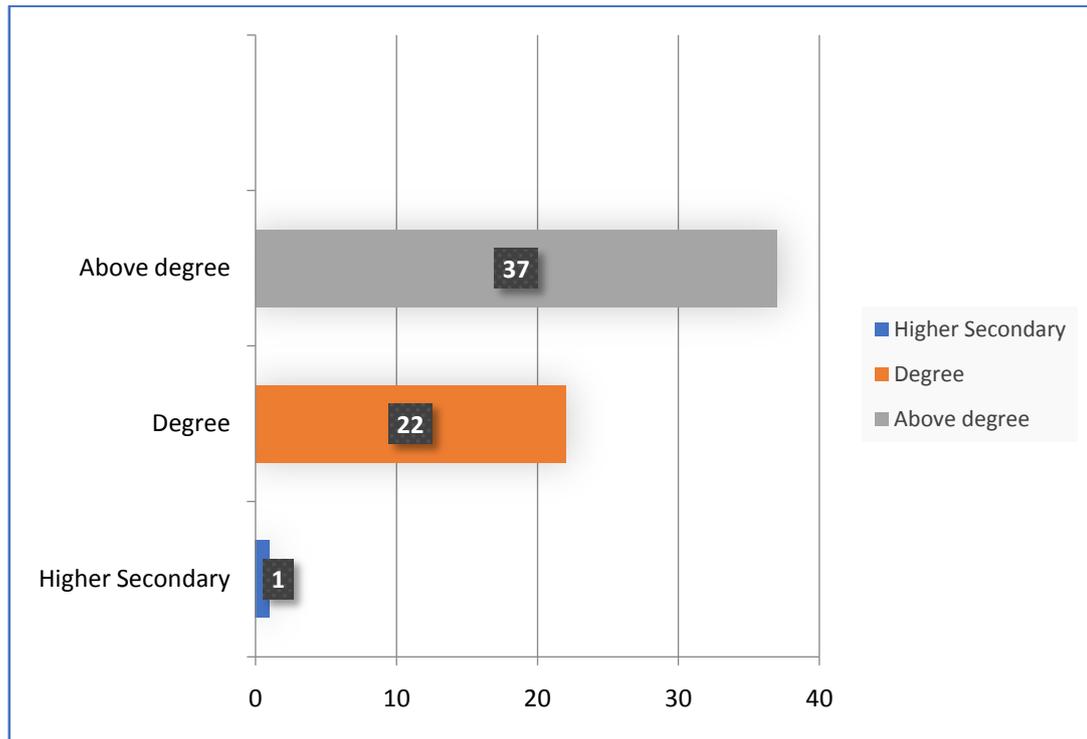
The above figure shows the educational status of the respondents in which 62 percentage respondents are with above degree educational qualification ,36 percentage respondents are with degree qualification. Remaining 2 percentage respondents are with higher secondary qualification. Majority of the migrants are above degree qualification. The result indicates that Kerala loses the educated youth i.e., the state loss skilled youths potentially reducing productivity and innovation.

4.2.8 CURRENT ANNUAL INCOME OF THE RESPONDENTS(N=60)
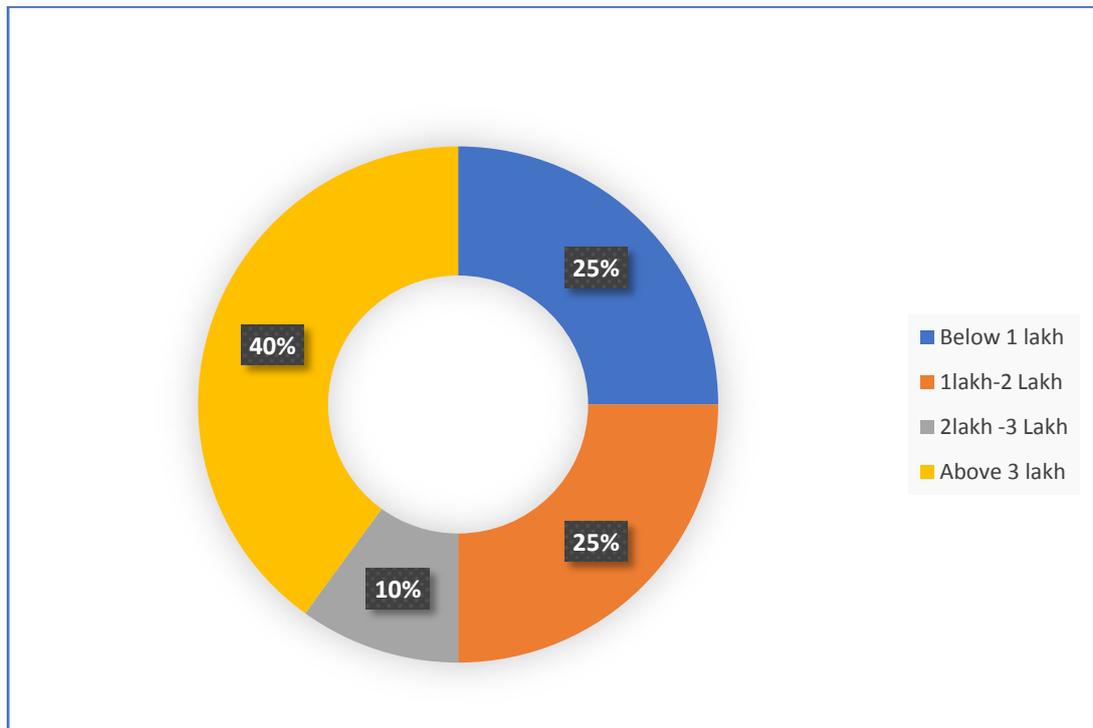
The figure indicates the current annual income of the respondent in which 25percentage respondents' current annual income is below 1 Lakh and another 25 percentage is 1 Lakh to 2 Lakh ,40 percentagerespondents' annual income is above 3 lakhs, 10 percentage respondent is 2 Lakh to 3 Lakh. This was to analyse whether the current annual income of the migrant improved or not. Here,40 percent of the migrants have reported that migration improved their income.

4.2.9 WHETHER THE DECISION TO MIGRATE WAS BY THE RESPONDENT(N=60)
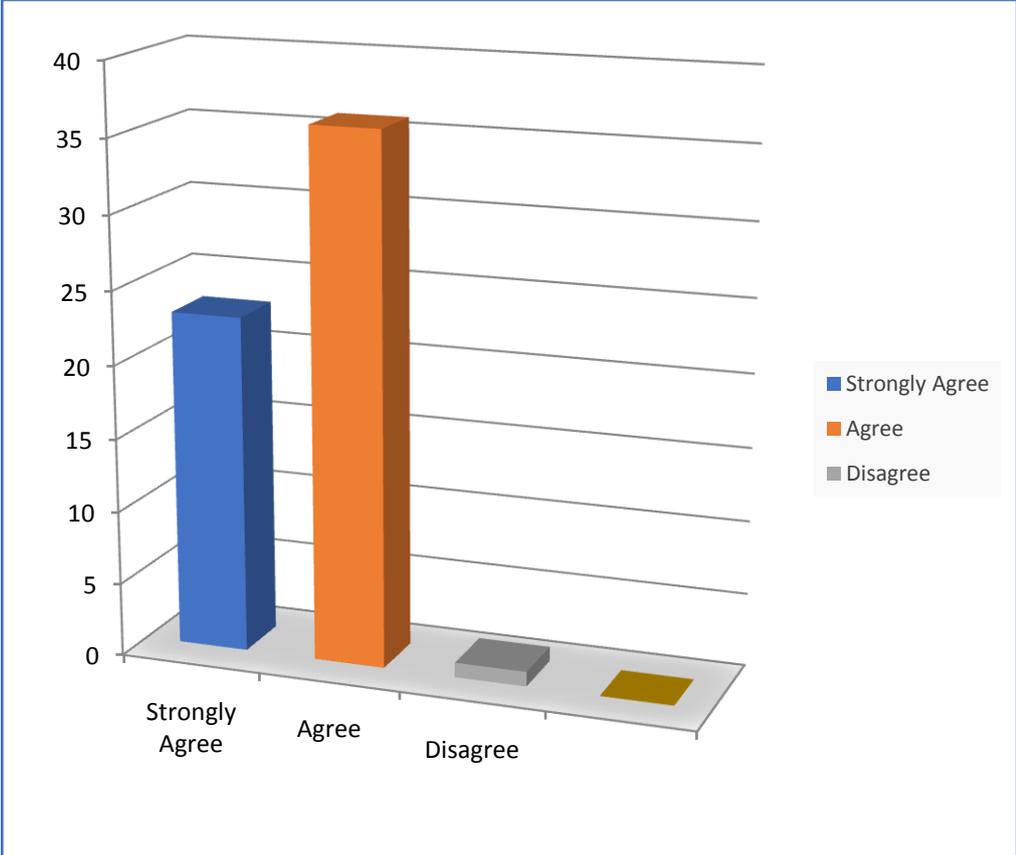
The above figure indicates whether the decision to migrate was that of the respondent or not. Here,38percentage of respondents strongly agreed that it was their decision to migrate, 60 percentage of respondents agreed that it was their decision to migrate. Only 2 percentage disagreed to the statement it was their decision to migrate. Through this we can understand that it was the youth's own decision to migrate and no one forced them. Youths think that migration can help them positively.

4.2.10 HAD ANYONE MOTIVATED THE RESPONDENT TO MIGRATE(N=60)
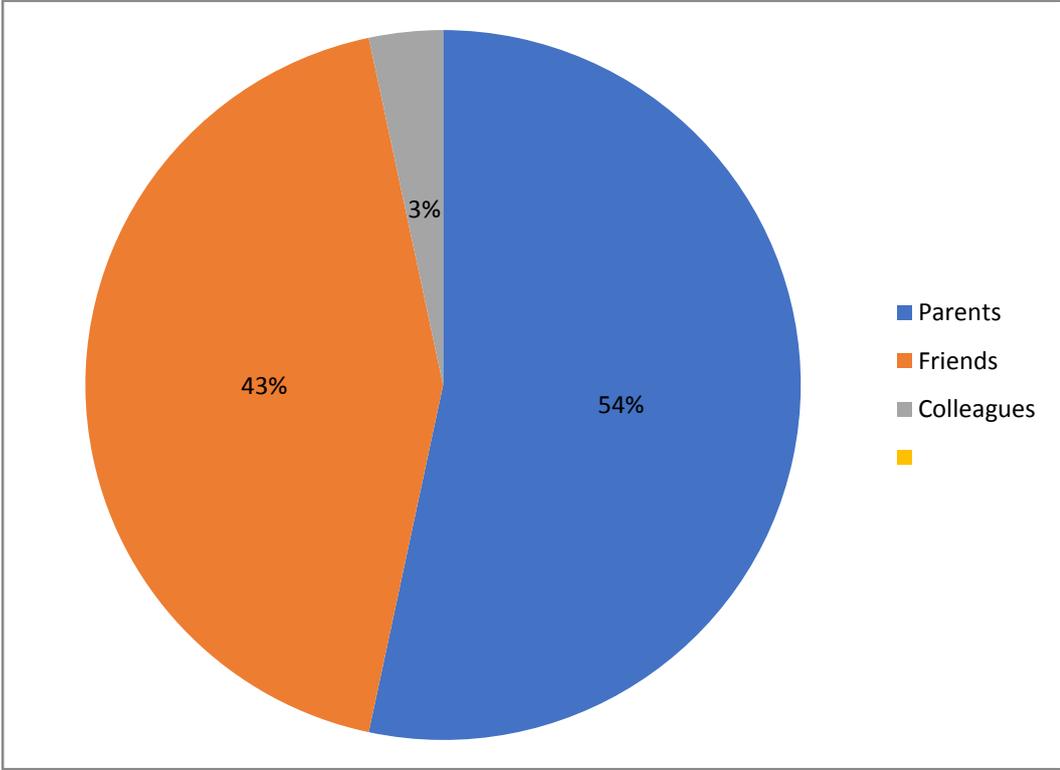
The above figure indicates who motivated the respondent to migrate in which 54percentage of youths responded that parents motivated them and 43percentage responded friends motivated them. Remaining 3percentage responded that colleagues motivated them to migrate. Majority responded it was parents who motivated them to migrate. Parents may see migration as a way to provide their children with better economic or educational opportunities and thus motivated them to migrate.

4.2.11 PURPOSE OF MIGRATION OF THE RESPONDENT(N=60)
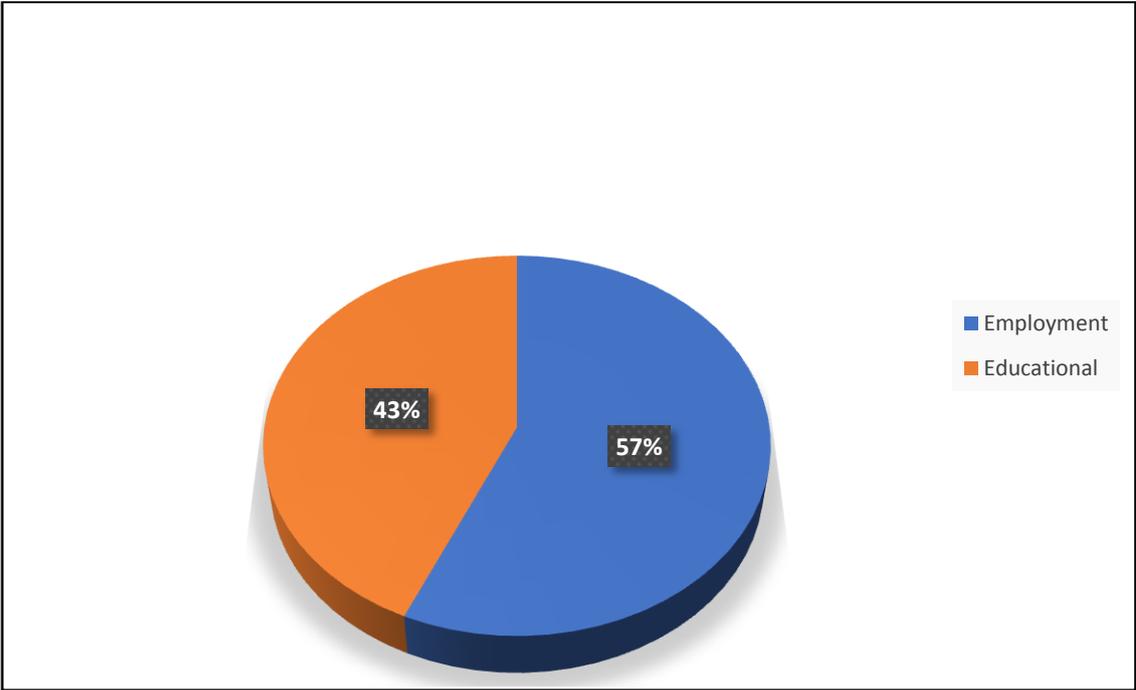
The above figure indicate the purpose of the migration - 57percentage responded migration was for employment purpose and 43percentage responded it was for educational purpose.Majority went abroad for employment purpose. employment opportunities are often a key factor driving international migration among young people.in many cases,young people may face limited economic prospects or high levels of unemployment in their home country,and may see migration as a way to access better-paying jobs and improve their standard of living.

**4.2.12 HIGH STANDARD OF EDUCATION ABROAD MOTIVATED THE
RESPONDENT TO MIGRATE(N=60)**
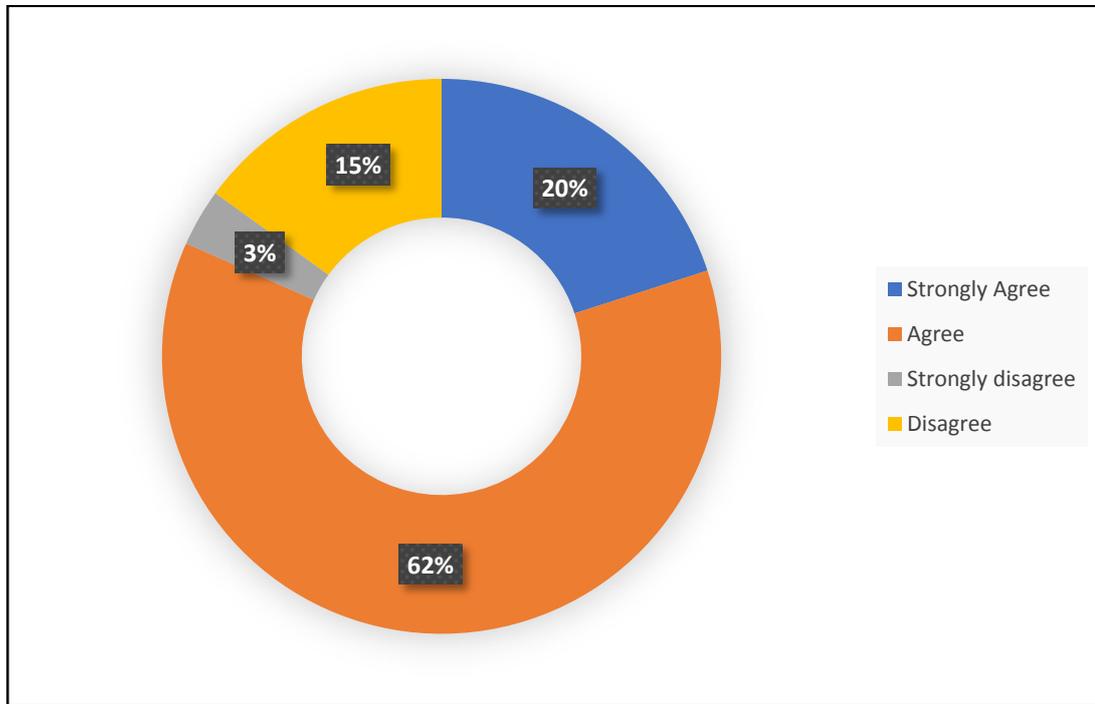
The figure indicates whether high standard of education motivated the youth to migrate-62percentage agreed and 20percentage strongly agreed to the statement,15percentage disagreed and 3 percentage strongly disagreed to the statement. We may interpret from the response that the youths are not satisfied with the current education system in Kerala and may see international education as a pathway to achieving their academic and career goals.

There are several factors that may motivate Kerala youth to seek higher education abroad. These may include the desire to access high-quality education and training programs, exposure to diverse cultural and academic perspectives, opportunities to develop language skills and intercultural competencies, and the potential for improved career prospects and earning potential.

4.2.13 YOUTHS IN KERALA ARE NOT GETTING SUITABLE JOBS AS PER THEIR EDUCATIONAL QUALIFICATION(N=60)
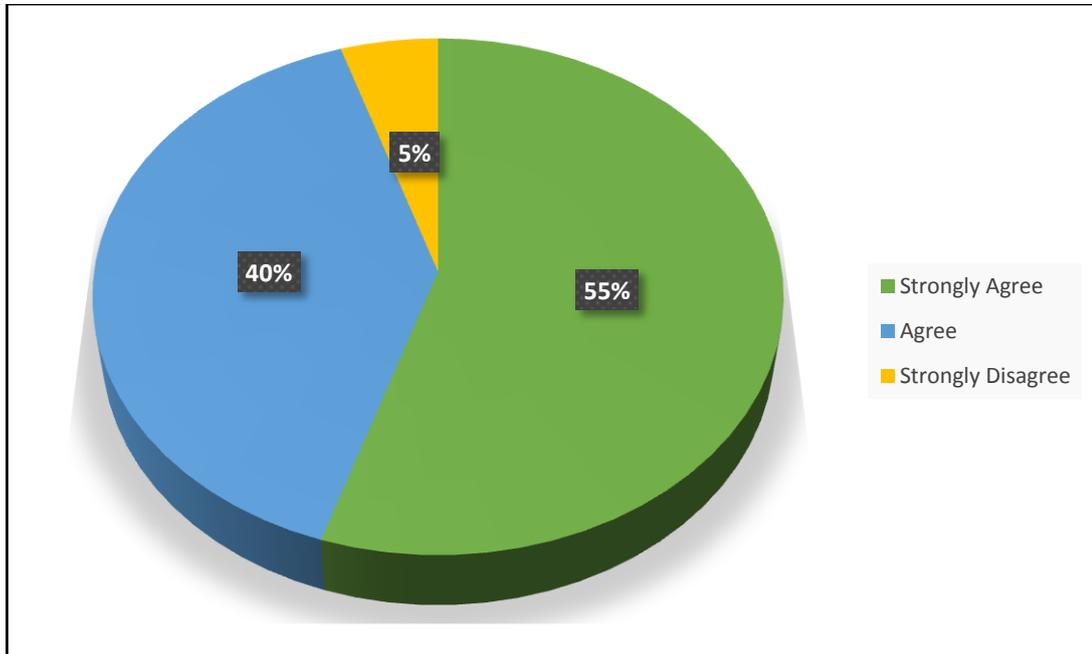
The figure indicates whether the migrants think youths in Kerala are not getting suitable jobsas per their educational qualification - 55percentagestrongly agreed,40percentageagreed and 5percentagestrongly disagreed to the statement. Majority agreed to the statement that youths are not getting suitable jobs as per their educational qualification. limited job opportunities for highly educated youth in Kerala may be a driving force behind international migration among young people from the state. Despite Kerala's strong focus on education, the state has struggled to create enough high-skilled jobs to meet the needs of its educated workforce.

This mismatch between education and employment opportunities can lead to frustration and disillusionment among young people, who may feel that their hard work and educational attainment are not being properly recognized or rewarded. In this context, migration may be seen as a way to access better-paying and more fulfilling jobs abroad.

4.2.14 THE POOR LIVING CONDITION IN KERALA MOTIVATED TO MIGRATE(N=60)
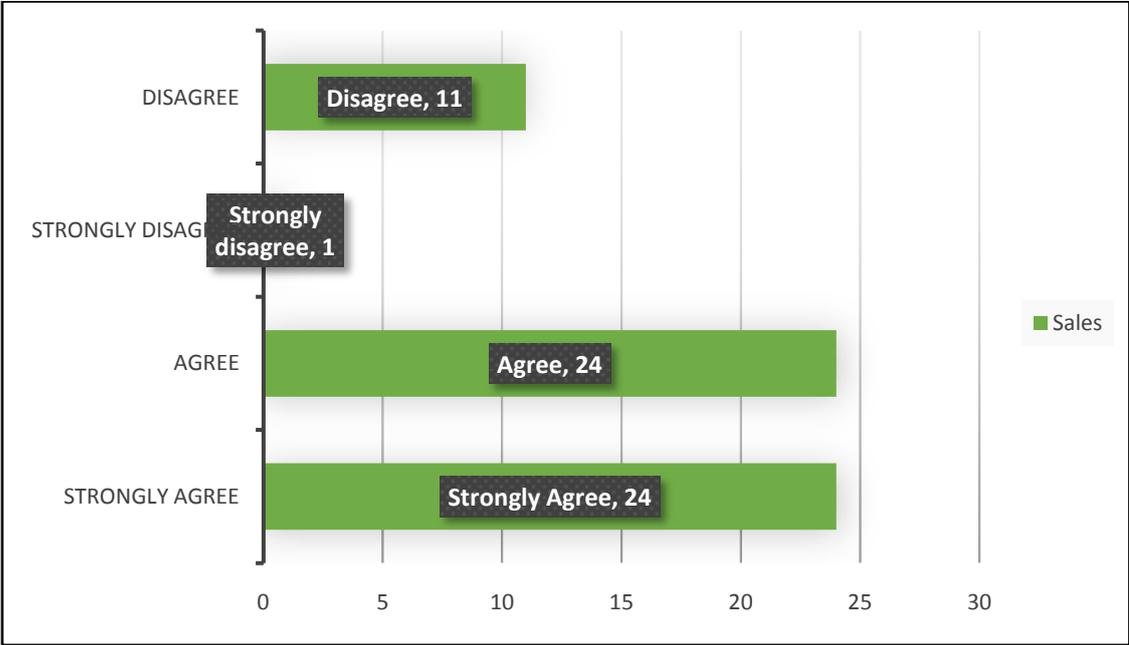
The figure indicates whether poor living condition in Kerala motivated the migrants to migrate.Here, 40percentagestrongly agreed and other 40percentage agreed to the statement,18percentagedisagreed and 2 percentage strongly disagreed to the statement. Poor living conditions in Kerala may be a motivating factor for some young people to migrate, particularly those who face significant economic and social challenges in their daily lives. Kerala is known for its high standard of living and quality of life, but poverty and inequality remain significant issues in some parts of the state, particularly in rural areas.

In this context, young people may see migration as a way to escape poverty and improve their living conditions, by accessing better-paying jobs and higher standards of healthcare, education, and social services abroad.

4.2.15 THE DECISION TO MIGRATE ABROAD WAS BASED ON THE DESIRE TO IMPROVE FINANCIAL PROSPECTS(N=60)
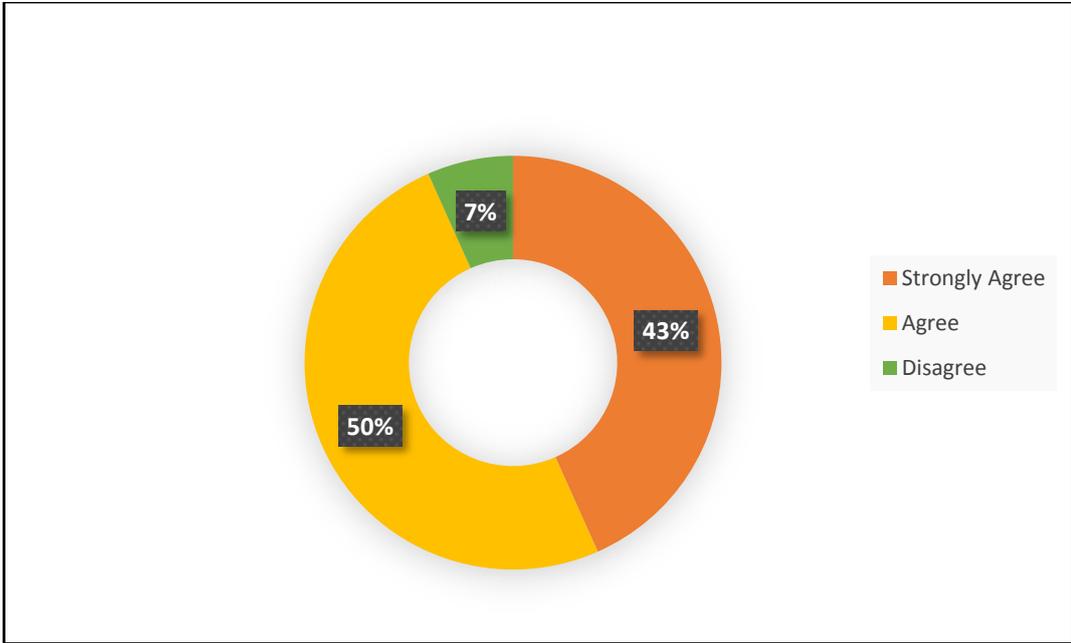
The figure indicates whether the decision to migrate was to improve their financial prospects.Here, 43 percentages strongly agreed and 50percentage agreed to the statement, 7percentage disagreed to the statement. For many young people, the desire to improve their financial prospects is a key motivation for international migration. This is often driven by a lack of economic opportunities or low wages in their home country, and the hope that by moving abroad they can access better-paying jobs and improve their standard of living.

This desire for economic improvement can be particularly strong among young people who have invested significant time and resources in their education and training, but who are still struggling to find work that matches their qualifications and aspirations

4.2.16 PARTTIME JOB WITH STUDY MOTIVATE TO MIGRATE(N=60)
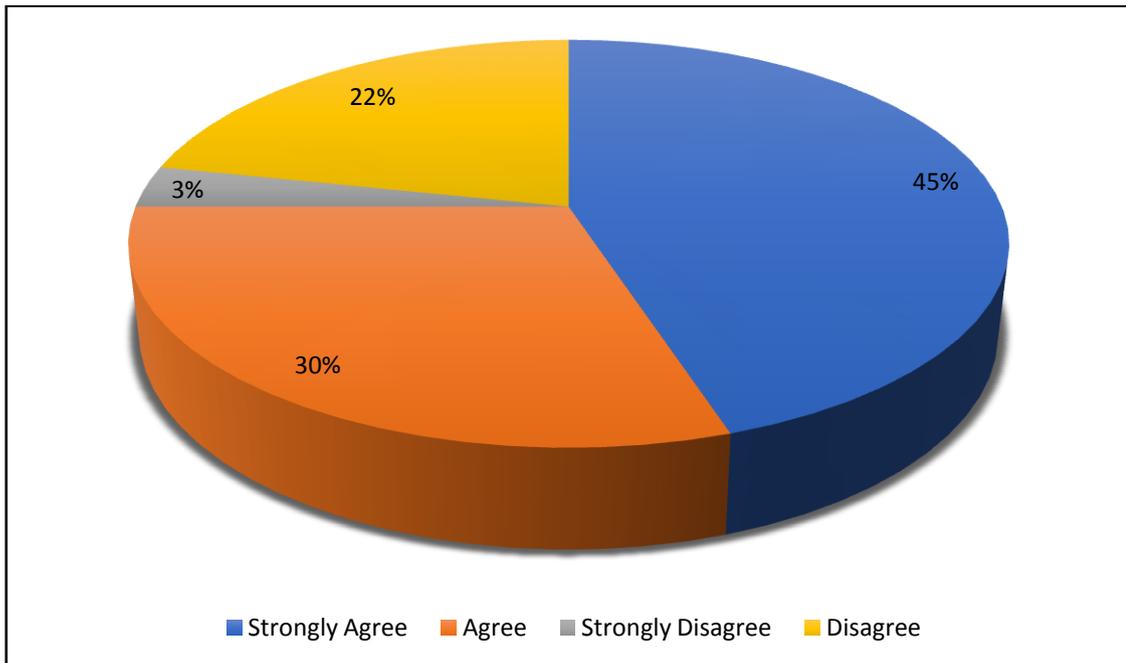
The above figure indicates whether parttime job with study motivated the respondents to migrate. Here, 45percentagestrongly agreed and 30percentage agreed to the statement.22percentage disagreed and 3percentagestrongly disagreed to the statement.

The availability of part-time job opportunities while studying can be a motivating factor for young people from Kerala to migrate abroad for education. Many students from Kerala aspire to pursue higher education in prestigious universities abroad, but the high cost of tuition and living expenses can be a major barrier to realizing this goal.

By obtaining part-time employment while studying abroad, young people from Kerala may be able to offset some of the costs of their education and living expenses, making it more feasible for them to pursue their academic goals. In addition, part-time work can provide valuable experience and skills that can enhance their future career prospects.

37

4.2.17 MIGRATED FOR A BETTER STANDARD OF LIVING(N=60)
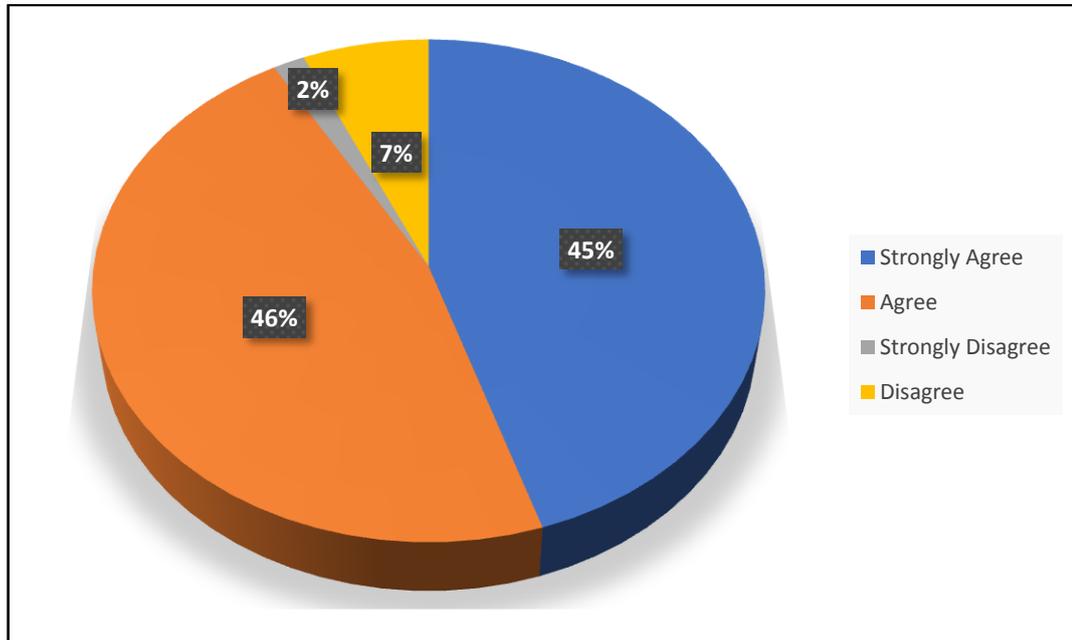
The figure indicates whether the migrants migrated for better standard of living. Here, 45percentage strongly agreed and 46percentage agreed to the statement, 7percentagedisagreed and 2 percentagestrongly disagreed to the statement. young people from Kerala migrate abroad with the aim of achieving a better standard of living. This is often driven by a desire to access higher-paying jobs, better healthcare, education and social services, and a more comfortable and secure lifestyle.

In Kerala, despite its relatively high standard of living and quality of life, poverty and inequality remain significant issues in some parts of the state, particularly in rural areas. Young people from these areas may see migration as a way to escape poverty and improve their living conditions, by accessing better-paying jobs and higher standards of healthcare, education, and social services abroad.

4.2.18 LEARNING NEW LANGUAGE OR CULTURE IS ONE OF MY REASONS FOR MIGRATION(N=60)
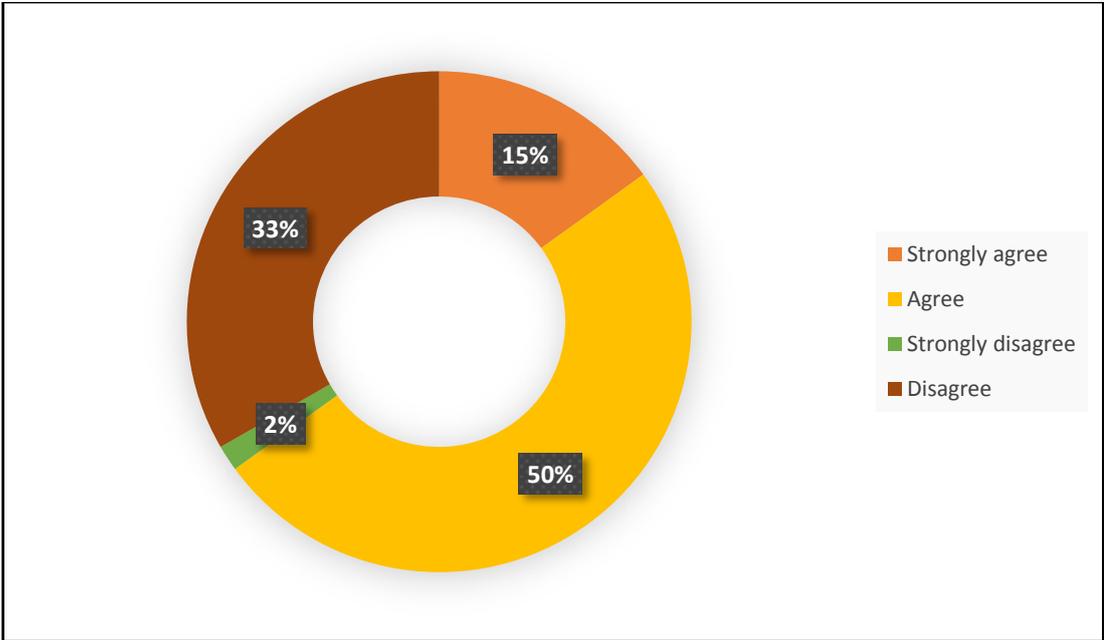
The figure indicates whether learning new language or culture was one of the reasons for their migration. Here, 33percentagedisagreed and 2 percentagestrongly disagreed to the statement,50percentage agree and 15percentage strongly agreed to the statement. learning a new language or culture can be one of the reasons for youth migration from Kerala. Many young people are curious about the world and want to explore different cultures and ways of life, and may see migration as an opportunity to gain new experiences and perspectives.

4.2.19 THE DECISION TO MIGRATE ABROAD WAS BASED ON THE DESIRE TO EXPLORE NEW JOB MARKETS.(N=60)
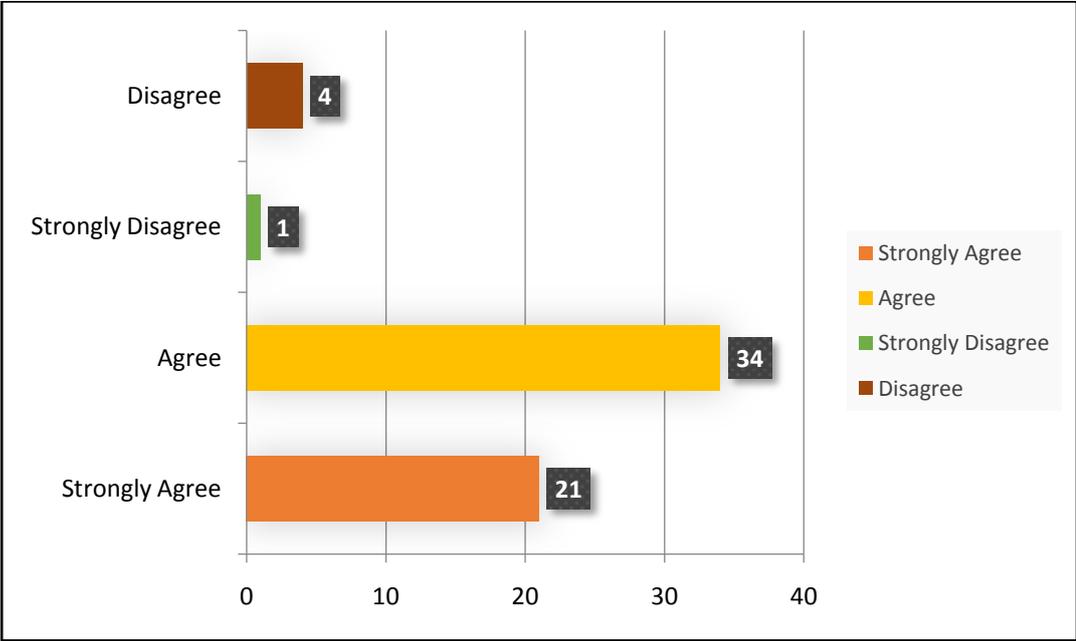
The figure indicates whether the decision to migrate was to explore new job markets. Here, 56percentageagreed and 35percentagestrongly agreed,7percentagedisagreed and 2percentagestrongly disagreed to the statement. Exploring new job markets is one of the reasons for youth migration from Kerala. Many young people in Kerala seek to improve their career prospects and expand their job opportunities by exploring new job markets abroad.

In Kerala, despite being a relatively developed state in India, job opportunities can be limited in some sectors and industries, particularly in rural areas. Additionally, many young people may feel that their skills and education are undervalued in the local job market, and may see migration as a way to access more lucrative and challenging jobs abroad.

Furthermore, many young people in Kerala may be motivated by the opportunity to gain international work experience, which can enhance their skills, knowledge, and future career prospects, as well as provide opportunities for personal and professional growth.

4.2.20 THE LOW WAGES IN KERALA IS ONE OF MY REASONS FOR MIGRATION.(N=60)
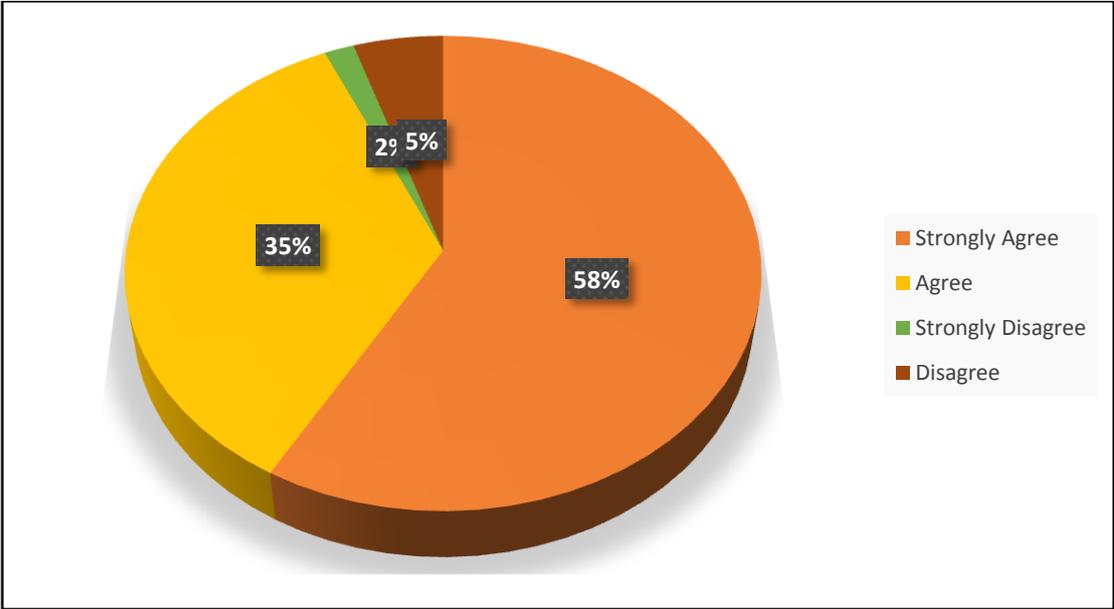
The figure indicates whether low wages in Kerala is one of the reasons for migration. Here, 58percentagestrongly agree and 35percentageagreed to the statement.5 percentage disagree and 2 percentagestrongly disagree to the statement.Low wages in Kerala can be one of the reasons for youth migration. Despite being a relatively prosperous state in India, Kerala is also known for having relatively low wages in some sectors and industries, particularly in rural areas.

Many young people in Kerala may feel that they are unable to earn a living wage or support their families through their current jobs, and may therefore seek opportunities to earn higher wages abroad. In addition, many young people may also be motivated by the opportunity to save money and send remittances back to their families in Kerala, which can help to improve their living standards and economic well-being.

4.2.21 BETTER SOCIAL STATUS IN KERALA FOR PEOPLE ABROAD.(N=60)
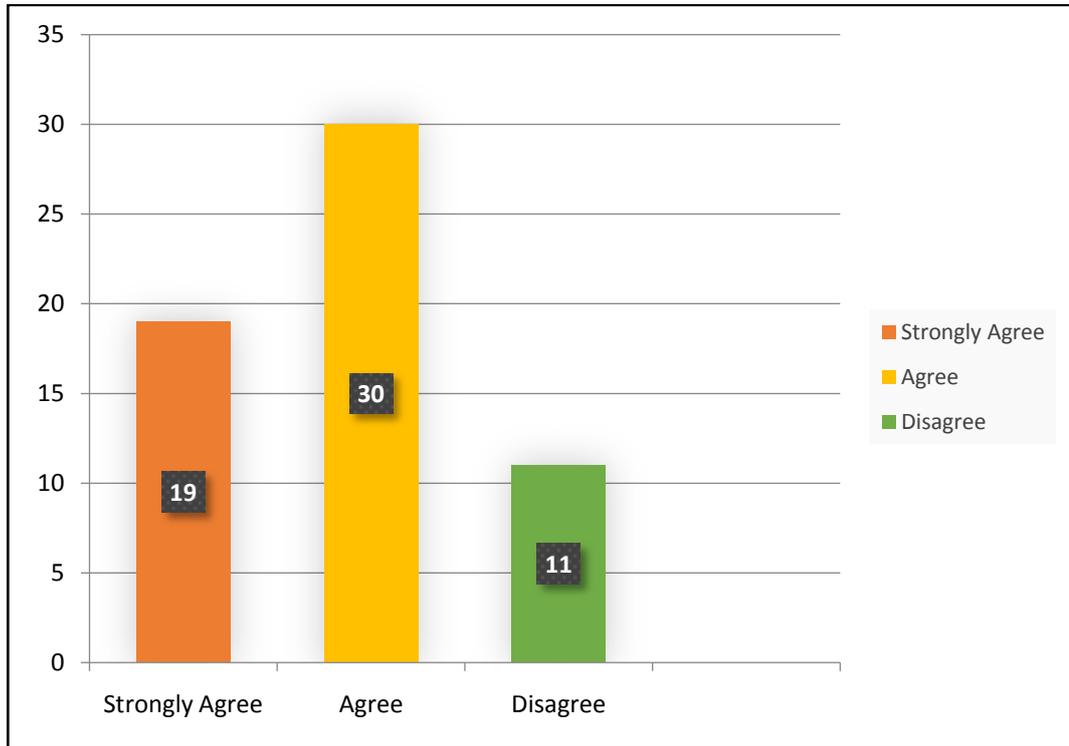
The figure indicates whether the youth think there is better social status in Kerala for people abroad. Here, 50 percentage agreed ,32 percentagestrongly agreed and 18percentage disagreed to the statement. It is possible that some young people in Kerala may be motivated to migrate abroad due to the perceived social status associated with living and working overseas. Many young people in Kerala may view migration as a way to improve their social status and gain recognition and respect within their communities.

4.2.22 THERE IS MORE SOCIAL SECURITY ABROAD(N=60)
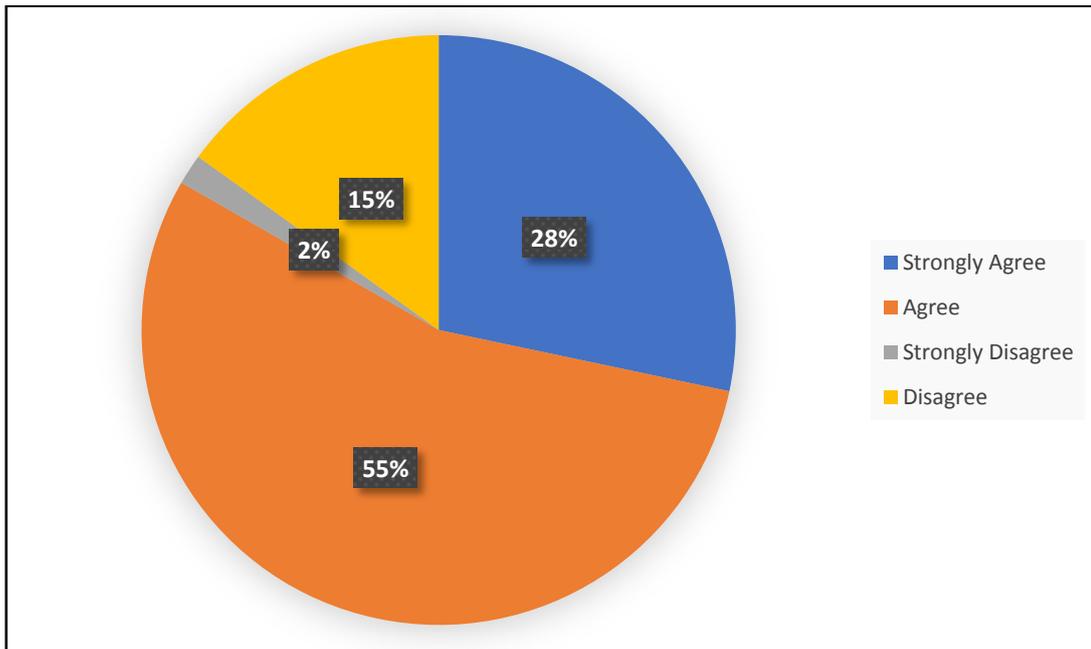
The figure indicates whether the migrants think there is more social security abroad. Here, 28percentage strongly agreed,55percentage agreed 15percentagedisagree and 2percentagestrongly disagreed to the statement.

The perception of greater social security abroad can be one of the reasons for youth migration from Kerala. Social security refers to the protection that individuals and families receive from social programs such as healthcare, social insurance, and other forms of assistance. These programs are designed to provide a safety net to individuals and families in the event of unforeseen events such as illness, job loss, or other emergencies. It may be that social security systems in many developed countries may offer more comprehensive benefits and protections compared to those available in Kerala. This can be a motivating factor for young people in Kerala to migrate abroad, as they may be seeking better access to social security and other forms of social protection.Some young people may also view international migration as a means to escape from social and economic insecurity in their home communities, and to access greater economic opportunities and social protections abroad.

4.2.23 LESS PARENTAL INTERFERENCE ABROAD INFLUENCED MIGRATION(N=60)
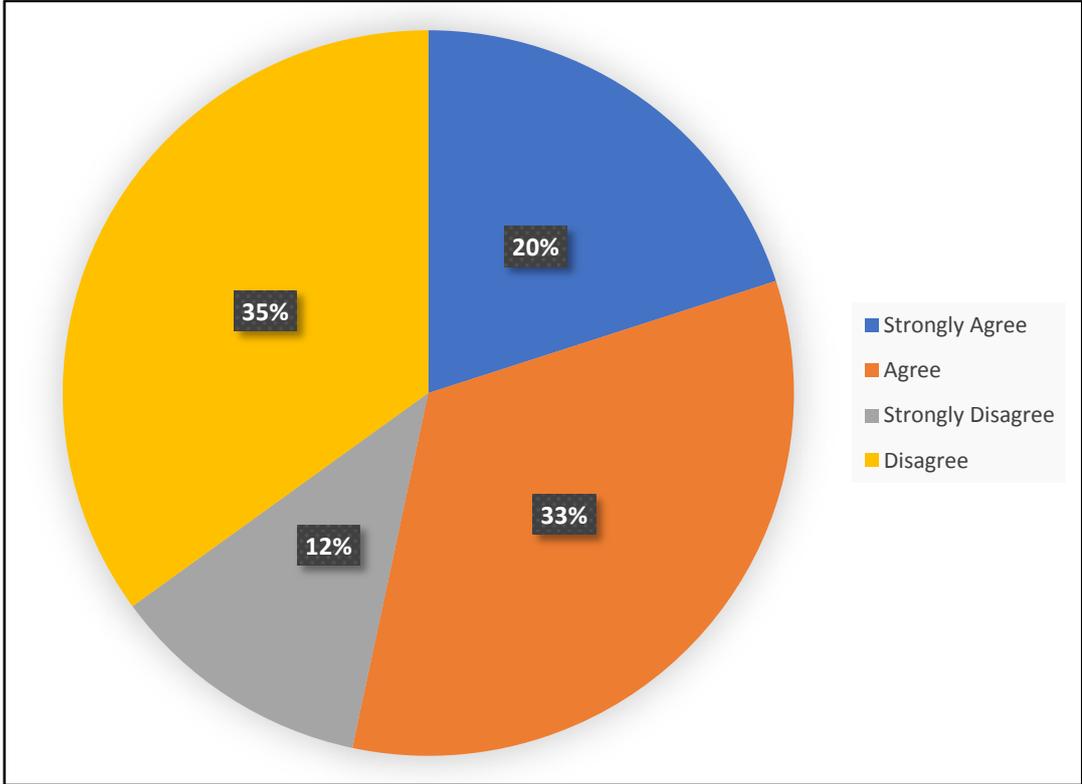
The figure above indicates whether less parental interference abroad influenced in migration. Here, 20 percentage strongly agreed, 33 percentage agreed, 35 percentage disagree and 12 percentage strongly disagreed to the statement. It may be possible that some young people in Kerala may choose to migrate abroad because they feel that they will have greater independence and autonomy from their parents or families. This could be due to a variety of factors, such as cultural norms and expectations around family relationships, or specific family dynamics and relationships.

In some cases, young people may feel that their parents or families are overly involved in their lives, and that migration offers a way to gain greater independence and control over their own lives. This could involve factors such as greater freedom to make personal and professional decisions, or the ability to pursue personal goals and aspirations without the pressure or expectations of their families. However, migration can provide an opportunity for young people to break away from these expectations and to pursue their own goals and aspirations independently.

4.2.24 SOCIO-POLITICAL INSTABILITY LED TO MIGRATION.(N=60)
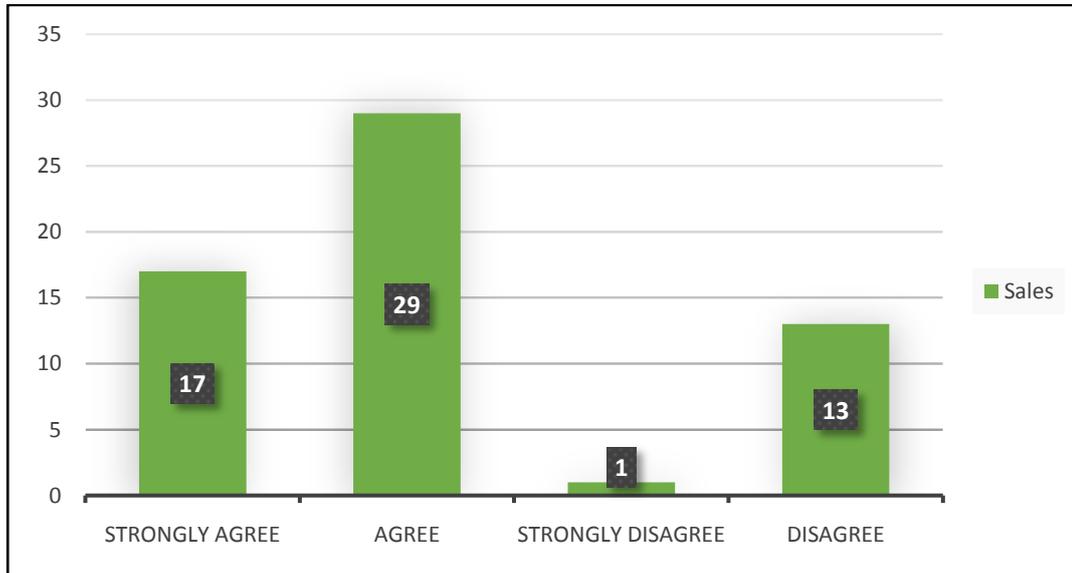
The figure indicates whether the socio-political instability motivated the respondents to migrate. Here, 48percentage agree and 28percentage strongly agree to the statement.2percentagestrongly disagree and 22percentagedisagree to the statement.Socio-political instability can certainly be a contributing factor to youth migration from Kerala. When there is instability in a region, it can create a sense of uncertainty and insecurity among young people, particularly in terms of their economic prospects, safety, and well-being.

In Kerala, socio-political instability can manifest in a number of ways, such as political unrest, social conflicts, communal tensions, and economic instability. These factors can create a sense of insecurity among young people, particularly in terms of their future prospects and opportunities

45

4.2.25 THERE ARE BETTER OPPORTUNITIES ABROAD THAN IN THE HOME COUNTRY(N=60)
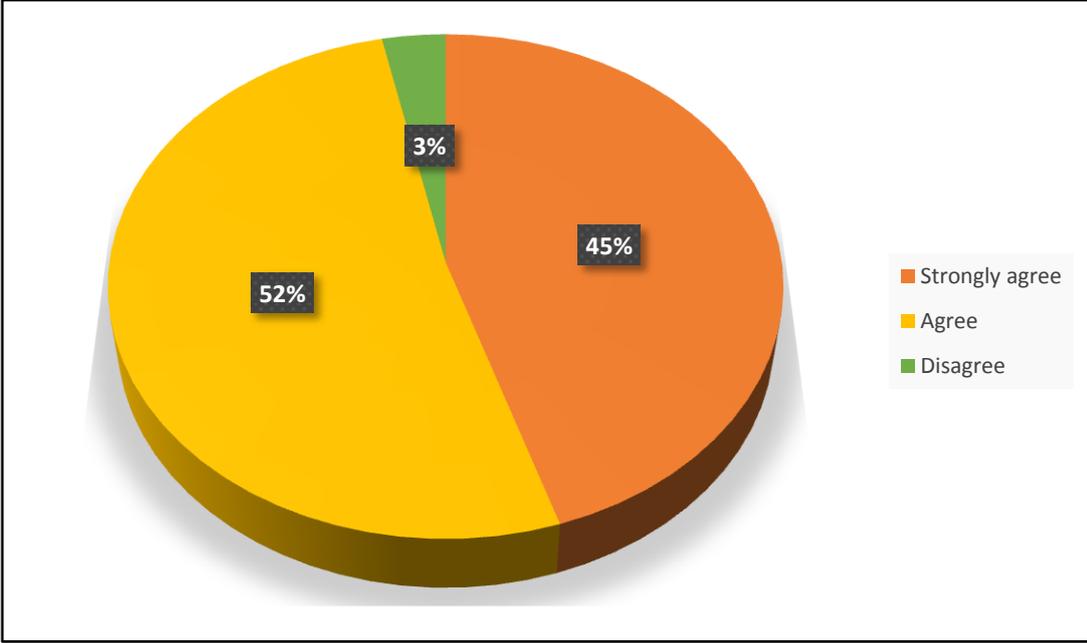
The figure indicates whether they think there is better opportunities for youth abroad than in Kerala. Here, 45percentagestrongly agree and 52percentageagree to the statement, only 3percentagedisagreed to the statement. It is possible that many young people in Kerala believe that there are better opportunities for them abroad than in their home state. This may be due to a range of factors, such as limited job opportunities, low wages, lack of social and economic mobility, and limited access to education and training programs.

4.2.26 THERE IS A NEED TO IMPROVE SOCIAL AND ECONOMIC SITUATION IN THE STATE (N=60)
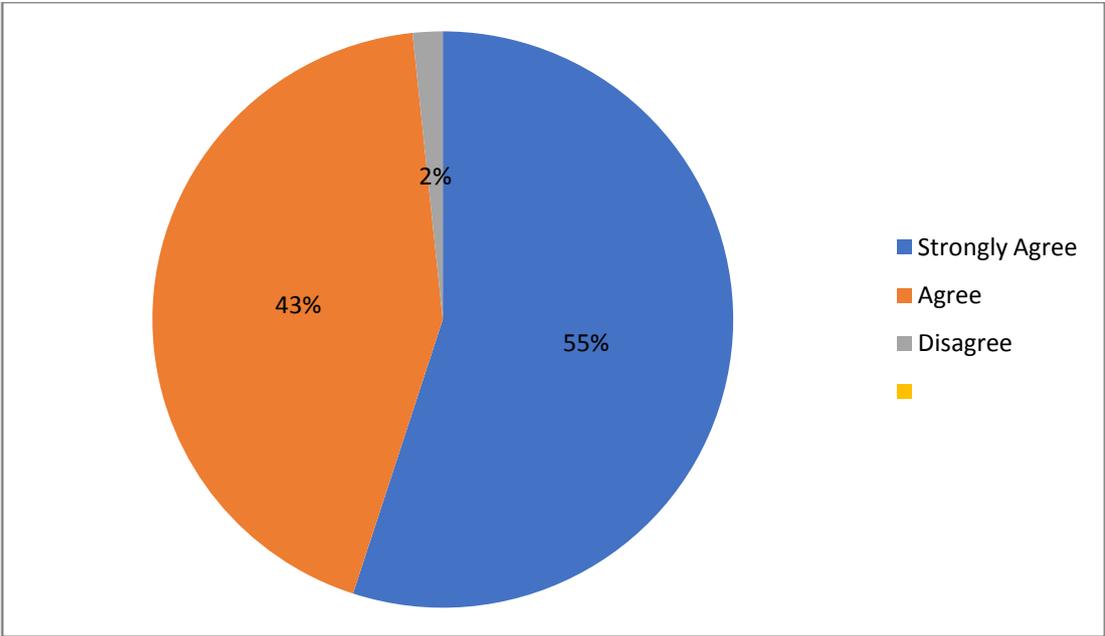
The figure indicates whether migrants think the social and economic situation in the state need to be improved. Here, 55percentage strongly agree and 43percentage agree to the statement. Only 2percentagedisagreed to the statement. It is possible that some migrant youth may think that the social and economic situation in Kerala needs to be improved. In many cases, young people migrate from Kerala to other countries in search of better economic and social opportunities, which may suggest that they perceive the situation in Kerala to be less than satisfactory.

Factors such as limited job opportunities, low wages, and economic instability can all contribute to a perception that the social and economic situation in Kerala is suboptimal. Additionally, issues such as social inequality, discrimination, and lack of access to basic services can also contribute to a perception that the social situation in Kerala is in need of improvement.

4.2.27 THERE IS A NEED TO REPLACE TRADITIONAL COURSES WITH NEW GENERATION COURSES(N=60)
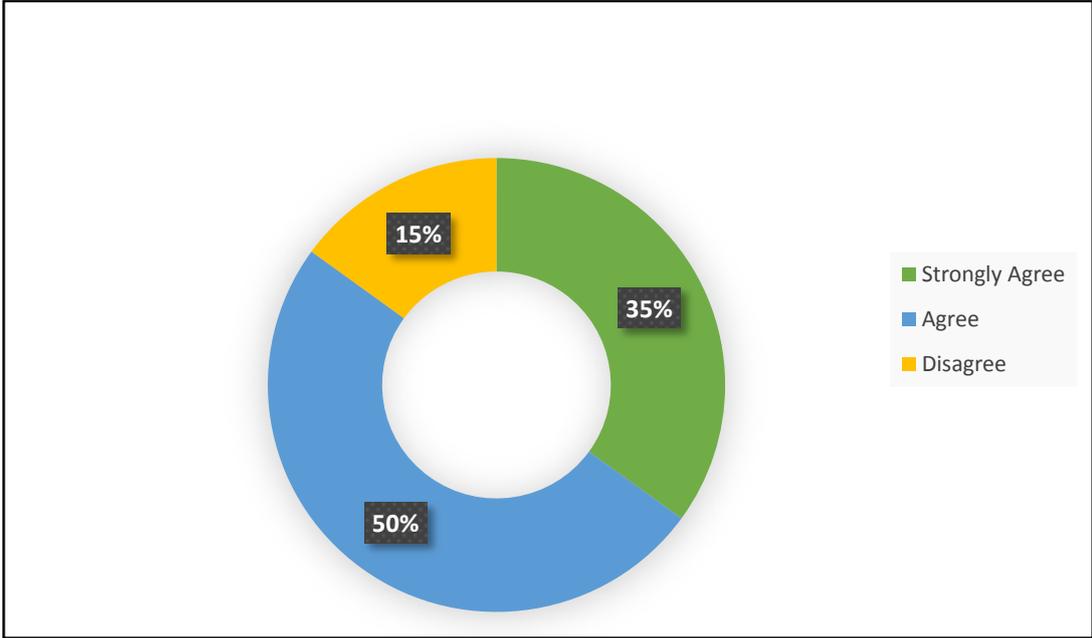
The figure indicates whether there is need to replace traditional courses with new generation courses. Here, 50percentage agreed and 35percentage strongly agreed. Only 15percentage disagree to the statement. It is possible that some migrant youth may believe that there is a need to replace traditional courses with new generation courses in Kerala. As the job market evolves and new technologies emerge, the skills and knowledge required for employment are also changing. Therefore, some young people may perceive that traditional courses may not adequately prepare them for the new job opportunities that are emerging in Kerala and elsewhere. Such courses can provide young people with the skills and knowledge needed to excel in the modern job market, and may be more attractive to young people who are looking to build a career in a rapidly evolving industry.

4.2.28 MIGRATION LED TO FEELINGS OF ISOLATION(N=60)
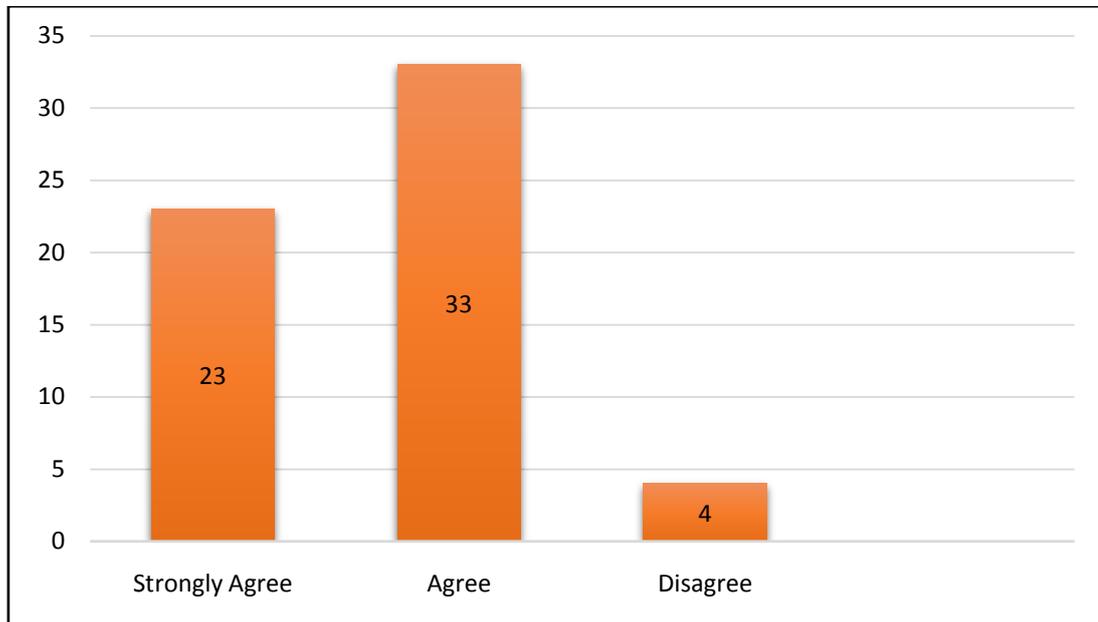
The figure indicates whether migration led to feelings of isolation. Here, 38percentage strongly agree and 55percentage strongly agree to the statement. Only 7 percentagedisagreed to the statement. some migrant youth report feeling isolated following migration. Moving to a new location, particularly to a foreign country, can be a major life transition and can involve a range of challenges. Leaving behind family, friends, and familiar surroundings can be emotionally difficult, and adjusting to a new environment can take time.

Additionally, language barriers, cultural differences, and discrimination can all contribute to feelings of isolation and loneliness for some migrant youth. Social support networks, such as family, friends, and community groups, may be weaker or non-existent in a new location, further contributing to feelings of isolation.

4.2.29 MIGRATION CAUSED TO FEEL DISCONNECTED FROM YOUR HOME COUNTRY(N=60)
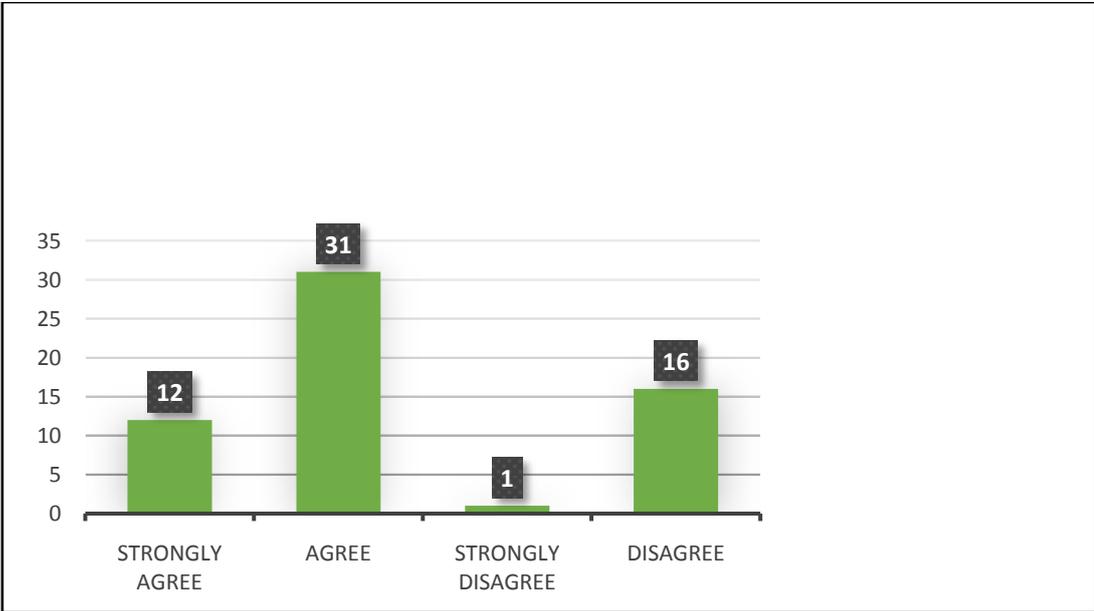
The figure indicates whether migration caused them to feel disconnected from home country. Here, 51percentageagreed and 20percentage strongly agreed.27 percentage disagree and 2percentage strongly disagree to the statement. Some migrant youth feel disconnected from their home country following migration, and may perceive that migration was the cause of this disconnection. Moving to a new location, particularly to a foreign country, can involve leaving behind familiar surroundings, including family, friends, and cultural traditions. This can be emotionally difficult and may lead to feelings of disconnection from one's home country.

4.2.30 MIGRATION MADE YOU MORE INDEPENDENT.(N=60)
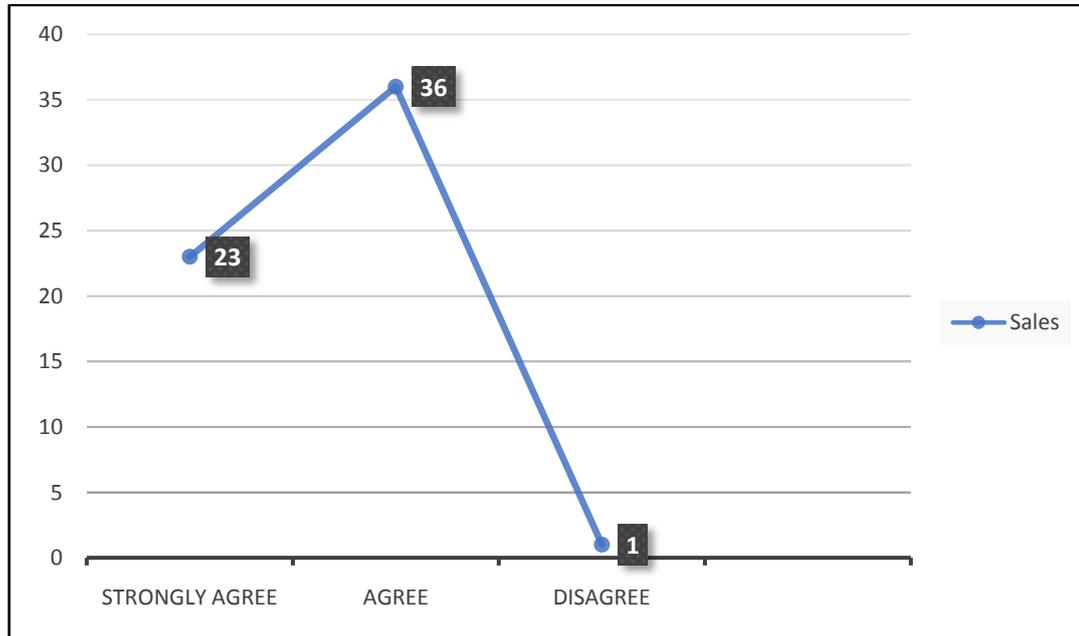
The figure indicates whether the respondents think whether migration made them more independent. Here, 60percentage agreed to the statement and 38percentage strongly agreed to the statement. Only 2 percentage disagreed to the statement. migration may lead to increased independence among some migrant youth. Moving to a new location, particularly to a foreign country, can require individuals to adapt to new environments and develop new skills, such as learning a new language, managing finances, and navigating unfamiliar social and cultural norms. These experiences can help individuals to become more self-sufficient and independent.

Additionally, the experience of living independently in a new location can help individuals to develop a greater sense of confidence and self-efficacy. This may be particularly true for migrant youth who may be navigating new challenges without the support of their family or other social networks.

4.2.31YOUTHS PLAN TO RETURN TO THEIR HOME COUNTRY OR STAY ABROAD IN THE FUTURE(N=60)
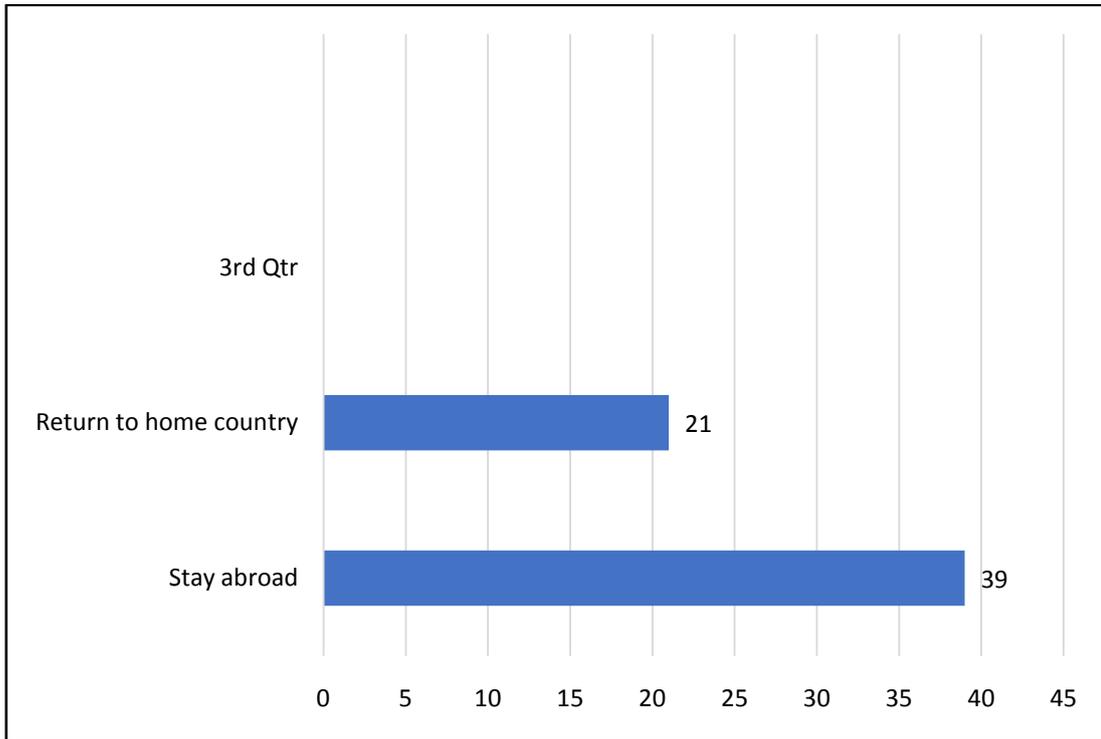
The figure indicates whether the migrants wish to return to their home country or stay abroad in future. Here, 65percentage responded that they wish to stay abroad and only 35percentage wish to return to their home country. This may be due to a variety of factors, including the availability of job opportunities, better living standards, and a desire to continue exploring new cultures and experiences.

4.3 CONCLUSION

This chapter presented the interpretation of the data collected. Based on this interpretation of data collected, some of the reasons for migration of youth are high standard of education abroad,underemployment,poor living conditions, Improve financial prospects,low wages, social security.

CHAPTER V
FINDINGS AND SUGGESTIONS

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5.1 INTRODUCTION

This chapter deals with the findings of the study on the topic, "Factors leading to the migration of youth abroad". The findings are the output of the study. This chapter formulated on the basis of analyses of the collected data and the interpretation. After analysing and interpreting the collected data, the researcher could find some major factors regarding the topic and could get answer to the research question.

5.2 MAJOR FINDINGS

- ➢ Majority of respondents are from Rural background
- ➢ Majority strongly agreed that high standard of education motivated the youth to migrate.
- ➢ Majority of youths reported that youth in Kerala are not getting suitable jobs as per their educational qualification.
- ➢ Majority strongly agreed poor living condition in Kerala motivated the migrants to migrate.
- ➢ Majority strongly agreed that decision to migrate was to improve their financial prospects
- ➢ Majority strongly agreed parttime job with study motivated the respondents to migrate
- ➢ Majority strongly agreed that migrants migrated for better standard of living.
- ➢ Majority strongly agreedthat their decision to migrate was to explore new job markets.
- ➢ Majority strongly agree that low wages in Kerala is one of the reasons for migration
- ➢ Majority agreed that there is better social status in Kerala for people abroad
- ➢ Majority strongly agreed that there is more social security abroad.
- ➢ Majority strongly agreed less parental interference abroad influenced in migration.

- ➢ Majority strongly agreeto socio-political instability motivated the respondents to migrate.
- ➢ Majority agreed that there are better opportunities for youth abroad than in Kerala.
- ➢ Majority agree that social and economic situation in the state need to be improved.
- ➢ Majority strongly agreedthere is need to replace traditional courses with new generation courses
- ➢ Majority agree to migration led to feelings of isolation.
- ➢ Majority strongly agreedmigration caused them to feel disconnected from home country.
- ➢ Majority strongly agreed to migration made them more independent.
- ➢ Majority responded that they wish to stay abroad

5.3 IMPLICATIONS OF THE STUDY

Studying the migration patterns of Kerala youth to foreign countries has important implications for understanding the social and economic conditions that drive migration, the impact of migration on the economy and society, and the challenges and opportunities faced by migrants in foreign countries. By understanding these issues, policymakers can take steps to address the root causes of migration, develop policies and programs to support migrants and their families, and utilize their skills for the development of the state. From social work perspective, social workers can provide awareness, capacity building programs and help policymakers develop policies.

5.4 LIMITATIONS OF THE STUDY

Due to the recency of the current increase in the international migration of youths from Kerala, academic literature on the topic is sparse and official data records are yet to be published. Consequently, unofficial surveys, personal accounts, street interviews, etc. were given importance in this study.

5.5 SUGGESTIONS FOR FURTHER RESEARCH

Due to the recency and ongoing nature of the issue of increased youth migration from Kerala, only the elementary of the reasons behind the migration, and potential impacts

on the state could be analysed and identified. To add value, a destination-specific overview of the youth migration from Kerala could be investigated.

An evaluation of the effectiveness and results of the current policies regarding migration in both Kerala and the destination countries could be especially useful in gaining an understanding of the momentum of this wave of migration.

5.6 CONCLUSION

The migration of youths from Kerala to countries outside is increasing. It can be inferred that homeland Kerala, ranks poorly in its ability to provide youth with the opportunities to lead a better life as opposed to distant lands abroad. This research paper was to analyse the reasons behind the movement of youths from Kerala and to identify some of the resulting social and economic implications on Kerala. Some of the reasons for youth migration identified by the researcher are high standard of education abroad,underemployment,improve financial prospects,better standard of living,explore new job markets, low wages, and more social security.

If the direction of the state's governing body is to limit the out-migration of youth, then policy must be oriented in such a way that life in Kerala is attractive and provides the young people with opportunities that enable them to see a future in settling down there permanently. Investments in a higher quality of education, the promotion of entrepreneurial skill-building courses, raising salaries and promoting career development opportunities will be needed to curb outmigration, and to encourage the educated population to stay and contribute to the development of Kerala.

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APPENDIX

Questionnaire

Factors leading to the migration of youth abroad

Declaration: This data is collected only for academic purpose and the Information's will be kept confidential (Researcher)

To assess the socio-economic status of the migrants

1. Name:
2. Age:
3. Gender:
   a. male ☐   b. Female ☐   c. Other ☐
4. Geographical place:
5. Religion
6. Contact number:
7. Domicile
   a. Rural ☐   b.Urban ☐   c. Semi urban ☐
8. Economic status
   a. APL ☐   b. BPL ☐
9. ANNUAL INCOME OF THE FAMILY
   a. 10,000 to 25,000 ☐   b. 25.000 to 50'000 ☐
   c. 50,000 to 1 lakh ☐   d. 1lakh and above ☐
10. Occupation of the father
11. Occupation of the mother
12. Educational status
    a. Secondary ☐   b.Higher secondary ☐
    c. Degree/Above degree ☐

To study the leading factors for migration

13. it was my decision to migrate**?**

Agree ☐   Disagree ☐
Disagree ☐ Strongly disagree ☐

14. Has anyone motivated you to migrate**?**

Parents ☐   friends ☐

Neighbours ☐   colleagues ☐

15. Was your migration for educational or employment purposes?

         a. Education ☐

         b. Employment ☐

16. Do you think quality of education is poor in Kerala?

Strongly agree ☐   Agree ☐

Disagree   ☐   Strongly disagree ☐

17. Do you think Youths are not getting much recognition in Kerala

Strongly agree ☐   Agree ☐

Disagree   ☐   Strongly disagree ☐

18. Do you think the health care facilities of Kerala need to be improved**.**

Strongly agree ☐   Agree   ☐

Disagree   ☐   Strongly disagree ☐

19. Do you think youths in Kerala are not getting proper job as per their educational qualification?

Strongly agree ☐   Agree ☐

Disagree   ☐   Strongly disagree ☐

20. Does parttime job with study motivated you to migrate?

Strongly agree ☐   Agree ☐

Disagree   ☐   Strongly disagree ☐

21. "There is lack of opportunity in my country" is one of the reasons for my migration

Strongly agree ☐   Agree ☐

Disagree   ☐   Strongly disagree ☐

22. did you migrate for better standard of living?

Strongly agree ☐   Agree   ☐
Disagree   ☐   Strongly disagree ☐

23. Does inappropriate system in Kerala has an influence on your migration?

Strongly agree ☐   Agree   ☐
Disagree   ☐   Strongly disagree ☐

24. Learning new language or culture is one of my reasons for migration?

Strongly agree ☐   Agree   ☐
Disagree   ☐   Strongly disagree ☐

25. was the decision to migrate abroad based on the desire to explore new job markets?

Strongly agree ☐   Agree   ☐
Disagree   ☐   Strongly disagree ☐

26. Was the decision to migrate abroad based on the desire to improve financial prospects

Strongly agree ☐   Agree   ☐
Disagree   ☐   Strongly disagree ☐

27. Do you feel living abroad gives much standard and respect from people residing from Kerala?

Strongly agree ☐   Agree   ☐
Disagree   ☐   Strongly disagree ☐

28. Do you think there is more independent social situation abroad?

Strongly agree ☐   Agree   ☐
Disagree   ☐   Strongly disagree ☐

29. Does less parental interference abroad have an influenced on your migration?

Strongly agree ☐   Agree   ☐
Disagree   ☐   Strongly disagree ☐

30. Do you think the social and economic situation in the state need to be improved?

Strongly agree ☐　　Agree ☐
Disagree ☐　　Strongly disagree ☐

31. Do you think there is a need to replace traditional courses with new generation courses?

Strongly agree ☐　　Agree ☐
Disagree ☐　　Strongly disagree ☐

32. Has migration helped you improve your financial situation?

Strongly agree ☐　　Agree ☐
Disagree ☐　　Strongly disagree ☐

33. did migration led to a sense of isolation

Strongly agree ☐　　Agree ☐
Disagree ☐　　Strongly disagree ☐

34. did migration lead to a disconnection from your home country?

Strongly agree ☐　　Agree ☐
Disagree ☐　　Strongly disagree ☐

35. did migration helped you bring positive perspective in your life?

Strongly agree ☐　　Agree ☐　☐
Disagree ☐　　Strongly disagree

36. migration made you more independent

Strongly agree ☐　　Agree ☐
Disagree ☐　　Strongly disagree ☐

37. Do you wish to stay abroad or return to the home country?

Stay abroad ☐
Return to home country ☐

A STUDY ON HAPPINESS AND SELF- EFFICACY AMONG WORKING WOMEN WITH SPECIAL REFERENCE TO KANNUR

VIRTUE & EXCELLENCE

DON BOSCO ARTS & SCIENCE COLLEGE

ANGADIKADAVU

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2021-2023

A STUDY ON HAPPINESS AND SELF- EFFICACY AMONG WORKING WOMEN WITH SPECIAL REFERENCE TO KANNUR

DISSERTATION SUBMITTED TO THE KANNUR UNIVERSITY
IN PARTIAL FULFILLMENT OF THE REQUIREMENT
FOR THE AWARD OF THE DEGREE OF
MASTER OF SOCIAL WORK

BY

SEBA GEORGE

Register No. C1GMSW1025

UNDER THE GUIDANCE OF
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MAY 2023

DEPARTMENT OF SOCIAL WORK

DON BOSCO ARTS & SCIENCE COLLEGE
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CERTIFICATE

This is to certify that the dissertation entitled,**A STUDY ON HAPPINESS AND SELF- EFFICACY AMONG WORKING WOMEN WITH SPECIAL REFERENCE TO KANNUR**, submitted by **SEBA GEORGE**, in partial fulfillment of the requirement for the award of the degree of Master of Social work, is a bonafide record of work done under my guidance and supervision during the period of her study (2021-2023) in the Department of Social Work, Don Bosco Arts and Science College, Angadikadavu, Kannur, affiliated to The Kannur University.

FR. SOJAN PANANCHICKAL

Head, Department of Social Work

Don Bosco Arts and Science College

DECLARATION

I, **SEBA GEORGE,** the undersigned, hereby declare the dissertation entitled, **A STUDY ON HAPPINESS AND SELF- EFFICACY AMONG WORKING WOMEN WITH SPECIAL REFERENCE TO KANNUR**, submitted by **SEBA GEORGE,** submitted to the Kannur University, in partial fulfillment of the requirement for the award of the degree of master of Social Work, is a bonafide work done by me under the guidance of, **FR.SOJAN PANANCHICKAL**, Assistant professor, Department of Social Work, Don Bosco Arts and Science College, Angadikadavu. This work has not been placed by anybody in the University for the Award of any degree or diploma.

ANGADIKADAVU   **SEBA GEORGE**

May 2023

AKNOLEDGEMENT

ABSTRACT

Happiness and self-efficacy are important for the wellbeing of working women. Working women often face unique challenges that can have an impact on their overall happiness and self-efficacy.

The purpose of the study was to examine the happiness and self-efficacy among working women with special reference to Kannur. The sample involved 60 working women in Kannur district. Results were tabulated using descriptive statistics. The survey result which shows that, there is average happiness for working women, it means their happiness level is in between higher happiness and lower happiness. But the self-efficacy rate among the working women is very high. It is calculated by using subjective happiness scale and general self-efficacy scale.

Keywords- Happiness, Self – Efficacy, Working women.

CONTENTS

LIST OF TABLES

LIST OF FIGURES

CHAPTER- I
INTRODUCTION

CHAPTER- 1

1.1 INTRODUCTION

In recent years, the concept of happiness has garnered significant attention in bothacademic and non-academic spheres. It has become a subject of extensive research dueto its profound implications for individual well-being and overall societal progress. Thepursuit of happiness is a universal aspiration, and understanding the factors thatcontribute to it has become a vital area of study. In particular, examining the relationshipbetween happiness and self-efficacy among working women has gained prominence,given the evolving role of women in the workforce and the specific challenges they face.Kannur, a district located in the northern part of the Indian state of Kerala, serves as acompelling context for investigating the interplay between happiness and self-efficacyamong working women. Kannur is known for its unique socio-cultural fabric and haswitnessed notable progress in women's empowerment and their participation in various professional domains. Exploring the experiences of working women in this region will shed light on the specific factors that influence their happiness levels and self-perceived efficacy.

The study aims to provide a comprehensive understanding of happiness and self-efficacy among working women in Kannur, encompassing various aspects such as work-life balance, career satisfaction, social support systems, and personal well-being. By examining these factors, the research intends to contribute to existing literature and generate insights that can inform policies and interventions aimed at enhancing the overall well-being and empowerment of working women.

One of the central constructs to be examined in this study is self-efficacy, which refers to an individual's belief in their capability to successfully perform tasks and accomplish goals. Self-efficacy plays a crucial role in shaping individuals' behavior, motivation, and overall psychological well-being. For working women, high self-efficacy is often associated with increased job satisfaction, better career advancement opportunities, and greater sense of personal fulfillment.Another important aspect to be explored is the relationship between happiness and self-efficacy. Research suggests that individuals with higher self-efficacy tend to experience greater levels of happiness and life satisfaction.

1.2 STATEMENT OF THE PROBLEM.

In the current era in India, the role of woman can be called as a phenomenon. Employment has become increasingly important in the lives of women. The today's woman is trying to be happier and better adjusted by relinquishing the long established and modern roles or by merging both the roles. The transformation of woman from the past to present is worth noticing. Woman whom everybody considered being the geniuses in the art of home making but now considered to be forces that shapes country and culture. Both, working as well as non working women play a very important role in house hold activities of their families. Their life is more concentrated towards the family than that of men. Working women are often tossed between household chores and professional work. The present study aims to study happiness and self efficacy among working women. It also focuses on their satisfaction level in the job, problems in the working place, women empowerment and how they manage their family and job in same string. Respondents of the study are, married women working in the organized sector with special reference to Kannur.

1.3 TITLE OF STUDY

1.3.1 HAPPINESS

Happiness is something which every human being quest for since a long time. It is a common human tendency to seek happiness in everything he does. Everyone wants to be happy regardless of religion, gender, social economic status and region.Happiness is defined as the overall appreciation of one's life as a whole, as how much a person likes his life he lives and also it is a state of mind.

Hills and Argyle (2001) viewed happiness as consisting of four components, namely, life satisfaction, positive emotions and good mood, lack of negative mood and emotions of other factors such as optimism, self-esteem and sense of prosperity. According to this theory, individual traits of happiness is to have stronger immune system, enjoying better social relationships, dealing effectively with difficult situations, creativity and empathic attitude towards others.

❖ Definition

Argyle & Hills (2002) defined happiness as a combination of life satisfaction and frequency of positive and negative affect which is measured through subjective well-being (SWB).

❖ Importance and benefits of being happy.

- **Happy people are more successful**

It is often read that success makes people happy, but on contrary it was reported by number of studies that happy individuals are successful across multiple life domains, including marriage, friendship, income, work performance, and health. Happiness leads to success and yes, even a longer life (Lyubomirsky, King &Diener, 2005).

- **Happy people get sick less often**

It was found in a study from Carnegie Mellon University, that happy people are less likely to get sick. The happier the person is the more he stays healthy.

- **Happy people have more friends**

Happy people are more fun loving and joyous. They like to enjoy the moments. Those who are happy are always encouraging and inspiring. Studies reported that happy persons have strong social relationships as they are more stable and supportive.

- **Happy people like to give/donate more**

Generosity is one of the traits of happy people. Researches show that giving to others makes us happier. Harvard Business School researchers found that happy people give more, and then feel happier (Seligman, 2002).

- **Happy people are more helpful**

Happy people are found to be volunteer more and have empathic attitude towards others. Happy persons have positive emotional state, whereby they are always ready to help others in need and make a difference in the world with their generous acts.

- **Having a positive attitude makes life easier**

Having positive attitude makes an individual overcome the bad situations or circumstances of life. Staying positive (even when things are really tough) is the secret of a happier life.

In this study, the happiness of working women in the organized sector is measured. The rate of happiness is measured using a scale called 'subjective happiness scale'.

❖ Subjective happiness scale

The SHS is a 4-item scale of global subjective happiness. Two items ask respondents to characterize themselves using both absolute ratings and ratings relative to peers, whereas the other two items offer brief descriptions of happy and unhappy individuals and ask respondents the extent to which each characterization describes them.

Professor Sonya Lyubomirsky from the University of California, Riverside has created the Subjective Happiness Scale.Lyubomirsky, S., & Lepper, H. S. (1999). A measure of subjective happiness: Preliminary reliability and construct validation. Social Indicators Research, 46, 137-155.

Scoring: Compute the mean across responses to all four questions; item #4 is reverse coded.

1.3.2 SELF- EFFICACY

The concept of self-efficacy was developed in 1977 by Bandura. Self-efficacyis a belief that one is capable of performing in a certain manner to attain certain goals. It is a belief that one has potentials to achieve the goals and manage the situation. Self-efficacy is the belief of a power to achieve the success. For example, a person with high self-efficacy may engage to complete his assignments where as a person with low self-efficacy would be just disappoint (Bandura, 1977).

❖ Definition

Self-efficacy is defined as a person's belief about their ability to organize and execute courses of action necessary to achieve a goal. In other words, persons with strong efficacy beliefs are more confident in their capacity to execute a behavior (Bandura, 1989).

Self-efficacy (belief in one's ability to handle effectively and to master a situation to bring such changes that produce desired results) is taken as main thing to psychological health. Self-efficacy consists of nature and construction of self-efficacybeliefs, their origins and effects, the procedures through which such beliefs function and the modes by which they can be created and strengthened. People will be more inclined to take on a task belief they can succeed. People generally avoid tasks where their self-efficacy is

low, but will engage in tasks where their self-efficacy is high. People with self-efficacy always try their best to complete tasks and also try to defeat their difficulties. That is a main reason for which the people of low self-efficacy unable to grow and successes in proper way. There are some effects of self-efficacy on human behavior. People with high self-efficacy are more motivated than the people of low self-efficacy.

Self-efficacy, also called perceived ability, refers to the confidence people have in their abilities for success in a given task (Bandura, 1997). If they possess the ability to successfully perform, then that task will be attempted. The task will be avoided if it is perceived to be too difficult (Bandura, 1986, 1997). Although inefficacious individuals usually avoid challenging tasks, when they do attempt them they give up more easily than individuals with high efficacy. When inefficacious individuals fail, they attribute the unsuccessful result to a lack of ability and tend to lose faith in their capabilities. When they succeed, they are more likely to attribute their success to external factors. If students master a challenging task with limited assistance, their levels of self-efficacy rise (Bandura, 1986).

In this study, the self − efficacy of working women in the organized sector is measured. The rate of self-efficacy is measured using a scale called 'General Self -efficacy scale'.

❖ **General Self- efficacy Scale**

The scale in German Language was developed in 1979 by Jerusalem and Schwarzer and later revised and adapted to 26 other languages including English and Persian by various co-authors. The scale was developed to assess a general sense of perceived self-efficacy with the aim in mind to predict copping with daily hassles as well as adaptation after experiencing all kinds of stressful life events. The scale is designed for the general adult population, including adolescents. Persons below the age of 12 should not be tested. The scale is usually self-administered, as part of a more comprehensive questionnaire. The scale has 10 items with 4pointscale, ranging from 1 to 4 (1=not at all true), (2=hardly true), (3=moderately true), to (4= exactly true). Responses to all the 10 items have to be summed up to yield the final composite score with a range from 10 to 40.

Scoring:- The total score is calculated by finding the sum of the all items. For the GSE, the total score ranges between 10 and 40, with a higher score indicating more self-efficacy.

1.3.3 WORKING WOMEN IN THE ORGANIZED SECTOR

❖ **Organized sector**

The organized sector comprises employees who work under fixed terms and timings. If you are working for a factory or employed in a government job, you will fall under the organized sector. The unorganized sector comprises employees working in minor business concerns and units, often without any assurance of regularity.

❖ **Working women**

A woman who is gainfully employed; often, specif., such a woman as distinct from a housewife.

As the economy of India is expanding, the proportion of women working inthe organized sector is also increasing gradually. In the organized sector, we find two sub-sectors that is the public sector and the private sector. In both these sectors women are involved in the following types of activities :- (a)agriculture and allied occupations, (b) mining and quarry, (c) manufacturing,(d) electricity, gas and water, (e) construction, (f) wholesale, retail business and hotel and restaurants, (g) transport, storage and communication, (h)financial, insurance, real estate and business services, (i) community and social services. It is important that in the wake of globalization the patterns of women's work participation in these varieties of activities have changed. IN this unit we have explained these changes in detail. India is a vast country sothere are diverse patterns of women's work participation in the organizedsector. To highlight these diversities, we have shown women's work participation in various states and union territories in India. Women in the organized sector face various problems which are qualitatively different fromthose in the unorganized sector.

1.4 OBJECTIVES

1.4.1 GENERAL OBJECTIVES

A study on happiness and self- efficacy among working women in the organized sector with special reference to Kannur.

1.4.2 SPECIFIC OBJECTIVES

- To study the socio- demographic variables of the respondents.
- To study the rate of happiness among working women.

- To measure the self- efficacy among working women.
- To study on women empowerment through employment empowerment in organized sector.
- To understand various problems faced by women in the working place.

1.5 RELEVANCE OF THE STUDY

The study on happiness and self efficacy among working women in the organized sector is conducted to study the rate happiness among working women in doing job and also in maintaining family life. It shows their satisfaction level in the job. Theother major importance of the study is to measure the self efficacy among them. It shows the rate of their belief in their own capacity. The study also concentrated in showing women empowerment through employment empowerment. It means the job already makes the women empowered but the study helps to learn more. It also helps to understand various problems faced by women in the working place. This problem already effects their happiness rate, so all are inter-related. So, these are the significance/ relevance/ importance of this study.

1.6 CHAPTERIZATION

CHAPTER 1: INTRODUCTION

Statement of the problem, Title of Study, Objectives – General and Specific, Relevance of the study.

CHAPTER 2: LITERATURE REVIEW

Reviews:Summarize and present relevant studies (theoretical & empirical) in a logical order.

CHAPTER 3: RESEARCH METHODOLOGY

Definition of concepts – Theoretical and operational, Variable Independent and Dependent, Hypothesis, Research Design, Universe and Unit of the Study, SamplingSources of Data (Primary, Secondary), tools of Data Collection, Method of Data Collection, Method of Data Analysis.

CHAPTER 4: ANALYSIS & INTERPRETATION

Present every variable& sub variable and interpret it with the collected data, Testing Hypothesis (Optional) or Analyzing Hypothesis.

CHAPTER 5: FINDINGS, SUGGESTIONS AND CONCLUSION

Major Findings, Implications of the study,Limitations of the study, Suggestions for further research.

1.7 CONCLUSION

Chapter-1 deals with the Introduction part. Introduction which involves statement of problem, title of study, General objectives and specific objectives, relevance of the study and Chapterization. So, it provides an introductory picture about the stud. Here the study is related to the happiness and self efficacy among working women in the organized sector. All the important details related to the study is explained in chapter-1. The study is very useful in understanding the role of women in the organized sector. Their problems, job satisfaction level, women empowerment is also identified through the study.

CHAPTER- II
REVIEW OF LITERATURE

CHAPTER-2
REVIEW OF LITERATURE

2.1 INTRODUCTION

For the deep understanding of research, it is of prime importance to review the studies, already done, in the area of investigation. The process of review of the literature involves the location, study and evaluation reports of the researches which are related to different areas, articles published, relevant portions of the encyclopedias, abstracts of research, study of the pages out of the comprehensive books on the related subjects and also the material from the related manuscripts. The major objective of review of related literature enables the researcher to know about the trends of the research and to further clarify the objectives of the study. Moreover, through the review of related studies, researcher gets a direction of the findings which indeed are major base to prepare the framework of the study.

The whole planning of the research is based on a critical and broader review of related studies. It does not only help a researcher to have an image of the execution of the ideas but also ensures the avoidance of irrelevant duplication in the field of study. The review enables the researcher to acquaint himself/herself with the different research methodologies and strategies adopted by earlier investigators, which further help a researcher to proceed with essential insight.

The real purpose of the review of related research is the fitness of a particular project into a broader scheme, enabling one to see its importance and relate it to other studies. Hence keeping in view, the need and importance of related literature, the researcher has tried to trace and obtain the relevant material through direct and indirect sources of information and an effort has been made to present studies that appear to have a direct or indirect bearing on the present study.

2.2 REVIEW OF LITERATURE

Layard (2005) explored on what made people happy? The results indicated a list of identified factors that contributed towards happiness. These are family, close relationships, satisfying work, good health and personal freedom.

Betrot (2006) investigated the relationships among teacher (female) occupational stressors, self-efficacy, coping resources, and burnout in a sample of 247 Spanish secondary school teachers. Teachers reported that when their pedagogical practice in the school setting was being interfered with or hindered by a set of factors from the multiple contexts involved in students' learning, problems of burnout occurred. In addition, results also revealed that teachers with a high level of self-efficacy and more coping resources reported suffering less stress and burnout than teachers with a low level of self-efficacy and fewer coping resources, and vice versa.

Penrose, Perry and Ball (2007) studied Happiness and working women self-efficacy. The data supported the theoretical expectation of a linkage between happiness and working women self-efficacy. Analyses showed that age moderated this relationship. However length of working experience and current status add significant direct effects on predicting their self-efficacy but did not moderate the relationship between happiness and teacher self-efficacy.

Chan (2009) conducted a study on orientations to happiness and subjective wellbeing among Chinese prospective and in service of working women in Hong Kong. This study was examined the three orientations to happiness and their relationships with subjective wellbeing in a sample of 228 Chinese in service teachers in Hongkong. Conformity item factor analysis supported at three-dimensional mode that included constructs represented by a life of meaning, life of pleasure and life of engagement. These three orientations, especially the meaningful life and the engaged life were found to predict life satisfaction and positive emotions as the dimensions of subjective wellbeing.

Field and Buitendach(2011) studied happiness, work engagement and organizational commitment of support staff at a tertiary education institution in South Africa on a sample of 123 support staff members. The findings of the study revealed that there exists a significant positive relationship between affective organizational commitment and work engagement, as well as between affective organizational commitment and happiness (as the SWLS and WBQ measure). They found a significant positive relationship between work engagement and happiness. Finally, the results showed that happiness and work engagement have predictive value for affective organizational commitment.

Clark, Layard and Senik (2012) identified the causes of happiness and misery from World Happiness Report published by The Earth Institution British Columbia. The authors found a list of factors that contributed towards happiness. These are family, close relationships, satisfying work, good health and personal freedom.

Pordanjani, Yahyanezhad and Moharer (2014) studied self efficacy, academic achievement and happiness. For the purpose of study, a sample of 200 working women was selected randomly. The results of the study indicated that self-efficacy predict happiness in them.

Kaur (2014) studied self-efficacy of secondary school teachers in relation to their organizational climate. A sample of 100 teachers from government and private secondary schools of Amritsar district was selected for the purpose of investigation. The findings are: 1) there exists no significant difference in self-efficacy of private and government secondary school teachers. Hence, the type of school does not affect the self-efficacy of secondary school teachers. 2) there wrists no significant difference in self-efficacy of urban and rural secondary school teachers, 3) there exists a significant relationship between self-efficacy and organizational climate of secondary school teachers

Buragohain and Hazarika (2015) conducted a study on happiness level of (working women) school teachers in relation to their job satisfaction on a sample of teachers from 36 schools of Dibrugarh district of Assam. The study reported that 14.95% teachers were happy, 67.97% were neutral and 17.08% teachers were unhappy. It was also found that gender does not play any significant role in happiness. It was also reported significant difference between mean scores of happiness of teachers with respect to locale (rural and urban) and type of school (Government and Private).

Erozkan, Dogan and Adiguzel (2016) studied the relationship between self efficacy and subjective happiness. The sample of the study composed of 500 working women in organized sector. The findings of the study showed that subjective happiness was found to be significantly correlated to initiation, effort, and persistence sub dimensions of self-efficacy.

Ghorbannia and Barani (2016) conductedresearchon investigating the relationship between spiritual intelligence with self-efficacy and happiness among secondary high school teachers in west of Golestan on a sample of 234 teachers of Golestan province. The results of the study revealed that spiritual intelligence and self-efficacy and happiness of teachers have a significant and positive relationship with each other.

Hajizadeh, Shabani and Bakhtari (2016)conducted research "Surveying the relationship between happiness, self-efficacy and vocational capability. of elementary school teachers". The study was conducted on a sample of 108 teachers. The findings of the study inferred that a significant and positive correlation was observed between self-efficacy with happiness and capability and between happiness and capability. The teachers' vocational capability has a strong and significant relationship with happiness and their self-efficacy.

Salimirad and Srimathi (2016) conducted a study on the relationship between, psychological well-being and occupational self-efficacy among teachers in the city of Mysore, India, on a sample of 600 teachers. The findings of the study indicated negative correlation between occupational self-efficacy and psychological well-being. Further, no significant effect of gender and type of school on both occupational selfefficacy and psychological well-being was found.

Duran and Yildirim (2017) studied the relationship between working women happiness levels and their self-efficacy levels on a population of 500 working women. The results of the study revealed that a positive and mid-level significant interrelation was discovered between the happiness and the self-efficacy levels of the working women. Further it was found that their perceptions about happiness and self-efficacy levels differ according to the length and type of the job they belong to.

Mertoglu (2018) examined the happiness level of women working in organized sector and analyzing its relation with some variables. The sample of the study consists of 448 women working in different organized sector. The happiness level of working women was found to be higher than average. Further the results revealed that mean scores of women's happiness did not differ significantly with analyzing to their gender, age, marital status, number of children, seniority and income levels.

2.3 CONCLUSION

As already discussed in the starting of this chapter that the area undertaken by researcher is quite new and not much work has been done on it. After going through the literature, researcher found that happiness and self efficacy among working women in the organized sector and only few studies have been found on happiness and self efficacy as related to proposed variables.

CHAPTER- III
RESEARCH METHODOLOGY

CHAPTER-3
RESEARCH METHODOLOGY

3.1 INTRODUCTION

This chapter deals with the method and procedure followed to conduct this study. The destiny of any research is determined by the methodology and procedure adopted. The systematic framework of research work is called its procedure, which provides step by step journey toward the solution of the research problem. An adequate methodology and procedure of the study leadto the effective results of the research problem. The most important aspect of the methodology is to select the research methods and research designs which are most appropriate for achieving the objectives of the research. The sampling techniques to select the sample, tools used for the data collection, and statistical techniques adopted to do the statistical analysis are the major components of any research design. This research focuses on the study of happiness and self-efficacy among married women working in the organized sector. This study also aims to understand, how they will manage their job and family lives together.

3.2 DEFINITION OF CONCEPT

3.2.1 THEORETICAL DEFINITION.

➢ Happiness

According to Veenhoven(1997)."Happiness is defined the term happiness as the degree to which a person evaluates the overall quality of his present life-as-a-whole positively".

According to Argyle & Hills (2002).

"Happiness is defined as a combination of life satisfaction and frequency of positive and negative affect which is measured through subjective well-being (SWB)".

➢ Self- efficacy

According to Albert Bandura.

"Self-efficacy is the belief in one's capabilities to organize and execute the sources of action required to manage prospective situations."

Psychologist Albert Bandura has defined self-efficacy as "one's belief in one's ability to succeed in specific situations or accomplish a task".

3.2.2 OPERATIONAL DEFINITION.

➤ Happiness

Happiness is a state of well-being and contentment, that can be measurableat different levels.

➤ Self-efficacy

Self-efficacy is the degree of belief in once own capacity/ ability to do something.

➤ Working women

Working women refers to adult females who are engaged in paid employment or are actively participating in income-generating activities outside the home.

3.3 VARIABLES

3.3.1 INDEPENDENT VARIABLE.

Happiness and self-efficacy are the independent variables in the study.

3.3.2 DEPENDENT VARIABLE.

A working woman is a dependent variable in the study.

3.4 RESEARCH DESIGN

Cross sectional descriptive research design is used and quantitative study is conducted.

3.5 UNIVERSE OF THE STUDY

All married working women in the organized sector with special reference to Kannur.

3.6 UNIT OF THE STUDY

Any one of the married working women in the organized sector with special reference to Kannur.

3.7 SAMPLING

Convenience sampling method is used.

3.7.1 Inclusion criteria: Almost 60 samples of married working women in the organized sector are included in this study.

3.7.1 Exclusion criteria: Un married working women are excluded from this study.

3.8 SOURCES OF DATA

3.9.1 PRIMARY DATA

Include a direct interview with a preplanned questionnaire and through Focus group interviews.

3.9.2 SECONDARY DATA

Data collected from articles, journals, books and other online sites.

3.9 TOOLS OF DATA COLLECTION

The Researcher uses a set of self-made closed questions and two scales they are:- Subjective Happiness Scale and General Self-Efficacy Scale.

- **Subjective Happiness Scale**

The SHS is a 4-item scale of global subjective happiness. Two items ask respondents to characterize themselves using both absolute ratings and ratings relative to peers, whereas the other two items offer brief descriptions of happy and unhappy individuals and ask respondents the extent to which each characterization describes them.**Professor Sonya Lyubomirsky** from the University of California, Riverside has created the Subjective Happiness Scale.Lyubomirsky, S., & Lepper, H. S. (1999). A measure of subjective happiness: Preliminary reliability and construct validation. Social Indicators Research, 46, 137-155.

Scoring: Compute the mean across responses to all four questions; item #4 is reverse-coded.

- **General Self-Efficacy Scale.**

The scale in the German Language was developed in 1979 by Jerusalem and Schwarzer and later revised and adapted to 26 other languages including English and Persian by various co-authors. The scale was developed to assess a general sense of perceived self-efficacy with the aim in mind to predict coping with daily hassles as well as adaptation

after experiencing all kinds of stressful life events. The scale is designed for the general adult population, including adolescents. Persons below the age of 12 should not be tested. The scale is usually self-administered, as part of a more comprehensive questionnaire. The scale has 10 items with 4 point scale, ranging from 1 to 4 (1=not at all true), (2=hardly true), (3=moderately true), to (4= exactly true). Responses to all the 10 items have to be summed up to yield the final composite score with a range from 10 to 40.

Scoring:- The total score is calculated by finding the sum of the all items. For the GSE, the total score ranges between 10 and 40, with a higher score indicating more self-efficacy.

3.10 METHODS OF DATA COLLECTION

The data was collected from the married working women in the organized sector in Kannur, based on the scales and pre-structured questionnaire. Through google formsdata is collected.

3.11 METHODS OF DATA ANALYSIS

The collected data is analyzed through SPSS (Statistical Package for the social sciences) software. Here the data are prepared into statistical tables and processed in various forms for easy, standardized, and professional analysis. Analysis helps to describe the phenomena derived from the data.

CHAPTER IV
ANALYSIS AND INTERPRETATIONS

CHAPTER 4

ANALYSIS AND INTERPRETATIONS

4.1 INTRODUCTION

The data gathered and proposed are analyzed and interpreted in this chapter. This analysis and interpretation are based on the answers given by the respondents. The present study is conducted to determine happiness and self-efficacy among working women with special reference to Kannur. First of all, the researcher collected the data through the questionnaire. After the collection, it was tabulated and summarized with reference to the objectives of the study.

4.2 INTERPRETATION

4.2.1 RELIGION (N= 60)

Religion	Frequency	Percent
Christian	31	51.7
Hindu	27	45.0
Muslim	2	3.3

TABLE 4.2.1

The table 4.2.1 indicates the religion of working women. 51.7% of working women are Christians. The 45.0% of working women are Hindus. Only 3.3% working women comes under Muslim religion. So, most of them are Christians.

4.2.2 FAMILY TYPE OF WORKING WOMEN (N=60)
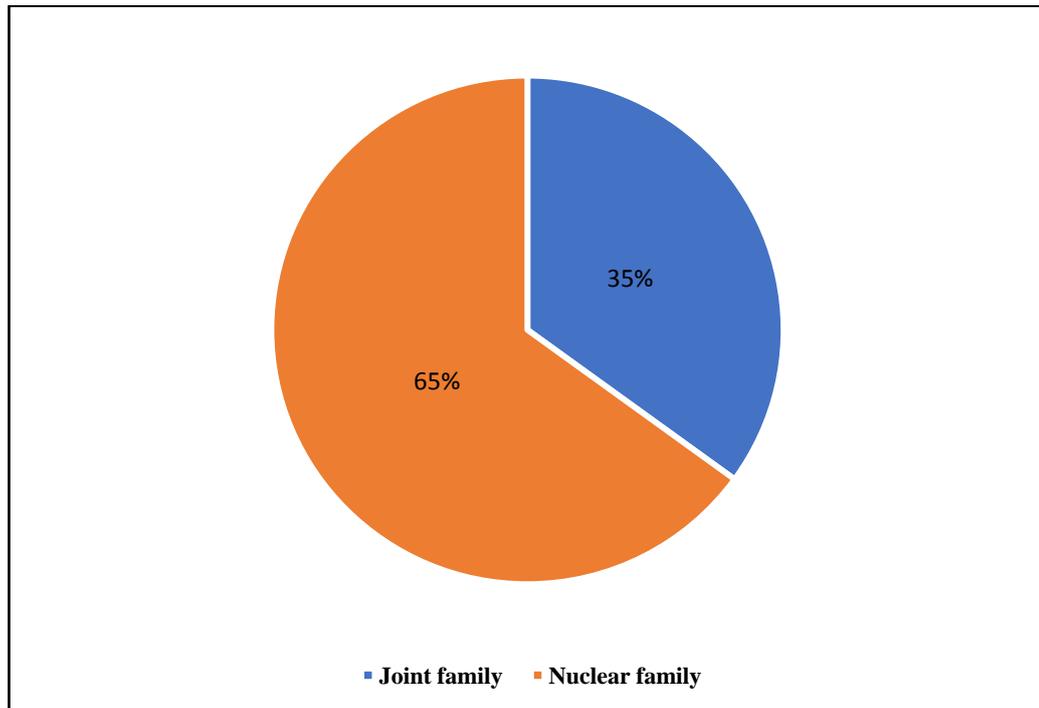
FIGURE 4.2.1

The figure 4.2.1 shows the family type of the respondents. It is clear that majority (65%) indicates nuclear family. The 35% of working women are comes under joint family. So, most of them are belongs to nuclear family.

4.2.3 EDUCATIONAL QUALIFICATIONS (N=60)

Educational qualifications	Frequency	Percent
Above degree	57	95.0
Below degree	3	5.0

TABLE 4.2.2

The table 4.2.2 shows the educational qualifications of the respondents. Majority (95.0%) of the respondents are above degree. Only 5.0% of the respondents are below degree. So, most of them are graduated.

4.2.4 TYPE OF JOB OF WORKING WOMEN (N=60)
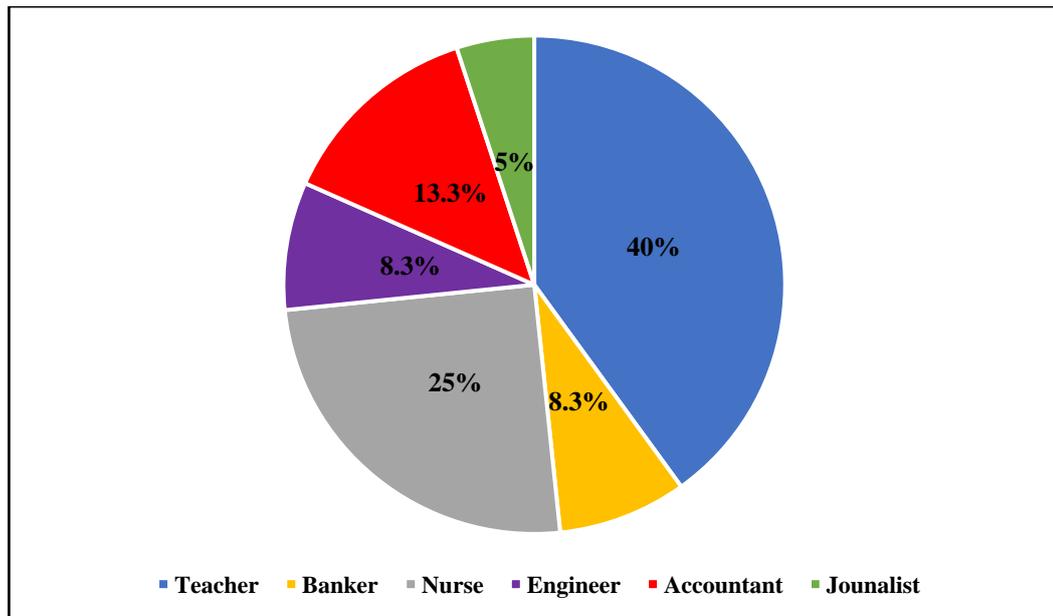
FIGURE 4.2.2

Figure 4.2.2 indicates the type of job of the respondents. Here 40% of respondents are Teachers. 8.3% of respondents are bankers. 25% of respondents indicate nurses. Again 8.3% of respondents show Engineers. 13.3% of them shows Accountant and 5% of them indicates Journalist. So, most of the respondents are teachers.

4.2.5 ANNUAL INCOME (N=60)

Annual income	Frequency	Percent
Below 100000	4	6.7
100000 - 300000	30	50.0
Above 300000	26	43.3

TABLE 4.2.3

Table 4.2.3 shows the annual income of the respondents. Here 6.7% of respondents are below 100000. Majority 50.0% of the respondents are come under 100000 – 300000. 43.3% of respondents indicate above 300000. So, most of the working women have an annual income in between 100000 – 300000.

4.2.6 CHILDREN OF WORKING WOMEN (N=60)
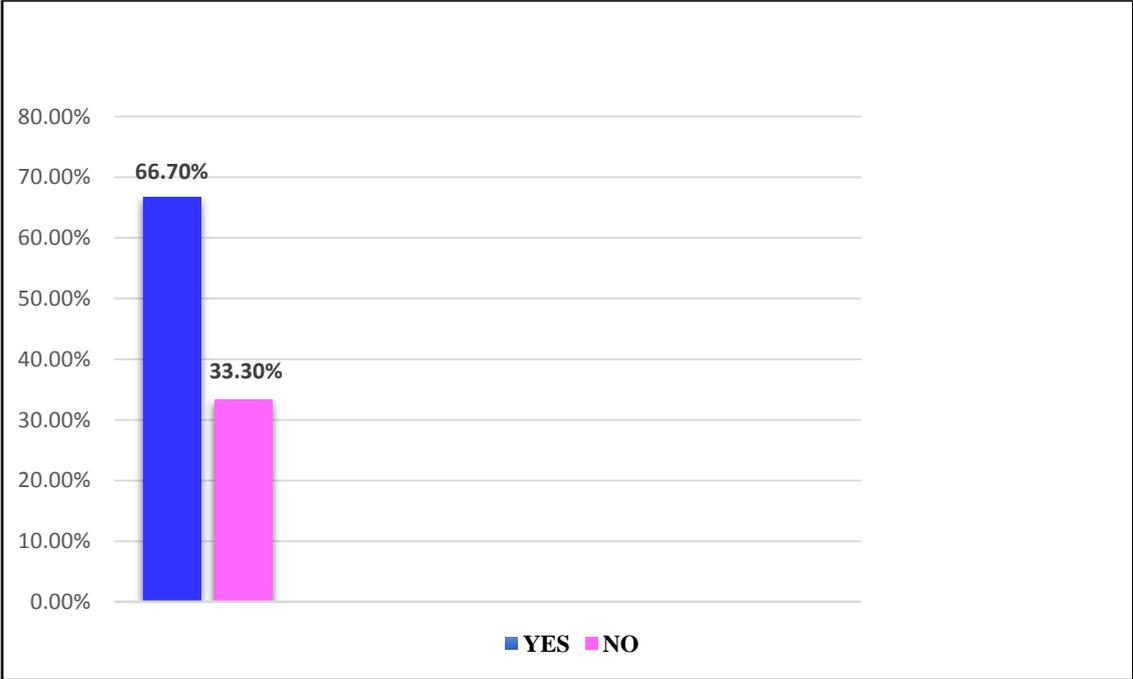
FIGURE 4.2.3

Figure 4.2.3 indicates number of working women who have children and number of working women who does not have children. 66.70% of respondents have children and 33.30% of respondents do not have children. So, most of the working women have children.

4.2.7 OWN VEHICLE BY WORKING WOMEN (N=60)

Values	Frequency	Percent
Yes	47	78.3
No	13	21.7

TABLE 4.2.4

Table 4.2.4 indicates the number of respondents that own a vehicle and number of respondents that not own a vehicle. Here 78.3% of respondents own a vehicle. 21.7% of respondents not own a vehicle. So, most of them are own a vehicle.

4.2.8 BANK LOAN TAKEN OUT BY WORKING WOMEN (N=60)
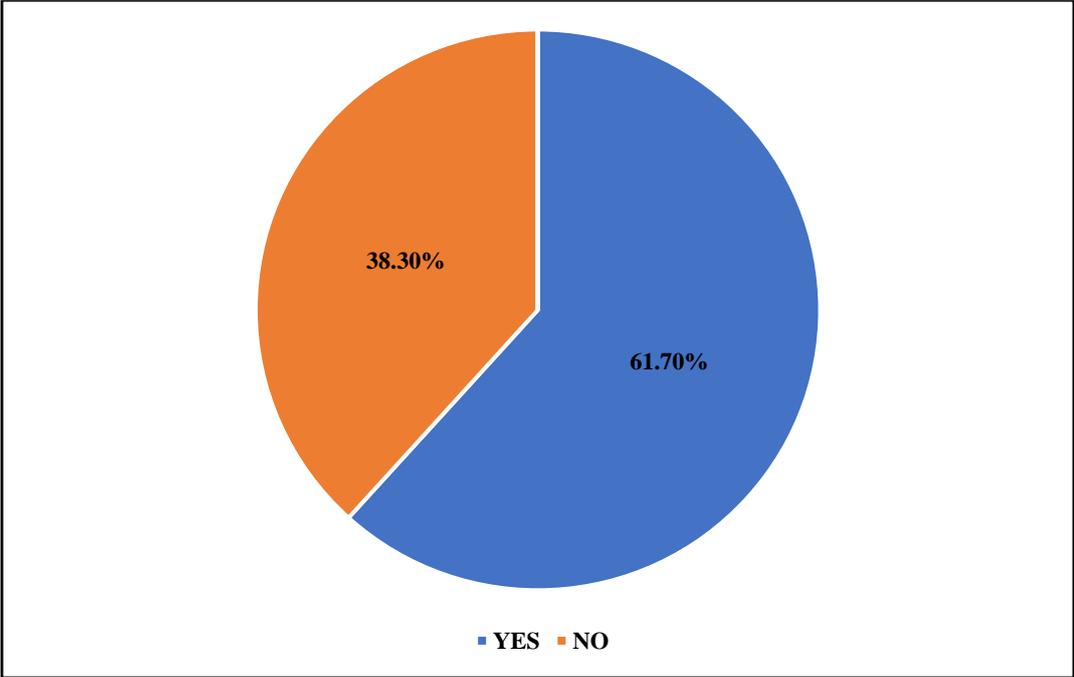
FIGURE 4.2.4

Figure 4.2.4 indicates number of respondents who have taken out any bank loan and number of respondents who have never taken out any bank loan. Here 61.70% of respondents have taken bank loan. 38.30% of respondents does not take any bank loan. So, majority of the respondents are taken out bank loan.

4.2.9 BANK ACCOUNT MAINTANANCE OF WORKING WOMEN (N=60)

Values	Frequency	Percent
Myself	35	58.3
Husband	19	31.7
Both	6	10.0

TABLE 4.2.5

Table 4.2.5 indicates who handles the bank account maintenance of the respondent. 58.3% of respondents handle their bank account by themselves. 31.7% of respondents husband handles the bank account. 10.0% of respondent bank account is handled by both husband and wife. So, majority of the working women handles their bank account maintenance by themselves.

4.2.10 SUBJECTIVE HAPPINESS SCALE (N=60)
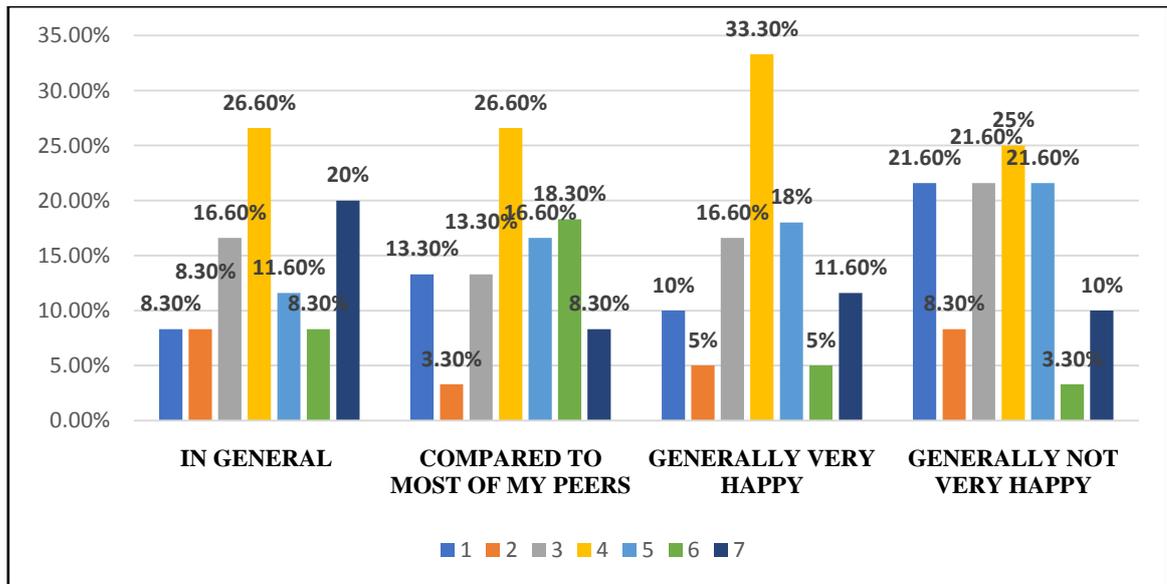
FIGURE 4.2.5

Figure 4.2.5 indicate Subjective happiness scale scoring among the working women. This scale contains four questions. first one, "In General, I consider myself," 8.3% of respondents give 1 scoring in happiness scale. 8.3% of respondents give 2 scoring. 16.6% of respondents give 3 scoring. 26.6% of working women give 4 scoring, 11.6% of respondents give 5 scoring, again 8.3 % of respondents give 6 scoring and 20% of respondents give 7 scoring which means very happy. So here most of the respondents give 4 scoring which means most of them are average happy. Second one, "compared to most of my peers, I consider myself," 13.3% of respondents give 1 scoring, 3.3% of respondents give 2 scoring, 13.3% of respondents give 3 scoring, 26.6% of respondents give 4 scoring, 16.6% of respondents give 5 scoring, 18.3% of respondents give 6 scoring and 8.3% of respondents give 7 scoring. So, most of the working women have average happiness while comparing to their peers. Third one,"some people are generally very happy. They enjoy life regardless of what   is going on, getting the most out of everything. To what extent does this characterization describe you?" here 10% of respondents marked 1 scoring, 5% of respondents give 2 scoring, 16.6% of

respondents give 3 scoring, 33.3% of respondents give 4 scoring, 18% of respondents give 5 scoring, 5% of respondents give 6 scoring and 11.6% of respondents give 7 scoring. So here most of the working women marked 4 scoring which means they are in between very happy and not very happy. Fourth one, "somepeople are generallynot very happy. Although they are not depressed, they never seem as happy as they might be. To what extend does this characterization describe you?" here 21.6% of respondents marked 1 scoring, 8.3% of respondents give 2 scoring, 21.6% of respondents give 3 scoring, 25% of respondents give 4 scoring, 21.6% of respondents give 5 scoring, 8.3% of respondents give 6 scoring and 10% of respondents give 7 scoring. So, for the four questions in the subjective happiness scale most of the respondents marked "4" points which indicate average rating in the scale. So, it means majority of the working women are average happy in their life, they are in between very happy and not very happy.

4.2.11 GENERAL SELF-EFFICACY SCALE (N=60)

Values	Frequency	Percent
10 - 20	4	6.66
20 - 30	24	40
30 - 40	32	53.3

TABLE 4.2.6

Table 4.2.6 Indicate the General self- efficacy scale scoring. This scale contains ten questions and each question have four options they are, "Not at all true", "Hardly true", Moderately true", "Exactly true". Each option has scoring from 1 to 4. So according to the scores obtained by the respondents it is classified into classes. 6.66% of respondents come under 10 - 20 class. It indicates lowest self -efficacy. 40% of respondents come under 20 - 30 class. It indicates average self-efficacy. 53.3% of respondents come under 30 - 40 class which indicates highest self-efficacy. So, here most of the working women have highest self-efficacy.

4.2.12 PROMOTE WOMEN EMPOWERMENT IN WORK PLACE (N=60)
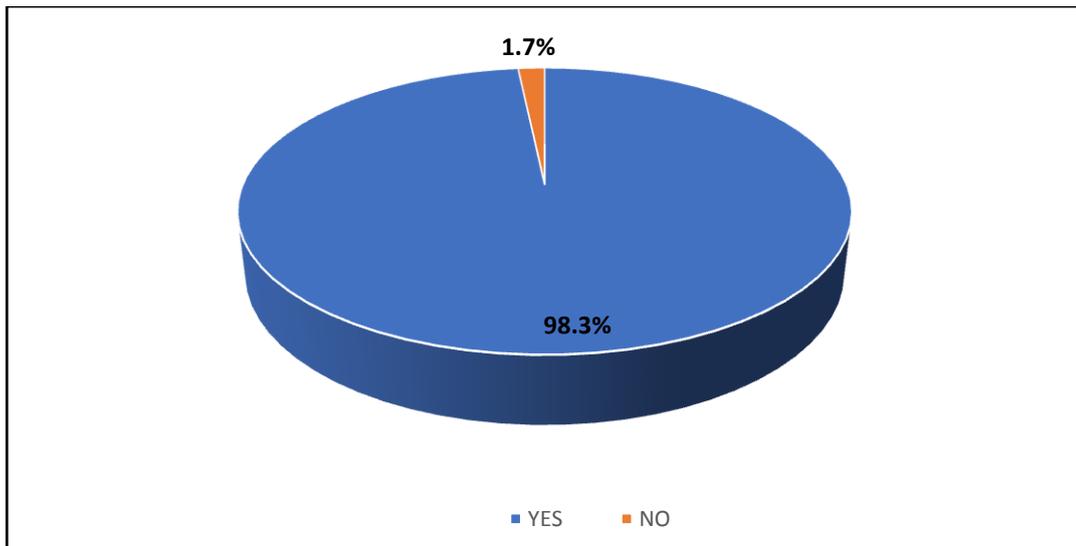
FIGURE 4.2.6

Figure 4.2.6 indicates respondent's opinion about the importance of promoting women empowerment in working place. 98.3% of respondent's support women empowerment in working place. Only 1.7% of respondents are against women empowerment. So, most of the respondent's opinion is to promote women empowerment in work place.

4.2.13 POLICIES TO ENSURE GENDER EQUALITY AND WOMEN EMPOWERMENT (N=60)

Values	Frequency	Percent
Yes	31	51.7
No	29	48.3

TABLE 4.2.7

Table 4.2.7 indicates the number of respondent's organization which implemented any policies to ensure gender equality and women empowerment. 51.7% of respondent's organization has implemented policies to ensure gender equality and women empowerment. 48.3% of respondent's organization does not implement any policy. So, majority of the respondent's organization have policies to ensure gender equality and women empowerment.

4.2.14 FEMALE EMPLOYEES RECEIVE EQUAL PAY (N=60)
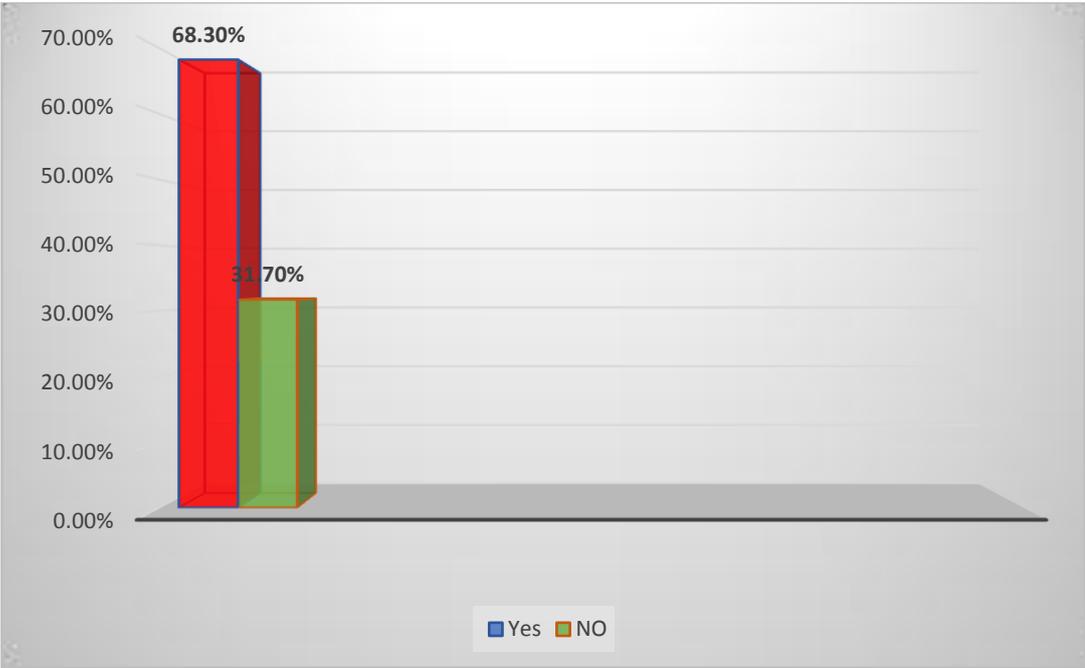
FIGURE 4.2.7

Figure 4.2.7 indicates, the number of respondents organization make sure that female employees receive equal pay. Here 68.30% of respondent's organization make sure that female employees receive equal pay and 31.70% of respondent's organization does not make sure. So, majority of the respondent's organization make sure that female employees receive equal pay.

4.2.15 CHANCE TO GROW PROFESSIONALLY BY PROVIDING TRAINING AND DEVELOPMENT (N=60)

Values	Frequency	Percent
Yes	33	55.0
No	27	45.0

TABLE 4.2.8

Table 4.2.8 indicate the number of working women's organization offer female employees the chance to grow professionally by providing training and development. Here 55.0% of respondent's organization provide such chances. 45.0% of respondent's organization does not provide such chances. So, majority of the respondent's organization provides chance to grow professionally by providing training and development.

**4.2.16 ORGANIZATION ASSIST WORKING MOTHER WITH CHILD CARE
(N=60)**
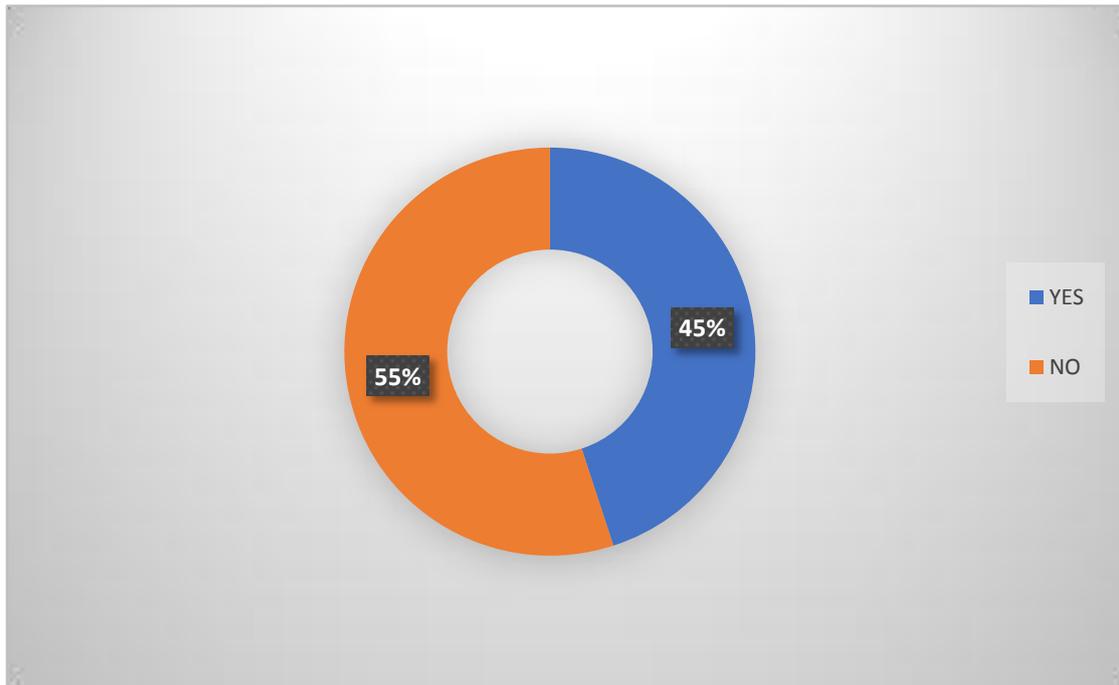
FIGURE 4.2.8

Figure 4.2.8 indicate number of respondent's organization assist working mother with child. Here 45% of working women's organization provide such facility. 55% of working women's organization does not provide such assistance. So, majority of the respondent's organization does not assist working mother with child care.

4.2.17 SUPPORT WOMEN IN LEADERSHIP ROLES (N=60)

Values	Frequency	Percent
Yes	45	75.0
No	15	25.0

TABLE 4.2.9

Table 4.2.9 shows the number of respondent's organization support women in leadership roles. Here 75.0% of working women's organization support working women in leadership roles and 25.0% of working women's organization does not support working women in leadership roles. So, majority of the respondent's organization support women in leadership roles.

4.2.18 ANY PREJUDICE AGAINST WOMEN AT WORKING PLACE (N=60)
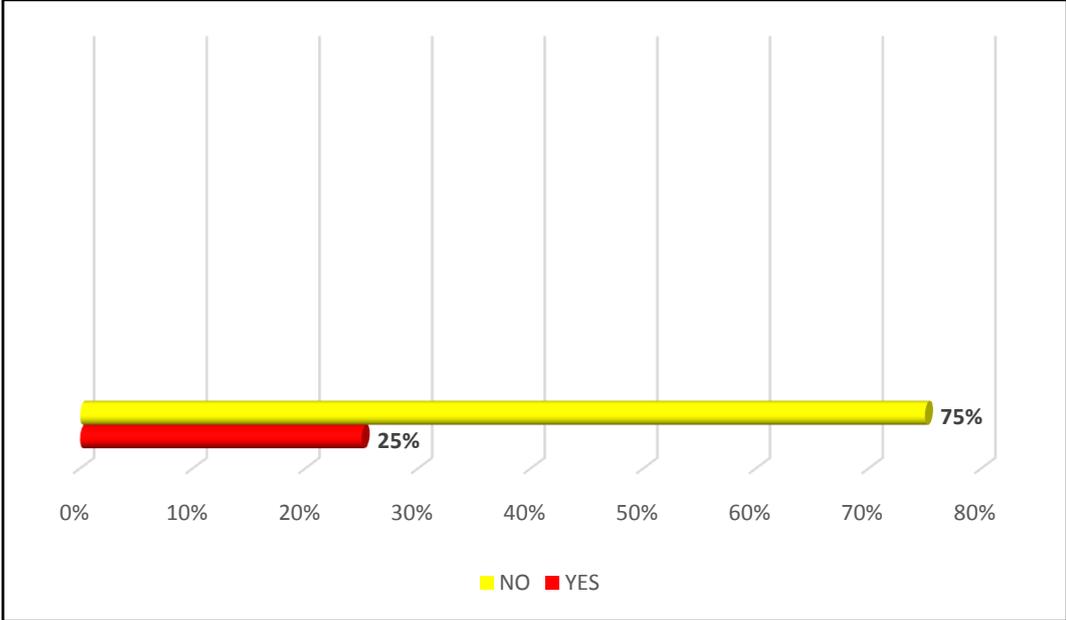
FIGURE 4.2.9

Figure 4.2.9 indicate any prejudice against women in the working place. Here 75% of respondent's organization does not have any prejudice against women. But 25% of respondent's organization have prejudice against women at working place. So, most of the respondent organization does not have any prejudice against women at working place.

4.2.19 SEXUAL HARRASMENT AT WORKING PLACE (N=60)

Values	Frequency	Percent
Yes	5	8.3
No	55	91.7

TABLE 4.2.10

Table 4.2.10 indicate any sexual harassment occurred at respondent's working place. Here 8.3% of respondent's organization encounter sexual harassment at working place. But 91.7% of respondent's organization does not encounter any sexual harassment against women at working place. So, majority of the respondent's organization does not involve any sexual harassment against working women.

4.2.20 WOMEN RECEIVE LESS SUPPORT THAN MEN AT WORKING PLACE (N=60)
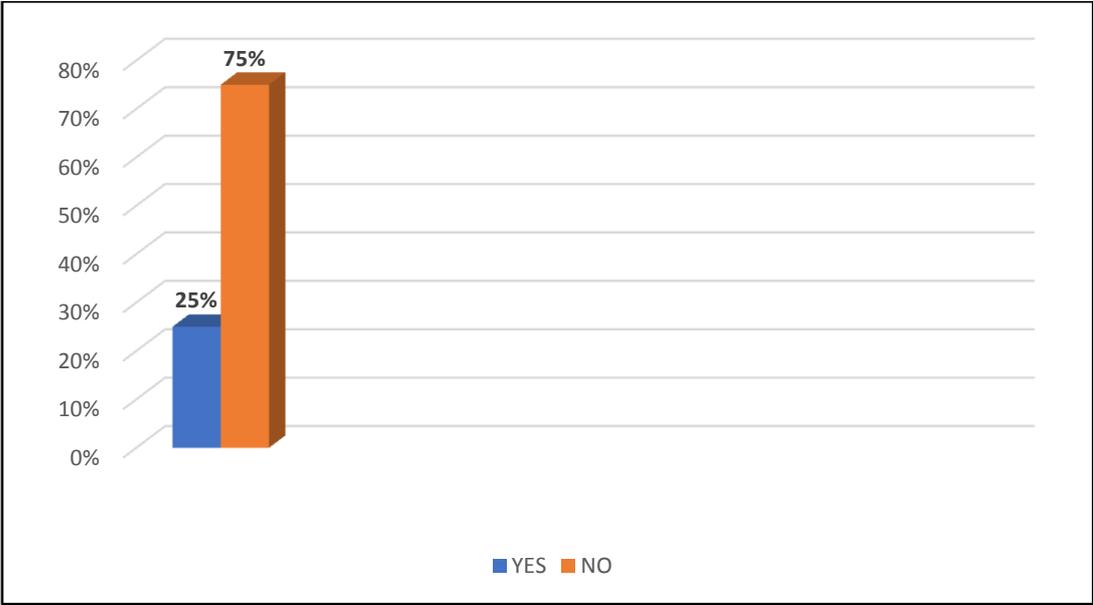
FIGURE 4.2.10

Figure 4.2.10 indicate women receiving less support than men at working place. Here 25% of respondent's organization provide less support for women compared to men. But 75% of respondent's organization provide equal support for both. So, here most of the respondent's organization provide equal support for women compared to men.

4.2.21 WOMEN UNDERREPRESENTED IN PROMOTIONS AND OTHER OPPORTUNITIES (N=60)

Values	Frequency	Percent
Yes	15	25.0
No	45	75.0

TABLE 4.2.11

Table 4.2.11 indicate women underrepresented for promotions and other opportunities. Here 25% of respondent's organization are underrepresented women in promotions and other opportunities. But 75% of respondent's organization are does not underrepresented women in promotions and other opportunities. So, here most of the respondent's organization does not underrepresented women in promotions and other opportunities.

4.2.22 PROVIDE SAFE WORKING CONDITION FOR THE WOMEN (N=60)
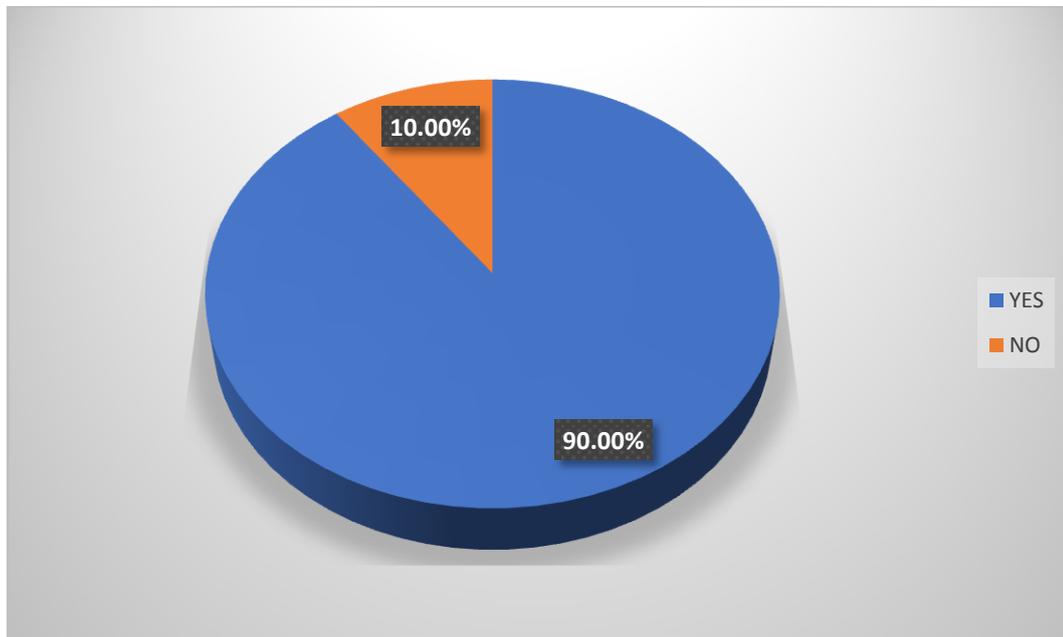
FIGURE 4.2.11

Figure 4.2.11 indicate respondent's organization which provide safe working condition for the women. Here 90.0% of respondent's organization provide safe working condition for the women at working placeand 10.0% of respondent's organization does not provide safe working condition for the women at working place. So, here majority of the respondent's organization provide safe working condition for the women at working place.

4.3 CONCLUSION

In this chapter researcher interpret the various data related with objectives of the study Through this analysis and interpretation researcher found that majority of the working women have average happiness and highest self- efficacy.

CHAPTER V

FINDINGS, SUGGESTIONS AND CONCLUSION

CHAPTER 5

FINDINGS, SUGGESTIONS AND CONCLUSION

5.1 INTRODUCTION

This chapter deals with the findings and suggestions of the study on happiness and self-efficacy among working women with special reference to Kannur. The findings are the output of the study and the suggestions are the opinions of the researcher for the development of the target group. Findings are formulated on the basis of analyzing and interpreting the collected data. The major findings of the study can be quoted as below.

5.2 FINDINGS OF THE STUDY

Socio- demographic variables of respondents

- ➤ The researcher could find that, majority of the respondents are Christians.
- ➤ Majority of the working women are belongs to nuclear family.
- ➤ Most of the working women are graduated.
- ➤ Majority of the respondents are teachers.
- ➤ Most of the working women have an annual income in between 100000 – 300000.
- ➤ Majority of the working women have children.
- ➤ Majority of the respondents own a vehicle.
- ➤ Most of the respondents are taken out bank loan.
- ➤ Majority of the working women handles their bank account maintenance by themselves.

Happiness among working women

- ➤ Majority of the working women are average happy in theirlife.They are in between very happy and not very happy.

Self -Efficacy among working women

- ➤ Most of the working women have highest self- efficacy.

Women empowerment through employment empowerment

- Most of the respondent's opinion is to promote women empowerment in work place.
- Majority of the respondent's organization have policies to ensure gender equality and women empowerment.
- Majority of the respondent's organization make sure that female employees receive equal pay.
- Most of the working women's organization provides chance to grow professionally by providing training and development.
- Most of the organization does not assist working mother with child care.
- Majority of the respondent's organization support women in leadership roles.

Problems faced by women in the working place

- Most of the organization does not have any prejudice against women at working place.
- Majority of the respondent's organization does not involve any sexual harassment against working women.
- Most of the respondent's organization provide equal support for women compared to men.
- Most of the organization does not underrepresented women in promotions and opportunities.
- Majority of the respondent's organization provide safe working condition for the women at working place.

5.3 IMPLICATIONS OF THE STUDY

- The study of happiness and self efficacy among working women is an important topic to explore. It has implications for both individuals and organizations.
- At the individual level, the study of happiness and self efficacy among working women could provide insight into how to improve job satisfaction and overall quality of life. It could also provide insight into how to increase motivation and productivity in the workplace.

- At the organizational level, the study of happiness and self efficacy among working women could provide insight into how to create a supportive work environment for female employees. It could also provide insight into how to develop and implement policies that promote gender equality and inclusivity.
- The study of happiness and self efficacy among working women could also provide insight into how to create a work-life balance.
- Understanding the factors that contribute to happiness and self efficacy can help both individuals and organizations create a culture of respect and appreciation.

5.4 LIMITATIONS OF THE STUDY

- Limited sample size due to the difficulty of obtaining a representative sample of working women from all socio-economic backgrounds.
- Difficulty in measuring self-efficacy and happiness accurately due to the subjective nature of these concepts.
- Potential bias due to cultural variations in definitions of self-efficacy and happiness.
- Difficulty in controlling for external factors such as job satisfaction, working environment, and other external influences on self-efficacy and happiness.

5.5 SUGGESTIONS FOR THE STUDY

1. Conducting interviews with a sample of working women to gain insight into their experiences of happiness and self-efficacy. This could include asking questions about their job satisfaction, work-life balance, and any challenges they face in the workplace.

2. Analyzing existing data to investigate the relationship between happiness and self-efficacy among working women. This could include examining survey data, performance reviews, or other quantitative measures of success.

3. Examining the role of different factors such as job security, career advancement opportunities, and workplace culture in influencing happiness and self-efficacy among working women.

4. Investigating the impact of different types of work environments on happiness and self-efficacy among working women. This could include examining the effects of flexible working arrangements, remote working, and other workplace policies.

5. Promote organization in assisting working mother with child care facility.

5.6 CONCLUSION

The study is about the happiness and self- efficacyamong working women with special reference to Kannur. The sample of the study was collected from 60 working Women in the Kannur district. The primarydata was collectedwith the use of questionnaire. Thesecondary data has been collected from articles, website, publications and reference books. The analysis was done by using SPSS. The findings of the study reveal that working women are average happy, it means, they are in between very happy and not very happy. In the case of self- efficacy most of the working women have high self-efficacy. The study concluded that working women who have higher levels of self-efficacy tend to have higher levels of happiness. This suggests that self-efficacy can be an important factor in improving the overall well-being and satisfaction of working women. Therefore, it is important for employers to create an environment that encourages and supports the development of self-efficacy among their female employees. Additionally, organizations should be aware of the potential positive impact that self-efficacy can have on the overall happiness of their female workforce.

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APPENDIX

APPENDIX

I am Seba George, doing MSW course in Don Bosco Arts and Science College Angadikadavu, Kannur. The survey is conducted for the purpose to study on the "Happiness and self efficacy among working women in the organized sector with special reference to Kannur."

A. Socio- Demographic variables.

1. Name:
2. Age:
3. Religion:
4. Family type: Nuclearfamily ☐   Joint Family ☐
5. Educational qualification:
   Below degree ☐   Above degree. ☐
6. Type of job you have:
7. Years of working:
8. How much is your salary?
9. Your husband job:
10. Do you have children?   Yes. ☐   No. ☐
11. How many earning persons are there in your family?
12. What is your annual income?
    Below 100000 ☐   100000 - 300000 ☐   Above 300000 ☐
13. Do you own a vehicle?   Yes. ☐   No. ☐
14. Have you ever taken out any bank loan?   Yes. ☐   No ☐
15. Who handles the bank account maintenance?

B. Happiness among working women.

16. In general, I consider myself:

   1. Not a very happy person 2   3 4   5   6   7 A very happy person.

17. Compared to most of my peers, I consider myself:

   1. Less happy   2   3   4   5   6   7More happy.

18. Some people are generally very happy. They enjoy life regardless of what is going on, getting the most out of everything. To what extent does this characterization describe you?

1.Not at all.   2   3   4   5   6   7 A great deal.

19. Some people are generally not very happy. Although they are not depressed, they never seem as happy as they might be. To what extend does this characterization describe you?

   1.Not at all.   2.   3 4 5 6 7. A great deal.

C. Self efficacy among working women.

	Not true	Hardly true	Moderately true	Exactly true
20. I can always manage to solve enough difficultproblems if I try hard.				
21. If someone opposes me, I canfind the means and ways to get what I want.				
22. It is easy for me to stick to my aims and accomplish my goals.				
23. I am confident that I could deal efficiently with unexpected events.				
24. Thanks to my resource fullness, I know how to handle unforeseen situations.				
25. I can solve most problems, if I invest the necessary effort.				
26. I can remain calm when facing difficulties because I can rely on my coping abilities.				
27. When I am confronted with a problem, I can usually find several solutions.				
28. If I am in trouble, I can usually think of a solution.				
29. I can usually handle whatever comes my way.				

D. Women empowerment through employment empowerment.

30. Is it important to promote women empowerment in work place?

Yes. ☐   No. ☐

31. Has your organization implemented any polices to ensure gender equality and women empowerment?

Yes. ☐   No. ☐

32. Does your organization make sure that female employees receive equal pay?

Yes. ☐   No ☐

33. Does your organization offer female employees the chance to grow professionally by providing training and development?

Yes. ☐   No ☐

34. Does your organization assist working mother with child care?

Yes. ☐   No. ☐

35. Does your organization support women in leadership roles?

Yes. ☐   No ☐

E. Problems faced by women in the working place.

36. Is there any prejudice against women at your working place?

Yes. ☐   No ☐

37. Do women encounter any sexual harassment at your working place?

Yes. ☐   No ☐

38. Do women receive less support than men at your working place?

Yes. ☐   No ☐

39. At your working place, are women underrepresented in promotions and other opportunities?

Yes. ☐   No ☐

40. Does your organization provide a safe working condition for the women?

Yes. ☐   No ☐

A STUDY ON MATERNAL MENTAL HEALTH OF WORKING WOMEN WITH SPECIAL REFERENCE TO KANNUR DISTRICT

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DON BOSCO ARTS AND SCIENCE COLLEGE

ANGADIKADAVU

KANNUR 670706

2021-2023

A STUDY ON MATERNAL MENTAL HEALTH OF WORKING WOMEN WITH SPECIAL REFERENCE TO KANNUR DISTRICT

DISSERTATION SUBMITTED TO THE KANNUR UNIVERSITY

IN PARTIAL FULFILMENT OF THE REQUIREMENT

FOR THE AWARD OF THE DEGREE OF

MASTER OF SOCIAL WORK

BY

MISS .JOSEENA GEORGE

Register No. C1GMSW1017

UNDER THE GUIDANCE OF

MR. XAVIERKUTTY FRANCIS

DEPARTMENT OF SOCIAL WORK

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MAY 2023

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KANNUR

CERTIFICATE

This is to certify that the dissertation entitled, **MATERNAL MENTAL HEALTH OF WORKING WOMEN,** is a bonafide record of work done by **JOSEENA GEORGE** under the guidance of **Mr. XAVIERKUTTY FRANCIS** in partial fulfilment of the requirement for the award of the degree of **Master of Social Work** during the period of her study (2021-2023) in the Department of Social Work, Don Bosco Arts and Science College, Angadikadavu, Kannur, affiliated to the Kannur University.

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CERTIFICATE

This is to certify that the dissertation entitled, **Maternal Mental Health of Working Women,** submitted by **JOSEENA GEORGE** in partial fulfilment of the requirement for the award of the degree of **Master of Social Work**, is a bonafide record of work done under my guidance and supervision during the period of her study (2021-2023) in the Department of Social Work, Don Bosco Arts and Science College, Angadikadavu, Kannur, affiliated to The Kannur University.

Mr. XAVIERKUTTY FRANCIS

Assistant Professor and Research Guide

Department of Social Work

Don Bosco Arts and Science College

DECLARATION

I, **JOSEENA GEORGE**-the undersigned, hereby declare that the dissertation entitled, **Maternal Mental Health of Working Women With Special Reference to Kannur District** –submitted to the Kannur University, in partial fulfillment of the requirement for the award of the degree of Master of Social work, is a bona fide work done by me under the guidance of **Mr. Xavierkutty Francis,** Assistant Professor, Department of Social Work, Don Bosco Arts And Science College, Angadikadavu. This work has not been placed by anybody in the University for the Award of any degree or diploma.

ANGADIKADAVU   **JOSEENA GEORGE**
MAY 2023

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JOSEENA GEORGE

ABSTRACT

The purpose of the study is to examine the maternal mental health of working women. Mental health of working women is the overall psychological wellbeing of working women. Psychological discomfort of working women during and after their pregnancy period influence their self-esteem, body dissatisfaction, and depressive symptoms, which is consistent with the growing body of work emphasizing the harmful role of appearance-based harassment among women. The participants of the study are working women of kannur district.

The major focus of the present study was to explore the physical & psychological effects and to analyse the working efficiency of women during and before their pregnancy. Most of the respondents in this study have faced criticism and shaming related to different aspects of their body whereas some of the respondents are able to overcome it while for some it remains as an unhealed wound in their life.

From the research study, the researcher understood the various physical and psychological impacts that arise as an effect of working women also as a role of mother and it is also understood that it can result in severe emotional trauma, especially at a young age.

Key Words: Maternal Mental Health, Working Women and Kannur District.

CONTENTS

LIST OF TABLES

SL. NO.	TITLE	PAGE NO.
1	AGE OF THE RESPONDENT	19
2	MARITAL STATUS	20
3	EDUCATIONAL STATUS	21
4	ANNUAL INCOME	21
5	ECONOMIC STATUS	22
6	FAMILY TYPE	22

LIST OF FIGURES

CHAPTER I
INTRODUCTION

CHAPTER 1
INTRODUCTION

1.1 INTRODUCTION

Maternal mental health is "a state of well-being in which a mother realizes her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her community". (WHO)

One of the first impacts of motherhood is increased responsibility. Work is a means of survival but also a social activity that is liberating when it is valued, humane and it entails some independence and empowerment. We believe that women have the same rights as men to a reliable and remunerative living and are entitled to equal treatment. Motherhood confers upon a woman the responsibility of raising the child. This process also changes the way in which she is perceived in society and at her work place. It can necessitate her to take more than available leave options, and job security at risk. Significant social and personal adjustments are necessary to cope with such a situation.

A working mother, especially one who has the good fortune to be able to balance her home and work enjoys the stimulation that a job or career provides. She develops the ability of raising a useful member of the society and at the same times gains financial independence. Along with motherhood, work adds to the completeness of being a women.

1.2   STATEMENT OF THE PROBLEM

The study on maternal mental health of working women is conducted to identify the problems that may arise among women. The effect of motherhood, working hours, career breaks and school aged children upon career progression has been discussed widely, a women's career progression is reduce incrementally regardless of maternal circumstances.

Women take care about their career but do not neglect the classic set of spousal role, which often places them in a position to choose between career and family. Moreover, the childbirth becomes an even greater challenge in itself given that the child dependency on their mother and the career break make the reintegration of women in the professional environment increasingly difficult.

1.3   TITLE OF THE STUDY

Maternal mental health of working women with special reference to Kannur district.

1.4   OBJECTIVES

1.4.1   **GENERAL**   : To study the maternal mental health of working women.

1.4.2   **SPECIFIC**   : To study the socio-economic profile of the respondents.

: To assess the psychological problems of working women during pre-natal and post-natal period.

: To determine the difficulties experienced by working women.

1.5   RELEVENCE OF THE STUDY

Women's mental health is an important element in societies overall development. It is important to address mental health concerns during pregnancy. Pregnancy is a period of transition and great change, which may make some women more vulnerable to mental health problems.

Women are exposed to increased burden of mental disorders during the pre and postnatal period. In addition to that work or job brings additional vulnerability. Maternal mental health problems weaken the life of women as a whole, including her functioning in the workplace. Women who desire to both work and parent are faced with the dilemma of how to integrate potentially conflicting roles and responsibilities. Women are less committed to and less successful in their careers than men because of family responsibilities. Therefore the importance of conducting a study based on this problem is highly relevant in society.

1.6 CHAPTERIZATION

1.6.1 INTRODUCTION: The Introduction consists the statement of the problem, the title of the study and general and specific objectives. It also includes the significance and scope of the study, chapterization and conclusion also added in introduction.

1.6.2 REVIEW OF LITERATURE: This chapter speaks the reviews of related studies and relevant studies about body shaming. In this chapter the theoretical and empirical terms arranged in a logical order and ends with conclusion.

1.6.3 RESEARCH METHODOLOGY: This chapter is the important chapter containing lot of information about research problem including introduction, definition of concepts theoretical meaning and operational definitions , Variables independent or dependent ,Hypothesis, Research Design, Pilot study, Universal unit of the study, Sampling inclusion and exclusion, Sources of data primary or secondary, Tool of data collection, Pretest , Method of data collection and the method that is used to data analysis.

1.6.4 DATA ANALYSIS AND INTERPRETATION: The fourth chapter mainly deals with introduction, the collected data and testing hypothesis (optional) or analyzing hypothesis and conclusion.

1.6.5 FINDINGS, SUGGESTIONS, AND CONCLUSION: The last chapter includes the major findings, implications of the study, limitations of the study, suggestions for further research and conclusion.

1.7 CONCLUSION

Maternal mental issues during the prenatal period and beyond represent an issue of clear societal significance. The study aims to understand the connection between work and motherhood. Mental health plays an important role in many aspects of women's lives. They may affect relationships, self-esteem, work performance and even physical health.

 This study also helps to know the mental health status of working mothers and the need of working mothers for social support, child care.

CHAPTER II

REVIEW OF LITERATURE

CHAPTER II
REVIEW OF LITERATURE

2.1 INTRODUCTION

Literature is a great support while we study a phenomenon that is happening in and around the world. The literature provides us with the knowledge which is mandatory for understanding a new aspect of the study. It is also used to discover, what knowledge is already available about the particular problem. It shows a light to the various elements that affect our life and especially in the research perspective what are the problems faced by working women during pre-natal and post-natal period.

2.2 PREVIOUS STUDIES
2.3 MOTHERHOOD AND CAREER COMMITMENT TO THE LEGAL PROFESSION

Jean E Wallace (Diversity in the work force, 2004)

The literature suggests that women are less committed to and less successful in their careers than men because of family responsibilities. It examine whether mothers practicing law are less committed to their legal careers than they violate certain time and career norms associated with practicing law and work in different settings, which may be interpreted by others as indicators of their lack of career commitment than other women in law.

2.4 EXAMINING THE RELATIONSHIP BETWEEN RETURN TO WORK AFTER GIVING BIRTH AND MATERNAL MENTAL HEALTH.

Rachel Elizabeth McCardel. Emiy Hannah Loedding, Heather Marie Padilla (Maternal and Child Health Journal 26 (9), 1917-1943, 2022

The negative impacts of mental health disorders on the well-being of women and their infants are clear. However, less is known about the relationship between returning to work after giving birth and mental health. Previous reviews examined the relationship between maternity leave and mental health, but we defined return to work as a process of returning to part-time or full time work after giving birth and caring for infant. This systematic review aims to describe operational definitions for return to work and

describe the evidence on the relationship between return to work and maternal mental health.

This review provides evidence that return to work and mental health are related, though the study samples have limited generalizability to all working mothers.

2.5 COLLEGE WOMEN'S CAREER AND MOTHERHOOD EXPECTATIONS: NEW OPTIONS, OLD DILEMMAS.

Kristine M baber, Patricia Monaghan

Sex roles 19 (3), 1988

Women who desire to both work and parent are faced with the dilemma of how to integrate potentially conflicting role and responsibilities. This study explores 250 college women's thinking about careers and childbearing. The results suggest that although these young women have been rethinking their career options and expanding their career choices into areas that have been traditionally male dominated, there is little indication of a reciprocal change in thinking about the primacy of mothering. All of the women expected to have careers, but few planned to be child free or have only one child. Women pursuing innovative careers were, however, fewer children oriented than those planning careers moderately innovative or traditional for women. The findings are discussed in the context of these women's proposed strategies for managing conflicting demands of work and family roles. These strategies include delayed childbearing, equalitarian marriages and part-time work.

2.6 CAROL J GATRELL : MANAGEMENT LEARNING AND LEADERSHIP, LANCASTER UNIVERSITY, MANAGEMENT SCHOOL, UK.

Work-life policies are important in relation to employee stress levels. This paper examines work-life balance and flexibility through the dual lens of gender and the body. The paper observes how notions of flexibility are flexibility is applied differently to mothers and fathers. We observe how social expectations about professionally employed mothers and fathers, and work-life balance are gendered. Men may thus be discouraged from working flexibility, while mothers who work long hours may be

criticized. We argue that the pressure to organize work-life balance, according to embodied and gendered social norms, is a cause of stress to both fathers and mothers who are employed at a managerial level.

2.7 LITERATURE REVIEW ON MATERNAL HEALTH FOR TIMOR LESTE ; 30 JUNE 2016

Timor-Leste, like many other developing countries, has made significant advances in reducing preventable maternal and child deaths. Nevertheless, fertility rates and maternal, newborn and under five mortality rates remain among the highest in the region, with rural areas particularly at risk. Continued progress in improving health will require expanding coverage of essential health interventions to all women, newborns, children and adolescents. The prime interventions for improving women's and children's health in low and middle income countries are complementary and mutually reinforcing. Interventions that improve the health of adolescent girls will also contribute to better newborn and child health.

Maternal and child health services need to be embedded in a wider health system. Introducing new interventions should be done in a manner which strengthens the entire health system. Similarly introducing interventions requires thinking about all of the components of the health system. Evidence gathered from implementing maternal and child health interventions are pointing to new system-level approaches to delivering health care.

These include but are not limited to: how healthcare workers are supported to change their practices redefining scope of practice to bring more service delivery close to the community, including by empowering community health workers to deliver services; and reducing financial barriers to access health care.

2.8 THE PROGRESSION ON THE MEASUREMENT INSTRUMENTS OF MATERNAL HEALTH LITERACY: A SCOPING REVIEW

Shanixa Chen, Wei Yue, Na Liu, Xinrui Han, Ming Yang.

School of nursig, Guangzhou University of Chinese Medicine, No.232 Outer Ring East Road, Guangzhou 510006, China

Maternal health literacy is essential for high-quality maternal and child health. However, there is no consensus on the selection and application of maternal health literacy measurement instruments. Thus the aim of this scoping review is to provide an overview of existing literature on application characteristics, appraisal content, and psychometric properties of maternal health literacy measurement instrument

A scoping review followed the Arksey and O'Malley's methodology and reported results by using PRISMA-ScR. A literature search was conducted of 12 databases on articles published between database creation and July 27, 2021, involving pregnant and postpartum women (over the age of 18). Eligible articles underwent full-text review and data extraction to summarize the application characteristics, appraisal content, and psychometric properties of instruments.

Thirty-nine articles were included and twenty instruments were identified. The most widely used instruments were objective instruments, represented by the Newest Vital Sign; subjective instruments were represented by the Single Item Literacy Screener; comprehensive instruments were represented by "the health literacy scale for prenatal pregnant women" (Chinese). All instruments measured "personal skills", but less attention was paid to "psychological factors" and "health-related activities". Only a few articles reported the psychometric properties of the instruments, and the instruments were evaluated for reliability using Classical Test Theory.

Scientific and reliable maternal health literacy measurement instruments can greatly advance high-quality maternal and child health. The future research direction of instruments should construct rapid maternal health literacy measurement instruments; the appraisal content needs to be enriched in multiple dimensions and introduce more scientific and reliable psychometric methods to verify the reliability of instruments.

2.9 UTILIZATION OF MATERNAL MENTAL HEALTH CARE SERVICES IN SOUTHERN INDIA.

Social Science and Medicine

K Navaneeeth , A Dharmalingam , November 2002

This paper examines the patterns and determinants of maternal health care utilization across different social settings in south India: in the states of Andhra Pradesh, Karnataka, Kerala and Tamil Nadu. Data from the National Family Health Survey (NFHS) carried out during 1992–93 across most states in India are used. Results show that utilization of maternal health care services is highest in Kerala followed by Tamil Nadu, Andhra Pradesh and Karnataka. Utilization of maternal health care services is not only associated with a range of reproductive, socio-economic, cultural and program factors but also with state and type of health service. The interstate differences in utilization could be partly due to variations in the implementation of maternal health care program as well as differences in availability and accessibility between the states. In the case of antenatal care, there was no significant rural–urban gap, thanks to the role played by the multipurpose health workers posted in the rural areas to provide maternal health care services. The findings of this study provide insights for planning and implementing appropriate maternal health service delivery programs in order to improve the health and well-being of both mother and child.

2.10 MAD AS A MOTHER: READING TO UNDERSTAND THE MATERNAL MENTAL HEALTH CRISIS.

Kelly Jenson , March 18, 2022

The United States has a maternal mental health crisis. Mental health conditions are the most common complications of pregnancy and birth. Birthing people have a 20% chance of being diagnosed with a tremendous range of mental health issues postpartum, including depression, anxiety, bipolar disorder, obsessive compulsive disorder, substance abuse disorders, post-traumatic stress disorder, and more. That's, of course, if birthing people are able to access critical care they need postpartum — typically, there is a single visit to the doctor six weeks after birth to check on healing, and in some, but not all, cases, a postpartum depression screening. Those who are screened and

diagnosed as experiencing maternal mental health challenges are still at risk, as 75% of those diagnosed will receive no treatment.

Perhaps the most terrifying statistic is this: suicide and overdoses are the leading cause of death during the first year postpartum and 100% of those deaths are preventable.

There's no question that the lack of guaranteed parental leave is the top contributor to this, as it weaves among all of the reasons and challenges birthing people experience postpartum. They lack support, they lack sleep, they lack time for their bodies and brains to heal after nine months of growing a child and months after their bodies experienced trauma to birth them, and they don't eat well. These do and do not also account for social, cultural, and financial barriers that come into play and they do and do not take into account even more recent events such as the pandemic and how it impacts access to child care and to friends and family who may have otherwise helped in sharing the work of childrearing. The United States is not a country where children or families take precedence in policy, *except* where it concerns the body of the pregnant person when gestating.

2.11 TO HAVE AND TO HOLD: MOLLY MILLWOOD PHD, MARCH 6, 2016.

Molly Millwood is a clinical psychologist who provides counseling services to women with advanced specialized training in marital therapy and intimate relationships. Her book examines all areas of motherhood, including identity shifts, relationship dynamics, expectations and realizations. It offers insight and guidance to the readers as they navigate this journey. She approaches the subject through the lens of her professional knowledge and training, as well as reflecting on her client's experience.

Readers are provided with a raw and real experience from a clinical psychologist, who has the theoretical understanding of how to manage potential anxiety, depression, etc., but struggles with some of these areas herself. I feel this is validating as it reminds us that we are all human and this journey may be difficult at times for anyone. This book follows the thoughtful protagonist through the life-changing decision of whether or not to have a child. I have folded over so many pages, especially in the first 80 pages, which emphasize the fact that society typically asks, 'when are we having a baby?' but 'will I have a baby?' and 'do I want one?' should be more prevalent discussions. It's

interestingly written and sums up a lot of my worries and opinions thoughtfully.

I have folded over so many pages in this novel but the argument that stuck with me the most was the issue on asking women or expecting women to have something else planned if not a baby. And that something must be great. If you don't have something great enough to do instead then you must be a mother. Another thought that really stuck with me was the historical discussion about the fact that men were ends in themselves and women were daughters to try to get rid of. This might be why we feel so urgent in having children and men don't but it's okay now, as a woman, you can be an end in yourself. Men do things but women do great things too so you can be an end in yourself rather than a passage for another man. It's just a bit mind blowing and brilliant in every way.

2.12 MIND OVER MOTHER: ANNA MATHUR MAY 2020

Mind over mother is a warm and accessible guide to understanding and addressing anxiety in motherhood, for every mother - based on grounded techniques that have been widely tried and tested, but most importantly, have changed the life of the author herself (mum and psychotherapist).

Anxiety is making motherhood a less pleasant, more fraught and pressured experience, and we do not have to accept joy-sapping worry and energy-draining over thinking as part of the motherhood job description. In Mind over Mother, Anna Mathur, psychotherapist and mum of three, explains how to:

- Understand anxiety, why it affects you and what to do about it

- Make your mind a kinder, calmer, happier place to be

- Transform your motherhood experience by addressing your thinking

The most powerful tool Anna has to communicate this isn't the letters after her name; it is the fact that she is open about her own experience of maternal anxiety. By sharing her journey, she gives you the confidence to reframe yours.

Mind over mother is full of light bulb moments of realization. It will have you learning, laughing and loving yourself through the journey of motherhood. You will learn to address the most important conversation you'll ever have - the one inside your head,

because investing in your mental health is the best gift you can offer yourself and your baby.

2.13 MULTIPLE ROLES OF WORKING WOMEN AND PSYCHOLOGICAL WELL BEING, SUDHINTA SINHA, 2017 JUNE – DECEMBER, INDUSTRIAL PSYCHOLOGY JOURNAL.

In the present scenario, women at work can be seen everywhere whether in or outside India. As the education, awareness and opportunities for women, provided by the government, have been increasing day by day, women have also become awarded and they are also availing such opportunities. Slowly they are strengthening their position in every sphere of life parallel to men. While working parallel to men at workplace, working women also play multiple roles such as child rears, parents, teachers, caretakers of their elderly parents and many more which become very much strenuous for them. It is the added responsibility and burden of chores that add to daily hassles or stress for them. Especially in working women with young children, which definitely affect their psychological well being also negative mental and physical health outcomes have been related to high levels of work-family conflict.

2.14 POSTPARTUM CARE OF THE NEW MOTHER : DIORELLA M. LOPEZ-GONAZALE, ANIL K KOPPARAPU, DECEMBER 11, 2022.

According to ACOG (American College of Obstetricians and Gynecologist) at least 40% of women do not seek postpartum care. Several factors contribute towards this trend, such as cultural differences, lack of adequate family support, low socioeconomic status, and poor access to home visits. During the first week of the postnatal period, severe hypertension, severe bleeding and infection are the most common contributors to maternal deaths, while the cardiovascular cause is the leading cause of late deaths. When compared with other developed countries such as Norway and New Zealand, the US has significantly lagged behind with providing adequate prenatal care and US mortality and morbidity is significantly lower number of maternal health providers such as obstetricians and midwives. This study points that earlier postpartum visits are mandatory to evaluate for resolution of postpartum blues and chronic medical

conditions such as hypertension and diabetes and to improve both maternal and neonatal mortality and morbidity.

2.15 CONCLUSION

This second chapter consists of the summary of related reviews of maternal mental health of working women. The chapter includes ten articles and three book references about maternal mental health of working women. The summary of these related study focusing the maternal health issues. Majority of the studies explains that women are facing such a kind of mental health problems during and after pregnancy.

This chapter pointing ten useful studies related to maternal mental health of working women also this chapter will help for further studies. The previous studies will helpful to get an understanding about the mental health and work of women.

CHAPTER III

RESEARCH METHODOLOGY

CHAPTER 3

RESEARCH METHODOLOGY

3.1 INTRODUCTION

Research methodology is the path through which researcher needs to conduct their research. It shows the way through which these researchers formulate their problems. This chapter discusses the research methods that were used during the research process. A methodology in any research includes a suitable research design, appropriate selection of population, sampling design, tools and procedures for data collection. It also includes the statistical techniques which are used for analyzing the collected data.

3.2 DEFINITION OF CONCEPTS – Theoretical and operational

3.2.1 Theoretical Definition

Maternal Mental Health : "A state of well-being in which a mother realizes her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her community". (WHO)

Working Women: " A women who is gainfully employed often specifically such a women as distinct from a housewife. (Oxford Dictionary)

3.2.2 Operational Definition

Maternal Mental Health: Health of women during pregnancy, childbirth, and the postpartum period.

Working women: A women who works and earn salary or income through different kinds of job.

3.3 VARIABLES – Independent and Dependent

3.3.1 Independent Variable: Working women

3.3.2 Dependent Variable: Maternal mental health

3.4 HYPOTHESIS

Working women are facing psycho social stress during pregnancy and after delivery which affects her work efficiency.

3.5 RESEARCH DESIGN

The researcher goes into great detail regarding the study using a cross sectional descriptive research design and a quantitative study.

3.6 PILOT STUDY

Pilot study conducted before the main study. The main aim of pilot study is to test the feasibility and variability of the study. The researcher conducts pilot study before collecting the data and gave an idea about the research problem.

3.7 UNIVERSE AND UNIT OF THE STUDY

3.7.1 UNIVERSE: The study aims to conduct a study among working women during their pregnancy and after delivery. The population of the respective study is maternal working women of kannur district.

3.7.2 UNIT: A sample of sixty working women is collected from Kannur district.

3.8 SAMPING

The sampling method used for the study is convenience sampling method.

3.8.1 Inclusion criteria: Almost 60 samples of working women above 20 years are included in this study.

3.8.2 Exclusion criteria: Excluded mentally retarded working women.

3.9 SOURCES OF DATA

3.9.1 PRIMARY DATA

The researcher collected primary data from the respondents through questionnaire.

3.9.2 SECONDARY DATA

The secondary data was collected from the journals, books, articles, magazines and previous researchers related to the topic for getting related information.

3. 10 TOOLS OF DATA COLLECTION

The researcher used self prepared questionnaire outlining the specific objectives of the study. The questionnaire was according to the socio-economic profile of the respondents, the psychological problems of working women and the difficulties experienced by them.

3.11 PRE-TEST

The researcher sent the questionnaire as Google form to two respondents to identify whether it was effective and understandable to them.

3.12 METHOD OF DATA COLLECTION

Researcher used questionnaire as a method for data collection. Data is collected through telephonic interviews, Surveys and Google forms.

3.13 METHOD OF DATA ANALYSIS

Data entry through MS excels data analysis through SPSS (Statistical Package for the Social Sciences).

CHAPTER IV
ANALYSIS AND INTERPRETATIONS

CHAPTER 4
ANALYSIS AND INTERPRETATIONS

4.1 INTRODUCTION

The chapter deals with the analysis and interpretation of the data collected by the researcher from the respondents. The data is from 40 respondents. The researcher has made an earnest effort to interpret the data collected with the help of charts, figures and graphs.

4.2 AGE (N= 60)

AGE	FREQUENCY	PERCENTAGE
20-25	5	9
26-30	25	41
31-40	30	50

This table indicates the age percentage of the respondents. Majority of the respondents are belongs to 31-40 category of age group, and 41% of the respondents are belongs to 26-30 category of the age group then only few respondents are belong to 20-25 category of age group. So the finding is that 50% of the participants belong to the age group 31-40.

4.3 MARITAL STATUS (N=60)

STATUS	FREQUCNCY	PERCENTAGE
MARRIED	57	95
SINGLE	3	5

This table shows that 95% of the respondents are married and only 5% of them are single which indicates that there are 57 participants are mothers with partners and only 3 participants are single mothers. Through this study the difference between the working efficiency of single mother and married mother can be identified.

4.4 DOMICILE
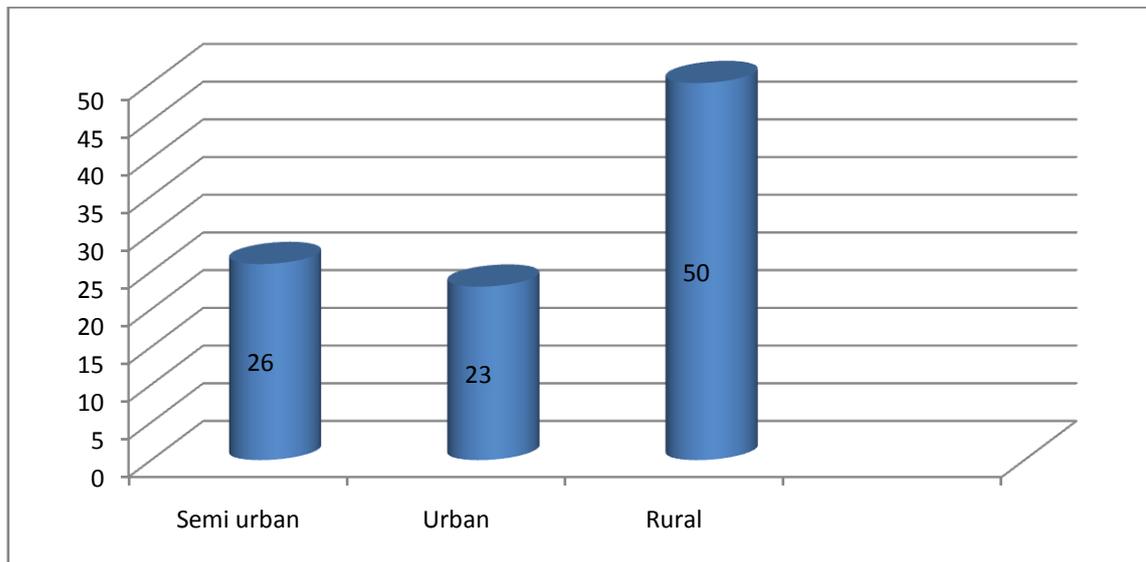
Figure 4.4 represents that 26% of the respondents are from rural areas, 23% of the respondents are from semi urban area and 50% of the respondents are from urban areas. This indicates that the maternal mental health of working women is comparatively high in urban areas their life styles, family support influence their mental health.

4.5 EDUCATIONAL STATUS (N=60)

Value	Frequency	Percent
1	38	63.3
2	22	36.7

Figure 4.5 showing the results of educational status of the respondents. 63% of the respondents are graduated and 36% of them are post-graduated. The final result is that the maternal mental health of working women is slightly high among graduates and less among post-graduates. Therefore education can also be considered as a determining factor of working efficiency of women.

4.6 ANNUAL INCOME (N=60)

Value	Frequency	Percent
1	3	5.0
2	6	10.0
3	15	25.0
4	36	60.0

Figure 4.6 shows that almost 60% of the respondents annual income is one lakh and above, 25% of have above fifty thousand, 10% of them have above twenty five thousand and only 5% of them have annual income between ten thousand and twenty thousand. The finding is that the mental health of the working women also related to the annual income of the family.

4.7 ECONOMICSTATUS (N=60)

Value	Frequency	Percent
1	53	88.3
2	7	11.7

Table 4.7 includes the economic status of the respondents. 88% of them belong to above poverty line and 11% of them belong to below poverty line. This explains that the mental health of the working women also have an influence on their economic status. Mental health of a working belongs to a middle class family is strong compared to a lower class family working women.

4.8 FAMILY TYPE (N=60)

Value	Frequency	Percent
1	15	25.0
2	45	75.0

This table indicates the type of family of the respondents. From 60 respondents 45 of the respondents belong to nuclear family and it is 75%. 25% of the respondents are belonging to joint family. The interpretation is that majority of the working women have nuclear family so their mental health is better than joint family and this result also influence their work and mental health.

4.9 FELT LONLINESS (N=60)
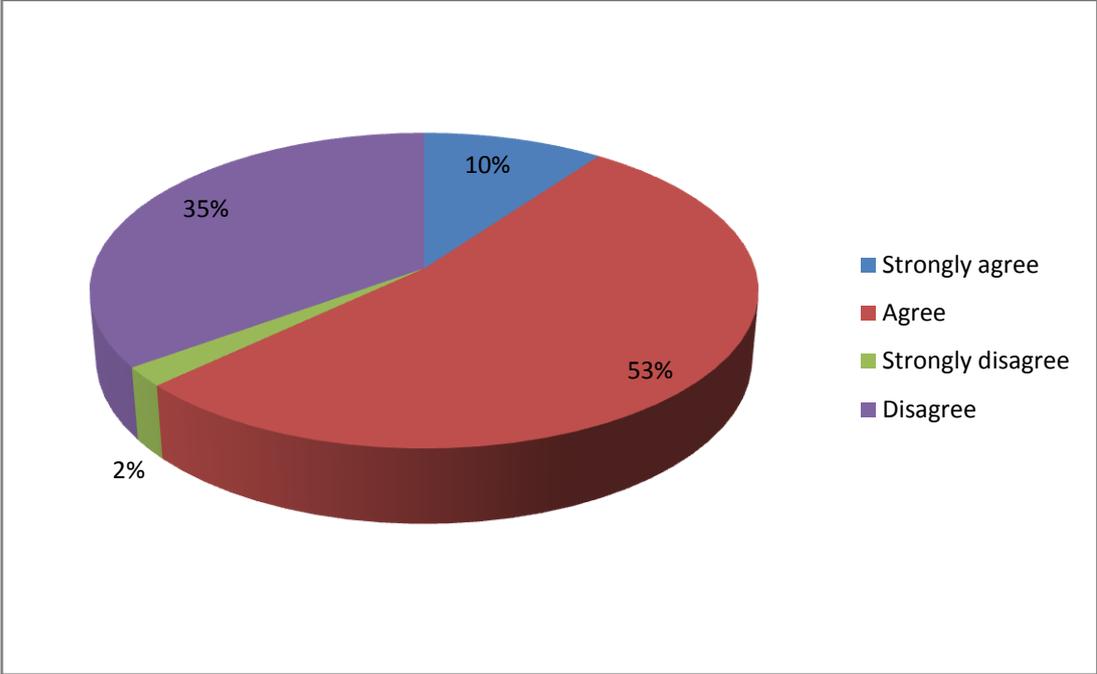
Figure 4.9 indicates the respondent's psychological aspects which states that 10% of the respondents felt loneliness during their working time also 53% of them agreed to this statement and about 35% of the respondents not felt loneliness during their working time also 2% of them disagreed to this statement. From this it is clear that majority of the respondents felt loneliness so their mental health stability is less.

4.10 BECAME NERVOUS WITH UNEXPECTED SITUATIONS (N=60)
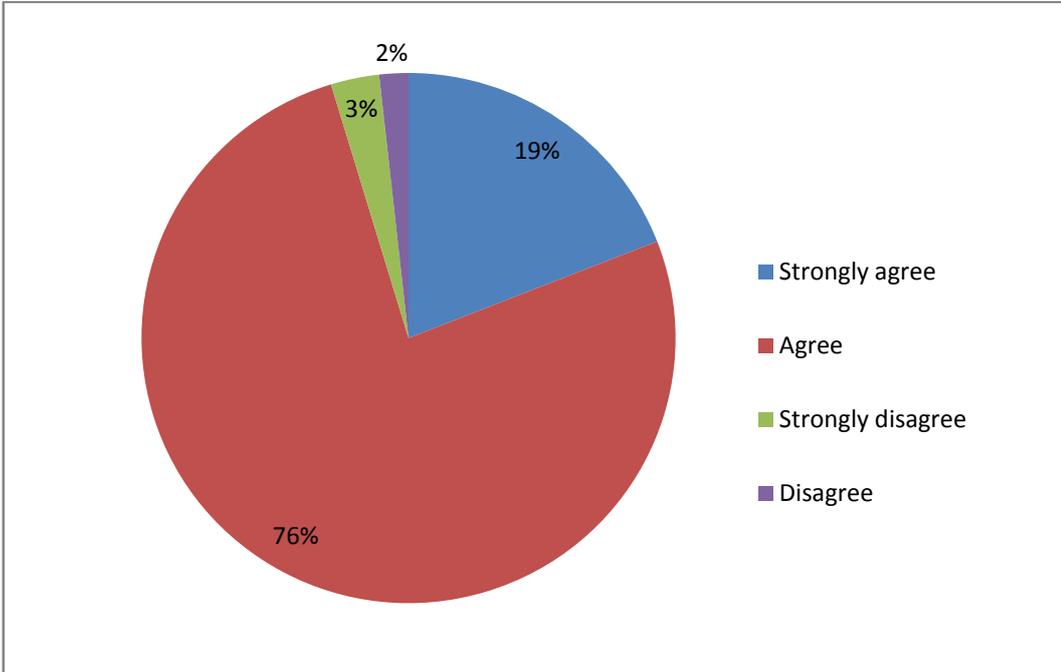
This figure also indicates the psychological well being of the respondents.76% of the respondents became nervous with unexpected situations then 19% of them also supported to the statement then only 3-2% of them did not became nervous with unexpected situations. This indicates the relation between the respondent's mental health and their reactions to certain situations.

4.11 FEEL RELAXED AND FREE FROM TENSION (N=60)
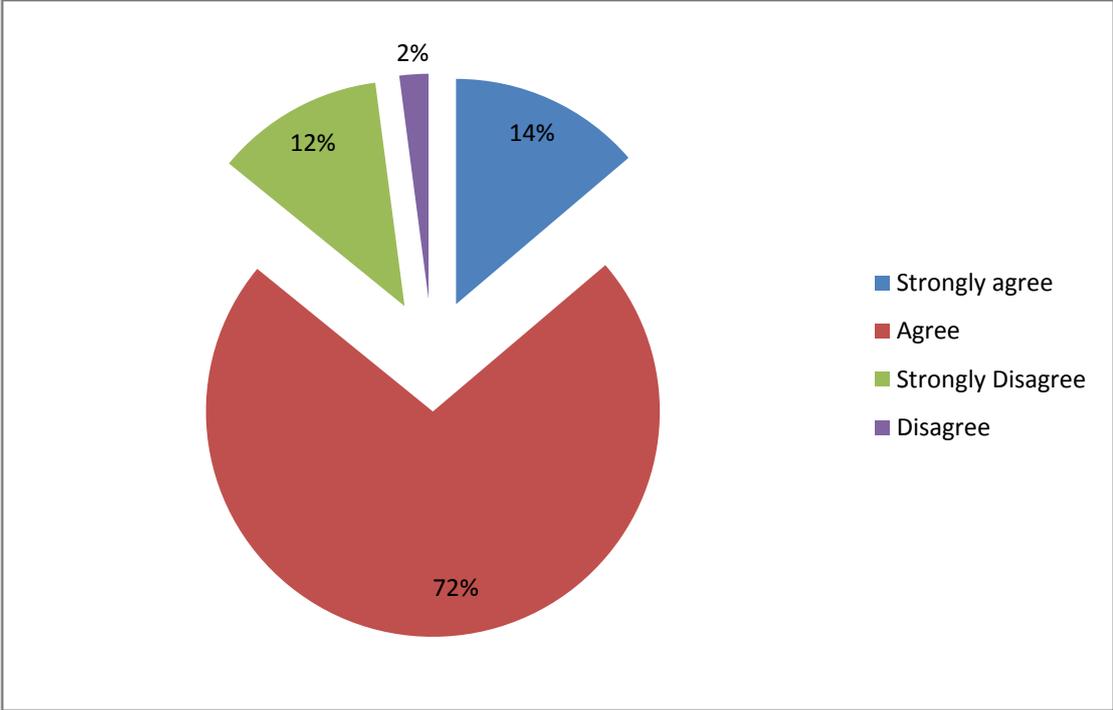
Figure 4.11 shows the respondent's mental and emotional well being. From this 72% of the respondents feel relaxed and free from tension 14% of them supported to this statement so this interpret that majority of the participants are able to relax from their tensions. 12% of them not felt relaxed and free from tension and only 2% of them not support to this statement.

4.12 ENJOYED THE THINGS I DO (N=60)
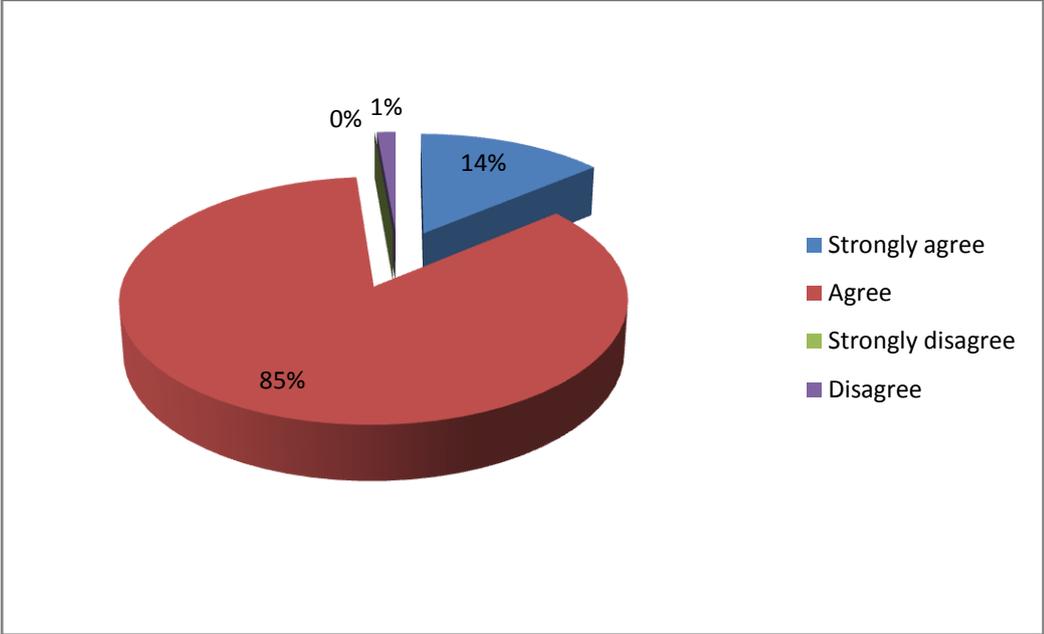
Figure 4.12 indicates the overall psychological wellbeing of the respondents from this chart 85% of the participants really enjoyed the things they do, they did not feel any discomfort in that 14% of the respondents strongly agreed to this statement. One percentage of the participants disagreed to this statement from this it is clear that almost all the respondents are keep a healthy mental wellbeing.

4.13 FEEL DEPRESSED ON PRE AND POST NATAL PERIOD (N=60
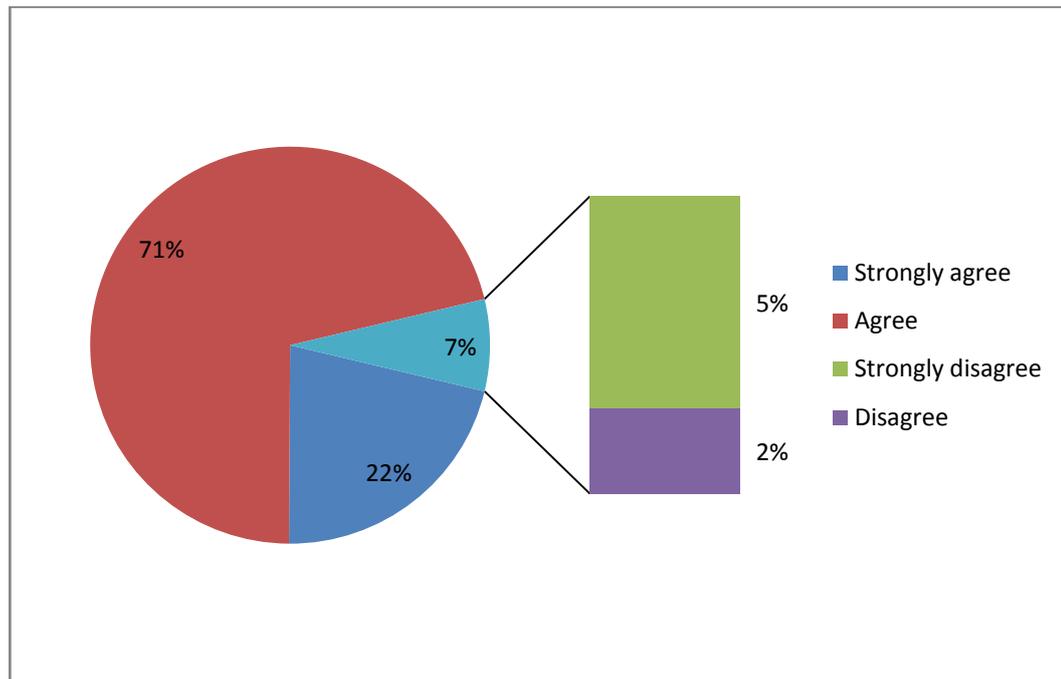
This chart indicates the percentage of respondents who felt depression during their pre and post natal period. 71% of the respondents are depressed during their pre and post natal period 29% of them strongly agreed to this so which interprets that almost all the respondents faced depression therefore their emotional and mental health were poor on that time and 2-5% of them did not feel depression on that time.

4.14 NERVOUS PERSON AFTER DELIVERY (N=60)
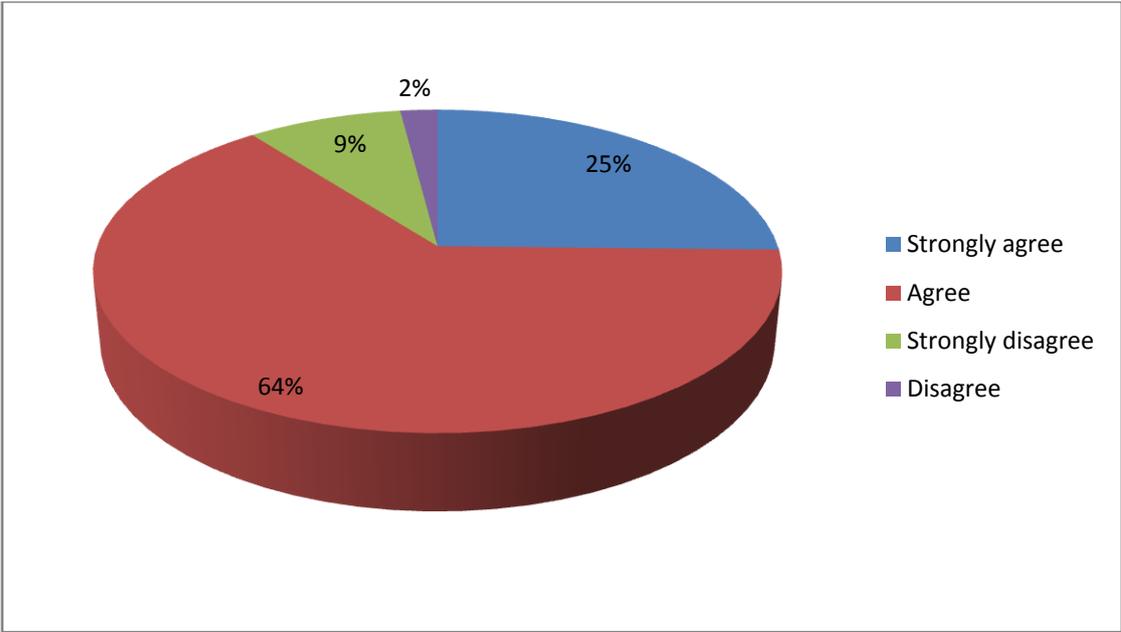
This table shows the respondents personality and behavior during after delivery. 64% of the respondents were a nervous person after their delivery also about 25% of them strongly agreed to this statement. 2-9% of the participants were not nervous after their delivery. This interprets that majority of the women faced tension and stress after delivery so this affected their psychological wellbeing.

4.15 ABLE TO CONTROL MY BEHAVIOUR (N=60)
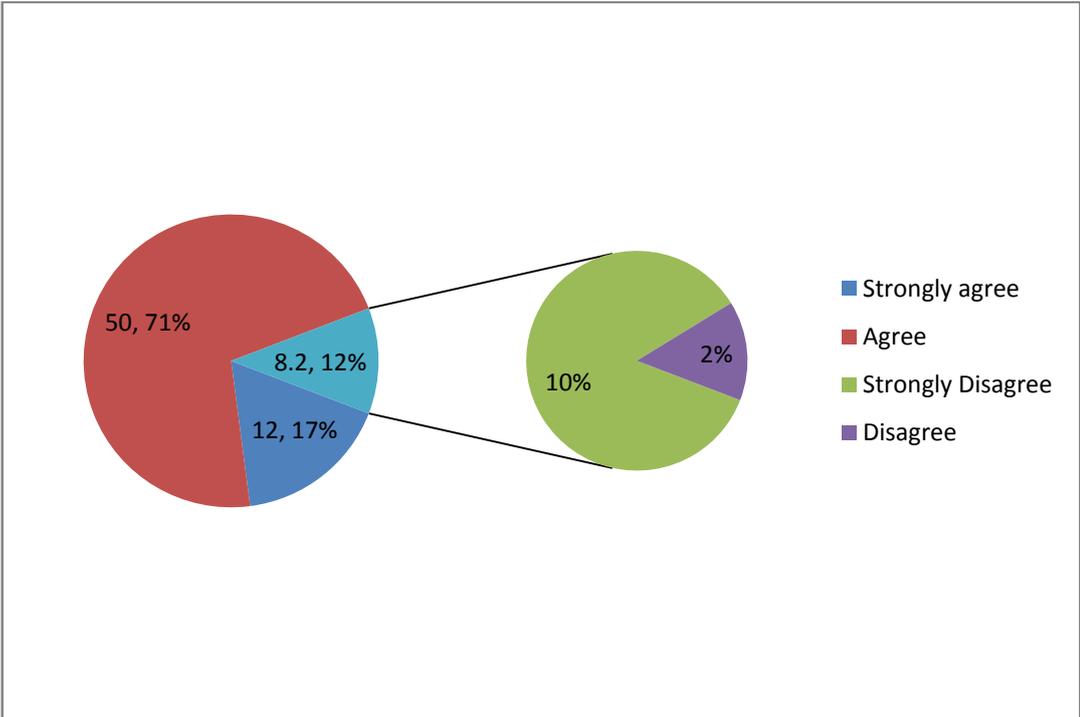
This pie-chart consists of the details of participants control over their behavior among the respondents 71% of them able to control their behavior 29% of the respondents also able to control their behavior therefore they have a strong emotional stability. 2 to 10 % of the respondents are not able to control their behavior.

4.16 FELT CALM AND PEACEFUL AT WORKING (N=60)
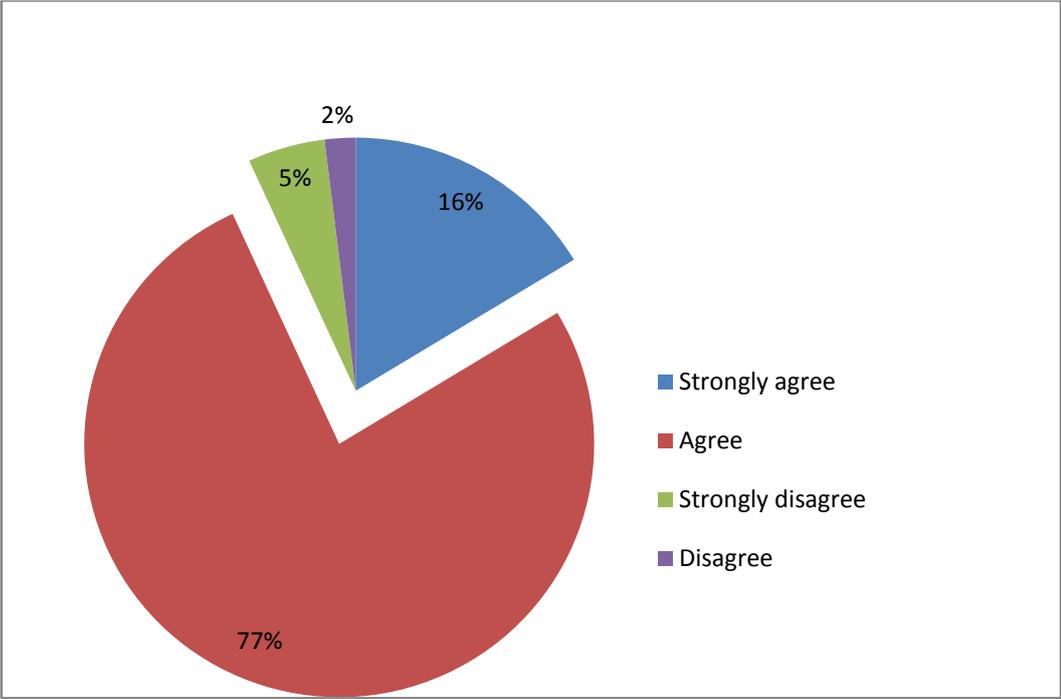
This figure indicates that 77% of the respondents felt calm and peaceful at work 16% of them also felt the same so the working women gets a better atmosphere from their working place. Only 5-2% of the respondents were not getting a calm and peaceful atmosphere from their working place.

4.17 RELAX WITHOUT ANY KIND OF DIFFICULTY (N=60)
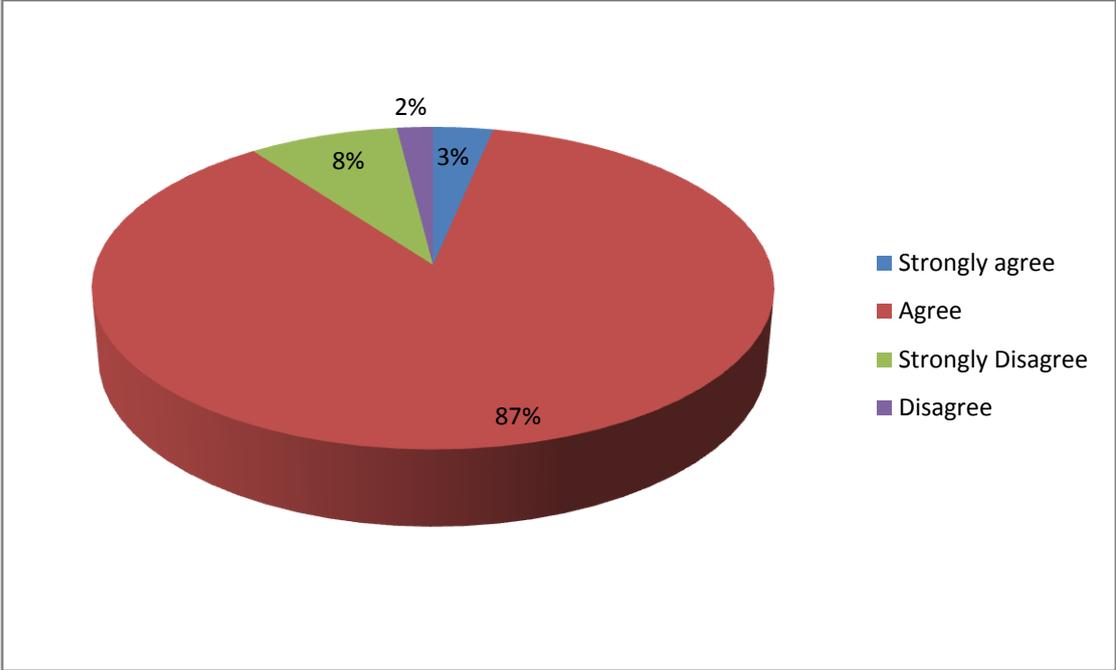
Figure 4.17 shows the result of respondents who can relax without any kind of difficulty. Almost 87% of the respondents are able to relax in some situations without any difficulties but only 3% of them strongly agreed to this statement and 8% of them is faced difficulties to relax 2% of them also disagreed to the statement. The mental stability of women is different from one to one so this figure is helpful to identify the mental stability of the working women during and after their pregnancy.

4.18 PROPER FACILITIES AND HELP FROM OFFICE (N=60)
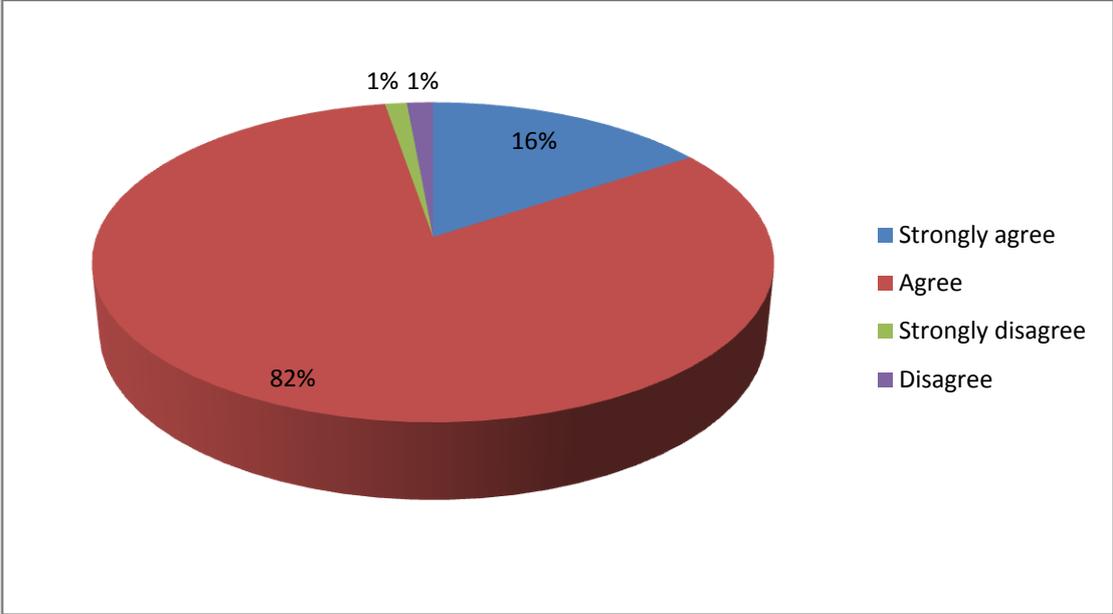
Figure 4.18 represents the structural help provided for them at office. 82% of them get proper facilities and help from office 16% of them also agreed to this statement only a few of the respondents are observed to not getting proper facilities from office. It is a increasing issue that women facing lack of safety measures and facilities from public places so for this study it is important to note that what is the percentage of women having proper facilities from their office.

4.19 GREAT SUPPORT FROM FAMILY (N=60)
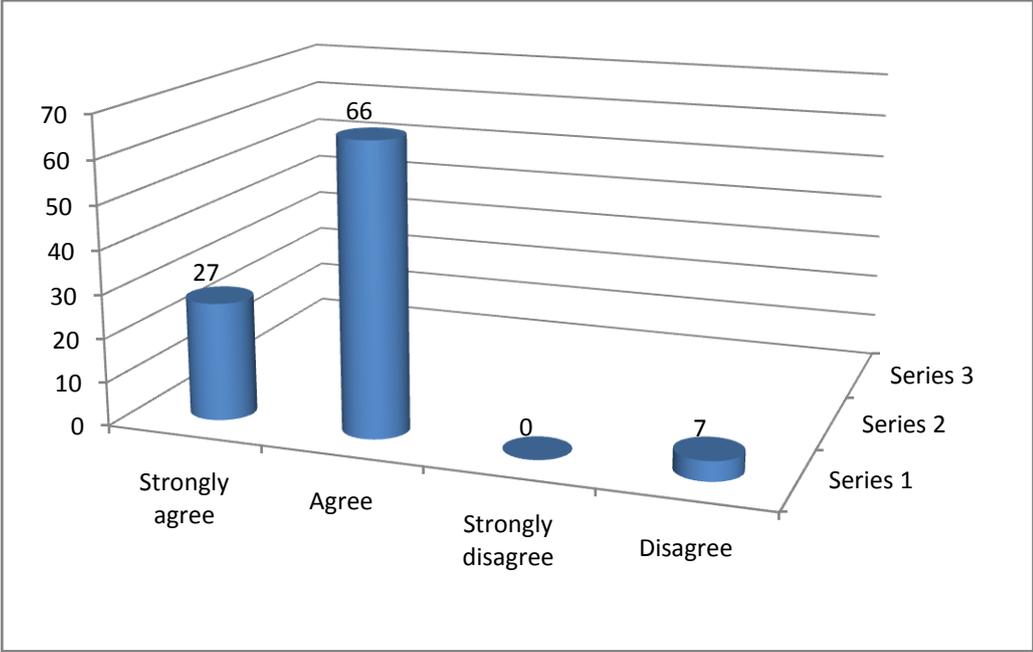
Graph 4.19 indicates that 66% of the family members get great support from their family, 27% of them are strongly agree to this statement. Only 7% of the respondents are not receiving any kind of support from their family.

4.20 JOB RELATED SUPPORT FROM WORKING PLACE (N=60)
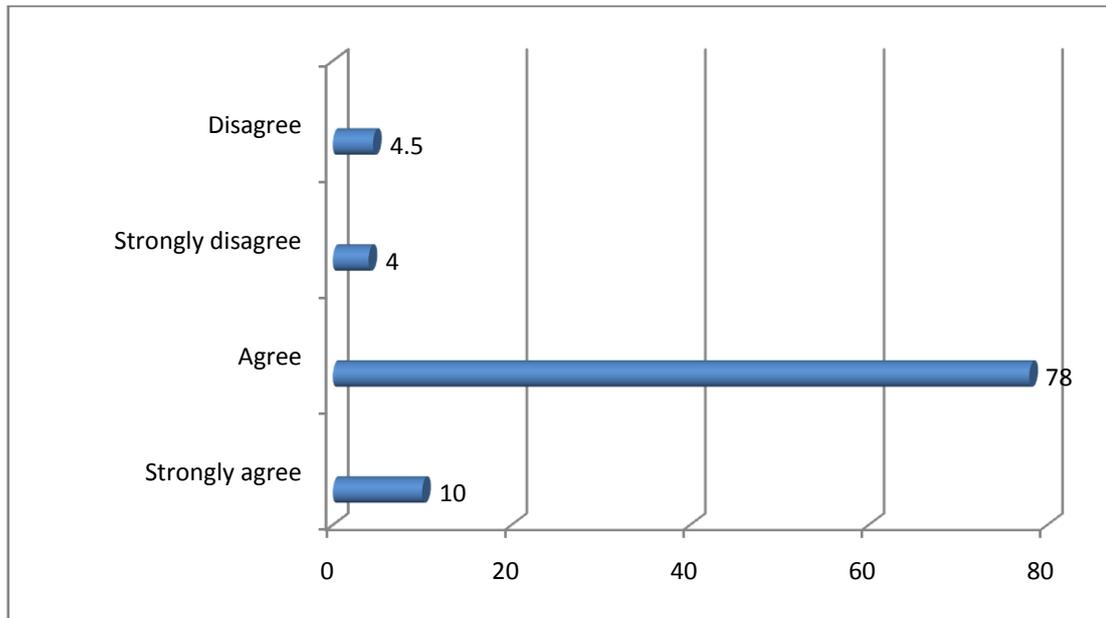
Figure 4.20 indicates the job related support from their working place to the respondents; it implies that 78% of them get proper job related help from their office about 10% of them strongly agreed to this and a few percentages of the respondents did not get any kind of job related support from their family. This interpret that some of them are joyful and satisfied with their working environment.

4.21 TAKE CARE OF MY SELF (N=60)
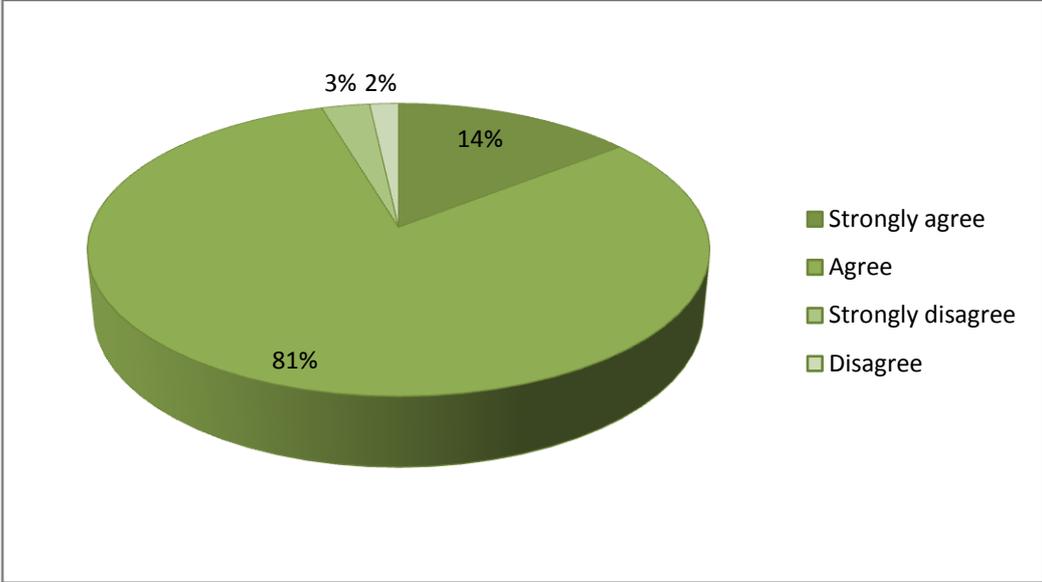
Chart 4.21 indicates that 81% of the respondents are taking care of themselves during the working hours. 14% of them also found time to take care of them and a few of them are not able to taking care of themselves.

4.22 ABLE TO WORK AFTER MATERNITY LEAVE (N=60)
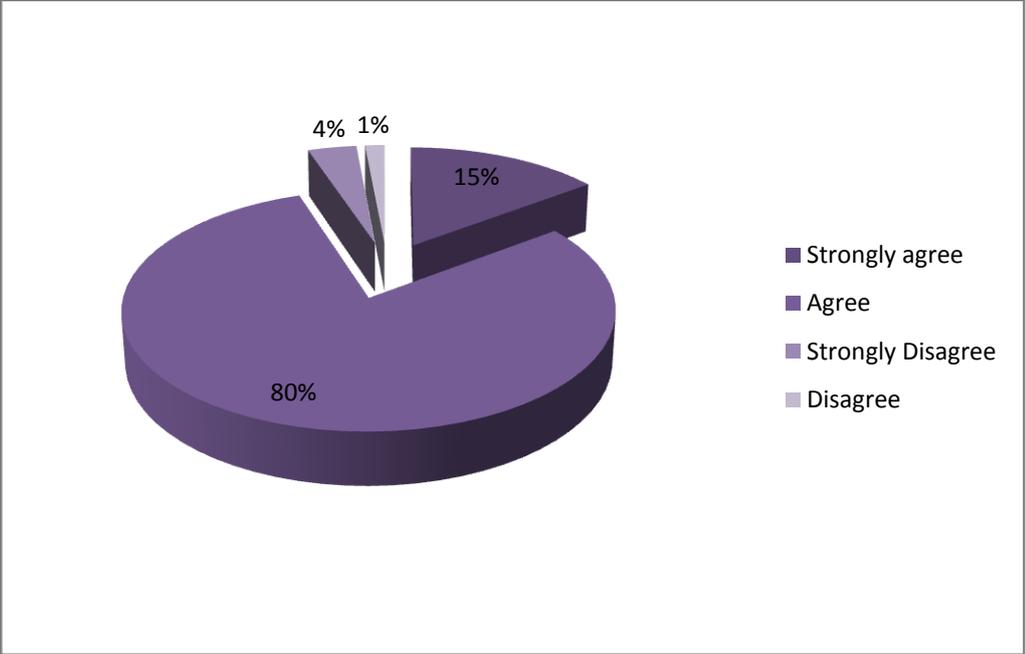
This figure indicates the percentage of respondents who are able to work after their maternity leave 80% of them are like that 15% of the respondents also agrees this statement and about1-4% of the respondents were not able to work after their maternity leave. This interprets the connection between the nature of the work and the person.

4.23 FACING JUDGEMENTS (N=60)
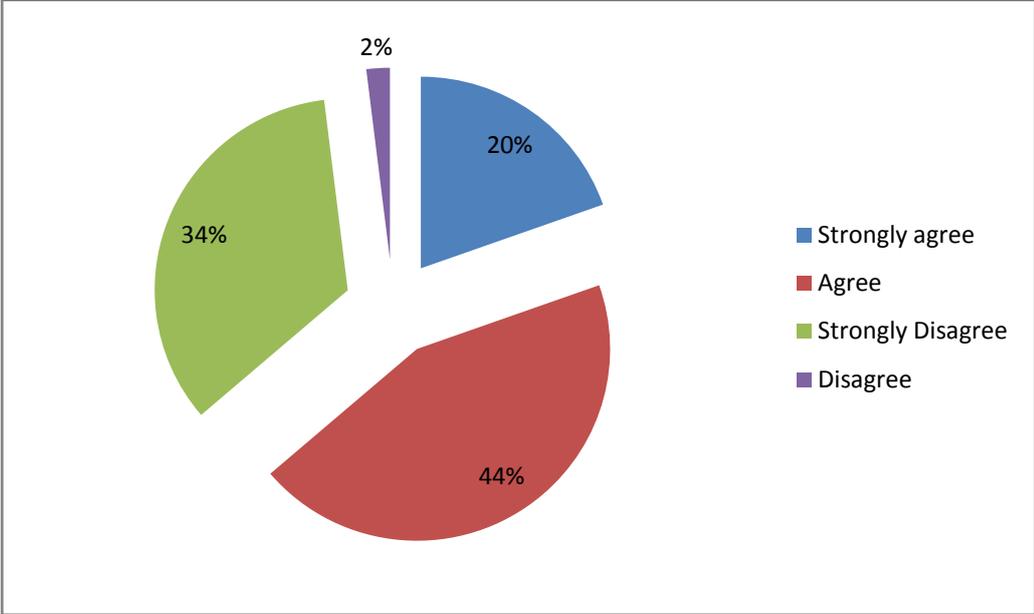
Chart 4.23 represents the percentage of respondents who are faced judgments from their working place 44% of them agreed that they faced some kind of judgments from their working place 20% of the respondents were strongly agreed to this statement and 34% of the participants not faced any kind of discrimination from their office 2% of them disagreed to the statement.

4.24 BURDEN THE TWO ROLES (N=60)
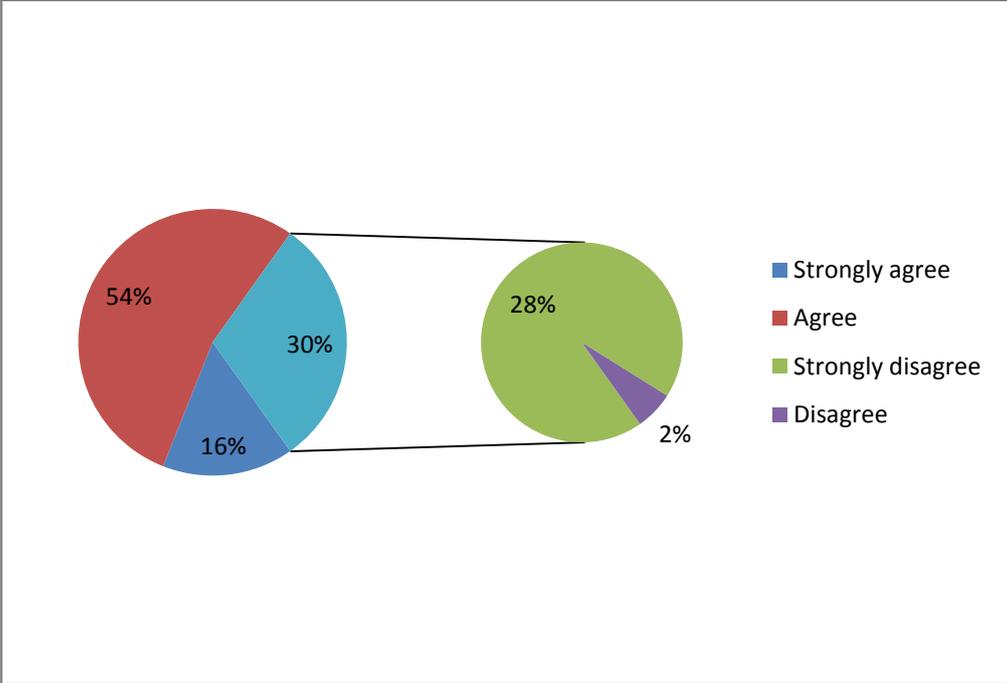
Figure 4.24 Shows the percentage of working women who felt that the role as a mother and as a working women is burden for them about 54% of the respondents agreed to the statement 46% of them strongly agreed. 28% of the working women did not felt like that and a 2% of them did not felt as a bourden.

4.25 SPEND TIME WITH FAMILY (N=60)
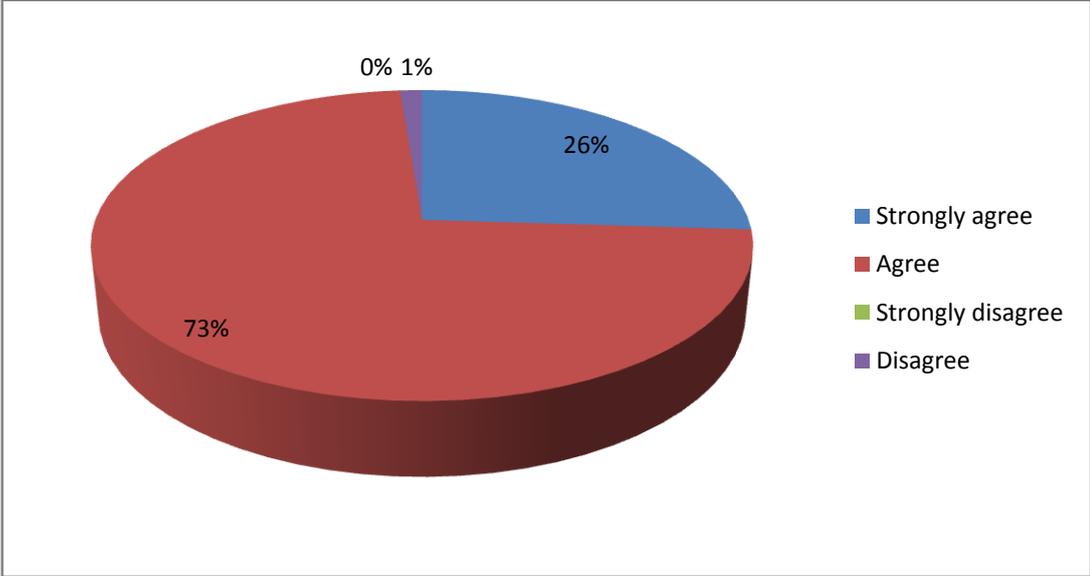
Figure 4.25 represents the percentage of respondents who have time to spend with their family. 73% of them spend time with their family after their work and 26% of the respondents supported to this statement only one among them responded like they did not get enough time to spend with their family.

4.26 COLLEGAUES ARE UNDERSTANDING (N=60)
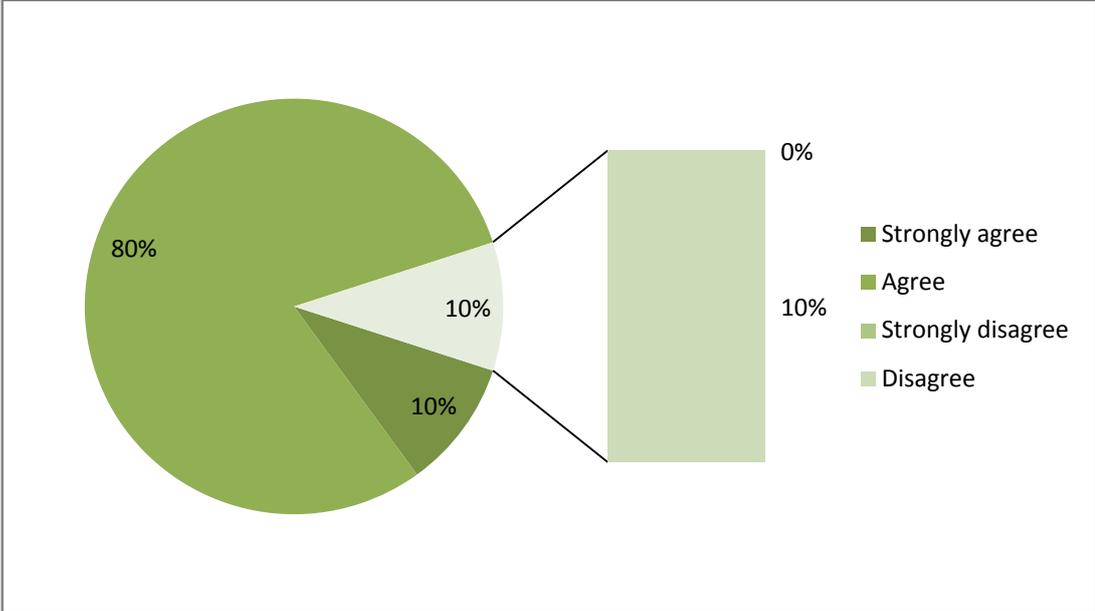
Figure 4.26 represents the response of the participants was having understanding colleagues with them. 80% of them have understanding colleagues with them 10% of them supported to this statement and only 10% of them are not having understanding colleagues. Majority of the respondents have supportive colleagues and they could understand the current situation of the respondents.

4.27 FAMILY OKAY WITH MY JOB (N=60)
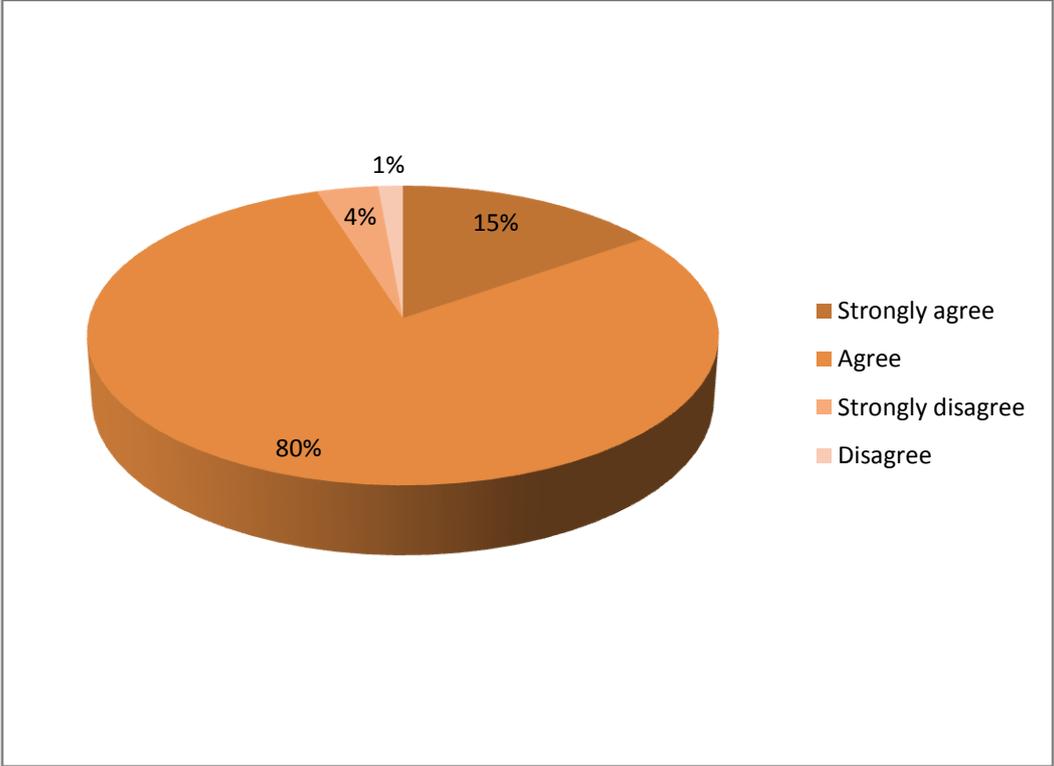
This figure indicates the response of the participants to the statement the family is okay with the working hours and job and 80% of the respondents family is okay with it 15% of the family members also supported to the statement then a few of the family members did not okay with the job and working hours.

4.28 SATISFIED WITH FAMILY AND WORK (N=60)
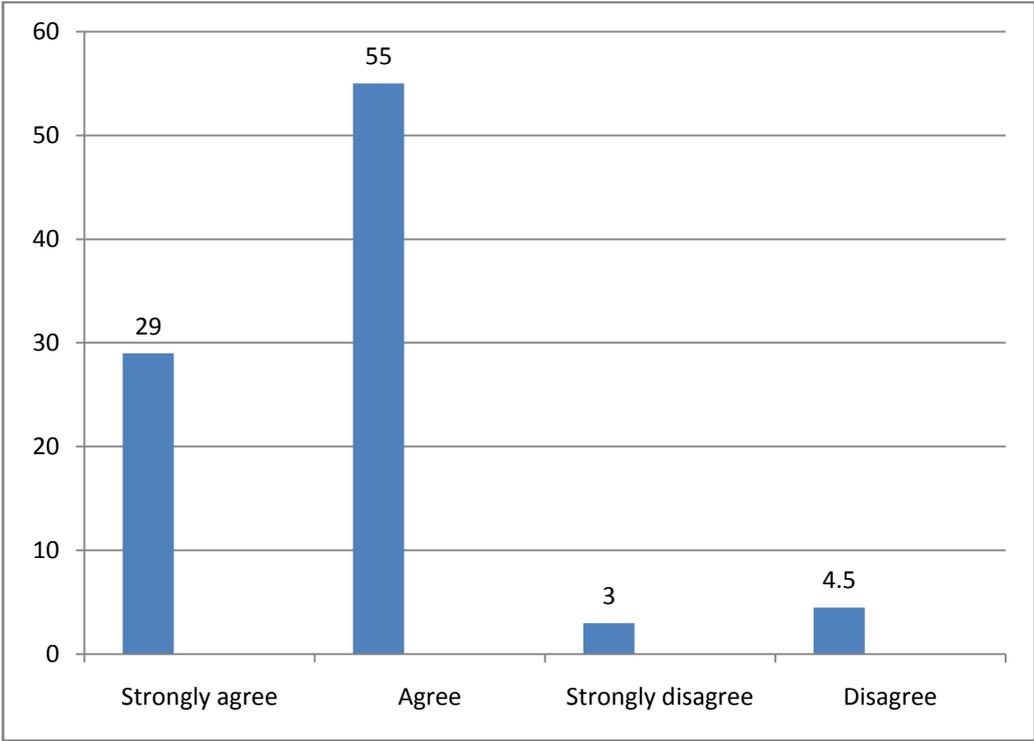
This figure shows the total percentage of the respondents with they are satisfied with their family and work. 55% of them agreed that they are satisfied with their family and work and 29% of them strongly agreed that they are perfectly satisfied with their family and work and a few respondents were not satisfied with their family and work.

4.29 CAREER APPEARED RUSHED (N=60)
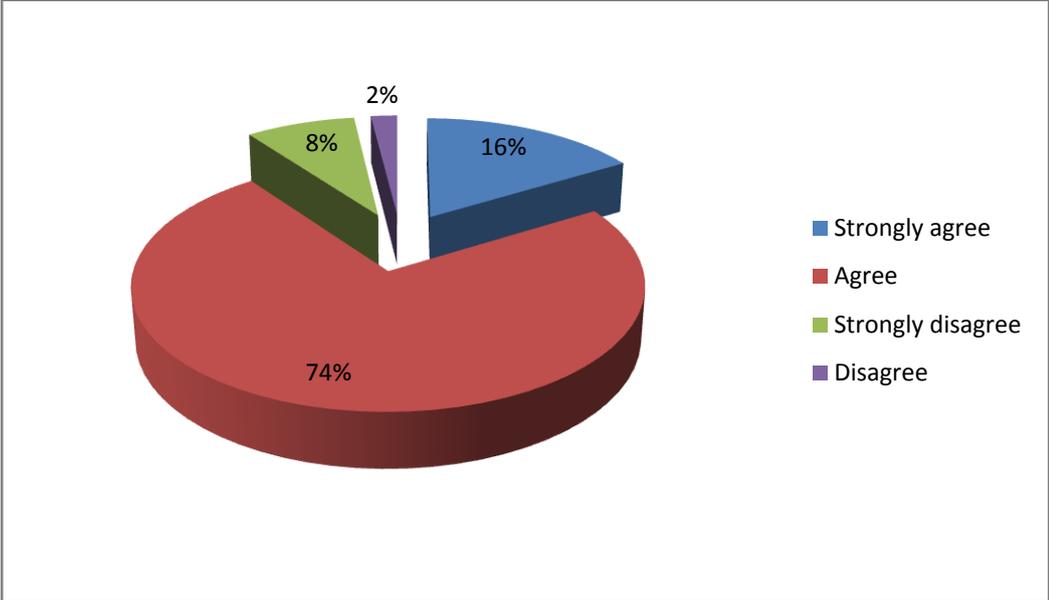
The figure 4.29 indicates the total percentage of the respondents were their career appeared rushed. 74% of the respondents agreed that their career often appeared rushed and they feel discomfort during working time 16% of the respondents are strongly agreed to this statement and a few of the respondents not felt that their career appeared rushed and speedy.

4.30 KEPT HEALTHY RELATIONSHIP (N=60)
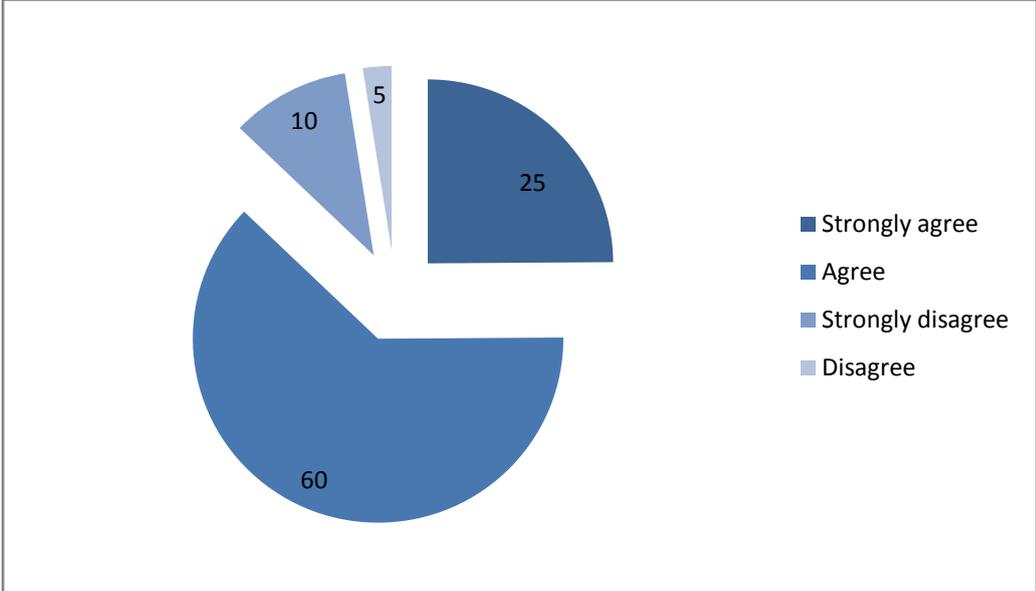
This chart shows the respondents healthy relationship with their family members. 60% of them kept a healthy relationship with their family members and colleagues so their interaction with them is strong and healthy. 25% of them agreed to this statement and 5 to 10 % of the respondents not kept a healthy relationship with their family members.

4.31 FACED POST PARTUM DEPRESSION (N=60)
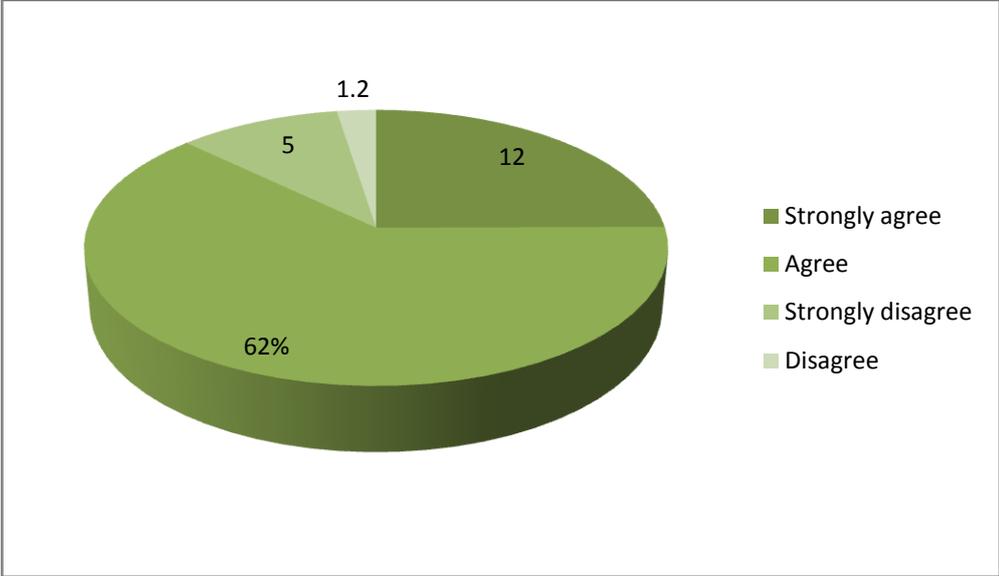
This figure shows that the respondent's personality and behavior pattern after delivery. 62% of them faced post partum depression after their delivery 12% of them strongly agreed to this statement and few of the respondents are not faced this post partum depression after their delivery.

4.32 TESTING HYPOTHESIS OR ANALYZING HYPOTHESIS

The research focused on the maternal mental health of working women. Sixty respondents are taken from kannur district. The specific objectives of this research are to study the socio-economic profile of the respondents, to understand the psychological problems of working women during pre-natal and post-natal period and to investigate the difficulties experienced by working mothers. The hypothesis was" working women are facing psycho social stress during pregnancy and after delivery which affects her work efficiency. There are some people faced psycho social stresses during their pregnancy and it affected their work.

The outcome from the study conducted by the researcher shows a clear picture that majority of the working women felt loneliness, faced post partum depression, judgments and nervousness after their delivery. It shows that the hypothesis is null and alternative. Hence the hypothesis is proved.

4.33 CONCLUSION

The fourth chapter tries to make a detailed analysis and interpretation of the data collected for the research study entitled "Maternal mental health of working women". Data interpretation refers to the implementation of process through which data is reviewed for the purpose of arriving at an informed conclusion. This chapter is important for understanding the result of the study. The primary aim of data research and analysis is to derive ultimate insights. It involves working to uncover patterns and trends in datasets; data interpretation involves explaining those patterns and trends.

CHAPTER V

FINDINGS, SUGGESTIONS AND CONCLUSION

CHAPTER 5

FINDINGS, SUGGESTIONS AND CONCLUSION

5.1 INTRODUCTION

This chapter presents all the aspects of the present research and also put forward a few suggestions for further study as well as highlights of the present research. In this chapter the researcher has weaved in ideas from research studies and findings of the present study. The major findings of the study are listed below.

5.2 MAJOR FINDINGS OF THE STUDY

❖ **Findings based on the objective socio-economic profile of the respondents.**

- Majority of the respondents in this study belongs to a middle age category or adulthood category.

- Almost all the respondents are married and only a few of the respondents are single mothers.

- Most of the respondents are from urban areas so they have a better economic condition.

- This study shows that all the participants are educated.

- The study also implies that every participant have a better standard of living.

- There are many respondents who belong to above poverty line.

- Majority of the respondents are belongs to joint family.

❖ **Findings based on the objective psychological problems of working women.**

- It is evident that loneliness makes working women to challenge their situations.

- Because of high expectations and sensitiveness a large number of the respondents became nervous with unexpected situations.

- Due to high positive thinking and confidence majority of the participants can feel relaxed and free from tension.

- The psychological well being of the participants are better because every one of them enjoyed the things they do.

- This study explained that majority of the respondents are faced depression during their pre and post natal period.

- Almost all the working women were nervous after their delivery.

- The self motivation and determination helped the respondents to control their behavior themselves.
- Majority of the respondents felt calm and peaceful at working time.
- Most of the respondents are able to relax without any kind of difficulties.
- ❖ **Findings based on the objective difficulties faced by working women.**
- The study reveals that about a high percentage of the working women get proper facilities and help from their office.
- A high number of respondents receive great support from their family members.
- The research reflects that the respondents working after their delivery with a huge round of support from their working place.
- Some of the participants take care of themselves from their working place and home.
- The respondents are able to work effectively after their maternity leave.
- The research states that many of the participants are faced judgments from their office after their delivery and it affects their working efficiency.
- Majority of the working women agreed that the dual role as a mother and as a working women be a burden for them also it affects them socially and psychologically.
- Almost all the respondents were find time for spend with family members to reduce their working stress.
- The colleagues of the participants could understand the situation of them so this understanding will help the participants to low their anxiety about job and motherhood.
- The families of majority of the respondents are okay with their job.
- One of the reasons behind the good psychological well being of the respondents was they satisfied with their family and work but a few is not.
- The jobs of the respondents are appeared to be rushed so most of them are struggling to increase their working efficiency.
- Respondents always kept a healthy relationship with their family for getting support and to work effectively in their place.
- The one of the important finding of this research was majority of the respondents faced post partum depression after their delivery then it leads to

some physical and psychological issues so this affected their efficiency in working.

5.3 3 IMPLICATIONS OF THE STUDY

- Capacity building programs.
- This study should also conduct in different work settings.

5.3.4 LIMITATIONS OF THE STUDY

Due to the certain situations researcher used Google form as questionnaire to collect data. Researcher could not contact the respondents directly.

Since there were only 60 participants in this study, the results cannot be generalized to a large extent.

5.5 SUGGESTIONS FOR FURTHER RESEARCH

- This research can also be conducted by specifying the work of women.
- Further studies on this topic can be conducted taking into account all the limitations.
- A large number of participants can be selected for better generalization.
- Same study can be conducted on different populations.

5.6 CONCLUSION

The research study shows that it is important to understand the working efficiency of a mother is depend on their psycho social wellbeing. From the findings the reasons behind the working women mental and social wellbeing is mentioned apart from this some implications and limitations also added in this chapter.

The emotional and mental health of working women is influenced by many social and psychological factors.

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APPENDIX

APPENDIX

I am Joseena George doing MSW course in Don Bosco Arts and Science College Angadikkadavu, Kannur. A research is part of my curriculum and will be accessed in six months period. Hence, I reques you to fill in this google form if you are a working women during and after pregnancy and belong to kannur district. Your identity will not be revealed under any circumstances and confidentiality will be mainted. The data will be used for the academic purpose only. This is conducted for the purpose to study the maternal mental health of working women. If you have any queries do contact me at joseenageo99@gmail.com as I can aid you better to answer this form.

A. Socio-economic profile of the respondents.

1) Name :

2) Age :

3) Religion :

4) Geographical Place:

5) Contact Number:

6) Marital Status : Married ☐   Single ☐

7) Domicile : Urban ☐   Semi urban ☐   Rural ☐

8) Number of family members

9) Educational Status

    a) SSLC: ☐

    b) SSLC – plus two: ☐

    c) Degree: ☐

    d) Above degree : ☐

10) How many earning members are in your family?

11) Annual Income of the family

12) APL

13) BPL

14) Family type: Joint ☐   Nuclear ☐

15) Years of working:

B. Psychological problems of working women during pre-natal and post-natal period.

16. I felt loneliness during the post-natal period?
    - Strongly Agree ☐
    - Agree ☐
    - Disagree ☐
    - Strongly Disagree ☐

17. I become nervous or jumpy when faced with excitement or unexpected situations before and after delivery?
    - Strongly Agree ☐
    - Agree ☐
    - Disagree ☐
    - Strongly Disagree ☐

18. I feel relaxed and free from tension?
    - Strongly Agree ☐
    - Agree ☐
    - Disagree ☐
    - Strongly Disagree ☐

19. I have generally enjoyed the things I do?

- Strongly Agree ☐

- Agree ☐

- Disagree ☐

- Strongly Disagree ☐

20. I feel depressed during Pre and postnatal period?

- Strongly Agree ☐

- Agree ☐

- Disagree ☐

- Strongly Disagree ☐

21. I have been a very nervous person after my delivery?

- Strongly Agree ☐

- Agree ☐

- Disagree ☐

- Strongly Disagree ☐

22. During pre and post natal period I am able to control my behavior, thoughts, emotions or feelings?

- Strongly Agree ☐

- Agree ☐

- Disagree ☐

- Strongly Disagree ☐

23. I felt calm and peaceful throughout working time after my delivery?

- Strongly Agree ☐

- Agree ☐

- Disagree ☐

- Strongly Disagree ☐

24. I am emotionally stable to deal with my emotional problems?

- Strongly Agree ☐

- Agree ☐

- Disagree ☐

- Strongly Disagree ☐

25.) I believe that I can relax without any kind of difficulty?

- Strongly Agree ☐

- Agree ☐

- Disagree ☐

- Strongly Disagree ☐

C. Difficulties faced by working mothers.

26. I get proper facilities and help from my office?

- ❖ Agree ☐

- ❖ Strongly Agree ☐

- ❖ Disagree ☐

- ❖ Strongly Disagree ☐

27. I always receive a great support from my family?

- ❖ Agree ☐
- ❖ Strongly Agree ☐
- ❖ Disagree ☐
- ❖ Strongly Disagree ☐

28. I get job related support from my working place?

- ❖ Agree ☐
- ❖ Strongly Agree ☐
- ❖ Disagree ☐
- ❖ Strongly Disagree ☐

29. I take care of myself during working time?

- ❖ Agree ☐
- ❖ Strongly Agree ☐
- ❖ Disagree ☐
- ❖ Strongly Disagree ☐

30. I spend time for myself every day after the work?

- ❖ Agree ☐
- ❖ Strongly Agree ☐
- ❖ Disagree ☐
- ❖ Strongly Disagree ☐

31. After my maternity leave I am able to work according to the office hour?

- ❖ Agree ☐
- ❖ Strongly Agree ☐
- ❖ Disagree ☐
- ❖ Strongly Disagree ☐

32. I am facing judgments and discrimination from my office?

- ❖ Agree ☐
- ❖ Strongly Agree ☐
- ❖ Disagree ☐
- ❖ Strongly Disagree ☐

33. I always felt that the role as a mother and as working women is a burden?

- ❖ Agree ☐
- ❖ Strongly Agree ☐
- ❖ Disagree ☐
- ❖ Strongly Disagree ☐

34. I am responsible to find some time to spend with my family?

- ❖ Agree ☐
- ❖ Strongly Agree ☐
- ❖ Disagree ☐
- ❖ Strongly Disagree ☐

35. My colleagues can understand my responsibilities and present state?

- ❖ Agree ☐

- ❖ Strongly Agree ☐

- ❖ Disagree ☐

- ❖ Strongly Disagree ☐

36. My family will be okay with my working late or going on   trips?

- ❖ Agree ☐

- ❖ Strongly Agree ☐

- ❖ Disagree ☐

- ❖ Strongly Disagree ☐

37. I am satisfied with my family and work?

- ❖ Agree ☐

- ❖ Strongly Agree ☐

- ❖ Disagree ☐

- ❖ Strongly Disagree ☐

38. My career often appeared rushed?

- ❖ Agree ☐

- ❖ Strongly Agree ☐

- ❖ Disagree ☐

- ❖ Strongly Disagree ☐

39. I have faced post-partum depression during working days.

- ❖ Agree ☐

- ❖ Strongly Agree ☐

- ❖ Disagree ☐

- ❖ Strongly Disagree ☐

40. I kept a healthy relationship with your family and colleagues?

- ❖ Agree ☐

- ❖ Strongly Agree ☐

- ❖ Disagree ☐

- ❖ Strongly Disagree ☐

A STUDY ON PSYCHOLOGICAL STRESS OF FEMALE POLICE OFFICERS IN KANNUR DISTRICT

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ANGADIKADAVU
KANNUR 670706

2021-2023

A STUDY ON PSYCHOLOGICAL STRESS OF FEMALE POLICE OFFICERS IN KANNUR DISTRICT

DISSERTATION SUBMITTED TO THE KANNUR UNIVERSITY IN PARTIAL FULFILMENT OF THE REQUIREMENT FOR THE AWARD OF THE DEGREE OF MASTER OF SOCIAL WORK

BY

GEORGIYA SEBASTIAN

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CERTIFICATE

This is to certify that the dissertation entitled **A STUDY ON PSYCHOLOGICAL STRESS OF FEMALE POLICE OFFICERS IN KANNUR DISTRICT,** is a bonafide record of work done by **GEORGIYA SEBASTIAN** under the guidance of **Ms. DELNA ABRAHAM** in partial fulfilment of the requirement for the award of the degree of **Master of Social Work**, during the period of his study (2021-2023) in the Department of Social Work, Don Bosco Arts and Science College, Angadikadavu, Kannur, affiliated to The Kannur University.

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CERTIFICATE

This is to certify that the dissertation entitled **A STUDY ON PSYCHOLOGICAL STRESS OF FEMALE POLICE OFFICERS IN KANNUR DISTRICT,** submitted by **GEORGIYA SEBASTIAN** in partial fulfilment of the requirement for the award of the degree of Master of Social Work, is a bonafide record of work done under my guidance and supervision during the period of his study (2021-2023) in the Department of Social Work, Don Bosco Arts and Science College, Angadikadavu, Kannur, affiliated to Kannur University.

Ms. Delna Abraham

Assistant professor and Research Guide

Department of Social Work

Don Bosco Arts and Science College

DECLARATION

I, GEORGIYA SEBASTIAN, the undersigned, hereby declare that the dissertation entitled**, A STUDY ON PSYCHOLOGICAL STRESS OF FEMALE POLICE OFFICERS IN KANNUR DISTRICT,** submitted to the Kannur University, in partial fulfillment of the requirement for the award of the degree of **Master of Social Work**, is a bonafide work done by me under the guidance of **Ms. Delna Abraham** Assistant professor, Department of Social Work, Don Bosco Arts And Science College, Angadikadavu. This work has not been placed by anybody in the University for the Award of any degree or diploma.

ANGADIKADAVU

MAY 2023   GEORGIYA SEBASTIAN

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On this occasion I thank all the respondents for their cooperation and availability.

I also wish to express sincere thanks to my parents and friends who have always supported and encouraged me to finish the research work successfully.

<div align="right">GEORGIYA SEBASTIAN</div>

ABSTRACT

This study investigates the prevalence and factors associated with psychological stress among female police officers. Policing is a demanding occupation known for its high levels of stress, and female officers face unique challenges due to the intersection of gender roles, organizational culture, and occupational demands. Understanding the specific stressors and their impact on female officers' mental well-being is crucial for the development of effective support systems and interventions.

Preliminary findings suggest that female police officers experience higher levels of psychological stress compared to their male counterparts. The study identifies multiple stressors specific to female officers, such as work-life balance, discrimination, harassment, and the effects of managing dual roles within the workplace and at home. Furthermore, organizational factors, including lack of support, limited career advancement opportunities, and inadequate training, contribute significantly to the stress experienced by female officers.

The study also explores the coping strategies employed by female officers to manage stress, highlighting the importance of social support networks, mentoring programs, and wellness initiatives within police organizations. By shedding light on these coping mechanisms, the research aims to inform the development of evidence-based interventions tailored to the unique needs of female officers.

Ultimately, this study seeks to enhance our understanding of psychological stress among female police officers and its impact on their overall well-being. The findings will inform policy recommendations and intervention strategies aimed at improving the mental health and work environment of female officers, fostering gender equity, and promoting resilience within law enforcement organizations.

KEY WORDS:

Psychological stress & Female police officers.

CONTENTS

LIST OF TABLES

LIST OF FIGURES

CHAPTER I

INTRODUCTION

CHAPTER I
INTRODUCTION

1.1 INTRODUCTION

In earlier periods, women's job opportunities were limited due to cultural and societal norms. Most women were expected to stay at home and take care of their families, while men were expected to work outside the home and provide for their families. Women who did work outside the home often held jobs such as teaching, nursing, or domestic work.

However, as time progressed and women's rights movements gained momentum, more opportunities opened up for women in the workforce. Women started to enter fields that were traditionally dominated by men, such as business, law, and medicine. Women also began to take on leadership roles in companies and government.

Women's entrance into legislative jobs like the police force was a gradual process that took place over many decades. In the past, police departments were typically male-dominated, and women were not encouraged to pursue careers in law enforcement. However, women began to make inroads into the police force in the 20th century. During World War II, for example, many women were hired as police officers to fill the jobs left vacant by men who had gone off to fight in the war. While many of these women were dismissed from their jobs when the war ended, their presence in the police force helped to pave the way for future generations of women.

Today, women make up a significant and growing percentage of police officers in many countries around the world. While challenges remain, such as overcoming biases and stereotypes, the increasing presence of women in legislative jobs like the police is a positive development that helps to promote equality and better serve the needs of all citizens. Due to these reasons, they face a lot of psychological stress every day.

Women in policing have had an important political, social, economic and psychological impact. Stress is considered as an integral part of modern life and it is the psychological or physiological reaction that occurs when an individual perceives an imbalance between the level of demand placed upon him and his capability for meeting the demand. Gender plays a major role in stress as female Police personnel face more stress related problems than male police personnel.

1.2 STATEMENT OF THE PROBLEM

The psychological stress faced by women police officers is a significant problem that can have a detrimental impact on their mental health and well-being. Women police officers face unique stressors such as workplace harassment and discrimination, exposure to traumatic events, challenges balancing work and personal life, and stigma around seeking help for mental health issues. These stressors can further exacerbated by a culture that often prioritizes strength and resilience, making it difficult for women police officers to seek help and support when they need it. Addressing the psychological stress faced by women police officers is critical to promoting their well-being and ensuring they are able to perform their duties contribute to feelings of anxiety, depression, post-traumatic stress disorder (PTSD), and other mental health problems.

1. 3 TITLE OF THE STUDY

A study on psychological stress of female police officers in Kannur district

1.4 OBJECTIVES

GENERAL OBJECTIVE

To study about the psychological stress of female police officers.

SPECIFIC OBJECTIVES

- To identify the psychological stress of female police officers
- To determine the social stress among female police officers
- To assess the copying mechanism of female police officers.

1.5 SIGNIFICANCE OF THE STUDY

The study on psychological stress of women police officers in Kannur district holds immense significance due to several reasons. Firstly, the study highlights the unique challenges faced by women police officers in their line of duty, which include discrimination, harassment, and how it affect their ability to perform their duties effectively.

Secondly, the study can inform policies and practices aimed at improving the working conditions and well-being of women police officers in Kannur district and beyond. The findings of the study can provide valuable insights into the specific needs of women police officers and help develop targeted interventions to address their concerns. This, in turn, can lead to a more supportive work environment and improved mental health outcomes for women police officers.

Thirdly, the study can contribute to improving the mental health of women police officers. By identifying the factors that contribute to the psychological stress of women police officers, the study can help develop evidence-based interventions to mitigate these factors and promote the mental health and well-being of women police officers.

Finally, the study can play a crucial role in enhancing gender equality in the police force. Gender equality is a fundamental human right, and promoting it in the police force can contribute to a more diverse and inclusive organization that is better equipped to serve the needs of the community. By addressing the unique challenges faced by women police officers, the study can contribute to creating a more gender-equal and inclusive police force.

Overall, the study on psychological stress of women police officers in Kannur district has significant implications for the well-being of women police officers and the effectiveness of the police force as a whole. It has the potential to inform policies and practices aimed at improving the working conditions and well-being of women police officers and promote gender equality in the police force.

1.6 CHAPTERIZATION

Chapter 1

Introduction: The introduction covers the statement of the problem, the title of the study, general and specific objectives, and the significance of the study, the chapterization and conclusion.

Chapter 2

Review of Literature: This chapter speaks about the reviews of relevant and related studies done on the study psychological stress of female police officers.

Chapter 3

Research Methodology: This is the important chapter which has lot of information about the research. It includes Theoretical and Operational Definition of concepts, Independent and dependent Variables, Hypothesis, Research Design,

Pilot study, Universe and unit of the study, Sampling - inclusion and exclusion, Sources of data - primary and secondary, Tool of data collection, Pre-test, Method of data collection and the method used for data analysis.

Chapter 4

Data Analysis and Interpretation: The fourth chapter mainly deals with the analysis and interpretation of the collected data and the testing or verification of the hypothesis.

Chapter 5

Findings, Suggestions and Conclusion: The final chapter is all about the major findings, implications of the study, limitations of the study, suggestions for further research and conclusion.

1.7 CONCLUSION

This chapter contains introduction of the study, explanation about psychological stress, statement of the problem, and the significance of the study. The first chapter provides the basic information regarding the research. The research exploring the psychological stress experiencing by female police officers because they often unique challenges that differ from their male counterparts, such as navigating societal expectations, balancing work and family responsibilities and encountering gender-based discrimination or harassment. These factors can contribute to increase stress levels, which may leads to negative consequences for both the individual officers and the organisations they serve.

In conclusion, this study on the psychological stress of female police officers in Kannur district aims illuminate the unique challenges faced by women in law enforcement and explore their impact on mental health outcomes.

CHAPTER II

LITERATURE REVIEW

CHAPTER II

LITERATURE REVIEW

2.1 INTRODUCTION

The review of literature provides a background for the research process and help to acquire up to date information about what has been thought of and done in a particular area and what remains to be analysed. Review avoids duplication of the work that has already been done and it helps to study the different side of the problem. Review of literature is important in research; it narrates the schema of proposed study and directs the researcher with inputs. This chapter attempts to give an insight into the studies on the psychological stress faced of female police officers.

2.2 REVIEW OF LITERATURE

The journal article titled **"Sources of Occupational Stress in Female Police Officers"** by **Brown and Campbell**, published in **Women & Criminal Justice in 1994**. This article focuses on the topic of psychological stress among female police officers. The scope of this reference suggests that it explores the factors contributing to occupational stress specifically experienced by female police officers. It delves into the unique challenges and stressors that woman in law enforcement face within their professional roles. The article likely examines various sources of stress that can impact female police officers, such as the nature of police work, gender-related issues, organizational factors, and societal expectations. It may address issues like exposure to violence, discrimination, work-life balance challenges, lack of support systems, and other factors that contribute to psychological stress in this specific occupational group. Given that the article was published in 1994, it's important to note that the understanding of psychological stress and the experiences of female police officers may have evolved since then. It could be valuable to consult more recent research in order to gain a comprehensive and up-to-date understanding of the topic.

The article **"Police Stressors: Variations Across Gender and Race"** by Violanti and Aron, published in **Women & Criminal Justice** in **1994**, is significant for studying psychological stress among female police officers. The article explores the variations in police stressors specifically across gender and race. It recognizes that female police officers may face unique stressors compared to their male counterparts, and it

acknowledges the intersectionality of race and gender in understanding stress experiences. This focus allows for a more nuanced understanding of the specific challenges faced by female officers, considering the impact of both gender and racial factors. It likely identifies and examines the specific stressors experienced by female police officers. By understanding the unique challenges and stressors faced by women in law enforcement, this research can help inform policies and interventions that address these issues. It contributes to a deeper understanding of the factors that contribute to psychological stress among female officers and helps identify areas for targeted support and intervention. And study's comparative analysis across gender and race provides insights into potential differences in stress experiences among female officers. By comparing stressors across different demographic groups, the article may shed light on disparities, inequalities, and systemic issues that contribute to psychological stress. This information can be used to develop strategies that promote equity, inclusivity, and well-being within police organizations. The article likely provides a context-specific understanding of psychological stress among female police officers. Recognizing that stress experiences can be influenced by organizational culture, societal norms, and external pressures, this research may highlight the importance of considering the broader context in which female officers operate. It can contribute to a better understanding of the interplay between individual, organizational, and societal factors in shaping psychological stress among female police officers. However, it's important to note that this article was published in 1994, and research and understanding of psychological stress among female police officers have likely evolved since then. It would be beneficial to supplement this study with more recent research to obtain a comprehensive and up-to-date perspective on the topic.

The article "**Police job stress and psychological well-being: A comparative study of male and female police officers**," authored **by G. Brian Morrison and Cary L. Cooper**. It was published in the journal **Criminal Justice and Behaviour** in **1997**. The objective of the study was to compare the levels of job stress and psychological well-being between male and female police officers. The researchers aimed to understand the impact of gender on these variables within the context of police work. The study employed a comparative research design, using surveys to collect data from both male and female police officers. The participants were recruited from a police force in the United Kingdom, and a total of 195 officers (92 males and 103 females) completed the

surveys. The surveys included various measures to assess job stress and psychological well-being. Job stress was evaluated using the Police Stress Inventory (PSI), which examines stressors specific to police work. Psychological well-being was assessed using the General Health Questionnaire (GHQ), a widely used measure of mental health. The findings of the study indicated significant gender differences in the experiences of job stress and psychological well-being among police officers. The results revealed that female police officers reported higher levels of job stress and lower psychological well-being compared to their male counterparts. The study also identified specific stressors that affected male and female officers differently. For female officers, the main stressors were found to be related to role conflict, workload, and discrimination. In contrast, male officers experienced higher stress levels due to organizational structure, lack of promotion opportunities, and problems with supervisors. The study concluded that gender plays a significant role in the experience of job stress and psychological well-being among police officers. The findings suggested that female officers face unique challenges and stressors that can impact their well-being. The authors highlighted the importance of addressing these gender-specific stressors in the workplace to promote better psychological well-being among police officers. They emphasized the need for interventions and support systems tailored to the specific needs of female officers to reduce job stress and enhance their overall mental health. It is important to note that the article was published in 1997, and since then, there may have been advancements in research and changes in the field of police work that could influence the current understanding of these issues.

The article "**The sources of stress for women police officers**" by **Brown and Campbell (1998)** can still be relevant in the study of psychological stress among female police officers, despite being published in **1998**. While it is always beneficial to consult more recent research, foundational studies can provide valuable insights and form a basis for further investigation. The study conducted by Brown and Campbell examined the specific sources of stress experienced by female police officers. It explored various aspects such as work-related factors, organizational factors, interpersonal relationships, and personal factors that contribute to stress in this particular demographic. The research aimed to identify the unique stressors faced by women in law enforcement and shed light on potential areas for intervention and support. Although the law enforcement landscape may have evolved since 1998, the

study's findings can still have relevance. Police work remains a demanding profession, and the experiences of female officers may have similarities across different time periods. The study's identification of stressors related to work, organizational factors, relationships, and personal factors can provide a framework for understanding the challenges faced by female police officers. However, it is important to acknowledge that the specific stressors and experiences of female police officers may have changed due to evolving social, cultural, and organizational factors. Therefore, it is recommended to supplement the findings from the Brown and Campbell study with more recent research to gain a comprehensive understanding of the current psychological stressors faced by female police officers.

The article titled "**Self-reported stress in women police**," authored by **Donald R. McCreary and Marilyn M. Thompson**. It was published in the **Psychology of Women Quarterly** in **2001**. This study explores self-reported stress levels specifically among women police officers. The objective of the study was to investigate self-reported stress levels among women police officers. The researchers aimed to examine the sources of stress unique to female officers and explore the impact of stress on their psychological well-being. The findings of the study indicated that female police officers reported moderate levels of stress on average. Work-related stressors, such as exposure to traumatic events, shift work, and role conflict, were identified as significant sources of stress for women officers. The article is relevant to the study of psychological stress among female police officers as it specifically focuses on the experiences of women officers and their self-reported stress levels. It contributes to the understanding of the stressors that impact female officers' well-being, shedding light on the importance of considering gender-specific factors in the study of police job stress.

The article titled "**Gender and police stress: The convergent and divergent impact of work environment, work-family conflict, and stress coping mechanisms of female and male police officers,**" authored by **Lisa A. Anderson and Brenda L. Whisenhunt,** was published in **Policing: An International Journal of Police Strategies & Management in 2002.** The study examines the topic of psychological stress specifically among female police officers. The study conducted by Anderson and Whisenhunt aimed to investigate the convergent and divergent impact of work environment, work-family conflict, and stress coping mechanisms on psychological stress experienced by female police officers. The researchers sought to understand how

these factors influence stress levels among female officers and compare them to male officers. Using a survey research design, data was collected from a sample of both male and female police officers from different police agencies. The survey included measures to assess various aspects related to stress, work environment, work-family conflict, and coping mechanisms. The findings of the study revealed several important insights into the psychological stress experienced by female police officers. The results indicated that female officers reported higher levels of stress compared to their male counterparts. This disparity in stress levels was attributed to factors such as work environment and work-family conflict. The study identified specific stressors within the work environment that impacted female officers more significantly. These stressors included role conflict, organizational politics, and limited promotional opportunities. Additionally, the study highlighted the role of work-family conflict as a significant source of stress for female officers, suggesting that the juggling of work and family responsibilities contributed to their higher stress levels. In terms of coping mechanisms, the study found that both male and female officers utilized various strategies to cope with stress. However, female officers were more likely to rely on social support and seeking professional help as coping mechanisms, while male officers tended to utilize problem-solving strategies. The study emphasized the importance of addressing the unique stressors faced by female police officers to mitigate their psychological stress. It highlighted the need for supportive work environments, effective policies addressing work-family conflict, and the provision of appropriate coping resources. The study contributes to the understanding of psychological stress among female police officers by exploring the impact of work environment, work-family conflict, and coping mechanisms. It sheds light on the specific stressors faced by female officers and emphasizes the significance of gender-sensitive approaches in addressing their stress levels within the policing profession. However, it's important to note that the study was published in 2002, and further research may have since expanded our understanding of psychological stress among female police officers.

The study by **Morash and Haarr (2002)** titled "**Stress, burnout, and job satisfaction in female police officers**" is highly relevant to the study of psychological stress among female police officers. The study specifically focuses on examining stress, burnout, and job satisfaction in female police officers, providing valuable insights into the factors that influence their psychological well-being. It investigates the experience of stress

and burnout among female police officers. It explores the sources of stress, such as organizational factors, job demands, and work-life balance issues. By understanding these factors, researchers studying psychological stress among female police officers in Kannur district can gain insights into the specific stressors that may impact these officers in their unique context. The study also examines job satisfaction among female police officers. Job satisfaction plays a crucial role in an individual's overall well-being and can act as a buffer against stress and burnout. The study highlights both risk factors and protective factors related to stress and burnout among female police officers. This information can help to identify the factors that contribute to elevated stress levels and develop strategies to mitigate them. Additionally, understanding the protective factors can assist in promoting resilience and well-being among female police officers. The study's methodology, including the selection of measurement tools and data analysis techniques, can serve as a reference for researchers studying psychological stress among female police officers in Kannur district. Overall, the study by Morash and Haarr provides valuable insights into the experiences of female police officers in relation to stress, burnout, and job satisfaction.

The journal article by **Anshel (2007)** titled **"Coping with acute stress in sport: Linking athletes' coping style, coping strategies, affect, and sport performance"** may have some relevance to the study of psychological stress among female police officers. While the article focuses on acute stress in sport and athletes, it can provide insights and theoretical frameworks that may be applicable in understanding the coping mechanisms and strategies used by female police officers to manage stress. The article explores coping styles and strategies used by athletes to manage acute stress in sports contexts. Although the context differs, understanding the coping styles and strategies can be insightful for studying how female police officers cope with stress. It may help identify effective coping mechanisms that could be relevant in the police profession. The article examines the relationship between affect (emotional state) and sport performance. While the performance aspect may not directly translate to police work, understanding the impact of affect on performance can shed light on how emotional states may influence the performance and well-being of female police officers in high-stress situations. The article presents theoretical frameworks related to coping with acute stress in sports. These frameworks, such as Lazarus and Folkman's transactional model of stress and coping, can provide a foundation for understanding stress, coping,

and performance in a broader context. These frameworks can be adapted and applied to the study of psychological stress among female police officers, providing a theoretical basis for examining their coping processes. While the article's primary focus is on sports contexts, it offers insights into coping mechanisms, affect, and performance that can be relevant to the study of psychological stress among female police officers. It help to draw upon the concepts and theories presented in the article to inform their investigations and adapt them to the specific context of female police officers in managing stress. However, it is important to consider the unique stressors and demands faced by female police officers and the specific organizational and cultural factors within the police profession when applying the insights from the sports context.

The study conducted by **Holt and Ellison** in **2007**, titled **"The effect of gender on the relationship between stressors and psychological distress,"** can have relevance in the study of psychological stress among female police officers. Although the study itself does not specifically focus on police officers, its findings can provide insights into how gender may influence the relationship between stressors and psychological distress, which can be applicable to female police officers who face unique stressors in their profession. The study may shed light on the specific stressors experienced by female police officers compared to their male counterparts. It could help identify whether certain stressors, such as work-family conflict, organizational discrimination, or harassment, have a more pronounced impact on psychological distress among female officers. The study may explore how gender influences coping strategies used by individuals in response to stress. Female police officers may adopt different coping mechanisms than males, and understanding these gender-specific strategies can be valuable for designing interventions and support systems tailored to their needs. By examining the relationship between stressors and psychological distress, the study can provide insights into the potential differential effects on mental health outcomes among female police officers. It may help determine whether certain stressors have a greater impact on the psychological well-being of female officers, and if so, how this may differ from male officers. The study's findings can inform policies and organizational practices aimed at addressing the psychological stress experienced by female police officers. By understanding the unique stressors and their impact, interventions can be developed to mitigate these stressors, enhance support systems, and promote the mental well-being of female officers within law enforcement agencies. Overall, the relevance

of Holt and Ellison's study lies in its exploration of how gender may influence the relationship between stressors and psychological distress. Applying these insights to the context of female police officers can help advance our understanding of the specific challenges they face and inform strategies to promote their psychological well-being.

The study conducted by **Mehrabian and Russell** in **1974** titled **"An Approach to Environmental Psychology on the study of psychological stress among female police officers"** is relevant in understanding the psychological well-being and occupational stress experienced by female police officers. Although the study is several decades old, it can provide valuable insights into the challenges faced by female law enforcement officers and the impact of their working environment on their psychological stress levels. The relevance of this study lies in the fact that female police officers often encounter unique stressors and occupational hazards compared to their male counterparts due to gender-related factors and societal expectations. By examining the psychological stress experienced by female officers, the study contributes to the broader field of environmental psychology, which focuses on understanding the interaction between individuals and their physical and social environments. The findings of the study may shed light on the specific stressors faced by female police officers, such as role conflicts, discrimination, sexual harassment, work-family balance, and the impact of male-dominated work environments. Understanding these factors can help inform policies and interventions aimed at mitigating stress and promoting the well-being of female officers in law enforcement agencies. Furthermore, the study's approach to environmental psychology highlights the importance of considering the influence of the physical and social environment on psychological stress. This perspective remains relevant in contemporary research on occupational stress and workplace well-being, as it emphasizes the need to address both individual and environmental factors to effectively manage stress and promote mental health among police officers and other professions. However, it is important to note that research in this area has advanced since 1974, and more recent studies have contributed to our understanding of psychological stress among female police officers. Therefore, while the Mehrabian and Russell study is a valuable contribution to the field, it should be considered alongside more current research to gain a comprehensive understanding of the topic.

The article by **Tugade and Fredrickson (2004)** titled **"Resilient individuals use positive emotions to bounce back from negative emotional experiences"** is relevant to the study of psychological stress among female police officers. While the specific article does not focus on female police officers, its findings and concepts can be applied to understand the stress resilience and coping mechanisms of individuals in high-stress professions, such as law enforcement. The study explores the role of positive emotions in facilitating resilience and recovery from negative emotional experiences. It suggests that individuals who experience positive emotions, even in the midst of challenging circumstances, are better able to rebound from negative emotions and build resilience. This perspective can be valuable in understanding how female police officers, who often face stressful and emotionally demanding situations, may draw on positive emotions as a coping mechanism to bounce back from stress and adversity. By considering the findings of this study, one can explore how positive emotions, such as joy, gratitude, and hope, may play a role in buffering the psychological stress experienced by female police officers. It highlights the potential importance of fostering positive emotions within the work environment, as well as providing individuals with strategies to cultivate positive emotions in their personal lives. Additionally, the article emphasizes the importance of understanding resilience as a dynamic process rather than a fixed trait. This perspective is particularly relevant for studying psychological stress among female police officers, as it acknowledges that individuals can develop and enhance their resilience over time through various strategies, including the cultivation of positive emotions. While the Tugade and Fredrickson study does not directly focus on female police officers, its insights into resilience and positive emotions can be applied to this specific context. By recognizing the potential benefits of positive emotions and resilience-building strategies, researchers and practitioners can explore interventions and support mechanisms that promote the psychological well-being and stress management of female police officers. It is worth noting that since the publication of this article in 2004, further research has been conducted on resilience, positive emotions, and coping mechanisms. Therefore, it is important to consider more recent studies in conjunction with the Tugade and Fredrickson article to gain a comprehensive understanding of the topic.

The relevance of the journal article by **Johnson and Indvik (2001)** titled **"Job satisfaction of municipal police executives"** may have limited direct relevance to the

study of psychological stress among female police officers. The article focuses on job satisfaction specifically among municipal police executives, which may not directly address the unique experiences and stressors faced by female police officers. While the article may provide some insights into general factors that contribute to job satisfaction in the police profession, it may not address the specific challenges, stressors, and experiences that are more relevant to understanding psychological stress among female police officers. Female police officers often face gender-specific issues, such as discrimination, harassment, work-life balance challenges, and the impact of societal stereotypes, which may not be covered in the context of the article. To study the psychological stress of female police officers, it would be more appropriate to look for research specifically focused on this topic. There may be studies that explore the experiences of female officers, the impact of gender on stress levels, coping mechanisms, and strategies for mitigating stress among this specific population. Consulting more recent literature and research in the field would be advisable, as the mentioned article was published in 2001, and newer studies may provide more up-to-date and relevant information.

The article by **Berger and Gerlanc (1996)** titled **"The psychological effects of stress on police officers and recruits"** published in the Journal of **Police and Criminal Psycholog**y can be relevant to the study of psychological stress among female police officers. While the article does not explicitly focus on female officers, it examines the psychological effects of stress on police officers and recruits in general, which can provide some insights into the experiences of female officers as well. The article may cover various aspects of psychological stress, including its impact on mental health, job satisfaction, coping mechanisms, and performance among police officers. These factors can be applicable to both male and female officers, although it is important to note that female officers may face unique stressors related to their gender. While the article was published in 1996, it can still provide a foundation for understanding the broader psychological effects of stress on police officers. However, to gain a more comprehensive understanding of the specific psychological stress experienced by female police officers, it would be advisable to consult more recent research that focuses specifically on the experiences of women in law enforcement. This newer research may provide insights into the unique stressors, coping strategies, and interventions relevant to female officers in contemporary policing contexts.

The article by **Kroes and Nijhof (1996**) titled **"Motivation and performance of female police officers: A study on the Dutch police force**" from the Journal of Occupational and Organizational Psychology can provide some relevance to the study of psychological stress among female police officers, particularly in understanding factors related to motivation and performance. Although the article focuses on motivation and performance rather than psychological stress directly, it can still offer insights into the experiences of female police officers and factors that may influence their well-being. Understanding the motivation and performance of female officers can indirectly shed light on their psychological well-being, job satisfaction, and potentially the stressors they face. The study examines the experiences of female police officers in the Dutch police force, providing information on their job motivation and performance compared to their male counterparts. While it may not directly address psychological stress, it can offer insights into gender differences, work-related challenges, and the organizational context that may contribute to stress levels. However, it's important to note that the article was published in 1996, and the policing landscape and the experiences of female officers may have evolved since then, but it would help the study of psychological stress among female police officers.

2.3 CONCLUSION

The article likely provides a context-specific understanding of psychological stress among female police officers. Recognizing that stress experiences can be influenced by organizational culture, societal norms, and external pressures, this research may highlight the importance of considering the broader context in which female officers operate. It can contribute to a better understanding of the interplay between individual, organizational, and societal factors in shaping psychological stress among female police officers. From the background of literature review researcher came to a conclusion that the female police officers have psychological stress connected with various factors. In this chapter researcher researcher try to study about some factors about the topic including gender specific stressors, work-life balance, coping mechanisms and organizational support of female police officers.

CHAPTER III

RESEARCH METHODOLOGY

CHAPTER III

RESEARCH METHODLOGY

3.1 INTRODUCTION

Research methodology is the specific procedure or techniques used to identify, select, process, and analysis information about a topic. In a research paper, the methodology section allows the reader to critically evaluate study's overall validity and reliability. Research methodology is the systematic way of solving the research problem. It is the science of studying how the research is conducted systematically. Its aim is to give the work plan of research. Hence the survey method adopted here for collecting data from respondent is through questionnaire.

3.2 DEFINITION OF CONCEPTS

3.2.1Theoretical Definitions:

Female Police officer

The Oxford Dictionary defines female police officer as:

"A woman employed to uphold the law, maintain order, and prevent and detect crime".

Psychological Stress

The World Health Organization (WHO) defines psychological stress as "the process by which an individual perceives and responds to events that are appraised as overwhelming or threatening to personal well-being".

3.2.2 Operational Definitions:

Female Police Officer

A female police officer is a woman who is employed by a law enforcement agency and has the authority to enforce laws, maintain public order, and protect the safety of citizens. She undergoes the same training and has the same responsibilities as her male counterparts but is specifically identified as a woman in the police force.

Psychological Stress

In this research psychological stress refers to the emotional and physiological reactions experienced when an individual perceives a situation or event as overwhelming or

beyond their ability to cope. It is a normal response to challenging or threatening circumstances, and it can arise from a variety of factors, including work pressures, relationship difficulties, financial problems, major life challenges, or traumatic events.

3.3 VARIABLES

3.3.1 Independent Variable

In this study **Female police officer** is one of the example independent variable.

3.3.2 Dependent Variable

In this study the example of independent variable is **Psychological stress.**

3.4 RESEARCH DESIGN

The researcher has used cross-sectional descriptive research design and quantitative study for the research. A cross-sectional descriptive research is a type of research design in which the researcher collects data from many different individuals at a single point in time. In cross-sectional descriptive research, the researcher observes variables without influencing them.

3.5 PILOT STUDY

The aim of the pilot study is to test feasibility and validity of the study. The researcher conducted pilot study. The pilot study helped the researcher to have a clear direction in selection of apt questions and detention of unwanted questions.

3.6 UNIVERSE AND UNIT OF THE STUDY

In this study the universe of the study is all women police officers in Kannur district. The unit of study is a female police officer.

3.7 SAMPLING DESIGN.

The researcher has used convenience sampling method for collecting samples in the research. Convenience sampling is a non-probability sampling method where units are selected for inclusion in the sample because they are the easiest for the researcher to access. This can be due to geographical proximity, availability at a given time, or willingness to participate in the research. It is a method of collecting samples by taking samples that are conveniently located around a location or Internet service.

3.8 SOURCE OF DATA COLLECTION

Primary data: The data is collected directly from the respondents. It is collected through questionnaire.

Secondary data: journals, articles from internet as well as magazines, previous research.

3.9 TOOLS OF DATA COLLECTION

The tools used for the research are self-reported questionnaires such as:

1. **Scio-demographic details**: The socio demographic details were used in quantitative data collection. The details such as name, place, work place and age.
2. **Questionnaire on the basis of objectives**: This section includes questions related to profession, personal life and coping mechanism.

3.10 PRE TEST

The researcher sent the questionnaire to three respondents to identify whether it was comprehensible, understandable and effective for them.

3.11 METHOD OF DATA COLLECTION

The data was collected from respondents directly and also through google form.

3.12 METHODS OF DATA ANALYSIS

- Data entry through MS Excel
- Data was converted to SPSS file
- Frequency distribution done for understanding the result.

3.13 EXCLUSION CRITERIA

Since the focus of the study is on female police officers, male police officers will be excluded from the study. The focus area of the study is limited in Kannur district thus it exclude the respondents from other district.

3.14 INCLUSION CRITERIA

The study includes all female police officers in the Kannur district of Kerala.

CHAPTER IV
DATA ANALYSIS AND INTREPRETATION

CHAPTER IV
DATA ANALYSIS AND INTREPRETATION

4. 1 INTRODUCTION

The data gathered and proposed are analysed and interpreted in this chapter. This analysis and interpretation are based on the answers given by the respondents. The researcher collected the data through the questionnaire. After the data collection, it was tabulated and summarised with reference to the objectives of study.

4.2 DATA ANALYSIS AND INTREPRETATION

4.2.1 FREQUENCY OF OVERWHELM BY WORKLOAD (N=60)

Figure 4.1
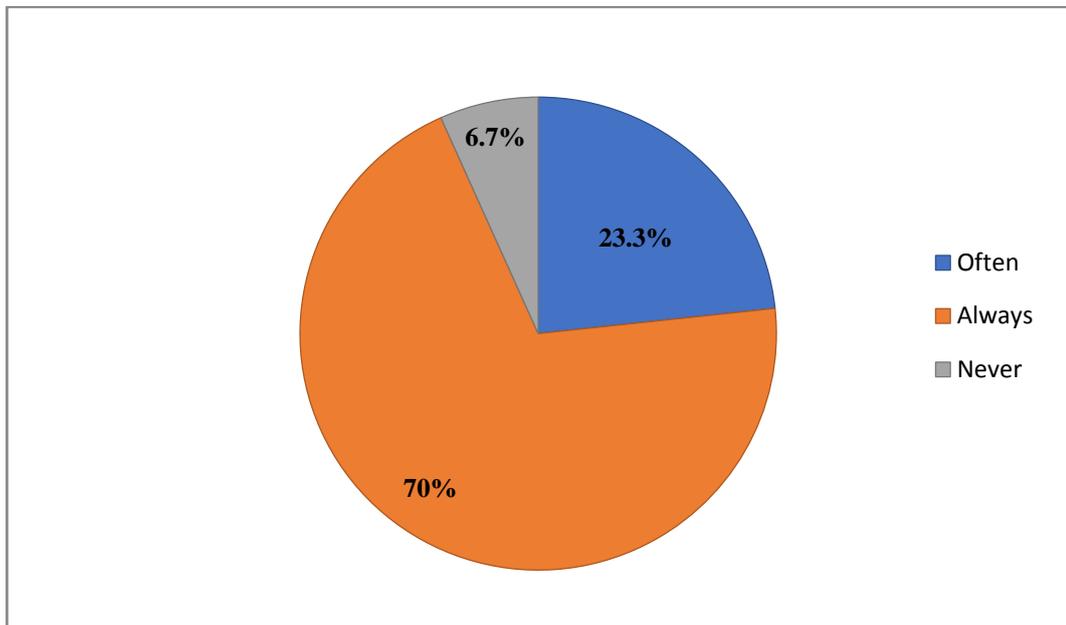
The above figure 4.1 shows the feelings of overwhelming by the amount of work that have to do by the female police officers. The diagram shows that 70% of the respondents are always have the feel of overwhelm by the work load frequency and 23.3% of them often have the feelings. The 4% of the female police officers never felt that.

The majority of the respondents always felt that they are overwhelmed by the frequency of work because of their physical challenges, multiple gender role and stigma from public.

4.2.2 FEELS UNSUPPORTED BY COLLEAGUES OR SUPERIORS (N=60)

Table 4.1

VALUIES	FREQUENCY	PERCENT
Always	34	56.7
Often	7	11.7
Never	5	8.3
Sometimes	14	23.3
Total	60	100.0

The above table 4.1 shows the feelings of female police officers unsupported by colleagues or superiors. The table shows that 56.7% of the respondents are always have the feel of unsupported by the superior or colleagues and 23.3% of them sometimes have the feelings. The 11.7% of the female police officers often felt that and 8.3% never felt that.

The majority of the respondents always felt unsupported by colleagues or superiors may be because of gender discrimination, lack of representation (when there are few in leadership positions within a law enforcement agency women officers may feel that their voice are not heard), lack of training, limited opportunities for advancement and hostile work environment, these reasons are same in the respondents who felt often and sometimes the same feeling.

4.2.3 FREQUENCY OF PERSONAL SAFETY RISK (N=60)

Figure 4.2
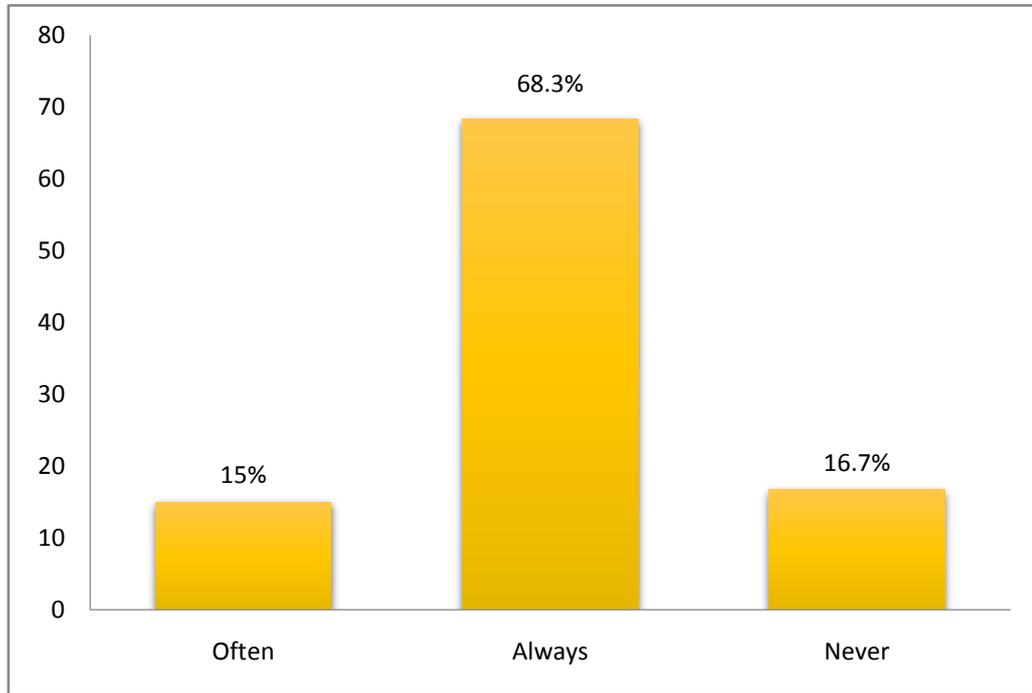
The above figure 4.2 state the opinion of respondents regarding their personal safety while on duty as female police officers. It shows that 68.3% of the respondents are always having the risk of personal safety while on duty and 16.7% of them never have the feelings. The 15% of the female police officers often felt that.

The responds are made by considering experience during their duty which affected by the negative attitude and behaviour of the people which they deal with and other personal problems of female police officers and type of their duty.

4.2.4 SUPPORT FROM FEMALE COLLEAGUES AND SUPERVISORS (N=60)

Table 4.2

VALUES	FREQUENCY	PERCENT
Always	41	68.3
Often	17	28.3
Never	2	3.3
Total	60	100.0

The above table shows that 68.3% of the respondents always felt support from female colleagues and supervisors and 28.3% often felt support from them but, 3.3% responded that they never get required support from their female colleagues and superiors.

The majority of the respondents stated that they are getting enough support from their female colleagues and superiors because, shared experience, empathy and understanding.

4.2.5 STRESSFUL DEPARTMENT POLICIES AND PROCEDURES (N=60)

Figure 4.3
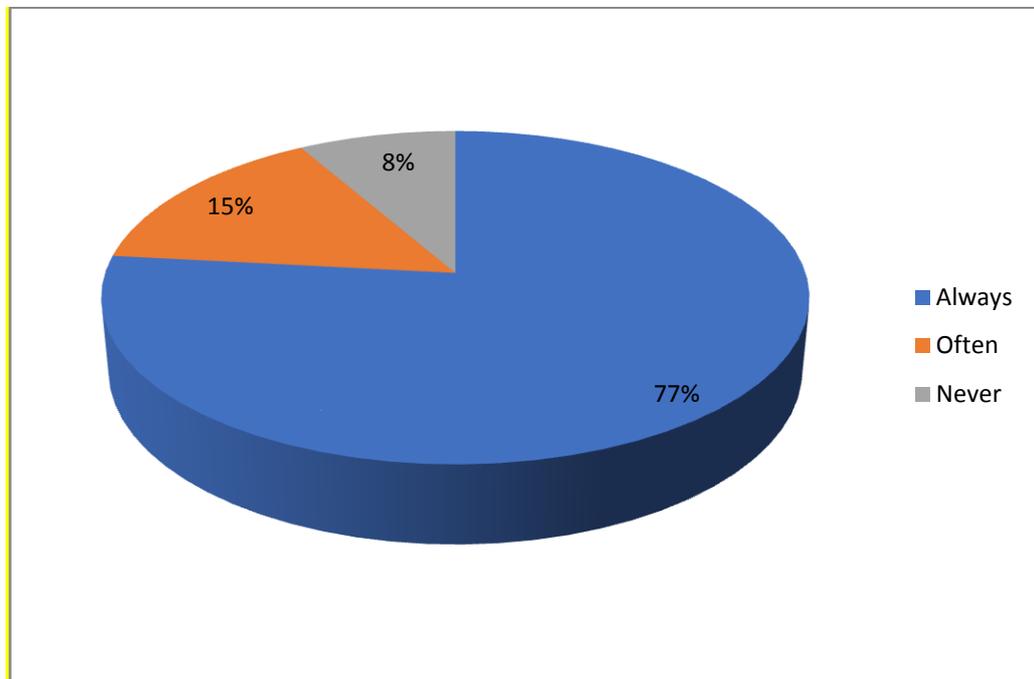
The above figure 4.3 states the opinion of participants regarding stressful and burdensome policies and procedures in the department. The graph shows that 77% of the respondents always feel stressful and burdensome policies and procedures in the department and 15% of them often have the feelings. The 8.3% of the female police officers never felt like that.

The participants made their respond may be because of dissatisfaction against some of the policies in the department. The respondents which shows few of them never felt any stressful and burdensome policies and procedures in the department may be the result that their positive attitude against the existing policies and procedures in the department.

4.2.6 FREQUENCY OF NEGATIVE IMPACT OF JOB (N=60)

Table 4.3

VALUES	FREQUENCY	PERCENT
Always	33	55.0
Often	18	30.0
Never	9	15.0
Total	60	100.0

The above table 4.3analyses the opinion about negative impact of job on personal life and relationships. The majority of the respondents (55%) always have that feeling and 30% of them often have that feeling but 15% of the respondents never felt that job has negative impact on your personal life and relationships.

The female police officer's long and irregular working hours exposure to traumatic and stressful events on the job, physical demands of the job, limited career advancement, gender bias and workplace discrimination, low morale and feelings of frustration, affecting personal relationships and overall life satisfaction. These factors can vary depending on individual circumstances, department policies, and societal attitudes towards women in law enforcement.

4.2.7 INADEQUATE REST AND RECOVERY TIME BETWEEN SHIFTS (N=60)

Figure 4.4
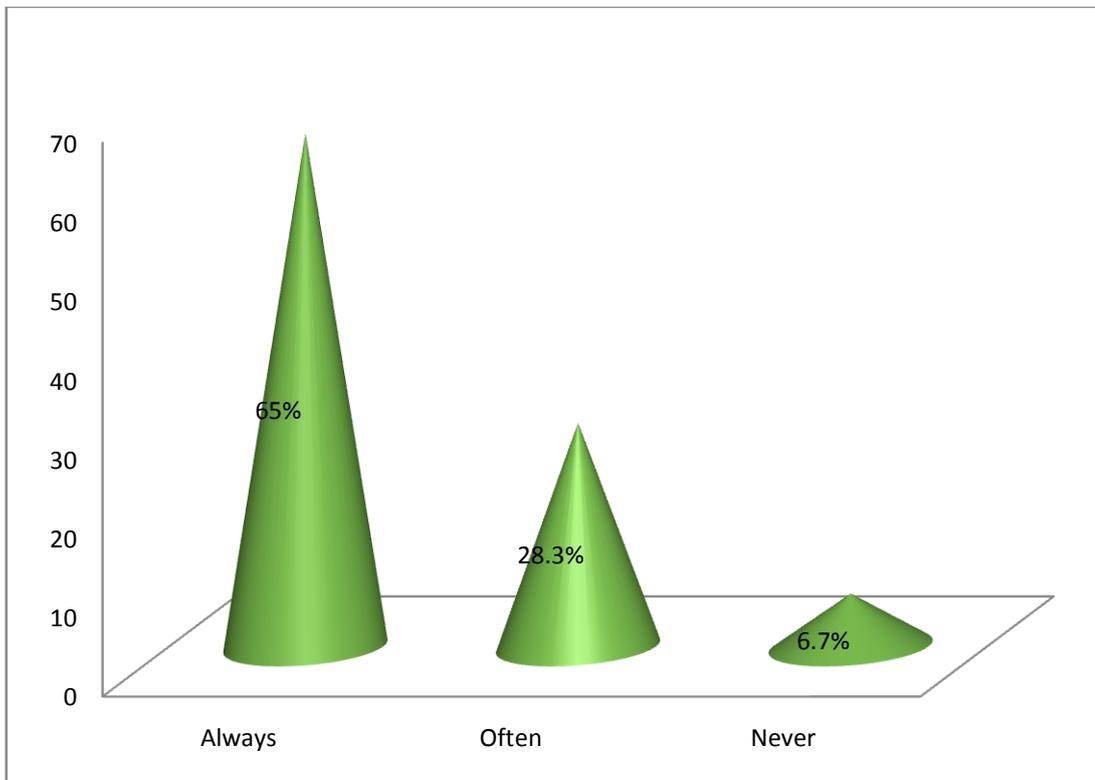
The above figure 4.3 shows the response of the participants about the statement that they have no time given for rest and recover between shifts. The 65% of the respondents always have the opinion and 28.3% of them often have the opinion which confirms the above statement. The rest of the 6.7% contradict with the statement.

The reasons behind the statement may include, shift scheduling, high workload and stress, family and care giving responsibilities, lack of resources and support, cultural norms and expectations(police culture can sometimes prioritize work over rest and recovery).

4.1.8 FREQUENCY OF UNDERVALUED FOR HARD WORK
(N=60)

Table 4.4

VALUES	FREQUENCY	PERCENT
Always	36	60.0
Often	18	30.0
Never	6	10.0
Total	60	100.0

The above table 4.4shows the opinion of participants about recognition and value getting for their work. The majority of them that is 60% always not getting any recognition and value getting for the work and 30% of them often not getting recognition and value for the work. The 10% of them didn't confirm with the statement.

Frequency of feeling undervalued for hard work may be because of gender bias, lack of support, inequitable workload, harassment and discrimination, limited career advancement opportunities.

4.2.9 DIFFERENCE IN PSYCHOLOGICAL STRESSORS FACED BY FEMALE AND MALE POLICE OFFICERS (N=60)

Figure 4.5
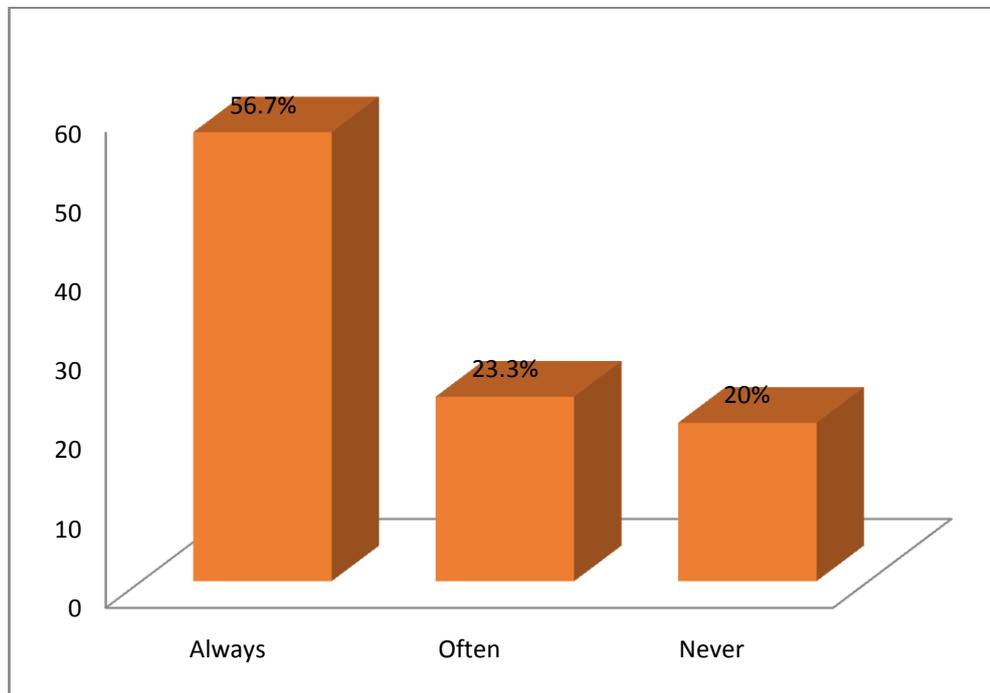
The above figure 4.5 shows difference in psychological stressors faced by female and male police officers. The 56.7% responded there have been always difference in psychological stressors faced by female and male police officers, 23.3% responded 'often' and the rest 20% responded 'never' to the statement.

There are several factors that contribute to the difference in psychological stressors faced by female and male police officers. It may include gender bias and discrimination, workplace culture and norms, physical demands and safety concerns, family responsibilities and work-life balance, sexual harassment and misconduct, limited career advancement oppurtunities.etc

4.2.10 FREQUENCY OF LACK OF TRAINING (N=60)

Table 4.5

VALUES	FREQUENCY	PERCENT
Always	31	51.7
Often	21	35.0
Never	8	13.3
Total	60	100.0

The table 4.5 shows responds of the statement that the female police officers are not receiving enough training for doing their job effectively. The 51.7% or the majority of the respondents says that they are always not receiving enough training for doing their job effectively and 35% often not receiving that.13% of people contradict against the statement.

There are some possibilities to think that the respondents who confirmed to the statement may have faced any kind of difficulties due to the insufficient training.

4.2.11 FREQUENCY OF GENDER DISCRIMINATION (N=60)

Figure 4.6
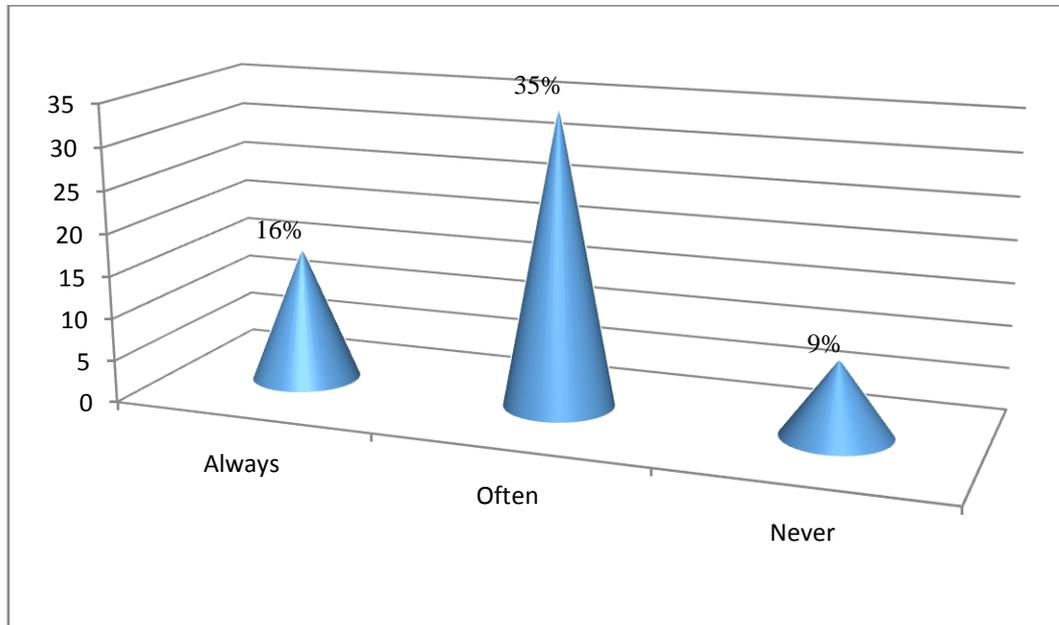
The figure 4.6 shows statement about gender discriminations faced by the respondents. It reveals that the majority (35%) often face gender biased restrictions and 16% always face that. The 9% never face any kind of gender based discriminations.

The reasons behind gender discriminations may be the result of patriarchal culture, stereotypes and bias, lack of support work-life balance challenges and about the way of thinking that female's are nor suitable for this authority level work.

4.2.12 GENDER RELATED CONCERNS: IMPACT ON FEMALE POLICE OFFICERS (N=60)

Table 4.6

VALUES	FREQUENCY	PERCENT
Gender-based discrimination and harassment	21	35.0
Exposure to trauma and violence	8	13.3
Work-life balance challenges	16	26.7
Organisational stressors	15	25.0
Total	60	100.0

The table 4.6 shows the factor that bothers the most as a female police officer. The variables include gender-based discrimination and harassment, exposure to trauma and violence, Work-life balance challenges and organisational stressors. The percentage responds are 35%, 13.3%, 26.7%, and 25% respectively.

The responds may be due to their experience, stressors, and challenges in their professional life.

4.2.13 STRESS DURING THE TIME OF MENSTRUATION MORE THAN OTHER DAYS (N=60)

Figure 4.7
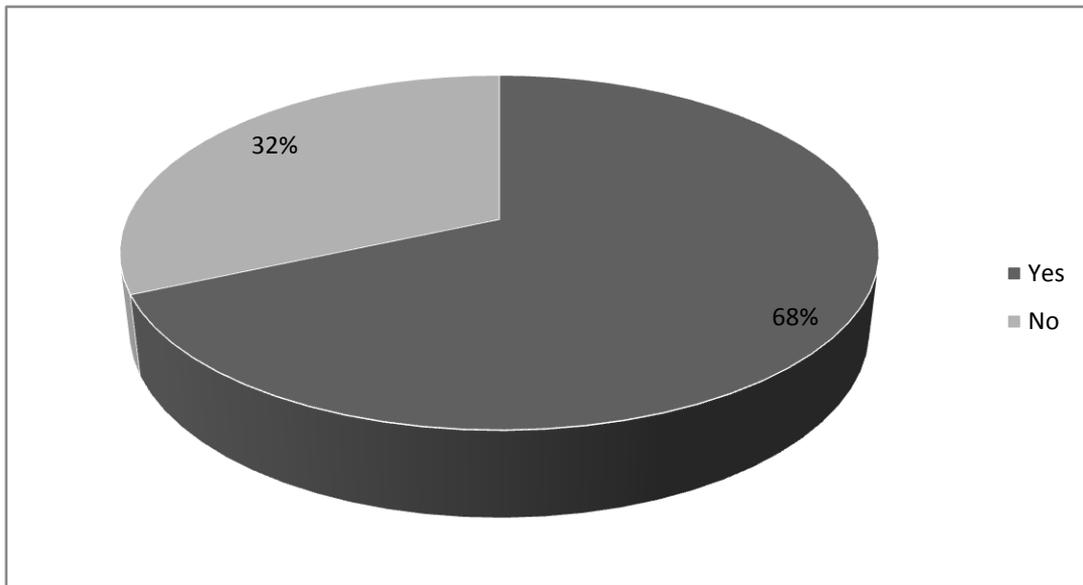
The above figure 4.6 shows the participants stress during the time of menstruation more than other days. The majority (68%) of have stress related with menstruation more than other days and the rest 32% haven't stress during the time of menstruation more than other days.

The reason behind may change from individual to individual by considering their physical characteristic and health.

4.2.14 GENDER BASED STRESSORS OF FEMALE COLLEAGUES
(N=60)

Table 4.7

VALUES	FREQUENCY	PERCENT
Always	30	50.0
Often	22	36.7
Never	8	13.3
Total	60	100.0

The above table analyses whether female colleagues have, faces gender based stressors. The 50 percent responded that their female colleagues always faced stressors based on the gender. The 36.7 % of them often felt thatand 13.3%of them never have that feeling.

The reason behind the confirmation to the statement can be result of shared experience from their colleague or the witness of such situations.

4.2.15 FREQUENCY OF WORK-RELATED STRESSORS (N=60)

Figure 4.8
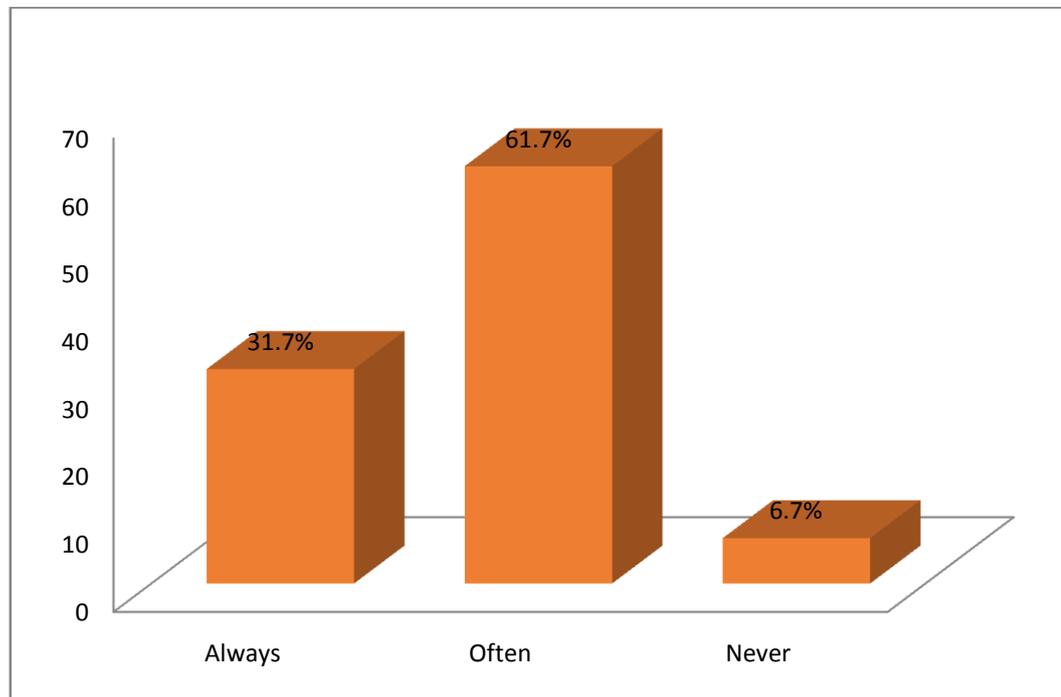
The above figure 4.7 is on the experience of work-related stressors as a female police officer. From the data we can understand that 61.7% of respondents often have that experience and 31.7% always have that feelings only 6.7% of respondents are contradict against the statement.

We can assume that the majority of the respondents experienced work related stress as a female police officer and it may because of their multiple gender roles, stigma from public, patriarchal attitude of superiors and subordinate etc.

4.2.16 EXPERIENCE OF DISCRIMINATION OR BIAS IN THE WORKPLACE (N=60)

Table 4.8

VALUES	FREQUENCY	PERCENT
Always	18	61.7
Often	37	30.0
Never	5	8.3
Total	60	100.0

The table 4.8 analyse the statement that the experience of discrimination or bias in the work place. The variables include always, often, and never the percentages of responds are 61.7%, 30% and 8.3% respectively.

The majority of responds are confirmed to the statement because of their experience of discrimination and bias from the workplace.

4.2.17 GENDER AFFECTS THE WAY YOU ARE TREATED BY COLLEAGUES OR SUPERIORS IN YOUR WORKPLACE (N=60)

Figure 4.9
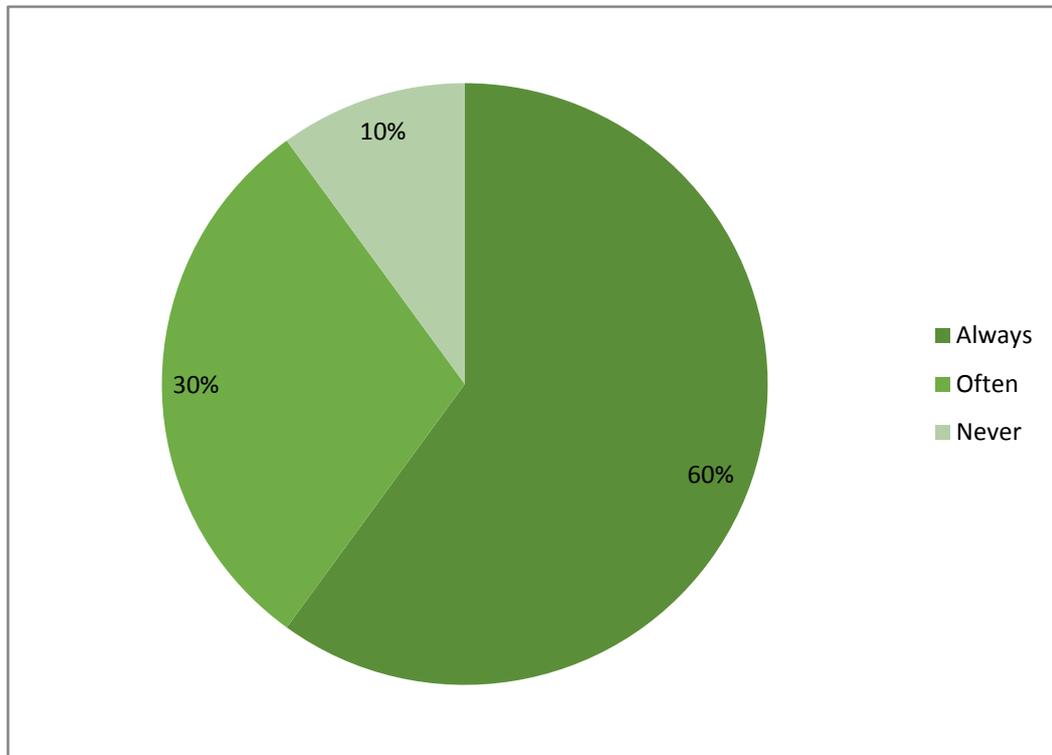
The above figure 4.3analyses the opinion about the statement that gender affects the way you are treated by colleagues or superiors in their workplace. The majority of the respondents (60%) always have that feeling and 30% of them often have that feeling but 10% of the respondents contradict with the statement.

From the data given in the table shows that majority of the respondents always felt gender affects the way they are treated by colleagues or superiors in the workplace it may be because of the patriarchal attitude of the colleagues and superiors and we can also consider the physical challenges of women when comparing with men.

4.2.18 FEELINGS OF UNSUPPORTED OR ISOLATED (N=60)

Table 4.9

VALUES	FREQUENCY	PERCENT
Always	15	58.3
Often	35	25.0
Never	10	16.7
Total	60	100.0

The table 4.5 shows responds to the statement that unsupported or isolated in the role of female police officer. The 58.3% of the respondents says that they are always have the feelings of unsupported and isolation, 25% often felt that.13% of people contradict against the statement.

There are some possibilities to think that the respondents who confirmed to the statement may have faced any kind of negative experience from the department when they expect support.

4.2.19 EXPERIENCE OF WORK-RELATED TRAUMA (N=60)

Figure 4.10
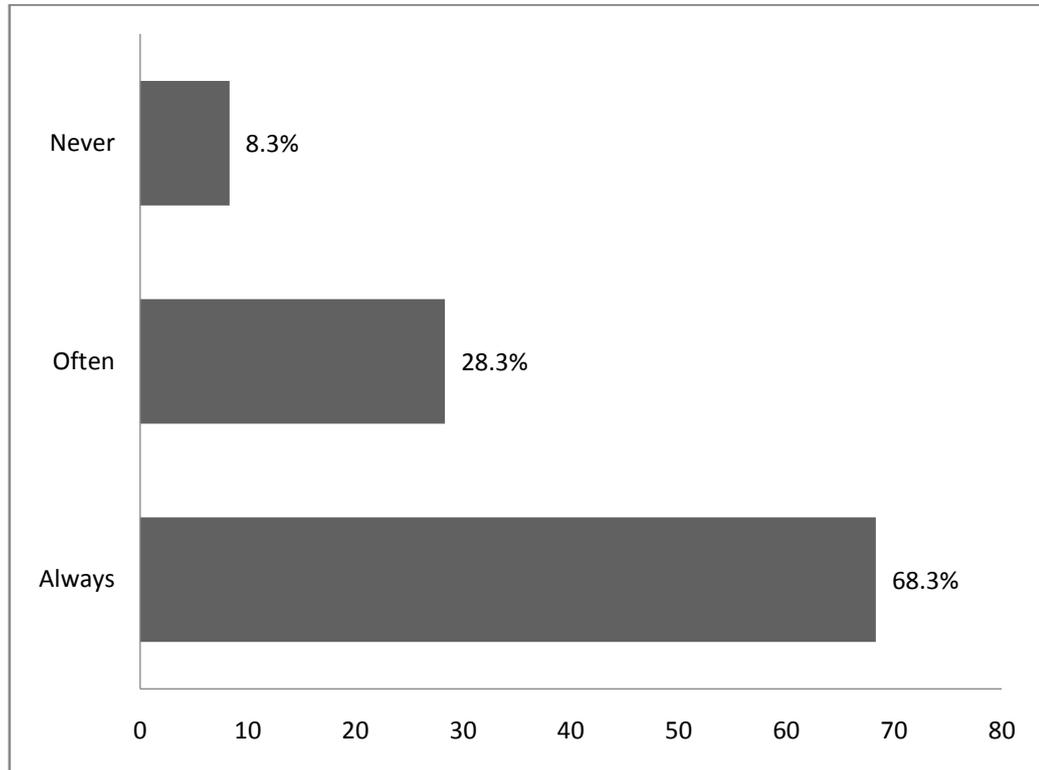
The above figure 4.10 shows that 68.3% of respondents are always face work related trauma, 28.3% are often face work related trauma ,and the rest 8.3% of the respondents are not faced any kind of work related trauma.

It may be because the majority may not have the good mental health to manage difficult or complex situations and it also affects the type of job and workplace.

4.2.20 EXPERIENCE OF PHYSICAL OR VERBAL ABUSE FROM COLLEAGUES OR PUBLIC (N=60)

Table 4.10

VALUES	FREQUENCY	PERCENT
Always	17	55.0
Often	33	28.3
Never	10	16.7
Total	60	100.0

The table 4.10 shows responds of the statement experience of physical or verbal abuse from colleagues or public. The 55% of the respondents says that they are always have the experience of physical or verbal abuse from colleagues or public, 28.3% often felt that.16.7% of people contradict against the statement.

There are some possibilities to think that the respondents who confirmed to the statement experienced physical or verbal abuse from colleagues or public may be because of their gender, negative attitude of people, etc.

4.2.21 AVAILABILITY OF ADEQUATE RESOURCES TO MANAGE THE STRESSORS (N=60)

Figure 4.11
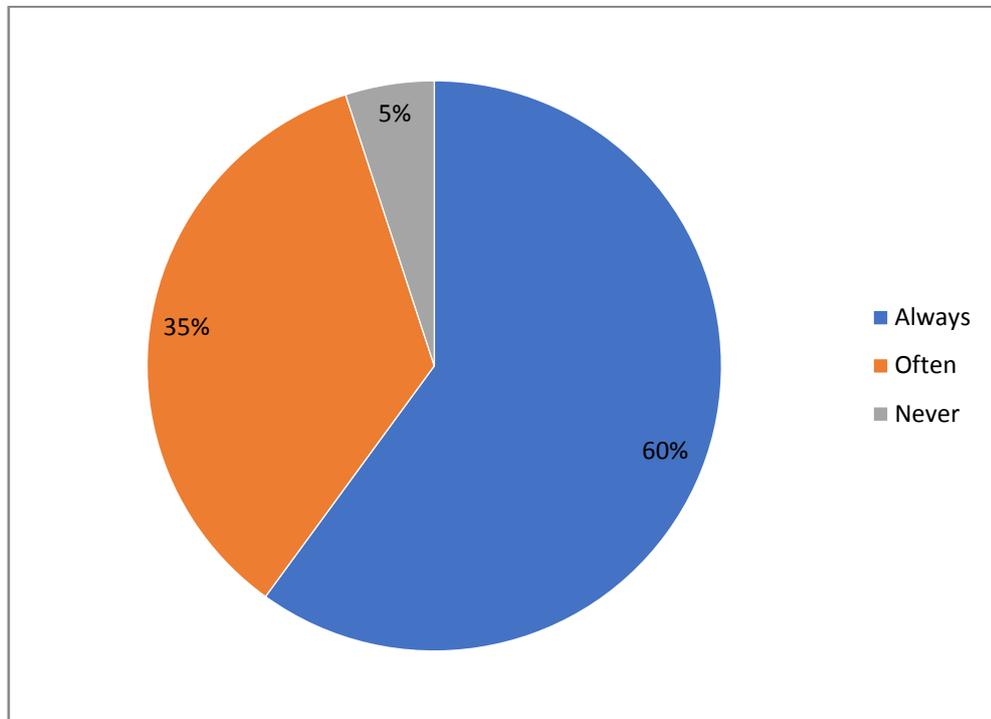
The figure 4.11 states that 60% of the respondents always have the availability of adequate resources to manage the stressors, 35% often have the availability of such resources and 5% of them never get available resources to manage their stress.

It is because they may not have proper system for getting such resources or they may not aware about existing resources to manage stress; sometime the existing resources may become insufficient to manage the stress.

4.2.22 IMPACT OF JOB STRESSORS IN PERSONAL LIFE (N=60)

Table 4.11

VALUES	FREQUENCY	PERCENT
Rarely	20	10.0
Frequently	34	33.3
Almost Always	6	56.7
Total	60	100.0

The above table analyses the statement impact of job stressors in personal life.

As per the data given in the table 56.7% of respondents almost always have the impact of job stressors in personal life, 33.3% frequently have the impact as per the statement and 10% rarely have the impact of job stressors on personal life.

Some of the reasons behind the statement arise from the multiple gender roles of the respondents, overwhelming due to the burdensome of work, lack of support from the family, dissatisfaction in the work environment and inability to manage stress properly.

4.2.23 PROFESSIONAL HELPS TO MANAGE MENTAL HEALTH (N=60)

Figure 4.12
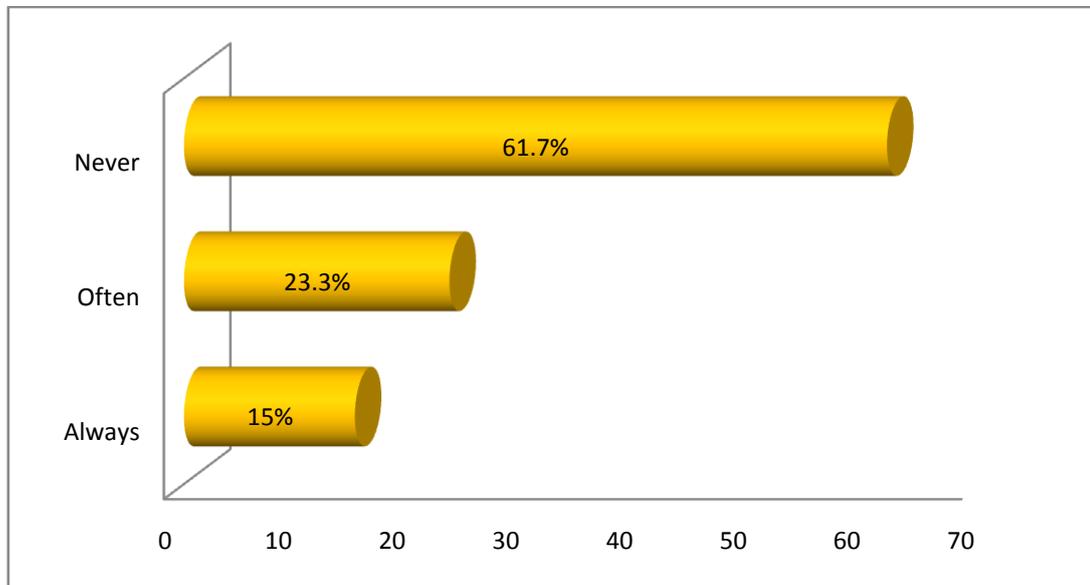
The figure 4.12 shows that 61.7% of the respondents has never sought professional help to manage their mental health, 23.3% of them often and 15% always looked for some sought of professional help to manage their stress.

The responds to the statement depended on the severity of the condition, availability of facilities and also the importance given to the mental health.

4.2.24 SUPPORTIVE CULTURE OF WORKPLACE THAT PRIORITIZES THE MENTAL HEALTH AND WELL-BEING (N=60)

Table 4.12

VALUES	FREQUENCY	PERCENT
Always	19	11.7
Often	34	31.7
Never	7	56.7
Total	60	100.0

The above table 4.11 shows supportive culture of workplace that prioritizes the mental health and well-being of its employees. The 56.7% of them never have any supportive culture of workplace, 31.7% often have supportive culture of work place.11.7% confirm that they always shave supportive culture of workplace that prioritizes the mental health and well-being.

The responds are differing from individual to individual because of their attitude and experience related with the workplace.

4.2.25 AVAILABILITY OF GOOD WORK-LIFE BALANCE (N=60)

Figure 4.13
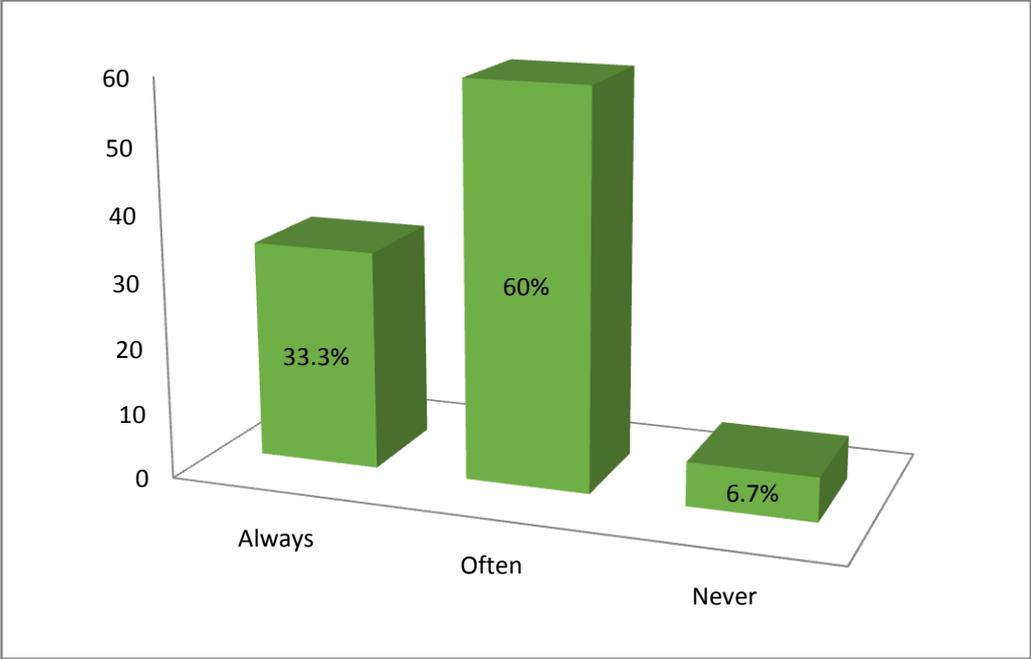
The figure 4.13 shows that 60% often have good work-life balance, 33% always have good work life balance and 6.7% never have good work life balance.

The reason behind the responds may include workload, shifts in duties and other personal problems of respondents.

4.2.26 OPPORTUNITIES FOR MENTAL HEALTH DEVELOPMENT IN WORKPLACE (N=60)

Table 4.13

VALUES	FREQUENCY	PERCENT
Rarely	39	65.0
Sometimes	21	35.0
Total	60	100.0

The table 4.14 shows responds of the statement opportunities for mental health development in workplace. The 65% or the majority of the respondents says that they are rarely get opportunities for mental health development in workplace and 35% sometimes get that opportunity.

There are no respondents who always get opportunities for mental health development in workplace. So we can be say that no one is fully satisfied with the opportunities which they got for mental health and well being.

4.2.27 FREQUENCY OF RECEIVING TRAINING ON MENTAL HEALTH AND WELLNESS (N=60)

Figure 4.14
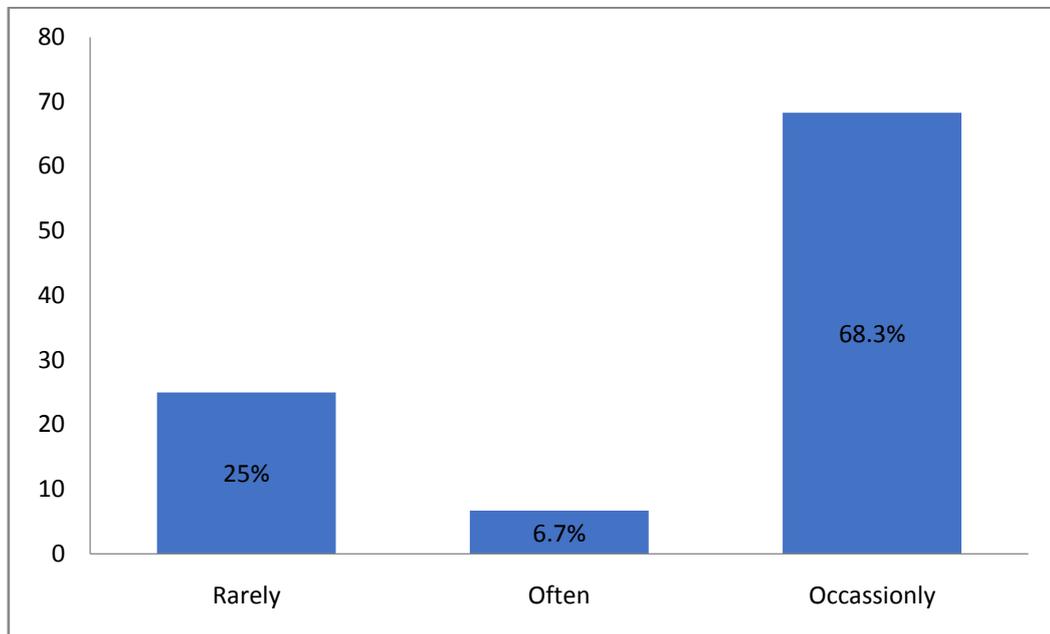
The above figure 4.14 analyses the opinion about the statement that the frequency of receiving training on mental health and wellness. The 68.3% often receive training on mental health and wellness, 25% of them rarely receiving it and 6.7% of them rarelyreceiving training on mental health and wellness.

From the data given in the table shows that the frequency of receiving training on mental health and wellness is not sufficient to the officers.

4.2.28 COMFORTABILITY OF DISCUSSING MENTAL HEALTH CONCERNS WITH SUPERIORS (N=60)

Table 4.14

VALUES	FREQUENCY	PERCENT
Less than 25%	17	28.3
25 -50%	28	46.7
50 -75%	14	23.3
More than 75%	1	1.7
Total	60	100.0

The above table 4.14 analyses comfortability of discussing mental health concerns with superiors. The comfortability rates include less than 25%, 25-50%, 50-75% and more than 75%. The responds include 28.3%, 46.7%, 23.3%, 1.7% respectively.

The table shows that the responds are not getting enough comfort ability to discuss mental health concerns with their superiors. It may because of the attitude of the superiors or the fear of respondents to discuss their concerns and the importance they given to the mental health concerns.

4.2.29 ACCESS TO CONFIDENTIAL MENTAL HEALTH RESOURCES (N=60)

Figure 4.15
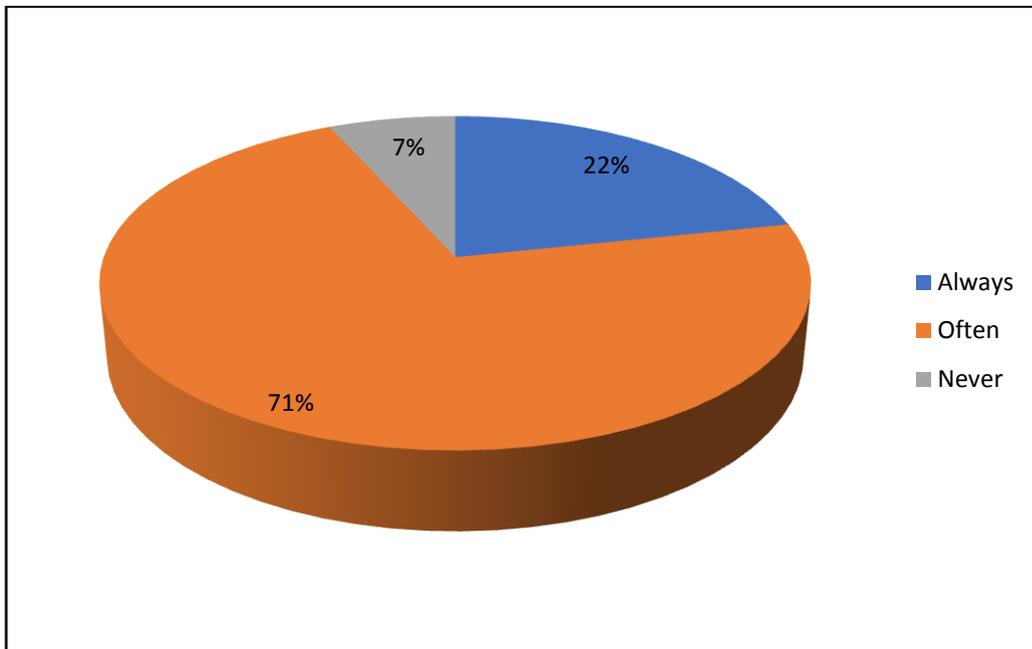
The figure 4.15 states that 71.7% of the respondents often have access to confidential mental health resources, 21.7% always and 6.7% never have any access to confidential mental health resources.

It is because they may not have proper system for getting such resources and they may not aware about existing resources to manage stress.

4.2.30 UTILIZATION OF AVAILABLE MENTAL HEALTH RESOURCES (N=60)

Table 4.15

VALUES	FREQUENCY	PERCENT
Often	7	11.7
Never	7	11.7
Occasionally	46	76.7
Total	60	100.0

The table 4.16 states that 76.7% of the respondents occasionally utilize available mental health resources, 11.7% always and the rest 11.7% never utilize available mental health resources.

It is because they may not have proper system for getting such resources and they may not aware about existing resources to manage stress.

4.2.31 WITHDRAWL FROM DUTIES FOR MAINTAINING GOOD MENTAL HEALTH (N=60)

Figure 4.16
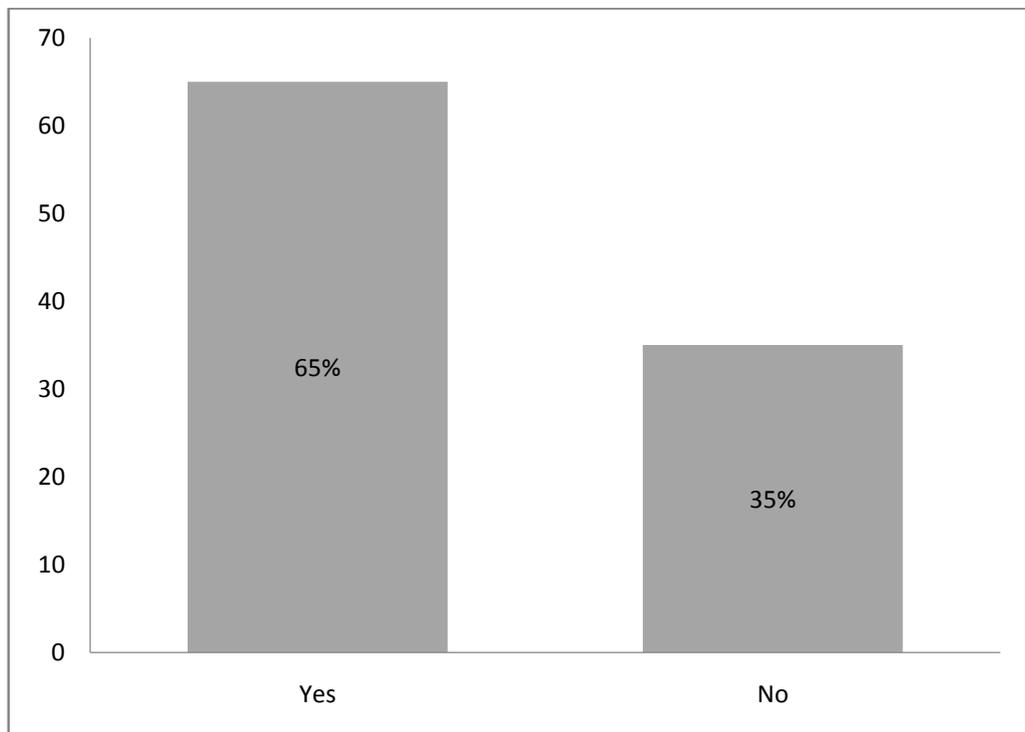
The above figure 4.16 shows that 65% of the respondents withdrew from duties for maintaining good mental health and 35 % of them never took such decisions for maintaining good mental health.

It shows that the majority of the respondents give importance to their mental health.

4.2.32 AVAILABILITY OF SUFFICIENT TIME OFF TO REST AND RECHARGE FOR EFFICIENT MENTAL HEALTH FUNCTIONING (N=60)

Table 4.16

VALUES	FREQUENCY	PERCENT
Yes	36	40.0
No	24	60.0
Total	60	100.0

The above table 4.17 shows that 60% of respondents have availability of sufficient time off to rest and recharge for efficient mental health functioning and 40% of them responded no to the statement.

4.2.33 FREQUENCY OF FEEDBACK ASKED ABOUT MENTAL HEALTH WELLNESS PROGRAMMES (N=60)

Figure 4.17
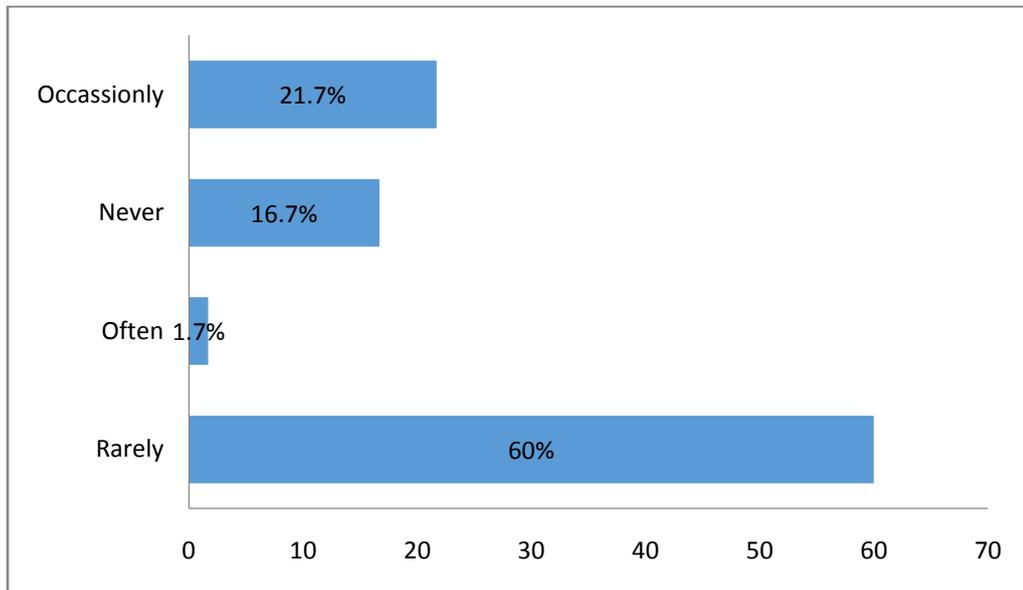
The above figure shows that 60% of respondents rarely asked feedback about mental health wellness programmes, 21.75% occasionally asked that and 16.7% never asked for any feedback. The rest 1.7% often asked for feedback about mental health wellness programmes.

It is clear that mental health wellness programmes and follow up of the programmes are not conducting properly for the officers.

4.2.34 FEELINGS OF IRRITATION AFTER DUTY (N=60)

Table 4.17

VARIABLES	FREQUENCY	PERCENT
Always	15	25.0
Often	44	73.3
Never	1	1.7
Total	60	100.0

The table 4.17 shows that 73% of respondents often feel irritation after duty, 25% always have that feeling and rest of the 1.7% never felt irritation after duty.

The reason behind the majority's response may include burdensome of duty, dissatisfaction in the workplace, patriarchal attitude of colleagues or superiors, physical challenges etc.

4.2.35 DIFFICULTY TO MAINTAIN GOOD RELATIONSHIP WITH THE PUBLIC DUE TO THE STRESS (N=60)

Figure 4.18
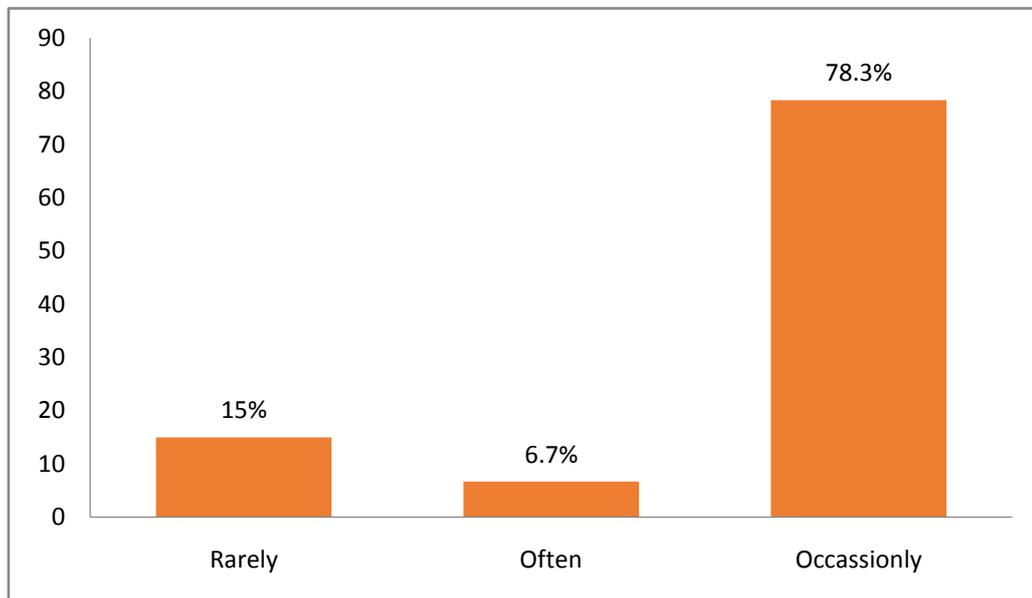
The figure shows the responds to the statement difficulty to maintain good time with the public due to stress. The 78.3% occasionally faces the difficulty, 15% rarely and 6.7% often faces difficulty to maintain good time with the public due to stress.

It may be because of the stressful situations and the ability and facility of the respondents to manage that stresses.

4.2.36 ENCOURAGEMENT TO PARTICIPATE IN PHYSICAL ACTIVITY OR EXERCISE PROGRAMS (N=60)

Table 4.18

VALUES	FREQUENCY	PERCENT
Yes	35	41.7
No	25	58.3
Total	60	100.0

The table 4.18 analyses that 58.3% not encouraged to participating in physical activities or exercises programmes, 41.7% of them encouraged to participate in physical activities.

It is clear that the department is not giving enough relevance to the physical fitness of the officers or there is not having enough facilities provide that.

4.2.37 HEALTHY FOOD OPTIONS WHILE ON DUTY FOR REDUCING THEIR PHYSICAL STRESS (N=60)

Figure 4.19
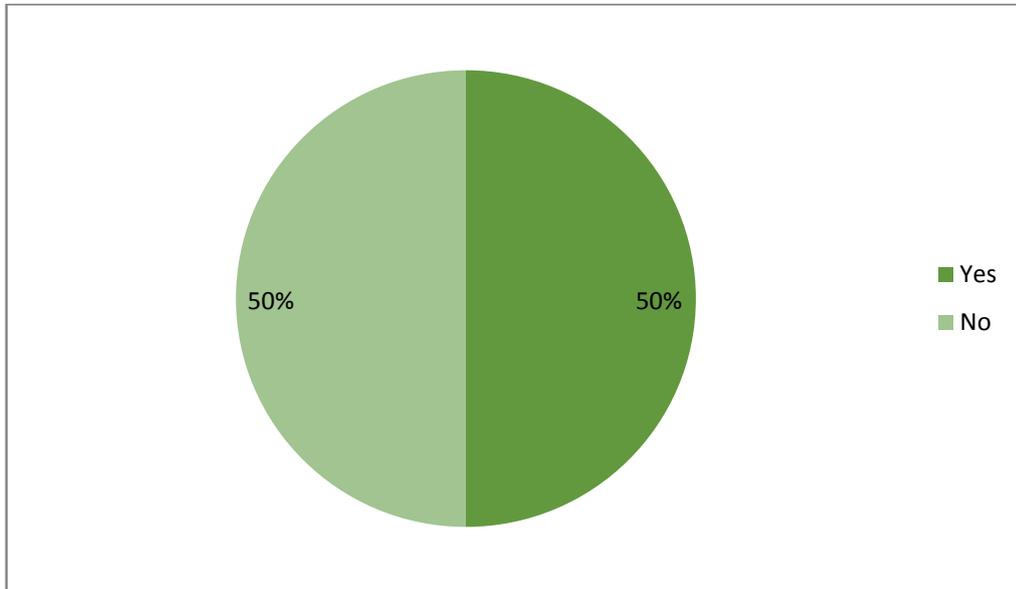
The figure 4.19 shows the responds to the statement healthy food options while on duty for reducing their physical stress.The half percent of respondents said 'yes' to the statement and another half percent responds 'no' to the statement.

4.2.38 IMPACT OF LONG OR IRREGULAR WORKING HOURS
(N=60)

Table 4.19

VALUES	FREQUENCY	PERCENT
Always	21	35.0
Often	32	53.3
Never	7	11.7
Total	60	100.0

The table 4.19 shows that, 53.3% of people often have influence of long and irregular hours on their mental capacity to manage duty efficiently, 35% always have that influence and 11.7% never felt that.

The responses are arises out of their ability to maintain good mental health and experiences from their workplace.

4.1.39 QUICK COPING MECHANISMS USED FOR MANAGING STRESS (N=40)

Figure 4.20
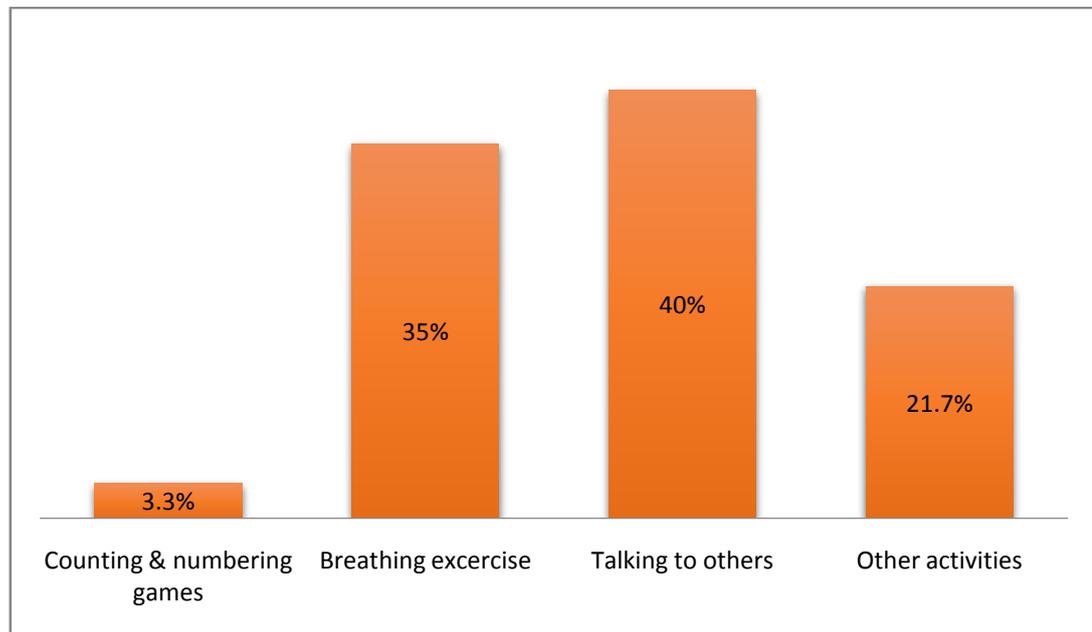
The figure shows that 40% are talking to others, 35% doing breathing exercise, 21.7% doing other activities and 3.3% are using numbering games as their coping mechanism for managing stress.

The figure shows that majority of the people talking to others for managing stress. We can assume that this method is consider as good way to manage stress because individual get relaxed by sharing their stressful experience and they may get solutions to their stress from other experienced persons.

4.2.40 ACTIVITIES THAT REDUCE STRESS (N=40)

Table 4.20

VALUES	FREQUENCY	PERCENT
Physical exercise	8	13.3
Family time	32	53.3
Counselling	8	13.3
Other professional support	12	20.0
Total	60	100.0

The table 4.20 shows that 53.3% consider family time as their activity which reduces stress,20% depend professional support in the department, 13.3% uses counselling support, and the rest 13.3% chooses physical exercise as the activities that reduces stress other than coping mechanisms.

The majority of the respondents confirm that spending time with family is the best activity that reduces their stress. It may because of the support that they get from the family members or the importance they given to their family.

CHAPTER V

FINDINGS, SUGGESTION

CHAPTER V

FINDINGS, SUGGESTION

5.1 INTRODUCTION

Findings are very important to every study report. It provides an overall view of the study: findings are the back born of the study because it is the source for the new knowledge. Here in the study the research reach at some findings after the analysis of collected data. Findings help the researcher to get an idea about the study. The findings are based on the data which is collected by the researchers from the beneficiaries on the basis of the objectives; suggestions help the responsible personalities to bring the

5.2 MAJOR FINDINGS

1. The diagram shows that 70% of the respondents are always have the feel of overwhelm by the work load frequency

2. The study shows that 56.7% of the respondents are always having the feel of unsupported by the superior or colleagues.

3. It shows that 68.3% of the respondents are always having the risk of personal safety while on duty.

4. The study conducted states that 68.3% of the respondents always felt support from female colleagues and supervisors.

5. The study indicates that 77% of the respondents always feel stressful and burdensome policies and procedures in the department.

6. From the study it depicts that about 55% of the respondents have the opinion that their negative impact of job on personal life and relationships.

7. The findings shows, 65% responded that they have no time given for rest and recover between shifts.

8. The majority of them that is 60% always not getting any recognition and value getting for the work.

9. The majority respondent that is 60% stated that there have been always differences in psychological stressors faced by female and male police officers.

10. The 56.7% of the respondents said that they are always not receiving enough training for doing their job effectively.

11. It reveals that 35% of the respondents often face gender biased restrictions.

12. The study shows that 35% bother gender-based discrimination and harassment as their major stress in the work environment.

13. The study indicates that 68% of the respondents have stress related with menstruation more than other days.

14. The 50% responded that their female colleagues always faced stressors based on the gender.

15. From the data collected the study states that 61.7% of respondents often have that experience of work-related stressors as a female police officer.

16. The finding shows that 61.7% have the experience of discrimination or bias in the work place.

17. The study indicates that 60 % always consider that their gender affects the way they are treated by colleagues or superiors in your workplace.

18. The 58.3% of the respondents says that they are always having the feelings of unsupported and isolation in the role of female police officer.

19. The study showed that 68.3% of respondents are always face work related trauma in their life.

20. The finding indicates that 55% of the respondents always have the experience of physical or verbal abuse from colleagues or public.

21. Study states that 60% of the respondents always have the availability of adequate resources to manage the stressors.

22. The data showed that 56.7% of respondents almost always have the impact of job stressors in personal life.

23. It shows that 61.7% of the respondents have never sought professional help to manage their mental health.

24. The 56.7% of them never have any supportive culture of workplace that prioritizes the mental health and well-being of its employees.

25. The findings states that 60% often enjoys good work-life balance.

26. The study depicts that 65% are rarely getting opportunities for mental health development in workplace.

27. The study showed 68.3% often receive training on mental health and wellness.

28. It indicates that 46.7 % have up to 25 -50% comfortability of discussing mental health concerns with superiors.

29. The findings showed that 71.7% of the respondents often have access to confidential mental health resources.

30. The study founded that 76.7% of the respondents occasionally utilize available mental health resources.

31. The finding shows that 65% of the respondents withdrew from their duties for maintaining good mental health.

32. The study reveals 60% of respondents have availability of sufficient time off to rest and recharge for efficient mental health functioning.

33. The study states that 60% of respondents rarely asked feedback about mental health wellness programs.

34. It founded that 73% of respondents often feel irritation after their duty.

35. The study shows 78.3% occasionally faces difficulty to maintain good time with the public due to stress.

36. It indicates that 58.3% not encouraged to participating in physical activities or exercises programs.

37. The study depicts that 50% have getting healthy food options while on duty for reducing their physical stress.

38. It shows 53.3% of people often have influence of long and irregular hours on their mental capacity to manage duty efficiently.

39. The study shows 40% usually talk others as their quick copying mechanism with stressful situations.

40. The study indicates that 53.3% consider family time as the activity which reduces stress.

5.3 IMPLICATIONS OF THE STUDY

➢ The study on psychological stressors of female police officers has revealed profound implications for both the individuals involved and the wider law enforcement community. Through comprehensive research and analysis, this study sheds light on the unique challenges faced by female officers in their demanding roles, ultimately contributing to a more comprehensive understanding of the psychological toll of police work.

➢ First and foremost, the study underscores the significant impact of psychological stress on female police officers. It highlights the cumulative effects of constant exposure to traumatic incidents, the pressures of maintaining public safety, and the need to juggle work and personal life. The findings reveal that female officers often experience higher levels of stress compared to their male

counterparts, which can lead to various adverse outcomes, both personally and professionally.

➢ On a personal level, the study illuminates the toll that psychological stressors can take on the mental health and well-being of female police officers. These stressors, such as exposure to violence, witnessing distressing scenes, and experiencing discrimination, contribute to heightened levels of anxiety, depression, and post-traumatic stress disorder (PTSD). Consequently, female officers may face challenges in managing their emotions, relationships, and overall quality of life.

➢ The study also emphasizes the importance of addressing these stressors proactively and implementing strategies to mitigate their impact. Recognizing the unique needs and challenges of female officers, interventions should focus on providing adequate support systems, including access to mental health resources, counseling services, and peer support networks. Moreover, initiatives to promote work-life balance, diversity, and inclusion can contribute to creating a more supportive and inclusive environment for female officers.

➢ By understanding the implications of the study on psychological stressors of female police officers, policymakers, law enforcement agencies, and society as a whole can take meaningful steps to improve the well-being and overall experiences of women in law enforcement. Prioritizing the mental health of female officers not only benefits their individual lives but also enhances the effectiveness of law enforcement agencies and contributes to safer communities.

5.4 LIMITATION OF THE STUDY

➢ No cross cultural comparison
➢ Poor sample size.

5.5 SUGGESTIONS FOR FURTHER RESEARCH

• The study only focuses on the psychological stress among female police officers in Kannur district, however further study could be done in a large or any other location.

• Can make study by comparing the psychological stress levels of female police officers in Kannur district with their male counterparts or female police officers

from other districts or states. This could help identify any gender-specific stressors or differences in coping mechanisms.

- Can conduct study on the role of social support networks, both within and outside the police department, in mitigating psychological stress among female police officers. This research could assess the importance of peer support, family support, and community resources in promoting well-being and resilience which can include awareness and capacity building programmes.

5.7 CONCLUSION

The finding session in the research paper has greater importance as it is the section in a research paper or dissertation that helps in developing an in-depth understanding of the research problems and the section helps in demonstrating the significance of the problem on which the research is performed.

In this research research study on psychological stress among female police officers in Kannur district successfully addressed the objectives of studying psychological and social issues and coping mechanisms of female police officers. The study provided valuable insights into the challenges faced by female police officers and their coping strategies in dealing with psychological stress. Firstly, the study highlighted the psychological issues experienced by female police officers. These issues were found to be influenced by various factors such as gender-based discrimination, lack of support systems, work-life imbalance, and limited career advancement opportunities. Understanding these psychological issues is crucial for implementing effective interventions. Secondly, the study explored the social issues that contribute to psychological stress among female police officers. The findings revealed the presence of gender-based discrimination within the police force, which adds an additional layer of stress for female officers. The lack of supportive work environments and limited opportunities for professional growth further exacerbate their stress levels. Lastly, the study investigated the coping mechanisms utilized by female police officers to manage psychological stress. The findings indicated that various strategies, such as seeking social support, engaging in leisure activities, practicing self-care, and utilizing stress management techniques, were employed by the officers. Understanding these coping mechanisms can inform the development of targeted interventions to better support female police officers in managing stress.

Based on the objectives of the study, it can be concluded that psychological stress among female police officers in Kannur district is influenced by both psychological and social factors. The study identified key challenges faced by these officers and highlighted coping mechanisms that can be employed to mitigate stress. By implementing interventions that address these issues and support effective coping strategies, the well-being and mental health of female police officers can be enhanced, ultimately contributing to a more resilient and productive police force in Kannur district.

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APPENDIX

QUESTIONNAIRE

1. Name:
2. Place :
3. Work place:
4. Age :

5. How often do you feel overwhelmed by the amount of work you have to do?
   a. Always
   b. Often
   c. Never

6. How often do you feel unsupported by your colleagues or superiors?
   a. Always
   b. Often
   c. Never

7. How often do you feel your personal safety is at risk while on duty?
   a. Always
   b. Often
   c. Never

8. How often do you feel that you have adequate support from your colleagues and supervisors in your job?
   a. Always
   b. Often
   c. Never

9. How often do you feel there are policies or procedures in your department that you find particularly stressful or burdensome?
   a. Always
   b. Often
   c. Never

10. How often do you feel that your job has a negative impact on your personal life or relationships?
    a. Always
    b. Often
    c. Never

How often do you feel like you are not given enough time to rest and recover between shifts?

    d. Always ☐

    e. Often ☐

    f. Never ☐

11. How often do you feel like you are not recognized or valued for your hard work?

    a. Always ☐

    b. Often ☐

    c. Never ☐

12. Are there any differences in the psychological stressors faced by female police officers compared to their male counterparts?

    a. Always ☐

    b. Often ☐

    c. Never ☐

13. How often do you feel like you are not receiving enough training or support to do your job effectively?

    a. Always ☐

    b. Often ☐

    c. Never ☐

14. How often do you feel like you are being discriminated against because of your gender?

    a. Always ☐

    b. Often ☐

    c. Never ☐

15. Which is your major gender-related concern as a female police officer?

    a. Gender-based discrimination and harassment ☐

    b. Exposure to trauma and violence ☐

    c. Work- life balance challenges ☐

    d. Organizational stressors ☐

16. Do you have any difficulty related with stress during the time of menstruation more than other days?

      a. Yes   ☐

      b. No   ☐

17. Do your female colleagues felt the stressors and based on the gender?

      a. Always   ☐

      b. Often   ☐

      c. Never   ☐

18. Can negative public perception of female police officers impact their job satisfaction and mental health?

      a. Always   ☐

      b. Often   ☐

      c. Never   ☐

19. Have you ever experienced discrimination or bias in your workplace as a female police officer?

      a. Always   ☐

      b. Often   ☐

      c. Never   ☐

20. Do you feel that your gender affects the way you are treated by colleagues or superiors in your workplace?

      a. Always   ☐

      b. Often   ☐

      c. Never   ☐

21. How often do you feel unsupported or isolated in your role as a female police officer?

      a. Always   ☐

      b. Often   ☐

      c. Never   ☐

22. How often do you experience work-related trauma as a female police officer?

      a. Always   ☐

      b. Often   ☐

      c. Never   ☐

23. Have you ever experienced physical or verbal abuse from a colleague or member of the public in your workplace?

    a. Always ☐

    b. Often ☐

    c. Never ☐

24. Do you feel that you have adequate resources and support to manage the stressors of your job as a female police officer?

    a. Always ☐

    b. Often ☐

    c. Never ☐

25. How often do you feel that your personal life is impacted by the stressors of your job as a female police officer?

    a. Rarely ☐

    b. Frequently ☐

    c. Almost always ☐

26. Have you ever sought professional help to manage your mental health as a female police officer?

    a. Always ☐

    b. Often ☐

    c. Never ☐

27. Do you feel that your workplace has a supportive culture that prioritizes the mental health and well-being of its employees?

    a. Yes, always ☐

    b. Often ☐

    c. Never ☐

28. How often do you feel that you have a good work-life balance as a female police officer for maintaining good mental health?

    a. Always ☐

    b. Often ☐

    c. Never ☐

29. Do you feel that your workplace provides adequate opportunities for mental
    health development?
    a. Yes, sometimes ☐
    b. No, rarely ☐
    c. Yes, always ☐

30. How frequently do you receive training on mental health and wellness?
    a. Rarely ☐
    b. Occasionally ☐
    c. Often ☐

31. What percentage of female police officers feel comfortable discussing mental
    health concerns with their superiors?
    a. Less than 25% ☐
    b. 25-50% ☐
    c. 50-75% ☐
    d. More than 75% ☐

32. Do you have access to confidential mental health resources?
    a. Always ☐
    b. Often ☐
    c. Never ☐

33. How often do you take advantage of available mental health resources?
    a. Never ☐
    b. Occasionally ☐
    c. Often ☐

34. Have you ever withdrawn from your duties for maintaining good mental health
    a. Yes ☐
    b. No ☐

35. Is female police officers given sufficient time off to rest and recharge for
    efficient mental health functioning?
    a. Yes ☐
    b. No ☐

36. How often are female police officers asked for feedback on how to improve mental health and wellness programs?
    a. Never ☐
    b. Rarely ☐
    c. Occasionally ☐
    d. Often ☐

37. Do you ever feel that you are irritated after your duty and did it affect your good time with family?
    a. Yes, Always ☐
    b. Often ☐
    c. Never ☐

38. Do you ever felt difficulty to maintain good time with the public due to your stress?
    a. Rarely ☐
    b. Occasionally ☐
    c. Often ☐

39. Are you encouraged to participate in physical activity or exercise programs?
    a. Yes ☐
    b. No ☐

40. Are female police officers provided with healthy food options while on duty for reducing their physical stress?
    a. Yes ☐
    b. No ☐

41. How often are female police officers required to work long or irregular hours? And how it affects your mental capacity to manage your duties efficiently?
    a. Always ☐
    b. Often ☐
    c. Never ☐

42. What are the quick coping mechanisms used by you for managing stress?
    a. Counting & numbering games ☐
    b. Breathing exercise ☐
    c. Talking to others ☐
    d. Other activities ☐

43. Which can easily reduce your mental stress?

    a. Physical exercise ☐

    b. Family time ☐

    c. Counselling ☐

    d. Other professional support ☐

A STUDY ON PSYCHOSOCIAL DISTRESS AMONG POST GRADUATE STUDENTS OUTSIDE KERALA

VIRTUE & EXCELLENCE

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2021-2023

A STUDY ON PSYCHOSOCIAL DISTRESS AMONG POST GRADUATE STUDENTS OUTSIDE KERALA

DISSERTATION SUBMITTED TO THE KANNUR UNIVERSITY
IN PARTIAL FULFILLMENT OF THE REQUIREMENT
FOR THE AWARD OF THE DEGREE OF
MASTER OF SOCIAL WORK

BY

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CERTIFICATE

This is to certify that the dissertation entitled,**A STUDY ON PSYCHOSOCIAL DISTRESS AMONG POST GRADAUTE STUDENTS OUTSIDE KERALA**, submitted by **Pooja Krishnan T,** in partial fulfillment of the requirement for the award of the degree of Master of Social work, is a bona fide record of work done under my guidance and supervision during the period of her study (2021-2023) in the Department of Social Work, Don Bosco Arts and Science College, Angadikadavu, Kannur, affiliated to The Kannur University.

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Head of the department and Research Guide

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DECLARATION

I, **Pooja Krishnan T,** the undersigned, hereby declare the dissertation entitled, **A Study on Psychosocial Distress Among Post Graduate students Outside Kerala,** submitted to the Kannur University, in partial fulfillment of the requirement for the award of the degree of master of Social Work, is a bonafide work done by me under the guidance of **Fr. Sojan Pananchikal**, Head of the Department, Department of Social Work, Don Bosco Arts and Science College, Angadikadavu. This work has not been placed by anybody in the University for the Award of any degree or diploma.

ANGADIKADAVU

May 2023   POOJA KRISHNAN T

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ABSTRACT

The rapidly changing and the highly competitive academic landscape is one of the major factors attracting students to pursue higher education beyond one's place of origin. Many Keralite students choose to study outside their home state within various educational institutions across India. However, this sometimes result in many challenges and situation including language barriers, cultural shock, academic pressures, discriminations etc that can impact the mental wellbeing and over all psycho social adjustment of the students. Additionally, the interplay between academic demands and psycho social challenges including home sickness, loneliness, identity crisis, financial constraints can further exacerbate the stress of students.

The present study aims to investigate the psychosocial distress experienced by Keralite post graduate students pursuing their higher education outside Kerala. By examining these factors, the study tries to gain a comprehensive understanding of the unique experiences and concerns faced by this specific student population. By addressing the concerns the study also aspire to enhance the educational experience and mental health outcomes of the student population ensuring their holistic development and academic success.

Key words: Post graduate students, psychological distress, social issues

CONTENTS

LIST OF TABLES

LIST OF FIGURES

CHAPTER I

INTRODUCTION

CHAPTER I

INTRODUCTION

College life is considered the best period of a person's life. The only thingexpected at the time is, being talented enough to score good marks and involveactively in extra curricular activities. These were never perceived as stressful activities.But the changes happening in the spheres of a student's life give rise tovarious kinds of issues.

Post graduation refers to the period after completing an under graduate degree and pursuing advanced studies or professional training. Post graduate studies offer various benefits like specialization, career advancement, research oppurtunities, personal growth etc. Pursuing post graduate studies outside Kerala can offer a unique experience and provide exposure to different educational systems, cultures and perspectives. It offers various advantages like diverse educational institutions, exposure to different cultures, networking oppurtunities, expanded perspectives and learning etc. Along with the benefits, this period also can be challenging due to various factors like academic pressures, financial constraints, meeting the expectations, cultural shock, language barriers etc.The difficulties of adaptation, internalising a newculture, pressure of learning a new language, financial adjustments etc can causemuch difficulties in students.Students at this stageundergo stress and psycho social problems due to various reasons. This can lead tomany health and social consequences.

Psycho social distress refers to the emotional, psychological and social difficulties or challenges that an individual may experience. It encompasses a wide range of issues that can affect a person's well being and functioning in various aspects of life. The phase of post graduate education is often a period of unique stressors that can impact the well being and over all psycho social health.

The study aims to delve into the psycho social distress experienced by post graduate students who has chosen to pursue their academic journey outside Kerala. The students under go various problems and challenges during the period and this badly affects the mental and physical health of the students. The study aims to find out these problems affecting the post graduate students outside Kerala.

1

1.1 STATEMENT OF THE PROBLEM

The period of postgraduation is crucial period for every student's life. It is aturning point. Postgraduate students normally do face a lot of stress andpsychosocial problems. Students experience many problems due to academicpressure, financial difficulty, expectations from parents,society etc. This kind ofstress and psycho social problems can be increased if students are pursuing their postgraduation out of state The present study is to analyze the stress and psychosocial problems faced by students pursuing postgraduation out of Kerala.

Such students along with other problems have to deal with differences in culture,language, difficulty of being away from home, financial problems.They wouldhave to manage more difficult conditions. The study aims to explore these problems.

1.2 TITLE OF THE STUDY

A Study on Psychosocial Distress among Post Graduate students Outside Kerala.

1.3 OBJECTIVES

1.3.1 GENERAL OBJECTIVES

To find out the psychosocial distress among post graduate students outside Kerala.

1.3.2 SPECIFIC OBJECTIVES

- To assess the socio demographic details of post graduate students studyingOutside Kerala.
- To study the psychological distress faced by post graduate studentsstudying out of Kerala
- To study the social issues ofpost graduate students studying outside Kerala.

1.4 RELEVANCE OF THE STUDY

Kerala has been ranked the most literate state in India. The state do ensureSchool Education to maximum population. The same Kerala witness a hugenumber of students migrating out of state to pursue their post graduation. Thismaybe due to various reasons

like opting for top educational establishments,choosing youthcentric places,increased number of courses and education opportunities,high living standards etc. But this initial euphoria for going out ofstate for studies become a nightmare for huge number of students.Most of theare at risk of stress and depression due to various reasons like languageproblem, cultural differences, family expectations, discriminations, affectingthem very badly and leading to many stress and psycho social problems.Hence this study to understand stress and psychosocial problems faced by postgraduate students out of Kerala become more relevant as Kerala do have a largepopulation of post graduation out of Kerala.

1.5 CHAPTERIZATION

This study consists of 5 chapters and the content of each chapter is given inbrief below:

Chapter 1 – Introduction

The researcher has introduced the topic in this chapter. The problem and thererelevance of the study is being stated

Chapter 2 – Literature Review

This chapter helps to analyze the previous study which was conducted in thesame field and understand research gap with regards to previous studyconducted by many researchers.

Chapter 3 – Research Methodology

The researcher has discussed the blueprint of the study. The field of study,research design, sampling technique, Different variables, Tools for datacollection, data collection and analyses, chapterization and limitations of thestudy is explained under this chapter.

Chapter 4 – Analysis and Interpretation

The chapter is discuses about the analysis of the data. The researcher hascollected the data from the respondents for finding the result. Through thischapter the researcher analysis the collected data and interpreted the data of thestudy is explained under this chapter.

Chapter 5 – Findings, Suggestion and Conclusion

This is the final chapter in this study. Major findings of the study are presentedin this chapter and the researcher provides possible suggestions regarding thestudy.

1.6 CONCLUSION

Day by day the importance given to educational qualifications are increasing.Hence students are under pressure to prove themselves fit. Having apostgraduation has increasingly becoming a dream of a large category ofstudents. Various aspects attract them to pursue it out of state But gradually itlead them to various stress and psychosocial problems. Situational demandscause financial problems, depression, anxiety etc among the students.

Language competence, increased role and responsibilities,handling personalchores alone,academic stress, economic problems, inability to socialize in a newenvironment, lack of freedom of speech and expression etc all trap students intomany problems leading to deprivation of mental and physical health This studythus aim to learn more on the stress and psycho social problems of the post out of Kerala within India

CHAPTER II

LITERATURE REVIEW

CHAPTER II

LITERATURE REVIEW

2.1INTRODUCTION

A literature review can be described as a systematic way of collecting and synthesizing previous research. It creates a firm foundation for advancing knowledge and facilitating theory development. Integration of the findings and perspectives from various sources thus provide new ways to look into the study. It play a pivotal role in creating theoretical frameworks and also for building conceptual models.

The literature review serve the purpose of conveying the reader what knowledge and ideas have been established on the topic and what their strengths and weaknesses are. It can also be a key to the reader for knowing the developments in the field.

Post graduate students, stress, psycho social problems are all connected to each other on varied ways and thus studies have been conducted on these from various perspectives. Researchers has found various conclusions regarding these topics. Some of them are as follows,

2.2 REVIEWS

Terry T Isitani(2011) conducted a study on the exploration of interstate college and post graduation migration in the United State which investigated on interstate college migration. The study used multi-level logistic regression that is rather new in the area of institutional research. The study found that in addition to state's economic conditions, certain institutional characteristics were found to influence differently depending of types of migration.

Mazumdar, Gogoi, Burgohain and Haloi(2012) conducted a comparative study on stress and its contributing factors among the graduate and post graduate students of various colleges of Assam. From the study it was found that the various symptoms which lead to stress mostly seen in more numbers in females as compared to males. It was also found that college students were highly affected by the stressful condition. Post graduate students were more susceptible to stress due to the increase in the responsibility than the graduate students.

HG Virupaksha, Ashok Kumar and Parthasarathy Nirmala(2014) made an article which explain the relationship between Migration and Mental health. It provides a better understanding on the concept of migration, its causes, push and pull factors. It also explains how migration becomes a distress hence affect the mental health of a person. Reasons like lack of preparedness, difficulties in adjusting to new environment, complexity of local system, language and cultural disparities and adverse experiences, all lead to this. The study says that due to this stressful events, barriers and challenges, psycho social issues and other health issues are more prevalent among migrants.

Dr.Rekha K Jadhav and Prafula (2016) conducted a study focussing on the internal and international migration in Karnataka, factors responsible for this. The study found that the internal and international migration has both positive and negative impact on the place which they have come that is the skill is not utilized in own native but it is been benefited by the receiving state. The study also explains on the process of adjustment and adaptation a person undergo as a result of the migration. It also find out the factors responsible for migration as economic factors, modernisation, urbanisation, social and cultural factors.

Shalini Barthwal (2016) made a comparative study on stress in relation to student migration between two groups of university students - a non migrated group who belong to the hilly regions of Garhwal and a migrated group who belong to the plain regions. The sample consisted of sixty students studying post graduate course in Himavati Nandan Bahuguna Garhwal University and the results indicated that the non-migrated group had high level of stress as compared to migrated students. The possible explanation given was that may be the scenic beauty and the calm life style of Srinagar was more pleasing for them than compared to the life style of plain region cities.

Alexander and Daniel S Worlton (2017) made a research on coping with uprooting stress during domestic educational migration in China. It examines the impact of the uprooting stress and how students cope with the unanticipated pressure of leaving home. As a result a positive co-realtion between uprooting stress and anxiety was found. Results also indicated that the primary coping strategy of trying to take control over the environment worsen the condition and resulted in increased stress. Instead students who used secondary coping strategy of adjusting one's perception or

interpretation of the person-environment relationship has comparatively less stress. Results also shown that females have less stress and anxiety.

HilalAltundal Dura and MuallaYilmaz (2018)investigated on the psycho social problems among post graduate students which include mobbing burnout, job dissatisfaction, stress, anxiety etc and also on the social problems including employment problems, financial difficulties, educational problems stemming from educational process of students. Based on the understandings of the study it also suggest on the need to support the pg students to overcome the problems.

PritishMenon (2019) studied on the migrant university students in Delhi on their identity formation, cultural capital and space. It seeks to interrogate the intersections, overlapping and contestations and such urban change bring amongst the students. It also explore on how the accumulation of symbolic goods and reproduction of cultural capital become a central phenomenon in the identity formation process. It interrogates the different meanings given by students to existing infrastructure and the transformation the student area witnesses.

Vanshika Thukral, Veena Sharma, Jamal Fathima (2020) made a mixed method research on the impact of migration on psycho social well being, a study of student migrants in resettlement state. The study sampled 50 student migrants studying in Rufaida College of Nursing. The study was conducted to study the psycho social problems among student migrants which include lack of social support, racial discriminations and harassment etc. The study revealed that 74% of the student migrants had psycho social problems.

Sri GauthamPratim Hazarika and Dr.NeetaKalitaBarua (2021) made a study on the level of stress among post graduate students of Dibrugarh University which explains stress as an unavoidable part of everyone's life and how it can have negative impact on one's mental and physical well being. It also studies on the stress among post graduate students which occurs as a result of change in life style, increased work load, new tasks, interpersonal relationships etc. It further studies on how tremendous levels of stress hinder work efficacy and lead to meagre academic performanceand also its effect on overall happiness.

Sudhanshu Arora (2021) studied on internal migration for education-challenges faced by young students migrated to Delhi NCR. It explains the social and political exclusion

faced by young migrants. The objective of the study was to find out the reasons for the migration of youth to Delhi NCR and to study the problems and social exclusion faced by them after migrating. The major finding was that the young students migrate to urban localities for reasons such as unavailability of courses and in search of better campuses and oppurtunities. Political exclusions and discriminations has also reported by them.

Dr.Sandyarani Hawban (2022) conducted a study on the perceived stress and psychological health of North Eastern students in Delhi which compared the psychological health of Delhi and North East students residing in Delhi. Two questionnaires, Perceived Stress Scale and General Health Questionnaire were used to determine the factors behind stress among the students. 124 students were taken as sample for purpose of the study. The results revealed that the migrated students of North East reported higher level of stress as compared to the students from host culture. Almost 86% of the students experienced moderate or higher levels of stress due to varied reasons like racial discrimination, adjusting to fast life, language problems etc.

Dr.Abha Shree and Malsawmkimi wrote on the acculturative stress and well being: need of study among students of higher education in India which advocate the essentiality of studying accularative stress and the adverse impact it has on the well being of highse education students in India. Further it tries to enlighten the administrators and educators paramount importance in taking effective measures for identifying and improving the status of well being influenced by accularative stress among higher education students moving from state to state within the country.

Dr.Vishal P Deshmukh and Mrs.Sankpal studied on the factors influencing for migration of Indian students. It studied on the elements affecting students decision on migration. According to the study the two elements affecting migration are wages and quality of education. It is also affected by other economic, social and political factors like marriage, employment, education, better career growth, lack of security, preferred educational course, more exposure etc. It also present the outflow of talented youth as a serious threat to the nation.

AvijitMistri and Sundarshan Singh Sardar explored on student migration from North East India: level,trend,pattern and challenges. It provides an insight into various aspects of internal migration. The North East Indian states witnessed a higher level of

student migration to mainland Indian states. The study also examined the budget expenditure on education, education development over periods and associated challenges. The study gave the conclusion that despite of the alarming increase of the number of educational institutions at North West regions student migration still exist. The possible explanations given are unemployment, lack of quality education, prolonged ethinic based armed insurgency, mass corruption which are all a threat to quality education.

2.3 CONCLUSION

The above studies give a better understanding to the various concepts related in the study. It gave a comprehensive overview of the topic of the research. The studies showed an insight into the stress and psychosocial problems of post graduate students as well as provided understanding to key words and points to be considered on the further proceedings of the research. After going through the literature the researcher got more perspectives to look into the topic.

CHAPTER III

RESEARCH METHODOLOGY

CHAPTER III

RESEARCH METHODOLOGY

3.1 INTRODUCTION

A research methodology is a vital part of the research. It gives an outline of how research is done. It is a detailed plan that helps the researcher to be on track and it helps to identify the methods and techniques used in the research. The chapter details the definitions of various variables studied, the sampling method used, the unit and universe of the research, the tools, etc.

Post-graduation is a major part of a student's life and lays the base for a person's future. Pursuing it outside own state may give rise to stresses and psycho-social problems. This research is a study on the stresses and psycho-social problems faced by students currently doing their post-graduation out of Kerala

3.2 DEFINITION OF CONCEPTS

THEORETICAL DEFINITIONS

- PSYCHOLOGICAL DISTRESS
  According to American Psychological Association
  "Psychological distress is a set of painful mental and physical symptoms that are associated with normal fluctuations of mood in most people."

- SOCIAL ISSUE
  According to John Stuart Mill,
  " Social issue, also called social problem, a state of affairs that negatively affects the personal or social lives of individuals or the well being of communities or larger groups within a society and about which there is usually public disagreement as to its nature, cause or solution"

- POSTGRADUATE STUDENT,
  According to Cambridge dictionary

"A student who has already received one degree and is studying at a university for a more advanced degree"

OPERATIONAL DEFINITIONS

- PSYCHOLOGICAL DISTRESS

  In this study Psychological distress refers to symptoms of stress, anxiety, depression etc faced post graduate students outside Kerala

- SOCIAL ISSUES

  Social issues refer to the difficulties faced by a person in different areas of personal and social functioning.

- POST GRADUATE STUDENT

  In the current study post graduate student refers to a person who has permanent residence in Kerala and he/she is pursuing post graduation outside Kerala

3.3 VARIABLES

3.3.1 INDEPENDENT VARIABLE

Post graduate students studying outside Kerala

3.3.2 DEPENDENT VARIABLE

Psycho social distress faced by the Keralite post graduate students outside Kerala

3.4 RESEARCH DESIGN

In the research, the researcher used a cross sectional descriptive research design. It aims to systematically define and describe the population, situation, and phenomenon.

3.5 UNIVERSE OF THE STUDY

All postgraduate students currently doing their studies out of Kerala.

3.6 UNIT OF THE STUDY

A postgraduate student studying out of Kerala in India.

3.7 SAMPLING

Convenient Sampling is used by the researcher in this research. It is a kind of non-probability sampling in which samples are selected from the population that can be easily accessed. In the current study researcher collected 84 samples from Post graduate students outside Kerala

3.8 SOURCES OF DATA

3.8.1 PRIMARY DATA

Primary data for the research is collected through questionnaires in google form format via sharing through social media platform.

3.8.2 SECONDARY DATA

Secondary data are collected from journals, articles, books, and other online sources.

3.9 TOOLS OF DATA COLLECTION

The researcher used a self-made questionnaire to find out the psychological and social problems and used the Perceived Stress Scale by Sheldon Cohen to know the stress of the samples.

Perceived Stress Scale

The Perceived Stress Scale (PSS) is a classic stress assessment instrument. The tool, while originally developed in 1983 by Sheldon Cohen, remains a popular choice for help to understand how different situations affect feelings and perceived stress.

3.10 METHOD OF DATA COLLECTION

The data was collected from postgraduate students studying outside Kerala through google form questionnaire shared through social media platform.

3.11 METHOD OF DATA ANALYSIS

The collected data is analyzed through SPSS (Statistical Package for the Social Sciences) software.Descriptive statistics has done for revealing the results.

CHAPTER IV
ANALYSIS AND INTERPRETATION

CHAPTER IV
ANALYSIS AND INTERPRETATION

4.1 INTRODUCTION

The chapter deals with the analysis and interpretation of the collected data. The analysis and interpretation are based on the answers given by the respondents. The study is on stress and psycho social problems faced by Keralite post graduate students outside Kerala. The data was collected through questionnaire. After the collection it was tabulated and summarized with reference to the objective of the study.

4.2 INTERPRETATION
4.2.1 GENDER POST GRADUATE STUDENTS OUTSIDE KERALA (N=84)

TABLE 1

	Frequency	Percent
Male	31	36.9
Female	53	63.1

The above table shows the number and percentage of male and female respondents. 36.9% were male and 63.1% were female.

4.2.2 MARITAL STATUS OF POST GRADUATE STUDENTS OUTSIDE KERALA (N=84)
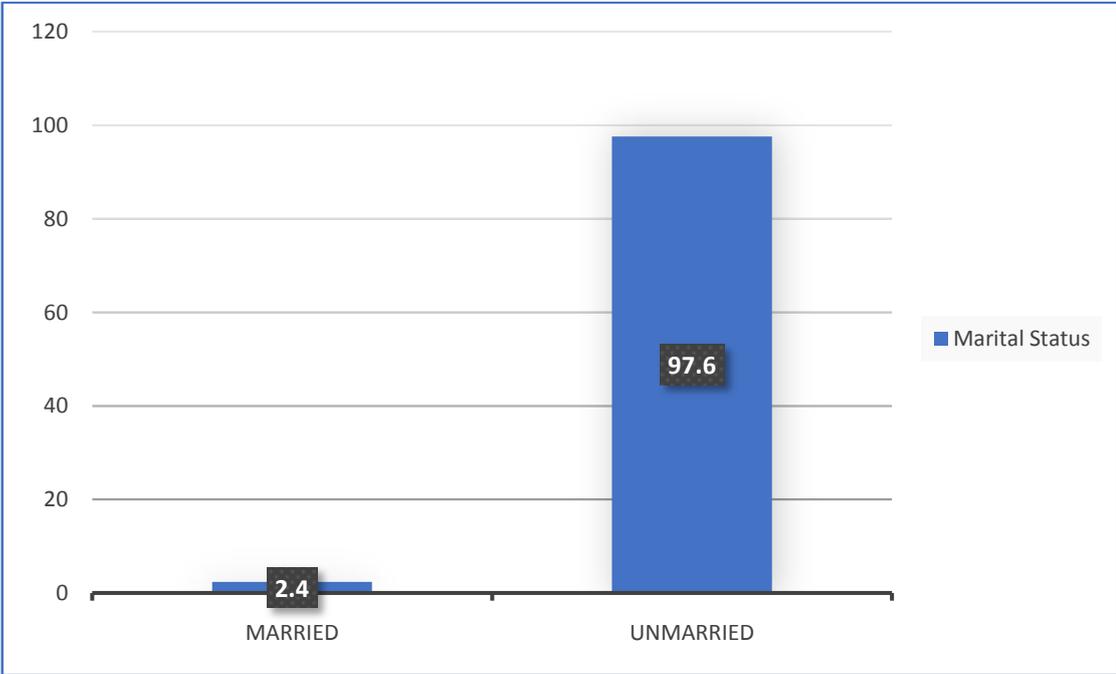
Figure 1

The above graph shows the marital status of the respondents.97.6% of the respondents are unmarried and the remaining 2.4% are married.

4.2.3 YEARS OF STUDYING OUT OF KERALA(N=84)

Figure 2
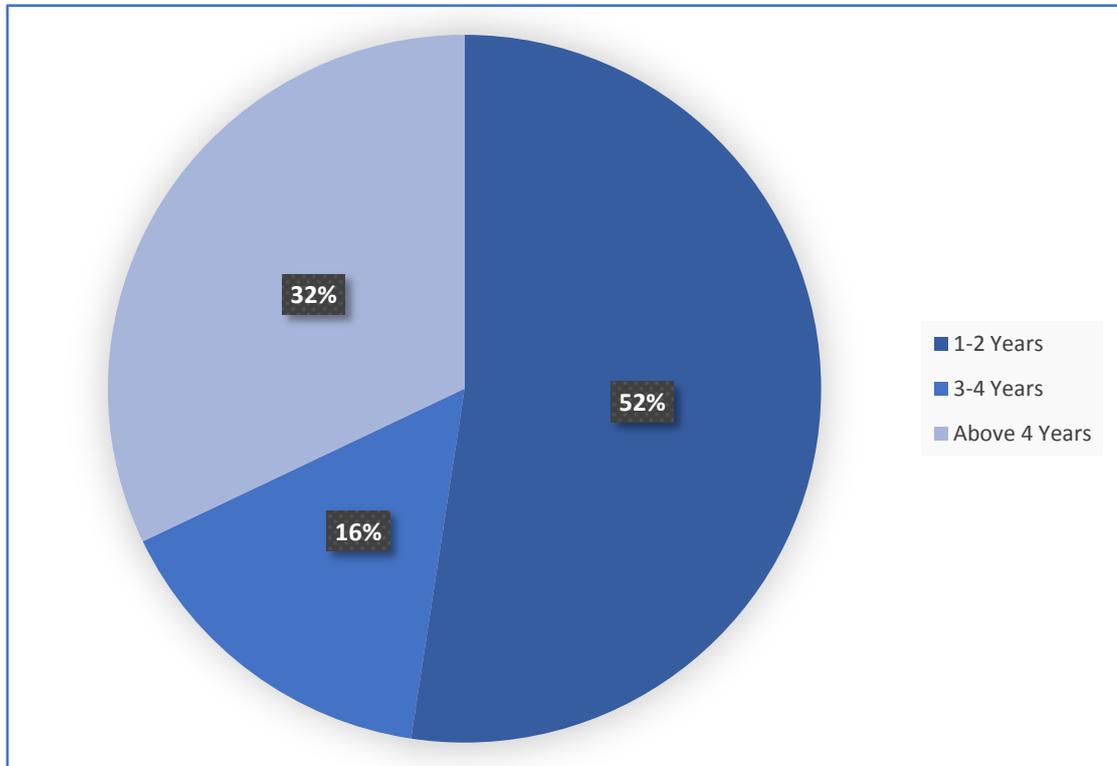
The above figure indicates the number of years which the respondents have been studying outside Kerala. According to the findings 44 respondents (52.4%) have been studying outside Kerala for 1-2 years. 13 respondents (15.5%) have been studying outside Kerala for 3-4 years and the remaining 27 respondents (32.1%) for above 4 years. Hence majority of the students have moved out from own state for Post Graduate studies.

This majority in number shows that until their undergraduate education they opt for own land. May be factors such as new exposures, high quality education, higher scope for further proceedings are the factors which attract them to pursue the most crucial step of post graduation outside Kerala.

4.2.4 SIBLINGS STUDYING OUTSIDE KERALA (N=84)

Figure 3
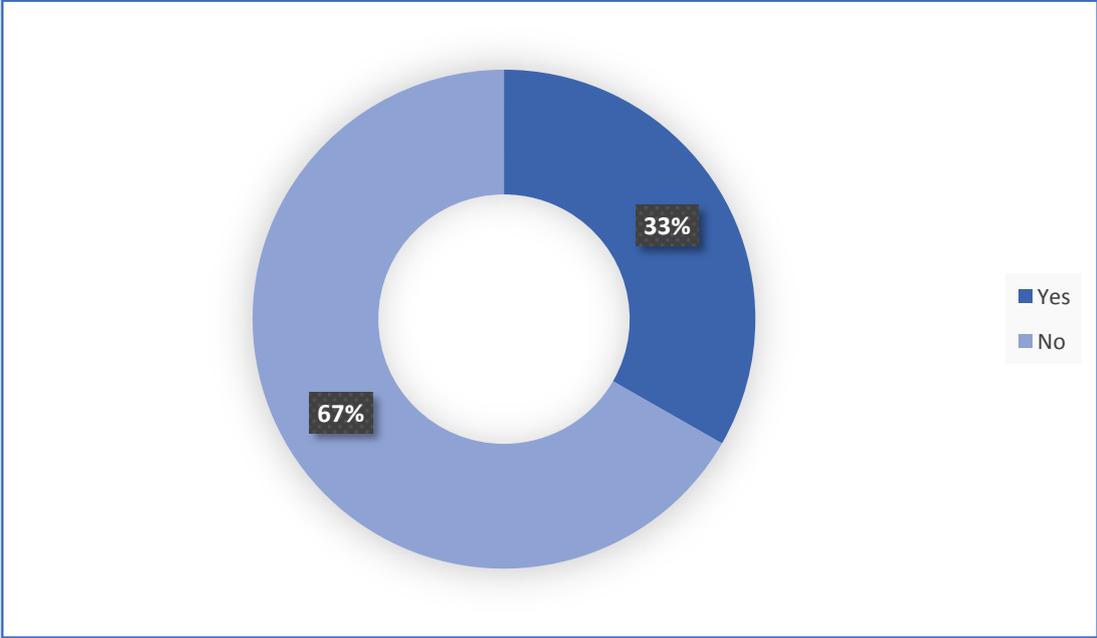
The above figure indicates whether the respondents have any other siblings who are also studying outside Kerala. 33.3% have their siblings studying outside Kerala and 66.7% do not have any siblings studying outside Kerala.

4.2.5 ANNUAL INCOME OF POST GRADUATE STUDENTS OUTSIDE KERALA (N=84)

Figure 4
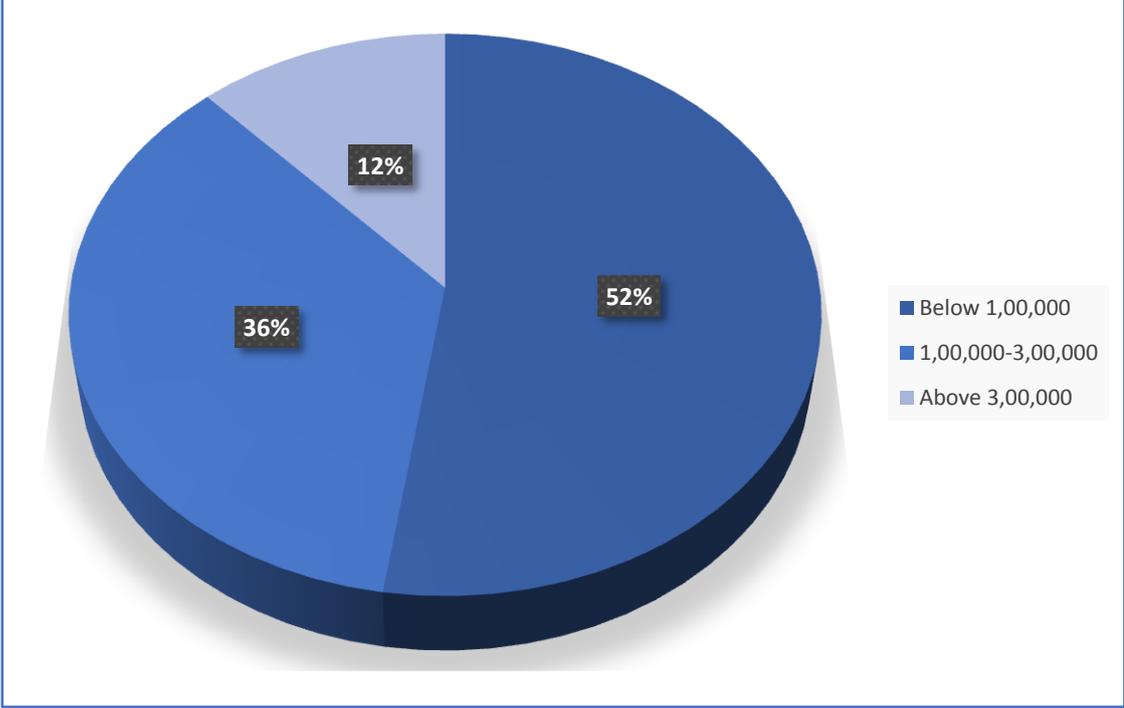
The above figure represents the annual income of the respondents.44 respondents (52.4%) have an annual income level of below 1,00,000 rupees.30 respondents (35.7%) have the level between 1,00,000 – 3,00,000 rupees and 10 respondents (11.9%) have an income level above 3,00,000.

4.2.6 FEELING OF LONELINESS AMONG POST GRADUATE STUDENTS OUTSIDE KERALA (N=84)

Figure 5
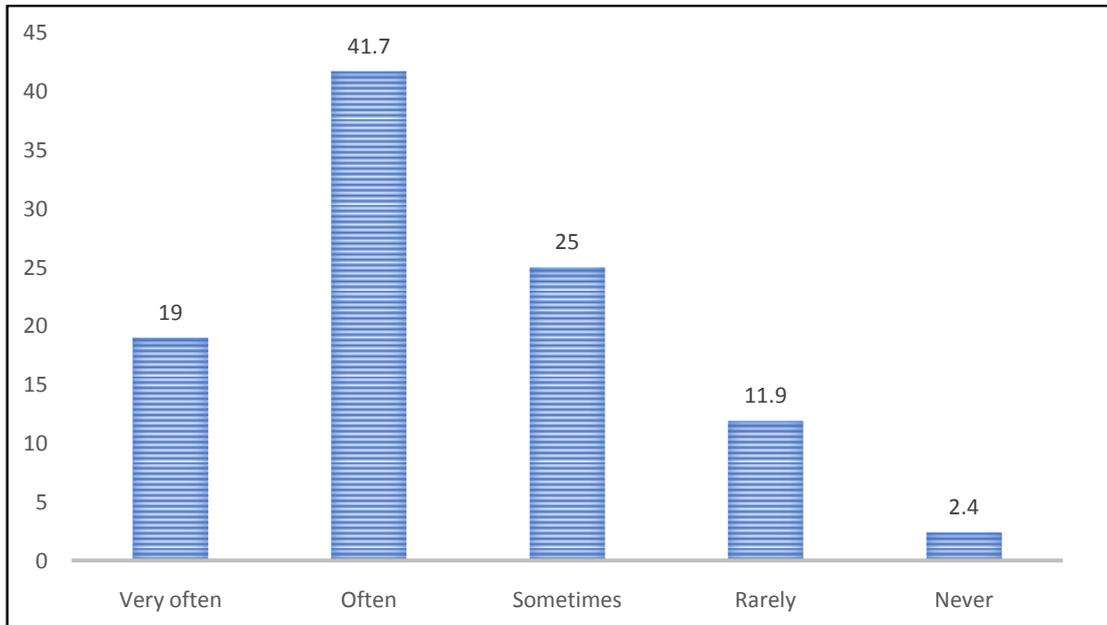
From the above diagram it is clear that 41.7% often feel lonely due to their shift from native place. 25% sometimes feel lonely and 19% very often feel lonely. 11.9% rarely feel loneliness and only 2.4% marked never. This explains that the shift from hometown for post graduate studies do result in a thought of loneliness at times for most of the students.

This may be due to the fact that they are living away from their family and friends and may not have established a strong social network in their new environment.

4.2.7 STILL HOLDING ENTHUSIASM OF JOINING THE COURSE AMONG POST GRADUATE STUDENTS OUTSIDE KERALA (N=84)

Figure 6
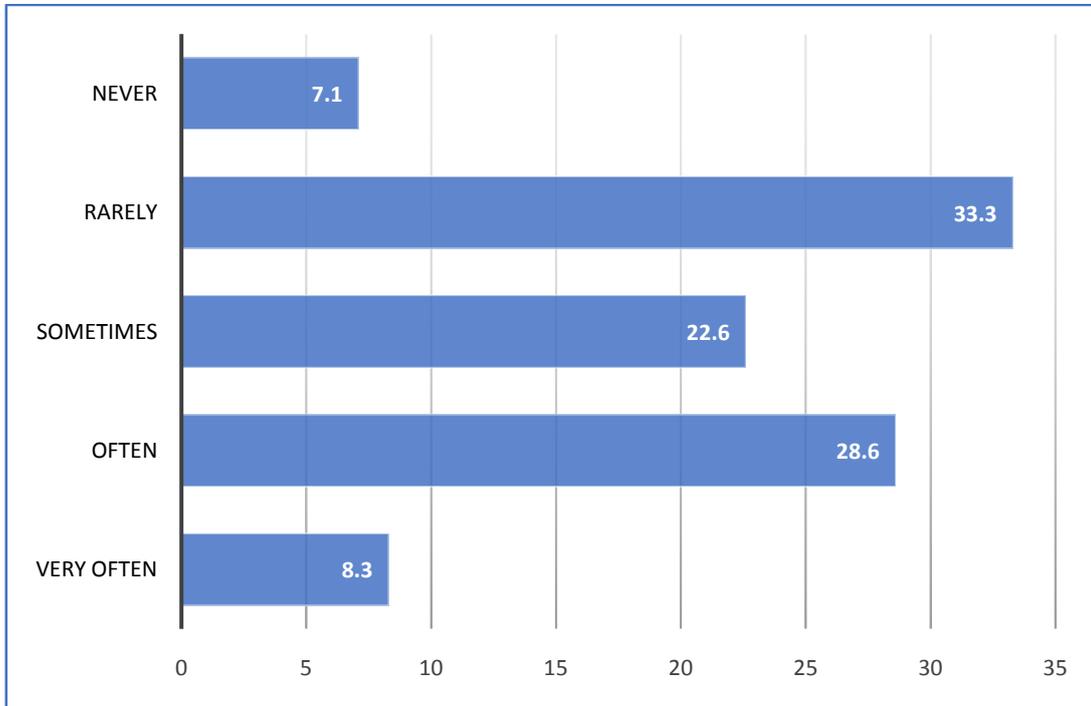
The above diagram shows how many of the respondents still hold the enthusiasm of joining the course. The results say that 33.3% rarely hold the enthusiasm of joining the course. 28.6% often experience the enthusiasm and 22.6% sometimes feel it. Only 8.3% very often feel the enthusiasm of joining the course. Out of the respondents 7.1% marked never showing the complete loss of enthusiasm in joining the course.

The above results show that almost same percentage of the students has marked that they still hold and not hold the enthusiasm of joining the course. Still the number is high for those who rarely hold the enthusiasm.

This lack of enthusiasm may be due to a variety of reasons, such as lack of interest in subject matter, difficulties in adapting to new environment or feeling homesick etc.

4.2.8 PESSIMISTIC ATTITUDE TOWARDS LIFE AMONG POST GRADUATE STUDENTS OUTSIDE KERALA (N=84)

Figure7
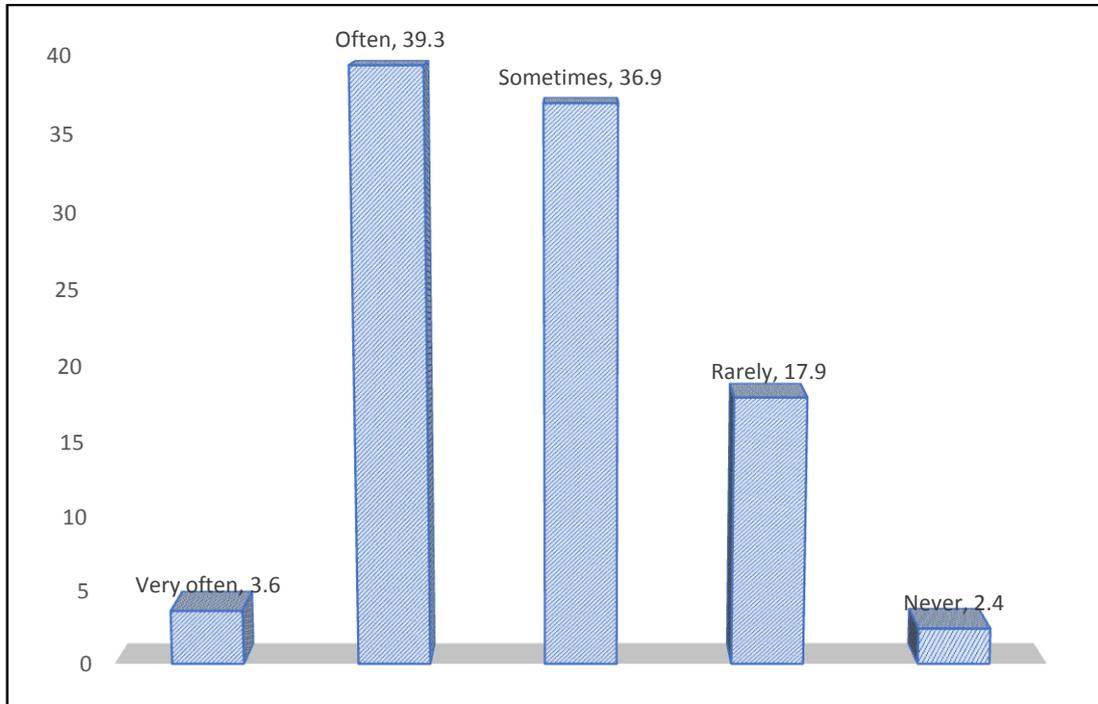
The above diagram explores how often the post graduate students studying outside Kerala feel a pessimistic attitude towards life. The results show that 33 respondents (39.3%) feel it often and 36.9% (31 respondents) sometimes feel it.15 respondents (17.9%) stated that they rarely feel it. Only very few percent,3 respondents (3.6%)marked very often and 2 respondents(2.4%) opted never.

The results show that most of the students feel bad and is having a pessimistic attitude towards the life as they move apart from hometown. Hence it is clear that new exposure and various other aspects fail to give the students an optimistic view towards life. Also they may be facing challenges as being away from home and also lack support and encouragement in academic pursuits. All such things put them under pressure and lead to have pessimistic attitude towards the life.

4.2.9 FEELING OF HOMESICKNESS AMONG POST GRADUATE STUDENTS (N=84)

Figure 8
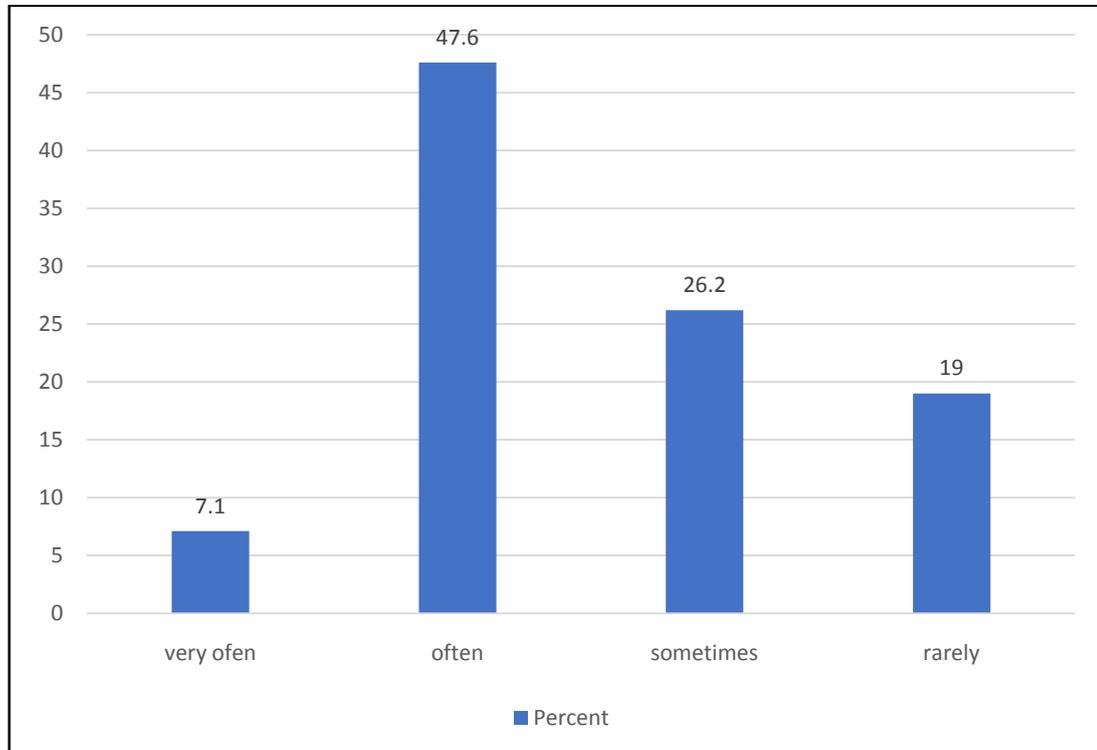
The above diagram shows how often the post graduate studying out of Kerala feel homesick. As per the diagram 47.6% often feel homesick. 26.2% sometimes feel home sick and 7.1% very often homesick. Only 19% rarely feel homesick.

Being away from families and friends and a sudden exposure to new culture and environment may give rise to feeling of homesickness among the students. It can further cause problems like sadness, anxiety and a longing to return home. Also the inability to adapt to the new culture can also give rise to the strong desire to be back at the safe and comfortable environment of home

4.2.10 FEELING OF LOW SELF-ESTEEM IN MAKING MAJOR DECISIONS AMONG POST GRADUATE STUDENTS OUTSIDE KERALA (N=84)

Figure 9
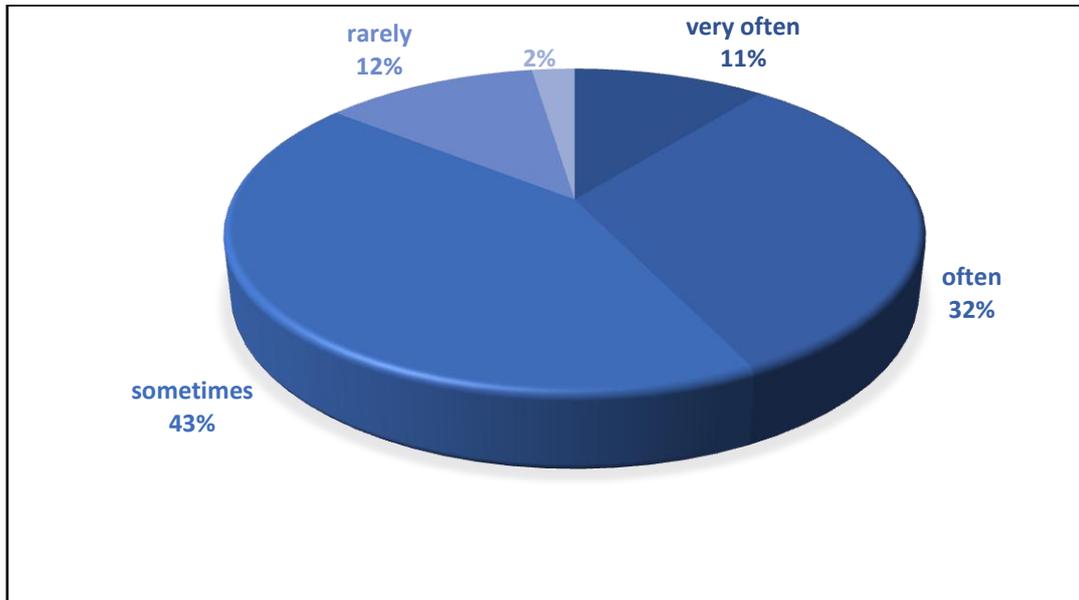
The above diagram shows the low self-esteem level in making major decisions among the Keralite post graduate students studying out of Kerala. The results revealed that 42.9% sometimes feel low self-esteemed in taking the major decisions in their life.32.1% often feel this lack of confidence to move forward with decisions in life.11.9% marked rarely hence they feel esteemed enough to make decisions in life. 10.7% very often face this problem of low self-esteem and 2.4% never feel any kind of low self-esteem in making major decisions in their life.

Thus the various problems like being away from home and the pressures from academic side cause low self-esteem among the students in making major decisions in life. This lack of confidence may also be because of their feeling that even their decision of opting a college outside Kerala was also wrong.

4.2.11 FEELING ANXIOUS ABOUT FUTURE AMONG POST GRADUATE STUDENTS OUTSIDE KERALA (N=84)

Figure 10
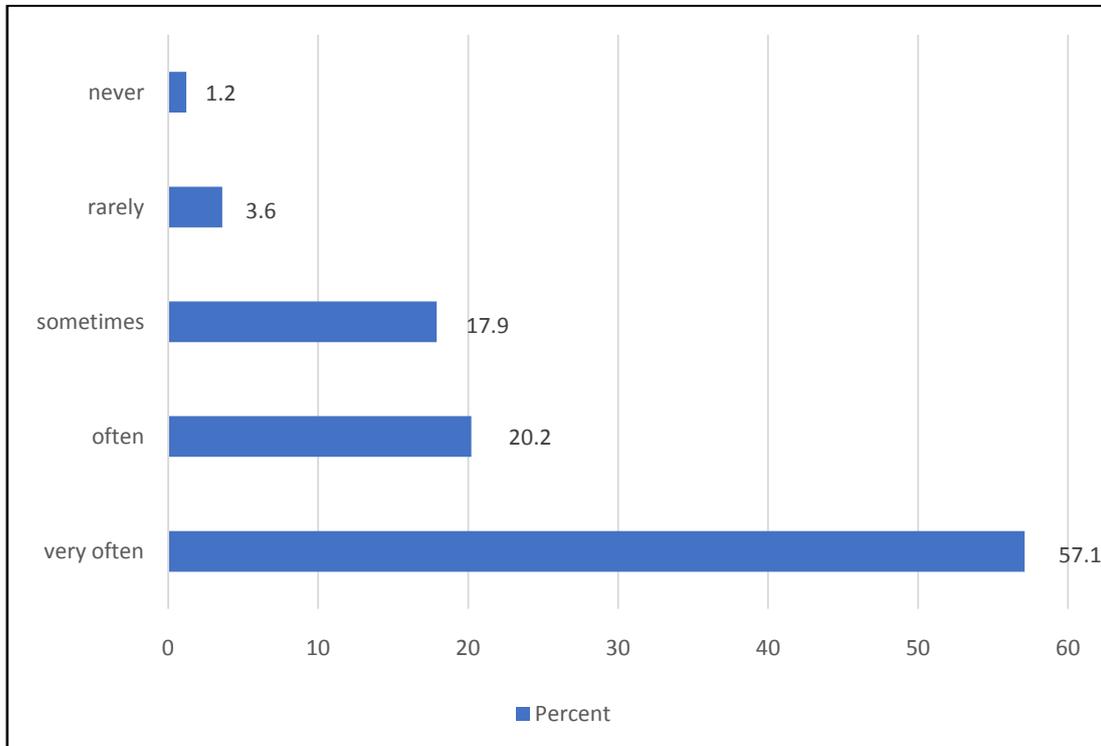
The above graph explore how often the students feel anxious about the future. 48 respondents (57.1%)very often feel anxious about the future.17 respondents (2.02%) often feel anxious about the future and 15 respondents (17.9%) sometimes feel it. Only very few percent of the total respondents marked rarely and never with a percentage of 3 respondents (3.6%)and 1respondent(1.2%).

Hence despite of the fact that the most students migrated out of state with an expectation of better educational standards and job opportunities still most of them feel anxious about their future due to varied reasons. The continuous challenges coming in their path add to this.

4.2.12 FEELING OF DEPRESSION DUE TO ACADEMIC PRESSURE AMONG POST GRADUATE STUDENTS OUTSIDE KERALA (N=84)

Figure 11
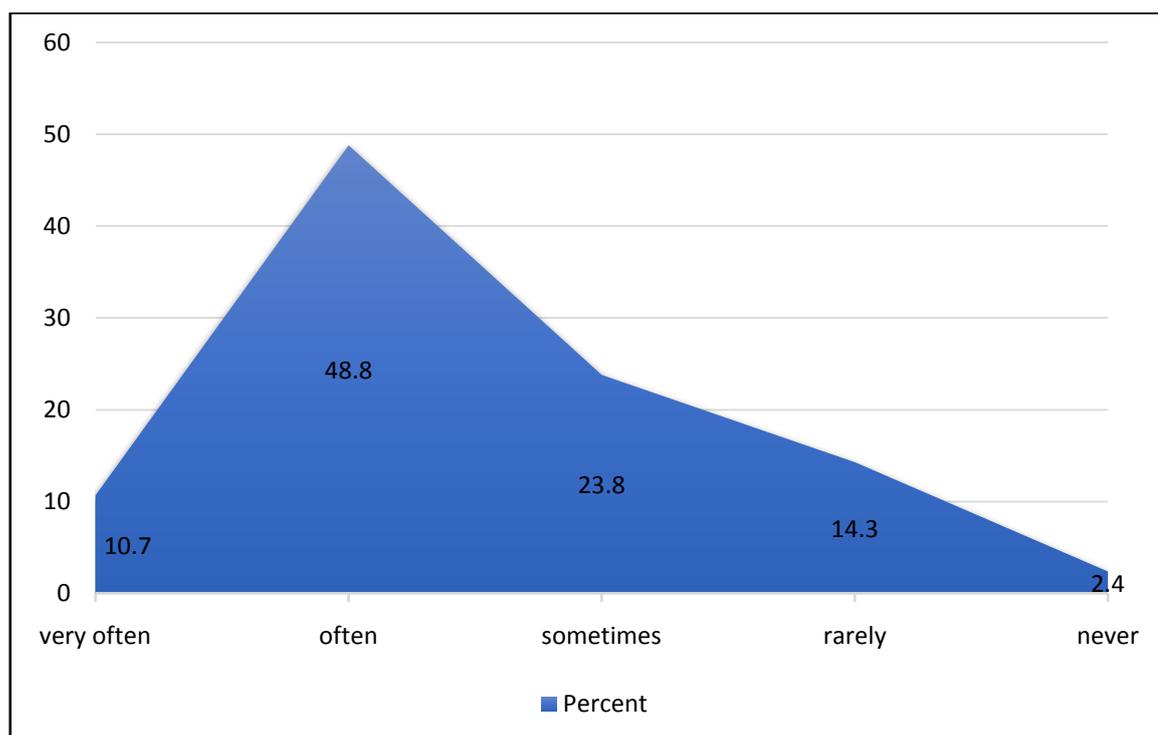
The above diagram shows how often the Keralite post graduate students studying out of Kerala feel depressed due to academic pressure. 48.8% often feel depressed and 23.8% sometimes feel depressed due to academic pressure. 14.3% rarely feel this depression and 2.4% never feel any kind depression and only 10.7% marked very often in feeling depressed due to academic pressure.

Hence it can be summarized that the current educational scenario is badly affecting the students and hence it result in increased pressure over them to cope up with the competing situation.

4.2.13 FEELING UNCONFIDENT OF OWN CAPABILITIES AMONG POST GRADUATE STUDENTS OUTSIDE KERALA(N=84)

Figure 12
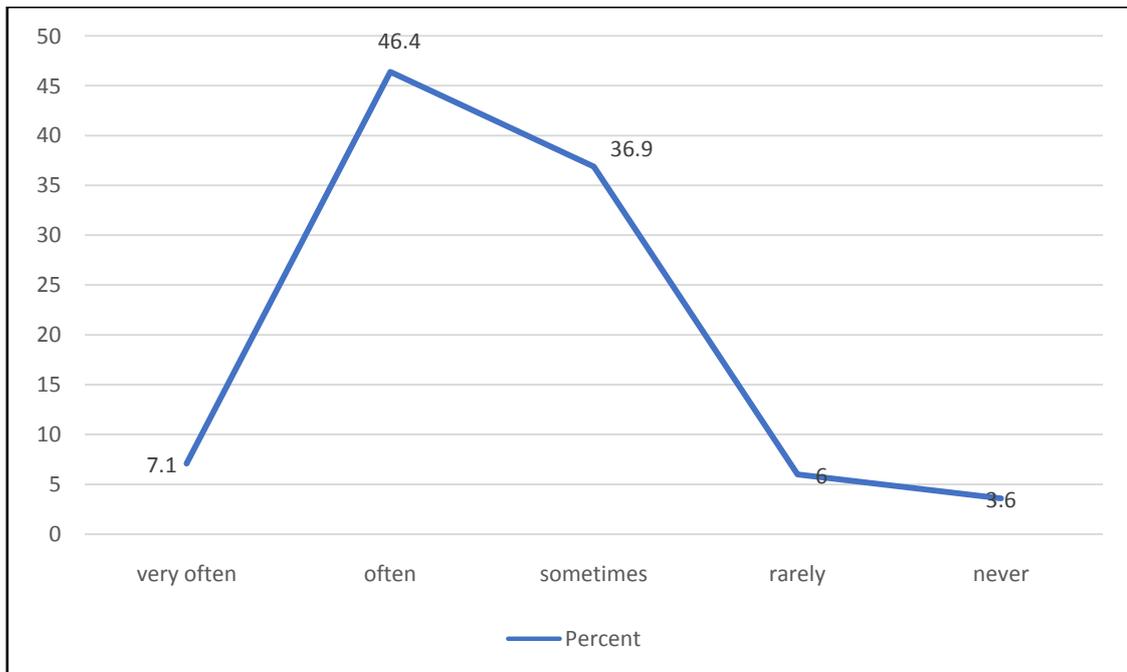
The above diagram explore the level of unconfidence the students have about their own capabilities. It shows how much they are doubtful of their abilities. 46.4% often feel doubtful of their capabilities. 36.9% sometimes feel unconfident. 7.1% very often feel it and 6% marked rare and 3.6% never feel this lack of confidence.

Thus the above diagram reveal the fact that problems created out of the migration make the students feel unconfident of own capabilities creating a uncertainity. The continuous pressures and challenges in life pause problems which they sometimes fail to resolve this lead to such feelings of unconfidence, that they may even forget about own potentials and capabilities

4.2.14 FEELING LIKE AN OUTSIDER AMONG POST GRADUATE STUDENTS OUTSIDE KERALA (N=84)

Figure 13
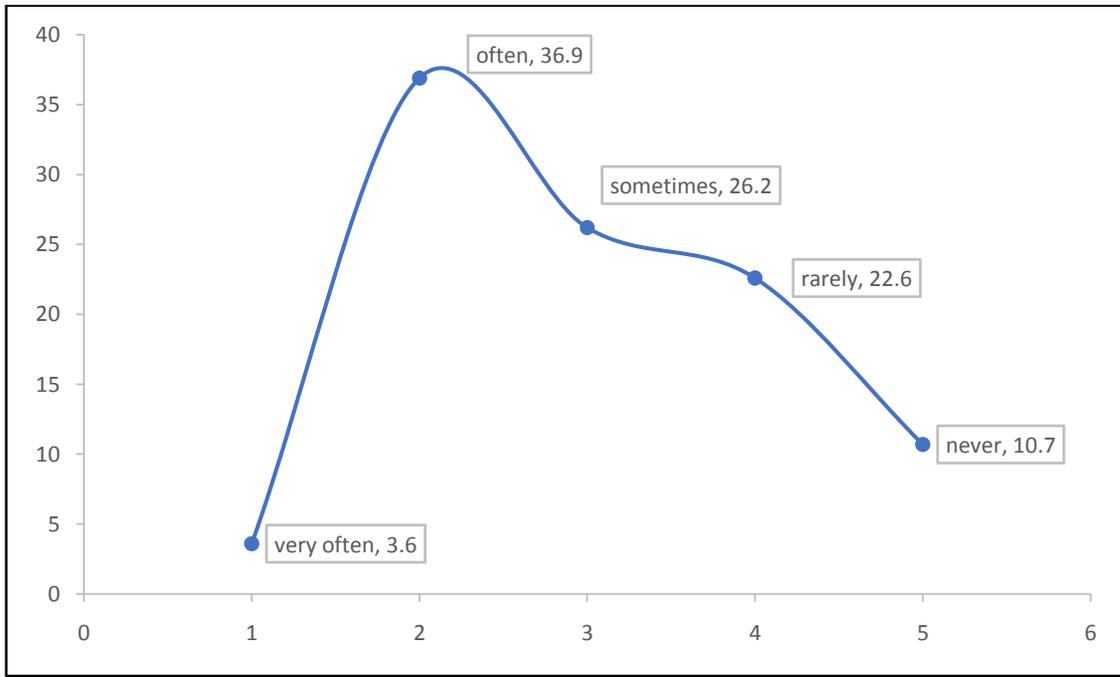
The above diagram shows how often the Keralite students feel like an outsider as a result of migrating to another land. 31 respondents (36.69%) out of the 84 respondents often feel this. 22 respondents (26.2%) sometimes feel as an outsider. 19 respondents (22.6%) rarely have this feeling. 9 respondents(10.7%) never feel it and3 respondents(3.6%) is very often affected by this feeling.

Thus it can be concluded that despite being in the same nation, being an Indian still a student face some kind of outsider or an isolated feeling as a result of shift from the native land.

4.2.15 PERCEIVED STRESS SCALE (N=84)

Figure 14
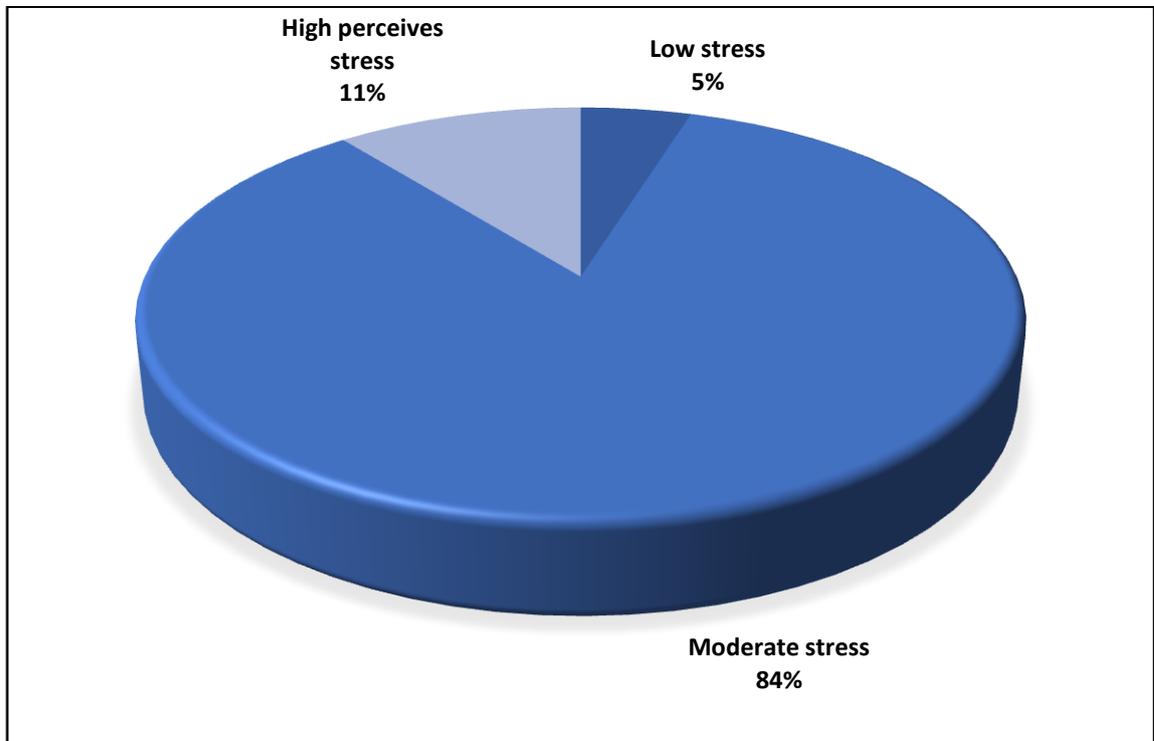
The above graph shows the result of stress analysis among Keralite post graduate students studying out of Kerala. The analysis was conducted with the help of Perceived Stress Scale. The results showed that out of the total 84 respondents 84.6% are having moderate stress.10.7% are having high perceived stress and only 4.8% have low stress.

Thus from the conclusions derived it is clear that most of the students are victims of moderate level of stress caused due to pressure of post graduate education outside own state and the students probably are badly affected due to this mentally and physically. Only very low percent of students are able to cope up with these problems hence have low stress.

4.2.16 MOTIVATION FOR SELECTING A COLLEGE OUTSIDE KERALA AMONG POST GRADUATE STUDENTS (N=84)

Figure 15
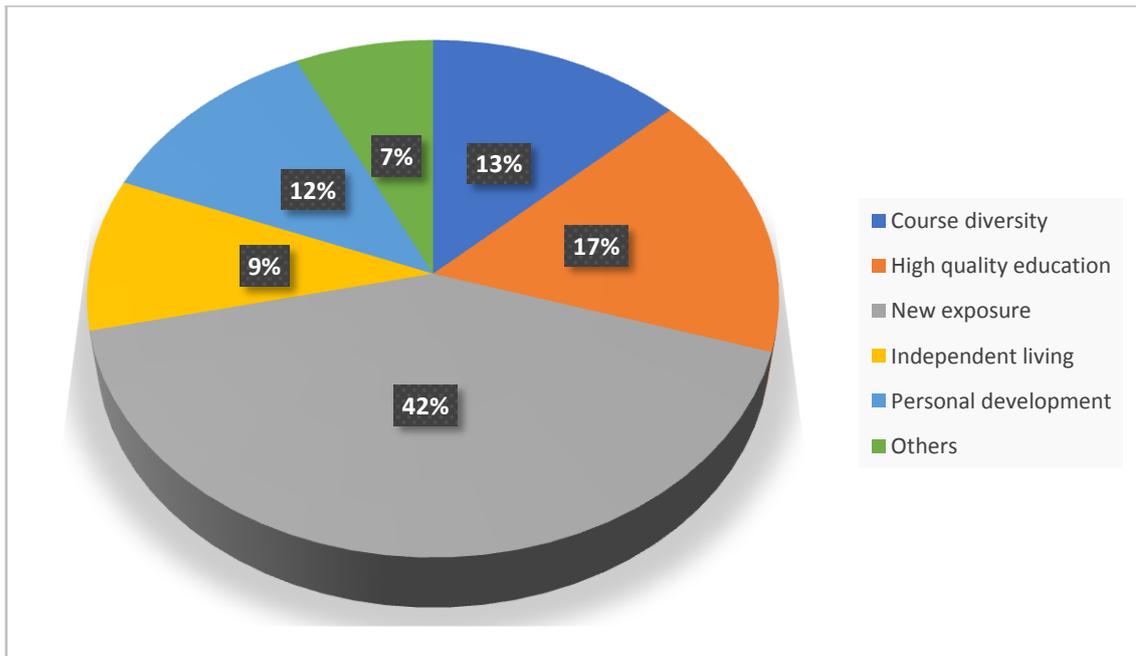
The above diagram shows the motivation behind the Keralite post graduate students to select a college outside Kerala. The students do have varied reasons for this. The most preferred option is New exposure which have been selected by 41.7% of the total 84 students responded. 16.7% choosed the option high quality education and 13.1% opted the colleges because of course diversity. Personal development was a reason for 11.9% and other reasons more than this was a concern for 7.1% .

Thus from the above data it is clear that despite the fact that high quality education and job opportunities are a major attraction of many states outside Kerala still new exposures and such varied experiences offered by the states do attract majority of the students to opt for a course outside Kerala.

4.2.17 FINANCIAL CONSTRAINTS AMONG POST GRADUATE STUDENTS OUTSIDE KERALA (N=84)

Figure 16
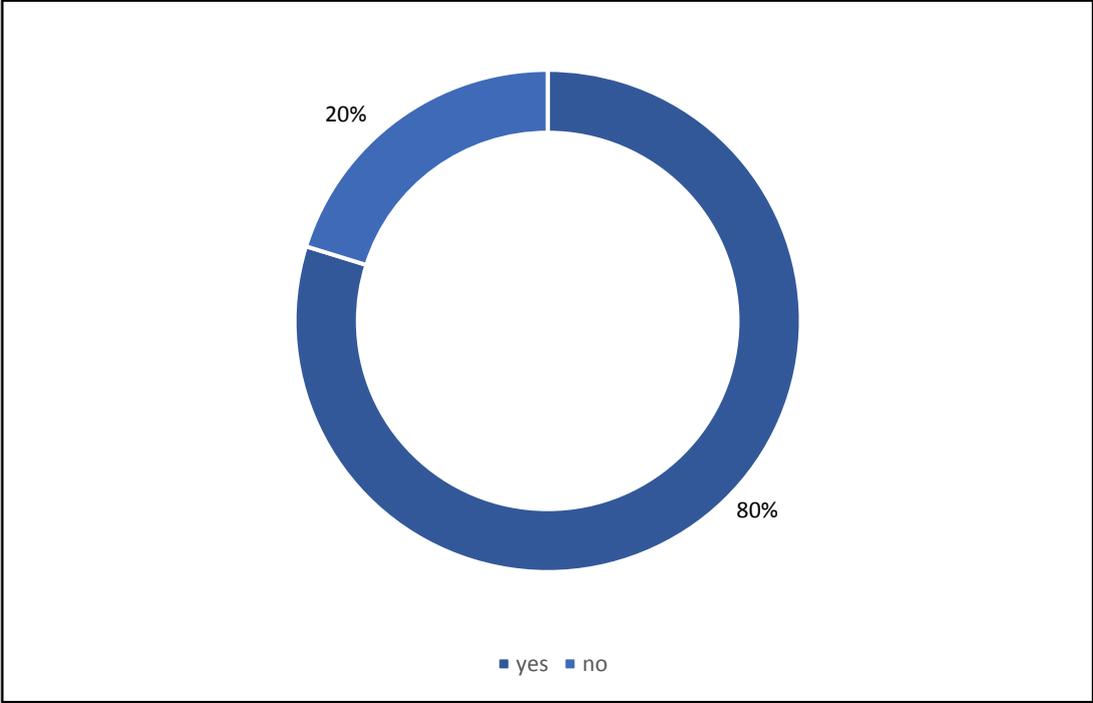
The graph explores the percent of students who have financial constraints. Majority of the students have marked they do face some kind of financial constraints.67 respondents (79.8%)have responded that they have financial constraints and 17 respondents (20.2%) responded that they don't have any financial constraints.

Thus it gives a conclusion that despite the financial constraints students do opt for colleges outside Kerala due to varied reasons like new exposure to high educational quality and job opportunities.

4.2.18 EDUCATIONAL BANK LOAN AMONG POST GRADUATE STUDENTS OUTSIDE KERALA (N=84)

Figure 17
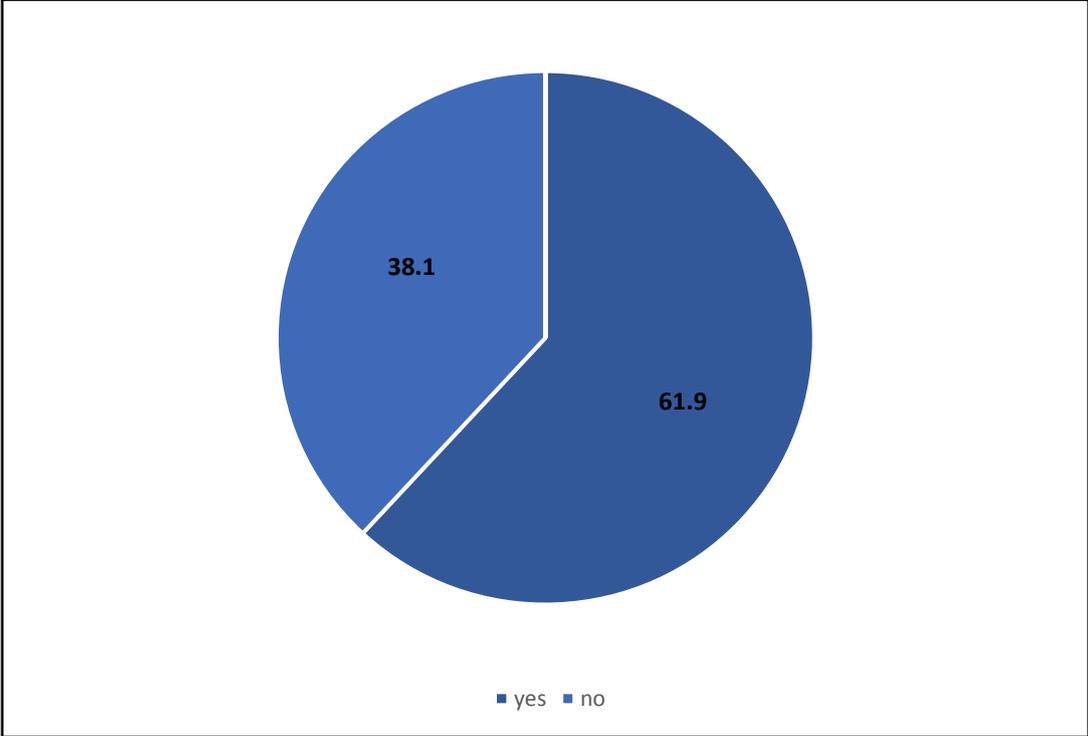
The graph explore the number of the students who are having educational bank loans. 61.9% have educational bank loans and the remaining 38.1% have no educational bank loans.

Thus it is clear that since most of the students have financial constraints most of them are forced to take educational bank loans to go forward with the studies.

4.2.19 FEELING OF DECREASE IN SOCIAL PARTICIPATION AND ENGAGEMENT AMONG POST GRADUATE STUDENTS OUTSIDE KERALA (N=84)

Figure 18
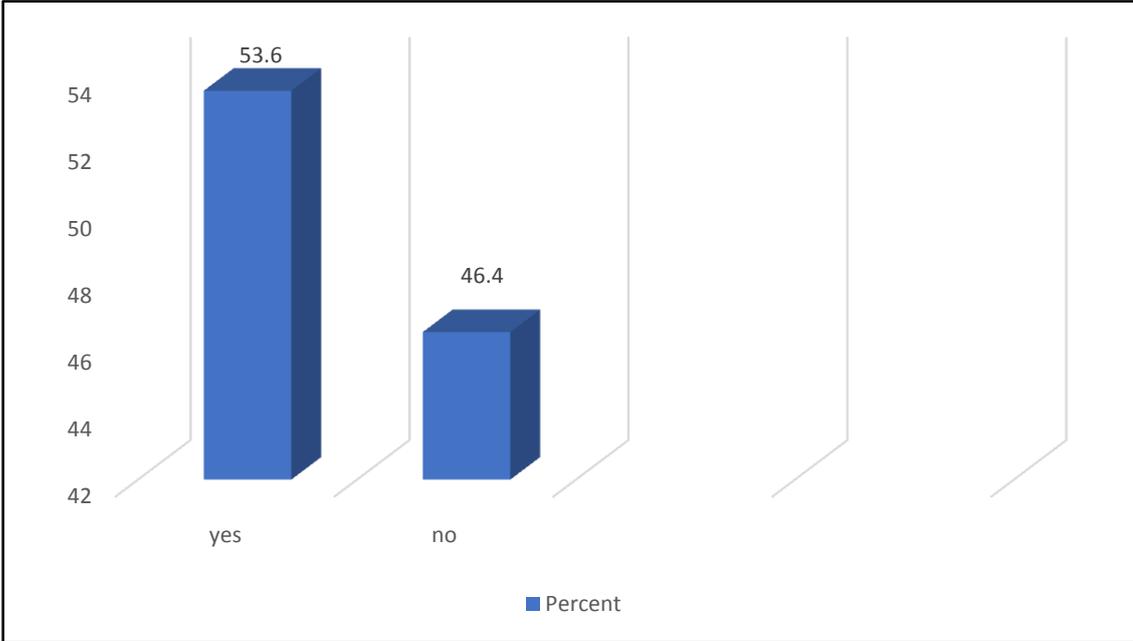
The above graph explores how many of the students feel decrease in their social participation and engagement as being in a different land. 53.6% do have this feeling and 46.4% does not feel the same.

The results show that there lies only a small difference in the ratio of students opted for yes and no. This reveals that many a proportion do find it easy even to participate freely in a new land and its culture. This may be because of the easy adaptation they felt at the place for they are already having an idea of the kind of society they are to be exposed to, through online media platforms or any other means.

4.2.20 DISCRIMINATION FROM NATIVE FRIENDS AMONG POST GRADUATE STUDENTS OUTSIDE KERALA (N=84)

Figure 19
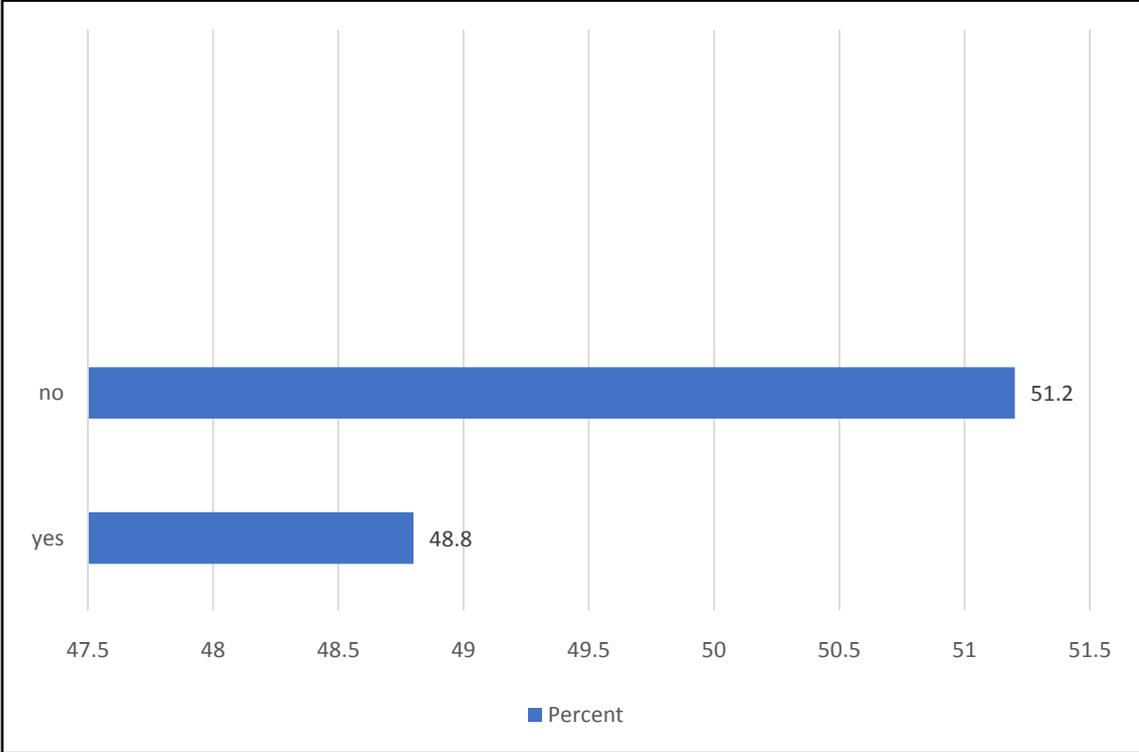
The above graph shows does the Keralite students do feel any kind of discrimination from the native friends. 51.2%responded that they don't face any kind of discrimination and 48.8% do faced such discriminations.

Thus the data reveal that almost same percentage of the students faced and not faced such discriminations. May be the difference with the place, its culture and practices result in the mind set of the students to act in such varied ways. Ethnicity and regional factors may have strong influence in this.

Such kinds of discriminations can very badly affect the mental health of the students resulting in feelings like anxiety, depression etc.

4.2.21 DISCRIMINATION FROM TEACHERS AMONG POST GRADUATE STUDENTS OUTSIDE KERALA (N=84)

Figure 20
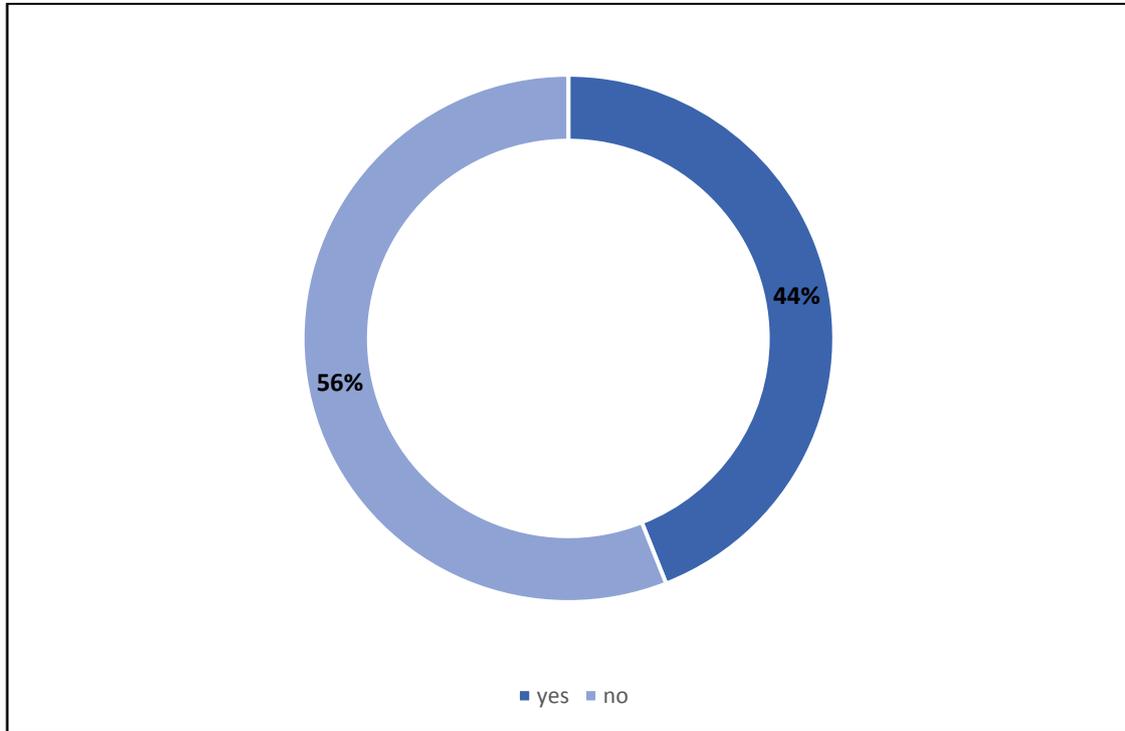
The figure represents the percentage of students who felt discrimination from the teachers. 47 respondents (56%) have replied that they do not feel any kind of discrimination from their teachers and 37 respondents (44 %) marked that they do feel some kind of discrimination from the teachers.

The above data shows there is only a small difference in the percentage and the group who feel this kind of discrimination is almost half of the students who responded. It is a fact of concern that teachers are the one who plays a very crucial role in the success of a student and it is not much pleasant that the students do experience such kind of discriminations from the teachers. This discrimination can range from distribution of marks to their attitude towards the students.

4.2.22 CULTURAL SHOCK AT BEGINNING DAYS AMONG POST GRADUATE STUDENTS OUTSIDE KERALA (N=84)

Figure 21
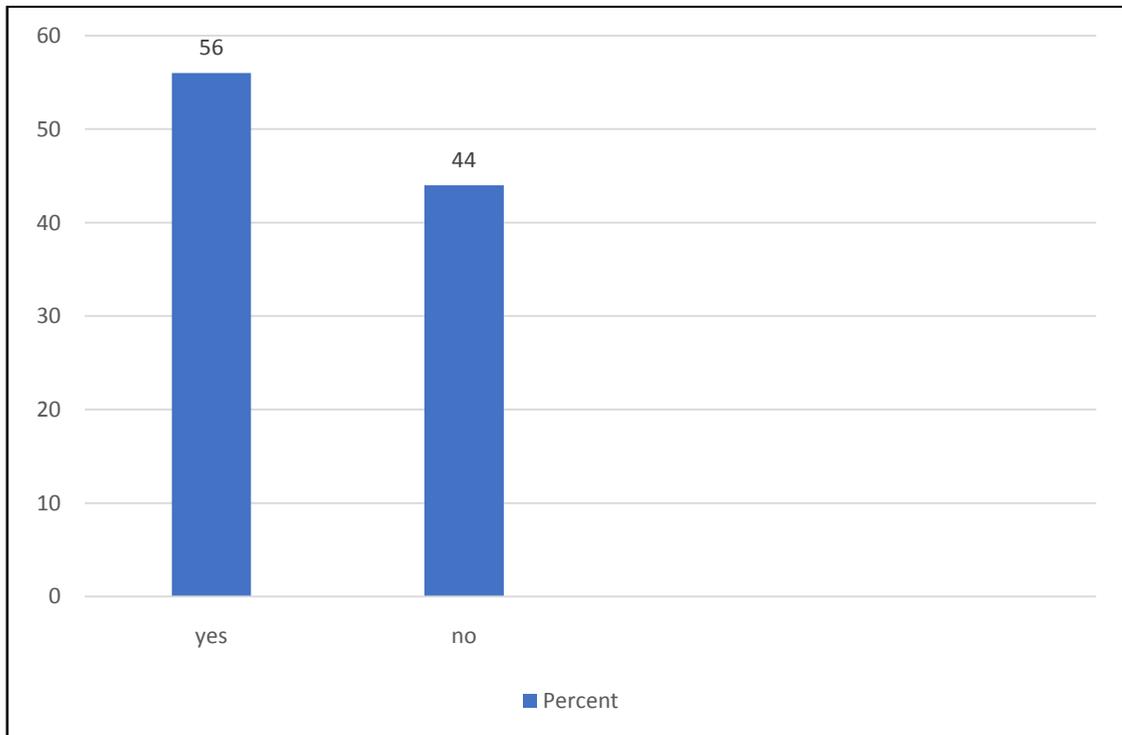
The graph enquires the number of students who experienced cultural shock at their initial days at a new place.47 respondents (56%) responded that they faced cultural shock and 37 respondents (44%) replied that they do not felt so.

Thus the data revealed is an indicator that India being a land of cultural diversity do exert such shocks on migrants who are moving even to their most neighbouring state. Also the percentage who does not felt this cultural shock is no less may be because of the already updated knowledge or understanding they have of these culture or practices from online platforms or any other sources.

4.2.23 LANGUAGE AS A BARRIER AMONG POST GRADAUTE STUDENTS OUTSIDE KERALA (N=84)

Figure 22
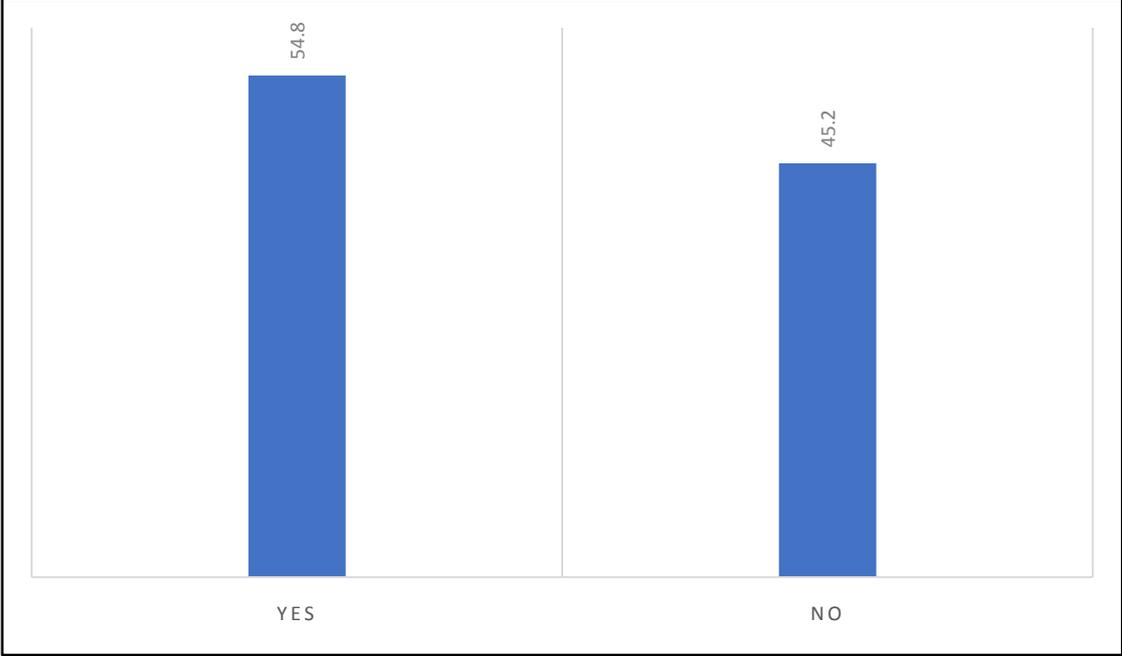
The above graph focus on how many of the respondents faced language as a barrier when they shifted to a new land for their studies. 54.8% faced the language problems as they are not much aware of the language or faced difficulties to adjust with the local dialects. Still 45.2% does not faced difficulties due to language.

The percentage between the two options is almost same. May be for those who faced no difficulties due to language English may have been a great help to adjust more easily with the changing world around.

4.2.24 DIFFICULTIES IN MAKING FRIENDS AT THE ONSET OF THE COURSE AMONG POST GRADUATE STUDENTS OUTSIDE KERALA (N=84)

Figure 23
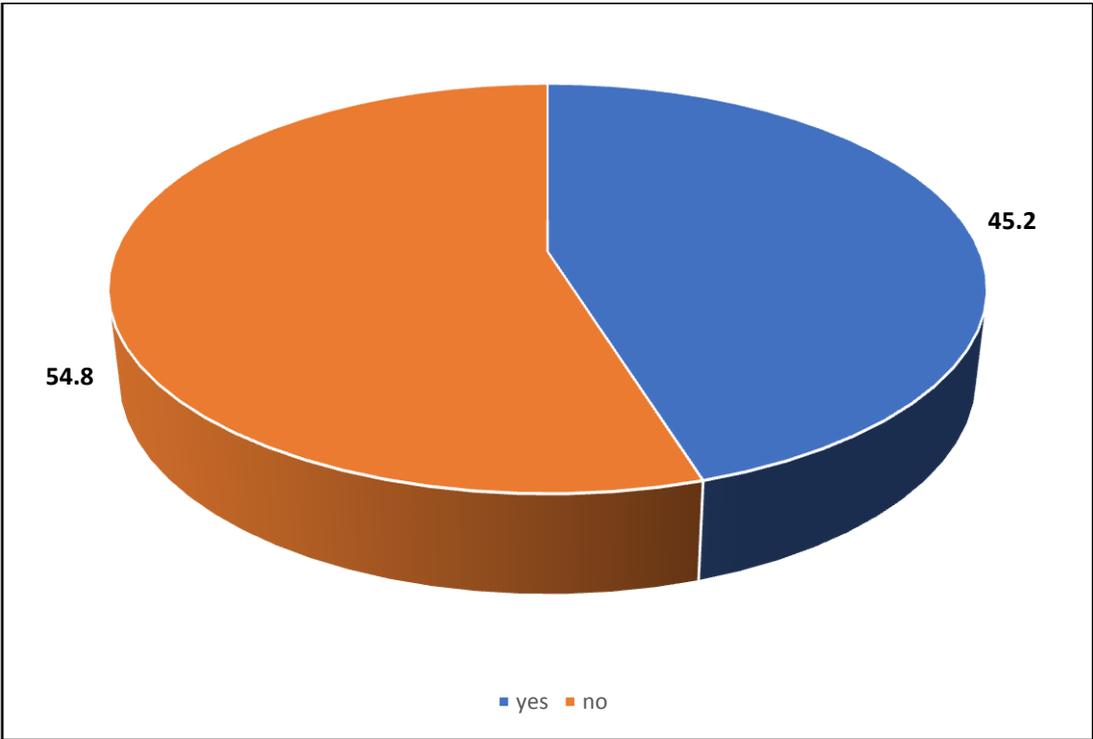
The data explore whether the students faced difficulties in making friends at a new zone at the onset of the course. 46 respondents (54.8%) does not faced difficulties for this and 38 respondents(45.2%) found it difficult to mingle with the friends easily.

As most of the students does not found it as a tough task it is clear that the students today are easily sociable and it support to the previous finding that they did not find much discrimination from the native friends.

4.2.25 CONCERNOF SAFETY AMONG POST GRADUATE STUDENTS OUTSIDE KERALA (N=84)

Figure 24
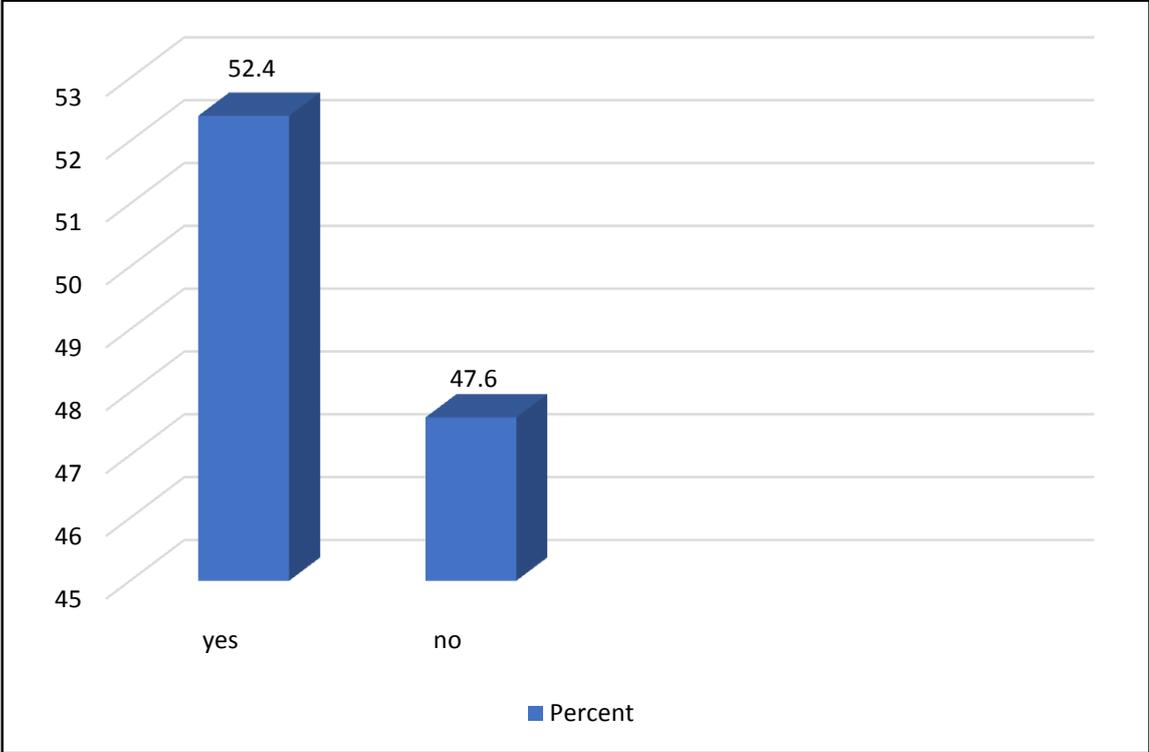
The above graph explore the concern for safety among Keralite post graduate students studying outside Kerala. The results show that 52.4% are bothered about the element of safety and 47.6% are not much concerned over the element of safety.

Thus it is clear that a shift from the hometown naturally generate fear among the students. Still the percentage for those opted no is not less and it explains the fact that students are also independent enough to live in a new place and take care of themselves avoiding safety hazards.

4.3 CONCLUSION

The analysis and interpretation chapter is a crucial part of any research project. It involves analysing the data collected through the research and interpreting the results to answer the research questions. The researcher by the analysis and interpretation of the collected data got more understanding on the stress and psychosocial problems of the Keralite post graduate students studying outside Kerala within India. It also gave an insight into how the students are mentally and physically affected due to this. Thus the chapter gave an advance knowledge in the topic.

CHAPTER V

FINDINGS AND SUGGESTIONS

CHAPTER V

FINDINGS AND SUGGESTIONS

5.1 INTRODUCTION

The above chapter deals with the findings and suggestions of the study on the topic "A Study on Stress and Psycho social problems faced by Keralite Post graduate students outside Kerala". The findings and suggestions are based on the results of the study. After analysis and interpretation of the collected data the researcher could gain some major findings and suggestions which are described in this chapter.

5.2 FINDINGS

Objective 1: To assess the socio demographic details of post graduate students studying outside Kerala

➤ The researcher could find that majority of the students have been studying outside Kerala for the past 1-2 years, hence they moved outside for post graduate studies only.

➤ The studies showed that majority of the students do not have any siblings studying outside Kerala.

➤ The annual income of majority of the students fall below 1,00,000, still they opt for good quality education or new exposures which they hope to find outside Kerala

Objective 2: To study the psychological distress faced by post graduate students outside Kerala

➤ Most of the total respondents claimed that they feel lonely may be because they are away from familiar support networks and due to various other pressures exerted by the new place and its cultures.

➤ Majority of the students claimed that they rarely hold the enthusiasm of joining the course as they may have felt a drastic change in the whole expectations they had while before joining. A good number still hold that enthusiasm too for they may could easily accept what the situation demands and may be still curious.

- Majority of the students responded that they feel a pessimistic attitude towards the life after joining the course may be because they find their choices wrong.
- A good number of students often feel homesick.
- Majority of the students claimed that they feel low self esteem in making major decisions of their life
- Most students very often feel anxious about their future
- A feeling of depression is a major problem faced by most of the students.
- Majority of students are doubtful of own capabilities and feel unconfident due to this.
- Even after passing months of being a student at a college outside Kerala, still most students feel like an outsider
- The results from the Perceived Stress Scale showed that majority of the students are victims of moderate level of stress and a small but considerate suffer from high perceived stress too.

Objective 3: To study the social issues of post graduate students outside Kerala

- From the study conducted it is revealed that interest for new exposure is the reason behind most students to opt for a college outside Kerala. High quality education also attracts a major group of students.
- Having an annual income of less than 1,00,000, majority of the students feel financial constraints at home.
- Such financial constraints also force he students to go for thr option of educational bank loans.
- The researcher could find that most of the students felt a decrease in their social participation and engagement as a result of their shift to a nonfamiliar setting.
- Findings of the study showed that the students rarely experience any kind of discrimination from their native friends. Still a good number of students experience kinds of discriminations too.
- The enquiry on discrimination from teachers is quite notable that almost equal proportion feel and not feel it.

- The sudden shift to a new setting has caused cultural shock in majority of students.
- Language a s barrier was felt by considerate number of students still many was able to manage it easily with efficiency in multiple languages.
- Difficulty in making friends at the onset of the course was felt by more half of the students responded. The other half found it an easy task may be as they were easily sociable.
- The element of safety was a concern for more than half of the students as they are shifting to an unknown land.

5.3 IMPLICATIONS OF THE STUDY

- The study can help in identifying the major factors behind psycho social distress of Post graduate students studying outside Kerala within India.
- The study highlights the role of social workers in collaboratingwith local communities, alumni networks and student associations to cater for the needs and problems of the students
- Capacity building for the post graduate students can be done to cope up with the problems through supportive services
- The study emphasizes the importance counseling and mental health services which should be easily accessible to the students
- The study shows the need for further studies to have a better understanding on how the students cope up with the problems currently and how can the students be helped for coping with the problems

5.4 LIMITATIONS OF THE STUDY

- Lack of causal factors
- Lack of parents and siblings perception
- Lack of comparison among post graduate students in Kerala and outside Kerala

5.5 SUGGESTIONS FOR FURTHER RESEARCH

➢ The study found that Post graduate students studying outside Kerala do have psychosocial distress and social problems, thus further studies can be conducted to find the various coping strategies that can be used for the students to overcome this.

➢ Researchers can be done on the academic and social support like counseling services provided in institutions outside Kerala for migrated students and what improvisation is required in this area can be found out.

➢ Studies can also be made on the access of students to various mental health services and the barriers to the availability and accessibility to such services.

5.6 CONCLUSION

The study was conducted on the stress and psychosocial distress faced by Keralite post graduate students studying outside Kerala . The study sheds light on the challenges and difficulties experienced by these students. It aimed to explore the impact of the stress and psycho social problems in the physical and mental wellbeing of the students.

The study showed that the Keralite post graduate students studying outside Kerala within India has a range of stressors and psycho social problems. Academic pressures, language barriers, cultural shock, homesickness, loss of interest in social participation are some of these problems faced by the students. All these problems lead to the decline of overall mental and physical wellbeing of the students.

The study reveals on the importance and need for supportive social network systems and other proper coping strategies in mitigating these challenges. The educational institutions, policy makers etc do have a role to play in addressing the needs and challenges of such students migrating from own land for the purpose of education. Cultural integration and understanding, language support, inclusive attitude from the part of native friends and teachers can help alleviate the stress and psycho social problems to a far extend. The study thus underscores the importance of taking the subject into consideration to ensure a successful academic journey and over all development of the students.

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APPENDIX

QUESTIONNAIRE

Socio demographic details of post graduate students outside Kerala

1. Name
2. Age
3. Gender
4. Home town
5. Marital status
   - Married
   - Unmarried
6. Current educational status (Name of the course)
7. Name of the College
8. Which state do you study?
9. How many years have you been studying outside Kerala?
10. Do you have any siblings studying outside Kerala?
11. What is you annual income?
    - Below 1,00,000
    - 1,00,000 - 3,00,000
    - Above 3,00,000

Psychological distress among post graduate students

12. How often do you feel lonely being away from home?
    - Very often
    - Often
    - Sometimes rarely
    - Never
13. Do you still hold the enthusiasm of joining the course?
    - Yes
    - No

14. How often do you feel a pessimistic attitude towards life?

- Very often
- Often
- Sometimes
- Rarely
- Never

15. How often do you feel homesick?

- Very often
- Often
- Sometimes
- Rarely
- Never

16. How often do you feel low self esteemed in taking major decisions?

- Very often
- Often
- Sometimes
- Rarely
- Never

17. How often do you feel anxious about the future?

- Very often
- Often
- Sometimes
- Rarely
- Never

18. How often do you feel depressed due to academic pressure?

- Very often
- Often
- Sometimes
- Rarely
- Never

19. How often do you feel unconfident of own capabilities?

- Very often
- Often
- Sometimes
- Rarely
- Never

20. Do you still feel like an outsider?

- Yes
- No

21. In the last month, how often have you been upset because of something that happened unexpectedly?

- Never
- Almost never
- Sometimes
- Fairly often
- Very often

22. In the last month, how often have you felt that you were unable to control the important things in your life?

- Never
- Almost never
- Sometimes
- Fairly often
- Very often

23. In the last month, how often have you felt nervous and stressed?

- Never
- Almost never
- Sometimes
- Fairly often
- Very often

24. In the last month, how often have you felt confident about your ability to handle your personal problems?

- Never
- Almost never
- Sometimes
- Fairly often
- Very often

25. In the last month, how often have you felt that things were going your way?

- Never
- Almost never
- Sometimes
- Fairly often
- Very often

26. In the last month, how often have you found that you could not cope with all the things that you had to do?

- Never
- Almost never
- Sometimes
- Fairly often
- Very often

27. In the last month, how often have you been able to control irritations in your life?

- Never
- Almost never
- Sometimes
- Fairly often
- Very often

28. In the last month, how often have you felt that you were on top of things? Never

- Almost never
- Sometimes
- Fairly often
- Very often

29.In the last month, how often have you been angered because of things that happened that were outside of your control ?

- Never
- Almost never
- Sometimes
- Fairly often
- Very often

30.In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?

- Never
- Almost never
- Sometimes
- Fairly often
- Very often

Social issues faced by post graduate students outside Kerala

31. What motivated you to select a college outside Kerala?

- Course diversity
- New Exposure
- High quality education
- Independent living
- Personal development
- Others

32. Do you have any financial constraints?

- Yes
- No

33. Do you have any educational bank loan?

- Yes
- No

34. Being in a different land, do you feel a decrease in your social participation and engagement.

- Yes
- No

35. Do you feel any kind of discrimination from the native friends of the place where your college belong to?

- Yes
- No

36. Do you find any kind of discrimination from teachers.

- Yes
- No

37. Have you faced any kind of cultural shock on the beginning days?

- Yes
- No

38. Do you still face the difficulties of language as a barrier?

- Yes
- No

39. Have you faced any difficulties in making friends at the onset of the course?

- Yes
- No

40. How often the element of safety bothers you?

- Very often
- Often
- Sometimes
- Rarely
- Never

A STUDY ON SOCIAL MEDIA INFLUENCE AMONG YOUTH TO DEVELOP MATERIALISM

HEMANTH B

DON BOSCO ARTS & SCIENCE COLLEGE
ANGADIKADAVU
KANNUR 670706

2021-2023

A STUDY ON SOCIAL MEDIA INFLUENCE AMONG YOUTH TO DEVELOP MATERIALISM

DISSERTATION SUBMITTED TO THE KANNUR UNIVERSITY INPARTIAL FULFILMENT OF THE REQUIREMENT FOR THE AWARD OF THE DEGREE OF MASTER OF SOCIAL WORK

BY

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CERTIFICATE

This is to certify that the dissertation entitled **A study on social media influence among youth to develop materialism,** is a bonafide record of work done by **HEMANTH B** under the guidance of **Ms. Akshaya P** in partial fulfillment of the requirement for the award of the degree of Master of Social Work, during the period of his study (2021-2023) in the Department of Social Work, Don Bosco Arts and Science College, Angadikadavu, Kannur, affiliated to The Kannur University.

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CERTIFICATE

This is to certify that the dissertation entitled**, A study on social media influence among youth to develop materialism,** submitted by **HEMANTH B** in partial fulfillment of the requirement for the award of the degree of Master of Social Work, is a bonafide record of work done under my guidance and supervision during the period of his study (2021-2023) in the Department of Social Work, Don Bosco Arts and Science College, Angadikadavu, Kannur, affiliated to The Kannur University.

Ms. Akshaya P

Assistant Professor and Research Guide

Department of Social Work

Don Bosco Arts and Science College

DECLARATION

I, **HEMANTH B**, the undersigned, hereby declare that the dissertation entitled, **A study on social media influence among youth to develop materialism,** submitted to the Kannur University, in partial fulfillment of the requirement for the award of the degree of **Master of Social Work**, is a bona fide work done by me under the guidance of **Ms. Akshaya P,** Assistant professor, Department of Social Work, Don Bosco Arts And Science College, Angadikadavu. This work has not been placed by anybody in the University for the Award of any degree or diploma.

ANGADIKADAVU   HEMANTH B

MAY 2023

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HEMANTH B

ABSTRACT

This study examines the influence of social media on the development of materialistic attitudes among youth. With the proliferation of social media platforms and their increasing integration into the lives of young individuals, it is crucial to investigate the potential effects of these platforms on their values, behaviours, and aspirations. The objectives of this research are to understand what are the social media platforms that promote materialism, to identify the common materials influencing the youth, To understand how materialism affect money management. The quantitative component involved a survey administered to a representative sample of youth aged 15-29 years, assessing their social media usage patterns, materialistic attitudes, and related variables such as self-esteem, peer influence, and socio-demographic factors. The survey data were analyzed using statistical technique SPSS (Statistical Package of Social Sciences). to identify associations and potential predictors of materialism. Preliminary findings suggest a significant association between extensive social media use and the development of materialistic attitudes among youth. Factors such as exposure to materialistic content, social comparison, and peer influence emerged as prominent influences contributing to this phenomenon. Additionally, the role of self-esteem and socio-demographic characteristics in mediating or moderating the relationship was explored. This research contributes to the understanding of the impact of social media on youth's materialistic values and provides insights for parents, educators, and policymakers in mitigating the negative effects of excessive social media consumption. By identifying the key factors influencing materialism, interventions and educational initiatives can be designed to promote more balanced values and counteract the potential detrimental consequences of social media influence on youth development.

Keywords: social media, youth, materialism, social media influence, materialistic obsession.

HEMANTH B

CONTENTS

LIST OF TABLE

SL NO	TITLE	PAGE NO
1	AGE OF THE RESPONDENTS	21

LIST OF FIGURES

CHAPTER I

INTRODUCTION

CHAPTER I

INTRODUCTION

1.1 STATEMENT OF THE STUDY

In recent years, it is noted that Globalization of world markets has caused high levels of materialism in many places. In recent years, advertising has chosen many forms of media to influence people all over the world. Nowadays, not only adults but children are also having their choices of products and as we are well informed that India is a country of youth, they are one of the major influencers of any advertisement on any media. As a result, Indian marketers have a huge opportunity to market their products. Amongst all media of advertising, social media is one of them having a tremendous impact on youth. These days, not only younger generation but adult also see social media as the most flexible and compatible medium for advertising than television or other media.

According to the State of Digital Advertising 2018 report from Adobe Digital Insights (ADI) that stands in stark contrast to older age groups, who overwhelmingly point to TV as their most relevant channel. Social media is increasing its popularity by increasing youth influencers for purchase through online advertisements. The influence of social media has extended its scope beyond advertising. In the survey conducted last year, it was found that the youth believe on the recommendations given by people on social media more than television ads. And are easily convinced as well. Furthermore, a latest analysis reveals that conversations on social media drive an estimated 12% of consumer sales in India. In the current situation where elders are still stuck with television and banners, youth are exposing themselves to various social media websites where they are exposed to ads whenever they log on. These advertisements play a vital role in influencing youngsters to make purchases, and materialism is the major factor which creates a desire for purchase.

1.2 TITLE OF THE STUDY

A study on social media influence among youth to develop materialism.

1.3 OBJECTIVES

1.3.1 GENERAL OBJECTIVES

To study social media influence among youth to develop materialism.

1.3.2 SPECIFIC OBJECTIVES

1. To understand what are the social media platforms promote materialism.
2. To identify most purchased material from social media by youth.
3. To understand how materialism affect money management.

1.4 SIGNIFICANCE OF THE STUDY

Lack of proper money management is one of the major problems of youth. They are so confused about how to spend money if they had any. This confusion is exploiting by social media influencers by promoting materialistic obsession. They advertise trending clothes, footwear, customized automobiles etc. the researchers states that the average screen hours of youth in India is 6 to 8 hours in a day. This study is meant to educate scholars about social media influence on promoting materialism and make a practice based study on materialism.

1.5 CHAPTERISATION

This study consists of 5 chapters and the content of each chapter is given in brief below;

Chapter 1 – Introduction

The researcher has introduced the topic in this chapter. i.e., social media influence among youth.

Chapter 2 – literature Review

This chapter helps to analyze the previous studies which were conducted in the same field and understand research gap with regards to previous study conducted by many researchers.

Chapter 3 – Research Methodology

The researcher has cross checked the study by stating the sub clauses under methodology. The field of study, research design, sampling technique, different

variables, tools of data collection, data collection and analyses, chapterization and limitations of study is explained under this chapter.

Chapter 4 – Analysis and Interpretation

The field of study, research design, sampling technique, different variables, and tools of data collection, data collection and analyses, and limitations of study is explained under this chapter.

Chapter 5 – Findings, Suggestions and Conclusion

This is the final chapter in this study. Major findings of the study are presented in this chapter and the researcher provides possible suggestions to the counselor's techniques.

1.6 CONCLUSION

The chapter 1 is focusing on statement of the problem, significance of the study, general and specific objectives this all will helps to have a clear idea about the study and purpose of the study.

CHAPTER II

REVIEW OF LITERATURE

CHAPTER II
REVIEW OF LITERATURE

2.1 INTRODUCTION

A review of literature is an essential component of academic research that provides a comprehensive over view and analysis of existing scholarly work on a particular topic. Its serves as the foundation upon which new research is build, helping researchers to identify gaps in knowledge and understanding the current state of the field. This review of literature is dealing with social media influence among youth to develop materialism.

2.2 REVIEWS

A REVIEW ON THE ROLE OF MEDIA IN INCREASING MATERIALISM AMONG CHILDREN

This literature investigates the role of media in increasing materialism among children. It also studies the consequences of rising materialism on the development of children. Due to their enhanced role in family purchase decisions marketers are turning children sufferers of the materialistic world. Marketers know that children easily get fascinated by unrealistic objects endorsed by their promotional offers and persuade their parents to purchase those goods. However, the unfulfilled requests of children for materialistic things make them dissatisfied and unhappy, which later on cause conflicting situation in family. The exposure of children to media at a small age also makes them susceptible to the external environment by generating materialism. This materialism is leading to excessive consumption and impulsive purchases by children. To deal with these issues, sufficient attention needs to be given by parents to divert the child's attention from materialistic to the real world. Thus, the role of guidance provided by parents has been found very significant in mitigating the effect of materialism on children.

MATERIALISTIC VALUES, BRAND KNOWLEDGE AND THE MASS MEDIA: HOURS SPENT ON THE INTERNET PREDICTS MATERIALISTIC VALUES AND BRAND KNOWLEDGE

Materialism can be seen as the importance people attached to material goods, as well as the belief in the desirable symbolic importance goods have (e.g., to status, human

happiness etc.). And the media has often been associated with materialistic values. The current study investigates the relationship between some traditional forms of mass media (television, newspapers and magazines), and a newer form of mass media: the Internet. Using self-report measures, 195 participants indicated how many hours a day they spent watching television, reading newspapers/magazines, and using the Internet. It was found that hours spent using the Internet was positively associated with materialistic values as measured by the Aspiration Index. Using a more concrete task, hours spent on the Internet and materialistic values were significant predictors of participants' ability to identify brand logos. This provides evidence that materialistic values, as well as specific knowledge of brands, can be associated with Internet usage. Perhaps surprisingly, however, television viewing was negatively associated with materialistic values. In the current research, the Internet (a newer form of mass media) was more strongly associated with increased materialistic values and the ability to identify brand logos than older forms of mass media.

HOW SOCIAL INFLUENCE MEDIATES MEDIA EFFECTS ON ADOLESCENTS MATERIALISM

This study proposed a theoretical framework by which it can be identified how media influence and social influence interplay and produce joint effects on adolescents' materialistic values. The framework began with how adolescents estimate parents' and friends' materialistic values from media exposure and interpersonal communication and then facilitated an examination of how parents' and friends' materialistic values, in turn, influence adolescents' materialistic values. This framework was tested with survey data of 697 adolescents in Singapore. Results showed that an adolescent's exposure to advertising was both directly and indirectly associated with his or her materialistic values. The indirect association was mediated by the adolescent's perception of advertising effect on friends and by the adolescents' interpersonal communication with parents and with friends.

MATERIALISM AND MEDIA USAGE: TO STUDY THE ROLE OF MEDIA IN INCREASING MATERIALISM AMONG YOUTHS WITH SPECIAL REFERENCE TO SOCIAL MEDIA EXPOSURE

Meticulous observations of the market across the planet reflect that Globalization of world markets has resulted in high levels of materialism in many places. Notably,

social media amongst all media of advertising has a very loud and apparent impact on youth. In the current situation where elders are still holding on to with the television and banners, youth are exposing themselves to various social media websites. Wherein they are exposed to ads and pop -ups every single time they are active on one or the other social media website(s). These advertisements play a daunting role in influencing youngsters to make a purchase and drag them towards materialism, which is expressed in the form of initiating a purchase or creating arousal for purchase.

The study is focused on analyzing the correlation between attitudes of youngsters towards advertisements, level of materialism and attraction of celebrities shown in vivid advertisements. The study is conducted in Jalgaon region with the sample size of 174 students of the age group ranging from 20-25 years. The relationship between all variables was tested. The quantitative research method was adopted in this study, and a questionnaire was distributed through a Google sheet. The findings revealed that all the three variables viz. i)attitude towards advertising ii) attraction to media celebrities and iii) materialism are positively correlated.

Materialism is the vital variable which influences youth to make purchase and marketers should leverage this advantage in their business aspects. Youth as far as know is full of energy, enthusiastic and has a dream to achieve something in life. Thus, in these situations materialism is one drive which can give them a way to get the things they want in real life. Celebrities can be their idol but the practicality should be shown in advertisements which will not harm youth's life.

THE ROLE OF PARENTS, SOCIAL MEDIA AND MATERIALISM IN TEENAGE ACTIVISM

The aim of the study was to examine the role of parents, social media and materialism in teenage activism. They surveyed 13-16 year olds. They measured teenagers' activist "identity and involvement" and activist behavior, parents' activist behavior, as perceived by their offspring, media use frequency and the purpose of social media use. The results indicate that both teenage activist "identity and involvement" and activist behavior are positively related to both mother and father's activist behavior but are negatively related to hedonic use of media. Hedonic use of media and gender are predictors of youth activist "identity and involvement" while mother's activism, hedonic use of media and the teenager's age are predictors of youth activist behavior.

To sum up, the study indicates that mother's activism and the purpose of media use are related to teenage activism. It also shows that materialism and media consumption are not significantly linked to teenage activism.

THE INFLUENCE OF SELF-CONSTRUAL AND MATERIALISM ON SOCIAL MEDIA INTENSITY: A STUDY OF CHINA AND THE UNITED STATES

This study investigated the potential influence of self-construal and materialism on the intensity of usage for three social media platforms: social networking sites (SNSs), micro blogging sites (MBSs), and video sharing sites (VSSs). Data were collected from China and the States. Two countries with the highest advertising expenditures and Internet populations. Drawing from social comparison theory (SCT) and the framework of independent and interdependent self-construal, results of the hierarchical multiple regressions indicated that both independent and interdependent self-construal were positively related to SNS intensity among Chinese and American users. However, interdependent self-construal had a significant, negative relationship with the intensity of MBS use among users in the two countries. Materialism was found to positively relate to SNS intensity, MBS intensity, and VSS intensity among Chinese and American users. These results provide evidence that self-construal and materialism contribute to social media use independent of nationality. Theoretical and managerial implications for international advertising strategies are discussed.

MATERIALISM AMONG TEENAGERS, THE RELATIONSHIP BETWEEN TERMINAL VALUES AND SOCIAL MEDIA USE.

The aim of present study was to investigate the relationship between terminal values, materialism, and usage of social media among high school teenagers in Budapest, Hungary. Research findings contribute to consumer studies regarding the teenager's terminal value preferences and the relationship between values and materialism. Furthermore the study investigates social media use effect on materialistic attitudes. For data collection a paper and pencil questionnaire was applied in June 2017. The sampling was a no representative, convenience and purposive sampling

The survey included three major scales. Respondents rated the importance of terminal values provided by the List of Values scales. Scale used was an adoption of Youth Materialism Scale (Goldberg et al 2003) measuring teenagers' attachment to material

goods. The social media usage was measured by a Uses and Gratification Scale (Sheldon & Bryant, 2016) reporting the frequency of use for different purposes.

MATERIALISM BY TERRY EAGLETON

In this eye opening, intellectually stimulating appreciation of this fascinating school of philosophy Terry Eagleton makes a powerful argument that materialism is at the centre of today's important scientific and cultural as well as philosophical debates the author reveals entirely fresh ways of considering the values and beliefs of three different materialists, Marx, Nietzshe and Wittgenstein, drawing striking comparisons between their philosophies while reflecting on a wide array of topics from ideology and history to language ethics and aesthetics. Cogently demonstrating how it is our bodies and corporeal activity that make thought and consciousness possible. Eagleton's book is a valuable exposition on philosophical thought that strikes to heart.

SOCIAL MEDIA INFLUENCE ON MATERIALISM A BLOG BY JULIA'S CIVIC

Research conducted in the United States and in other first world countries as shown that materials do not translate to satisfaction or happiness. The more material goods an individual has does not equivalent to their happiness. In fact, people with more material goods were found to be less happy. In the public eye, people's worth is not judged by their knowledge, kindness or wisdom by how much stuff they possess. Since this is how pop culture views others, this is how we start to view ourselves. We judge our self worth based on what things we possess; whether we have the latest and greatest. And since there will always be someone with something we want or someone that we see as "better" based on their possessions, this causes eternal dissatisfaction with our lives. In our modern society, we turn to quantity instead of quality to measure the worth of ourselves and others. A perfect example of this is social media.

THE DARK SIDE OF SOCIAL MEDIA -EFFECTS OF SOCIAL MEDIA CONTENT ON THE RELATIONSHIP BETWEEN MATERIALISM AND NEGATIVE CONSUMPTION BEHAVIORS

This study contributes to the emerging literature on the negative effects of over consumption that social media users may develop as a consequence of being engaged on social media platforms. The authors tested materialism's direct and indirect impacts

on compulsive, conspicuous, and impulsive buying, adding two novel mediators: attitudes towards social media content and social media intensity. The study used a convenience sample of 400 Thai social media users analyzed using structural equation modeling. The results confirmed the well-established positive relationships between materialism and each of the three-negative consumption behaviors also in the social media domain. A novel finding showed the important role played by social media intensity which was found to be a strong predictor of each of the three negative consumption behaviors and it was also found to significantly mediate the relationship between materialism and the three-negative consumption behaviors. An additional contribution of the study was found on the role of attitudes which, contrary to what is commonly believed, were often not significant in predicting any negative behavior.

LIVING IN A MATERIAL WORLD: SPONSORED INSTAGRAM POSTS AND THE ROLE OF MATERIALISM, HEDONIC ENJOYMENT, PERCEIVED TRUST, AND NEED TO BELONG

Previous studies have mainly demonstrated negative consequences for content labeled as sponsored. Despite this, recent industry findings indicate a growing trend for sponsored content on social media. In addition, an increasing number of users suggest that such paid content would increase their likelihood of purchasing items from social media. Nonetheless, little attention has been paid to what drives consumers' purchase intention and engagement with sponsored content with a clear disclaimer such as "Paid Partnership." Therefore, the present research seeks to provide insights into what drives consumer engagement and purchase intention with sponsored content and when and why such effects are observed. Conducted with an online survey, the results showed that individuals with high materialism showed greater purchase intent and higher engagement with sponsored content through hedonic enjoyment. The results also showed that the mediating role of hedonic engagement for the positive effect of materialism on purchase intent was only significant under high influencer trust. Furthermore, the mediating role of hedonic enjoyment was amplified when the need to belong was high.

MATERIALISM, HAPPINESS AND SOCIAL MEDIA ADDICTION AMONG ADOLESCENTS

Social media use among youngsters is on the rise. More and more people are using social media to connect with each other socially, to share information and to express their views. Increased use of social media exposes them to many advertisements and posts by friends and acquaintances of their various achievements and acquisitions of material goods. This kind of exposure may lead to an urge for owning and acquiring more material goods and achieving life goals. The study examined the relationship between social media addiction, happiness and materialism among high school and college students. The study also investigated if there were any gender differences in social media addiction, happiness and materialism among students. 200 high school and college students from two schools and two colleges in Chennai city completed the Oxford Happiness Questionnaire -OHQ (Argyle & Hills, 2002), the Bergen Social Media Addiction (BSMAS; Andreassen et al, 2012) and Material Values Scale Short form (Richins, 2004). Pearson's correlation coefficient was used to investigate the relationships between variables. Independent samples t-test was computed to examine gender differences in the three variables. The analysis revealed that social media addiction was significantly, negatively correlated with happiness and significantly, positively correlated with materialism among students. Among female students social media addiction was significantly, negatively correlated with happiness and significantly, positively correlated with materialism. There was no significant relationship between happiness and materialism among female students. Among male students social media addiction was significantly, negatively correlated with happiness. The relationship between social media addiction and materialism was non-significant. Materialism was significantly, negatively correlated with happiness. There were no significant gender differences in social media addiction, happiness and materialism.

INCREASED MATERIALISTIC TRENDS AMONG YOUTH

This paper investigates the increased sense of materialism among youth. The main research question is to identify the factors which are causing materialism among youth. The sample of this research included 25 people, age group 18-25 years obtained from students that are enrolled in universities. The interpretive phenomenological approach was taken which was based on semi-structured interviews. The findings revealed that

materialistic trends are increasing among youth nowadays. Because thought patterns of youth and societal demands have changed totally. Factors that are increasing materialism include social media, brand consciousness; self-centeredness; fake personality development and desire to be socially accepted. The implications indicate that materialistic trend should stop by controlling the social media possession among youth which is the primary source of enhancing materialism among youth.

SOCIAL NETWORKING SITE USE AND MATERIALISTIC VALUES AMONG YOUTH: THE SAFEGUARDING ROLE OF THE PARENT-CHILD RELATIONSHIP AND SELF-REGULATION

Social networking sites (SNSs) have become common avenues for young people to share their life experience with peers, including their consumption experience. Although prior research on the media effects of SNSs has shown how online communication on SNSs promotes various volitional behaviors, current understanding is limited with respect to how young people's use of SNSs is associated with their consumption experience and materialistic values. This study examines how SNS use related to consumption experience is associated with materialistic values among young adults and how their social perceptions mediate such association. This investigation also proposes that young adults' self-regulation and close relationships with parents would buffer the impact of SNS use. Survey data gathered from 903 youths in Singapore lend strong empirical support to the hypotheses proposed. Implications are discussed.

ENVIRONMENTAL CORRELATES OF ADOLESCENT' MATERIALISM: INTERPERSONAL ROLE MODELS, MEDIA EXPOSURE, AND FAMILY SOCIO-ECONOMIC STATUS

The present study examined how adolescents' materialism relates to interpersonal materialism role models (i.e., mothers', fathers', siblings', and peers'), media exposure, and family socio-economic status (SES). We obtained our data from the adolescent, his/her mother and father, and one each of his/her siblings and peers. The results showed that mother's, father's, sibling's and peer's', materialism are approximately equally strong predictors of adolescents' materialism. Further analyses, using structural equation modeling, revealed that interpersonal materialism role models and media

exposure both positively predicted adolescents' materialism; in contrast to past literature, family SES was also significantly positively related to adolescents' materialism. Limitations and implications of the current project are discussed.

THE INFLUENCE OF MATERIALISM AND ITS INTERVENTIONS

In recent years, related research on materialism has been widely concerned by scholars at home and abroad, but most of the research is based on its negative influence. Will materialism have a positive impact? How to deal with the negative effects of materialism? It should also cause our concern. This paper introduces the positive and negative effects of materialism from four levels of individual, consumption, organization and society, and summarizes the interventions of materialism. Future research should continue to improve the concept of materialism, expand research levels, and develop effective intervention strategies.

2.3 CONCLUSION

This Chapter of review of literature reviewed available sources of social media influence among youth to develop materialism. Researcher gone through the literatures and made enough knowledge about the scope of the study.

CHAPTER III

RESEARCH METHODOLOGY

CHAPTER III

RESEARCH METHODOLOGY

3 RESEARCH METHODOLOGY

3.1 INTRODUCTION

Research methodology is the specific procedure or techniques used to identify, select process and analysis information about the topic. In a research paper, the methodology section allows the reader to critically evaluate studies overall validity and reliability. It helps in studying how research is done systematically. It is a method that can be used to solve the research problem. The chapter includes definitions, variables, hypothesis, research design, pilot study, universe and unit of study, sampling, sources of data, tools of data collection, pre test, method of data collection and, method of data analysis.

3.2 DEFINITIONS

3.2.1 THEORETICAL DEFINITIONS

Social media

According to Oxford dictionary social media is websites and applications that enable users to create and share content or to participate in social networking.

Influence

According to Cambridge dictionary influence refers to the ability to affect or shape the opinions, behaviors, or action of others.

Youth

According to National youth policy youth is defined as those aged 15-29 years.

Materialism

According to Karl Marx Materialism meant that the material world, perceptible to the senses has objective reality independent of mind or spirit.

3.2.2 OPERATIONAL DEFINITION

Social media

Social media refers to online platforms and technologies that allow users to create, share or exchange information, ideas and content in virtual communities.

Influence

The capacity to have an effect on the character, development or behavior of someone or something.

Youth

Youth means persons who are in the age between 15-29 years.

Materialism

Materialism is a philosophical and societal belief that emphasizes the importance of material possessions.

3.3 VARIABLES

3.3.1 INDEPENDENT VARIABLE

Youth

3.3.2 DEPENDENT VARIABLE

Materialism influenced by Social media.

3.4 HYPOTHESIS

Most of the youth are influenced by social media to develop materialism.

3.5 RESEARCH DESIGN

A research design is the set of methods and procedures used in collecting and analyzing measures of the variables specified in the problem research. The researcher has used descriptive research design for the research. Descriptive research aims to accurately and systematically describe a population, situation or phenomenon. It can answer what, where, when and how questions, but not why questions. It is an appropriate choice when the research aim is to identify characteristics, frequencies, trends, and categories.

3.6 PILOT STUDY

The researcher used pilot study to see whether it would be feasible to study the youth population in Iritty block. It aided researcher in identifying the region and important figures who might be involved in the investigation.

3.7 UNIVERSE AND UNIT OF THE STUDY

3.7.1 UNIVERSE OF THE STUDY

The youth in Iritty block who regularly uses social media.

3.7 .2 UNIT OF THE STUDY

A single youth comes in the age group of 15-29 regularly uses social media.

3.8 SAMPLING

In this study the researcher had used purposive sampling method. Purposive sampling is a non-probability method for obtaining a sample where researchers use their expertise to choose specific participants that will help the study to meet its goals. These subjects have particular characteristics that the researcher needs to evaluate their research question.

3.8.1 INCLUSION CRITERIA

Researcher included youth who regularly using social media in Iritty block.

3.8.2 EXCLUSION CRITERIA

Researcher excluded youth who doesn't regularly use social media.

3.9 SOURCES OF DATA

Researcher used the data from both primary and secondary sources.

3.9. 1 Primary data: Through the self made questionnaire data was collected.

3.9.2 Secondary data: the secondary data was gathered from the available articles, journals, books and from internet.

3.10 TOOLS OF DATA COLLECTION

For the data collection scholar used self-made questionnaire as the primary tool. Questionnaire is popular research method because they offer fast, efficient and inexpensive means of gathering large amounts of information. Questionnaire is the

most adaptive tool for this study. So, the researcher used questionnaire with 40 questions. It was subdivided on the basis of objective of the study.

3.11 PRE TEST

The researcher sent the questionnaire to six respondents who were considered as youth in Iritty block to identify whether it was comprehensible, understandable and effective for them.

3.12 METHOD OF DATA COLLECTION

For the purpose of gathering data required for the research the questionnaire was made and asked questions to youth and collected data.

3.13 METHOD OF DATA ANALYSIS

The collected data was coded and presented on various diagrams and charts. The research scholar was analyzed the collected data by using SPSS software.

CHAPTER IV

ANALYSIS AND INTERPRETATION

CHAPTER IV

ANALYSIS AND INTERPRETATION

4.1 INTRODUCTION

Analysis and interpretation are complimentary process that help to extract meaning from data or information. They are critical in decision making processes that relay on data driven insights. This chapter deals with analysis and interpretation of collected data by researcher from respondents. It is basically taking 70 samples of respondents from the field. The data presented in table and figures are very simple to understand and to follow.

4.2 ANALYSIS AND INTERPRETATION

4.2.1 AGE

Table 1

Age	Percentage
17	5.7
18	27.1
19	12.9
20	12.9
21	5.7
22	12.9
23	15.2
24	5.7
25	1.4

The above table represents the age group of the respondents. There are 70 respondents and 5.7% of the respondents are belongs to 17-year age group. 27.1% of the respondents belongs to 18 years old. 12.9% of the respondents are 19 years old, and 12.9% of the respondents are 20 years old. 5.7% of the respondents are 21-year-old. 12.9% of the respondents are 22 years old. 15.2% of the respondents are 23 years old, 5.7% of the respondents are 24 years old and the remaining 1.4% are 25 years old.

Most of the respondents are belongs to age group of 18 years.

4.2.2 EDUCATIONAL STATUS

Figure 1
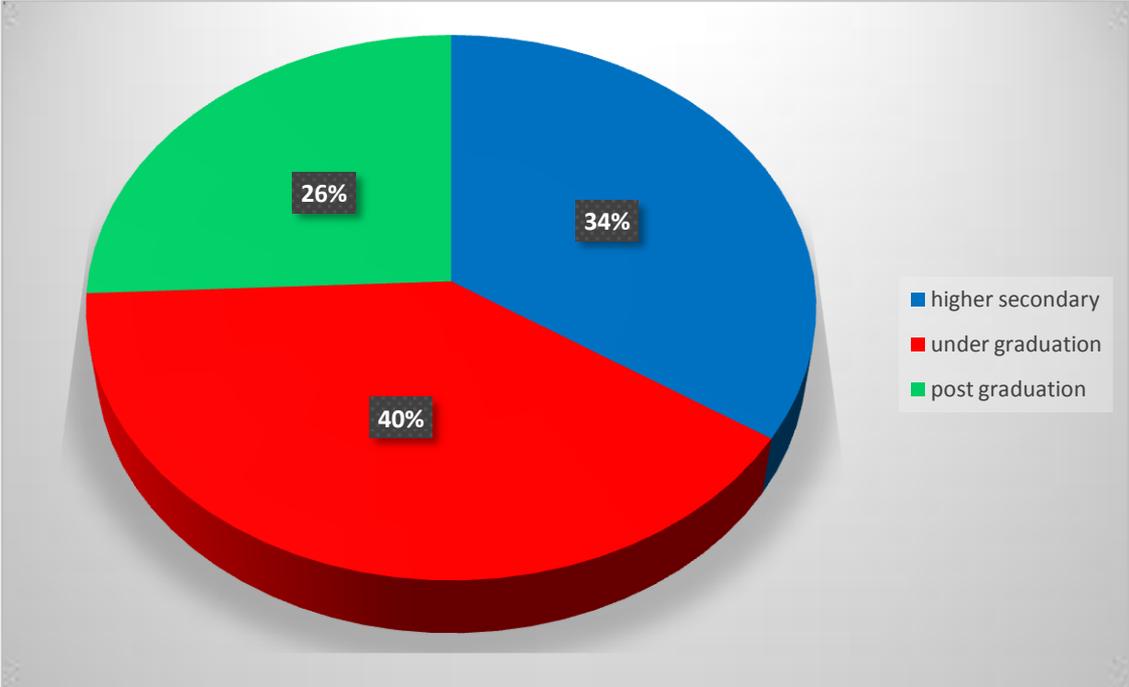
The pie diagram shows the educational status of the respondents. There are 70 respondents and out of that, 34% of the respondent are qualified higher secondary level education,40% of the respondent is having the qualification of under graduation and 26% of the respondents are post graduates.

Majority of the respondents are belonging to the category of undergraduates.

4.2.3 ANNUAL INCOME

Figure 2
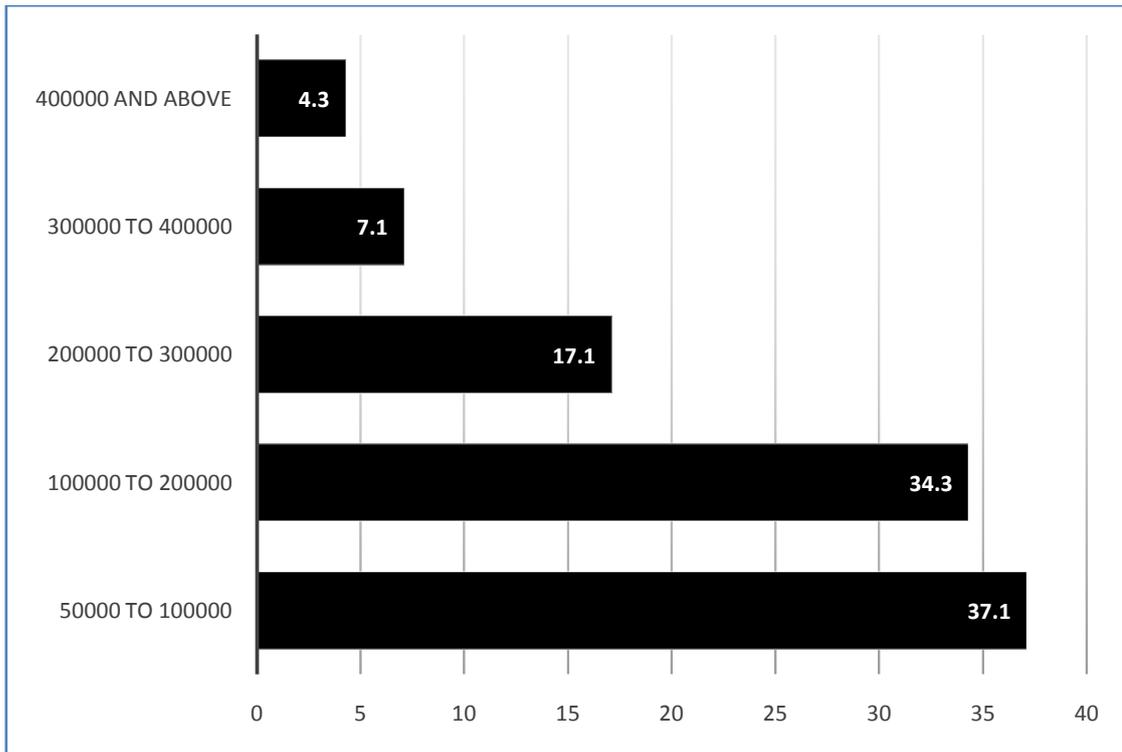
The above visualization represents the annual income of the respondent's family. 37.1% of the respondents having the annual income of 50000 rupees to 100000 rupees,34.3% of the respondents having the annual income of 100000 rupees to 200000 rupees,17.1% of the respondents are having 200000 rupees to 300000 rupees as annual income.7.1% of the respondents are having annual income of 300000 rupees to 400000 rupees,4.3% of the respondents are having annual income of 400000 rupees and above.

Most of the respondents are have annual income in the range of 50000 rupees to 100000 rupees. Based on this information its clear that majority of the respondents belongs to families of middle income level.

4.2.4 PERSONAL EXPENDITURE OF THE RESPONDENT PER MONTH

Figure 3
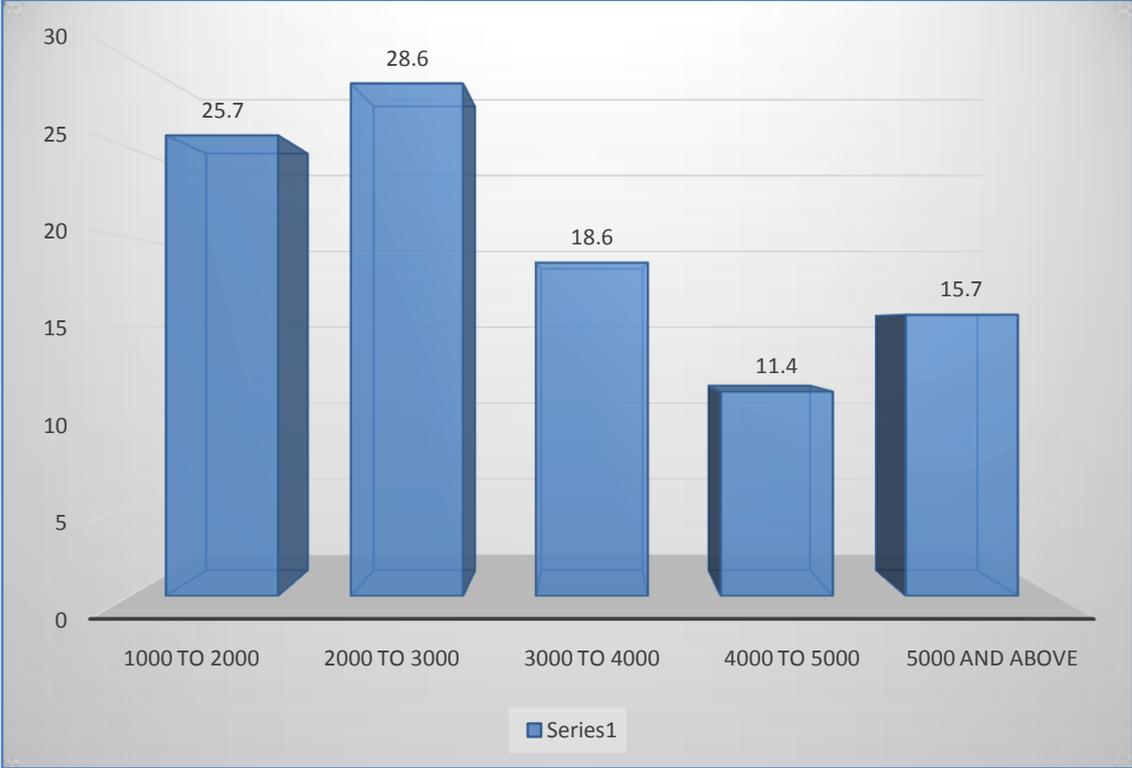
The visual representation shows the personal expenditure of the respondents in a month. It clearly shows that 25.7% of the respondents were spending 1000 to 2000 rupees per month, 28.6% of the respondents spending 2000 to 3000 rupees per month, 18.6% of the respondents spending 3000 to 4000 rupees per month, 11.4% of the respondents spending 4000 to 5000 rupees in a month,15.7% of the respondents spending 5000 rupees and above in monthly basis.

Majority of the respondents (28.6%) spent 3000 to 4000 rupees in a month. In a generalized manner majority of the youth in Iritty block panchayat spend the amount between 3000 to 4000 rupees as their personal expenditure.

4.2.5 PEOPLE WHO USE SOCIAL MEDIA

Figure 4
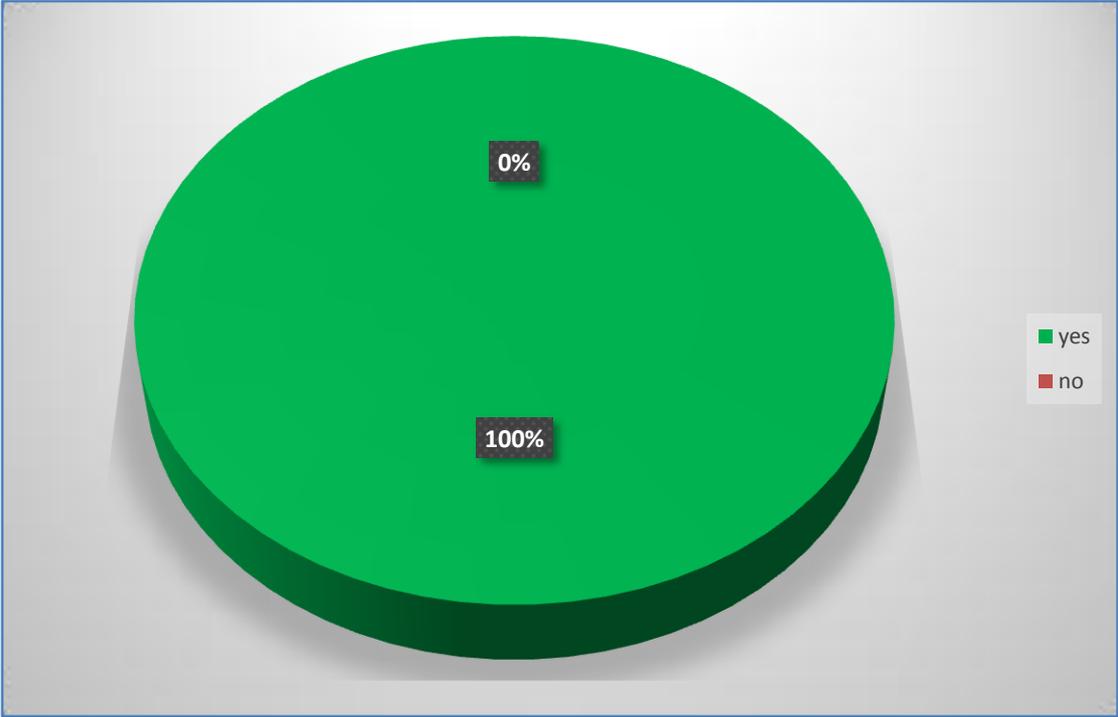
The visual representation clearly shows that all the respondents are using any kind of social media platform.

4.2.6 MEDIUM OF SOCIAL MEDIA USAGE

Figure 5
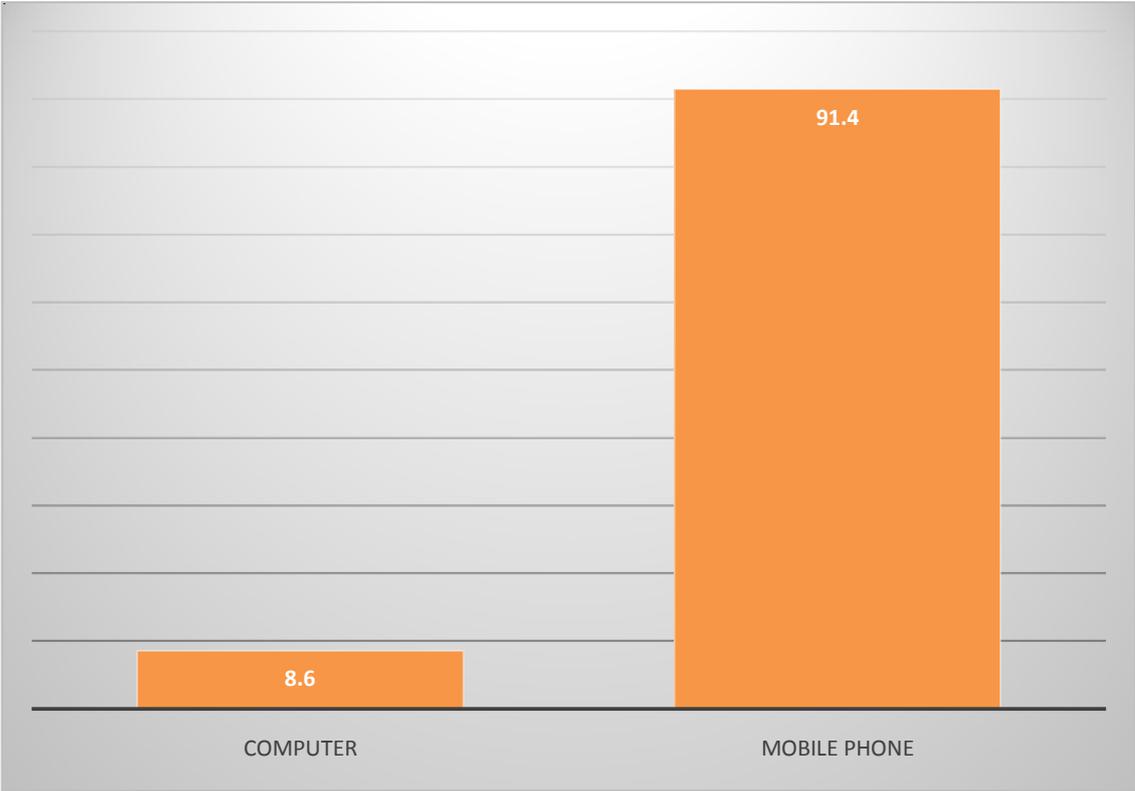
The above bar diagram shows that 8.6% of the respondents prefer computer as their medium of social media usage .91.4% of the respondents use mobile phones for using social media platforms.

Majority of the respondents indicated that the best medium of using social media is mobile phone.

4.2.7 PER DAY SCREEN TIME OF THE RESPONDENT ON SOCIAL MEDIA

Figure 6
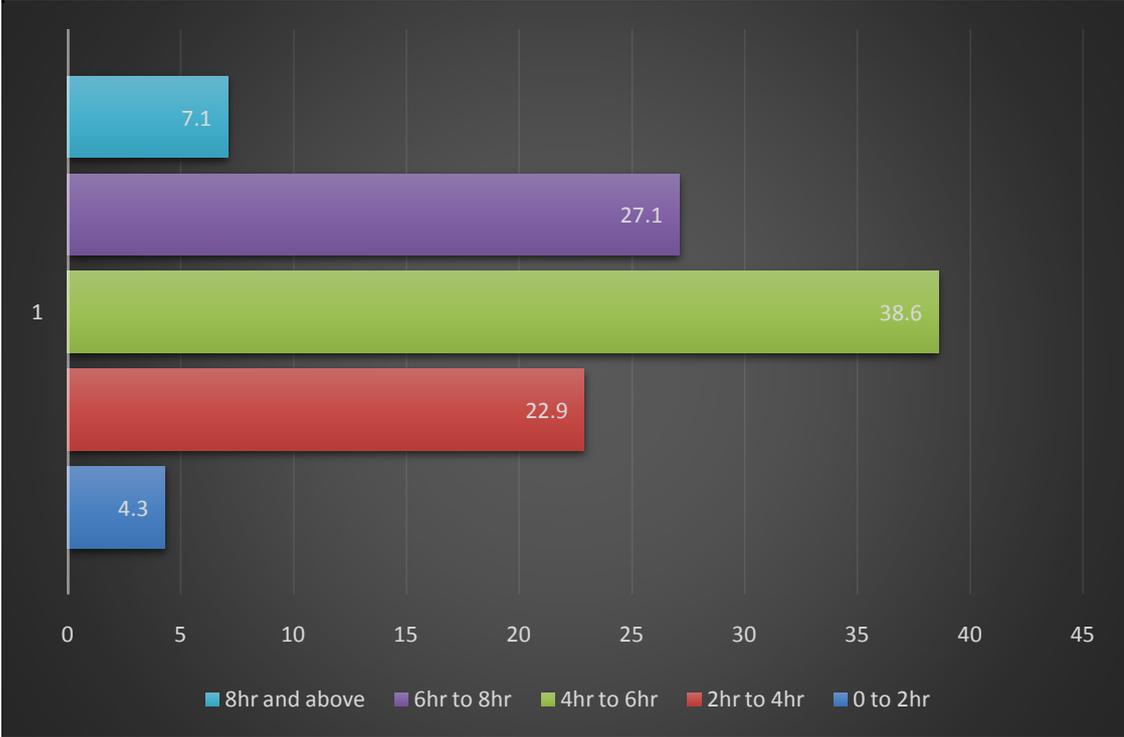
This visual representation visualizing the time consuming by respondents to activate in social media out of 70 respondents 4.3% of the respondents are using social media in the time range of 0 to 2hrs in a day.22.9% of the respondents responded that they invest their time of 2hrs to 4hrs in a day,38.6% of the respondents responded that they use social media 4hrs to 6hrs,27.1% of the respondents States that they invest their time in social media 6hrs to 8hrs.7.1% of the respondents responded they use social media 8hrs and above.

The visual representation clearly states that most of the respondents are using social media in the time range of 4hrs to 6hrs (38.6%).

4.2.8 MOST TIME-CONSUMING SOCIAL MEDIA PLATFORM

Figure 7
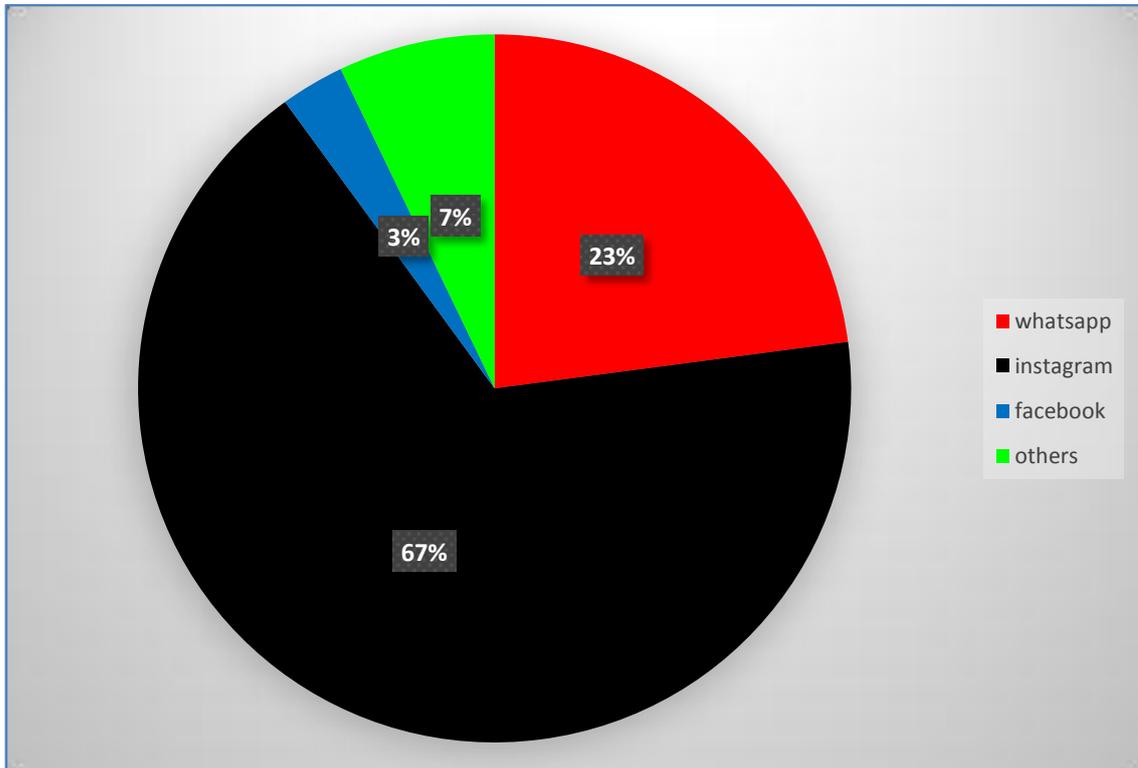
The above visualization represents the social media platforms which consuming time of the respondents.23% of the respondents responded that they spent more time in WhatsApp, 67% of the respondents says that they invest more time Instagram, 3% of the respondents responded that they spent more time in Facebook, 7% of the respondents responded that their most time-consuming social media platform are other means of internet platforms.

Visual representation clearly shows that most of the respondents are spending more time in Instagram.

4.2.9 FOLLOWING INFLUENCERS IN SOCIAL MEDIA

Figure 8
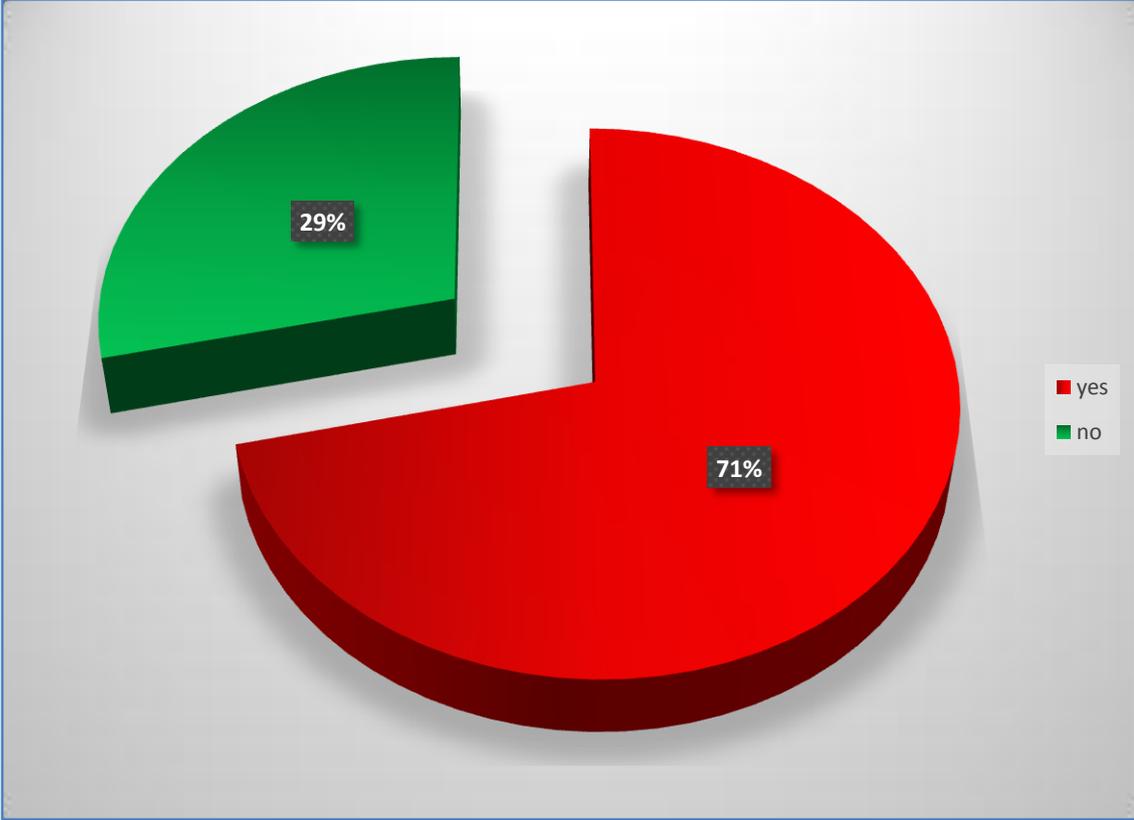
The above diagram represents how many respondents are following social media influencers in social media. It clearly shows that 71% of the respondents are following any kind of social media influencer.29% of the respondents are not following any social media influencers.

## 4.2.10 FOLLOWING ANY COMMERCIAL PAGES WHICH SELLS GOODS

Figure 9
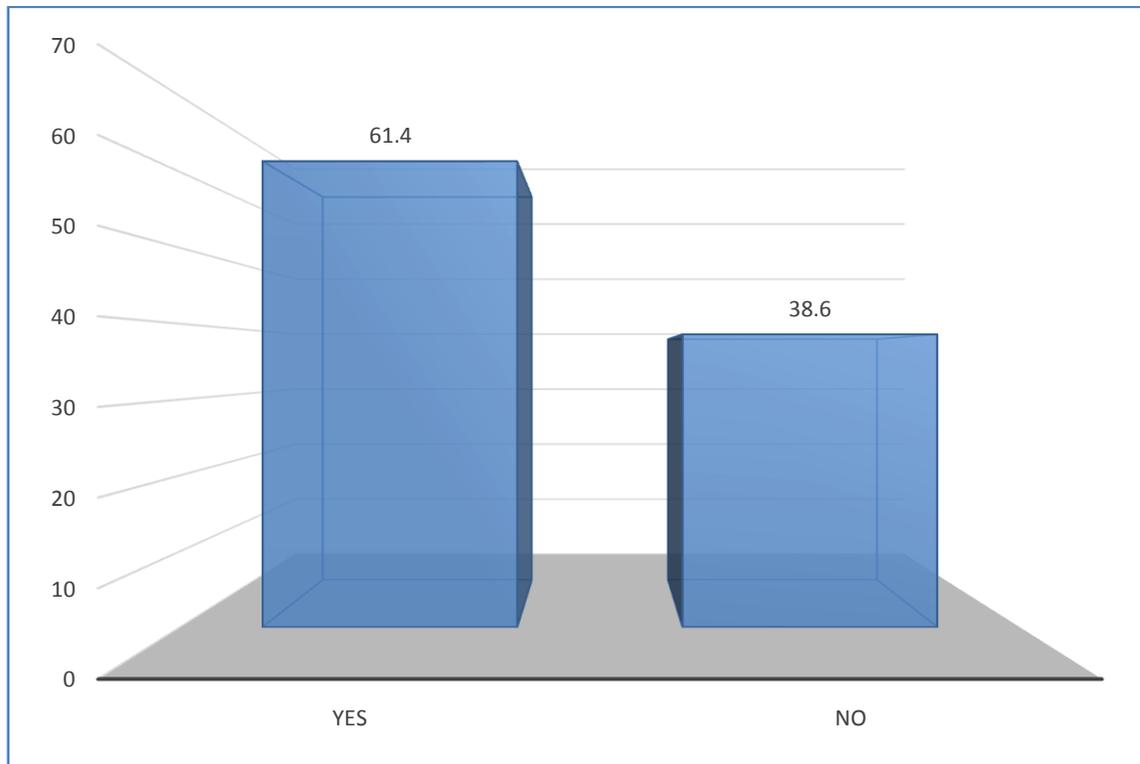
There are several commercial pages in social media which sells various kind of products. This visual representation visualizing the percentage of respondents who following any commercial pages and respondents who not following any commercial pages which sells goods.61% of the respondents are following any kind of commercial page in social media platform.38.6% of the respondents are not following any commercial page in social media.

The visualization clearly indicates that majority of the respondents are following commercial pages and showing interest to see materialistic content.

4.2.11 OPINION ABOUT SHOWING ADVERTISEMENT WHILE SCROLLING ON SOCIAL MEDIA

Figure 10
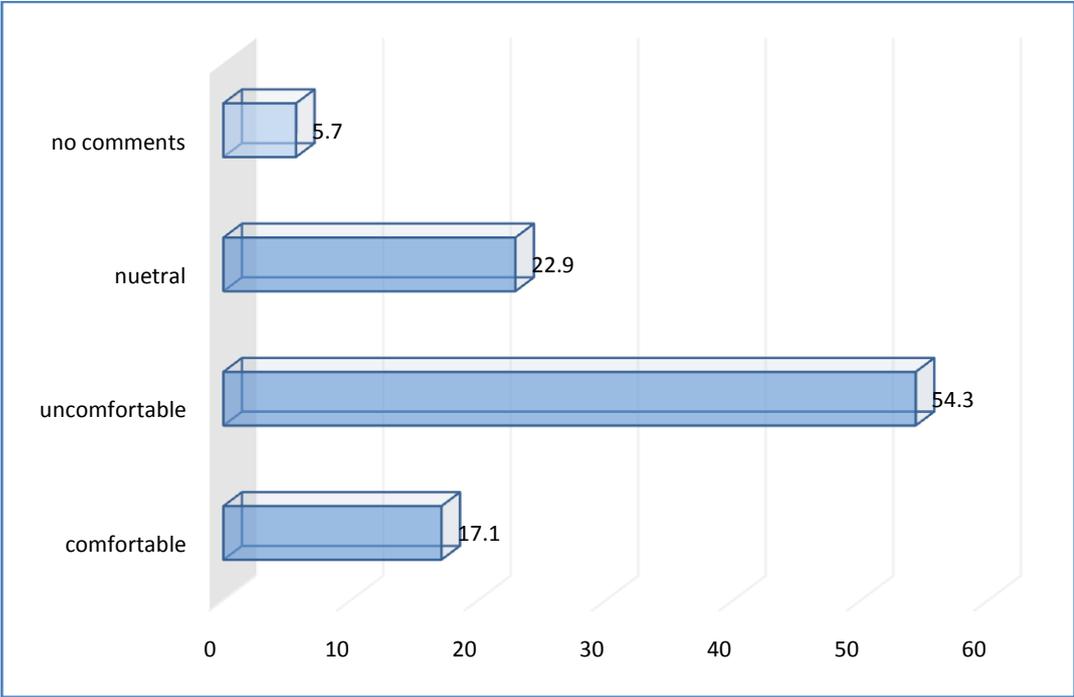
The graph shows the opinion about showing advertisements while scrolling social media. 5.7% of the respondents says they have no comments on it,22.9% of the respondents have neutral mindset on it ,54% of the respondents responded that they are uncomfortable with showing advertisements while scrolling social media. The rest of the 17.1% of the respondents are comfortable with showing advertisement in social media. Majority of the respondents expressing uncomfortable with advertisements in social media.

4.2.12 PAYING ATTENTION TO THE ADVERTISEMENTS

Figure 11
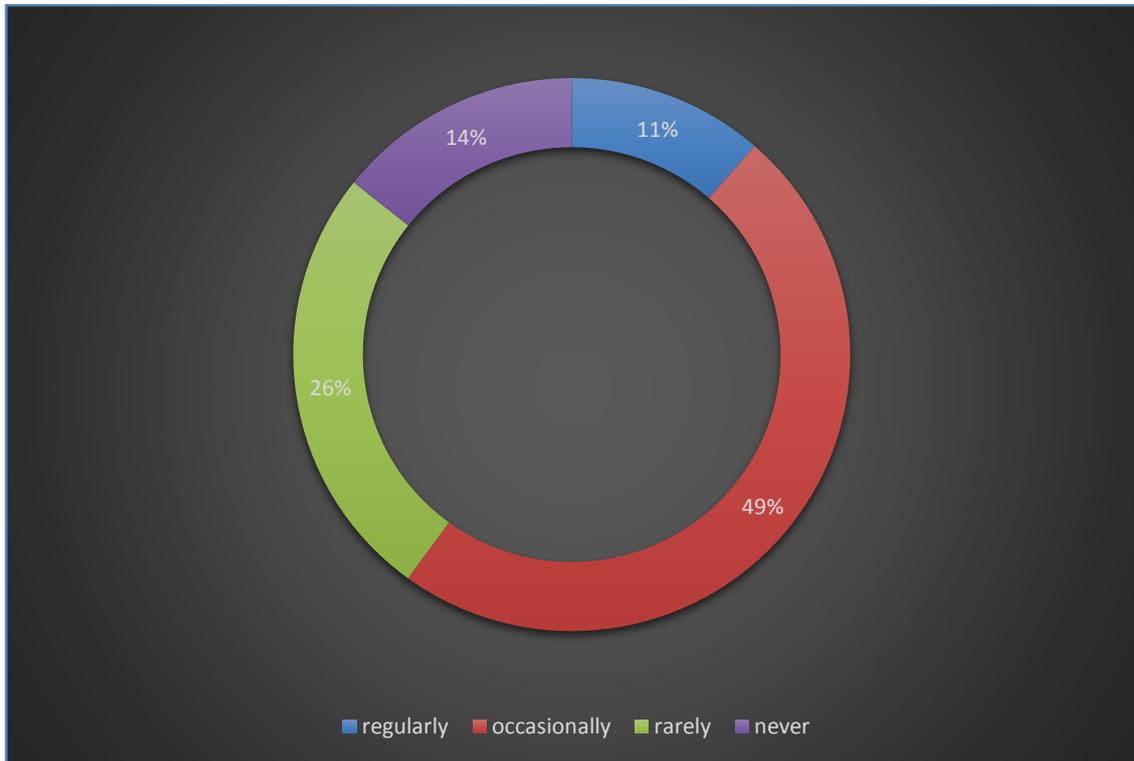
This visual representation vizsulizing the respondents percentage of giving attention to advertisements in social media.11% of the respondents responded that they are regularly paying attention to the social media advertisements,49% of the respondents says that they are occasionally paying attention to the advertisements.26% of the respondents responded that they rarely paying attention to the advertisements. 14% of the respondents says that they are not paying attention to any kind of advertisements. The visual representation clearly states that most of the respondents are watching the full length of advertisement and very less population is not paying to any advertisement.

## 4.2.13 SOCIAL MEDIA PLATFORM GIVING TOO MANY ADVERTISEMENT

Figure 12
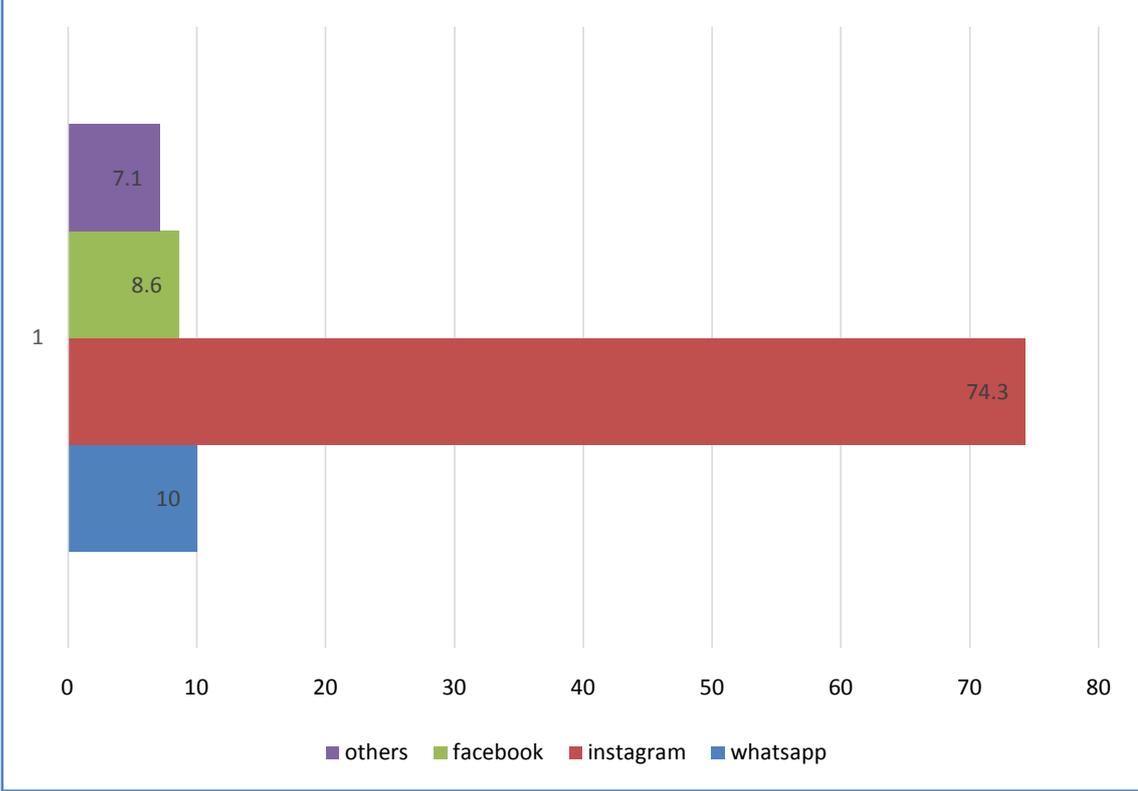
Using the above visual representation, we can identify which social media platform is providing too many advertisements. 10% of the respondents says that WhatsApp is giving too many commercial advertisements.74.3% of the respondents responded that Instagram is having more advertisements more than any social media platforms.8.6% of the respondents responded that Facebook is giving more advertisements.7.1% of the respondents say that other social media platforms such as telegram, snapchat etc… the visualization clearly states that Instagram is the most advertising social media platform at the same time Instagram is the most used social media platform.

## 4.2.14 MOST PREFERRED SOCIAL MEDIA PAGES.

Figure 13
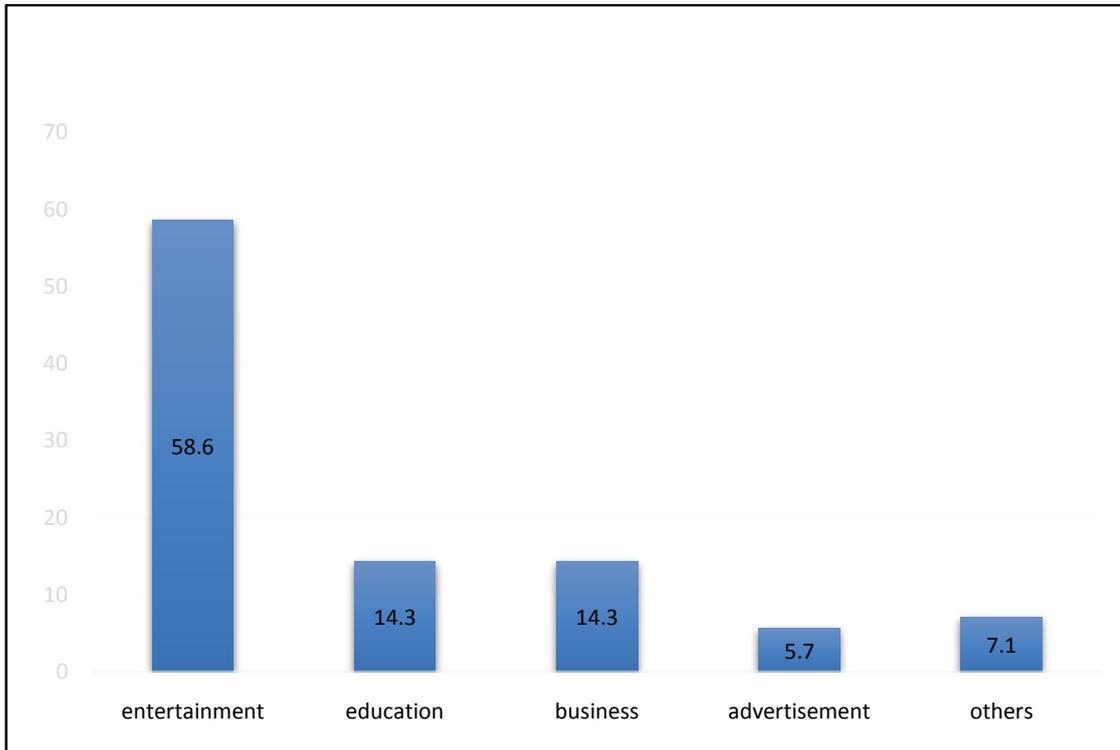
The graph illustrates the most preferred social media pages by the respondents.58.6% of the responded that they prefer entertainment pages more social media platforms. 14.3% of the respondents says that they are more interested in investing their time in to educational pages.14.3% of the respondents responded that they prefer more in business pages.5.7% of the respondents says that they prefer more in advertisement pages. 7.1% of the respondents responded that they prefer other means of pages in social media platforms. As a conclusion majority of the population likes to invest their time in to entertainment pages.

## 4.2.15 IMITATING SOCIAL MEDIA LIFE HACKS AND TRENDS

Figure 14
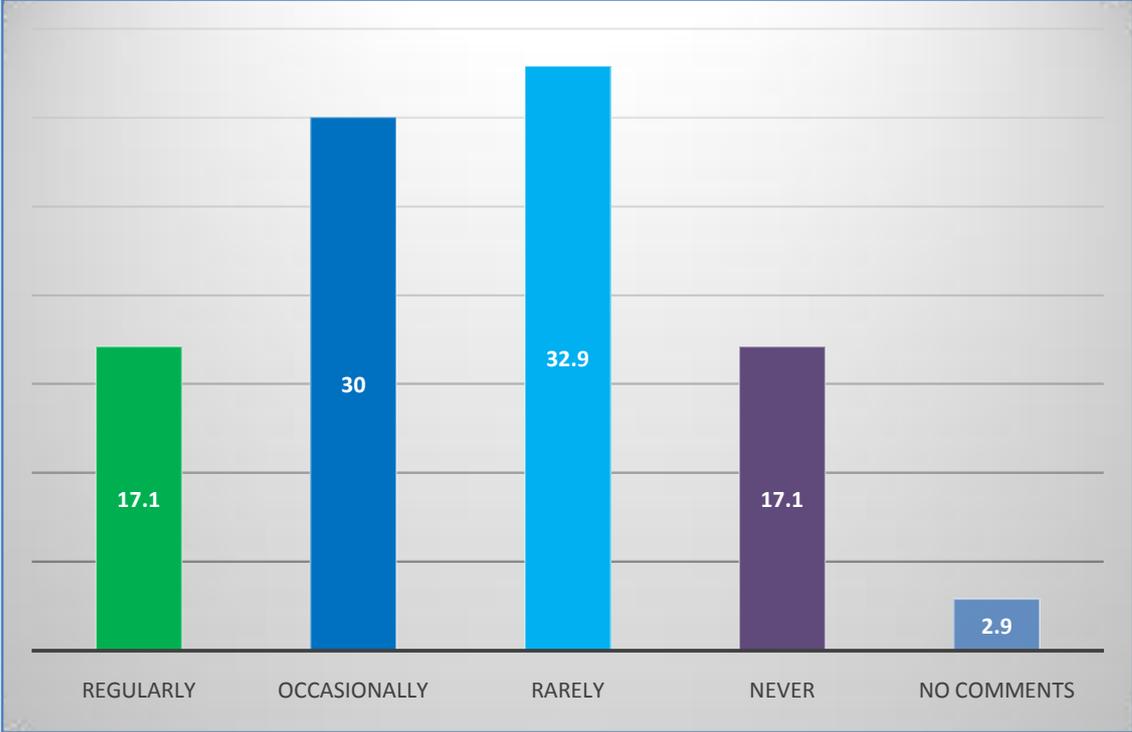
The visualization represents the social media life hacks and trends imitated by the respondents' .17.1% of the respondents regularly imitating life hacks and trends in social media .30% of the respondents says that they imitating social media trends and life hacks in occasional manner.32.9% of the respondents responded that they rarely imitate the trends and life hacks in social media. 17.1% of the respondents says that they are not imitating any kind of social media life hacks and trends. The rest 2.9% of the respondents have nothing to say about it. As a conclusion on the basis of regularly, occasionally or rarely most of the respondents are imitating social media life hacks and trends.

4.2.16 OPINION ABOUT ONLINE PURCHASES

Figure 15
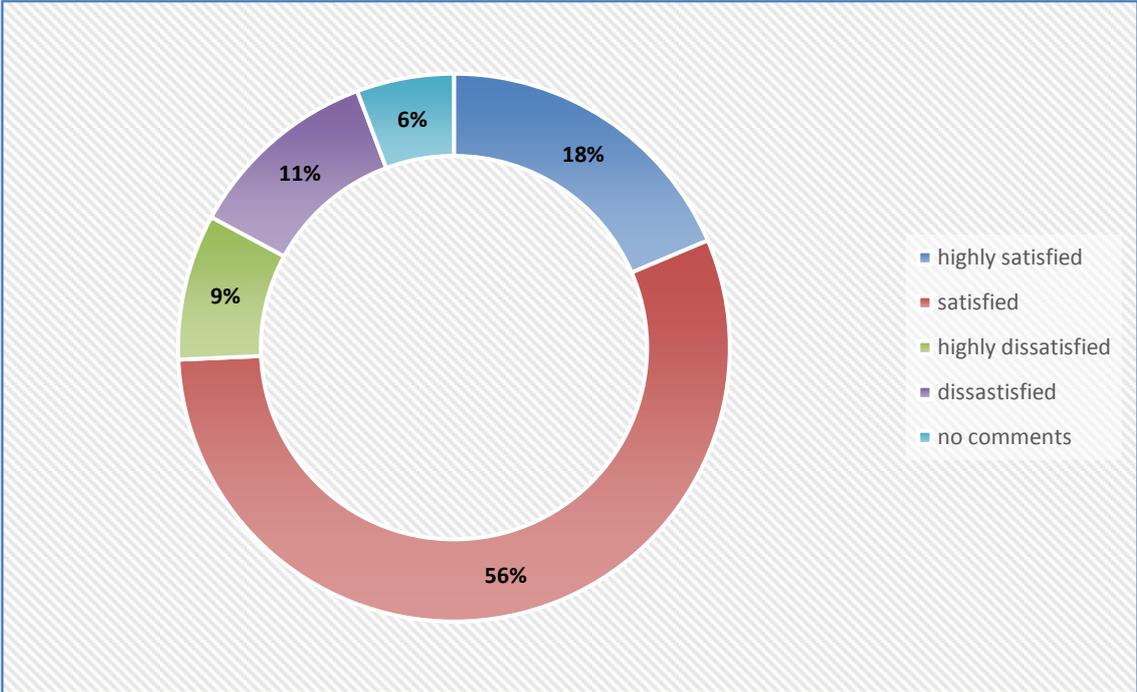
This visual representation illustrates the opinion about online purchasing among the respondents.18% of the respondents responded that they are highly satisfied with online purchases .56% of the respondents are satisfied with online purchases. 9% of the respondents are highly dissatisfied with online purchases. 11% of the respondents responded that they are dissatisfied with online purchases. The rest of the 6% population have no opinion about online purchases. As a conclusion majority of the youth population likes to buy products from online platforms.

4.2.17 SOCIAL MEDIA INFLUENCE ON PEOPLE'S TASTE OF PURCHASING

Figure 16
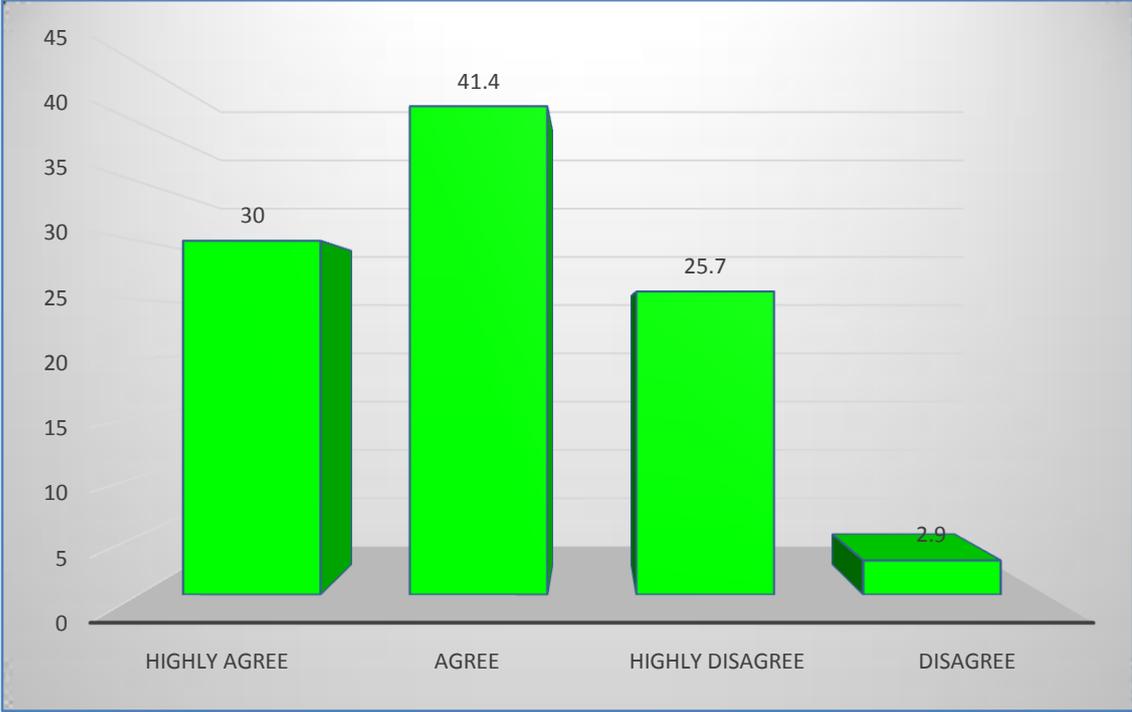
 This visualization represents the opinion of the population on social media influence on people taste of purchasing. 30% of the population responded that they are highly agree that social media have influence on people taste of purchasing. 41.4% of the respondents agreed with the given statement. 25.7% of the respondents say that they are highly disagreeing the given statement. 2.9% of the respondents say they disagree that social media have an influence on people's taste of purchasing.

Visual representation clearly said that majority of the population believes that social media have influence on people taste of purchasing.

**4.2.18 PURCHASED A PRODUCT BECAUSE OF SOCIAL MEDIA**

Figure 17
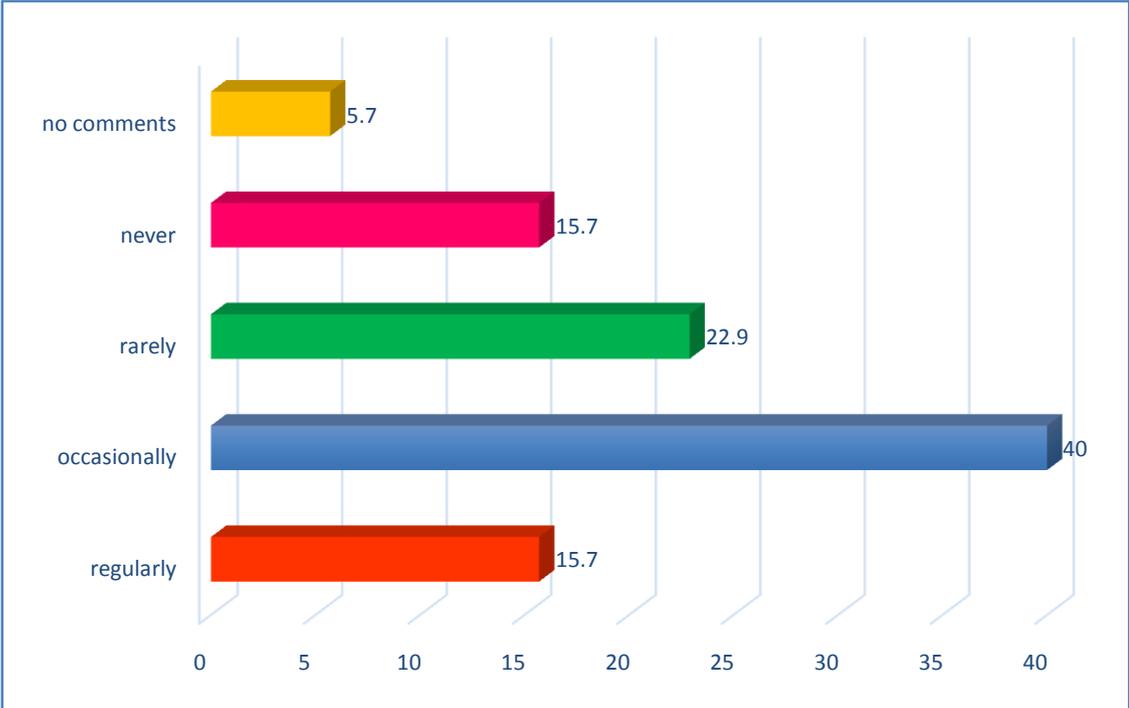
This figure helps to understand whether social media influenced to buy products. 15.7% of the respondents responded that they regularly purchasing products by the influence of social media. 40% of the respondents responded that they occasionally purchasing products influenced by social media. 22.9% of the population responded that they rarely purchasing products influenced by social media. 15.7% of the population responded that they never purchased any kind of products because of social media. 5.7% of the population says that they have nothing to say about this.

This clearly shows that most of the respondents are buying products because of social media.

4.2.19 FEELING OBSESSIVE ON A PRODUCT AFTER SEEING IT ON SOCIAL MEDIA

Figure 18
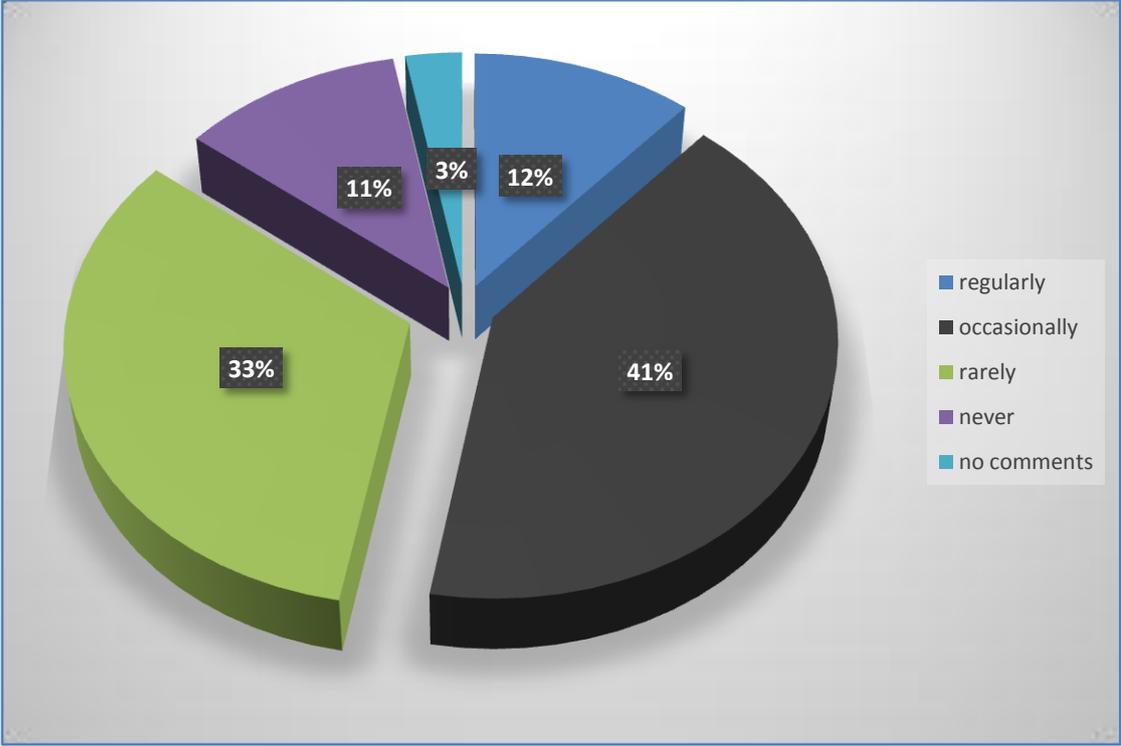
This visualization says that 12% of the respondents are regularly feeling obsessive on a product after seeing it on social media. 41% of the respondents are occasionally feeling obsessive on a product after seeing it on social media. 33% of the respondents say that they are rarely feeling obsessive on a product after seeing it on social media. 11% of the respondents responded that they never felt obsessive on a product after seeing it on social media. 3% of the population has no comments on it.

The visual representation clearly states that most of the youth feeling obsessive on a product after seeing it on social media.

4.2.20 SOCIAL MEDIA ENCOURAGES MATERIALISM AMONG YOUTH PEOPLE

Figure 19
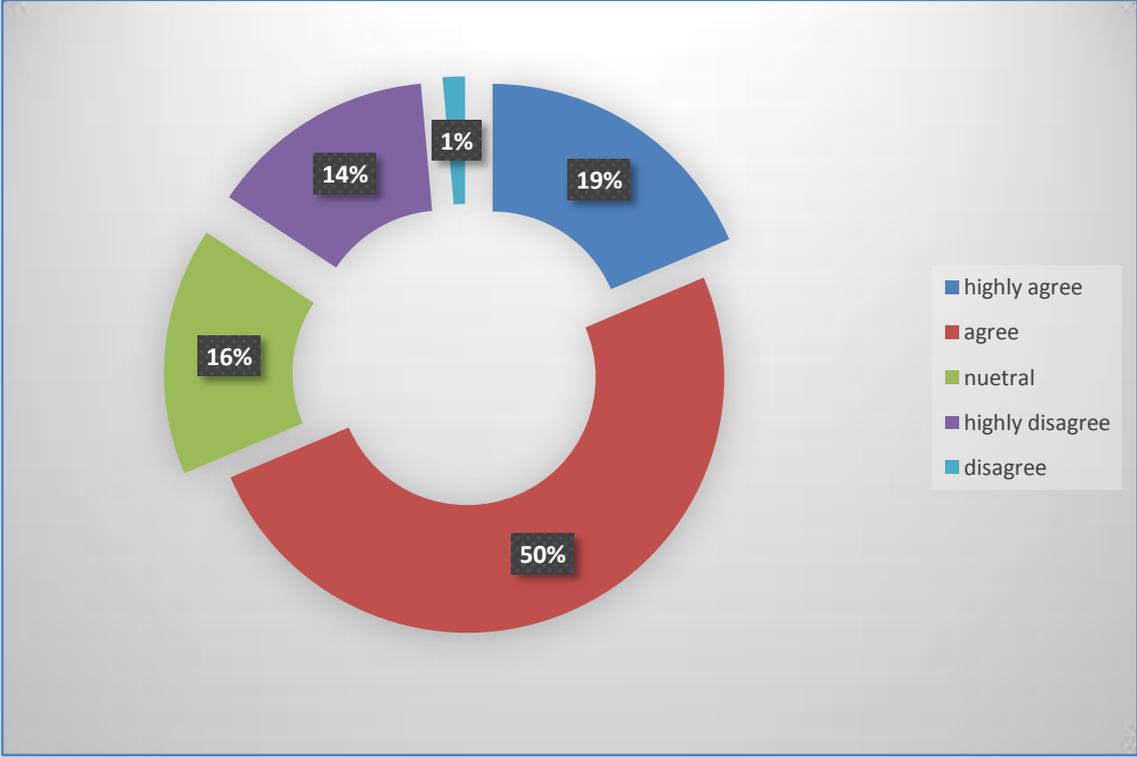
This visual representation visualizing social media encourages materialism among youth people. 19% of the respondents responded that they are highly agree with social media encourages materialism among youth people. 50% of the respondents agreed the statement. 16% of the respondents have neutral opinion about social media encourages materialism. 14% of the respondents highly disagree with the statement and 1% of the respondents disagreed with the statement.

The conclusion is majority of the respondents believes that social media encourages materialism among youth people.

4.2.21 BUYING UNWANTED PRODUCTS BECAUSE OF SOCIAL MEDIA MARKETING

Figure 20
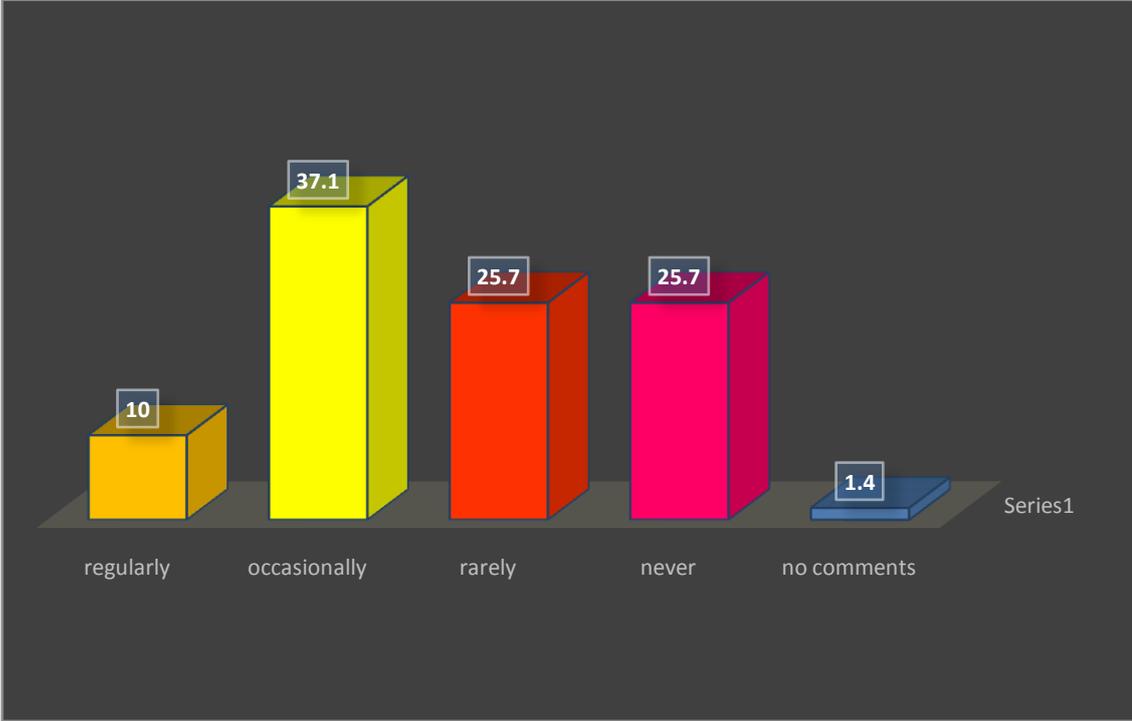
This visualization represents to know whether respondents buying unwanted products because of social media marketing. 10% of the respondents regularly purchasing products because of social media marketing. 37.1% of the respondents occasionally purchasing products because of social media marketing. 25.7% of the respondents say that they rarely purchasing products 25.7% of the respondents says that they never purchased any kind of products because of social media marketing. 1.4% of the respondents have no interest to comment on it.

The conclusion is majority of the population buying products because of social media marketing.

4.2.22 SOCIAL MEDIA PORTRAITS UNREALISTIC EXPECTATIONS OF MATERIAL POSSESSIONS

Figure 21
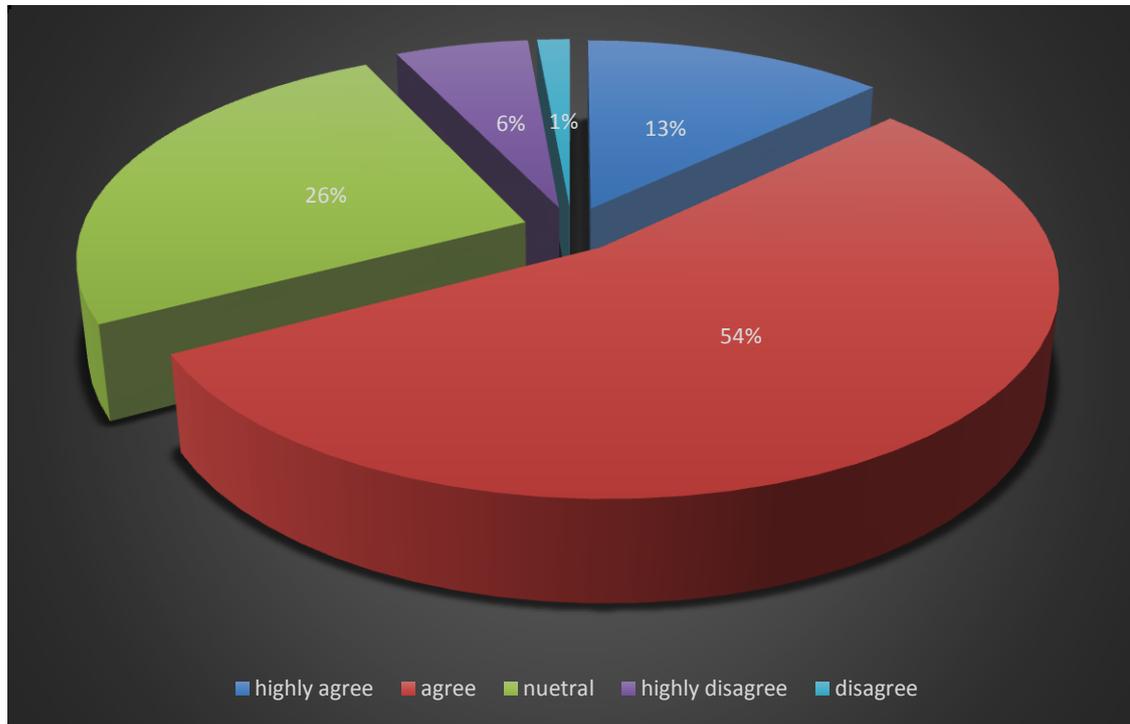
In this pie diagram 13% of the respondents highly agree that social media portraits unrealistic expectation of material possessions. 54% of the respondents agree that social media portraits unrealistic expectation of material possessions. 26% of the population have neutral opinion about that, 6% of the respondents says that they are highly disagreed that social media portraits unrealistic expectation of material possessions. 1% of the population disagreed the statement.

The conclusion is majority of the population believes that social media portraits unrealistic expectation of material possessions.

4.2.23 MOST PREFERRED MATERIAL BY YOUTH

Figure 22
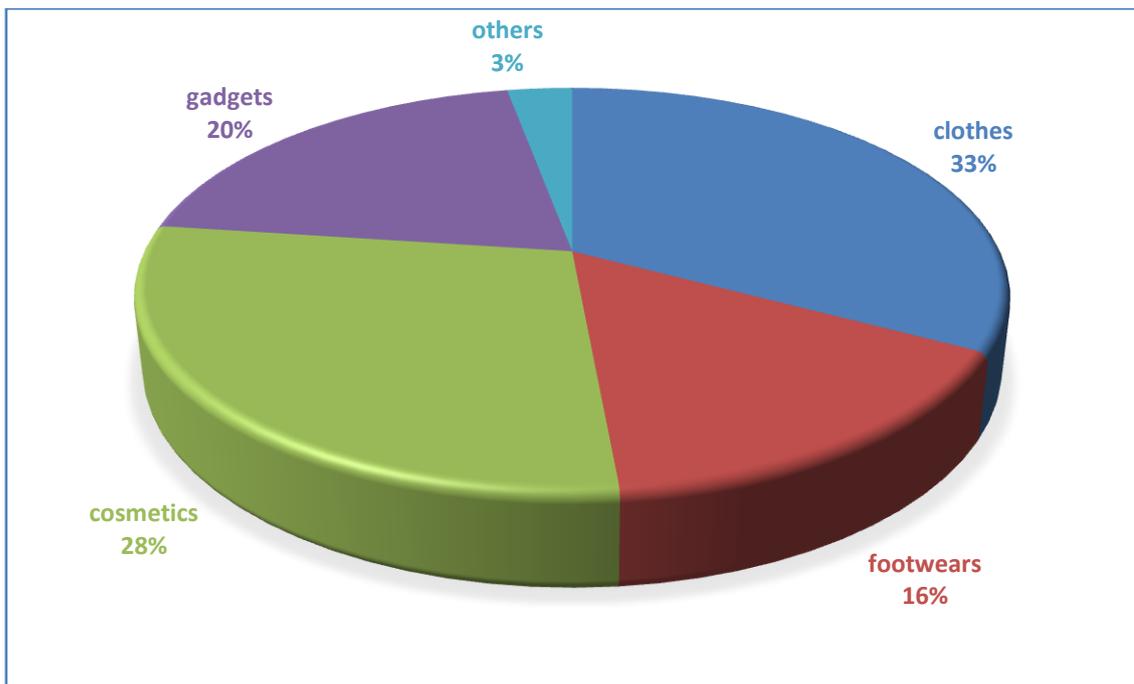
In this pie diagram 33% of the respondents preferring cloth items more than any other materials. 16% of the respondents preferring footwear items more than any other materials. 28% of the respondents preferring cosmetics items more than any other materials. 20% of the population preferring gadgets more than any other materials. 3% of the respondents preferring other materials like home utilities, motor accessories etc.

The conclusion is most of the youth is preferring cloth and cosmetics as most preferred materials.

4.2.24 SEEING MATERIALISTIC POST AGAIN AND AGAIN

Figure 23
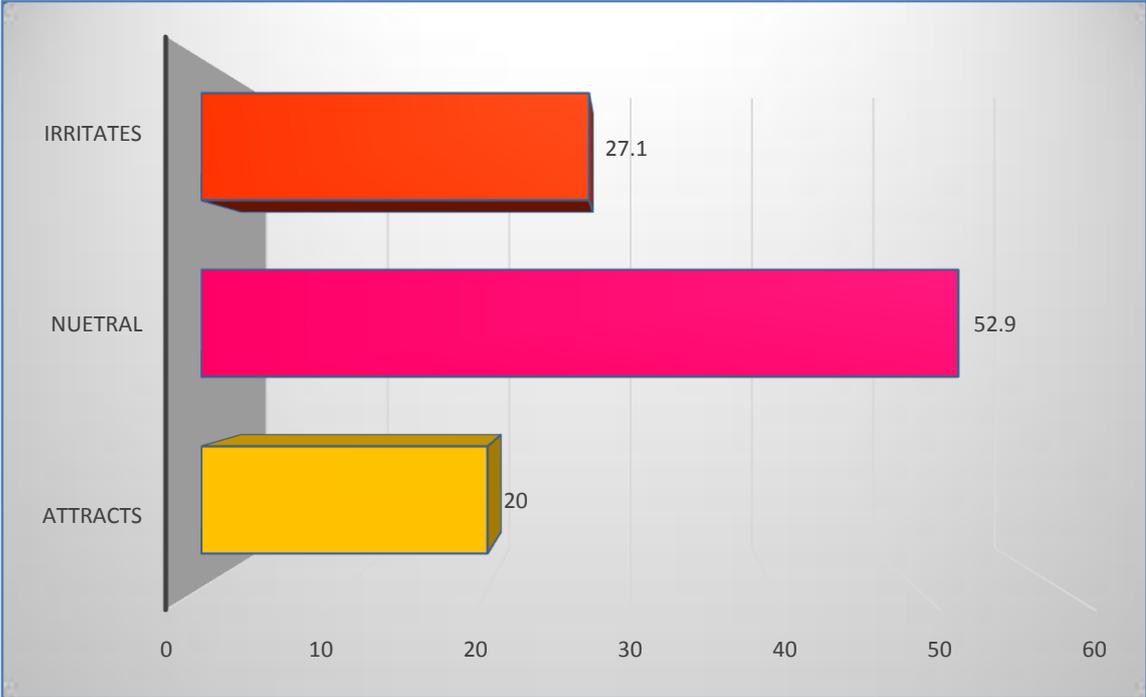
This bar diagram explains about feelings of respondents on seeing materialistic post again and again. 27.1% of the population responded that when they see materialistic post again and again they feel irritated 52.9% of the respondents have neutral mind set on seeing materialistic post again and again. 20% of the respondents says that they feel attractive when seeing materialistic post again and again.

The conclusion is majority of the respondents have neutral mind set when they see materialistic post again and again.

4.2.25 SHARING MATERIALISTIC POST TO FRIENDS

Figure 24
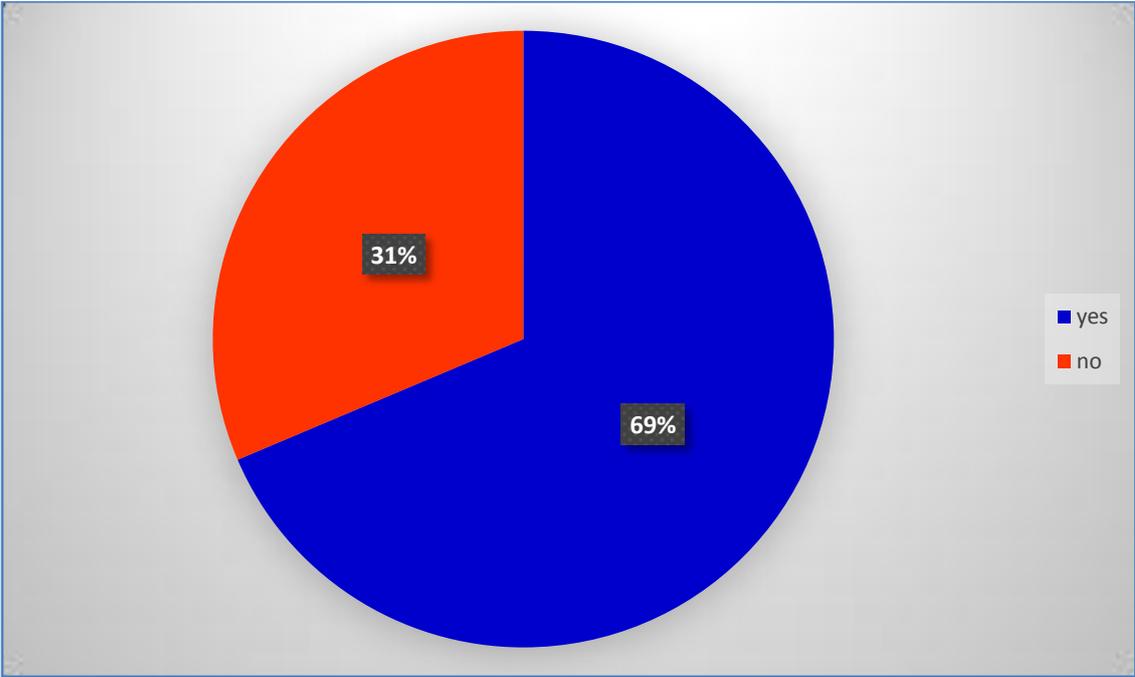
In this diagram we can understand that 69% of the respondents share materialistic post to their friends on the other hand 31% of the respondents are not sharing any kind of materialistic post to their friends.

The conclusion is most of the youth is sharing materialistic post to their friends through social media platforms.

4.2.26 SOCIAL MEDIA HAVE THE POWER TO DECIDE WHAT SHOULD BUY

Figure 25
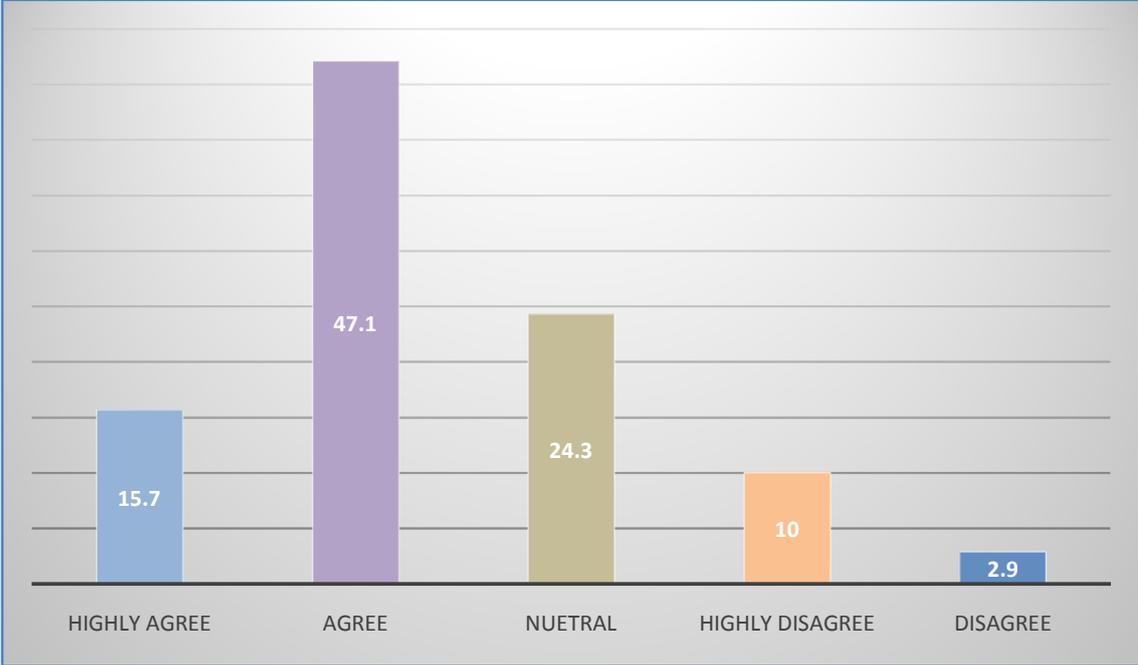
In this visual representation 15.7% of the respondents responded that they are highly agreed that social media have the power to decide what the users should buy. 47.1% of the population says that they are agree with the statement of social media have the power to decide what should the users buy. 24.3% of the respondents say they have neutral opinion about the statement that means they may vary to agree or disagree. 10% of the respondents says that they are highly disagree with social media have the power to decide what should the users buy. 2.9% of the respondents says that they are disagreed to the statement of social media have the power to decide what should the users buy.

The conclusion is most of the youth have the opinion of social media have the power to decide what should the users buy.

4.2.27 AWARE OF MATERIALISTIC OBSESSION

Figure 26
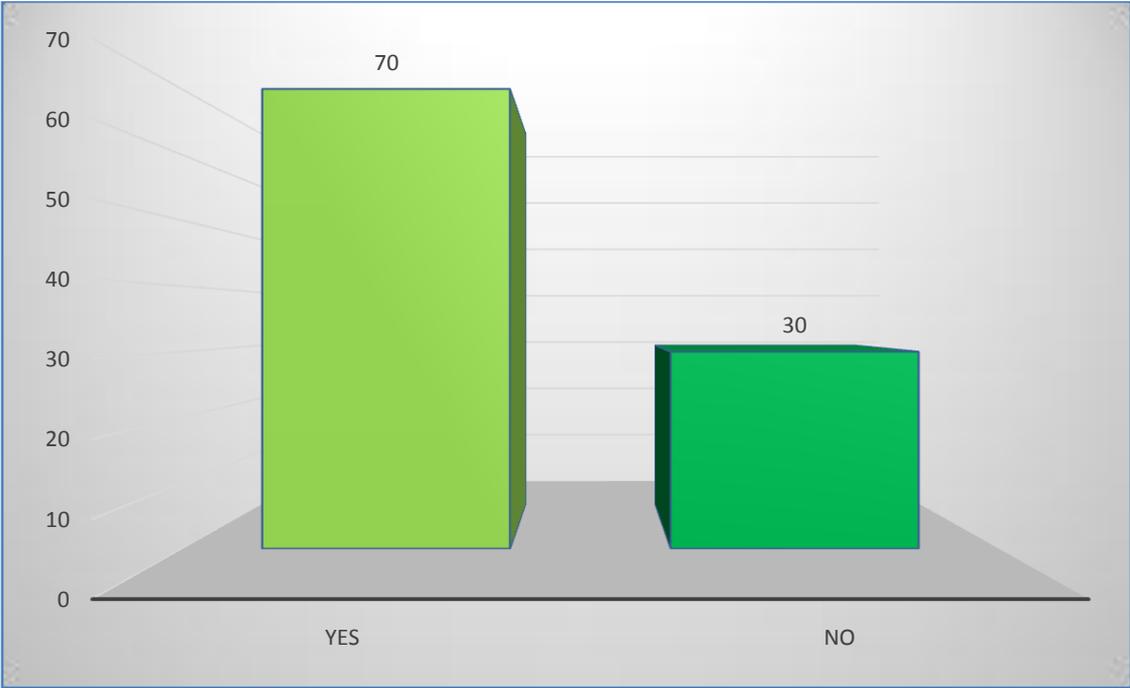
Based on the visualization, we can determine whether respondents are aware of materialistic obsession. 70% of the respondents are aware of the term materialistic obsession. 30% of the respondents are not familiar with the term materialistic obsession.

The conclusion is majority of the respondents are aware of materialistic obsession.

4.2.28 PRODUCTS PROMOTED ON SOCIAL MEDIA ARE SELLING AT THEIR ACTUAL PRICE

Figure 27
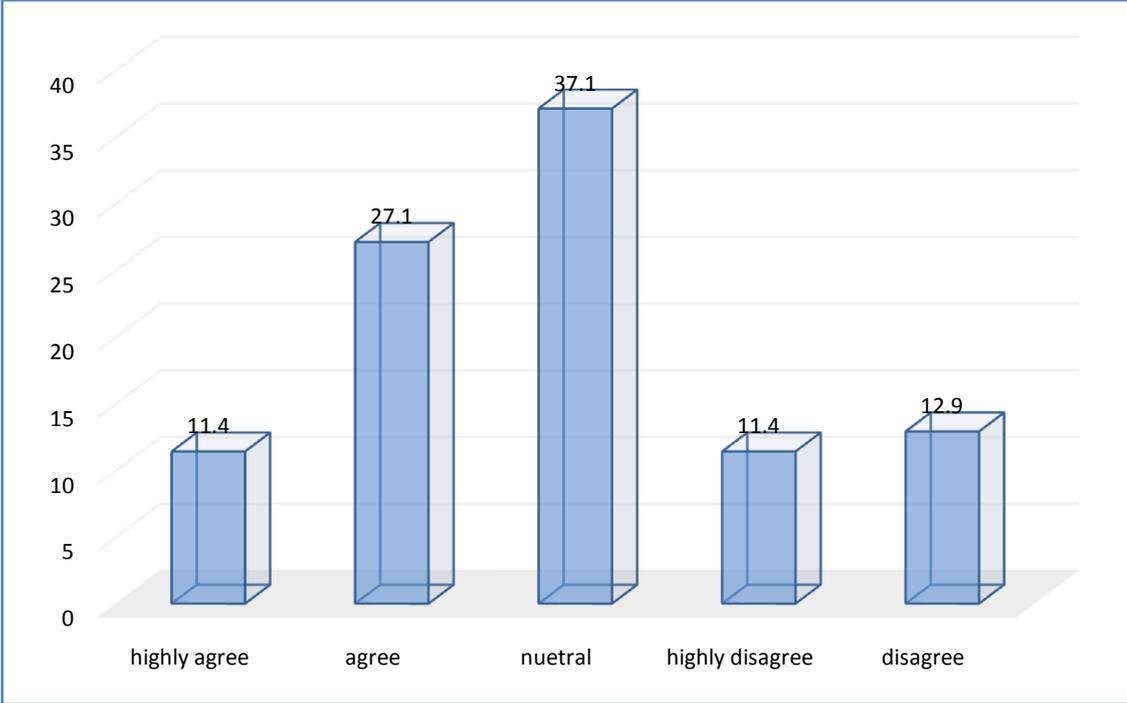
This bar diagram shows that 11.4% of the respondents highly agree that products promoted on social media are selling at actual price. 27.1% of the respondents agree that products promoted on social media are selling at actual price. 37.1% of the population has neutral opinion about the statement. 11.4% of the population highly disagree that products promoted on social media are selling at actual price. 12.9% of the respondents disagree that products promoted on social media are selling at actual price.

The conclusion is majority of the respondents have neutral mind set on the statement. It clearly shows that respondents have no clear idea about products promoted on social media are selling at actual price.

4.2.29 YOUTH PREFER MORE

Figure 28
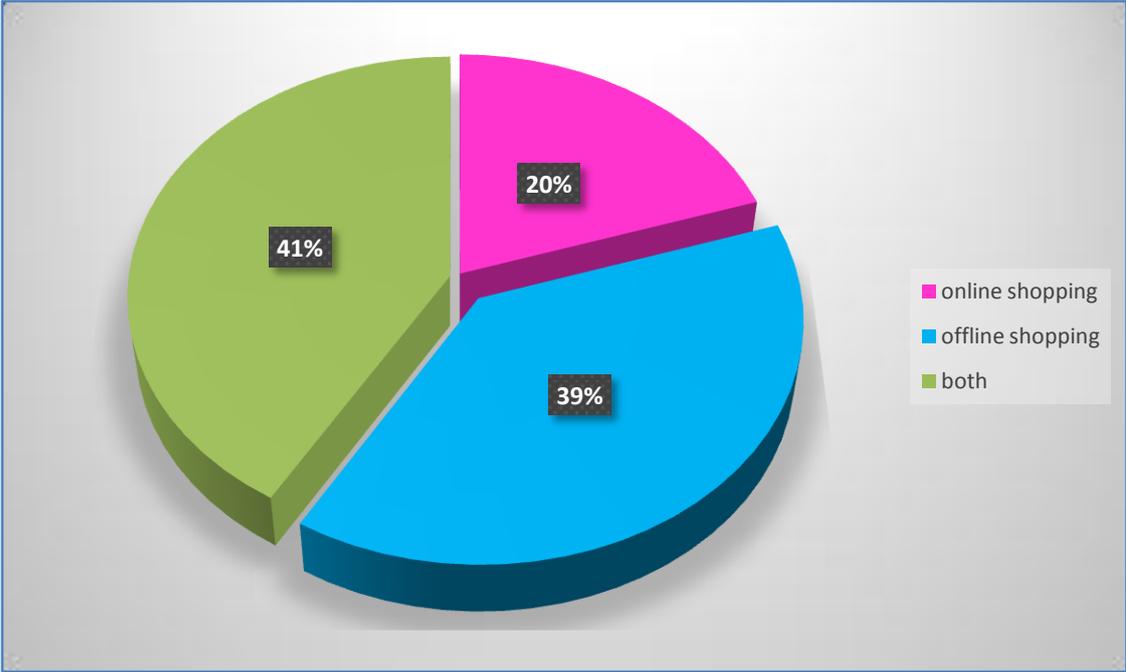
The figure illustrates 20% of the youth prefer online shopping and 39% of the respondents prefer offline shopping. 41% of the population preferring both online and offline shopping.

The conclusion is most of the youth prefer both online and offline shopping.

4.2.30 SOCIAL MEDIA MATERIALISM AFFECTING PEOPLE'S MONEY MANAGEMENT

Figure 29
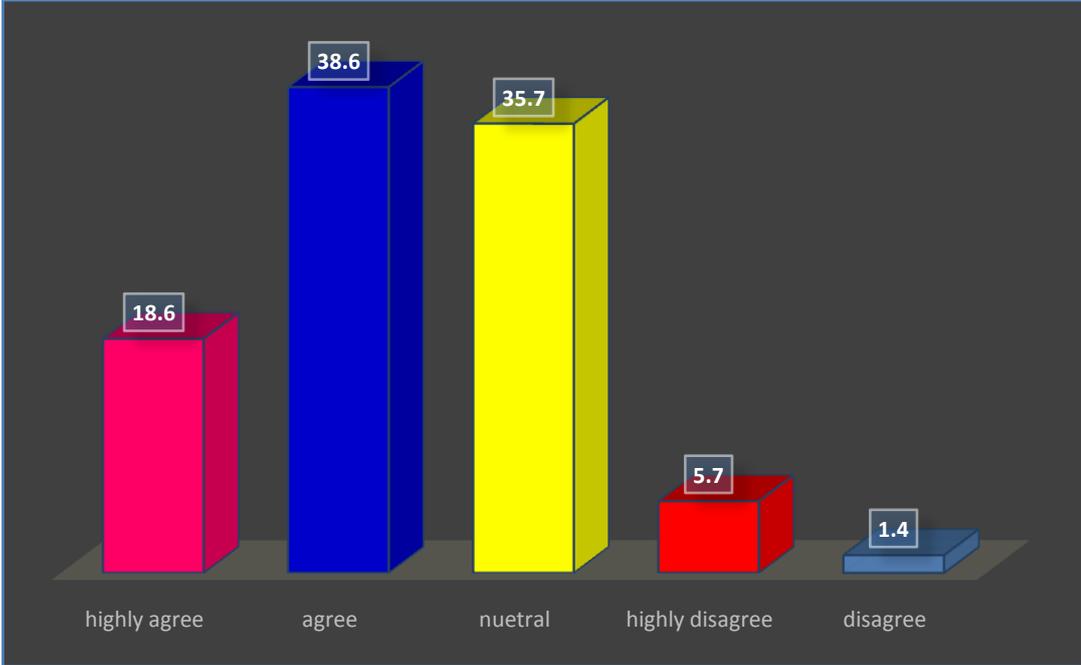
The given statement is social media materialism affecting people's money management and 18.6% of the respondents highly agree to the statement. 38.6% of the population agree that social media materialism affecting people's money management. 35.7% of the respondents have neutral opinion on the given statement. 5.7% of the respondents highly disagreed with the statement, 1.4% of the respondents disagree that social media materialism affecting people's money management.

The conclusion is most of the respondents believes that social media materialism affecting people's money management.

4.2.31 FIGURING OUT WHAT IS NECESSARY AND UN NECESSARY PRODUCTS

Figure 30
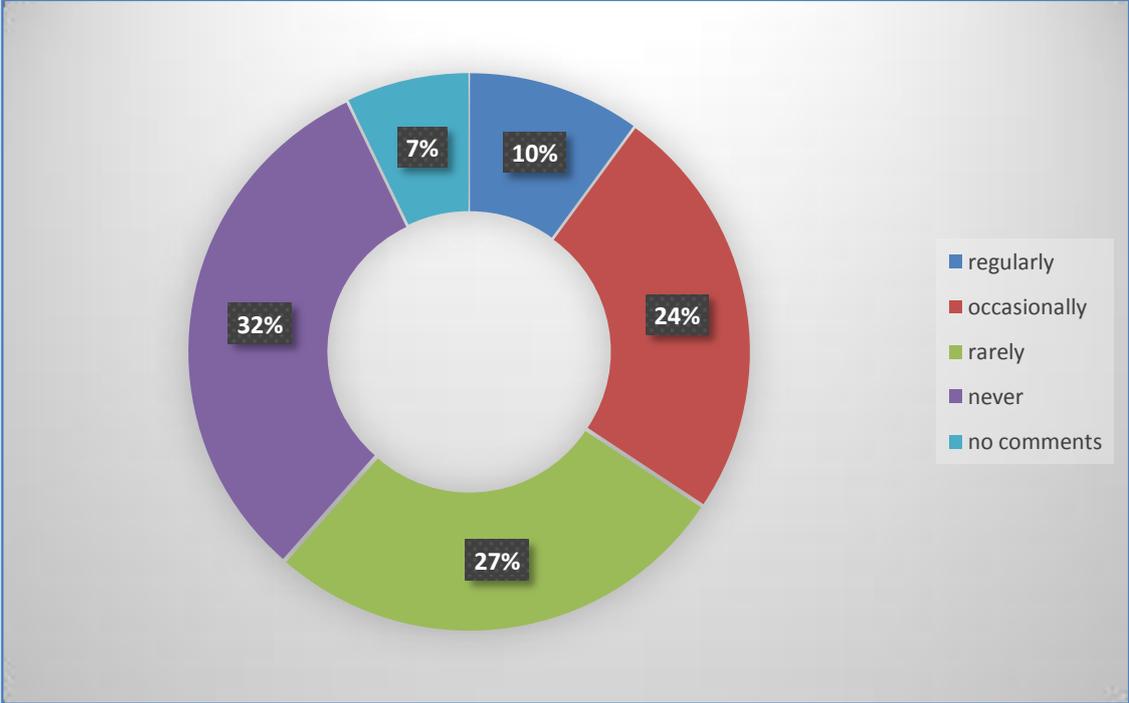
This figure illustrates respondent's ability to figure out what is necessary and unnecessary product. 10% of the respondents have the ability to regularly figuring out what is necessary and unnecessary product. 24% of the population occasionally figuring out. 27% of the respondents rarely figuring out what is necessary and unnecessary product. 32% of the respondents are not able to figure out what is necessary and unnecessary product. 7% of the population has no comment on it.

The conclusion is most of the respondents are able to figure out what is necessary and unnecessary product.

4.2.32 BORROWED MONEY TO PURCHASE ATTRACTIVE MATERIALS

Figure 31
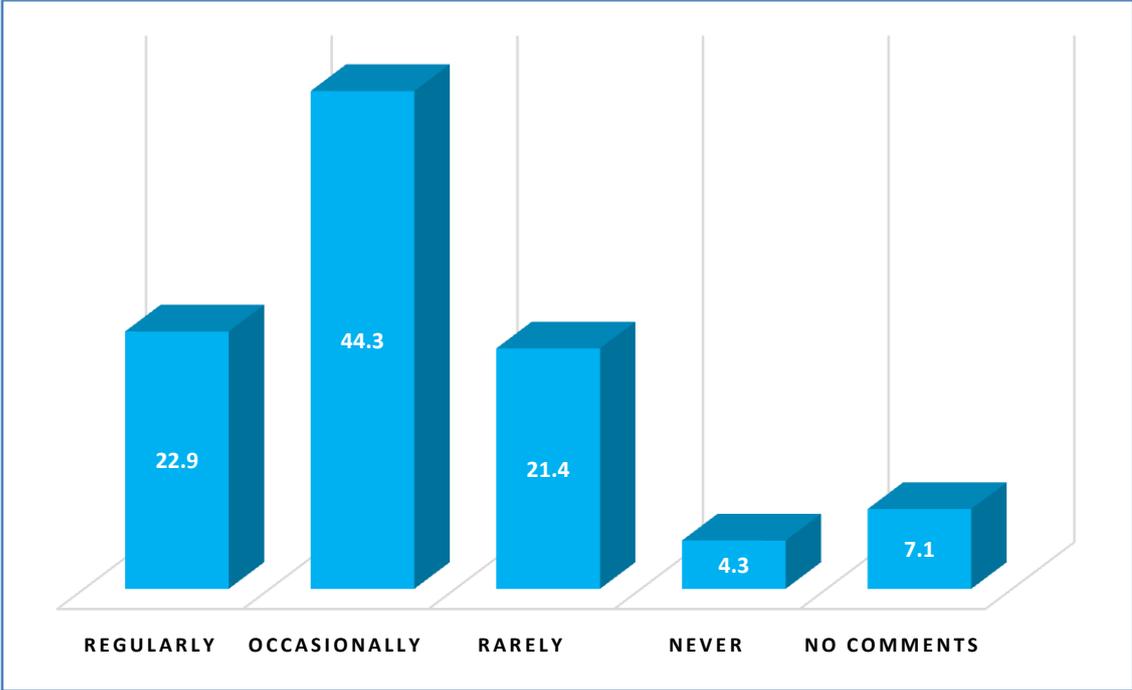
Diagram shows that 22.9% of the respondents regularly borrowing money to purchase attractive materials. 44.3% of the respondents borrowing money to purchase attractive materials. 21.4% of the population rarely borrowed money to purchase attractive materials. 4.3% of the respondents never borrowed money to purchase attractive materials.7.1% of the respondents have no comment on it.

The conclusion is most of the respondents are borrowing money to purchase attractive materials.

4.2.33 FRUSTRATION ON LACK OF MONEY TO BUY ATTRACTIVE MATERIALS FROM SOCIAL MEDIA

Figure 32
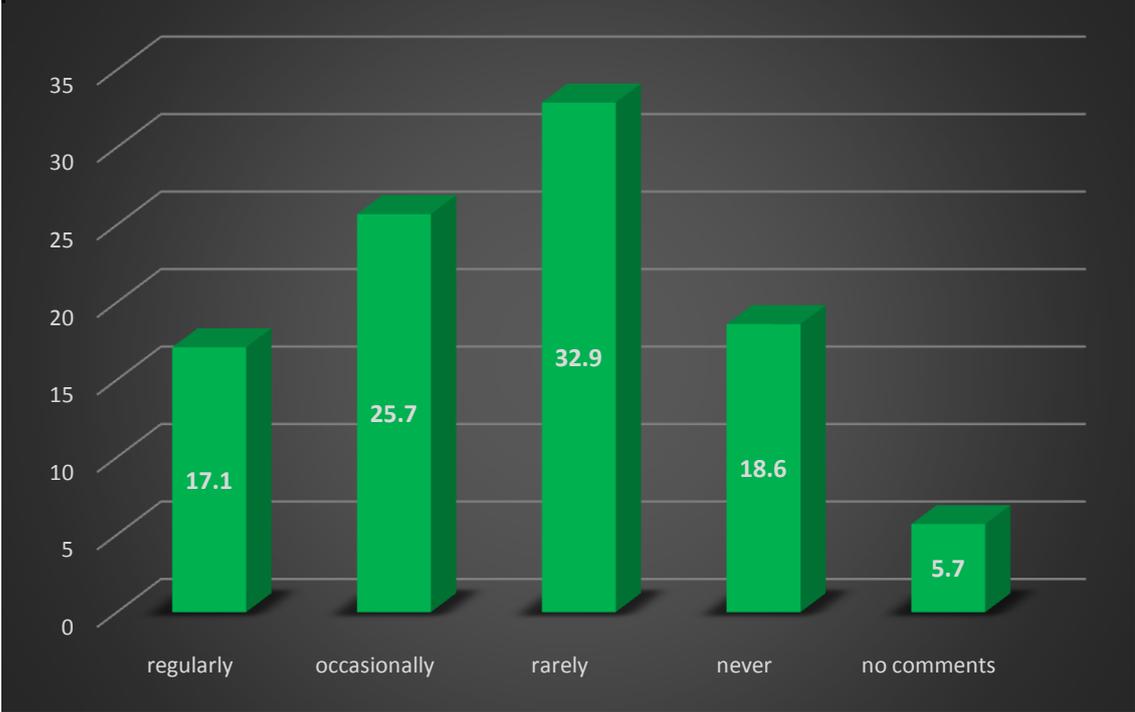
17.1% of the respondents are regularly feeling frustrated because of lack of money to buy attractive materials from social media. 25.7% of the population occasionally feeling frustrated because of lack of money to buy attractive materials from social media.32.9% respondents rarely feeling frustrated because of lack of money to buy attractive materials from social media. 18.6% of the respondents never felt feeling frustrated because of lack of money to buy attractive materials from social media. 5.7% of the respondents have no comments to make.

The conclusion is most of the respondents feeling frustrated because of lack of money to buy attractive materials from social media.

4.2.34 SOCIAL MEDIA PRODUCTS ARE BARRIER FOR SAVING MONEY

Figure 33
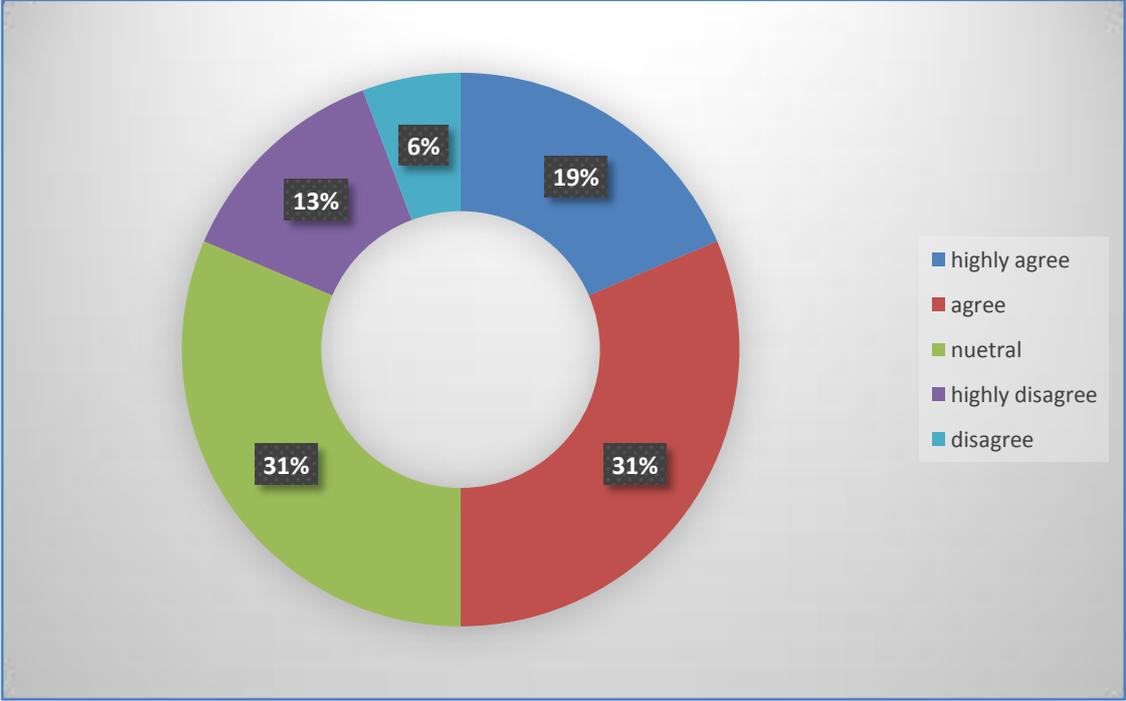
19% of the respondents highly agree that social media products are barrier for saving money. 31% of the respondents responded that they agree that social media products are barrier for saving money. 31% of the respondents are neutral mind set on the statement. 13% of the respondents highly disagree that social media products are barrier for saving money. 6% of the respondents disagree that social media products are barrier for saving money.

The conclusion is most of the respondents believes that social media products are barrier for saving money.

4.2.35 PRODUCTS PROMOTED BY SOCIAL MEDIA IS VALUE FOR MONEY

Figure 34
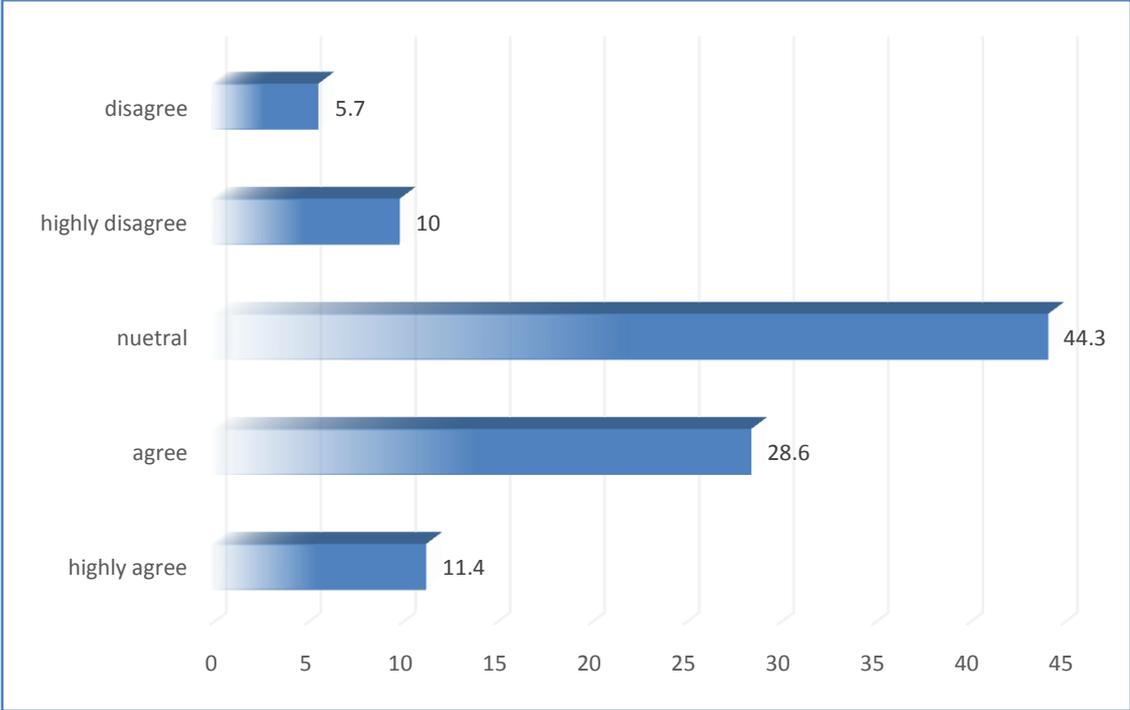
The visual representation clearly shows that 11.4% of the respondents are highly agree that products promoted by the social media is value for money. 28.6% of the respondents have agreed that products promoted by the social media are value for money. 44.3% of the respondents have neutral opinion about products promoted by the social media is value for money. 10% of the respondents highly disagree that products promoted by the social media is value for money. 5.7% of the respondents disagree that products promoted by the social media is value for money.

According to the study most youth have a neutral view of products promoted by social media, which can be attributed to their neutrality on the topic.

4.2.36 INFLUENCE OF MATERIALISM AND LACK OF MONEY LEADS TO DEPRESSION

Figure 35
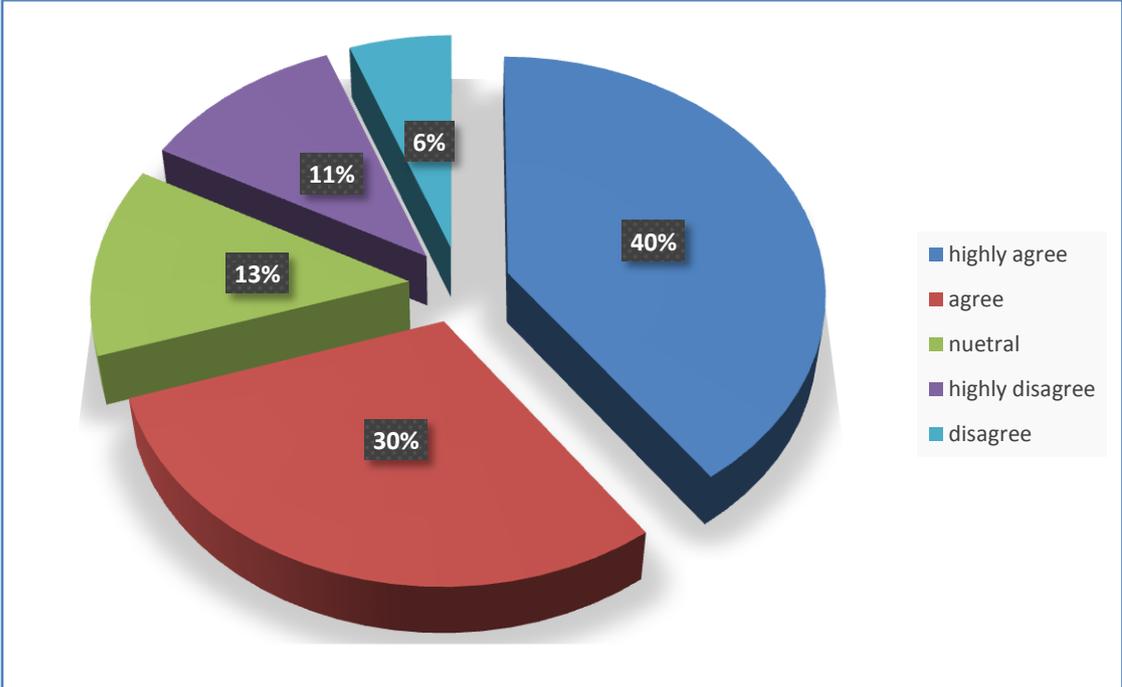
This figure shows that 40% of the respondents highly agree to influence of materialism and lack of money leads to depression. 30% of the respondents agree that influence of materialism and lack of money leads to depression. 13% of the respondents have neutral opinion about the statement. 11% of the respondents highly disagree that influence of materialism and lack of money leads to depression. 6% of the population disagree that influence of materialism and lack of money leads to depression.

The conclusion is most of the youth believes that influence of materialism and lack of money leads to depression.

4.2.37 GLORIFICATION OF SOCIAL MEDIA PRODUCTS DECIDING YOUNG PEOPLE'S FINANCIAL STABILITY

Figure 36
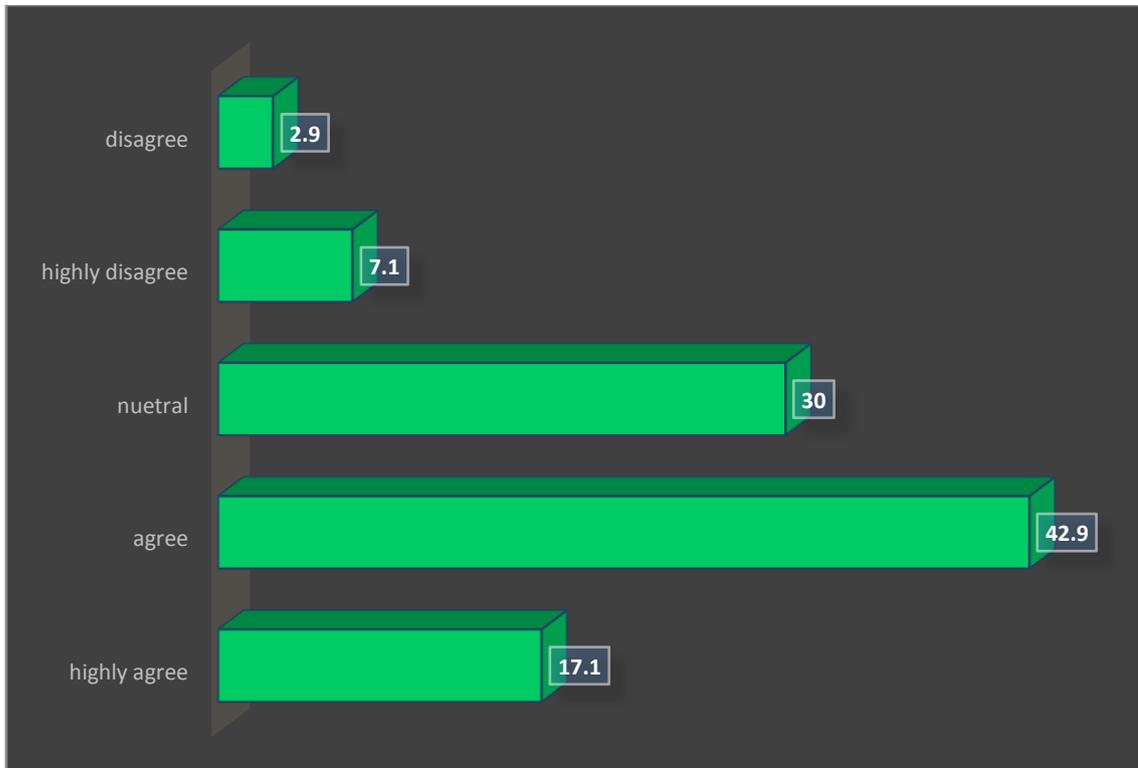
This figure shows that 17.1% of the respondents highly agree that glorification of social media products determine young people's financial stability. 42.9% of the population agree that glorification of social media products deciding young people's financial stability. 30% of the respondents have a neutral opinion on glorification of social media products deciding young people's financial stability. 7.1% of the respondents highly disagree that glorification of social media products deciding young people's financial stability. 2.9% of the respondents disagree that glorification of social media products deciding young people's financial stability.

The conclusion is that, most of the youth believes that the glorification of social media products deciding young people's financial stability.

4.3 CONCLUSION

This chapter deals with the analysis and interpretation, which is the major part of the research study the data collected from 70 samples. Researcher interpreted the data in a simple manner which everyone can convey the information.

CHAPTER V

FINDINGS & SUGGESTIONS

CHAPTER V

FINDINGS & SUGGESTIONS

5.1 FINDINGS

- ✓ The study found that most of the respondents are belongs to age group of 18.
- ✓ The study says majority of the respondents have qualification of under graduation.
- ✓ The study shows most of the respondents have an annual income of 50000 - 100000 rupees, that's why majority of the respondents belongs to middle income level.
- ✓ The study clearly indicates with clarity that the majority of young people have a monthly expenditure in the range of 3000-4000.
- ✓ According to the study, a majority of the respondents utilize social media for a duration ranging from 4 - 6hrs.
- ✓ Instagram is the most time-consuming social media platform.
- ✓ Majority of the respondents are following any kind of social media influencers in social media.
- ✓ Most of the respondents are following commercial pages which sell goods.
- ✓ Majority of the respondents have that Instagram is the most heavily advertising oriented social media platform.
- ✓ The study says that most of the respondents are imitating social media life hacks and trends.
- ✓ Most of the youth population likes to buy products from online platforms.
- ✓ Majority of the respondents believes that social media have influence on people taste of purchasing.
- ✓ The study found that most of the youth feeling obsessive on a product after seeing it on social media.
- ✓ Respondents says that social media encourages materialism among youth people.
- ✓ The study found that majority of the youth population buying unwanted products because of social media marketing.
- ✓ The study found that social media portraits unrealistic expectation of material possessions among youth.

- ✓ The study found that most of the youth preferring cloth and cosmetics as most preferred materials.

- ✓ As per the study young people hold a belief that social media possesses the ability to influence the purchasing decisions of its users.

- ✓ Majority of the respondents provided a neutral response when asked whether products advertised on social media are sold at their actual price.

- ✓ The study discovered that materialistic tendencies promoted through social media are having significant impact on individuals' financial management.

- ✓ Most of the respondents are able to figure it out what are necessary and unnecessary products.

- ✓ A significant percentage of the respondents borrowing money to purchase attractive materials.

- ✓ Most of the respondents expressed frustration due to lack of funds to purchase attractive materials from social media sites.

- ✓ The study found that most of the youth think that influence of materialism and lack of money leads to depression.

5.2 IMPLICATIONS OF THE STUDY

- ✓ Institutional based Group session for youth.
- ✓ Counseling for materialistic addicts.

5.3 LIMITATION OF THE STUDY

- ✓ Lack of in depth assessment.

5.4 SUGGESTIONS

- ✓ Longitudinal study.
- ✓ Interventional study.
- ✓ Awareness on financial literacy.

5.5 CONCLUSION

This chapter is aimed to investigate the influence on social media on the development of materialism among youth. Through extensive data analysis and interpretation scholar found several significant findings, implications, limitations and suggestions for the further studies. The study clearly indicates most of the youth are influenced by social media to be materialistic this chapter will help to make decisions and wellbeing of the youth.

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APPENDIX

APPENDIX

Title of the study: A study on social media influence among youth to develop materialism

1) Name:

2) Age:

3) Educational status:

4) Residing place:

5) Approximate annual income of the family?

   50000-100000 ☐

   100000-200000 ☐

   200000-300000 ☐

   300000 and above ☐

6) Approximate monthly expenses of the respondent?

7) Do you have account in any social media platform?

   Yes ☐   No ☐

8) Your medium of social media usage.

   Mobile phone ☐   Computer ☐

9) Your per day screen time on social media.

   1he-2hr ☐   2hr-4hr ☐   4hr- 6hr ☐   6hr-8hr ☐

   8hr and above ☐

10) Your most time consuming social media platform is?

   Whatsapp ☐

   Facebook ☐

   Instagram ☐

   Snapchat ☐

   Others ☐

11) Do you follow any influencers in social media?

Yes ☐   ☐

12) following any commercial pages which sells goods.

Yes ☐   ☐

13) What's your opinion about showing advertisements

while scrolling in social media?

Comfortable   ☐

Uncomfortable   ☐

Neutral   ☐

No comments   ☐

14) Do you pay attention to the advertisements?

Regularly   ☐

Occasionally   ☐

Rarely   ☐

Never   ☐

No comments   ☐

15) In your opinion which social media platform is giving too

many commercial advertisements?

Whatsapp   ☐

Facebook   ☐

Instagram   ☐

Snapchat   ☐

Others   ☐

16) What kind of social media pages are preferred most?

Entertainment ☐

Business ☐

Advertisment ☐

Education ☐

Others ☐

17) Do you imitate social media life hacks and trends?

Regularly ☐

Occasionally ☐

Rarely ☐

Never ☐

No comments ☐

18) What is your opinion about online purchase?

Highly satisfied ☐

Satisfied ☐

Highly dissatisfied ☐

Dissatisfied ☐

No comments ☐

19) Social media have influence on people's taste of Purchasing.

Highly agree ☐

Agree ☐

Neutral ☐

Highly disagree ☐

Disagree ☐

20) Have you ever purchased a product because of social media?

Regularly ☐

Occasionally ☐

Rarely ☐

Never ☐

No comments ☐

21) Did you ever feel obsessive about a product after seeing it on social media?

Regularly ☐

Occasionally ☐

Rarely ☐

Never ☐

No comments ☐

22) Social media encourages materialism among young People.

Highly agree ☐

Agree ☐

Neutral ☐

Highly disagree ☐

Disagree ☐

23) Do you ever think of buying an unwanted products only because of social media marketing?

Regularly ☐

Occasionally ☐

Rarely ☐

Never ☐

No comments ☐

24) Social media portrays unrealistic expectations of material

   Possessions.

   Highly agree ☐

   Agree ☐

   Neutral ☐

   Highly disagree ☐

   Disagree ☐

25) In your opinio1n what kind of material is preferred by youth

   to buy most?

   Cloths ☐

   Gadgets ☐

   Cosmetics ☐

   Automobile accessories ☐

   Footwear ☐

26) How do you feel after seeing same materiastic post again

   and again?

   Attracts ☐   Irritates ☐   Neutral ☐

27) Do you share materiastic posts to your friends?

   Yes ☐   No ☐

28) Social media have the power to decide what should you   buy.

   Highly agree ☐

   Agree ☐

   Neutral ☐

   Highly disagree ☐

   Disagree ☐

29) Fake products are being promoted on social media?

Highly agree ☐

Agree ☐

Neutral ☐

Highly disagree ☐

Disagree ☐

30) Are you aware of materialistic obsession?

Yes ☐   No ☐

31) Those products promoted via social media are selling at their actual price.

Highly agree ☐

Agree ☐

Neutral ☐

Highly disagree ☐

Disagree ☐

32) What do you prefer more?

Online shopping ☐   Offline shopping ☐   Both ☐

33) Social media's influence on promoting materialism will affect people's money management.

Highly agree ☐

Agree ☐

Neutral ☐

Highly disagree ☐

Disagree ☐

34) Are you able to figure it out what is necessary and what is

unnecessary products?

Regularly

Occasionally

Rarely

Never

35) Have you ever borrowed money from any one to purchase

attractive materials?

Regularly

Occasionally

Rarely

Never

36) Do you feel frustrated when you don't have enough

money to buy attractive materials from social media?

Regularly

Occasionally

Rarely

Never

37) Social media products is a barrier for saving money.

Highly agree

Agree

Neutral

Highly disagree

Disagree

38) Products/materials which are promoted by social media is

value for money.

Highly agree ☐

Agree ☐

Neutral ☐

Highly disagree ☐

Disagree ☐

39) Do you agree that the influence of materialism and lack of

Money leads to depression?

Highly agree ☐

Agree ☐

Neutral ☐

Highly disagree ☐

Disagree ☐

40) Do you agree glorification of social media products is

deciding young people's desires and financial stability?

Highly agree ☐

Agree ☐

Neutral ☐

Highly disagree ☐

Disagree ☐

A STUDY ON SOCIAL STIGMA TOWARDS PSYCHAITRIC PATIENTS IN KANNUR DISTRICT

VIRTUE & EXCELLENCE

ALBIN PHILIP

DON BOSCO ARTS & SCIENCE COLLEGE

ANGADIKADAVU, KANNUR 670706

2021-2023

A STUDY ON SOCIAL STIGMA TOWARDS PSYCHAITRIC PATIENTS IN KANNUR DISTRICT

DISSERTATION SUBMITTED TO THE KANNUR UNIVERSITY IN PARTIAL FULFILLMENT OF THE REQUIREMENT FOR THE AWARD OF THE DEGREE OF MASTER OF SOCIAL WORK

BY ALBIN PHILIP.
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May 2023

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CERTIFICATE

This is to certify that the dissertation entitled, **A STUDY ON SOCIAL STIGMA TOWARDS PSYCHAITRIC PATIENTS IN KANNUR DISTRICT"** is a Bonafede record of work done by ALBIN PHILIP under the guidance of Mrs. DELNA ABRAHAM in partial fulfilment of the requirement for the award of the degree of **Master of Social Work** during the period of her study (2021 - 2023) in the Department of Social Work, Don Bosco Arts and Science College, Angadikadavu, Kannur, affiliated to the Kannur University.

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ii

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CERTIFICATE

This is to certify that the dissertation entitled, **A Study On Social Stigma Towards Psychiatric Patients In Kannur District",** submitted by ALBIN PHILIP in partial fulfilment of the requirement for the award of the degree of **Master of Social Work**, is a Bonafede record of work done under my guidance and supervision during the period of her study (2021-2023) in the Department of Social Work, Don Bosco Arts and Science College, Angadikadavu, Kannur, affiliated to The Kannur University.

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DECLARATION

I, ALBIN PHILIP, the undersigned, hereby declare that the dissertation entitled, "**A Study On Social Stigma Towards Psychiatric Patients In Kannur District**" submitted to the Kannur University, in partial fulfilment of the requirement for the award of the degree of **Master of Social work**, is a Bonafede work done by me under the guidance of **Ms. DELNA ABRAHAM**, Assistant Professor, Department of Social Work, Don Bosco Arts and Science College, Angadikadavu. This work has not been placed by anybody in the University for the Award of any degree or diploma.

ANGADIKADAVU   ALBIN PHILIP,

May 2023

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ALBIN PHILIP

ABSTRACT

Social stigma towards psychiatric patients is a complex and pervasive issue that can have negative impacts on individuals' mental health and well-being. This social stigma often arises from a lack of understanding or knowledge about mental illness, and can be reinforced by societal attitudes, media representation, and institutional policies. Stigma can manifest in various forms, including discrimination, rejection, and avoidance, and can create barriers to accessing mental health services and support.

Efforts to reduce social stigma towards psychiatric patients have focused on increasing awareness and education about mental illness, challenging stereotypes and misconceptions, and promoting social inclusion and acceptance. Various strategies have been implemented, including public campaigns, education programs, and policy initiatives, but reducing social stigma remains a complex and ongoing challenge.

Further research is needed to better understand the factors that contribute to social stigma towards psychiatric patients and to identify effective interventions and strategies for reducing stigma. Addressing social stigma towards psychiatric patients is crucial for promoting mental health and well-being and creating a more inclusive and supportive society.

Social stigma towards psychiatric patients refers to the negative attitudes, beliefs, and stereotypes that society holds towards individuals with mental health conditions. These attitudes can lead to discrimination, exclusion, and even abuse, which can exacerbate the individual's mental health condition and make it more difficult for them to seek and receive appropriate treatment.

CONTENTS

SI.NO	PARTICULARS	PAGE NO.
01.	TITLE PAGE	I
02.	CERTIFICATE	II
03.	DECLARATION	III
04.	ACKNOWLEDGEMENT	IV
05.	ABSTRACT	V
06.	CONTENTS	VI
07.	LIST OF FIGURES	VII
08.	CHAPTER I-INTRODUCTION	13 - 21
09.	CHAPTER 2-REVIEW OF LITERATURE	22 - 33
10	CHAPTER 3- RESEARCH METHODOLOGY	34 - 39
11.	CHAPTER 4-ANALYSIS AND INTERPRETATION	40 - 64
12.	CHAPTER 5-FINDINGS,SUGGESTIONS AND CONCLUSIONS	65 - 68
13.	BIBLIOGRAPHY	69 - 72
14.	APPENDIX I	74
15.	APPENDIX II	75

LIST OF TABLE

LIST OF FIGURES

CHAPTER 1
INTRODUCTION

CHAPTER 1

INTRODUCTION

Stigma is a negative differentiation attached to some members of society who are affected by some particular condition or state. The term stigma connotes a deep mark of shame and degradation carried by a person as a function of being a member of a devalued social group. The stigmatized individual experiences social distancing, fear, rejection and ill treatment from others in the society. As per WHO consensus statement "Stigma results from a process whereby certain individuals and groups are unjustifiably rendered shameful, excluded and discriminated against.

Social stigma in psychiatric patients is exhibited by individuals, families, social groups, communities and societies. Associated stigma becomes an obstacle in the development of mental health care services and in ensuring a good quality of life for those with psychiatric disorders. Stigma robs people of rightful opportunities for housing, employment, socialization, and marriage. Stigma associated with psychiatric disorder has been found to have an impact on the general health care system. It has been shown that people with psychiatric disorders receive fewer medical services than those without such a label. Stigma of mental illness also affects those closely associated with the mentally ill person, that is, family members, friends, service providers and others. This phenomenon needs to be understood in personal as well as social context. Public awareness and education as important strategies to reduce stigma. This study is to know more about social stigma and causes of social stigma. Psychiatric patients are discriminated from the society and they do not get the consideration they deserve. They are experiencing social stigma from various parts of the society. This study will help to understand the level of social stigma and explore the possible solutions.

India has one of the highest prevalence of mental illnesses globally. National Mental Health Survey 2016 found that close to 14% of India's population required active mental health interventions.

According to the World Health Organization (WHO), India's mental health workforce is severely understaffed. There is a massive shortage of psychiatrists and psychologists compared to the number of patients suffering from mental health issues. According to

the international organization's data, there are only three psychiatrists and psychologists for every 1,00,000 people. It has predicted that owing to the pandemic and its influential factors, the number of patients who have any mental disorders would touch 20 per cent in the country. Roughly 56 million Indians suffer from depression, and 38 million suffer from some anxiety disorder. India has one of the highest prevalence of mental illnesses globally. The National Mental Health Survey 2016 found that close to 14 per cent of India's population required active mental health interventions. Every year, about 2,00,000 Indians take their lives. The statistics are even higher if one starts to include the number of attempts to suicide.

1.1 STATEMENT OF THE PROBLEM

Stigma is of Greek word of the same spelling meaning "mark, puncture," came into English through Latin. Stigma is it is commonly used today to describe the negative feelings and stereotypical thoughts, and attitudes about people based on the traits of a person.

Social stigma is the extreme disapproval of a person or a group on socially characteristic grounds that are perceived, and serve to distinguish them from other members of the society. Social stigma can result from the perception of mental illness, physical disabilities, and diseases. According to Ervin Goffman, "stigma is the process by which the reaction of others spoils normal identity."

1.2 TITLE OF THE STUDY

- ➢ "Social stigma towards psychiatric patients in kannur district"

1.3 OBJECTIVES

GENERAL OBJECTIVE

- ➢ To study the social stigma towards psychiatric patients in kannur district

SPECIFIC OBJECTIVE

- ➢ To study the socio demographic profile of the respondent
- ➢ To access the level of awareness about mental illness
- ➢ To find out the causes of social stigma towards psychiatric patients.
- ➢ To understand the factors affecting social stigma

1.4 RATIONALE/SIGNIFICANCE/RELEVANCE OF THE STUDY

This study is to understand the social stigma towards psychiatric patients. Many people with serious mental illness are challenged doubly. On one hand, they struggle with the symptoms and disabilities that result from the disease. On the other, they are challenged by the stereotypes and prejudice that result from misconceptions about mental illness. As a result of both, people with mental illness are robbed of the opportunities that define a quality life: good jobs, safe housing, satisfactory healthcare and affiliation with a diverse group of people. Social stigma is structural in society and can create barriers for persons with mental or behavioural disorders, structural means that stigma is a belief held by a large function of society in which persons with stigmatized conditions are less equal or are part of an inferior group.

The purpose of the study is to find out the level of social stigma experienced by the psychiatric patients. Social stigma is a topic that needs to be discussed a lot today. Stigma is an attitude of disapproval towards a specific group of people with different characteristics. Discrimination occurs when a group of people with stigmatizing attitudes deny another group of people of their rights by exclusion and marginalization. The fact is that many people do not know the consequences of social stigma. This is the time when we need to focus more on mental health. For people with mental issues, the social stigma and discrimination they experience can make their problem worse, making it harder to recover. It may cause the person to avoid getting the help they need because of the fear of being stigmatized. Social stigma can come from stereotypes, which are simplified or generalized beliefs or representations of entire groups of people that are often inaccurate, negated.

1.5 CHAPTERIZATION

The entire research work runs into five chapters. The first one, Introduction, brings out the importance of the study, and states its objectives and significance. The Second Chapter contains the review of literature. Chapter third is the methodological part of the Study, the specific procedures or techniques used to identify, select, process, and analyze information about the topic. Analyses and interpretations are done in chapter four. Findings, Conclusions and Suggestions for further Research are presented in Chapter five followed by Bibliography and References.

CHAPTER 1 : INTROUDCTION

An introduction is the first chapter that entails about the research topic .This chapter includes the subheading of general introduction ,significances of the study ,scope of the study and implication of the study .

CHAPTER 2: REVIEW OF LITERATURE

Literature review is a scholarly paper, which includes the current knowledge including Substantive findings, as well as theoretical and methodological contributions to a Particular topic. Literature reviews are secondary sources, and do not report new or Original experimental work.

CHAPTER 3: RESEARCH METHODOLOGY

Research Methodology is a way to systematically solve the problem. In it we study the various steps that are generally adopted by a researcher in studying his research problem along with the logic behind them. This chapter aims to analyses the study and its actualization in the following terms- Objectives, pilot study, Research design, Sampling design and ethical considerations. This chapter deals with the outline of the dissertation.

CHAPTER 4: ANALYSIS AND INTERPRETATION

This chapter deals with the analysis and interpretation of the data. Data analysis is a process of assigning meaning to the collected information and determining the conclusion, significance and implication of the findings.

CHAPTER 5: FINDINGS, SUGGESTIONS AND CONCLUSION

This chapter consist the findings of the researcher after the study and contributes to the output. Also includes the suggestions that the researcher made after the study. it is the convictions of the research that is narrated in the chapter

CONCLUSION

More than half of people with mental illness don't receive help for their disorders. Often, people avoid or delay seeking treatment due to concerns about being treated differently or fears of losing their jobs and livelihood. That's because stigma, prejudice and discrimination against people with mental illness is still very much a problem.

Stigma, prejudice and discrimination against people with mental illness can be subtle or it can be obvious - but no matter the magnitude, it can lead to harm. People with mental illness are marginalized and discriminated against in various ways, but understanding what that looks like and how to address and eradicate it can help. The study will find out the problems and difficulties of psychiatric patients experiencing such a social stig

CHAPTER 2
REVIEW OF LITERATURE

CHAPTER 2
REVIEW OF LITERATURE

> ## INTRODUCTION

A literature review is a comprehensive summary of previous research on a topic. The literature review surveys scholarly articles and other sources relevant to a particular area of research. The review should enumerate, describe, summarize, objectively evaluate and clarify this previous research. The literature helps to understand the concept of social stigma in the psychiatric patients

> ## REVIEWS

Patrick w corrigan and amy c Watson done a study on Understanding the impact of stigma on people with mental illness (2002). Many people with serious mental illness are challenged doubly. On one hand, they struggle with the symptoms and disabilities that result from the disease. On the other, they are challenged by the stereotypes and prejudice that result from misconceptions about mental illness. As a result of both, people with mental illness are robbed of the opportunities that define a quality life: good jobs, safe housing, satisfactory health care, and affiliation with a diverse group of people. Although research has gone far to understand the impact of the disease, it has only recently begun to explain stigma in mental illness. Much work yet needs to be done to fully understand the breadth and scope of prejudice against people with mental illness. Fortunately, social psychologists and sociologists have been studying phenomena related to stigma in other minority groups for several decades. In this paper, we integrate research specific to mental illness stigma with the more general body of research on stereotypes and prejudice to provide a brief overview of issues in the area.

A work done by **Sushrut Jadhav, Roland Littlewood and MaanBaruain 2007 Stigmatization of severe mental illness in India**: Against the simple industrialization hypothesis. This study deploys such a scale and examines stigmatizing attitudes towards the severely mentally ill among rural and urban community dwellers in India. The aim of the study was to test the hypothesis that there are fewer stigmatizing attitudes towards the mentally ill amongst rural compared to urban community dwellers in India. Anethnographically derived and vignette-based stigmatization scale was

administered to a general community sample comprising two rural and one urban site in India.

Rural Indians showed significantly higher stigma scores, especially those with a manual occupation. The overall pattern of differences between rural and urban samples suggests that the former deploy a punitive model towards the severely mentally ill, while the urban group expressed a liberal view of severe mental illness. Urban Indians showed a strong link between stigma and not wishing to work with a mentally ill individual, whereas no such link existed for rural Indians. This is the first study, using an ethnographically derived stigmatization scale, to report increased stigma amongst a rural Indian population. Findings from this study do not fully support the industrialization hypothesis to explain better outcome of severe mental illness in low-income nations. The lack of a link between stigma and work attitudes may partly explain this phenomenon.

Perceived stigmatization and discrimination of people with mental illness A survey-based study of the general population in five metropolitan cities in India (2008) conduted by Böge, Kerem; Zieger, Aron; Mungee, Aditya; Tandon, Abhinav; Fuchs, Lukas Marian; Schomerus, Georg; Tam Ta, Thi Minh; Dettling, Michael; Bajbouj, Malek; Angermeyer, Matthias; Hahn and Eric. The research conducted because India faces a significant gap between the prevalence of mental illness among the population and the availability and effectiveness of mental health care in providing adequate treatment. This discrepancy results in structural stigma toward mental illness which in turn is one of the main reasons for a persistence of the treatment gap, whereas societal factors such as religion, education, and family structures play critical roles. This survey-based study investigates perceived stigma toward mental illness in five metropolitan cities in India and explores the roles of relevant socio demographic factors. Participants displayed overall high levels of perceived stigma. Multiple linear regression analysis found a significant effect of gender, with female participants showing higher levels of perceived stigma compared to male counterparts. Gender differences in cultural and societal roles and expectations could account for higher levels of perceived stigma among female participants. A higher level of perceived stigma among female participants is attributed to cultural norms and female roles within a family or broader social system. This study underlines

that while India as a country in transition, societal and gender rules still impact perceived stigma and discrimination of people with mental illness.

Loganathan, Santoshand Murthy, Srinivasa R conducted awork on Experiences of stigma and discrimination endured by people suffering from schizophrenia (2008). The main objective of the study was to understand stigma in India, given its varied culture and mixture of rural and urban populations. Information from western literature cannot be applied without considering the socio cultural differences. The research aimed to study the subjective experiences of stigma and discrimination undergone by people suffering from schizophrenia in rural and urban environments in India. Significant differences were seen between rural and urban respondents. Urban respondents felt the need to hide their illness and avoided illness histories in job applications, whereas rural respondents experienced more ridicule, shame, and discrimination. The narratives provide direct views of patients, supporting the key findings.Mental health programs and policies need to be sensitive to the consumers' needs and to organize services and to effectively decrease stigma and discrimination.

The research conducted by A.A. Pawar, Surg R Adm, VSM, Ameetha Peters, Lt Col, and JyotiRathodin 2014 about Stigma of mental illness: A study in the Indian Armed Forces. This is a cross sectional survey of patients, their caregivers, and members of the general population who had no relatives suffering from mental illness was done. The patients were given the Stigma Scale developed by King et al. The caregivers were given the devaluation of consumers scale and devaluation of consumer families scale developed by Strueningetal. In this study shows that 90% of patients admitted to experiencing stigma. 86% of patients had experienced discrimination. Females experienced more discrimination than males. Stigma perceived was irrespective to age, mental status, rank and education of the patient. Caregivers perceived stigma and felt blamed by the community. Members of the general population gave similar responses. Study has brought out the high levels of stigma faced by the patients and their caregivers. High levels of stigma observed are a barrier to care.

Jean-Francois Trani, ParulBakhshi, Jill Kuhlberg1, Sreelatha S Narayanan, Hemalatha Venkataraman, Nagendra N Mishra, Nora E Groce and SushrutJadhav, Smita Deshpande conducted a study on Mental illness, poverty

and stigma in India (2015). The main objective of the study was to assess the effect of experienced stigma on depth of multidimensional poverty of persons with severe mental illness (PSMI) in Delhi, India, controlling for gender, age and caste. The study was conducted from November 2011 to June 2012. 647 cases diagnosed with schizophrenia or affective disorders. Main outcome measures higher risk of poverty due to stigma among PSMI. 38.5% of PSMI compared with 22.2% of controls were found poor on six dimensions or more. The difference in multidimensional poverty index was 69% between groups with employment and income of the main contributors. Multidimensional poverty was strongly associated with stigma, scheduled castes/scheduled tribes/other backward castes, mental illness and female gender. A significant interaction between stigma, mental illness and gender or caste indicates female PSMI or PSMI from 'lower castes' were more likely to be poor due to stigma than male controls or controls from other castes. Public stigma and multidimensional poverty linked to SMI are pervasive and intertwined. In particular for low caste and women, it is a strong predictor of poverty. Exclusion from employment linked to negative attitudes and lack of income are the highest contributors to multidimensional poverty, increasing the burden for the family. Mental health professionals need to be aware of and address these issues.

A study conducted byRamaprasad Dharitri, Suryanarayan N Raoand Kalyanasundaran (2015) Stigma of mental illness: An interventional study to reduce its impact in the community. This study stated that social stigma is a kind of negative attitude shown by some other members of the society towards some particular mental disorders and problems. The word stigma refers to the deep sense of shame that a person carries as a member of a society. The stigmatized person experiences social isolation from others, fear, rejection and negative behaviour. According to WHO (World Health Organization)"stigma results from a process whereby certain individuals and groups are unjustifiably rendered shameful, excluded and discriminated again. The main objective of the study was to assess the nature of stigma associated with chronic mental illness in a rural and semi urban community. To develop an intervention package for reducing stigma in the community. To use the intervention package in the community. And to assess the effect of the intervention package.

A work conducted by Bhumika T. Venkatesh, Teddy Andrews, and Shradha S. Parsekar Perception of stigma toward mental illness in South India (2015) Shows

that stigma associated with mental illnesses is one of the principal causes for mentally ill people not receiving adequate mental health care and treatment. The study was conducted to assess the extent of stigma associated with mental illness and knowledge of mental illness among the community. The research conduted community-based, cross-sectional study was conducted among 445 respondents from Udupi district; the community attitude toward the mentally ill (CAMI) scale was used to assess stigma. The result of the study was the total 445 respondents, the prevalence of stigma toward mentally ill people was of the total 445 respondents, the prevalence of stigma towards metally ill people was 74.61%. the prevalence of stigma was high under all four domains of community attitude toward the mentally ill (CAMI) scale. High prevalence of stigma was seen among females and people with higher income. Hence, the study suggests that there is a strong need to eliminate stigma associated with mental illness to improve the mental health status of the region.

How India Perceives Mental Health: TLLLF National Survey Report 2018. The study further explores the level of sensitivity, attitudes towards mental health, and the level of stigma associated it. The study took place across eight cities in India over a span of 5 five months and involved 3,556 respondents. The study revealed three broad segments of people based on their attitudes towards mental illness.

People's understanding of mental health

The study showed that while 87% of the respondents showed some awareness of mental illness, 71% also used terms associated with stigma.

Social inclusion

A majority of respondents appreciate the importance of social support for people with mental illness, but while 68% agree that we have a responsibility to provide the best possible care for sufferers, the number of people who believe no one has the right to exclude people with mental illness from their neighbourhoods is comparatively lower (57%).

What people feel about sufferers?

Respondents were asked about their feelings towards people with mental illness. While there exists widespread sympathy towards sufferers, with more than 75% of participants stating they would always feel sympathetic towards them, they also exhibit

feelings of fear (14% would always be fearful), hatred (28% feel hatred sometimes or always), and anger (43% feel angry sometimes or always) towards people with mental illness. More than a quarter admitted that they would always be 'indifferent' towards people with mental illness. This admission of the general public to their feelings towards people with mental illness again indicates the prevalent stigma in society.

A study conducted by Shivani Mathur Gaiha, Tatiana Taylor Salisbury, Mirja Koschorke, Usha Raman and Mark Petticrewin in 2020 about Stigma associated with mental health problems among young people in India: a systematic review of magnitude, manifestations and recommendations. The study conducted because globally, 20% of young people experience mental disorders. In India, only 7.3% of its 365 million youth report such problems. Although public stigma associated with mental health problems particularly affects help-seeking among young people, the extent of stigma among young people in India is unknown. Describing and characterizing public stigma among young people will inform targeted interventions to address such stigma in India, and globally. Thus, we examined the magnitude and manifestations of public stigma, and synthesised evidence of recommendations to reduce mental-health-related stigma among young people in India. A systematic review and meta-analysis of observational studies was conducted. Nine electronic databases were searched and 30 studies met inclusion criteria. One-third of young people display poor knowledge of mental health problems and negative attitudes towards people with mental health problems and one in five had actual/intended stigmatizing behaviour. Young people are unable to recognize causes and symptoms of mental health problems and believe that recovery is unlikely. People with mental health problems are perceived as dangerous and irresponsible, likely due to misinformation and misunderstanding of mental health problems as being solely comprised of severe mental disorders (e.g. schizophrenia). However, psychiatric labels are not commonly used/ understood.

Public education may use symptomatic vignettes (through relatable language and visuals) instead of psychiatric labels to improve young people's understanding of the range of mental health problems. Recommended strategies to reduce public stigma include awareness campaigns integrated with educational institutions and content relevant to culture and age-appropriate social roles.

➢ CONCLUSION

Many people with serious mental illness are challenged doubly. On one hand, they struggle with the symptoms and disabilities that result from the disease. On the other, they are challenged by the stereotypes and prejudice that result from misconceptions about mental illness. As a result of both, people with mental illness are robbed of the opportunities that define a quality life: good jobs, safe housing, satisfactory health care, and affiliation with a diverse group of people. Although research has gone far to understand the impact of the disease, it has only recently begun to explain stigma in mental illness. Much work yet needs to be done to fully understand the breadth and scope of prejudice against people with mental illness. Fortunately, social psychologists and sociologists have been studying phenomena related to stigma in other minority groups for several decades. In this paper, we integrate research specific to mental illness stigma with the more general body of research on stereotypes and prejudice to provide a brief overview of issues in the area.

CHAPTER 3
RESEARCH METHODOLOGY

CHAPTER 3
RESEARCH METHODOLOGY

3.1 INTRODUCTION

Research methodology is a way of explaining how a researcher intends to carry out their research. It's a logical, systematic plan to resolve a research problem. A methodology details a researcher's approach to the research to ensure reliable, valid results that address their aims and objectives. It encompasses what data they're going to collect and where from, as well as how it's being collected and analyzed. A research methodology gives research legitimacy and provides scientifically sound findings.

Research methodology is the systematic, theoretical analysis of the methods applied to a field of study. It comprises the theoretical analysis of the body of methods and principles associated with. A finally drawn research methodology is essential for any good research. This chapter briefly presents where the study was conducted and focuses on the problem formulation, aim of the study, along with sampling methodology, method of data collection and research design.

3.2 DEFINITION OF CONCEPTS
3.2.1 THEORETICAL DEFINITION
Stigma - "Stigma is an attribute that is deeply discrediting," (Goffman) "Stigma is a special kind of gap between virtual social identity and actual social identity"
(Goffman.)

Social stigma-"Stigma is an attribute, behaviour or reputation which is socially discrediting in a particular way: it causes an individual to be mentally classified by others is an undesirable, rejected stereotypes rather than in an accepted, normal one". (Goffman's theory of social stigma)

Psychiatric Disorder- "A psychiatric disorder is a psychological syndrome or pattern which is associated with distress, disability, increased risk of death, or causes a significant loss of autonomy; however it excludes normal responses such as grief from

loss of a loved one, and also excludes deviant behaviour for political, religious, or societal reasons not arising from a dysfunction in the individual" (DSM- IV).

3.2.2 OPERATIONAL DEFINITION

Stigma - Stigma is a mark of disgrace that sets a person apart from others. When a person is labelled by their illness they are no longer seen as an individual but as part of a stereotyped group. Negative attitudes and beliefs toward this group create prejudice which leads to negative actions and discrimination.

Social Stigma -Social stigma is a term given when a person's social, physical or mental condition influences other people's views of them or their behaviour towards them. Members of the general public may be uneasy with someone with psychiatric disorders.

Psychiatric Disorder-A psychiatric disorder is a mental illness that greatly disturbs your thinking, moods, behaviour and seriously increases your risk of disability, pain, death, or loss of freedom.

3.3 VARIABLE

A variable in research simply refers to a person, place, thing, or phenomenon that the researcher is trying to measure in some way. The best way to understand the difference between a dependent and independent variable is that the meaning of each is implied by what the word tells us about the variable that the researcher is using.

3.3.1 INDEPENDENT VARIABLE

An independent variable that sounds alone and is not changed by the other variables that the researcher is trying to measure. Psychiatric patients are the independent variable of this study.

3.3.2 DEPENDENT VARIABLE

The dependent variable is the effect. Its value depends on changes in the independent variable.
Social stigma is the dependent variable of this study.

16

3.4 HYPOTHESIS

Psychiatric patients are experiencing social stigma from the society.

3.5 RESEARCH DESIGN

Research design is planning a strategy for conducting research. The researcher has used the research design in the research. It is the framework of research methods and techniques. Proper research design sets up study for success. Successful research studies prove insights that are accurate and unbiased. This study is conducted in a descriptive manner which helps the researcher to explain the details regarding the social stigma towards psychiatric patients.

3.6 PILOT STUDY

The researcher conducted a pilot study among 5 peoples of kannur district to find out the level of social stigma to words the psychiatric patients. It helps to find out the feasibility of the study and the pattern of administering the tool.

3.7 UNIVERSE OF THE STUDY

Peoples of Kannur district are the universe of the study.

3.7.1 Inclusion Criteria

The researcher included the people who are living in Kannur District.

3.7.2 Exclusion Criteria

The researcher excluded the people who are note living in Kannur District.

3.8 SAMPLING

The sample of the study was. the people who are living in kannur.The samples were collected from different available areas of Kannur District. The samples were collected using the convenient sampling. The sample includes both men and women. Researcher visited the respondents at their home for the collection of data. The 60 samples were selected from different panchayats form Kannur District.

3.9 SOURCES OF DATA

Researcher planned to use primary and secondary sources for collection of date required for this study.

3.9.1 Primary source

The researcher served a self-made questionnaire to the respondents to collect primary data for the study.

3.9.2 Secondary source

The secondary data required for the study was collected from books, magazines, journal, newspaper, publication and internet.

3.10 TOOL OF DATA COLLECTION

3.10.1 Primary Data

Data were collected directly from the respondents through goggle form and Gmail

3.10.2 Secondary Data

Data were being collected from books, internet, reference, past research publications, etc.

3.11 PRE-TEST

Pretesting is the stage in survey research when survey questions and questionnaires are tested on members of target population/study population, to evaluate the reliability and validity of the survey instruments prior to their final distribution. Pretesting is widely regarded as indispensable in survey questionnaire development and is also crucial to improve data collection for quality-of-life research. It incorporates a variety of methods or combinations of methods. The researcher conducted a pre-test with 5 respondents to verify and understand the validity and reliability of the questionnaire

3.11 METHOD OF DATA COLLECTION

The data was collected by data were collected directly from the respondents through goggle form and Gmail

The of the respondents and making them to fill in the respective forms containing the questions related social and psychological problems.

3.13 METHOD OF DATA ANALYSIS

After the data collection the next is data processing. This involves the following steps;

- ➢ **EDITING:** Editing should be familiar with the instruction. Editing is done in two stages that are field editing and central editing. Field editing is done to check the correction of entries. Central editing is done for discarding any incomplete for clarifying antiquities in entries.
- ➢ **CODING:** All the information collected by the researcher was converted into the coded data by assigning numerical for answers, so that respondents and puts into a limited numbers classes.
- ➢ **CLASSIFICATION:** The large of raw data requires being reduce into homogeneous group there for the classification of data is done on the basis of characteristics.
- ➢ **TABULATION:** The tables we rein a respect of all important facts required for the study. Arrangements of data into logical order in the next step. Percentages are worked out after the grouping the data into sets of categories and also single tables are used to illustrate certain aspects covered by the study.
- ➢ **ANALYSIS AND INTERPRETATION:** The collected data cause analysis through tables, graphs and code sheets were used for the data analysis and interpretation.
- ➢ Statistical Package of Social Science **(SPSS)**

CHAPTER 4
ANALYSIS AND INTERPRETATION

CHAPTER 4
ANALYSIS AND INTERPRETATION

4.1 INTRODUCTION

Analysis of research findings is an essential component of ensuring data integrity is accurate and appropriate. It is the process of systematically applying statistical and |or logical technique to describe and illustrate condense and recap, evaluate data. This chapter tries to make a detailed analysis of the data collected from the psychiatric patients in Mangalore. The researcher has collected 60 samples and this chapter deals with the analysis and interpretation of the data.

A. demographic profile of the respondents.

Table No 4.1

Age wise distribution of the respondents

Age (years)	Frequency	Percentage %
20 -22	41	68.3%
22-24	8	13.4%
24-26	10	16.6%
26 and above	1	`1.7%
Total	60	100%

This appears to be a table or summary of data related to the age of a group of individuals. Here is a breakdown of the information provided: Age category "23" has the highest frequency, with 16 individuals falling into this category. The age category with the highest percentage is 23, with 26.7% of the individuals falling into this category.

Table No 4.2.

Gender of the respondents

Variables	Frequency	Percent
Female	35	58.3
Male	25	41.7
Total	60	100.0

This appears to be a table or summary of data related to the sex or gender of a group of individuals.. The majority of the individuals identify as female, with a frequency of 35 and a percentage of 58.3%. The remaining individuals identify as male, with a frequency of 25 and a percentage of 41.7%.

Table No 4.3.

Marital status

Variables	Frequency	Percent
Single	55	91.7
Married	5	8.3
Total	60	100.0

This appears to be a table or summary of data related to the marital status of a group of individuals.. The vast majority of the individuals identify as single, with a frequency of 55 and a percentage of 91.7%. A small minority of the individuals identify as married, with a frequency of 5 and a percentage of 8.3%.

Table No 4.4.

Education Qualification

Variables	Frequency	Percent
+2	3	5.0
UG	28	46.7
PG	29	48.3
Total	60	100.0

This appears to be a table or summary of data related to the education qualification of a group of individuals. A small minority of the individuals have a +2 education qualification, with a frequency of 3 and a percentage of 5%.The majority of the individuals have an undergraduate (UG) education qualification, with a frequency of 28 and a percentage of 46.7%.A slightly higher number of individuals have a postgraduate (PG) education qualification, with a frequency of 29 and a percentage of 48.3%.
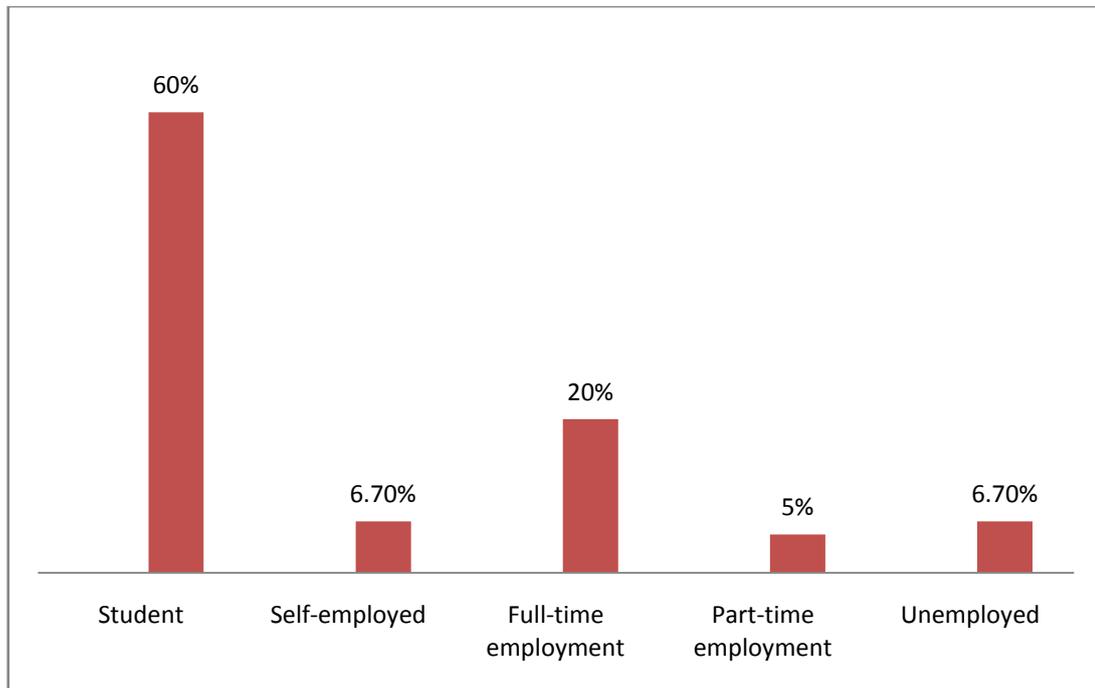
Occupation

This appears to be a table or summary of data related to the occupation of a group of individuals..The majority of the individuals are students, with a frequency of 36 and a percentage of 60%.A small minority of the individuals are self-employed, with a frequency of 4 % and a percentage of 6.7%.A significant number of individuals are in full-time employment, with a frequency of 12 and a percentage of 20%. A smaller number of individuals are in part-time employment, with a frequency of 3 and a percentage of 5%.Another small minority of individuals are unemployed, with a frequency of 4 and a percentage of 6.7%.

B. social stigma towards psychiatric patients.

Table No 4.6

Are you aware about mental health?

Variables	Frequency	Percentage
Yes	59	98.3
No	1	1.7
Total	60	100.0

This appears to be a table or summary of data related to the awareness of mental health among a group of individuals. Here is a breakdown of the information provided. The vast majority of individuals are aware of mental health, with a frequency of 59 and a percentage of 98.3%.A single individual indicated that they are aware of mental health, with a frequency of 1 and a percentage of 1.7%.The valid percentage represents the percentage of individuals who provided valid data on their awareness of mental health, excluding any missing or invalid data.The cumulative percentage represents the percentage of individuals who fall into the listed awareness categories, as well as all previous categories . so the data shows that people are aware about mental illness. More than 98% respondents are aware about the mental illness

Do you believe that mental illness is treatable?

Variables	Frequency	Percent
Yes	57	95.0
No	3	5.0
Total	60	100.0

Here is a breakdown of the information provided. The vast majority of individuals believe that mental illness is treatable, a percentage of 95%.A small minority of in dividuals do not believe that mental illness is treatable, with a frequency of 3 and a percentage of 5%. –so the the data show that people believes mental illness is treatable.

Table No 4.8.

Does anyone in your family have psychiatric issues?

Variables	Frequency	Percent
Yes	3	5.0
No	57	95.0
Total	60	100.0

A small minority of individuals indicated that someone in their family has psychiatric issues, with a frequency of 3 and a percentage of 5%. The vast majority of individuals indicated that no one in their family has psychiatric issues, with a frequency of 57 and a percentage of 95%. Respondents are saying there is no history of mental illness in their family . So it shows that mental illness us not common illness

Figure No 4.9.

Do you think that traditional beliefs plays role in creating social stigma towards psychiatric patients?
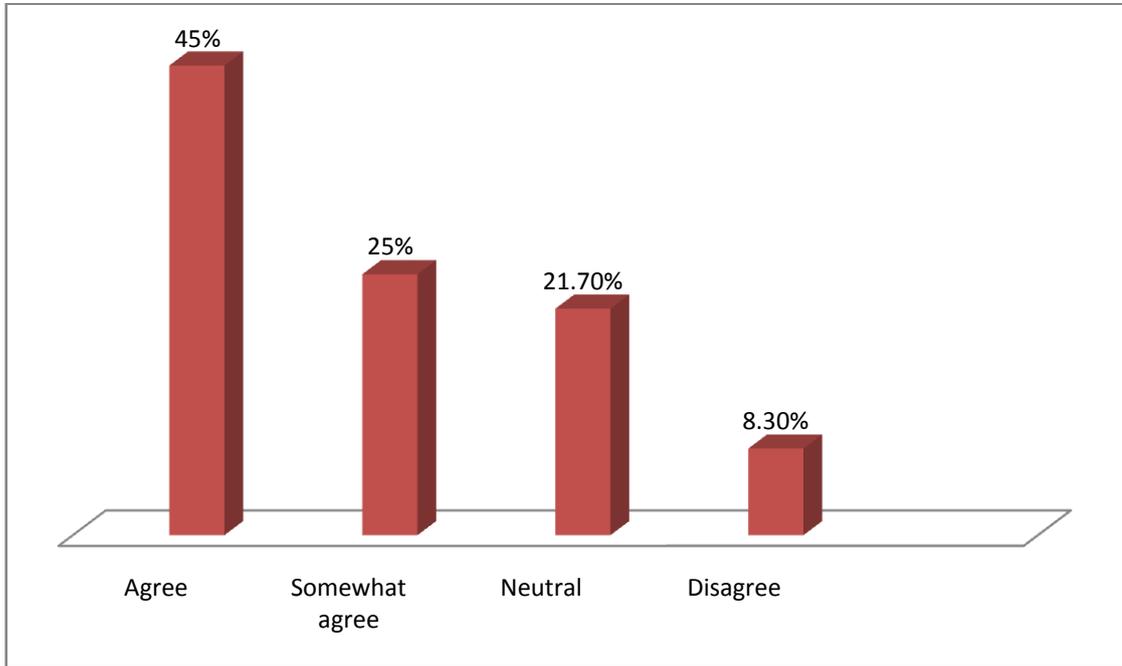
The above figure shows that 45% of respondents are agree,25% of respondents are somewhat agree,21.7% of respondents are Neutral,8.3% of respondents are disagree . the majority of respondents (45%) agree that traditional beliefs contribute to the creation of social stigma towards psychiatric patients, while a smaller percentage (25%) somewhat agree with this statement. However, a notable portion of respondents (21.7%) remain neutral, and a minority (8.3%) disagree with the idea that traditional beliefs play a role in creating social stigma.

Table No 4.10

Do you agree/ think that psychiatric patients are aggressive in nature?

Variables	Frequency	Percent
Agree	13	21.7
Neutral	29	48.3
Disagree	15	25.0
Strongly disagree	3	5.0
Total	60	100.0

On the table , it appears that the majority of respondents (48.3%) are neutral on the statement that psychiatric patients are aggressive in nature. Additionally, 25% of respondents disagree with the statement, and only 21.7% agree with it.

Table No 4.11.

Do you think that Films portray psychiatric patients in a wrong manner leading to the creation of social stigmas on them?

Variables	Frequency	Percent
Agree	24	40.0
Neutral	24	40.0
Disagree	3	5.0
Strongly agree	9	15.0
Total	60	100.0

The above table, data reveals that a significant portion of the respondents (40%) agreed and a notable minority (15%) strongly agreed that films incorrectly depict psychiatric patients, which leads to the creation of social stigmas. Additionally, 40% remained neutral, and a smaller percentage (5%) disagreed with the statement. so the films portray Psychiatric patients in a wrong manner leading to the creation of social stigma on them

Figure No 4.12.

Do you think that Social media plays a role in exaggerating the negative image of psychiatric patients?
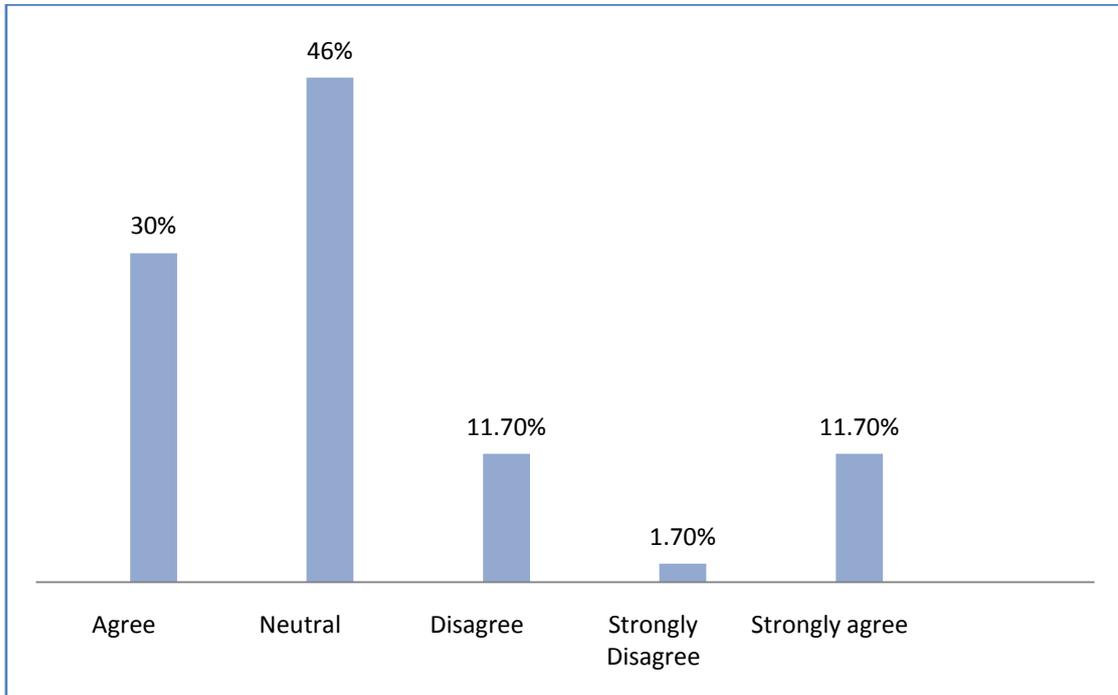
According to the table , 30% of the respondents agreed that social media plays a role in exaggerating the negative image of psychiatric patients. Meanwhile, 45% of the respondents were neutral, 11.7% disagreed, 1.7% strongly disagreed, and 11.7% strongly agreed.

Table No 4.13

Do you still think that there is still reluctance among people to seek help or treatment for psychiatric disorder?

Variables	Frequency	Percent
Agree	24	40.0
Neutral	21	35.0
Disagree	3	5.0
Strongly agree	12	20.0
Total	60	100.0

According to the data provided in the table, 60% of the respondents either agreed (40%) or strongly agreed (20%) that there is still reluctance among people to seek help or treatment for psychiatric disorders. Meanwhile, 35% of the respondents were neutral, and only 5% disagreed.

Table No 4.14

Do you think that there is still a lack of knowledge among people regarding psychiatric illness?
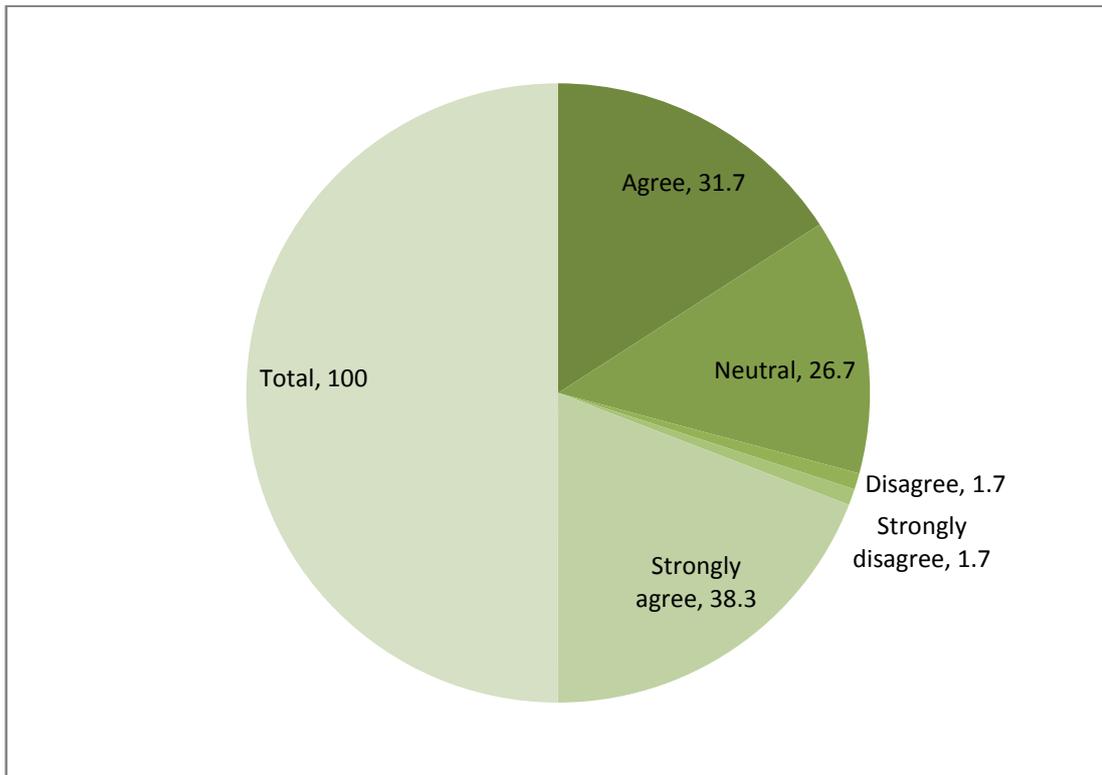
According to the data provided in the pie chart 70% of the respondents either agreed (31.7%) or strongly agreed (38.3%) that there is still a lack of knowledge among people regarding psychiatric illness. Meanwhile, 26.7% of the respondents were neutral, and only 1.7% disagreed or strongly disagreed. so the diagram show that more respondents not have enough   knowledge among people regarding psychiatric illness.

Figure No 4. 15

Do you think that psychiatric hospitals are accepted like the other hospitals by common people?
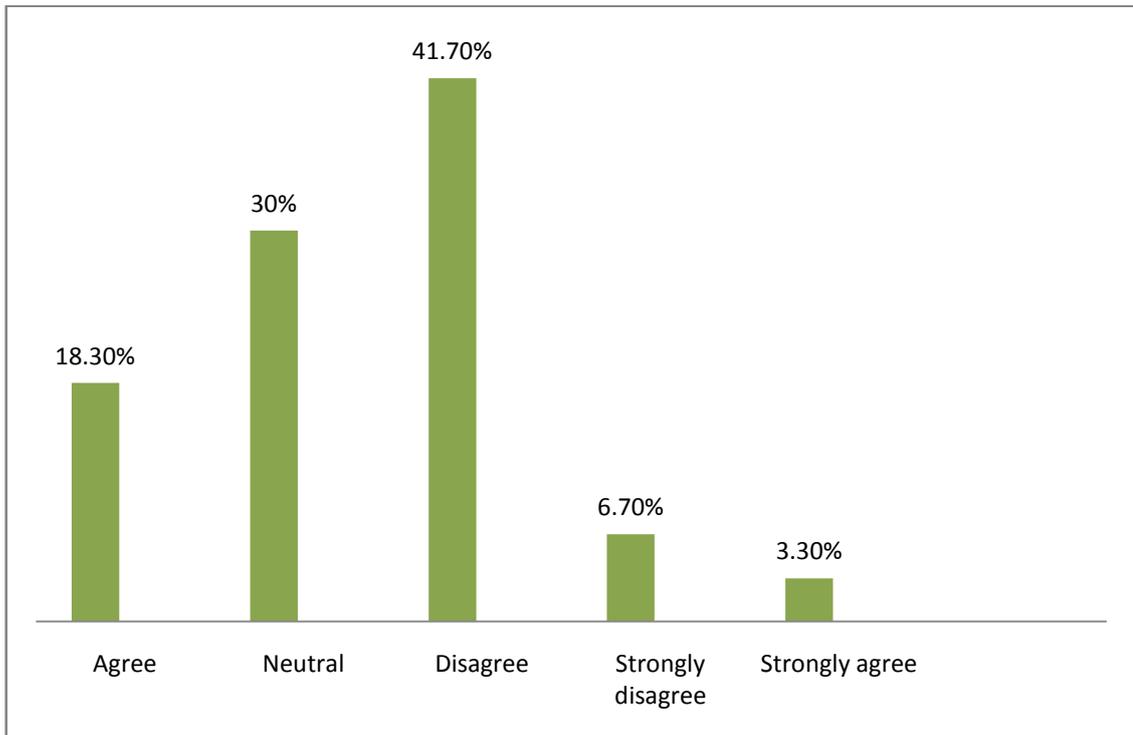
According to the data provided in the form of a survey, 72% of the respondents either disagreed (41.7%) or strongly disagreed (6.7%) that psychiatric hospitals are accepted like other hospitals by common people. Meanwhile, 30% of the respondents were neutral, 18.3% agreed, and only 3.3% strongly agreed.

Table No 4.16

Do you agree that people have misconception about mental illness?

Variables	Frequency	Percent
Agree	24	40.0
Neutral	14	23.3
Disagree	4	6.7
Strongly disagree	1	1.7
Strongly agree	17	28.3
Total	60	100.0

Based on the survey data provided, 68.3% of the respondents either agreed (40%) or strongly agreed (28.3%) that people have misconceptions about mental illness. Meanwhile, 23.3% of the respondents were neutral, 6.7% disagreed, and only 1.7% strongly disagreed.

As per the respondents response there is a misconception about mental illness in the society

Table No 4.17

Do you agree there is a myth about mental illness?

Variables	Frequency	Percent
Agree	21	35.0
Neutral	24	40.0
Disagree	6	10.0
Strongly disagree	1	1.7
Strongly agree	8	13.3
Total	60	100.0

Based on the survey data provided, 48.3% of the respondents either agreed (35%) or strongly agreed (13.3%) that there is a myth about mental illness. Meanwhile, 40% of the respondents were neutral, 10% disagreed, and only 1.7% strongly disagreed.

Table No 4.18

Do you believe that psychiatric illness is due to an evil spirit?

Variables	Frequency	Percent
Agree	2	3.3
Neutral	20	33.3
Disagree	13	21.7
Strongly disagree	25	41.7
Total	60	100.0

Based on the survey data provided, 58.3% of the respondents disagreed (21.7%) or strongly disagreed (41.7%) that psychiatric illness is due to an evil spirit. Meanwhile, 33.3% of the respondents were neutral, and only 3.3% agreed.

The belief that mental illness is caused by evil spirits or demonic possession is a myth and has no scientific basis. Such beliefs can prevent people from seeking appropriate medical treatment for mental illness and can lead to harmful practices such as exorcism.

Table No 4.19

**Do you feel sympathetic towards psychiatric patients?**

Variables	Frequency	Percent
Agree	21	35.0
Neutral	28	46.7
Disagree	3	5.0
Strongly disagree	3	5.0
Strongly agree	5	8.3
Total	60	100.0

Based on the survey data provided, 35% of respondents agreed that they feel sympathetic towards psychiatric patients, while 8.3% strongly agreed. Meanwhile, 46.7% were neutral, 5% disagreed, and 5% strongly disagreed.

Feeling sympathetic towards psychiatric patients can be an important aspect of creating a more supportive and inclusive society for individuals living with mental illness. It can help to reduce stigma and discrimination and encourage individuals to seek help and treatment when they need it.

Figure No 4.20

If you face any kind of psychiatric problem like stress, anxiety, depression etc. What would you do first ?
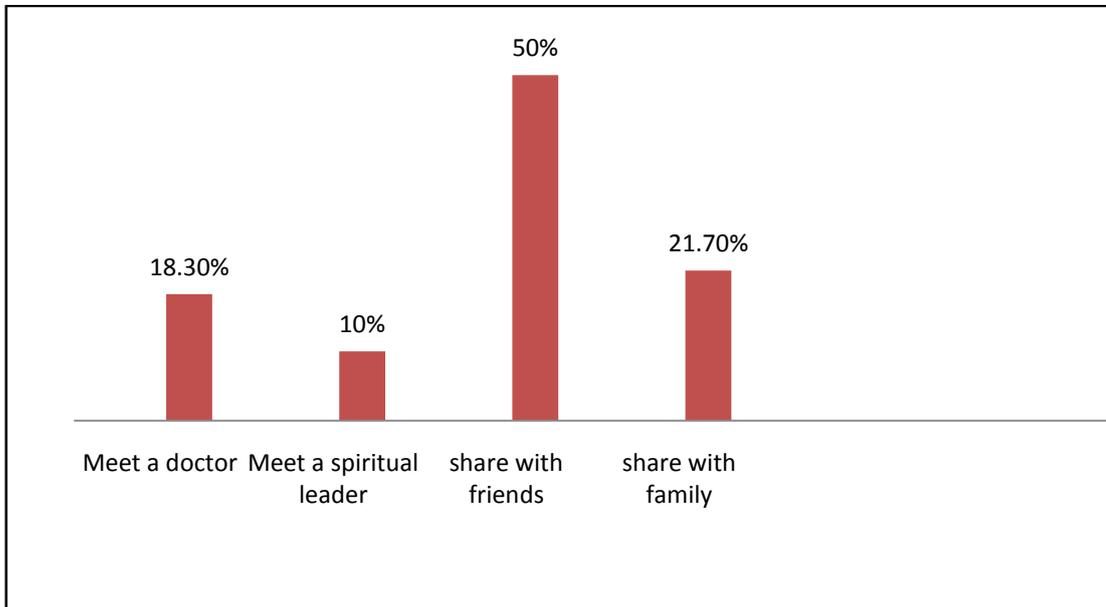
Based on the survey data, the most common response to the question "If you face any kind of psychiatric problem like stress, anxiety, depression etc. What would you do first?" was to share with friends (50% of respondents), followed by meeting with a doctor (18.3%), sharing with family (21.7%), and meeting with a spiritual leader (10%).

Table No 4.21

**Overall , how would you rate your mental health?**

Variables	Frequency	Percent
Excellent	6	10.0
Good	35	58.3
Average	17	28.3
Below average	2	3.3
Total	60	100.0

Based on the survey data provided, the majority of respondents rated their mental health as good (58.3%), followed by average (28.3%), excellent (10%), and below average (3.3%).

It is important to note that mental health is a spectrum, and everyone experiences ups and downs in their mental health over time.

Figure No.4.22

Are you aware about the mental healthcare Act 2017?
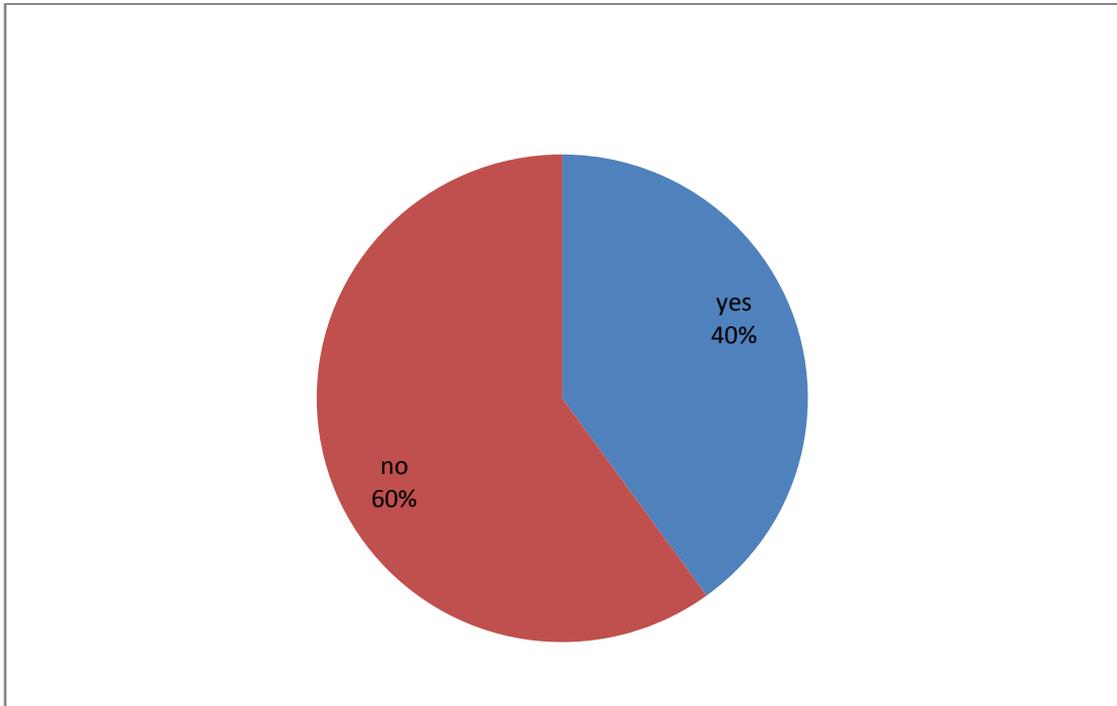
Based on the survey data provided, 40% of the respondents were aware of the Mental Healthcare Act 2017, while 60% were not aware of it.

The Mental Healthcare Act 2017 is an important law that aims to provide mental healthcare and services to individuals living with mental illness. It also seeks to protect their rights and promote their inclusion in society.

Table No4.23

Have you felt a positive change in the way psychiatric patients are shown in films

Variables	Frequency	Percent
Agree	22	36.7
Neutral	32	53.3
Disagree	4	6.7
Strongly agree	2	3.3
Total	60	100.0

Based on the survey data provided, 36.7% of the respondents agreed that there has been a positive change in the way psychiatric patients are shown in films, while 53.3% were neutral, 6.7% disagreed, and 3.3% strongly agreed.

Figure No.4.24

Do you think educating youth can reduce social stigma towards psychiatric patients?
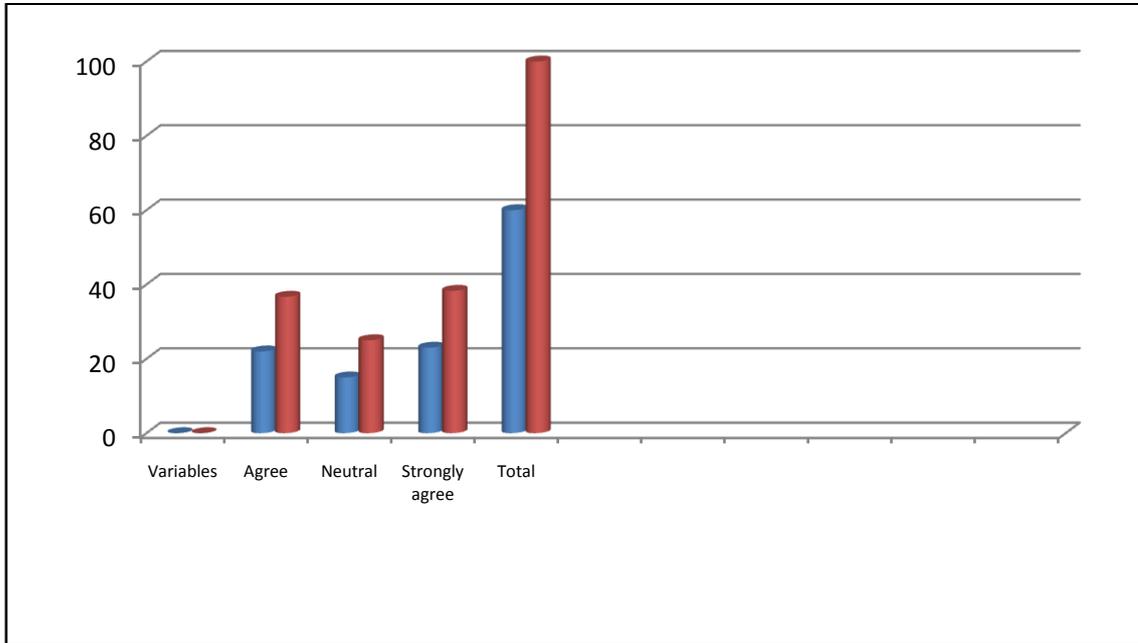
It seems that almost half of the respondents (48.3%) have made self-efforts to educate themselves regarding mental illness, while 35% were neutral, 13.3% strongly agreed, and only 3.3% disagreed. It is important to continue promoting education and awareness about mental health to reduce stigma and discrimination against individuals living with mental illness.

Table No.4.25

Have you ever made any self effort to educate yourself regarding mental illness?

Variables	Frequency	Percent
Agree	29	48.3
Neutral	21	35.0
Disagree	2	3.3
Strongly agree	8	13.3
Total	60	100.0

It seems that almost half of the respondents (48.3%) have made self-efforts to educate themselves regarding mental illness, while 35% were neutral, 13.3% strongly agreed, and only 3.3% disagreed. It is important to continue promoting education and awareness about mental health to reduce stigma and discrimination against individuals living with mental illness

Which of the following psychiatric disorders are you aware of?

Variables	Frequency	Percent
schizophrenia	11	18.3
anxiety	19	31.7
psychosis	3	5.0
depression	27	45.0
Total	60	100.0

The table provides information on the frequency and percentage of four psychiatric disorders: schizophrenia, anxiety, psychosis, and depression.

Out of the 60 cases, 11 individuals were diagnosed with schizophrenia, accounting for 18.3% of the total cases. Anxiety was the most common disorder, with 19 cases (31.7%). Three individuals were diagnosed with psychosis (5%), and depression was diagnosed in 27 individuals (45%).

Table No 4.27

Do you think that the government need to take initiative to reduce stigma towards psychiatric **patients?**

Variables	Frequency	Percent
Agree	26	43.3
Neutral	11	18.3
Disagree	2	3.3
Strongly agree	21	35.0
Total	60	100.0

The table shows the out of the 60 participants, 26 (43.3%) agreed that the government needs to take the initiative to reduce stigma towards psychiatric patients, while 21 (35%) strongly agreed. 11 (18.3%) participants were neutral, and only 2 (3.3%) disagreed.

Table No. 4.28

Do you think there is equality between physical illness and mental illness?

Variables	Frequency	Percent
Agree	14	23.3
Neutral	21	35.0
Disagree	15	25.0
Strongly disagree	6	10.0
Strongly agree	4	6.7
Total	60	100.0

Based on the responses, it seems that there is a lack of consensus on whether there is equality between physical illness and mental illness. While 23.3% of respondents agreed that there is equality, 25% disagreed, and 35% were neutral. Additionally, 10% strongly disagreed with the statement, while only 6.7% strongly agreed.

Figure 4.29.

Do you think our society is a platform to freely talk about mental Illness?
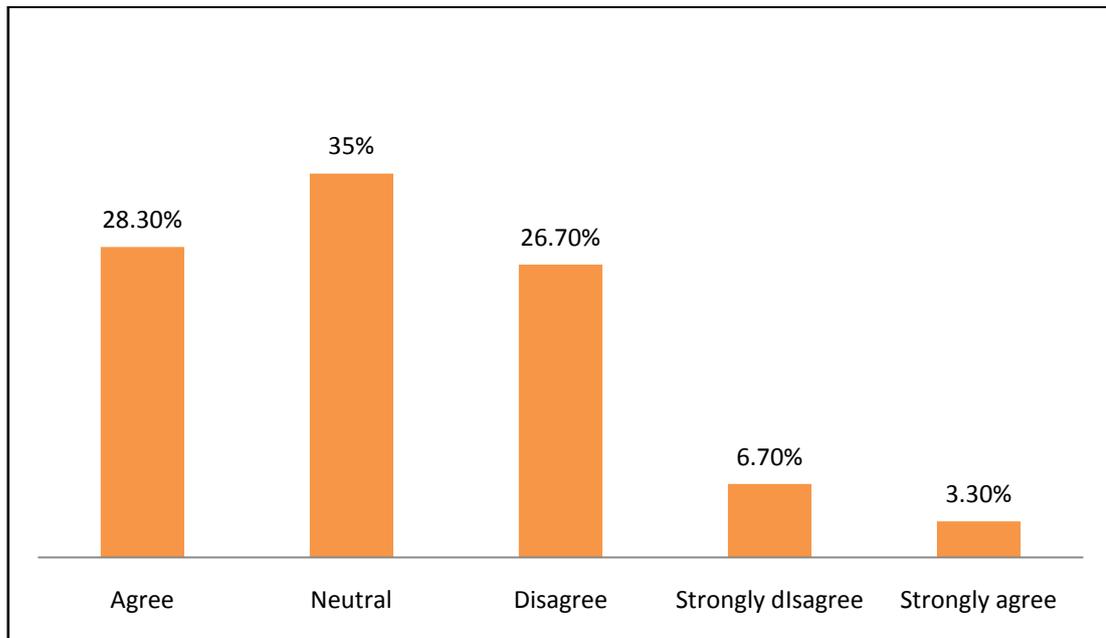
Based on the responses, it seems like there is a mixed opinion about whether society is a platform to freely talk about mental illness. 28.3% of respondents agree that society is such a platform, 35% are neutral, 26.7% disagree, and 6.7% strongly disagree. However, 3.3% strongly agree that society is a platform to talk about mental illness.

Table No.4.30

Do you think prejudices still exit about mental illness and psychiatric patients?

Variables	Frequency	Percent
Agree	21	35.0
Neutral	26	43.3
Disagree	2	3.3
Strongly agree	11	18.3
Total	60	100.0

Based on the responses, it seems that the majority of the participants acknowledge the existence of prejudices and social stigma towards mental illness and psychiatric patients. 35% of the participants strongly agree that such prejudices still exist, and 43.3% have a neutral stance. Only 3.3% disagree that prejudices still exist..

Figure No.4.31

Do you believe that social media can play a role in creating social stigma towards psychiatric patients?
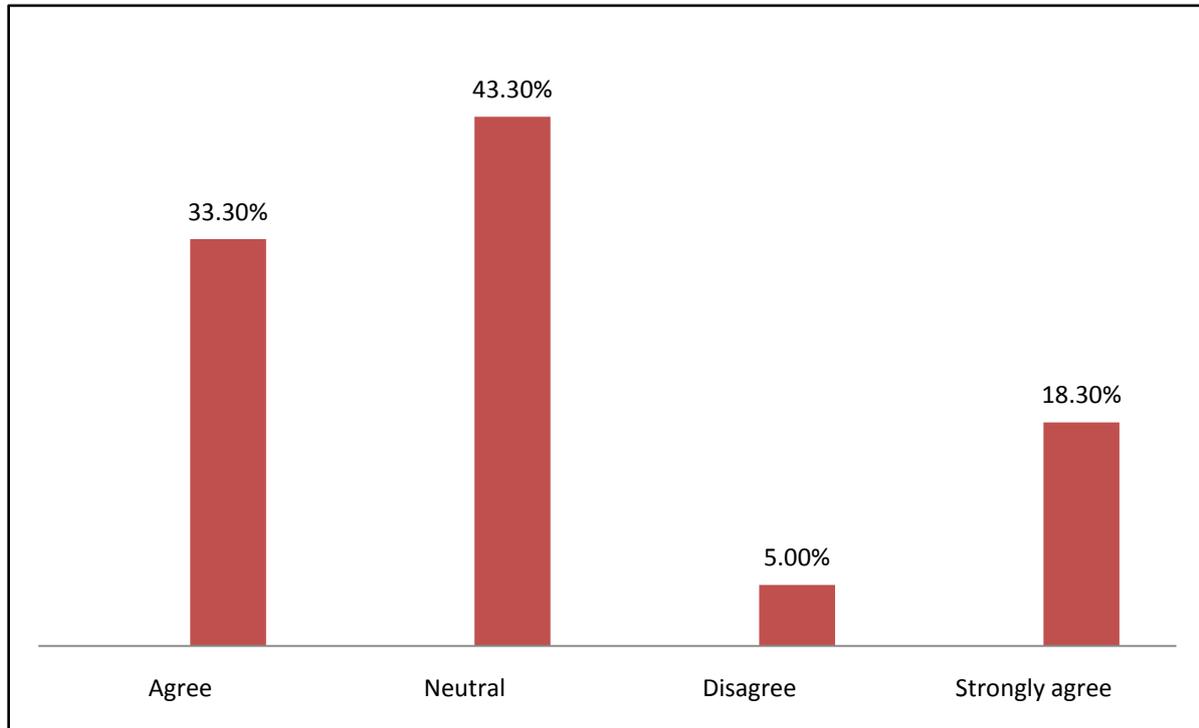
Out of the 60 participants, 20 (33.3%) agreed that social media can create social stigma towards psychiatric patients, while 11 (18.3%) strongly agreed. On the other hand, 26 (43.3%) participants were neutral, and only 3 (5%) disagreed.

Table No4.32

Do you think bullying is still a problem faced by patients?

Variables	Frequency	Percentage %
Agree	25	41.7%
Neutral	17	28.3%
Disagree	4	6.7%
Strongly agree	14	23.3%
Total	60	100.0%

It's important to use respectful and appropriate language when addressing psychiatric patients, as it can contribute to reducing the stigma associated with mental illness. It's positive to see that the majority of respondents either agree or strongly agree with this idea, with 63.3% falling within this category. Only a small minority of 6.7% disagreed or strongly disagreed.

Table No4.33

Do you feel people should be more conscious of language and words they use while Addressing psychiatric patients?

Variables	Frequency	Percent%
Agree	15	25.0%
Neutral	18	30.0%
Disagree	3	5.0%
Strongly disagree	1	1.7%
Strongly agree	23	38.3%
Total	60	100.0%

It seems like the majority of the respondents (63.3%) are either neutral or do not worry about the mental health of their loved ones, while the remaining 36.7% agree that they are worried about their loved ones' mental health. It's important to remember that mental health can affect anyone, and it's important to have open and supportive conversations about mental health with loved ones.

Table No4.34

Are you worried about the mental health of your loved ones?

Variables	Frequency	Percent
Agree	22	36.7
Neutral	16	26.7
Disagree	4	6.7
Strongly disagree	2	3.3
Strongly agree	16	26.7
Total	60	100.0

It seems that a large percentage of respondents agree that discrimination is an important factor of social stigma towards psychiatric patients, with 45% strongly agreeing and 21.7% somewhat agreeing. Only a small percentage, 3.3%, disagreed with this statement.

Do you think that lack of awareness about mental illness is a reason of social stigma?
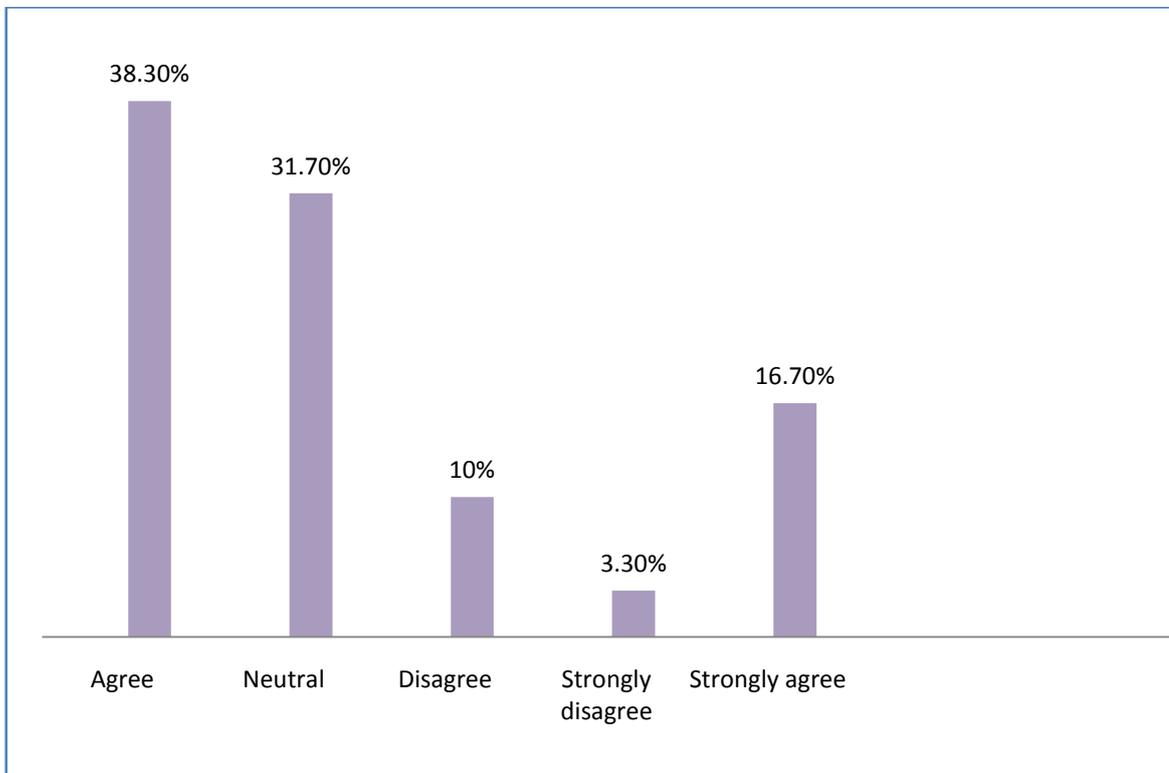
The table shows that 23 individuals (38.3% of the sample) agree that lack of awareness about mental illness is a reason for social stigma, while 19 individuals (31.7%) are neutral on the issue. Only 6 individuals (10.0%) disagree that lack of awareness is a reason for social stigma, and 2 individuals (3.3%) strongly disagree. On the other hand, 10 individuals (16.7%) strongly agree that lack of awareness about mental illness is a reason for social stigma.

Table No 4.36

Whether your religious beliefs have affected your perception on Psychiatric patients?

Variables	Frequency	Percent
Agree	13	21.7
Neutral	25	41.7
Disagree	14	23.3
Strongly disagree	4	6.7
Strongly agree	4	6.7
Total	60	100.0

Based on the responses, the majority of participants (41.7%) were neutral on whether their religious beliefs have affected their perception on psychiatric patients. However, 21.7% agreed that their religious beliefs have influenced their perception, while 23.3% disagreed and 6.7% strongly disagreed. Only a small percentage (6.7%) strongly agreed that their religious beliefs have affected their perception.

CHAPTER 5
FINDINGS, SUGGESTIONS AND CONCLUSION

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5.1 INTRODUCTION

Findings, conclusions and suggestions are the last parts of the theses. Research finding is the outcome gotten from data analysis and represents the factual link or association between or amongst the variables being interrogated by the researcher. It is any results arrived at and portrays the true position of how two or more variables relate with one another.

Conclusions are answers to the questions raised, or the statements of acceptance or rejection of the hypotheses proposed. The conclusions do not need to repeat the evidence on which they are based, but extreme care should be exercised to present them with whatever limitations and qualification are necessary.

Besides findings and conclusion, suggestions are also required for the researcher. Suggestions are brief statements of a limited numbers of recommendations for further consideration. These suggestions are given at the end of the research.

5.2 MAJOR FINDINGS

➢ Majority (68.3%) of the respondents are from the age group of 20-22 years of age.
➢ The most (58.3%) of the respondents are from females.
➢ 98.3 % respondents are aware about mental health.
➢ 95 % respondents are believe that mental illness is treatable.
➢ 95% of respondent's family have no psychiatric issues and 5% have psychiatric issues.
➢ 45% of respondent are agree traditional beliefs plays role in creating social stigma towards psychiatric patients

- 38.3 % respondent are Strongly agree that there is still a lack of knowledge among people regarding psychiatric illness
- 40.0 % respondent are agree that There is still reluctance among people to seek help or treatment for psychiatric disorder
- 46 % respondent are think that Social media plays a role in exaggerating the negative image of psychiatric patients
- Majority (46.5%) of respondent were neutral that they feel sympathetic towards psychiatric patients
- Majority that psychiatric hospitals are accepted like other hospitals by common people.
- 33.3% of the respondents were neutrall that believe that psychiatric illness is due to an evil spirit
- Majority strongly agreed (38.3%) that there is still a lack of knowledge among people regarding psychiatric illness.
- Majority35%that there is still reluctance among people to seek help or treatment for psychiatric disorder
- Majority40% of the respondents agreed that films portray psychiatric patients in a wrong manner leading to the creation of social stigmas on them
- Majority (50% of respondents) was to share with friends about their mental illness.
- Majority of respondents rated their mental health as good (58.3%)
- Majority **(60%)**respondents are not aware about the mental healthcare Act 2017
- Majority53.3% were neutral that felt a positive change in the way psychiatric patients are shown in films
- Majority(48.3%) of respondents have made self-efforts to educate themselves regarding mental illness.
- Majority(31.1%) of respondents have suffering from anxiety
- Majority(43.3%) agreed that the government needs to take the initiative to reduce stigma towards psychiatric patients,
- Majority35% respondents have neutral stance lack of consensus on whether there is equality between physical illness and mental illness.
- Majority(35%) neutral stance that society is a platform to talk about mental illness.

- Majority(43.3% have a neutral stance for think prejudices still exit about mental illness and psychiatric patients
- Majority43.3%) respondents were neutral that believe that social media can play a role in creating social stigma towards psychiatric patients**.**
- Majority (36.7%)of respondents agree that discrimination is an important factor of social stigma towards psychiatric patients
- Majority (38.%) of the respondents agree that lack of awareness about mental illness is a reason of social stigma
- Majority of participants (41.7%) were neutral on whether their religious beliefs have affected their perception on psychiatric patients.\

5.3 IMPLICATIONS OF THE STUDY

The study of social stigma towards psychiatric patients has important implications for individuals with mental health conditions, mental health professionals, and society as a whole. Firstly, understanding social stigma can help individuals with mental health conditions to better cope with the negative attitudes and beliefs that they may encounter in their daily lives. By recognizing that social stigma exists and that it is not their fault, individuals with mental health conditions can work towards building resilience and seeking support when needed.

Secondly, the study of social stigma can inform mental health professionals about the impact of stigma on their clients and how to effectively address and reduce stigma in their practice. Mental health professionals can use this knowledge to provide more holistic and person-centered care that takes into account the social and cultural context of their clients.

Finally, the study of social stigma can inform policy and advocacy efforts aimed at reducing stigma and improving access to mental health services. By highlighting the negative impact of stigma on individuals with mental health conditions, policymakers and advocates can work towards creating more supportive and inclusive environments that promote mental health and well-being for all members of society.

Overall, the study of social stigma towards psychiatric patients can contribute to a better understanding of mental health and mental illness, and help to reduce the negative impact of stigma on individuals, communities, and society as a whole.

5.4 LIMITATIONS OF THE STUDY

➢ lack of experience in doing research

➢ Limited awareness about the software SPSS

➢ Limited time period

➢ Unawareness regarding the importance of research among the respondents

➢ Limited scope

➢ Limited knowledge about the topic

5.5 SUGGESTIONS FOR FURTHER RESEARCH

1. Impact of media portrayal: Investigate the role of media in shaping societal attitudes towards psychiatric patients. Analyze how media depictions of mental illness contribute to stigma, and explore strategies for promoting more accurate and compassionate portrayals.

2. Intersectionality and stigma: Examine how intersecting identities, such as race, gender, sexuality, and socioeconomic status, intersect with mental health stigma. Explore how multiple forms of discrimination interact and compound the stigma experienced by individuals with psychiatric disorders.

3. Cultural influences: Explore how cultural factors influence social stigma towards psychiatric patients. Investigate how cultural beliefs, norms, and practices affect attitudes towards mental illness and shape the experiences of individuals seeking help.

4. Healthcare provider stigma: Investigate the role of healthcare providers in perpetuating or challenging mental health stigma. Examine the attitudes, beliefs, and behaviors of healthcare professionals towards psychiatric patients and identify interventions to reduce stigmatizing practices within the healthcare system.

5. Public education and awareness campaigns: Evaluate the effectiveness of public education and awareness campaigns in reducing mental health stigma. Examine different approaches, mediums, and messages used in campaigns and assess their impact on attitudes and behaviors towards psychiatric patients.

6. Lived experiences and empowerment: Focus on the perspectives and experiences of individuals with psychiatric disorders. Explore the ways in which individuals navigate and resist stigma, identify strategies for empowerment, and understand the impact of self-disclosure on stigma reduction.

7. Stigma reduction interventions: Assess the efficacy of various interventions aimed at reducing mental health stigma. Investigate the effectiveness of interventions such as contact-based education, anti-stigma campaigns, peer support programs, and legislative initiatives in challenging societal attitudes and promoting social inclusion.

8. Policy analysis: Examine policies and laws related to mental health and stigma. Analyze how legislation and policy frameworks either contribute to or combat stigma towards psychiatric patients, and identify areas for improvement in policy development and implementation.

9. Long-term outcomes: Investigate the long-term effects of stigma on individuals with psychiatric disorders. Examine how stigma impacts various life domains, including employment, housing, relationships, and overall quality of life. Identify strategies to mitigate these negative effects and promote social integration.

10. Comparative studies: Conduct cross-cultural and cross-national comparative studies to understand the variations in mental health stigma. Compare stigma-related attitudes, beliefs, and experiences in different countries and cultural contexts, and identify cultural factors that influence stigma and can inform global anti-stigma efforts.

SUGGESTIONS

Based on the findings of the study, researcher has drawn following suggestions:-

- Open talks about mental health.
- Educate public about psychiatric illness.
- Encourage equality between physical and mental illness.

- Speak out against social stigma.

- Education for the patient's family about their illness.

- Open talks about mental illness.

- Conduct mental health literacy campaigns.

- Reduce the use of alcohol and other substance use.

- Create support groups for the psychiatric patients.

- The government took more proactive through mass media, advertisement, workshops and seminars to create awareness among general public.

CONCLUSION

This study has been conducted to find the social stigma towards psychiatric patients in Mangalore city. More than half of the people with mental illness don't receive help for their disorders. On one hand, they struggle with the symptoms and disabilities that result from the disease. On the other, they are challenged by the stereotypes and prejudice that result from misconceptions about mental illness. Often, people avoid or delay seeking treatment due to concerns about being treated differently or fears of losing their jobs and livelihood. That's because stigma, prejudice and discrimination against people with mental illness is still very much problem. As a result of these people with mental illness are robbed of the opportunities that define a quality life; good jobs, safe housing, satisfactory health care, and affiliation with diverse group of people. Stigma often comes from lack of understanding or fear. Inaccurate or misleading media representations of mental illness contribute to both those factors.

REFFERANCE

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QUESTIONNAIRE

Hello everyone,

I am Albin Phililp, doing MSW course at Don Bosco Arts and Science College, Angadikadavu Kannur. The survey is conducted for the topic '' A study on social stigma towards psychiatric patients in kannur district ''.For the questions bellow kindly fill the option you feel is the right response .The data collected will be kept confidential and used for research Purpose only

The answers should be authentic and it will be ensured that the data's entered are highly confidential. Hoping for your sincere participation. For any quarries please do mail at albinphilip011@Gmail.com

To the socio demographic profile of the respondent

1) Name   :

2) Age   :

3) sex   :

      Male   female

4) Marital status   :

      Married   single

5) Education:

6) Occupation:

7) Home town:

8) Are you aware about mental health?

      Yes   No

9) Do you believe that mental illness is treatable?

      Yes   No

10) Does anyone in your family have psychiatric issues?

       Yes   No

To find out the causes of social stigma towards psychiatric patients

11) Do you think that traditional beliefs   plays role in creating social stigma towards psychiatric patients?

   A) Fully agree   b) Agree   c) Neutral   d) Disagree   e) fully disagree

12) Do you agree/ think that psychiatric patients are aggressive in nature?

   A) Fully agree   b) Agree   c) Neutral   d) Disagree   e) fully disagree

13) Do you think that Films portray psychiatric patients in a wrong manner leading to the creation of social stigmas on them?

   A) Fully agree   b) Agree   c) Neutral   d) Disagree   e) fully disagree

14) Do you think that Social media plays a role in exaggerating the negative image of psychiatric patients?

   A) Fully agree   b) Agree   c) Neutral   d) Disagree   e) fully disagree

15) do you still think that There is still reluctance among people to seek help or treatment for psychiatric disorder?

   A) Fully agree   b) Agree   c) Neutral   d) Disagree   e) fully disagree

16) Do you think that psychiatric hospitals are accepted like the other hospitals by common people?

   A) Fully agree   b) Agree   c) Neutral   d) Disagree   e) fully disagree

17) Do you think that There is still a lack of knowledge among people regarding psychiatric illness?

   A) Fully agree   b) Agree   c) Neutral   d) Disagree   e) fully disagree

18) Do you agree that people have misconception about mental illness?

   A) Fully agree   b) Agree   c) Neutral   d) Disagree   e) fully disagree

19) Do you agree there is a myth about mental illness?

   A) Fully agree   b) Agree   c) Neutral   d) Disagree   e) fully disagree

20) Do you believe that psychiatric illness is due to an evil spirit?

   A) Fully agree   b) Agree   c) Neutral   d) Disagree   e) fully disagree

TO know the level of awareness about mental health

21) Do you feel sympathetic towards psychiatric patients?

   A) Fully agree   b) Agree   c) Neutral   d) Disagree   e) fully disagree

22) If you face any kind of psychiatric problem like stress, anxiety, depression etc. What would you do first ?

   A) Meet a doctor   b) spiritual leaders   c) share with friends   d) share with family

23) Overall , how would you rate your mental health?

   A) Excellent   b) good   c) Average   d) poor

24) Are you aware about the mental healthcare Act 2017?

   A) Yes   b) No

25) Have you felt a positive change in the way psychiatric patients are portrayed in films?

A) Fully agree   b) Agree   c) Neutral   d) Disagree   e) fully disagree

26) Do you think educating youth can reduce social stigma towards psychiatric patients?

A) Fully agree   b) Agree   c) Neutral   d) Disagree   e) fully disagree

27) Have you ever made any self effort to educate yourself regarding mental illness?

A) Fully agree   b) Agree   c) Neutral   d) Disagree   e) fully disagree

28) Which of the following psychiatric disorders are you aware of?

A) Schizophrenia   b) personality disorder   c) psychosis   d) depression

29) Do you think that the government need to take initiative to reduce stigma towards psychiatric patients?

A) Fully agree   b) Agree   c) Neutral   d) Disagree   e) fully disagree

30) Do you think there is equality between physical illness and mental illness?

A) Fully agree   b) Agree   c) Neutral   d) Disagree   e) fully disagree

To explore possible solutions to reduce social stigma

31) Do you think our society is a platform to freely talk about mental illness?

A) Fully agree   b) Agree   c) Neutral   d) Disagree   e) fully disagree

32) Do you think prejudices still exit about mental illness and psychiatric patients?

A) Fully agree   b) Agree   c) Neutral   d) Disagree   e) fully disagree

33) Do you believe that social media can play a role in reducing social stigma towards psychiatric patients?

    A) Fully agree   b) Agree   c) Neutral   d) Disagree   e) fully disagree

34) Do you think bullying is still a problem faced by patients?

    A) Fully agree   b) Agree   c) Neutral   d) Disagree   e) fully disagree

35) Do you feel people should be more conscious of language and words they use while addressing psychiatric patients?

    A) Fully agree   b) Agree   c) Neutral   d) Disagree   e) fully disagree

36) Are you worried about the mental health of your loved ones ?

    A) Yes   b) No

37) Do you think that mental health is more important than physical health?

    A) Fully agree   b) Agree   c) Neutral   d) Disagree   e) fully disagree

38) Do you get worried about mental health problems?

    A) Fully agree   b) Agree   c) Neutral   d) Disagree   e) fully disagree

39) Do you feel that People with mental illness do not try hard enough to get better?

    A) Fully agree   b) Agree   c) Neutral   d) Disagree   e) fully disagree

40) Give your suggestion to reduce social stigma towards psychiatric patients.

A STUDY ON TEENAGER'S KNOWLEDGE AND AWARENESS TOWARDS CHILDREN WITH PHYSICAL DISABILITIES

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2021-2023

A STUDY ON TEENAGER'S KNOWLEDGE AND AWARENESS TOWARDS CHILDREN WITH PHYSICAL DISABILITIES

DISSERTATION SUBMITTED TO THE KANNUR UNIVERSITY
IN PARTIAL FULFILLMENT OF THE REQUIREMENT
FOR THE AWARD OF THE DEGREE OF
MASTER OF SOCIAL WORK

BY

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CERTIFICATE

This is to certify that the dissertation entitled, **A Study On Teenager's Knowledge And Awareness Towards Children With Physical Disabilities,** submitted by Safa Sathar**,** in partial fulfilment of the requirement for the award of the degree of **Master of Social Work**, is a bonafide record of work done under the guidance and supervision of Ms. Anjaya V.V, during the period of her study (2021-2023) in the Department of Social Work, Don Bosco Arts and Science College, Angadikadavu, Kannur, affiliated to The Kannur University.

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This is to certify that the dissertation entitled, **A Study On Teenager's Knowledge And Awareness Towards Children With Physical Disabilities,** submitted by Safa Sathar, in partial fulfilment of the requirement for the award of the degree of Master of Social work, is a bonafide record of work done under my guidance and supervision during the period of her study (2021-2023) in the Department of Social Work, Don Bosco Arts and Science College, Angadikadavu, Kannur, affiliated to The Kannur University.

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DECLARATION

I, **Ms.SAFA SATHAR.,** the undersigned, hereby declare the dissertation entitled, **A Study On Teenager's Knowledge And Awareness Towards Children With Physical Disabilities, E**submitted to the Kannur University, in partial fulfilment of the requirement for the award of the degree of master of Social Work, is a bonafidework done by me under the guidance of **Ms.AnjayaV.V**, Assistant professor, Department of Social Work, Don Bosco Arts and Science College, Angadikadavu. This work has not been placed by anybody in the University for the Award of any degree or diploma.

ANGADIKADAVU

MAY 2023   SAFA SATHAR

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SAFA SATHAR

ABSTRACT

Globally, persons with disabilities have been recognized as one of the largest minority groups which have been vulnerable to neglect, deprivation, segregation and exclusion. People with disabilities face a wide range of barriers such as attitudinal, physical, and social that affects social inclusion. The attitudinal barrier such as negative attitude of society towards people with disabilities acts as a social stigma about disability. The society believes that disability in a person occurs due to past sin or karma (fate), and no one can change this situation as it is God's punishment for the past sins. In some developing countries, the belief that disability is associated with evil, witchcraft, bad omens or infidelity persists.

The cumulative effect of these barriers is to marginalize people with disabilities from the mainstream of the society and the economy. They experience disadvantage in various aspects of daily life compared to non-disabled people. The adverse outcomes experienced by many people with disabilities reduce quality of life both for themselves and for their families. Many of them feel isolated, unwanted and society too feels that they are burden on the society. Their families, parents, children and siblings, also face negative attitudes, poverty and exclusion. Many feel that they spend far too much time fighting society when they should be receiving the support, they need to help themselves.

Children are the most vulnerable group among these; hence the study is done to assess the teenager's, the coming generation's knowledge and awareness towards children with physical disabilities.

Key words

Teenagers, knowledge, awareness, children, physical disabilities

LIST OF FIGURES

33	Children with physical disabilities are shame and humiliation to the society	54
34	Children with physical disabilities have low self care and are unhygienic	55
35	Children with physical disabilities are grouchy	56
36	Children with physical disabilities are irritating and annoying	57
37	Children with physical disabilities face difficulty to lead normal life	58
38	Children with physical disabilities cannot succeed in life	59
39	Children with physical disabilities have closed circle of friends and are introverts	60
40	Children with physical disabilities must be confined to houses and should not come in the forefront of the society	61

TABLE OF CONTENTS

CHAPTER I
INTRODUCTION

CHAPTER 1
INTRODUCTION

"See the abilities in others, rather than disabilities"
- *Mahatma Gandhi*

Everyone knows Einstein, Mozart, Newton, Darwin and Michel Angelo because they all are great men, but one thing common among all these great personalities are that they are all disabled. Beethoven, a great composer, pianist was deaf, and blindness could not stop John Milton from becoming a great poet. Byron „walked with difficulty but roamed at will‟ to give the world some of the finest literary gifts. Similarly, Einstein had learning impairment. Yet he developed the theory of relativity which greatly affected the way people view and understand the world today. Thomas Alva Edison had hearing impairment, but his invention of electricity is more responsible than anything else for creating the modern world we live in. Louis Braille was visually impaired but his creation Braille, known by his name, enabled blind people worldwide to read and write. Recently Ira Singhal and Arunima Singh proved that "if there is will there is way in life....". Ira Singhal though a disabled, yet she topped India's toughest competitive examination IAS. Arunima singh too is physically disabled, and yet she climbed the highest mountain peak in the world, the Mount Everest.

There are many unsung heroes who were disabled but they never took an excuse of this shortcoming. They faced the challenges, and ultimately got success in their respective fields. They are the people who proved that it is not a disability but one's ability that counts. Disability affected their bodies but their spirit triumphed against all odds to achieve success for themselves and contribute to a better world. But, it is only one side of the picture. The disabled are also deprived of all opportunities of social and economic development. The basic facilities like health, education and employment are denied to them. Along with the physical problems they also bear the brunt of social ostracism and stigma.

Disability is the experience of any condition that makes it more difficult for a person to do certain activities or have equitable access within a given society. Disabilities may be cognitive, developmental, intellectual, mental, physical, sensory, or a combination of multiple factors. Disabilities can be present from birth or can be acquired during a

person's lifetime. Historically, disabilities have only been recognized based on a narrow set of criteria however, disabilities are not binary and can be present in unique characteristics depending on the individual. A disability may be readily visible, or invisible in nature.

The United Nations Convention on the Rights of Persons with Disabilities defines disability as a long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder [a person's] full and effective participation in society on an equal basis with others.

Disabilities have been perceived differently throughout history, through a variety of different theoretical lenses. There are two main models that attempt to explain disability in our society: the medical model and the social model. The medical model serves as a theoretical framework that considers disability as an undesirable medical condition that requires specialized treatment. Those who ascribe to the medical model tend to focus on finding the root causes of disabilities, as well as any cures such as assistive technology. The social model centers disability as a societally-created limitation on individuals who do not have the same ability as the majority of the population. Although the medical model and social model are the most common frames for disability, there are a multitude of other models that theorize disability.

There are many different terms that exist to explain different aspects relating to disability. While some terms solely exist to describe phenomena pertaining to disability, others have been centered around stigmatizing and ostracizing those with disabilities. Some terms have such a negative connotation that they are considered to be slurs. Like many social categories, the concept of "disability" is under heavy discussion amongst academia, the medical and legal worlds, and the disability community.

1.1 Statement of the problem

Physical disability indicates any physical limitations or disabilities that inhibit the physical function of one or more limbs of a certain person. It can be temporary or

permanent. The causes of this kind of disease are various. Any person can acquire it through accident, injury, illness, post-surgery effects and heredity.

The research is a study on the teenager's knowledge and awareness towards the children with physical disabilities.

1.2 Title of Study

"A Study Teenager's Knowledge and Awareness Towards Children With Physical Disabilities"

1.3 Objectives

General objectives

- To study the knowledge and awareness of teenagers towards the children with physical disabilities

Specific objectives

- To determine the awareness of teenager's towards the children with physical disabilities

- To assess the acceptance of teenagers towards children with physical disabilities

- To assess the knowledge of teenagers towards children with physical disabilities

1.4 Significance of the study

Being disabled and accepting it is not an easy task, especially when it comes to children. They find it even more difficult performing social and academic tasks. Being viewed as different can annoy them. A change can only be bought by building a positive atmosphere that enables them to accept themselves. This can be done by fostering changes in the attitudes through knowledge and creating awareness among the teenagers, to help them support the children with physical disabilities.

Most people still believe any disability including physical disabilities as a curse, for something done in the past. This stigma has played a main role in creating a negative orientation towards the disabled and often view the people with physical disabilities as incapable of doing the activities of their daily life.

Here, in the study the focus is given to the attitude of teenagers, so as to bring a complete change of attitude in the upcoming generation towards the children with physical disabilities and to create an empathetic and inclusive society.

1.5 Chapterization

The entire research work runs into five chapters. The first one, Introduction, brings out the importance of the study, and states its objectives and significance. The Second Chapter contains the review of literature. Chapter third is the methodological part of the Study, the specific procedures or techniques used to identify, select, process, and analyze information about the topic. Analyses and interpretations are done in chapter four. Findings, Conclusions and Suggestions for further Research are presented in Chapter five followed by Bibliography and References.

1.6 Conclusion

 "People with disabilities do not need to be fixed, they need to be accepted for who they are". The study aims to understand and investigate into the knowledge and awareness of teenagers about the children with physical disabilities and to foster a growing environment of acceptance and equality. This chapter introduces the study with the statement of the problem, the significance, the objectives of the study and provides the basic information regarding the research.

CHAPTER II
REVIEW OF LITERATURE

CHAPTER 2
REVIEW OF LITERATURE

2.1 Introduction

Disability is the complex notion that involves limited opportunities and special needs of people but it does not mean the inferiority of individuals compared to those, who do not have disability. At the same time, ability is a set of skills, knowledge and opportunities to exercise them to perform specific tasks. In such a situation, the risk of the widening gap between individuals with disabilities and those, who do not have them because disability can limit opportunities for individuals to exercise their knowledge, skills and opportunities to the full extent, while those, who do not have disabilities, can take the full advantage of their skills, knowledge and opportunities. In this regard, the knowledge and awareness of the social environment to people with disabilities is considered crucial for their social standing and opportunities to stand on equal ground similar to others.

Disability is both a private and public experience. For some, disability represents a personal catastrophe to be avoided if at all possible, a shameful condition to be denied or hidden if present and negotiated within the sanctuary of one's family and personal space. For others, disability is a source of pride and empowerment—a symbol of enriched self-identify and self-worth and a central force coalescing a community intent on extolling the fundamental values of life, human rights, citizenship, and the celebration of difference.

2.2 Literature review

- **Disability**

In the 'Handbook of Disability Studies' edited by Gary L. Albrecht, Katherine Seelman, and Michael Bury, it has been observed that there is no neutral language with which to discuss disability and yet the tainted language itself and the categories used influence the definition of the problem. Part of the difficulty of defining disability has to do with the fact that disability is a complicated, multidimensional concept. Because of the extensive variety in the nature of the problem, a global definition of disability that fits all circumstances, though very desirable, is in reality nearly impossible.

Attempts have been made to define disability with simple statements, theoretical models, classification schemes, and even through different forms of measurement. This has contributed to the confusion and misuse of disability terms and definitions, particularly when operationalized measures of disabilities are interpreted and used as definitions.

Scholarly academic and research definitions attempt to provide a conceptual framework with which to approach the complete phenomena of disability regardless of age, gender, race, and other social characteristics. While there is still the impetus to create a dichotomy between persons identified as having a disability and those who do not, the scholarly research approach is not predicated on the need to identify persons for either clinical or administrative purposes as either- or. Within the research perspective, there is recognition of the idea of disability as a continuum rather than an absolute, as first proposed by Zola in his 'Toward the Necessary Universalizing of a Disability Policy' (1989). The nature of that continuum is currently being developed through some of the conceptualization, modeling, and operationalization of disability measures currently taking place.

Oliver in his 'Social Work with Disabled People' (1983) states that disability heurists have been critical of the World Health Organization classification which has been described as extremely 'individualistic', and a new definition, a social model of disability, has emerged. A social model of disability rejects the causal relationship between impairment and handicap, arguing that it is not impairment per se which is disabling, but the environment in which an individual finds him or herself. A social model also seeks to move away from a medical model of disability which focuses on the 'cure and care' of people with impairments. The Union of the Physically Impaired Against Segregation thus describes disability as, 'the disadvantage or restriction caused by a contemporary social organization which takes no or little account of people who have physical impairments and thus excludes them from the mainstream of social activities. More recently, the 1995 Disability Discrimination Act has defined a disabled person as somebody who 'has a physical or mental impairment which has a substantial and long-term adverse effect on his ability to carry out normal day-to-day activities'.

As in Coleman-Fountain & E., McLaughlin, J 's journal article 'The interactions of disability and impairment' states that the theoretical work on disability is going through an expansive period, built on the growing recognition of disability studies as a

discipline and out of the political and analytical push to bring disability into a prominent position within accounts of the intersecting social categories that shape people's lives. A current debate within critical disability studies is whether that study should include impairment and embodiment within its focus. This article argues it should and does so by drawing from symbolic interactionism and embodiment literatures in order to explore how differences in what bodies can do – defined as impairments – come to play a role in how people make sense of themselves through social interaction. We argue that these everyday interactions and the stories we tell within them and about them are important spaces and narratives through which impairment and disability are produced. Interactions and stories are significant both in how they are shaped by wider social norms, collective stories and institutional processes, and also how they at times can provide points of resistance and challenges to such norms, stories and institutions. Therefore, the significance of impairment and interaction is the role they play in both informing self-identity and also broader dynamics of power and inequality.

- **Awareness on disability**

A review that focused on disability awareness interventions for children and youth by Sally Lindsay & Ashley Edwards, addressed several gaps in the literature by synthesizing the common components of effective disability awareness interventions. Developing a better understanding of the effective components is critical to help aged children improve the social inclusion of children with disabilities. A focus on children is important because their attitudes are still evolving and early interventions can be especially ben- eficial. Successful interventions can provide children with opportunities to develop positive attitudes about differences in respectful contexts. Overall, the studies reviewed suggest that there is possible evidence that disability awareness interventions are effective at influencing knowledge about and attitudes toward people with disabilities. The review has also shown that Disability awareness interventions can successfully improve children's knowledge about and attitudes towards peers with a disability; and should include several different components over multiple sessions.

An awareness program conducted by Wendy Tavares on 'An Evaluation of the Kids Are Kids Disability Awareness Program: Increasing Social Inclusion Among Children with Physical Disabilities' showed that Despite the intent of integration to promote positive social interactions between children with and without disabilities, there is

growing concern that many children with special needs who are in inclusive settings feel socially isolated. The evaluation of interventions designed to promote disability awareness is critical if we are to increase opportunities for social success for these children. The research study was designed to determine whether the Kids Are Kids (KAK) program can positively impact the attitudes of children toward their peers with physical disabilities, as well as increase the social inclusion of these children. Results suggest that the KAK program had a positive impact on the attitudes of children toward their peers with disabilities, immediately following the program. Where social skill building was provided to 1 target child, attitude scores for that class remained elevated 1 month after the program. Two of the 3 target children reported increased social inclusion 1 month after the program.

A study Was done to investigate the effects of disability awareness educational program of university students in the department of physical therapy on reducing prejudice against people with disabilities and increasing positive attitudes toward people with disabilities by Yung Keun Park. Students who participated in the disability awareness educational program were selected as experiment group and 15 students who did not take program were selected as control group. First, in the comparisons between the control and experimental group, there was no difference in the overall prejudice on people with disabilities and positive attitudes toward people with disabilities before the disability awareness educational program. However, there was a significant difference in the overall prejudice and positive attitudes between two groups after the disability awareness educational program. Second, in the comparisons between pretest and posttest, there was no significant difference in the overall prejudice on people with disabilities in control group. However, in the comparisons between pretest and posttest, there was a significant difference in the overall prejudice in experimental group. It is necessary to provide disability awareness educational program for the university students in the department of physical therapy to reduce the overall prejudices against people with disabilities and increase positive toward people with disabilities.

As per the journal article 'Effects of short-term disability awareness training on attitudes of adolescent schoolboys toward persons with a disability' by Danielle Moore, & Ted Nettelbeck - Disability awareness training that delivered relevant information by involving guest speakers with a disability, included documentary evidence about the lives of people with a disability, and included interactive discussion, was successful.

- **Causes of impairment / disabilities**

The 'Handbook of Disability Studies' states that the WHO framework for the study of causes provides an alternative perspective. An expanded list of external causes was developed on the basis of International Classification of Disease codes and proposed as a means for standardizing the surveillance of the determinants of impairments.

Diseases and illness

Congenital anomalies and perinatal conditions Injury

Motor vehicle (ICD-9 codes E810-825)

Other transport (ICD-9 codes E800-807, E826-838)

Accidental poisoning (ICD-9 codes E850-858, E860-869)

Injury from falls, fire, and operations of war (ICD-9 codes E880-888, E890-899, E990-999) Other external causes, including natural and environmental factors (ICD-9 codes E900-909)

As in Jeanne Neath's 'Social Causes of Impairment, Disability, and Abuse: A Feminist Perspective' impairments are often acquired as a result of social practices (e.g., war, interpersonal violence). There is a strong likelihood in a "disabling society" that disability will follow impairment. The article provides evidence suggesting that many of the social practices that cause impairments (and that therefore often lead to disabilities) are part of a large-scale social pattern that feminists often refer to as "patriarchy." This social pattern is characterized by (a) male dominance; (b) hierarchy (e.g., a social class system); (c) male-on-male struggles for power (e.g., war); (d) control, exploitation, and devaluation of "the other" (e.g., racial minorities, people with disabilities); and (e) internalized oppression. Although disability scholars taking a sociopolitical approach to disability have usually focused on the social construction of disability through disabling attitudes, behaviors, and environments, this article advocates focusing also on the social construction of disability through the social creation of impairment provided a minority, not medical, model is used. The role of patriarchy in causing impairment (and disability) and the abuse of people with disabilities is discussed. A preliminary feminist model of patriarchal oppression, disability, and abuse is proposed.

As in Martin Sullivan's ' Disability and disability organizations - Patterns of disability' there are marked differences between child and adult causes of disability. For children with disabilities, most impairments were present at birth. For adults, disease and illness was the main cause of impairment, followed by accident and injury.

The Research on the causes of physical disabilities among children aged 0 - 14, in China done by Liu M & Luan C showed that Congenital diseases and eccyliosis were the main causes of 0 - 14-year-old children with physical disabilities, and cerebral palsy had the highest specific causing-disability rate while injury factors gradually became the major one.

As per a Pilot Study conducted in Rural Bangladesh by Gulam Khandaker, Mohammad Muhit, Harunor Rashid, Aynul Khan, Johurul Islam, Cheryl Jones, Robert Booy on Infectious Causes of Childhood Disability showed that a total of 17.9% disabilities were related to an infectious origin. Thus, confirming that Infectious diseases appear to be one of the major causes of severe childhood disability in rural Bangladesh.

As in 'Disability: types, causes, prevention and management' , a conference on disability and it's management , the following two main factors are considered as the cause of disabilities

Congenital or Acquired

Congenital: these are mostly due to genetic disorders or unknown events occurring

during pregnancy. Examples include: Downs Syndrome, Klinefelters Syndrome, Autism

Acquired:

Perinatal causes include: hypoxia or anoxia- oxygen starvation of the baby during

labor. The major cause of this is prolonged labor and fetal distress. This causes

Infections: like meningitis, malaria, measles, syphilis, trachoma, can cause insult to

the growing brain and other tissues

Trauma: e.g. physical trauma to the child during delivery, road traffic accidents

Nutritional: deficiencies of Vitamin A and Protein/ Energy malnutrition

Metabolic: Phenylketonuria, Diabetes

Iatrogenic: due to drug reactions e.g. Hearing loss following gentamycin injections.

Non-Communicable Diseases and Neoplasia(cancers)

● **Types of disabilities**

According to The Rights of Persons with Disabilities Bill - 2016", The types of disabilities have been increased from existing 7 to 21 and the Central Government will have the power to add more types of disabilities. The 21 disabilities are given below: -

1. Blindness

2. Low-vision

3. Leprosy Cured persons

4. Hearing Impairment (deaf and hard of hearing)

5. Locomotor Disability

6. Dwarfism

7. Intellectual Disability

8. Mental Illness

9. Autism Spectrum Disorder

10. Cerebral Palsy

11. Muscular Dystrophy

12. Chronic Neurological conditions

13. Specific Learning Disabilities

14. Multiple Sclerosis

15. Speech and Language disability

16. Thalassemia

17. Hemophilia

18. Sickle Cell disease

19. Multiple Disabilities including deaf blindness

20. Acid Attack victim

21. Parkinson's disease

The International Classification of Impairments, Disabilities, and Handicaps, states that the hierarchical arrangement of the impairment classification has been radically altered so as to allow for taxonomic spaces more closely related to importance and frequency of occurrence; a completely new disability classification has been introduced, resembling in structure the impairment classification; and the handicap classification has been augmented. These alterations have been carried out in the light of preliminary field testing, comments by the International Federation of Societies for Surgery of the Hand (A1fred B. Swanson), and further comments by the individuals and organizations noted previously and by UNESCO and DECD.

As in the Resource book on disability inclusion, Physical impairments are a set of conditions that results in difficulties in movement, holding/grasping, feeling, movement coordination, height and ability to perform physical activities.

Hearing impairments

This refers to various degrees of loss of hearing.

Vision impairments

Is the partial or total loss of vision or ability to see and read.

Speech impairments

This group of impairments affects the ability to communicate. Communication is a two-way process that involves clear expression and full understanding of what is said.

As in the Disability: types, causes, prevention and management, a conference on disability and its management, the classification used for the National Baseline Survey on Disability, 2011 includes

Visual Impairment

Hearing Impairment

Speech Impairment

Physical Impairment- (Quite Wide-ranging)

Learning Disabilities

Intellectual Disability

Mental illness -Schizophrenia, Mania, Depression

Autism Spectrum Disorders

Albinism - Color Abnormality

Specific Disorders/ Others e.g. Cerebral Palsy,

* Multiple disabilities

● **The Generation of Negative Attitudes, stigmas and prejudices**

A major reason proposed for negative social attitudes, resulting in the denial of basic values and rights/conditions, is the way disability is portrayed and interpreted in society. Biklen in his 'The culture of policy: Disability images and their analogues in public policy' (1987) identified social construction of disability as a barrier to social inclusion. At community level negative attitudes can become structured into social patterns of segregation and discrimination. The theory of social construction attempts to explain the process by which knowledge is created and assumed as reality. The theory asserts that meanings are created, learned and shared by people and then reflected in their behavior, attitudes and language.

Particular social constructions of disability portray people with disabilities as "other" and not as an integral part of the 'normal' world. Negative attitudes and behaviors develop from this 'worldview'. In the last two decades disability rights activists and academics have highlighted cultural and environmental factors that marginalize people with disabilities, denying them basic values and the accompanying basic rights/conditions. Oliver in his 'The Politics of Disablement' (1960) States that this social model of disability places a person's impairment in the context of social and environmental factors, which create disabling barriers to participation. This social model of disability approach suggests that the root of disability lies in a failure of the environment to allow someone to function to his/her full capacity as much as in any functional impairment that the person may have.

Crow in his 'Including all of our lives: renewing the social model of disability in Exploring the Divide' (1996) Highlights the marginalization of people with disabilities through cultural and environmental factors does not mean that impairment is denied. Impairment is an objective concept and means that aspects of a person's body do not function or function with difficulty. However, when impairment is taken a step further to imply that a person's body, the person and the person's worth is inferior to that of others, then there is an interpretation that is socially created and is therefore not fixed

or inevitable. Crow argues that one can think of impairment in three, related, ways. First there is the objective concept of impairment. Second, there is the individual interpretation of the subjective experience of impairment. Finally, there is the impact of the wider social context upon impairment, in which misrepresentation, exclusion and discrimination combine to disable people with impairments. It is this third aspect of impairment which is not inevitable. Such socially constructed interpretations and meanings are not fixed or inevitable and can therefore be replaced with alternative interpretations.

Morris in his 'Citizenship and disabled People' (2005) considers two common attitudes that create enormous barriers to participation. Firstly, that people with disabilities are commonly considered to need care and this undermines peoples' ability to see people with disabilities as autonomous people. "We are not recognized as actors in community participation but as recipients of other people's community participation". Secondly, people with disabilities are often treated as not belonging to the communities in which they live. These attitudes stem from particular social constructions.

The social construction of disability is responsible for creating images of people with disabilities as pathetic figures in need of pity and charity. Society prescribes a set of standards for functional independence, capabilities and social reciprocity. When people's functioning or biological composition does not fall within these standards, they are assumed to be inferior and are subject to a decrease in inclusion in society.

CHAPTER III
RESEARCH METHODOLOGY

CHAPTER 3
RESEARCH METHODOLOGY

3.1 Introduction

Research methodology is a way of explaining how a researcher intends to carry out their research. It's a logical, systematic plan to resolve a research problem. A methodology details a researcher's approach to the research to ensure reliable, valid results that address their aims and objectives. It encompasses what data they're going to collect and where from, as well as how it's being collected and analyzed. A research methodology gives research legitimacy and provides scientifically sound findings.

3.2 Definition of concepts – Theoretical and operational

Theoretical definitions

- Teenager

According to Cambridge Dictionary teenager is a young person between 13 and 19 years old

- Knowledge

According to Cambridge Dictionary knowledge is the information and understanding that you have in your mind

- Awareness

According to Cambridge Dictionary awareness is the mental state of knowing about something

- Children / child

According to Cambridge Dictionary child is a young person who is not yet an adult

- Disability

According to Oxford Dictionary disability means physical or mental condition that makes it difficult for somebody to do some things that most other people can do.

Operational definitions

- Teenager

Aged from 13 to 19 where physical and psychological development takes place.

- Knowledge

Knowledge is the understanding of or information about the subject, such as facts, information, descriptions that is accumulated by education, experience or discovery.

- Awareness

To feel, or to be conscious of events, objects or situations.

- Children / child

is a human being between the stages of birth and puberty, a minor, a person younger than the age of eighteen?

- Disability

A physical or mental impairment that substantially limits a major life activity, has a record of such an impairment, or is regarded as having such an impairment.

A condition of the body or mind (impairment) that makes it more difficult for the person with the condition to do certain activities (activity limitation) and interact with the world around them (participation restrictions).

3.3 Variable – Independent and Dependent

The independent variable is children with physical disabilities.

The dependent variable is Teenager's knowledge and awareness

3.4 Research Design

Research design is the framework of research methods and techniques chosen by a researcher to conduct a study. The design allows researchers to sharpen the research methods suitable for the subject matter and set up studies for success. The researcher has used cross-sectional descriptive research design and quantitative study for the research. A cross-sectional descriptive research is a type of research design in which the researcher collects data from many different individuals at a single point in time. In cross-sectional descriptive research, the researcher observes variables without influencing them.

3.5 Pilot Study

The aim of the pilot study is to test feasibility and validity of the study. The pilot study helped the researcher to have a clear direction in the selection of apt questions,

detention of unwanted questions, mode of data collection, availability of samples, and the time span required for the completion of study in Eruvessy Panchayat.

3.6 Universe and Unit of the Study

All the teenagers residing in Eruvessy Gram Panchayat constitute the universe of the study. The unit of the study is a teenager of Eruvessy panchayat.

3.7 Sampling

A sample refers to the portion of people drawn from a large number of people. The researcher has used convenience sampling method for collecting samples in the research. Convenience sampling is a non-probability sampling method where units are selected for inclusion in the sample because they are the easiest for the researcher to access. This can be due to geographical proximity, availability at a given time, or willingness to participate in the research. It is a method of collecting samples by taking samples that are conveniently located around a location or Internet service.

3.7.1 Inclusion Criteria

The research includes teenagers, age group 13-19 residing in Eruvessy Gram Panchayat.

3.7.2 Exclusion Criteria

The research excludes all others below 13 and above 19 in Eruvessy Gram Panchayat.

3.8 Sources of Data (Primary, Secondary)

Researcher used the data from both primary and secondary sources.

- **Primary data**

The primary source of data has been the people of Eruvessy gram panchayat

Secondary data

The researcher referred books, magazines, journals, periodicals, and previous researches related to the topic physical disabilities.

3.9 Tools of Data Collection

For the data collection the researcher used self-made questionnaire as the primary tool. Questionnaire are popular research method as they offer a fast, efficient and inexpensive means of gathering large amounts of information. Questionnaire is the

most adaptive tool for this study. So, the researcher used questionnaire with 40 questions. It was subdivided on the basis of objective of the study.

3.10 Pre-test

The researcher sent the questionnaire to three respondents in Eruvessy panchayat people to identify whether it was comprehensible, understandable and effective for them.

3.11 Method of Data Collection

The researcher used questionnaire for collecting information from the respondent and collected data from 60 respondents. The information we're collected by both offline and online sharing of questionnaires to the teenagers.

Questionnaire was used in the research as they offer a fast, efficient and inexpensive means of gathering large amounts of information from sizeable sample volumes, making it an appropriate method of data collection for the researcher.

3.12 Method of Data Analysis

The researcher analyzed the data by using the SPSS. After the data collection, the data was entered into Statistical Package for Social Sciences (SPSS), then researcher analyzed and interpreted the response of each respondent. The researcher used tables and diagrams to support the analysis.

CHAPTER IV
ANALYSIS AND INTERPRETATION

CHAPTER 4
ANALYSIS AND INTERPRETATION

4.1 INTRODUCTION

Data interpretation is the process of reviewing data and arriving at relevant conclusions using various analytical methods. Data analysis assists researchers in categorizing, manipulating, and summarizing data to answer critical questions.

The data gathered and proposed are analysed and interpreted in this chapter. This analysis and interpretation are based on the answers given by the respondents. The data is collected through the questionnaire via online applications. After the data collection, it was tabulated and summarised with reference to the objectives of study.

4.2 ANALYSIS & INTERPRETATION
4.2.1 TEENAGERS DO NOT KNOW TO TREAT PHYSICALLY DISABLE CHILDREN
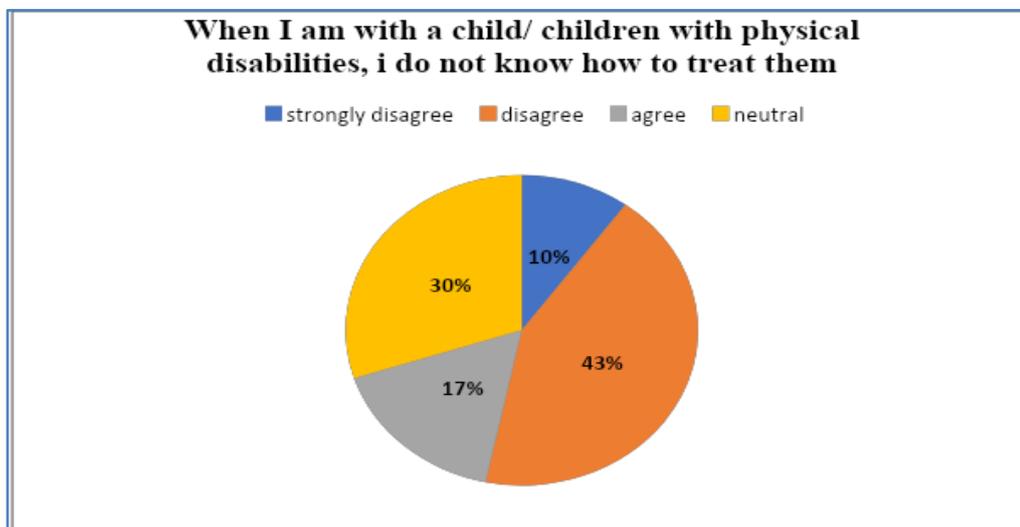

Figure 1

The study shows that about 10 percent of the respondents strongly disagree to the statement that they do not know how to treat a physically disabled child, when they are with them. While the rest 43 percent disagree, 17 percent agree and 30 percent doesn't agree or disagree with the statement.

The majority of respondents disagree to the statement this may be because they might have been with physically disabled children.

4.2.2 TEENAGRES TALK IN DIFFERENT TONE OF VOICE WITH PHYSICALLY DISABLED CHILDREN

Figure 2
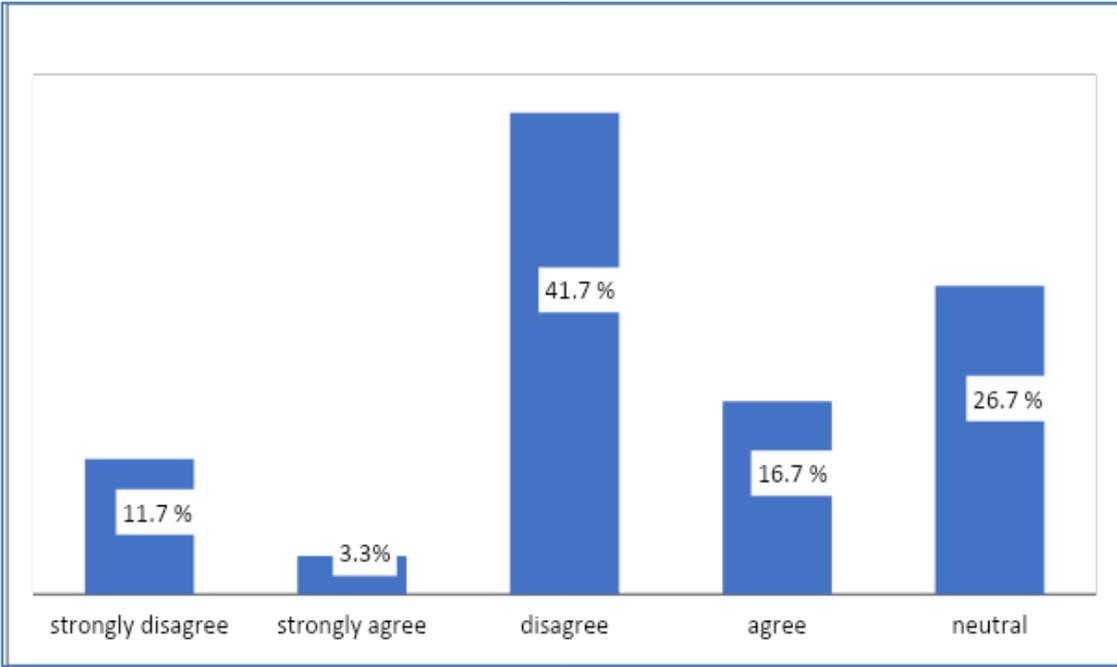
The study shows that about 11.7 percent strongly disagree, 3.3 percent strongly agree, 41.7 percent disagree 16.7 percent agree to the statement that they talk in a different tone of voice with children with disabilities, while the rest 26.7 percent doesn't agree or disagree with the statement.

The majority of respondents disagree to the statement this may be because they might have been and talked with physically disabled children.

4.2.3 TEENAGERS TEND TO BE MORE PATIENT WITH PHYSICALLY DISABLE CHILDREN

Figure 3
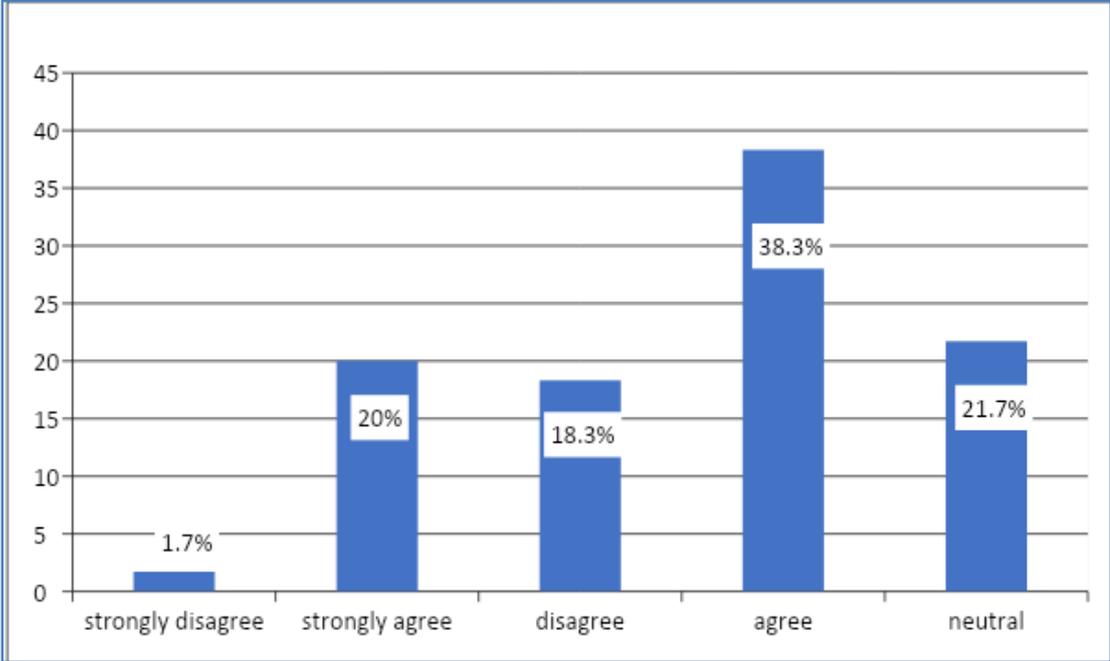
The study shows that about 1.7 percent strongly disagree, 20 percent strongly agree, 18.3 percent disagree , 38.3 percent agree to the statement that they tend to be more patient with children with physical disabilities , while the rest 21.7 percent doesn't agree or disagree with the statement.

The majority of respondents agree to the statement this may be because they might have an experience talking with physically disabled children.

4.2.4 TEENAGRES GET ANGRY MORE QUICKLY WITH PHYSICALLY DISABLE CHILDREN

Figure 4

I get angry more quickly at children with physical disabilities

strongly disagree · stringly agree · disagree · agree · neutral

13%
5%
28%
50%
3%
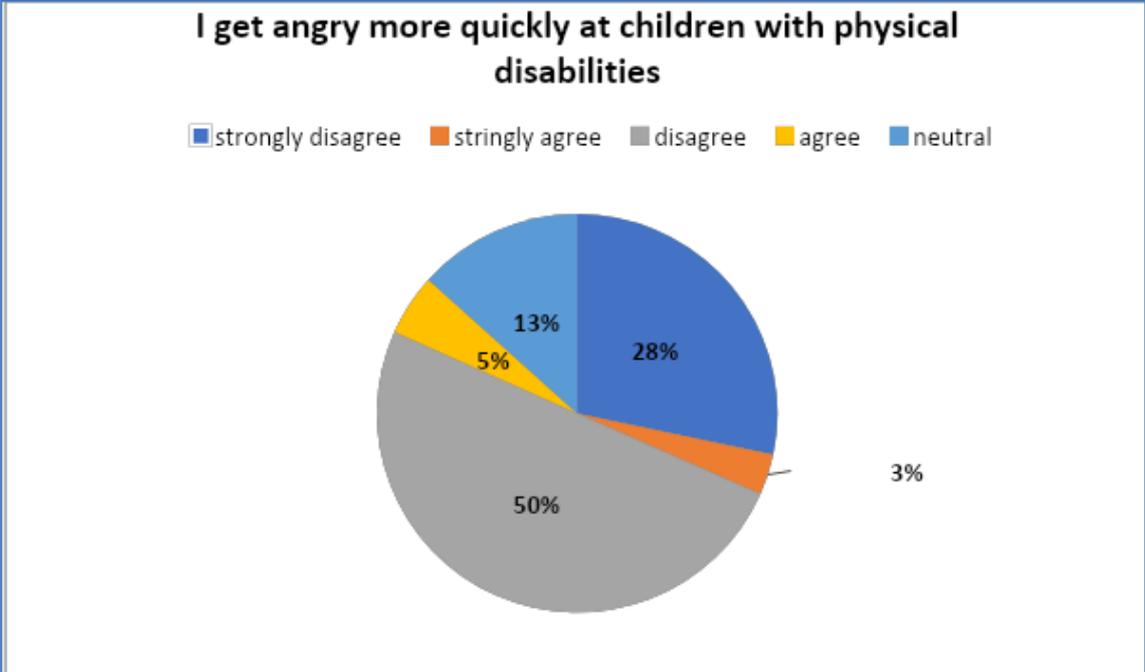
The study shows that about 28 percent strongly disagree, 3 percent strongly agree, 50 percent disagree, 5 percent agree to the statement that they get angry more quickly at children with physical disabilities, while the rest 13 percent doesn't agree or disagree with the statement.

The majority of respondents disagree to the statement this may be because they might have been and talked with physically disabled children.

4.2.5 TEENAGER'S PERCEPTION THAT PHYSICALLY DISABLE CHILDREN ARE FAKING IT MORE TO GET ATTENTION

Figure 5
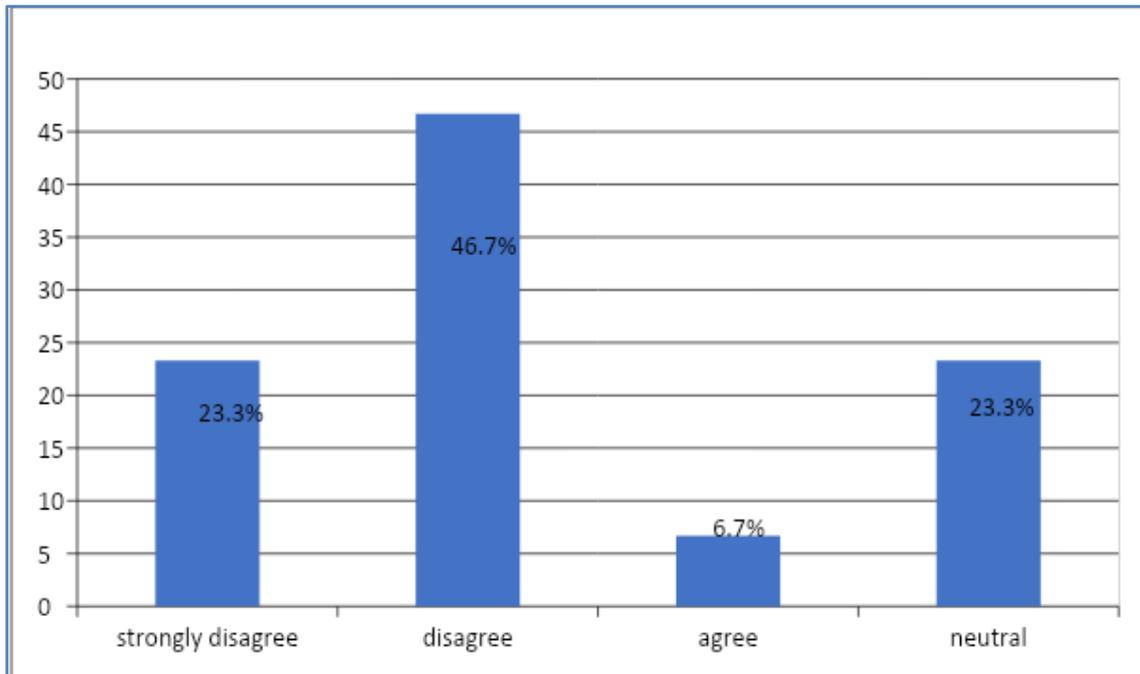
The study shows that about 23.3 percent strongly disagree, 46.7 percent disagree and 6.7 percent agree to the statement that they think children who claim to have physical disabilities are faking it more to get attention, while the rest 23.3 percent doesn't agree or disagree with the statement.

The majority of respondents disagree to the statement this may be because they might have an increased understanding regarding children with physical disabilities.

4.2.6 TEENAGER'S PRECEPTION THAT PHYSICALLY DISABLE CHILDREN EXPECT SPECIAL TREATMENT

Figure 6
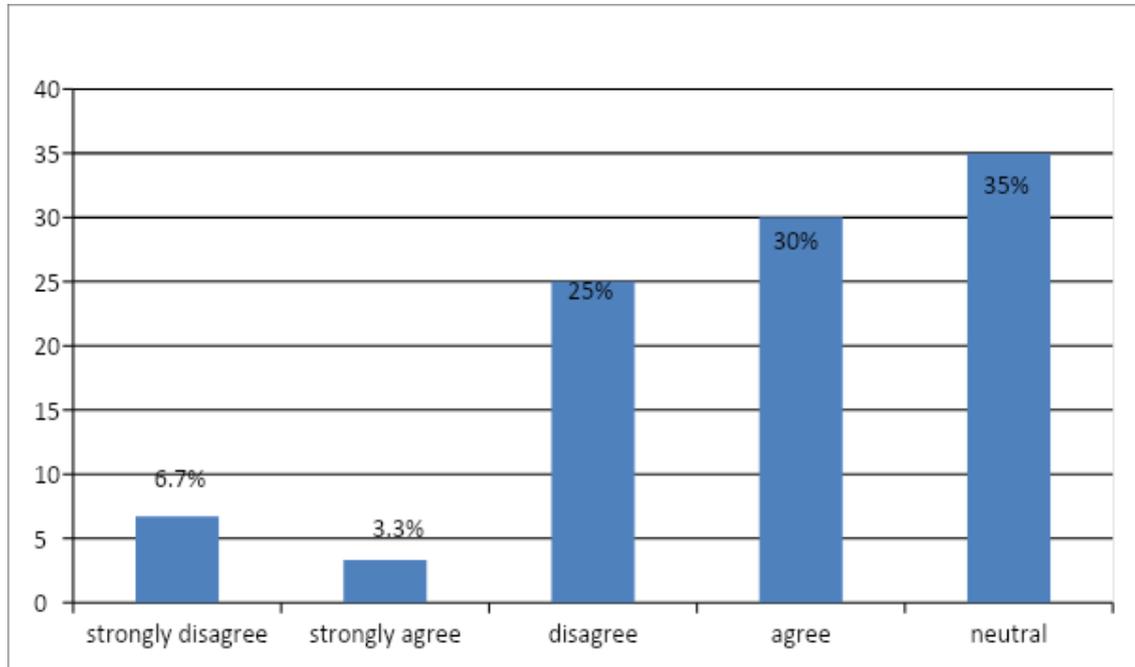
The study shows that about 6.7 percent strongly disagree, 3.3 percent strongly agree, 25 percent disagree, 30 percent agree to the statement that they think children with physical disabilities expect special treatment from others, while the rest 35 percent doesn't agree or disagree with the statement.

The majority of respondents agree to the statement, this may be because they feel physically disabled children deserve special treatment and so they expect the same.

4.2.7 TEENAGER'S PRECEPTION THAT PHYSICALLY DISABLE CHILDREN MUST STUDY IN SPECIAL SCHOOL

Figure 7
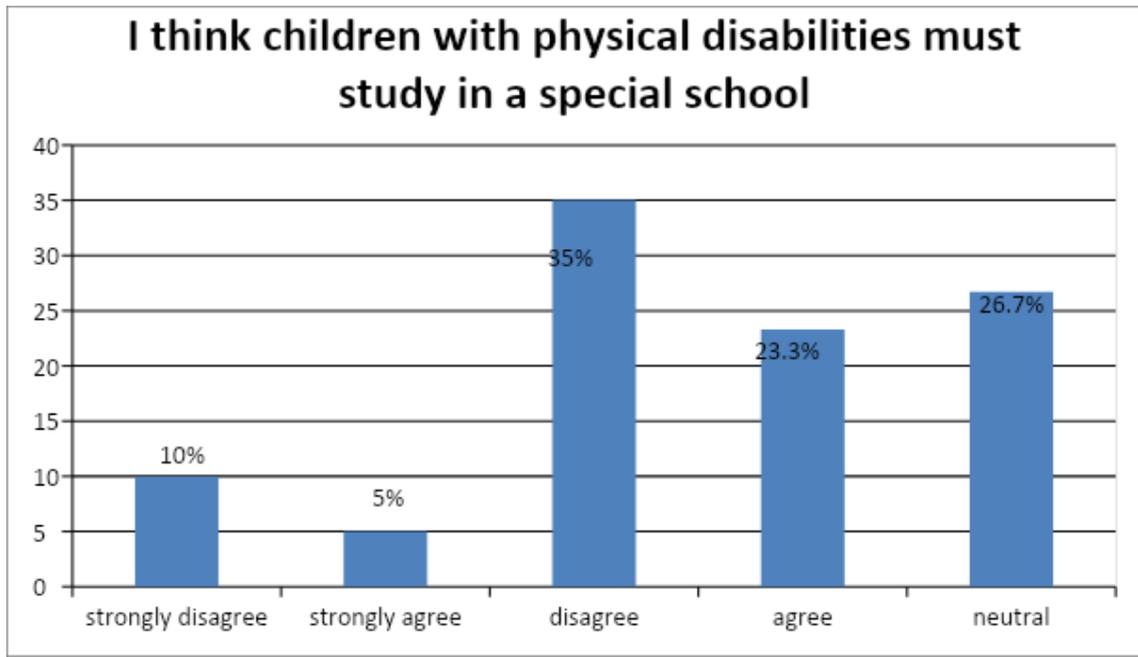
The study shows that about 10 percent strongly disagree, 5 percent strongly agree, 35 percent disagree, 23.3 percent agree to the statement that they think that children with physical disabilities must study in a special school, while the rest 26.7 percent doesn't agree or disagree with the statement.

The majority of respondents disagree to the statement, this may be because they feel physically disabled children are equal to other children without disabilities.

4.2.8 CHILDREN WITH PHYSICAL DISABILITIES NEEDS SPECIAL CONSIDERATION

Figure 8
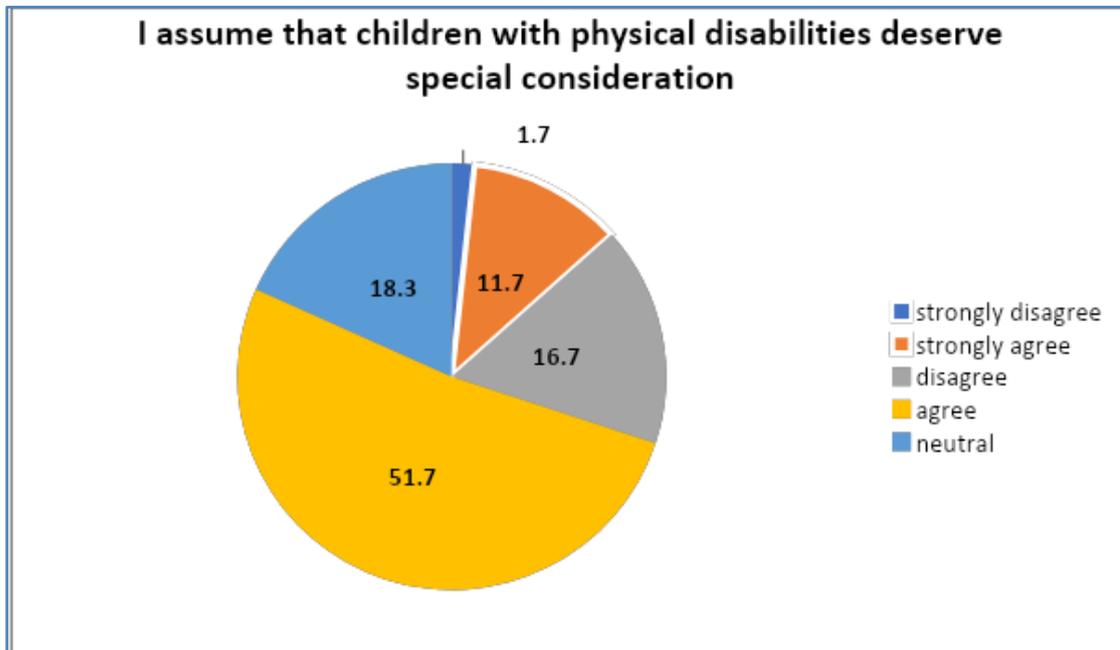
The study shows that about 1.7 percent strongly disagree, 11.7 percent strongly agree, 16.7 percent disagree, 51.7 percent agree to the statement that they assume that children with physical disabilities deserves special consideration, while the rest 18.3 percent doesn't agree or disagree with the statement.

The majority of respondents agree to the statement, this may be because they feel that physically disabled children are excluded by the society.

## 4.2.9 EXTRA HELPFUL TOWARDS PHYSICALLY DISABLE CHILDREN

Figure 9
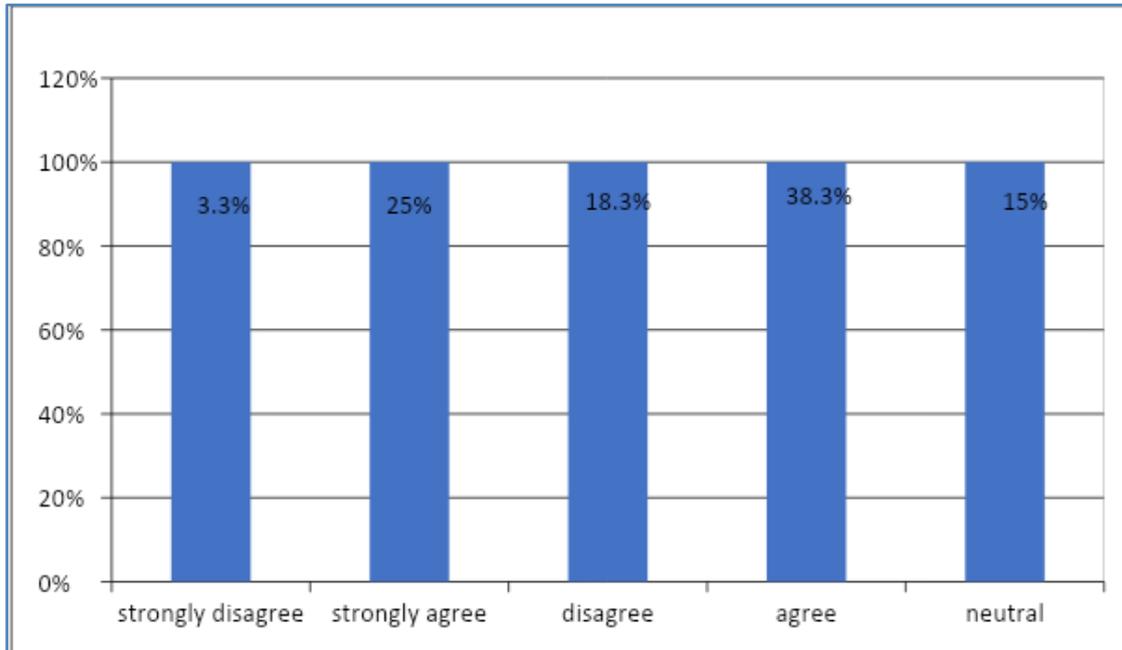
The study shows that about 3.3 percent strongly disagree, 25 percent strongly agree, 18.3 percent disagree, 38.3 percent agree to the statement that they think the society and family members should be extra helpful to children with physical disabilities, while the rest 15 percent doesn't agree or disagree with the statement.

The majority of respondents agree to the statement, this may be because that they feel that it is necessary for the children with physical disabilities get support both from the family and the society.

4.2.10 CHILDREN WITH PHYSICAL DISABILITIES ARE LESS SOCIABLE AND ENTHUSIASTIC THAN OTHER CHILDREN

Figure 10
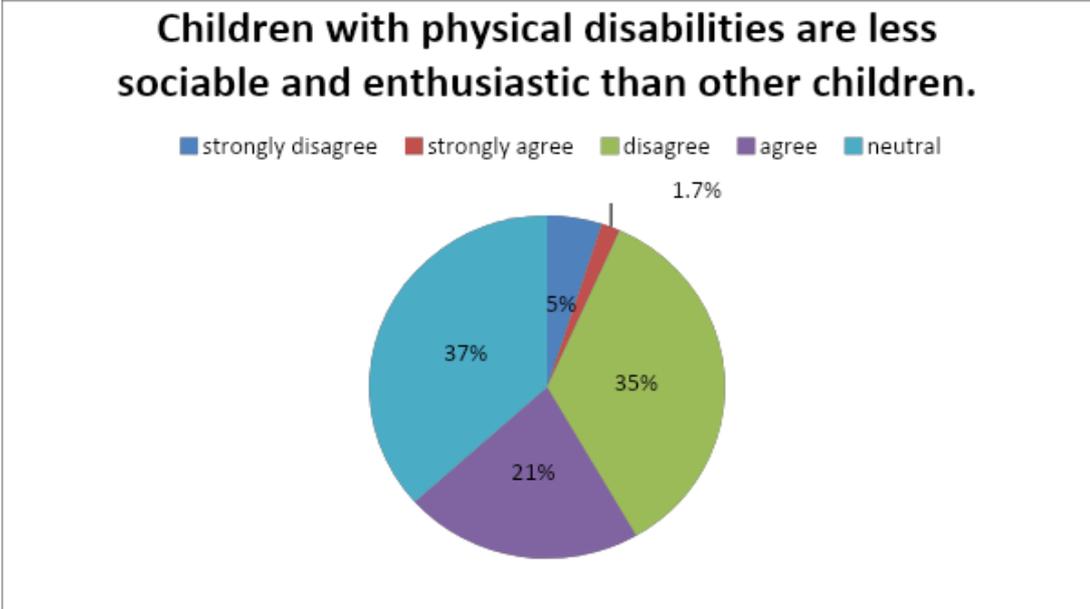
The study shows that about 5 percent strongly disagree, 1.7 percent strongly agree, 35 percent disagree, 21 percent agree to the statement that children with physical disabilities are less sociable and enthusiastic than other children, while the rest 36 percent doesn't agree or disagree with the statement.

The majority of respondents doesn't agree or disagree agree to the statement, this may be because they have never communicated or been around with children with physical disabilities and that they cannot make an opinion regarding the statement.

4.2.11 PHYSICALLY DISABLE CHILDREN MUST HAVE OPPORTUNITY TO PRACTICE INDIVIDUAL AND TEAM SPORTS

Figure 11
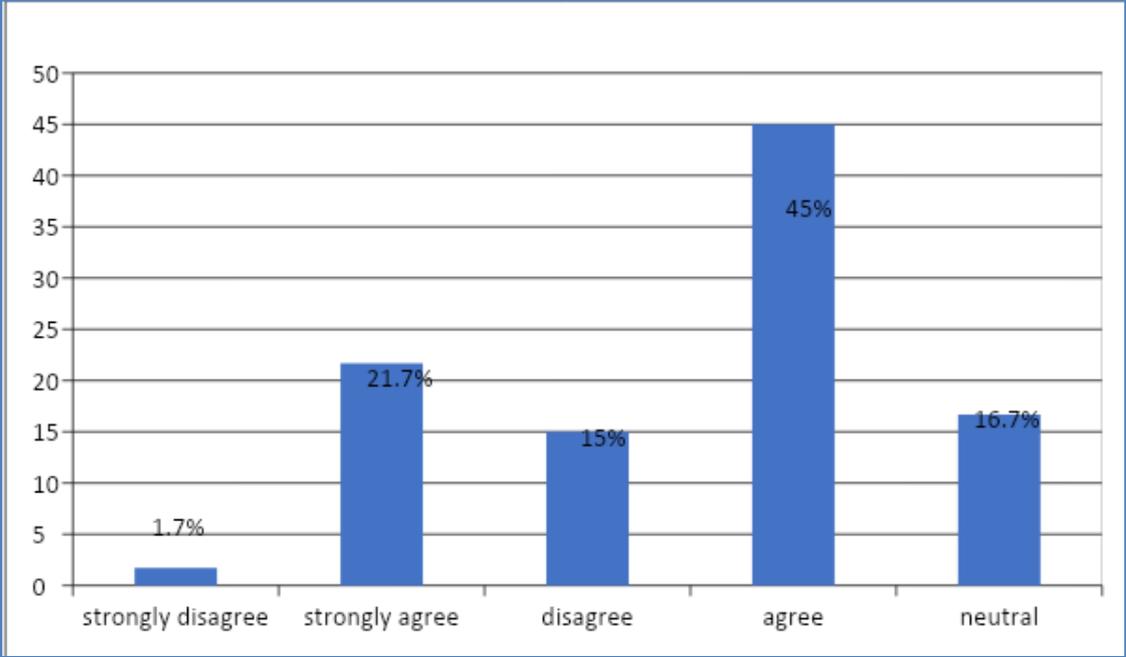
The study shows that about 1.7 percent strongly disagree, 21.7 percent strongly agree, 15 percent disagree, 45 percent agree to the statement that they think children with physical disabilities should have an opportunity to practice both individual and team sports, while the rest 16.7 percent doesn't agree or disagree with the statement.

The majority of respondents agree to the statement, this may be because they feel all children are equal in all areas irrespective of their physical conditions.

4.2.12 TEENAGER'S PRECEPTION THAT CHILDREN WITH PHYSICAL DISABILITIES FEEL SORRY FOR THEMSELVES

Figure 12
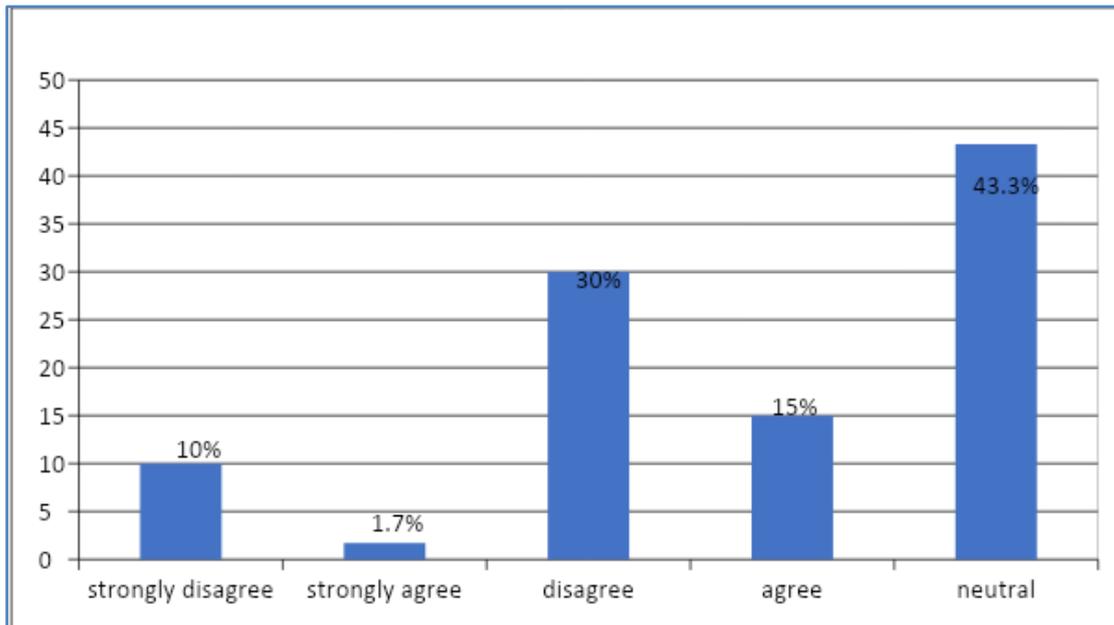
The study shows that about 10 percent strongly disagree, 1.7 percent strongly agree, 30 percent disagree, 15 percent agree to the statement that they think children with physical disabilities often feel sorry for themselves, while the rest 43.3 percent doesn't agree or disagree with the statement.

The majority of respondents doesn't agree or disagree to the statement, this may be because they have never been around a child / child with physical disabilities and that they cannot make an opinion regarding the statement.

4.2.13 LEGAL AIDS TO PROTECT THE DISABLED ARE NECESSARY

Figure 13

i think Acts/legal aids to protect the rights of disabled are necessary
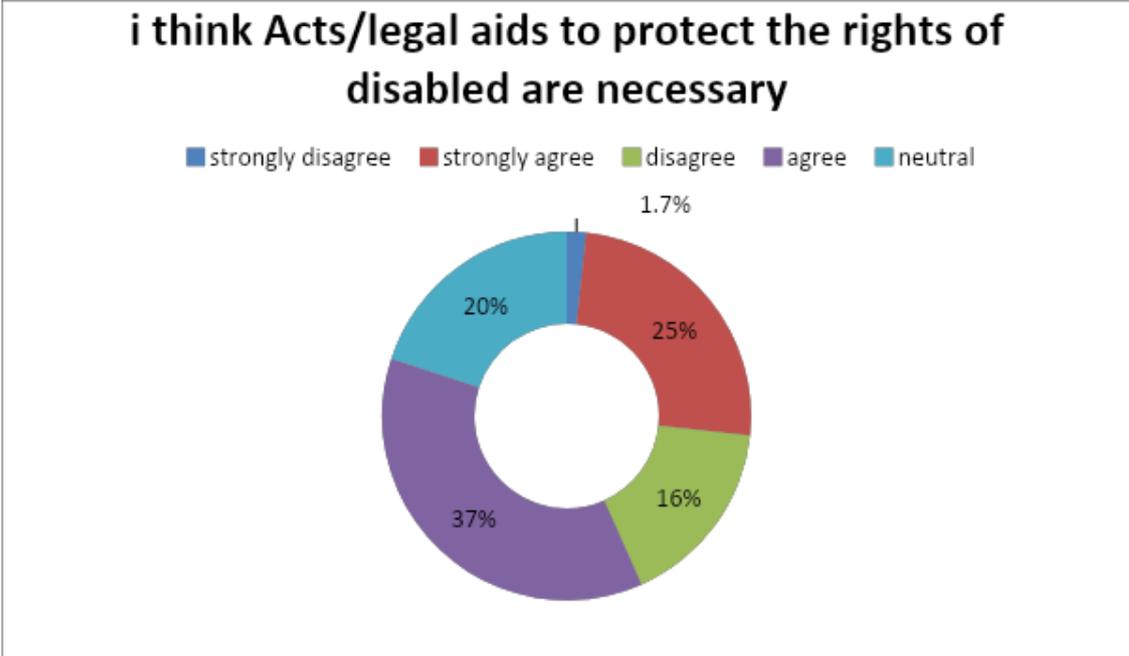
The study shows that about 1.7 percent strongly disagree, 25 percent strongly agree, 16 percent disagree, 36 percent agree to the statement that acts / legal aids to protect the rights of disabled are necessary, while the rest 20 percent doesn't agree or disagree with the statement.

The majority of respondents agree to the statement, this may be because they feel that children with physical disabilities face discrimination from the society and others and thus legal protections are necessary.

## 4.2.14 TEENAGER'S HEART GOES OUT TO CHILDREN IN WHEELCHAIRS

Figure 14
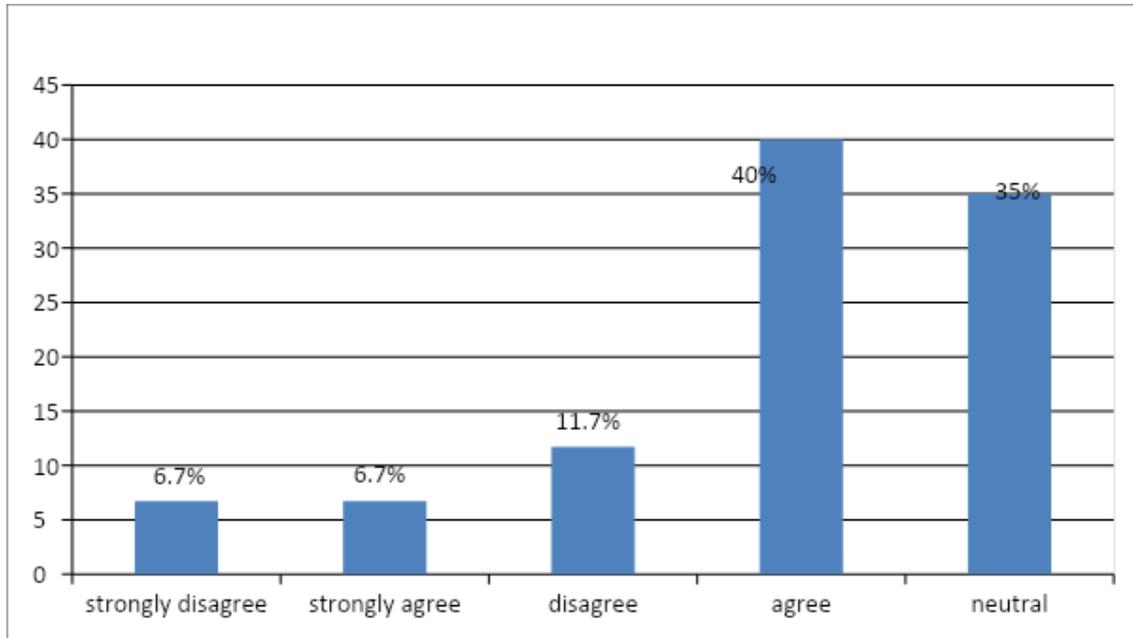
The study shows that about 6.7 percent strongly disagree, 6.7 percent strongly agree, 11.7 percent disagree, 40 percent agree to the statement that they their heart goes out to children in wheelchairs, while the rest 35 percent doesn't agree or disagree with the statement.

The majority of respondents agree to the statement, this may be because they might have come across or been with physically disabled children deserve.

4.2.15 IF DISABLE, TEENAGERS WON'T GO TO A PLACE WHERE OTHERS KNOW THEM AS DISABLED

Figure 15

if I was to be a child with physical disabilities i would not go to a place where they know me as a person with physical disabilities

strongly disagree | strongly agree | disagree | agree | neutral

2%
7%
35%
32%
25%
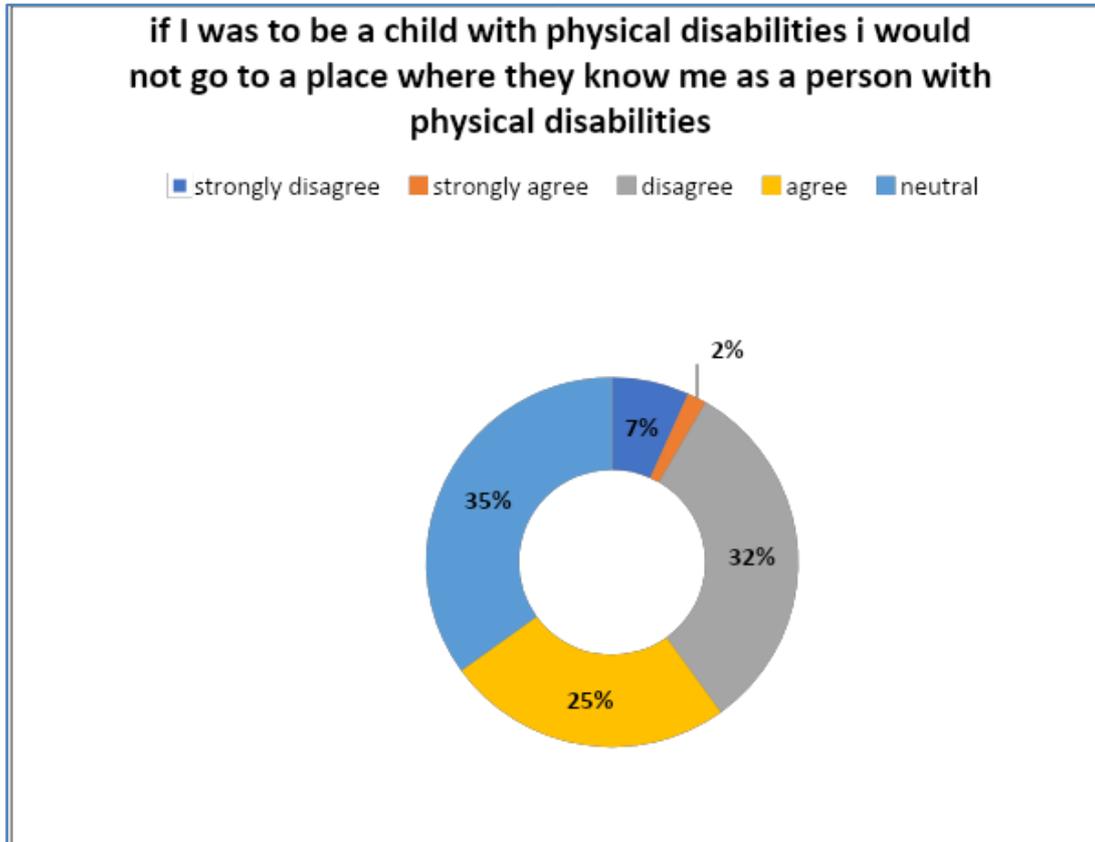
The study shows that about 7 percent strongly disagree, 2 percent strongly agree, 32 percent disagree, 25 percent agree to the statement that if they were a child / child with physical disabilities they would not go to a place where others know them as a person with physical disabilities, while the rest 35 percent doesn't agree or disagree with the statement. The majority of respondents doesn't agree or disagree to the statement , this may be because they have never experienced or thought or never want to think of a condition similar to the statement.

4.2.16 TEENAGERS FEEL SYMPATHETIC TOWARDS PHYSICALLY DISABLE CHILDREN

Figure 16

I feel sympathetic towards children who are physically disabled
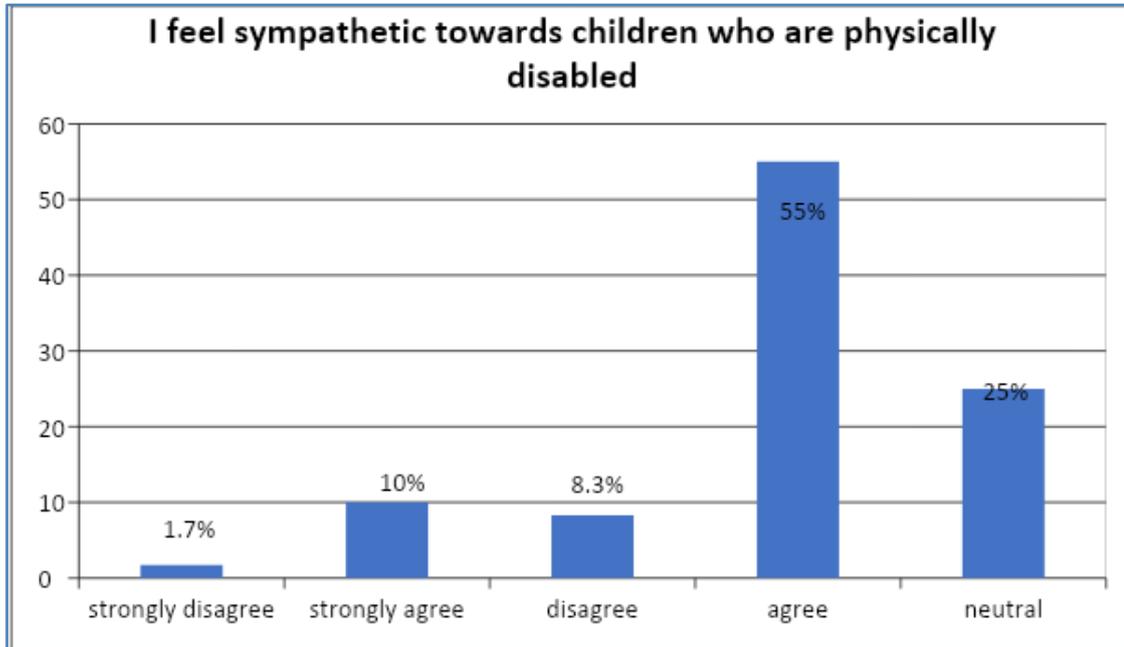
The study shows that about 1.7 percent strongly disagree, 10 percent strongly agree, 8.3 percent disagree, 55 percent agree to the statement that they feel sympathetic towards children with physical disabilities, while the rest 25 percent doesn't agree or disagree with the statement.

The majority of respondents agree to the statement, this may be because they might have been with physically disabled children and that they feel sorry towards these children.

4.2.17 TEENAGERS FEEL UNCOMFORTABLENESS WITH PHYSICALLY DISABLE CHILDREN

Figure 17
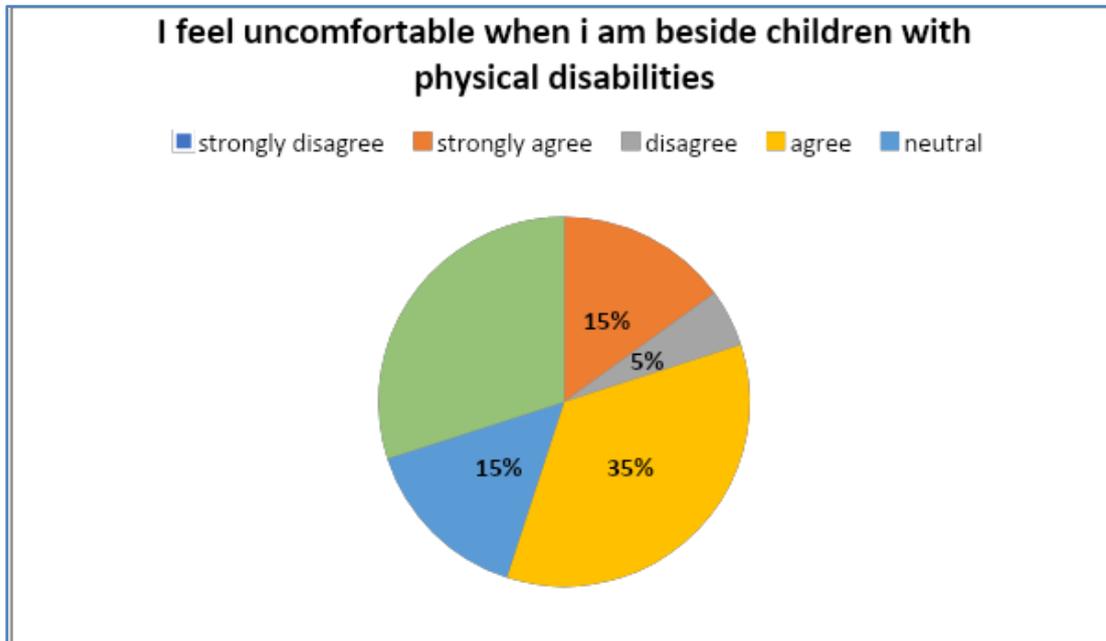
The study shows that about 15 percent strongly disagree, 5 percent strongly agree, 35 percent disagree, 15 percent agree to the statement that they feel uncomfortable beside children with physical disabilities, while the rest 30 percent doesn't agree or disagree with the statement.

The majority of respondents disagree to the statement, this may be because they might have been with or have friends with physical disabilities.

4.2.18 CHILDREN WITH PHYSICAL DISABILITIES ARE SCARY

Figure 18
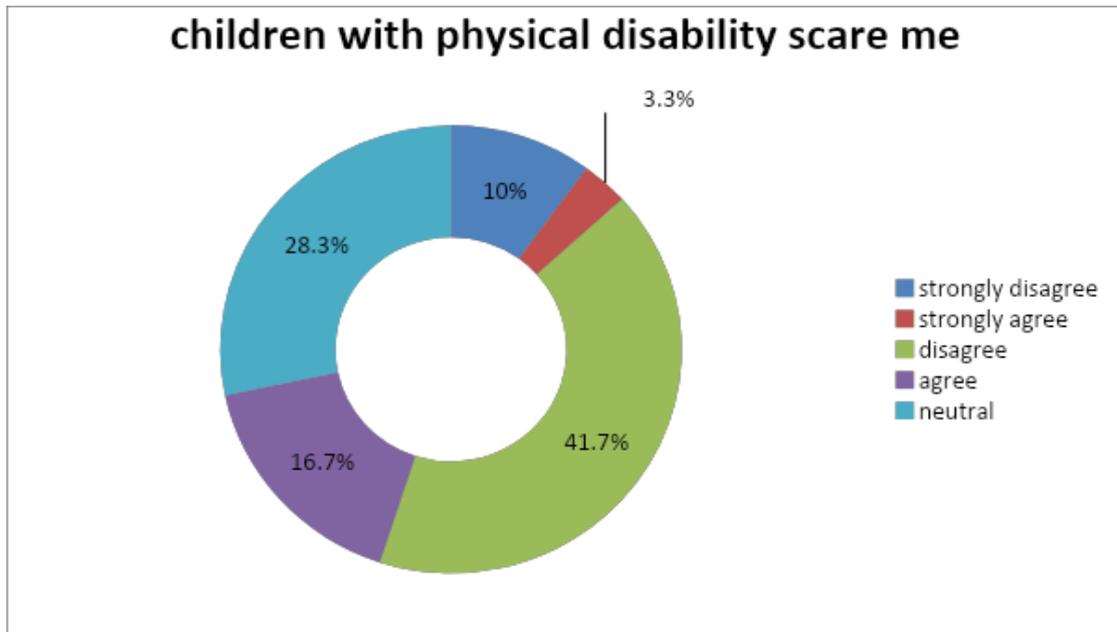
The study shows that about 10 percent strongly disagree, 3.3 percent strongly agree, 41.7 percent disagree, 16.7 percent agree to the statement that children with physical disabilities scare them, while the rest 28.3 percent doesn't agree or disagree with the statement.

The majority of respondents disagree to the statement, this may be because they have an increased awareness and have been with children with physical disabilities.

4.2.19 PHYSICALLY DISABLE CHILDREN MUST HAVE SAME OPPORTUNITY

Figure 19

I think children with physical disability should have the same opportunity as every one else

strongly disagree ▪ strongly agree ▪ disagree ▪ agree ▪ neutral

2%
25%
7%
40%
27%
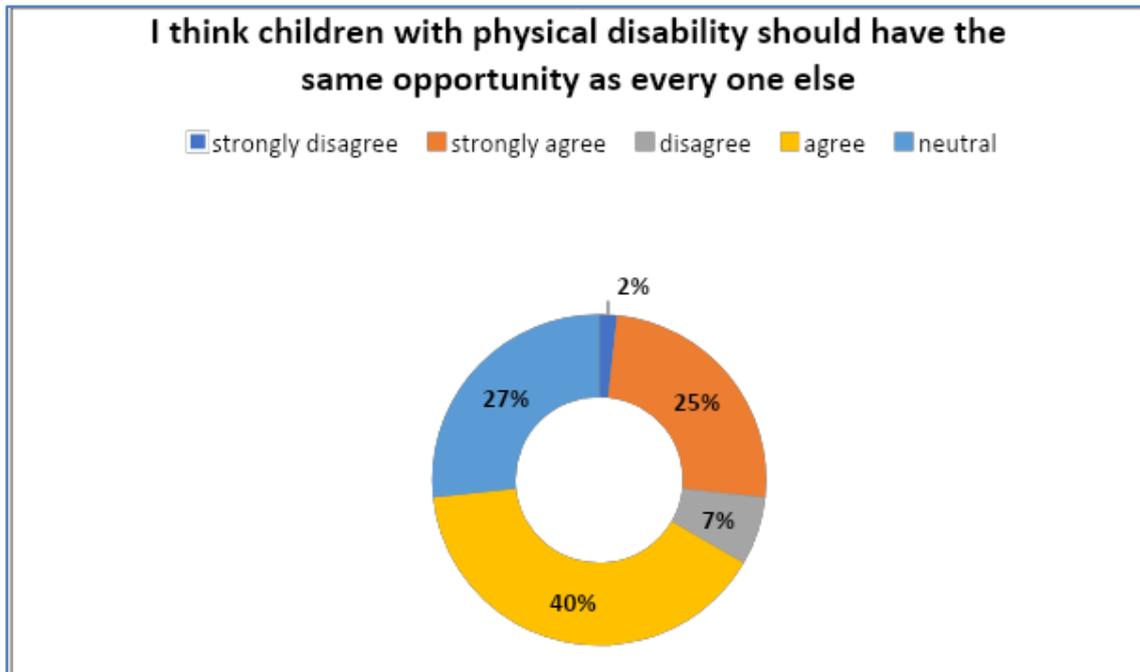
The study shows that about 2 percent strongly disagree, 25 percent strongly agree, 7 percent disagree, 40 percent agree to the statement that they think children with physical disabilities should have the same opportunity as everyone else, while the rest 27 percent doesn't agree or disagree with the statement.

The majority of respondents agree to the statement, this may be because they feel that all children are equal irrespective of any physical conditions in all matters / spheres of life.

4.2.20 TEENAGERS HAVE TEASED OR DONE SOMETHING TO HURT PHYSICALLY DISABLE CHILDREN

Figure 20
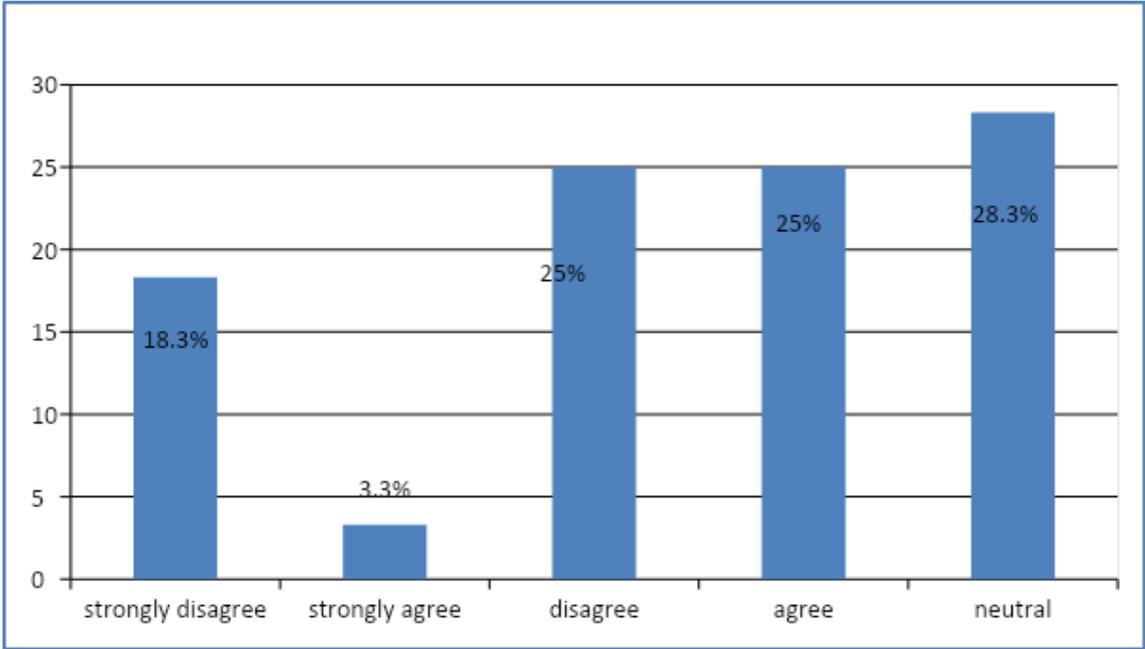


The study shows that about 18.3 percent strongly disagree, 3.3 percent strongly agree, 25 percent disagree, 25 percent agree to the statement that they have at point of their life teased or done something to hurt children with physical disabilities and they regret it, while the rest 28.3 percent doesn't agree or disagree with the statement.

The majority of respondents doesn't agree or disagree to the statement, this may be because they don't any experience of such a kind as mentioned in the statement.

4.2.21 CHILDREN WITH PHYSICAL DISABILITIES ARE EXCELLENT AND HAVE GREAT CAPABILITIES

Figure 21
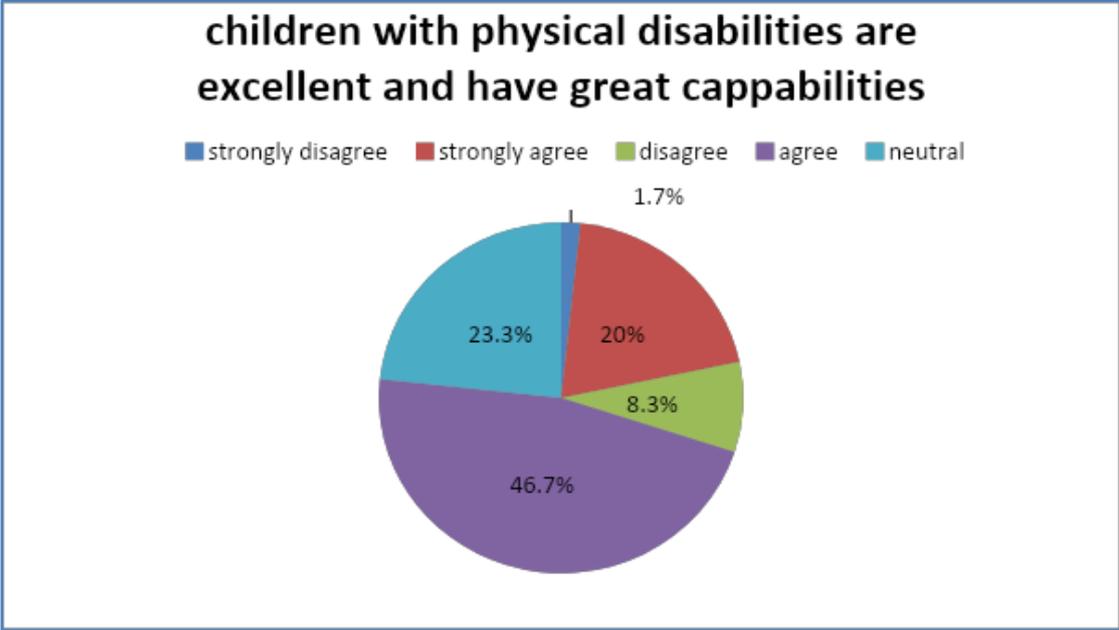
children with physical disabilities are excellent and have great cappabilities

■ strongly disagree ■ strongly agree ■ disagree ■ agree ■ neutral

1.7%
23.3%
20%
8.3%
46.7%

The study shows that about 1.7 percent strongly disagree, 20 percent strongly agree, 8.3 percent disagree, 46.7 percent agree to the statement that children with physical disabilities are excellent and have great capabilities, while the rest 23.3 percent doesn't agree or disagree with the statement.

The majority of respondents agree to the statement, this may be because they themselves know or have heard about children with physical disabilities who are excellent in one or the other areas of life.

4.2.22 CHILDREN WITHOUT PHYSICAL DISABILITIES MUST BE CONSIDERED FIRST

Figure 22
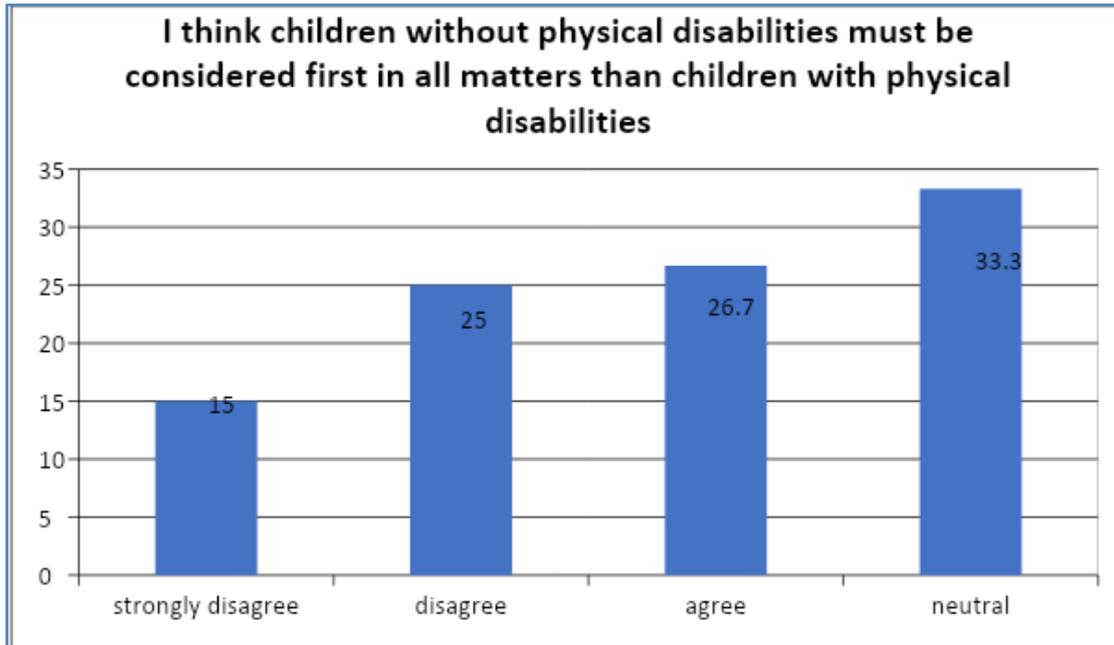
The study shows that about 15 percent strongly disagree, 25 percent disagree   26.7 percent agree to the statement that they think children without physical disabilities must be considered first in all matters than children with physical disabilities, while the rest 33.3 percent doesn't agree or disagree with the statement.

The majority of respondents doesn't agree or disagree to the statement, this may be because that they cannot make an opinion regarding the statement to treat them equally or consider them first in all matters.

4.2.23 CHILDEN WITH PHYSICAL DISABILITIES MUST LIVE WITH OTHERS WHO HAVE SAME PROBLEM

Figure 23
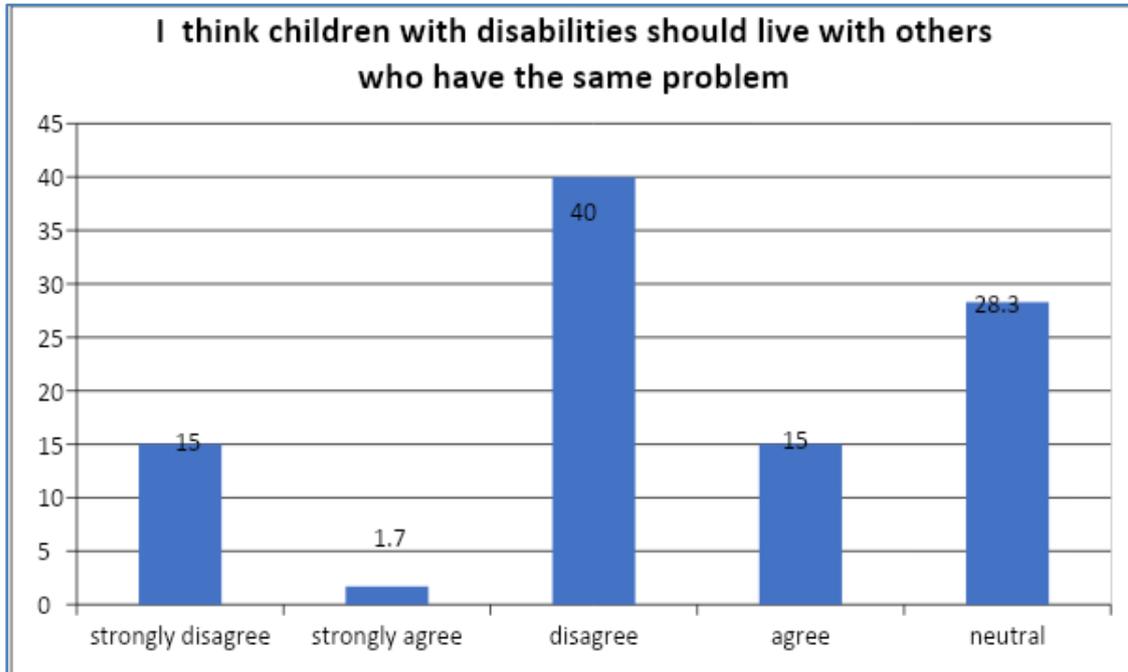

The study shows that about 15 percent strongly disagree, 1.7 percent strongly agree, 40 percent disagree, 15 percent agree to the statement that children with physical disabilities should live with others who have the same problem, while the rest 28.3 percent doesn't agree or disagree with the statement.

The majority of respondents disagree to the statement, this may be because they have an increased awareness and that children with physical disabilities are also human to live with others.

4.2.24 CHILDREN WITH PHYSICAL DISABILITIES ARE INTELLIGENT AS OTHER CHILDREN

Figure 24
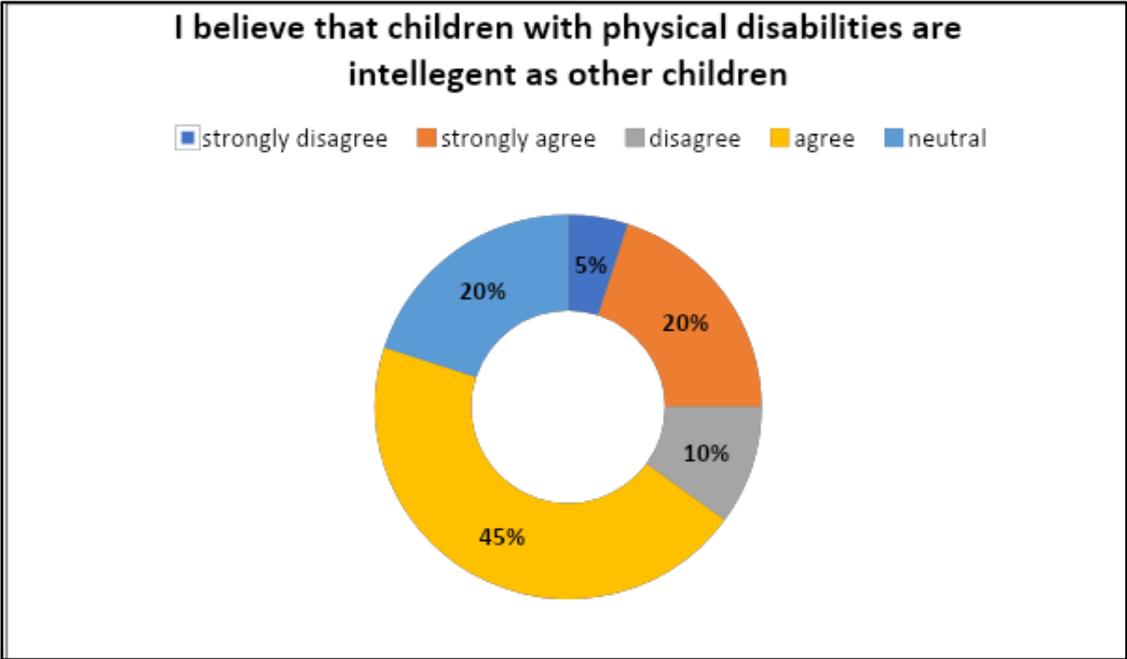
The study shows that about 5 percent strongly disagree, 20 percent strongly agree, 10 percent disagree, 45 percent agree to the statement that children with physical disabilities are intelligent as other children, while the rest 20 percent doesn't agree or disagree with the statement.

The majority of respondents agree to the statement, this may be because they know or have heard about children with physical disabilities who are intelligent and have excelled in one or the other sphere of life.

4.2.25 TEENAGERS FEEL OFFENDED TO HAVE A PHYSICALLY DISABLED BROTHER/SISTER

Figure 25
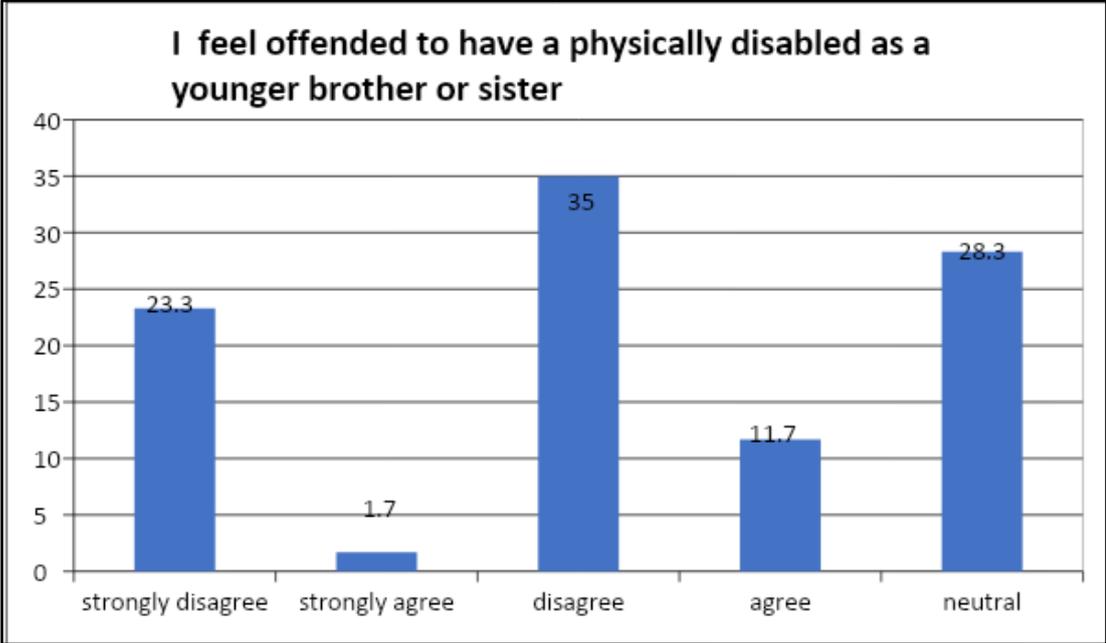
The study shows that about 23.3 percent strongly disagree, 1.7 percent strongly agree, 35 percent disagree, 11.7 percent agree to the statement that they would feel offended to have a physically disabled as a younger brother or sister, while the rest 28.3 percent doesn't agree or disagree with the statement.

The majority of respondents disagree to the statement, this may be because they have increased acceptance of children with physical disabilities, or some may even have a younger sister or brother with physical disabilities who are very dear to them.

4.2.26 TEENAGERS FEEL OFFENDED TO GO OUT WITH A PHYSICALLY DISABLED BROTHER/SISTER

Figure 26

I feel offended to go out or attend a function with a physically disabled brother or sister
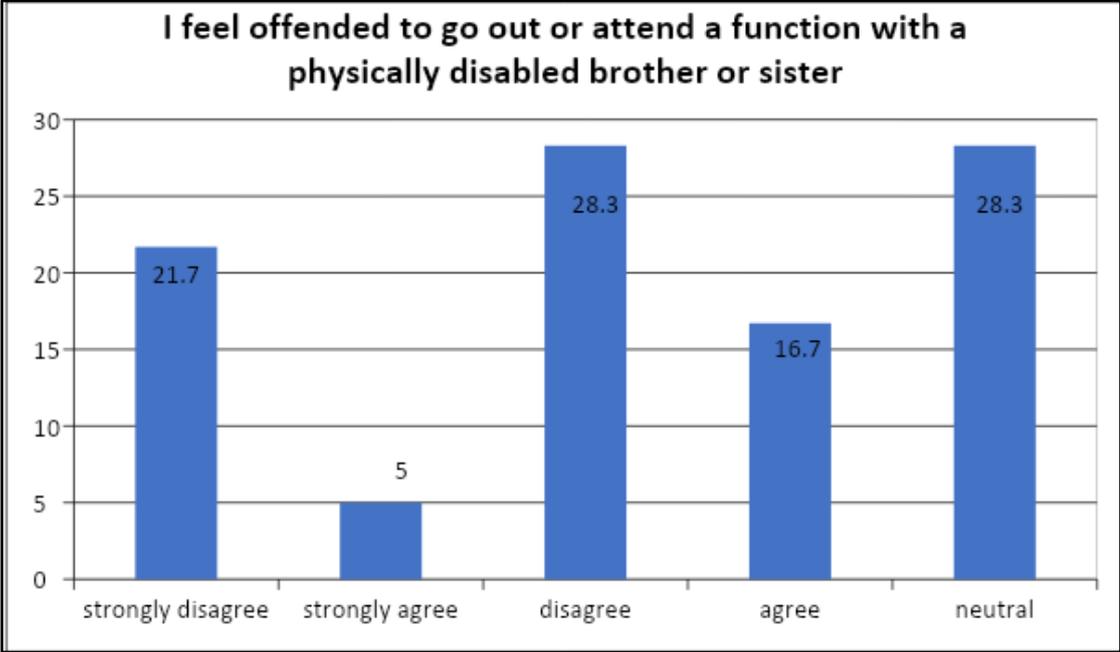
The study shows that about 21.7 percent strongly disagree, 5 percent strongly agree, 28.3 percent disagree, 16.7 percent agree to the statement that they would feel offended to go out or attend a function with a physically disabled brother or sister, while the rest 28.3 percent doesn't agree or disagree with the statement.

The majority of respondents agree as well as have a neutral opinion to the statement, the disagreement towards the statement may be due to an increased awareness and of the view that these children are also humans and are equal to others, while the neutrality of the opinion may be due to the fact that the respondents have never come across, thought or never wanted to think of such situation.

4.2.27 TEENAGERS HAVE GOOD UNDERSTANDING OF SOCIAL DISABILITY DISCRIMINATION

Figure 27
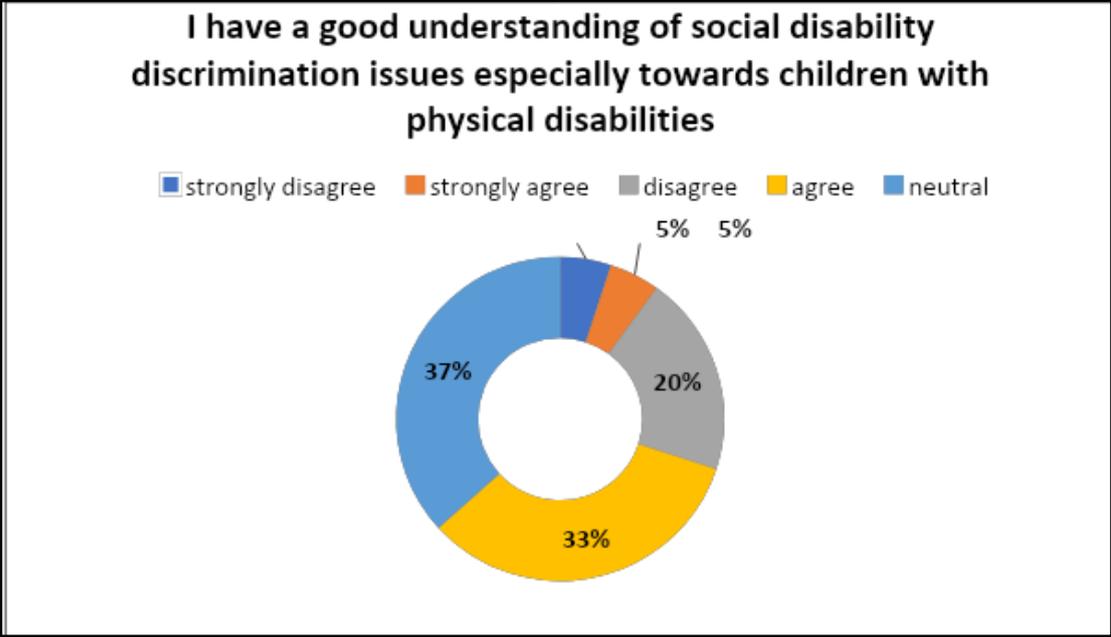
The study shows that about 5 percent strongly disagree, 5 percent strongly agree, 20 percent disagree, 33 percent agree to the statement that they have a good understanding of social disability discrimination issues especially towards children with physical disabilities, while the rest 37 percent doesn't agree or disagree with the statement.

The majority of respondents doesn't agree or disagree to the statement, this may be because they might have only a little understanding or knowledge about disability discrimination especially towards children with physical disabilities.

4.2.28 DISABILITY DISCRIMINATION IS NOT A BIG ISSUE

Figure 28
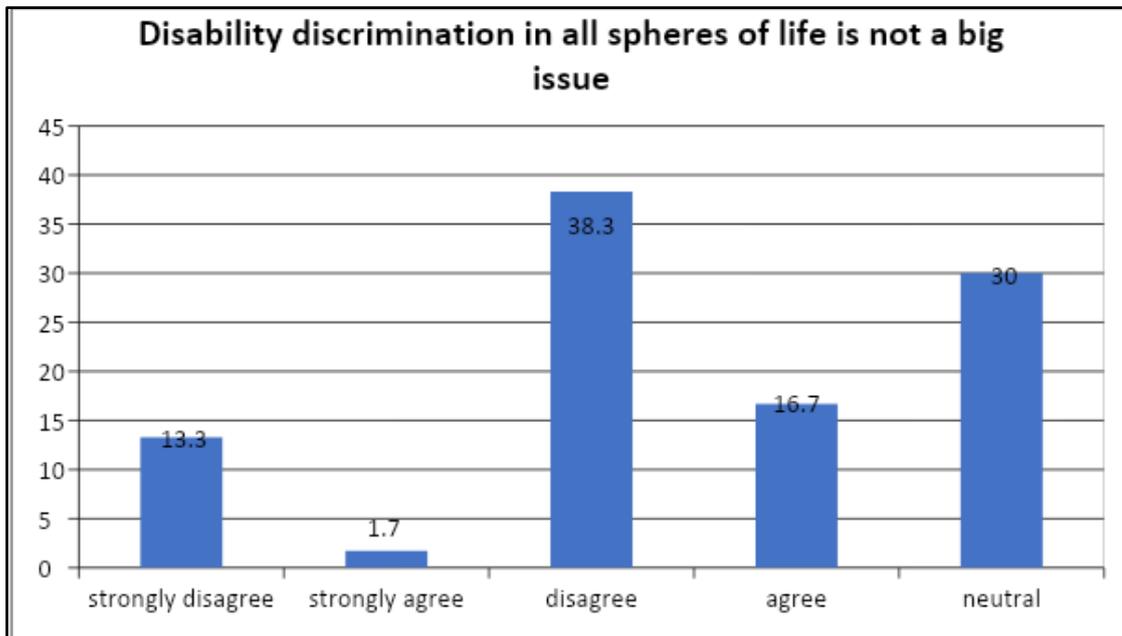
The study shows that about 13.3 percent strongly disagree, 1.7 percent strongly agree, 38.3 percent disagree, 16.7 percent agree to the statement that disability discrimination in all spheres of life is not a big issue, while the rest 30 percent doesn't agree or disagree with the statement.

The majority of respondents disagree to the statement, this may be because they might have read or heard about major issues of disability discrimination.

4.2.29 CHILDERN WITH PHYSICAL DISABILITIES MUST BE EXCLUDED AND KEPT APART

Figure 29
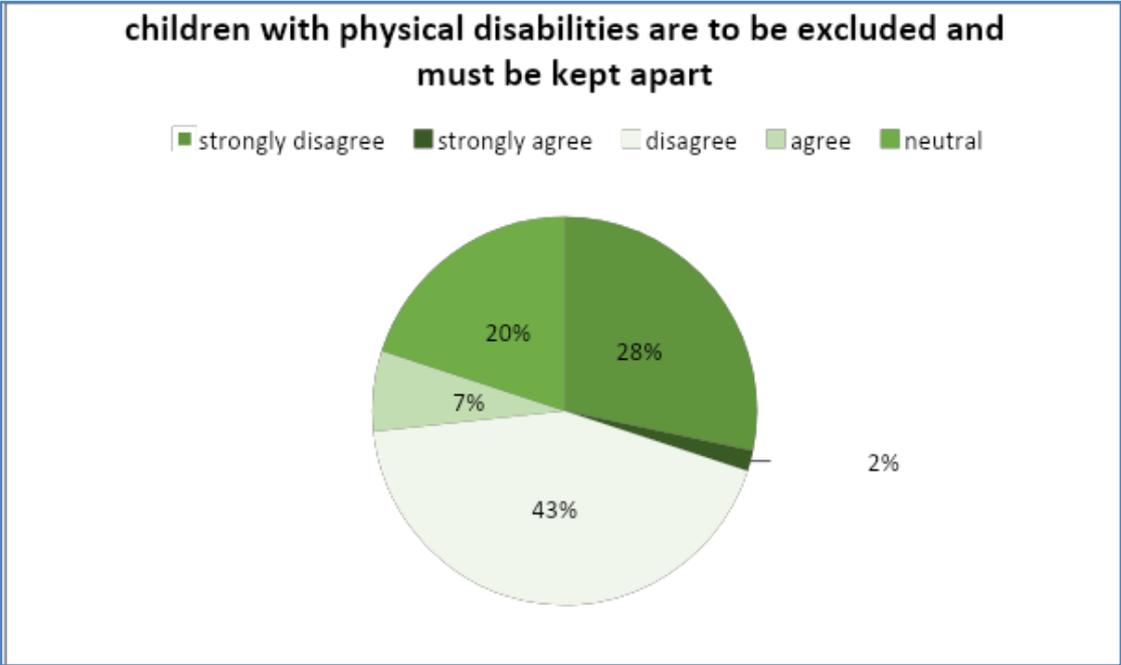
children with physical disabilities are to be excluded and must be kept apart

The study shows that about 28 percent strongly disagree, 2 percent strongly agree, 43.3 percent disagree, 7 percent agree to the statement that children with physical disabilities are to be excluded and must be kept apart, while the rest 20 percent doesn't agree or disagree with the statement.

The majority of respondents disagree to the statement, this may be because they know that all are equal and that everyone has their fundamental rights.

## 4.2.30 CHILDREN WITH PHYSICAL DISABILITIES ARECURSE FROM GOD

Figure 30
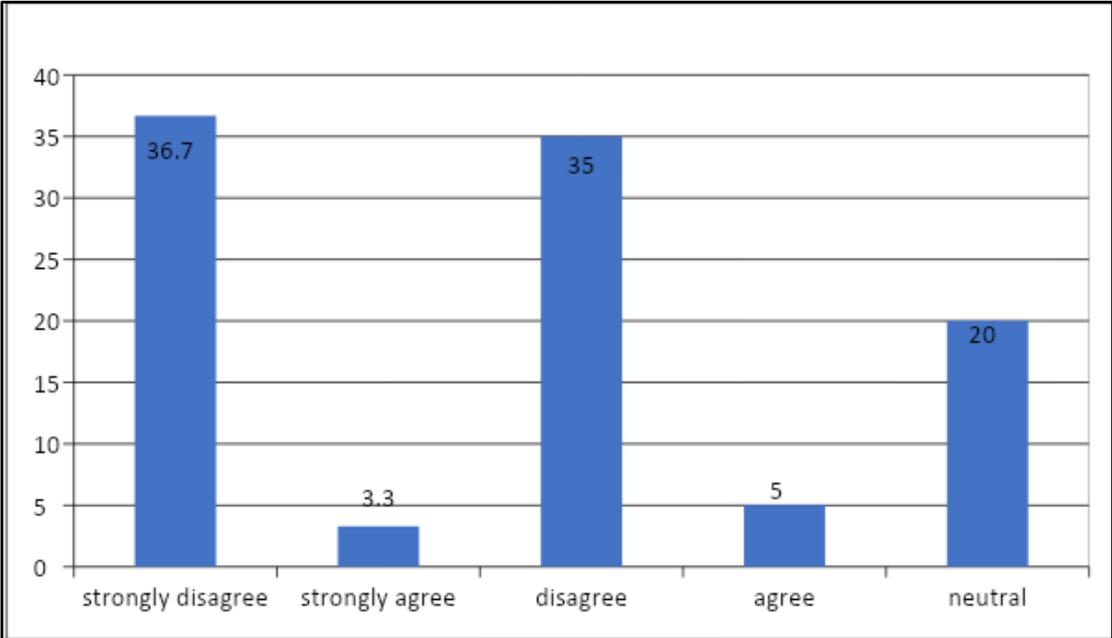
The study shows that about 36.7 percent strongly disagree, 3.3 percent strongly agree, 35 percent disagree, 5 percent agree to the statement that children with physical disabilities are a curse from god for something done in the past, while the rest 20 percent doesn't agree or disagree with the statement.

The majority of respondents strongly disagree to the statement, this may be because they are capable of thinking rationally and are free from the clutches of blind faith, prejudices and bias.

4.2.31 CHILDREN WITH PHYSICAL DISABILITIES ARE BURDEN TO THE FAMILY AND SOCIETY

Figure 31
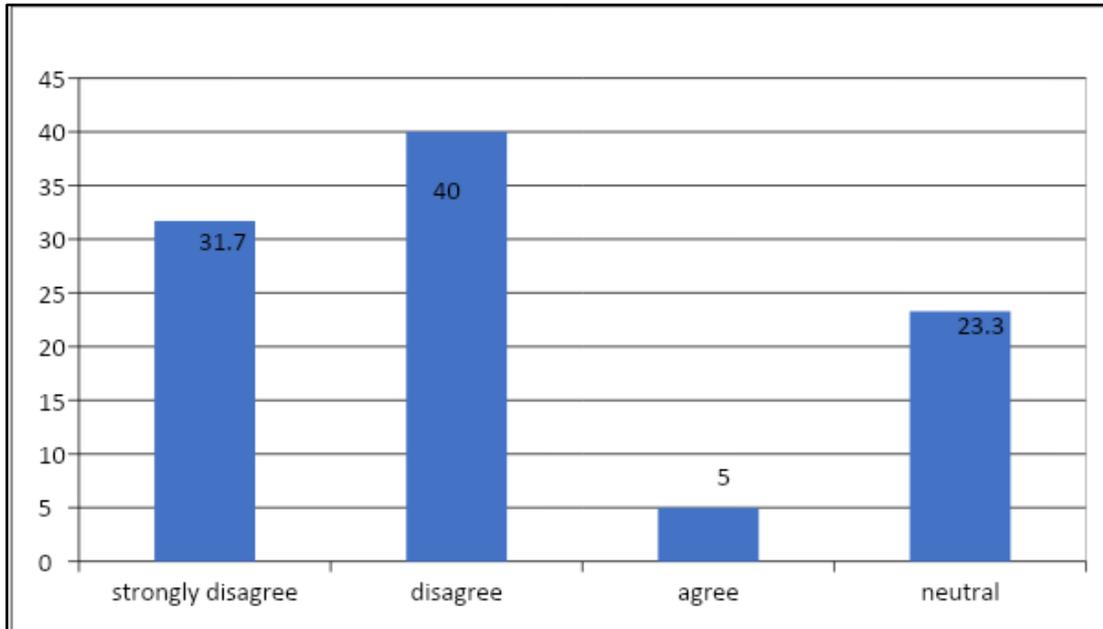
The study shows that about 31.7 percent strongly disagree, 40 percent disagree, 5 percent agree to the statement of the children with physical disabilities are a burden to the family as well as society, while the rest 23.3 percent doesn't agree or disagree with the statement.

The majority of respondents disagree to the statement, this may be because they have an increased level acceptance towards children with physical disabilities and that they are free from stigmas associated with disabilities.

4.2.32 CHILDREN WITH PHYSICAL DISABILITIES ADDS THE FINANCIAL CRISIS OF THE FAMILY

Figure 32

children with physical disabilities adds to the financial crisis of a family

■ strongly disagree ■ disagree ■ agree ■ neutral

15%
35%
6.7%
43%
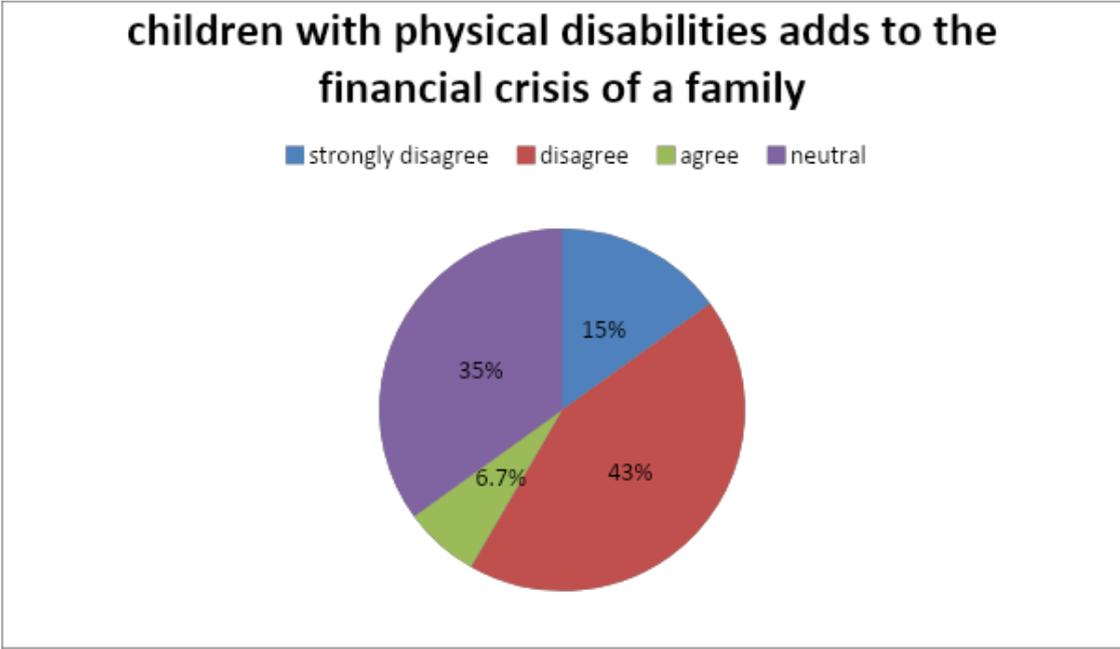
The study shows that about 15 percent strongly disagree, 43.3 percent disagree, 6.7 percent agree to the statement that the children with physical disabilities adds to the financial crisis of a family, while the rest 21 percent doesn't agree or disagree with the statement.

The majority of respondents disagree to the statement, this may be because they have an increased level acceptance towards children with physical disabilities.

4.2.33 CHILDREN WITH PHYSICAL DISABILITIES ARE SHAME AND HUMILIATION TO THE FAMILY

Figure 33
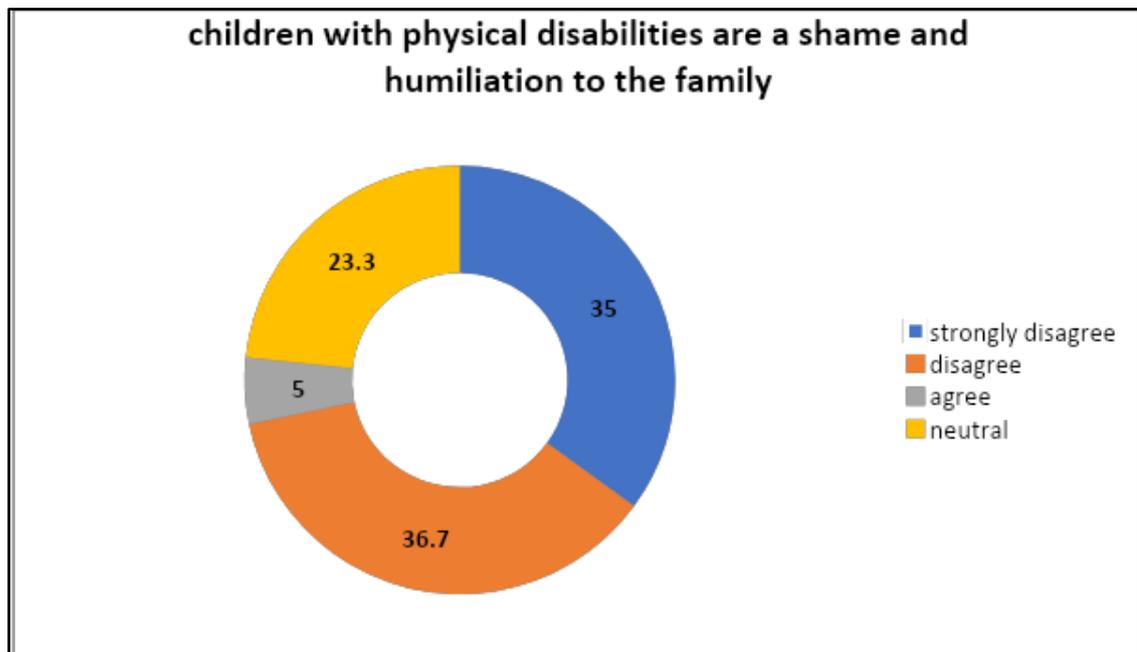
The study shows that about 35 percent strongly disagree, 36.7 percent disagree, 5 percent agree to the statement that the children with physical disabilities are a shame and humiliation to the family, while the rest 23.3 percent doesn't agree or disagree with the statement.

The majority of respondents disagree to the statement, this may be because they have an increased level acceptance towards and inclusive nature towards children with physical disabilities

4.2.34 CHILDREN WITH PHYSICAL DISABILITIES HAVE LOW SELF CARE AND ARE UNHYGIENIC

Figure 34
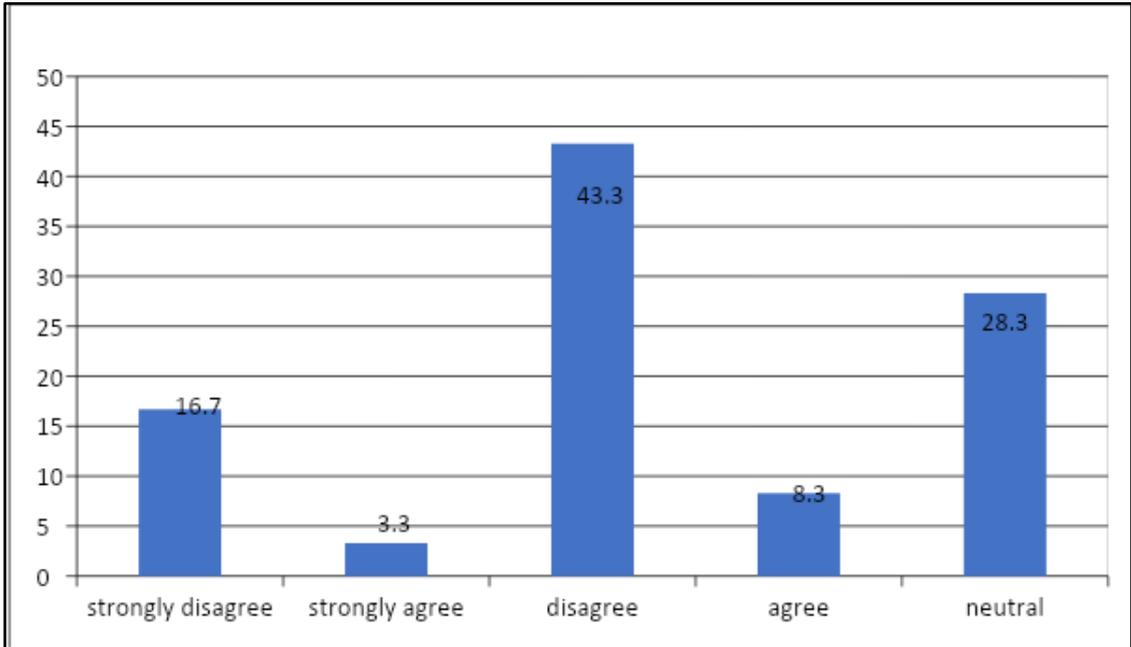
The study shows that about 16.7 percent strongly disagree, 3.3 percent strongly agree, 43.3 percent disagree, 8.3 percent agree to the statement that the children with physical disabilities have low self-care and are unhygienic, while the rest 28.3 percent doesn't agree or disagree with the statement.

The majority of respondents disagree to the statement, this may be because they might have visited, been with or have friends who are physically disabled and that they maintain a good self-care and are hygienic.

4.2.35 CHILDREN WITH PHYSICAL DISABILITIES ARE GROUCHY

Figure 35
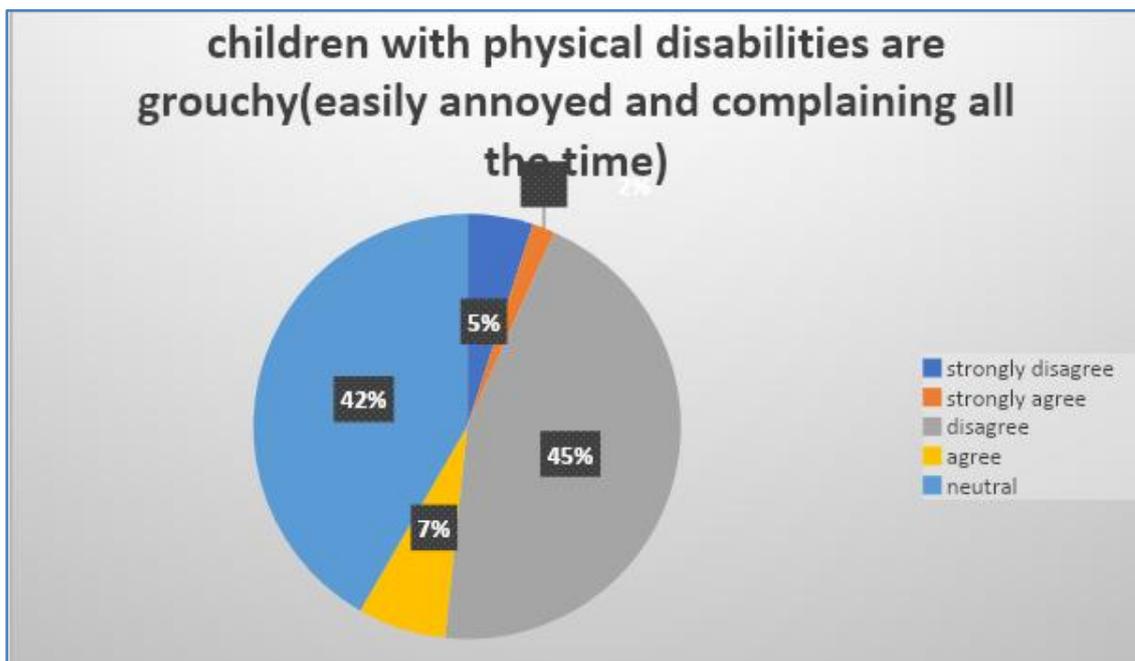
The study shows that about 5 percent strongly disagree, 1 .7 percent strongly agree, 45 percent disagree, 7 percent agree to the statement that the children with physical disabilities are grouchy (easily annoyed and complaining all the time) , while the rest 42 percent doesn't agree or disagree with the statement.

The majority of respondents disagree to the statement, this may be because they might have interacted been with or have friends who are physically disabled.

4.2.36 CHILDREN WITH PHYSICAL DISABILITIES ARE IRRITATING AND ANNOYING

Figure 36
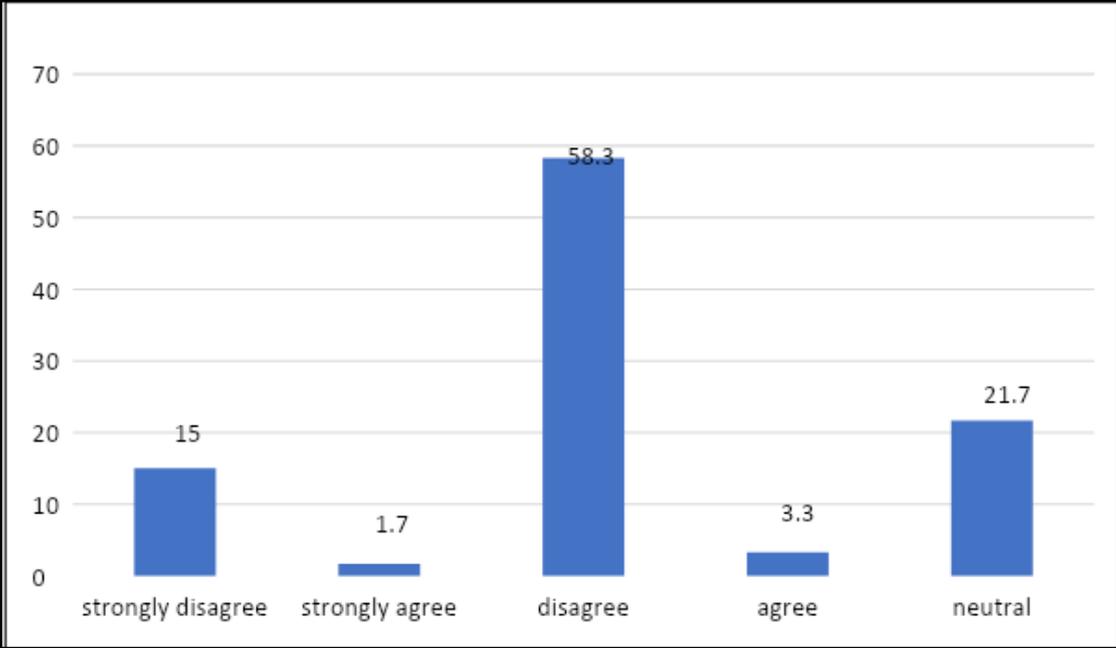
The study shows that about 15 percent strongly disagree, 1.7 percent strongly agree, 58.3 percent disagree, 3 .3 percent agree to the statement that the children with physical disabilities are irritating and annoying , while the rest 21.7 percent doesn't agree or disagree with the statement.

The majority of respondents disagree to the statement, this may be because they might have interacted been with or have friends who are physically disabled.

4.2.37 CHILDREN WITH PHYSICAL DISABILITIES FACE DIFFICULTY TO LEAD A NORMAL LIFE

Figure 37

It is almost difficult for children with physical disabilities to lead a normal life

- strongly disagree
- strongly agree
- disagree
- agree
- neutral
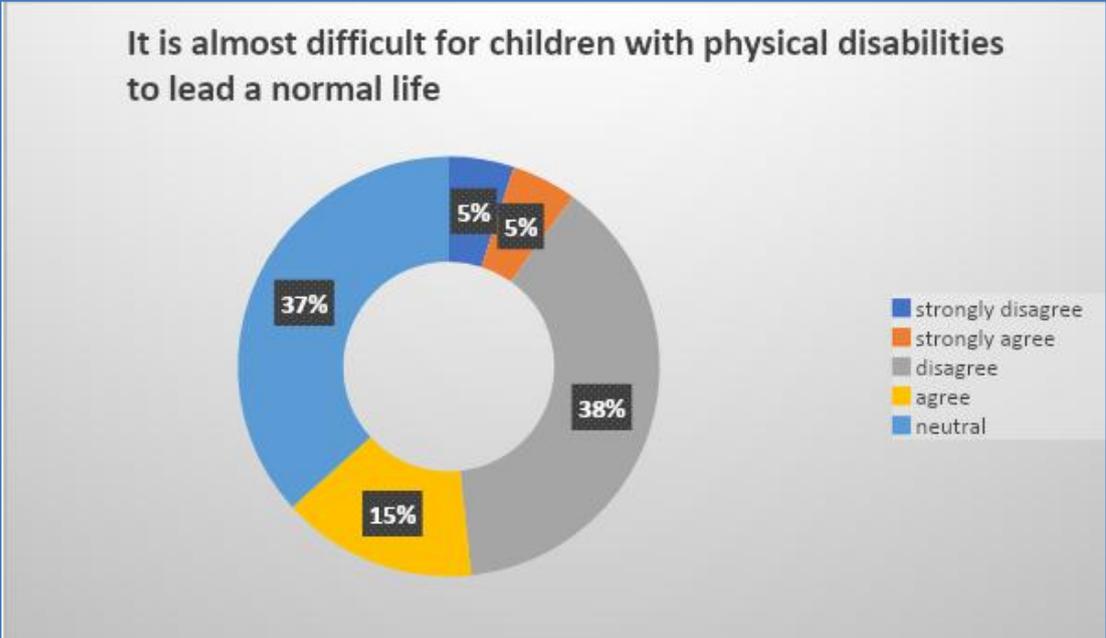
The study shows that about 5 percent strongly disagree, 5 percent strongly agree, 38 percent disagree, 15 percent agree to the statement that it is almost difficult for children with physical disabilities to lead a normal life, while the rest 37 percent doesn't agree or disagree with the statement.

The majority of respondents disagree to the statement, this may be because they feel that physical disabilities are condition and that children with physical disabilities have the potential to lead a normal life as others.

## 4.2.38 CHILDREN WITH PHYSICAL DISABILITIES CANNOT SUCCEED IN LIFE

Figure 38
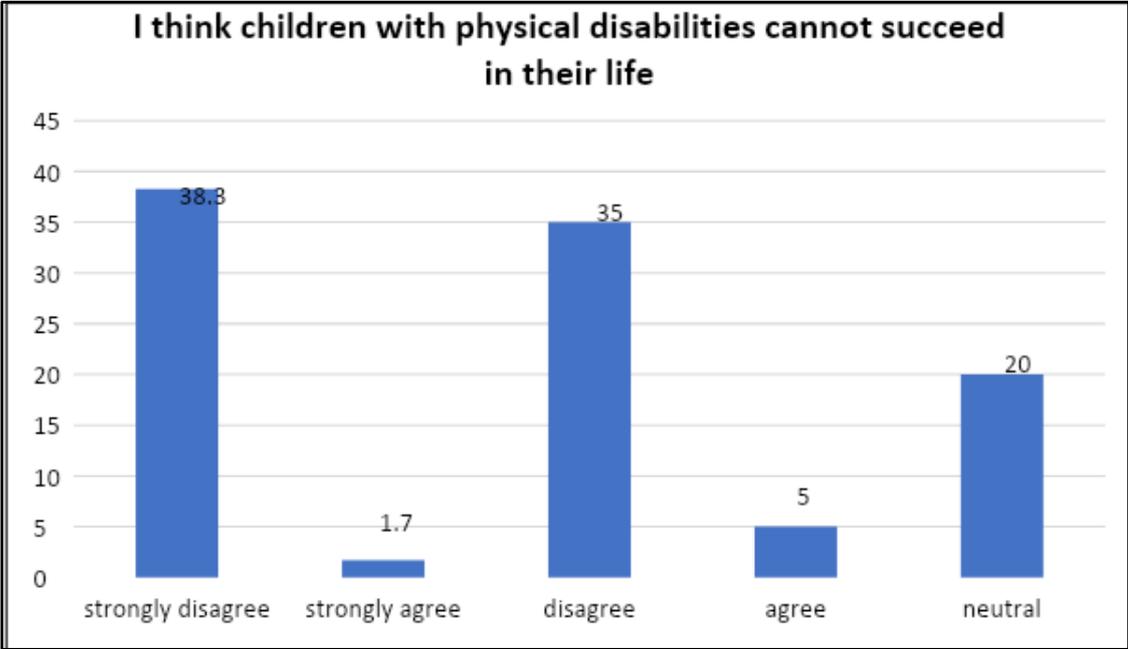
The study shows that about 38.3 percent strongly disagree, 1.7 percent strongly agree, 35 percent disagree, 5 percent agree to the statement that the children with physical disabilities cannot succeed in their life, while the rest 20 percent doesn't agree or disagree with the statement.

The majority of respondents strongly disagree to the statement, this may be because they have read, heard or knows children with physical disabilities who have crossed their limitations and succeed in their life.

4.2.39 CHILDREN WITH PHYSICAL DISABILITIES HAVE CLOSE CIRCLE OF FRIENDS AND ARE INTROVERTS
Figure 39

I think children with physical disabilities have a more closed circle of friends and are introverts

- strongly disagree
- disagree
- agree
- neutral

10%
42%
8%
40%
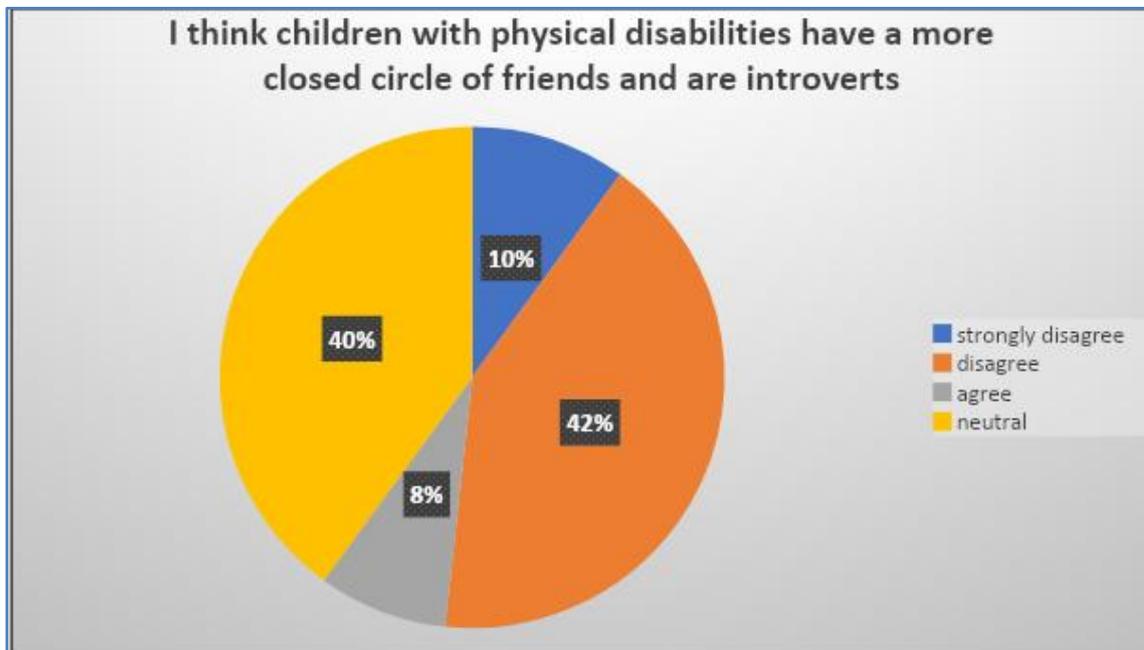
The study shows that about 10 percent strongly disagree, 42 percent disagree, 8 percent agree to the statement that the children with physical disabilities have a more closed circle of friends and are introverts, while the rest 40 percent doesn't agree or disagree with the statement.

The majority of respondents disagree to the statement, this may be because they might have interacted or have friends who are physically disabled or know children with physical disabilities who has many friends and are talkative.

## 4.2.40 CHILDREN WITH PHYSICAL DISABILITIES MUST BE CONFINED TO THE HOUSES AND SHOULD NOT COME IN THE FOREFRONT OF THE SOCIETY

Figure 40
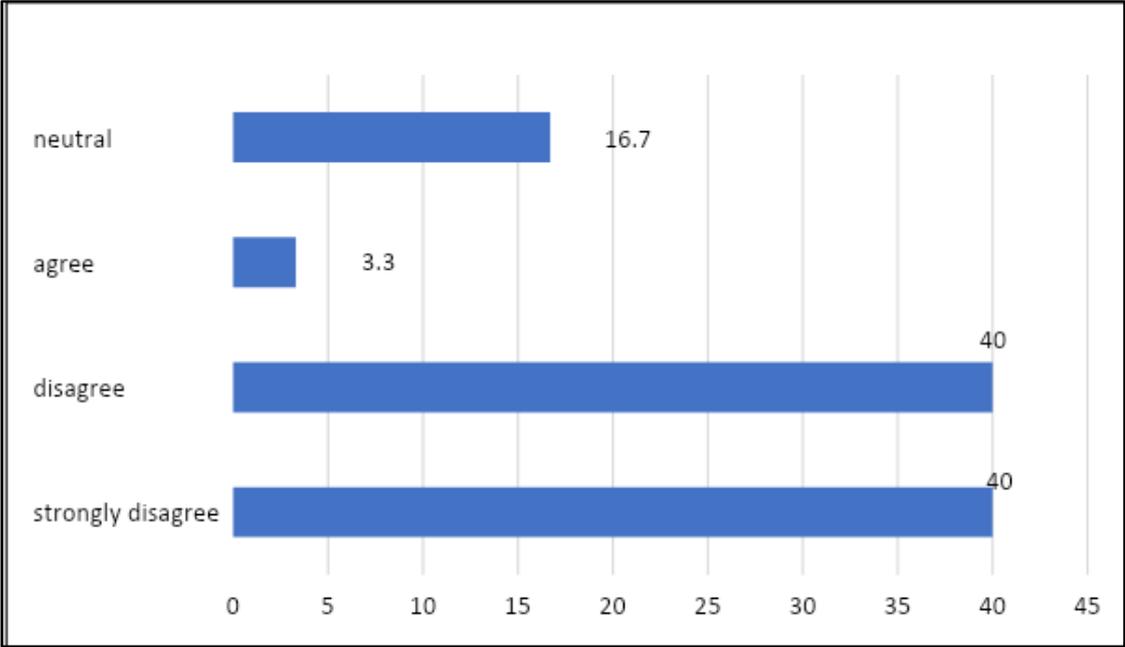
The study shows that about 40 percent strongly disagree, 40 percent disagree, 3.3 percent agree to the statement that the children with physical disabilities must be confined to the houses and should not come in the forefront of the society, while the rest 16.7 percent doesn't agree or disagree with the statement.

The majority of respondents, with equal percentage both strongly disagree and disagree to the statement, this may be because that they feel inclusion of childern with physical disabilities are necessary for their growth and development and that these children are compatible as others.

4.3 CONCLUSION

Analysing research work is a crucial process that helps to evaluate the credibility and significance of research findings. Data interpretation and analysis is an important aspect of working with data sets in any field or research and statistics. They both go hand in hand, as the process of data interpretation involves the analysis of data. Data interpretation is very important, as it helps to acquire useful information from a pool of irrelevant ones while making informed decisions.

Effective analysis of research work requires a thorough understanding of the research topic, the context of the study, and the research design. By identifying the strengths and limitations of the research approach, researchers and practitioners can make informed decisions about the usefulness and applicability of the research findings.

Overall, the analysis of research work is a vital step in advancing knowledge and improving the quality of research in various fields.

CHAPTER 5
FINDINGS, SUGGESTIONS AND CONCLUSION

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5.1 Introduction

Findings, conclusions and suggestions are the last parts of the theses. Research finding is the outcome gotten from data analysis and represents the factual link or association between or amongst the variables being interrogated by the researcher. It is any results arrived at and portrays the true position of how two or more variables relate with one another.

Conclusions are answers to the questions raised, or the statements of acceptance or rejection of the hypotheses proposed. The conclusions do not need to repeat the evidence on which they are based, but extreme care should be exercised to present them with whatever limitations and qualification are necessary.

Besides findings and conclusion, suggestions are also required for the researcher. Suggestions are brief statements of a limited numbers of recommendations for further consideration. These suggestions are given at the end of the research .

5.2 Major Findings

- Majority of the respondents , about 43% disagrees that they do not know how to treat a physically disabled children , when they are with them.

- From the study it is clear that about 41.7% of respondents disagrees that they talk in a different tone of voice with children with disabilities .

- The study indicates that 38.3% of respondents agrees that they tend to be more patient with children with physical disabilities .

- The results of the study shows that about 50% of respondents disagrees that they get angry more quickly at children with physical disabilities.

- The study depicts that about 46.7% of respondents disagrees that they think children who claim to have physical disabilities are faking it more to get attention .

- From the data collected and analyzed , about 35% of respondents doesn't agree or disagree that they think children with physical disabilities expect special treatment from others.

- From the study conducted about 35% of respondents disagrees that they think that children with physical disabilities must study in a special school .

- The researcher could find that about 51.7% of respondents agrees that they assume children with physical disabilities deserves special consideration .

- The research findings shows that about 38.3% of respondents agrees that they think the society and family members should be extra helpful to children with physical disabilities .

- It was found that about 36% of respondents doesn't agree or disagree that children with physical disabilities are less sociable and enthusiastic than other children.

- Majority of the respondents, about 45% agrees that they think children with physical disabilities should have an opportunity to practice both individual and team sports .

- From the study it is clear that about 43.3% of respondents doesn't agree or disagree that they think children with physical disabilities often feel sorry for themselves.

- The study indicates that about 36% of respondents agrees that acts / legal aids to protect the rights of disabled are necessary.

- The results of the study shows that about 40% of respondents agrees that they their heart goes out to children in wheelchairs.

- The study depicts that about 35% of respondents doesn't agree or disagree that if they were a child / children with physical disabilities they would not go to a place where others know them as a person with physical disabilities .

- From the data collected and analyzed , about 55% of respondents agrees that they feel sympathetic towards children with physical disabilities .

- From the study conducted about 35% of respondents disagrees that they feel uncomfortable beside children with physical disabilities .

- The researcher could find that about 41.7% of respondents disagrees that children with physical disabilities scare them .

- The research findings shows that about 40% of respondents agrees that they think children with physical disabilities should have the same opportunity as every oneelse.

- It was found that about 28.3% of respondents doesn't agree or disagree that they have at point of their life teased or done something to hurt children with physical disabilities and they regret it.

- Majority of the respondents, about 46.7% agrees that children with physical disabilities are excellent and have great capabilities .

- From the study it is clear that about 33.3% of respondents doesn't agree or disagree that they think children without physical disabilities must be considered first in all matters than children with physical disabilities .

- The study indicates that about 40% of respondents disagrees that children with physical disabilities should live with others who have the same problem .

- The results of the study shows that about 45% of respondents agrees that children with physical disabilities are intelligent as other children .

- The study depicts that about 35% of respondents disagrees hat they would feel offended to have a physically disabled as a younger brother or sister .

- From the data collected and analyzed , about 28.3% of respondents both disagrees as well as doesn't agane or disagree hat they would feel offended to go out or attend a function with a physically disabled brother or sister.

- From the study conducted about 37% of respondents doesn't agree or disagree that they have a good understanding of social disability discrimination issues especially towards children with physical disabilities .

- The researcher could find that about 38.3% of respondents disagrees that disability discrimination in all spheres of life is not a big issue .

- The research findings shows that about 43.3% of respondents disagrees that children with physical disabilities are to be excluded and must be kept apart .

- It was found that about 36.7% of respondents strongly disagrees that children with physical disabilities are a curse from god for something done in the past .

- Majority of the respondents, about 40% disagrees that the children with physical disabilities are a burden to the family as well as society .

- From the study it is clear that about 43.3% of respondents disagrees that the children with physical disabilities adds to the financial crisis of a family .

- The study indicates that about 36.7% of respondents disagrees that the children with physical disabilities are a shame and humiliation to the family .

- The results of the study shows that about 43.3% of respondents disagrees that the children with physical disabilities have low self care and are unhygienic .

- The study depicts that about 45% of respondents disagrees that the children with physical disabilities are grouchy (easily annoyed and complaining all the time)

- From the data collected and analyzed , about 58.3% of respondents disagrees that the children with physical disabilities are irritating and annoying .

- From the study conducted about 38% of respondents disagrees that it is almost difficult for children with physical disabilities to lead a normal life .

- The researcher could find that about 38.3% of respondents strongly disagree to the view that the children with physical disabilities cannot succeed in their life .

- The research findings shows that about 42% of respondents disagrees that the children with physical disabilities have a more closed circle of friends and are introverts .

- It was found that about 40% of respondents each , both strongly disagree and disagree that the children with physical disabilities must be confined to the houses and should not come in the forefront of the society .

5.3 Implications of the study

- The study through assessing the awareness and knowledge of teenagers towards children with physical disabilities , helps to create the same .

- The study helps in creating a society based on inclusion and equality.

- The study helps in promoting a growing environment for children with physical disabilities.

- The study helps in offsetting bias , stigma and prejudice towards children with physical disabilities.

5.4 Limitations of the study

- Lack of experience in doing research

- Limited awareness about the software SPSS

- Limited time period

- Unawareness regarding the importance of research among the respondents

5.5 Suggestions for further research

- The study only focuses on the children with physical disabilities, however research can be done on the existing condition of adults with physical disabilities.

- The study asses the knowledge and awareness of teenagers, however there are many elderly people who still lack the same. Research can be done to asses the same.

- The research focuses on physical disabilities as whole, further researches can be done on each conditions of physical disabilities and it's awareness and knowledge.

- Gender based research on the awareness, acceptance and knowledge on physical disabilities can also be conducted to know the underlying facts and opinions regarding the same.

5.6 Conclusion

The finding section in the research paper has great importance as It is the section in a research paper or dissertation that helps in developing an in-depth understanding of the research problems and the section helps in demonstrating the significance of the problem on which the research is performed .

The research " A Study on Teenager's knowledge and awareness towards the children with physical disabilities " in Eruvessy panchayat focuses on the teenager's awareness,

acceptance and the persisting stigma towards children with physical disabilities. However the study showed that there is an increased level of acceptance, awareness and a decreased persistence of stigma among the teenagers. This indicate that there is a positive and inclusive environment for children with physical disabilities.

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APPENDIX

QUESTIONNAIRE

This study is part of Post-Graduation research (MSW). It aims to study the teenager's knowledge and awareness on children with physical disabilities in Eruvessy panchayat. The answers should be authentic and it will be ensured that the datas entered are highly confidential. Hoping for your sincere participation. For any quarries please do mail at safasathar8@gmail.com.

To determine the awareness of teenagers towards the children with physical disabilities.

1. When I am with a child / children with physical disabilities, I do not know how to treat them.

   - Strongly Agree

   - Agree

   - Neutral

   - Disagree

   - Strongly Disagree

2. I tend to talk with children with disabilities in a different tone of voice.
   - Strongly Agree
   - Agree
   - Neutral
   - Disagree
   - Strongly Disagree

3. I tend to be more patient with children with physical disabilities
   - Strongly Agree
   - Agree
   - Neutral
   - Disagree
   - Strongly Disagree

4. I get angry more quickly at children with physical disabilities.
- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

5. I sometimes think that children who claim to have physical disabilities are faking it more to get attention.
- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

6. I think children with physical disabilities expect special treatment from others .
- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

7. I think children with physical disabilities must study in a special school .
- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

8. I assume that children with physical disabilities deserve special consideration.
- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

9. I think the society and family members should try to be extra helpful to children with physical disabilities.
- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

10. Children with physical disabilities are less sociable and enthusiastic than other children
- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

11. I think children with physical disabilities should have an opportunity to practice both individual and team sports.
- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

12. I think children with physical disabilities often feel sorry for themselves.
- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

13. I think Acts / legal aids to protect the rights of disabled are necessary.
- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

14. My heart goes out to children in wheelchairs.
- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

To asses the acceptance of teenagers towards the children with physical disabilities

15. If I was to be a child with physical disabilities I would not go to a place where they knew me with a person with physical disabilities.
- Strongly Agree
- Agree
- Neutral
- Strongly disagree
- Disagree

16. I feel sympathetic towards children who are physically disabled.
- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

17. I feel uncomfortable when I am beside children with physical disabilities.
- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

18. Children who look differently / with physical disabilities scare me.
-   Strongly Agree
-   Agree
-   Neutral
-   Disagree
-   Strongly Disagree

19. I think children with physical disabilities should have the same opportunities as everyone else.
-   Strongly Agree
-   Agree
-   Neutral
-   Disagree
-   Strongly Disagree

20. I have at some point in my life teased or otherwise done something to hurt children with physical disabilities and I regret it .(neutral = not applicable)
-   Strongly Agree
-   Agree
-   Neutral
-   Disagree
-   Strongly Disagree

21. Children with physical disabilities are excellent and have great capabilities
-   Strongly Agree
-   Agree
-   Neutral
-   Disagree
-   Strongly Disagree

22. I think children without physical disabilities must be considered first in all matters than children with physical disabilities.
-   Strongly Agree
-   Agree
-   Neutral
-   Disagree
-   Strongly Disagree

23. I think children with disabilities should live with others who have the same problem.
- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

24. I believe that children with physical disabilities are as intelligent as other children.
- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

25. I feel offended to have a physically disabled as a younger sister or brother .
- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

26. I feel offended to go out or attend a function with a physically disabled brother or sister .
- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

To assess the knowledge of teenagers towards children with physical disabilities.

27. have a good understanding of societal disability discrimination issues especially towards children with physical disabilities .
- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

28. Disability discrimination at all spheres of life is not a big issue.
- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

29. Children with physical disabilities are to be excluded and must be kept apart .
- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

30. Children with physical disabilities are a curse from god for something done in the past .
- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

31. Children with physical disabilities are a burden to the family as well as societies.
- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

32. Children with physical disabilities adds to the financial crisis of a family .
- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

33. Children with physical disabilities are a shame and humiliation to the family ,
- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

34. Children with physical disabilities has low self care and are unhygienic.
- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

35. Children with physical disabilities are grouchy (easily annoyed and complaining all the time)
- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

36. Children with physical disabilities are irritating and annoying.
- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

37. It is almost difficult for children with physical disabilities to lead a normal life.
- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

38. I think that children with physical disabilities cannot succeed in their life .
- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

39. I think children with physical disabilities have a more closed circle of friends and are introverts .
- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

40. Children with physical disabilities must be confined to the houses and should not come in the forefront of the society.
- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

A STUDY ON THE GENDER BIASED RESTRICTIONS ON NIGHT JOURNEY AMONG YOUNG WOMEN IN IRITTY TALUK

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2021-2023

A STUDY ON THE GENDER BIASED RESTRICTIONS ON NIGHT JOURNEY AMONG YOUNG WOMEN IN IRITTY TALUK

DISSERTATION SUBMITTED TO THE KANNUR UNIVERSITY
IN PARTIAL FULFILMENT OF THE REQUIREMENT FOR THE
AWARD OF THE DEGREE OF MASTER OF SOCIAL WORK

BY
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May 2023

DEPARTMENT OF SOCIAL WORK

DON BOSCO ARTS & SCIENCE COLLEGE
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CERTIFICATE

This is to certify that the dissertation entitled, "**A STUDY ON THE GENDER BIASED RESTRICTIONS ON NIGHT JOURNEY AMONG YOUNG WOMEN, IRITTY TALUK"** submitted by **Anjumol Varghese**, in partial fulfilment of the requirement for the award of the degree of **Masters of Social Work** is a bonafide record of work done under the guidance and supervision of Ms. Anjaya V.V, during the period of her study (2021 - 2023) in the Department of Social Work, Don Bosco Arts and Science College, Angadikadavu, Kannur, affiliated to the Kannur University.

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ANGADIKADAVU
KANNUR

VIRTUE & EXCELLENCE

CERTIFICATE

This is to certify that the dissertation entitled, **"A STUDY A STUDY ON THE GENDER BIASED RESTRICTIONS ON NIGHT JOURNEY AMONG YOUNG WOMEN, IRITTY TALUK"** submitted by **Anjumol Varghese**, in partial fulfilment of the requirement for the award of the degree of **Master of Social Work**, is a bonafide record of work done under my guidance and supervision during the period of her study (2021-2023) in the Department of Social Work, Don Bosco Arts and Science College, Angadikadavu, Kannur, affiliated to The Kannur University.

Ms. ANJAYA V.V

Assistant Professor and Research Guide

Department of Social Work

Don Bosco Arts and Science College

DECLARATION

I, **Ms. Anjumol Varghese,** the undersigned, hereby declare that the dissertation entitled**, "A Study on the gender biased restrictions on night journey among young women, Iritty taluk"** submitted to the Kannur University, in partial fulfilment of the requirement for the award of the degree of **Master of Social work**, is a bonafide work done by me under the guidance of **Ms. Anjaya V.V**, Assistant Professor, Department of Social Work, Don Bosco Arts and Science College, Angadikadavu. This work has not been placed by anybody in the University for the Award of any degree or diploma.

ANGADIKADAVU   ANJUMOL VARGHESE

May 2023

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I sincerely wish to express my deep sense of gratitude to all those who helped and supported me to complete the work. First and foremost, I thank God Almighty who strengthened me at every moment and through whom I do all the things.

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On this occasion I thank all the respondents for their cooperation and availability. I also wish to express sincere thanks to my parents and friends who have always supported and encouraged me to finish the research work successfully.

<div align="right">ANJUMOL VARGHSE</div>

ABSTRACT

This research aims to investigate and analyze the gender biased restrictions imposed on young women regarding night journeys. Night time travel restrictions, often targeted towards young women, have been a prevalent societal phenomenon that curtails their mobility and freedom. This research seeks to explore the underlying factors contributing to these restrictions and their impact on young women's lives.

The research findings shade light on the extent and nature of gender bias in night journey restrictions, and its implications for young women's lives. This study aims to inform policy makers and relevant stakeholders about the need to develop gender-inclusive policies that promote safe and equal access to night journeys for young women. By challenging gender stereotypes and advocating for change, this research strives to contribute to a more inclusive and equitable society, fostering the empowerment and freedom of young women in their mobility choices.

TABLE OF CONTENTS

LIST OF FIGURES

LIST OF TABLES

CHAPTER-1
INTRODUCTION

CHAPTER-1

INTRODUCTION

"All forms of gender-based control amount to patriarchy"

-Kerala High Court

Gender is derived from the Latin word- genus referring to kind or race. Gender is defined as a kind, sort class referring to the common sort of people. Gender refers to the characteristics of women, men girl and boy that are socially constructed. This includes norms, behaviours and roles associated with being a woman, man, girl or boy as well as relationships with each others.

All genders should be treated as equal and also should provided with equate opportunities for growth and development. In a society, everyone has the right to lead her/his life accordingly without any gender biased restrictions or discriminations. Every day, in every country in the world, women are confronted by inequalities. They face violence, abuse and unequal treatment at home, at work and also in the different fields of the society. Gender inequality is a denial of rights.

We are living in a modern and well educated society even though women are faced various gender biased discriminations and restrictions and the night journey restrictions imposed upon women is one among them. Our society has a view that nights are not for women. Women have been subjected to rigid rules and restrictions on where to go, when to go, and even how to go from time immemorial. Women are not allowed to go out in nights because there is a long history of so-called tips and advice aimed specifically towards women. Women are constantly conditioned to see themselves as helpless. We live in a world where the perpetrators have to follow fewer rules as compared to the victim. In the fear of the increasing violence against women instead of taking actions against the perpetrators those who are creating troubles in women's night journeys women are forced by the society to sacrifice their human right to travel in nights.

1.1 STATEMENT OF THE PROBLEM

The gender biased restrictions on night journey imposed upon young women is totally the violation of basic human rights. The hostel curfew issues occurred in Government medical college Kozhikode is an example for it. Kerala High Court has come down on the night curfew enforced at a women's hostel, observing that all forms of gender-based control amount to patriarchy and that women are capable of taking care of themselves. Justice Devan Ramachandran has, in written observations passed while considering a petition from five students against the 10pm curfew at the Kozhikode Medical College hostel, held that such decisions must be "frowned upon". In this current context this study has huge importance and relevance to identify these kinds of gender restrictions imposed upon young women in the case of night journeys. And these kinds of restriction should be addressed which are badly affecting the growth and development of young women in the society. The research is a study on the gender biased restrictions on night journey imposed upon young women in the society it explores the issue of gender discrimination and safety concerns that restrict young women from travelling at night. The problem statement of the research is to investigate the underlying reasons and societal norms that reinforce such restrictions, examine the psychological and social impact of these restrictions on young women's lives, and suggest strategies to address this issue. The study aims to provide insights into how gender-based restrictions on night journeys impact young women's mobility, economic independence, and overall well-being. Ultimately, the research aims to contribute to a better understanding of gender-based discrimination and provide policy recommendations for promoting gender equality and empowerment.

1.2 TITLE OF STUDY

"Study on the gender biased restrictions on night journey among young women in Iritty Taluk."

1.3 OBJECTIVES

General objective

- To identify the gender biased restrictions on night journey among young women.

Specific objectives
- To figure out the social causes of gender biased restrictions on night journey among young women.
- To understand how these restrictions affect the night life of the young women.
- To understand how much young women are aware about their basic human rights.

1.4 SIGNIFICANCE/RELEVANCE OF THE STUDY

Our constitution is providing equal rights to the each citizen of the country without any gender discriminations. But women are not the getting these equal rights in our society. The night journey restrictions imposed upon young women in the name of their safety measure is totally the denial of their fundamental rights.
The research topic studying gender biased restrictions on night journeys among young women is significant and relevant for several reasons.

Firstly, it sheds light on the social, cultural, and economic factors that influence the mobility and safety of women in public spaces. Night journeys are often associated with increased risks of harassment, assault, and violence, and women are disproportionately affected by these issues. By exploring the restrictions that young women face in accessing public spaces at night, the research can help identify the underlying causes of these risks and the potential strategies for addressing them.

Secondly, the research can contribute to the discourse on gender equality and human rights. Women's ability to access public spaces, including transportation, is a fundamental right that should not be restricted based on gender. Understanding the barriers that young women face in this regard can help inform policy and advocacy efforts aimed at promoting women's rights and improving gender equality. Thirdly, the research can have practical implications for transportation planners and service providers. Understanding the needs and preferences of young women in accessing

transportation at night can help design more gender-sensitive and inclusive public transportation systems.

Overall, studying the gender biased restrictions on night journeys among young women is important to promote women's safety, rights, and inclusion in public spaces, and to improve the quality of life and well-being of women and girls.

Studying the gender biased restrictions on night journeys among young women can contribute to the broader field of research on women's mobility, gender-based violence, and the study can identify the social, cultural, and economic factors that influence young women's mobility at night. This can help other studies in the field to further investigate and understand the root causes of gender-based restrictions on women's mobility in nights. The study can help improve research methodologies for investigating gender-based violence and harassment in public transportation. For example, the study may identify the most effective ways to collect data on women's experiences and perceptions of safety in travelling at night, which can be adopted by other studies. The study can provide insights into the policy implications of gender-based restrictions on women's mobility. Other studies in the field can use these insights to develop policy recommendations.

Overall, studying the gender biased restrictions on night journeys among young women can have important implications for other studies in the field, helping to advance the understanding of women's mobility, gender-based violence against women at night journeys.

1.5 CHAPTERIZATION

The entire research work runs into five chapters. The first one, Introduction, brings out the importance of the study, and states its objectives and significance. The Second Chapter contains the review of literature. Chapter third is the methodological part of the Study, the specific procedures or techniques used to identify, select, process, and analyze information about the topic. The fourth chapter includes analyses and interpretations. Findings, Conclusions and Suggestions for further Research are presented in chapter five followed by Bibliography and References.

1.6 CONCLUSION

 Gender biased restrictions on women need to be addressed. Women and their rights are equally important as the rights of men. Nights are also for women. This study aims to understand and figure out the gender biased restrictions imposed on young women and what are the causes and after effects these gender restrictions. This chapter introduces the study with the statement of the problem, the significance, and the objectives of the study and provides the basic information regarding the research.

CHAPTER 2

LITERATURE REVIEW

CHAPTER 2
LITERATURE REVIEW

2.1 INTRODUCTION

Gender biased restrictions on night travel for young women are a form of discrimination that limits women's freedom of movement and autonomy. Such restrictions are often imposed due to concerns about women's safety, particularly from sexual harassment and assault. However, these restrictions are based on stereotypes and assumptions that women are inherently vulnerable and unable to protect themselves. It is important to recognize that all individual have the freedom of movement, regardless of their gender. While safety concerns should be taken seriously, restrictions on women are not an effective solution to addressing gender based violence. Instead, efforts should focus on addressing the root causes of gender based violence and promoting gender equality.

SAFETY CONCERNS

Night journeys can be perceived as more dangerous for women because of the risk of sexual harassment, assault, and other forms of violence. These concerns are often used to justify gender-biased restrictions on women's mobility, but they also reflect the failure of governments and societies to ensure women's safety.

"The Night-Time Safety of Women: Examining the Evidence" by Rebecca G. Mirick, published in the Journal of Interpersonal Violence. This article examines the empirical evidence on women's safety concerns at night and discusses the limitations and challenges of addressing this issue. The author suggests that a more comprehensive approach is needed to address women's safety concerns, including better lighting, transportation, and community involvement.

"Violence Against Women in Public Spaces: Examining the Problem, Solutions and Global Efforts" by Sarah Hawkes, published in the journal Globalization and Health. This article examines the prevalence and impact of violence against women in public spaces, including at night, and discusses possible solutions to address this issue. The

author argues that a multi-sectoral approach is necessary to address the root causes of violence against women, including gender inequality, poverty, and discrimination.

"Women's Safety in Public Spaces: A Review of Available Literature" by Anjali Bhatia and Shilpa Yadav, published in the journal Social Change. This article reviews the literature on women's safety concerns in public spaces, including at night, and discusses possible solutions to address this issue. The authors argue that a combination of interventions is needed, including environmental design, law enforcement, and community mobilization.

"Women's Night time Safety in Urban Spaces: A Public Health Perspective" by Jacqueline M. Hurd and Kari Edison Watkins, published in the Journal of Urban Health. This article discusses the factors that contribute to women's safety concerns at night in urban spaces, including fear of crime and lack of lighting and transportation options. The authors suggest that a public health approach is needed to address these issues, including the use of data and community involvement.

As per the journal "Women at Risk: The Perils of Being Out Alone at Night" by Smith J, Willams and Johanson K which was published in 2022 Women are at a higher risk of violence and sexual assault when they are out alone at night. Factors that contribute to this problem include societal attitudes towards violence against women, lack of proper lighting, inadequate security measures, and a shortage of police presence in certain areas. Moreover, women may be hesitant to report incidents of violence or assault due to fear of retaliation or being blamed for the incident. It is crucial to address this issue and work towards creating safer environments for women to prevent future incidents of violence and assault. By promoting awareness and implementing effective strategies, we can help to create a world where women feel safe and empowered to live to the fullest.

INTERSECTIONAL DISCRIMINATION

Gender biased restrictions on night travel can intersect with other forms of discrimination, such as race, ethnicity, religion, or class, to further marginalize and disadvantage certain groups of women. This can compound the effects of gender inequality and limit opportunities for marginalized women to participate fully in society.

"Intersectionality and Gender-Based Violence: The Impacts of Gender, Race, and Class on Women's Safety in Public Spaces" by Amanda Burgess-Proctor, published in the journal Social Science & Medicine. This article examines the ways in which intersectional forms of discrimination - such as gender, race, and class - intersect to shape women's experiences of safety in public spaces, including at night. The author argues that a more comprehensive approach is needed to address the multiple forms of discrimination that women face.

"Race, Gender, and the Politics of Safety in Public Spaces" by Sharon Patricia Holland, published in the journal Feminist Studies. This article explores the ways in which race, gender, and class intersect to shape women's experiences of safety in public spaces, with a focus on African American women. The author argues that intersectional approaches are needed to address the complex and interrelated forms of discrimination that women face.

"Intersecting Oppressions: Street Harassment and Its Relation to Gender, Race, Sexual Orientation, and Religion" by Elizabeth Mendez Berry and Anita Sarkeesian, published in the journal Violence Against Women. This article examines the ways in which street harassment intersects with other forms of oppression, including gender, race, sexual orientation, and religion. The authors argue that a more intersectional approach is needed to address the multiple forms of discrimination that contribute to women's experiences of harassment and violence in public spaces.

"Intersectional Experiences of Gender-Based Violence: The Case of Indigenous Women in Canada" by Naiomi Metallic and Pamela Palmater, published in the journal Canadian Journal of Women and the Law. This article examines the ways in which intersectional forms of discrimination - such as gender, race, and colonialism - intersect to shape Indigenous women's experiences of gender-based violence in Canada. The authors argue that a more intersectional approach is needed to address the complex and interrelated forms of discrimination that Indigenous women face.

"Intersecting Inequalities and Women's Mobility: The Case of Domestic Workers in Delhi, India" by Anindita Adhikari and Renu Desai, published in the journal Gender, Place & Culture. This article explores the ways in which intersecting forms of inequality - such as gender, class, and occupation - intersect to shape domestic workers' experiences of mobility and safety in Delhi. The authors argue that a more

intersectional approach is needed to address the multiple forms of discrimination that contribute to domestic workers' experiences of vulnerability and insecurity.

ECONOMIC DISADVANTAGES

Women's access to economic opportunities and resources can be limited by gender biased restrictions on night travel. This can lead to economic disadvantages and reinforce gender inequality, as women are often restricted from accessing jobs and educational opportunities that require travel at night.

"Women's Safety in Public Transport: An Analysis of Economic Costs and Benefits" by Sweta Byahut and Gayathri Haridas, published in the journal Transportation Research Part A: Policy and Practice. This article examines the economic costs and benefits of improving women's safety in public transport in India, with a focus on Delhi and Bangalore. The authors argue that gender-based restrictions on women's mobility have significant economic costs, including reduced access to education and employment opportunities.

"Gender-Based Violence and Economic Empowerment: Implications for Women's Livelihoods" by Lina Abirafeh and Lara Fawzy, published by the United Nations Entity for Gender Equality and the Empowerment of Women. This article explores the ways in which gender-based violence can undermine women's economic empowerment, including their ability to travel safely at night. The authors argue that addressing gender-based violence is essential for promoting women's economic empowerment and reducing poverty.

"Women's Mobility and Access to Work: Gendered Constraints and Implications for Economic Development in Urban India" by Nupur Tiwari and S. Chandrasekhar, published in the journal World Development. This article examines the ways in which gendered constraints on women's mobility and access to work limit their economic opportunities in urban India. The authors argue that addressing gender-based restrictions on women's mobility is essential for promoting economic development and reducing poverty.

"Gender, Transport, and Access to Economic Opportunities: Evidence from Ghana" by Heather Massey, published in the journal Transportation Research Part A: Policy and Practice. This article examines the relationship between gender, transport, and access to economic opportunities in Ghana. The author argues that gender-based restrictions on

women's mobility have significant economic costs, including reduced access to education and employment opportunities.

"Mobility, Gender, and Economic Empowerment in Low-Income Urban Areas" by Laura Stark and Arif Hasan, published in the journal Environment and Urbanization. This article explores the ways in which mobility, gender, and economic empowerment intersect in low-income urban areas, with a focus on Karachi, Pakistan. The authors argue that gender-based restrictions on women's mobility have significant economic costs, including reduced access to education and employment opportunities, and that addressing these restrictions is essential for promoting economic empowerment and reducing poverty.

LEGAL BARRIES

Some legal system enforces gender biased restrictions on Women's mobility at night, either explicitly or implicitly, through laws and regulations that limits Women's rights and freedoms. These legal barriers can prevent women from exercising their full rights and participating fully in society.

"The Legal Right to Mobility: Addressing Gender-Based Violence in Public Transportation in Low- and Middle-Income Countries" by Jacqueline Klopp and Kate Gough, published in the journal Development and Change. This article examines the legal barriers that contribute to gender based restrictions on women's mobility in public transportation in low- and middle-income countries, and explores potential solutions to address these barriers.

"Gender, Mobility and Law: An Overview of Legal Frameworks in India" by Geetanjali Gangoli, published in the journal Mobilities. This article provides an overview of the legal frameworks in India that impact women's mobility, including gender-based restrictions on night journey, and explores the ways in which these laws are implemented and enforced.

"Gender, Law, and Mobility: Understanding the Intersections of Power and Place" by Jennifer Kent and Laura Rodriguez Castro, published in the journal Gender, Place & Culture. This article examines the intersections of gender, law, and mobility, with a focus on how legal frameworks impact women's experiences of mobility and access to public spaces, including at night.

"Gender and Transport Policy: A Comparative Analysis of Legal Frameworks in Sub-Saharan Africa" by S. Colenbrander and H. Klostermann, published in the journal Transport Reviews. This article provides a comparative analysis of the legal frameworks in Sub-Saharan Africa that impact woman's mobility and access to public transportation, including at night. The authors argue that legal reforms are needed to address gender-based restrictions on women's mobility and promote gender equality.

"Gender, Transport and the Law: Developing Legal Strategies to Promote Women's Mobility in African Cities" by Emmanuel K. Dasoberi and DzifaAttivor, published in the journal Journal of Transport and Land Use. This article explores the ways in which legal strategies can be used to address gender-based restrictions on women's mobility in African cities, including at night. The authors argue that a more comprehensive legal framework is needed to promote women's mobility and access to public space.

PATRIARCHAL IMPACTS

In India, patriarchal societal norms have traditionally placed restrictions on young women's night journeys, particularly when they involve travelling alone or with male friends or acquaintances. These restrictions are often based on the assumption that women are more vulnerable to harassment, assault, and violence when they are out after dark.

These societal restrictions can manifest in various ways, such as parents forbidding their daughters from going out at night, or police and other authorities discouraging women from travelling alone after dark. In some cases, there may be formal or informal curfews in place for women, which can limit their freedom of movement and curtail their social lives.

"Night journeys, safety and patriarchal restrictions for young women in India" by Pooja Singh, published in the Indian Journal of Gender Studies in 2019. This article discusses the various ways in which patriarchal norms and restrictions limit young women's ability to travel safely at night, including curfews, gendered expectations of behaviour, and the lack of safe transportation options.

"The night belongs to men: Gendered safety and mobility in Delhi" by Kalpana Viswanath and Mahima Bhanukumar, published in the International Journal of Urban and Regional Research in 2018. This article looks specifically at the experiences of

women in Delhi, India, and how patriarchal norms and violence restrict their ability to move freely at night.

"Patriarchal restrictions on women's mobility in India: A study of the gendered geography of fear" by Renu Singh, published in the Journal of Developing Areas in 2016. This article explores how genderednorms and expectations limit women's ability to travel at night, as well as the ways in which women navigate these restrictions and assert their agency.

"Safety, patriarchy and women's mobility: A study of night travel by women in Mumbai" by Shilpa Phadke, Sameera Khan, and Shilpa Ranade, published in the Economic and Political Weekly in 2013. This article looks at the experiences of women in Mumbai, India, and the various factors that contribute to their lack of mobility at night, including patriarchal norms, gender-based violence, and the lack of safe transportation options.

"Patriarchy and the Night Journey: Young Women's Experiences of Public Space in Urban India" by Swetha Rao Dhananka (2017). This article explores the experiences of young women in Bangalore, India as they navigate public space during their night journeys. It discusses the ways in which patriarchal attitudes towards women shape their experiences and limit their mobility, as well as the strategies that these women use to assert their agency and resist patriarchal norms.

"Negotiating patriarchy through the night: Young women's strategies in Mumbai" by Shruti Tambe (2018). This article focuses on the experiences of young women in Mumbai, India as they travel at night. It discusses the ways in which patriarchal attitudes towards women limit their mobility and put them at risk of violence, as well as the strategies that these women use to negotiate these constraints and assert their agency.

"Fear and Freedom on the Streets: A Study of Young Women's Night Journeys in Delhi" by Malavika Rajkumar and Trishna Chatterjee (2020). This article examines the experiences of young women in Delhi, India as they travel at night. It discusses the ways in which patriarchal attitudes towards women shape their experiences and limit their mobility, as well as the impact of safety concerns on their ability to assert their agency and exercise their right to freedom of movement.

All of these articles provide valuable insights into the ways in which patriarchal attitudes towards women shape their experiences of night journeys in India, and the strategies that they use to negotiate these constraints and assert their agency.

CONCLUSION

Based on the review of literature on gender biased restrictions on night journeys among young women, several key themes and findings emerge.

Firstly, it is evident that gender-based violence and discrimination against women are prevalent in many societies, and young women are often disproportionately affected. This has led to restrictions on women's mobility and their ability to travel safely at night. The cultural and traditional norms play a significant role in shaping attitudes towards women's mobility, with many societies viewing women as vulnerable and in need of protection. This has resulted in restrictions on women's movement, including curfews and limitations on their ability to travel at night. The literature suggests that these restrictions have significant social and economic consequences for women, limiting their opportunities and perpetuating gender inequality.

In conclusion, the review of literature highlights the pervasive nature of gender biased restrictions on night journeys among young women, and the need for concerted efforts to challenge and address these barriers. This includes addressing cultural norms and attitudes towards women's mobility, as well as implementing policies and interventions to ensure the safety and autonomy of women when travelling at night.

CHAPTER 3
RESEARCH METHODLOGY

CHAPTER 3
RESEARCH METHODLOGY

3.1 INTRODUCTION

Research methodology is the specific procedure or techniques used to identify, select, process, and analysis information about a topic. In a research paper, the methodology section allows the reader to critically evaluate study's overall validity and reliability. Research methodology is the systematic way of solving the research problem. It is the science of studying how the research is conducted systematically. Its aim is to give the work plan of research. Hence the survey method adopted here for collecting data from respondent is through questionnaire.

3.2 DEFINITION OF CONCEPTS
THEORETICAL DEFINITIONS

Gender

Gender is the state of being male or female (typically used with reference to social and cultural differences rather than biological ones), or the range of identities that exist across the spectrum between male and female. This definition acknowledges that while gender is often associated with biological sex, it is also shaped by cultural and societal norms and expectations. It also recognizes that gender is not limited to a binary system of male and female, but can include a diverse range of identities and expressions. (Oxford Dictionary)

Gender Bias

The term "gender bias" typically refers to a systematic preference or prejudice toward one gender over another, often resulting in unequal treatment or opportunities. Gender bias can occur in various aspects of society, including education, employment, media representation, and social norms. It can be conscious or unconscious, and may be influenced by societal expectations, stereotypes, and cultural norms. (Oxford Dictionary).

Restrictions

Restrictions are limitations or control on something, or the state of being limited or restricted." This can refer to various types of limitations or controls, such as legal restrictions, physical restrictions, or social restrictions. Restrictions can be imposed by external forces, such as laws or regulations, or by internal factors, such as personal beliefs or values. The concept of restrictions implies a boundary or limit on what can be done or achieved, which can have both positive and negative implications depending on the context. . (Oxford Dictionary)

OPERATIONAL DEFINITIONS

Gender

Gender refers to the characteristics of women, men, girls and boys that are socially constructed. This includes norms, behaviors and roles associated with being a woman, man, girl or boy, as well as relationships with each other. As a social construct, gender varies from society to society and can change over time.

Gender Bias

Gender bias is behaviour that shows favouritism toward one gender over another.

Restrictions

Restrictions are the specific limitations or rules that are imposed on an individual or group of individuals in order to regulate their behavior or actions. These limitations can be either self-imposed or imposed by external factors such as laws, regulations, or social norms.

3.3 VARIABLES

The gender biased restrictions and night journey among young women are dependent variables

3.4 RESEARCH DESIGN

A research design specifies the method and procedure for conducting a particular study. It a blue print to which the research is to be conducted. The researcher used descriptive research and the approach used by descriptive design. Researcher used questionnaire as tool with 40 questions for collecting the data. Here the researcher selecting representing units from a large population through the non random sampling method.

3.5 PILOT STUDY

The aim of the pilot study is to test feasibility and validity of the study. The researcher conducted pilot study. The pilot study helped the researcher to have a clear direction in selection of apt questions and detention of unwanted questions.

3.6 UNIVERSE AND UNIT OF THE STUDY

In this study the universe of the study is a young woman in Iritty taluk and the unit of the study is the young women from the age 17 to 35 in Iritty taluk.

3.7 SAMPLING DESIGN

The researcher used non random sampling it is one of the probability sampling method so every member of the population has a chance of being selected. It is mainly used in quantitative research. In a simple random sample, every member of the population has an equal chance of being selected Samples are collected from the young women from the age 17 to 35 in Iritty taluk.

3.7.1 INCLUSION CRITERIA

The research includes women, age group 17-35 residing in Iritty taluk.

3.7.2 EXCLUSION CRITERIA

The research excludes all other below 17 and above 35 in the Iritty taluk.

3.8 SOURCE OF DATA COLLECTION

Primary data: this data is fresh and for first time. The data is collected directly from the respondents. It is collected through questionnaire... Secondary data: journals, articles from internet as well as magazines, previous research.

3.9 TOOLS OF DATA COLLECTION

Researcher used questionnaire as the tool for data collection and there are 40 questions are used for data collection. It was subdivided according to the objective of the study.

3.10 METHOD OF DATA COLLECTION

The researcher used questionnaire for collecting information from the respondent and collected data from 60 respondents. The information collected through both offline and online by sharing the questionnaires to the women.

3.11 METHODS OF DATA ANALYSIS

The researcher analyzed the data by using the SPSS. After the data collection, the data entered into Statistical Package for Social Sciences (SPSS), the researcher analyzed and interpreted the response of each respondent. The researcher used tables and diagrams to support the analysis.

CHAPTER 4
DATA ANALYSIS AND INTERPRETATION

CHAPTER 4
DATA ANALYSIS AND INTERPRETATION

4.1 INTRODUCTION

      The data gathered and proposed are analyzed and interpreted in this chapter. This analysis and interpretation are based on the answers given by the respondents. The researcher collected the data through the questionnaire. After the data collection, it was tabulated and summarized with reference to the objectives of study.

4.2 ANALYSIS AND INTERPREATION

4.2.1 EXSISTENCE OF GENDER BIASED RESTRICTIONS
Figure 4.1
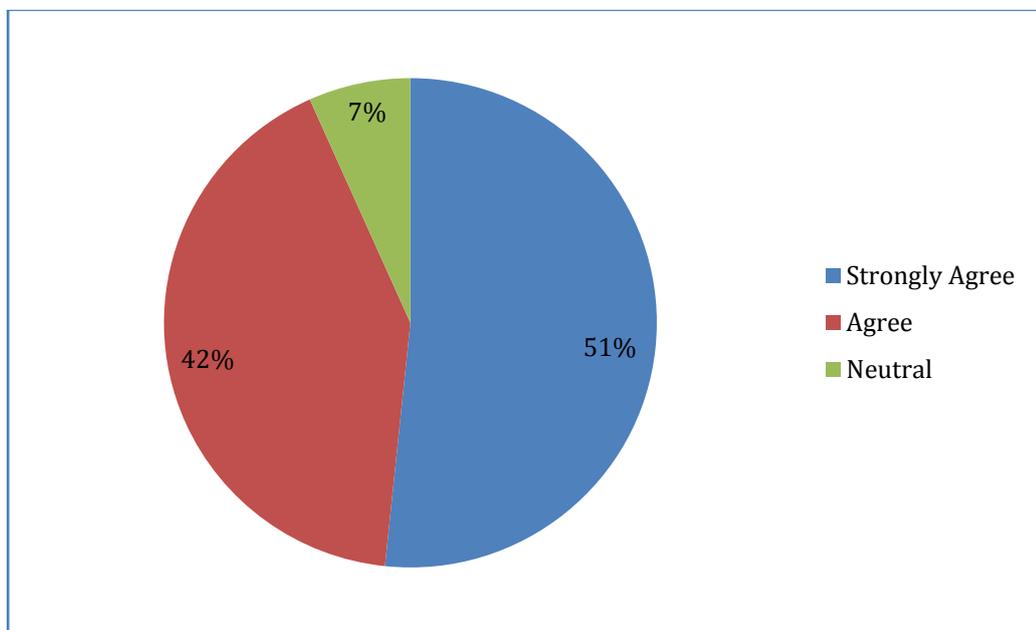
The above figure 4.1 shows the gender biased restrictions that still exist in the night journey among young women. The diagram shows that majority of the respondents are strongly agree with the statement, and 42% of the respondents agreed with it, rest of the 7% of the respondents are agreed with the statement.

The majority of respondents are agreed with the statement by considering the current problems which are faced by the young women during their night journeys.

4.2.2 HAVE PERSONAL BAD EXPERIENCE WHILE TRAVELLING AT NIGHT
Table 4.1

VARIABLES	FREQUENCY	PERCENT
Strongly Agree	12	20.0
Agree	10	16.7
Neutral	17	28.3
Disagree	15	25.0
Strongly disagree	6	10.0
Total	60	100.0

The table 4.1shows the personal negative experience had by the respondents while travelling at night. 20% and16.7% of respondents respectively disagree and strongly disagree with the statement, 28.3% informants neutrally agreed with it, 25% and 10% of the informants had no such kind of negative personal experience while travelling at night.

Based on the table it is clear that the attitude of the society and increasing sexual harassments faced by the young women during the nights are the reason behind the personal bad experiences of the young women while travelling at night.

4.2.3 FEEL SAFE WHILE TRAVELLING ALONG AT NIGHT
Figure 4.2
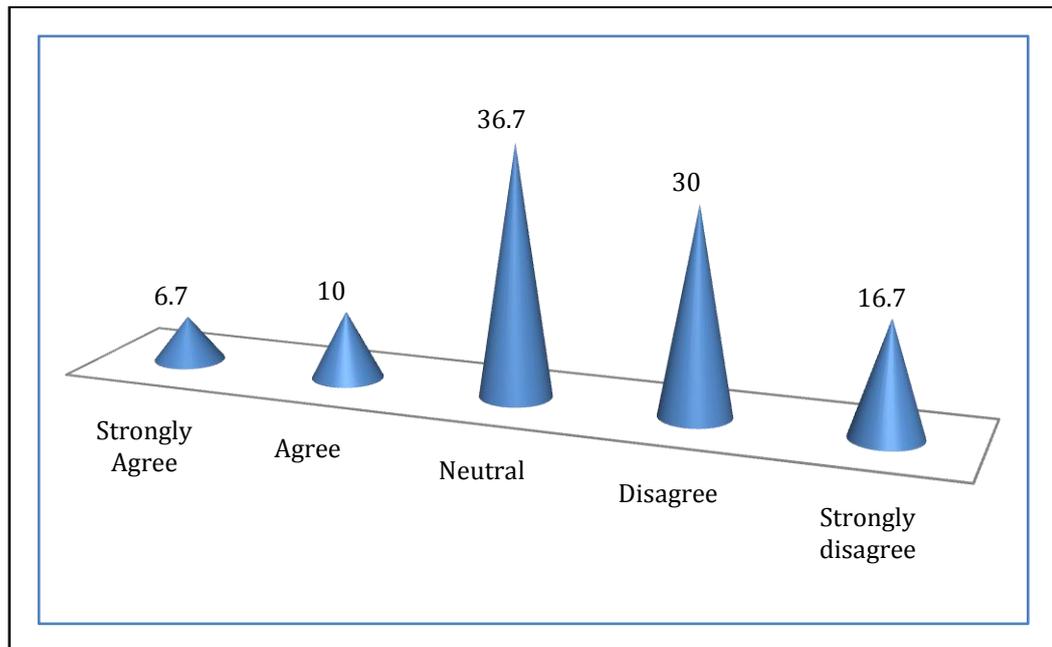
The figure 4.2 shows the opinion about safety while travelling alone at night. 30% and16.7%   of respondents respectively disagree and strongly disagree with the statement, 36.7%   informants neutrally agreed with it, 10%   and 6.7%   of the informants agree and strongly agree respectively that they feel safe while travelling alone at night.

The participants made their responds may be because of the increasing violence against the women especially during the nights.

4.2.4 MEN IN THE SAME AGE GROUP FACE SIMILAR RESTRICTIONS ON NIGHT JOURNEY AS WOMEN

4.2 Table

VARIABLES	FREQUENCY	PERCENT
Strongly Agree	4	6.7
Agree	11	18.3
Neutral	12	20.0
Disagree	19	31.7
Strongly disagree	14	23.3
Total	60	100.0

The above table analyses the opinion about the statement that the men in the same age group face similar restrictions on night journey as women. 31.7% and 23.3% participants disagreed and strongly disagreed respectively with the statement. 20% of respondents neutrally agreed with it, 6.7% and 18.3% strongly agreed and agreed respectively with the statement

From the table it is clear that 54% of the informants disagreed with the statement it may because the culture exists in the society which gives more freedom and authority to the men.

4.2.5 THERE ARE LAWS AND REGULATIONS THAT RESTRICT YOUNG WOMEN FROM TRAVELLING AT NIGHT

Figure 4.3
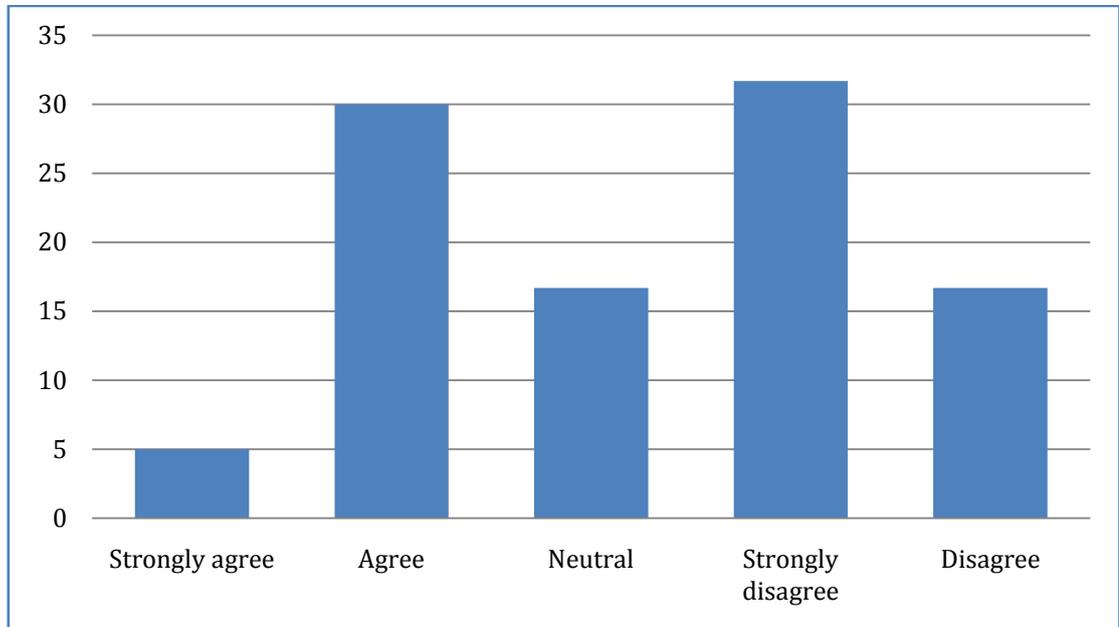
The above figure 4.3 shows the response of the participants about the statement there are laws and regulations that restrict young from travelling at night. 5%, 30% and 16.7% of the respondents strongly agreed, agreed and neutrally agreed with it respectively, rest of the 31.7% and 16.7% of the respondents are strongly agreed and agreed with the statement respectively.

4.2.6 THERE ARE CULTURAL OR RELIGIOUS BELIEFS THAT RESTRICT WOMEN
FROM TRAVELLING AT NIGHT
Table 4.3

VARIABLES	FREQUENCY	PERCENT
Strongly agree	12	20.0
Agree	32	53.3
Neutral	7	11.7
Disagree	4	6.7
Strongly disagree	5	8.3
Total	60	100.0

The above table analyses the opinion about the statement that there are cultural or religious beliefs that restrict women from travelling at night. 53.3% participants agreed that there are cultural or religious beliefs that restrict women from travelling at night. 20% and 11.7% strongly agreed and neutrally agreed respectively with the statement. But 6.7% and 8.3% contradicted with it.

From the table it is clear that majority of the informants responded there are cultural and religious beliefs that suggest young should not travel at night it may because of the traditional cultural and religious beliefs followed by their family and society.

4.2.7 THERE ARE GENDER DISPARITIES IN THE LEVEL OF FEAR OR ANXIETY THAT YOUNG WOMEN EXPERIENCE WHILE TRAVELLING AT NIGHT

Figure 4.4
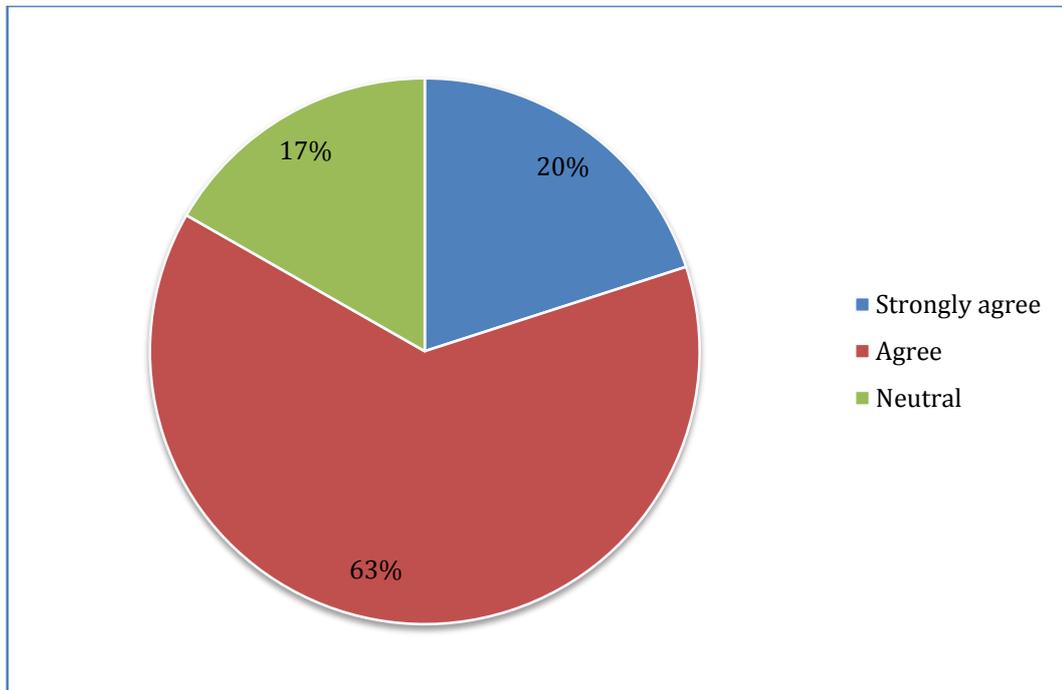
The figure 4.4 shows the response about the gender disparities in the level of fear or anxiety that young women experience while travelling at night. 63% of the respondents agreed that young women experience gender disparities in the level of fear or anxiety while travelling at night and 20% strongly agreed with it. The rest of the 17% and 16.7% o strongly agreed and agreed with the statement respectively.

4.2.8 THERE ARE GENDER DISPARITIES IN THE ATTITUDE OF LAW INFORCEMENT OFFICIALS TOWRDS WOMEN WHO TRAVEL ALONE AT NIGHT

Figure 4.5
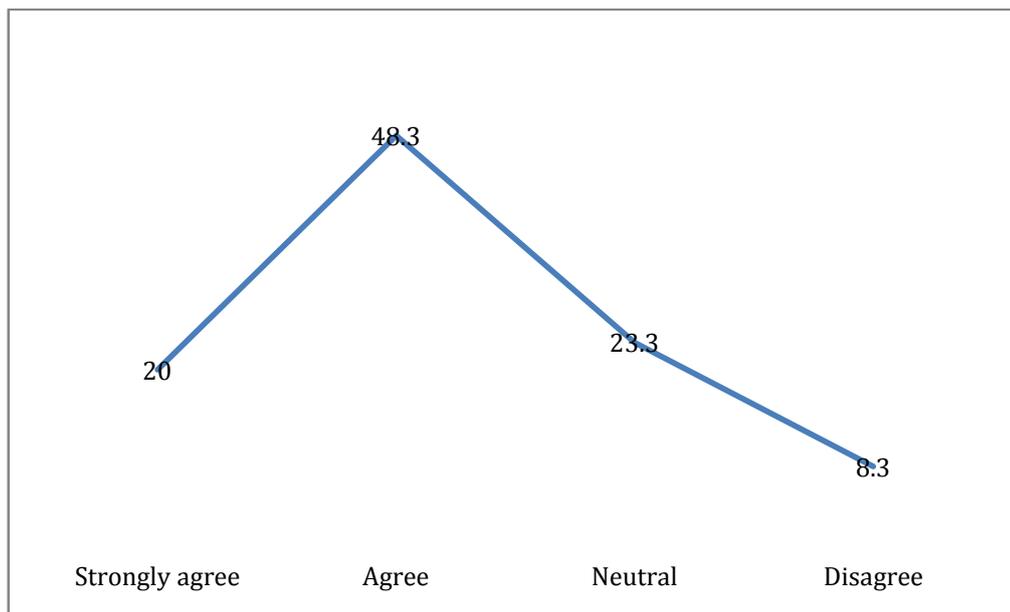
The above figure 4.5 analyses about gender based attitude of the law enforcement officials toward the young women who travel at night. 20% strongly agreed with the statement and 40% of informant agreed that there are gender disparities in the attitude of law enforcement officials towards the young women who travel at night. 23.3% and 8.3 % of participants neutrally agreed and disagreed with the statement.

4.2.9 MAIN SOCIAL CAUSE FOR THE RESTRICTION ON YOUNG WOMEN'S NIGHT JOURNEY
Table 4.5

VARIABLES	FREQUENCY	PERCENT
Safety concerns	41	68.3
Cultural norms	12	20.0
Religious beliefs	2	3.3
Others	5	8.3
Total	60	100.0

The table 4.5 analyses the main social cause of the gender-based restriction imposed upon the young women in the night journeys. The 68.3% of the respondents says that the safety concerns are the main reason which the society impose these kind of restrictions on young women and 20% of participants agreed that there are cultural norms which are followed by the society those restrict women's night travel. But only 3% and 8.3% of the informants agreed the religious beliefs and others causes are the reasons for it respectively.

The women are the victims of various types of harassments in the society so by violating their personal right to travel at night is considered as a safety measure to protect them from problems this may be the reason behind the information provided by the participants.

4.1.10 RESTRICTED FROM TAKING A NIGHT JOURNEY ALONE OR WITH FRIENDS BECAUSE OF THE GENDER

Figure 4.6
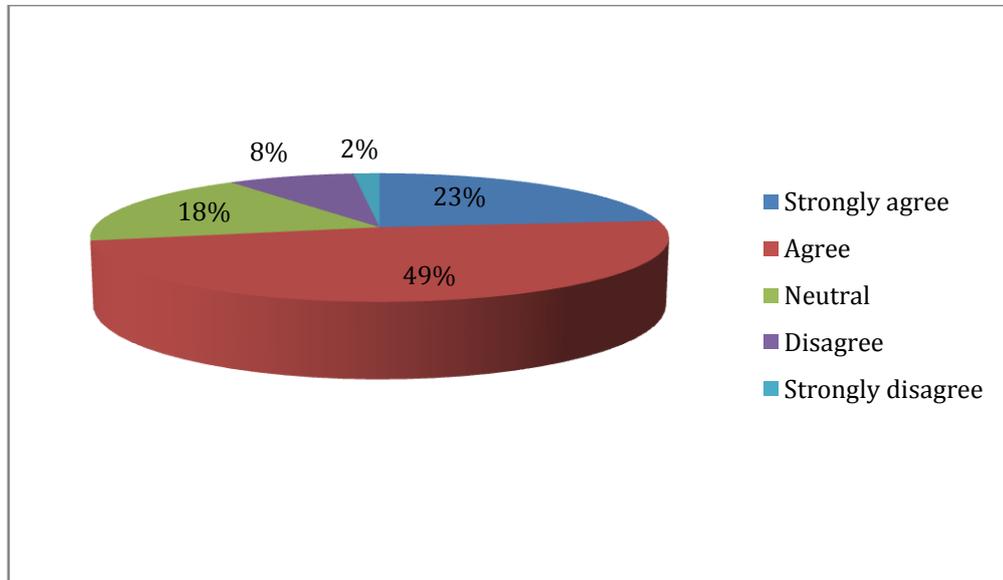
Figure 4.6 shows about the personal experience of the informants if they are restricted from taking night journeys alone or with friends because of their gender. 23% of the respondents are strongly agreed that they faced these kinds of restrictions because they are a women and 48% of informants agreed they also restricted from taking night journeys. And 8% and 2% are only disagreed and strongly disagreed with it.

4.2.11 THE REASON GIVEN FOR THE RESTRICTION WAS

Table 4.6

VARIABLES	FREQUENCY	PERCENT
Because of safety concerns	38	63.3
Because night is not the right time for women to go out	12	20.0
Because of social norms	7	11.7
Because of religious beliefs	2	3.3
None of the above	1	1.7
Total	60	100.0

The above table analyses the reason which given to them when they are restricted from taking travel at night as a women 63.3% agreed that the reason was the safety concerns and 20% agreed the given reason was night is the right time for women to go out. The 11% and 1.7% of the respondents agreed that social norms and religious beliefs are the reasons given when they are restricted from travelling at night respectively.

4.2.12 PATRIARCHAL ATTITUDE OF THE SOCIETY IS THE MAIN REASON BEHIND THE GENDER BIASED RESTRICTIONS

Figure 4.7
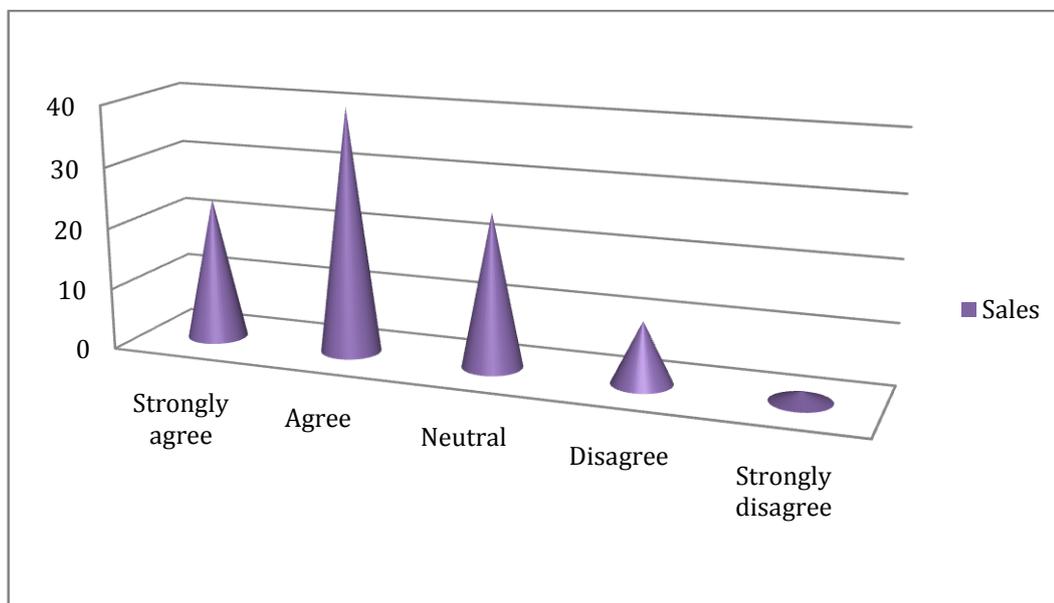
The above figure 4.7% analyses if the patriarchal attitude of the society is the reason which impose restrictions on young women in their travel at night. 23% and 40% of the participants strongly agreed and agreed respectively with that the patriarchal attitude of society is a reason behind the gender-based restriction. 25% of participants neutrally agreed with the opinion and 10% and 1.7% disagreed with it.

From the figure it is clear that even though we are living in a modern society but there are patriarchal beliefs exist and still followed by the society especially in rural areas.

4.2.13 FACED SOCIAL STIGMA OR BACKLASH FOR TRAVELLING AT NIGHT AS A WOMAN

Table 4.7

VARIABLES	FREQUENCY	PERCENT
Strongly agree	6	10.0
Agree	23	38.3
Neutral	20	33.3
Disagree	10	16.7
Strongly disagree	1	1.7
Total	60	100.0

Table4.7%   analyses about the social stigma or backlash faced by the young women while travelling at night. The 10% and 38.3% of the participants strongly agreed and agreed with the statement respectively. 33% of respondents faced social stigma and backlash for travelling at night as a woman. And 16.7 of the informants disagreed that they never faced any kind of social stigma or backlash for travelling at night as a women. And the rest of the 1.7% strongly disagreed with the statement.

4.2.14 OFTEN GONE OUT AT NIGHT FOR SOCIAL EVENTS OR LEISURE ACTIVITIES

Figure 4.8
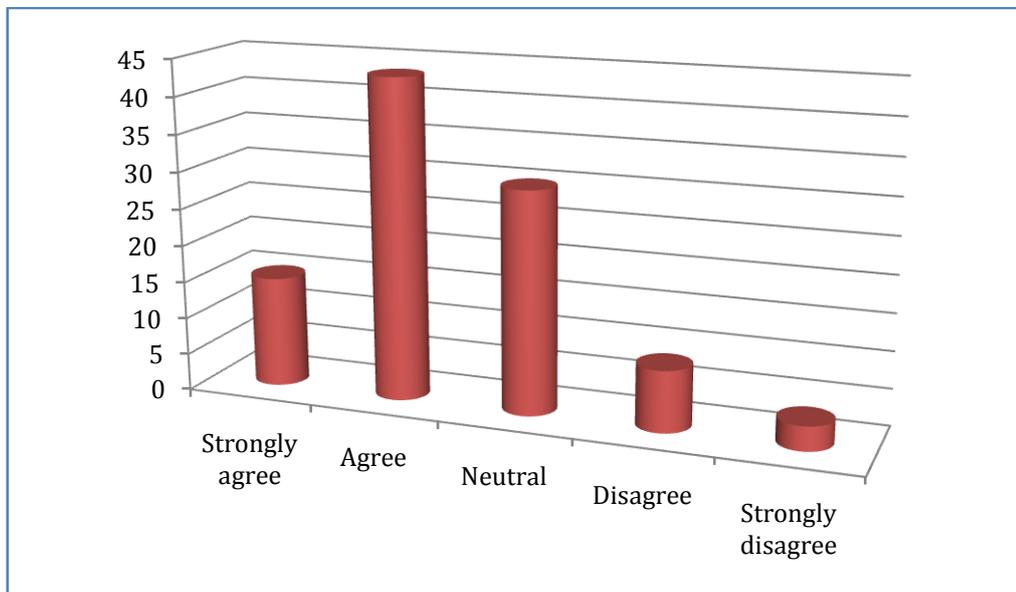
Figure 4.8 shows how often the young women go out at night for social events and leisure activities. 15% and 43.3% of the participants often go out at night for social events and leisure activities. The 30% of neutrally agreed they often go out at night for social events. And rest of the 8.3% and 3.3% disagreed and strongly disagreed that they not often go out at night for leisure activities.

4.2.15 GENDER-BASED RESTRICTIONS ON NIGHT TRAVEL HAVE AFFECTED SOCIAL LIFE NEGATIVELY

Table 4.8

VARIBLES	FREQUENCY	PERCENT
Strongly agree	8	13.3
Agree	26	43.3
Neutral	14	23.3
Disagree	8	13.3
Strongly disagree	4	6.7
Total	60	100.0

Above table analyses if the gender-based restrictions on night travel have affected the women's social life negatively. 13.3% and 43.3% of respondents strongly agreed and agreed respectively that gender biased have negative impact on the social life of the young women. Only 23.3% neutrally agreed with it. The rest of the 13.3% and 6.7% disagreed and strongly disagreed that the gender restrictions has no affect the social life of the women.

The majority of the informants agreed that the gender biased restrictions on night journey among young women have affected social life of the women negatively it may because these restrictions limit their ability to social activities that occur at night the women may miss out the opportunities to meet new people and build good social connections.

4.2.16 THESE RESTRICTIONS LIMIT PERSONAL FREEDOM

Figure 4.9
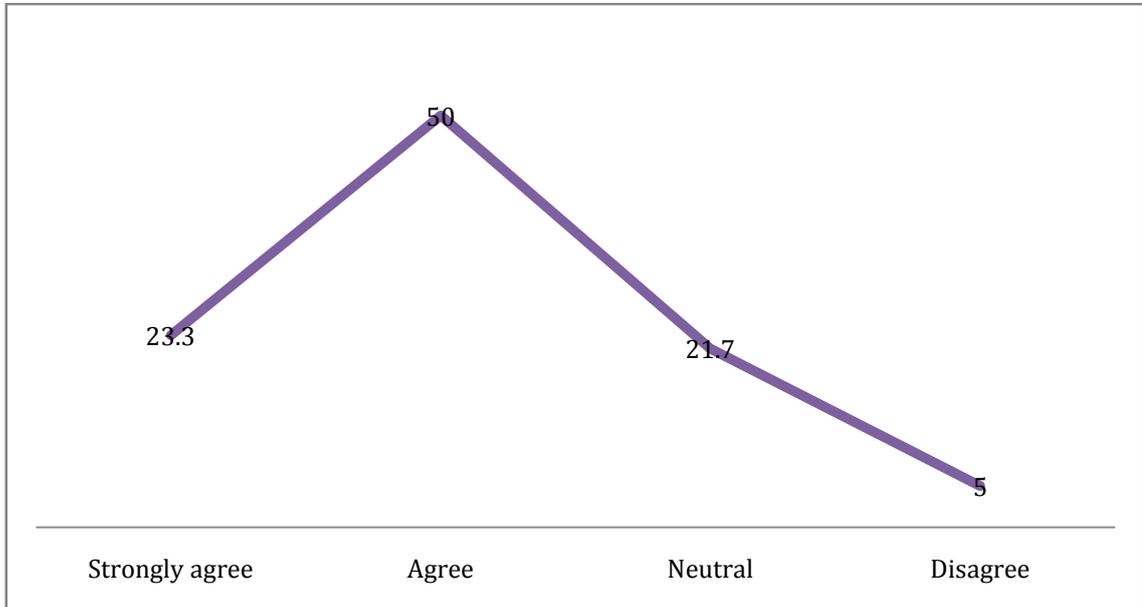
The figure 4.9 describe if the gender biased restrictions limit the personal freedom of the women. 23.3% of the participants strongly agreed that it limit the personal freedom of the women. And 50% agreed with it, 22.7% neutrally agreed gender biased restrictions limit personal freedom of the young women. The rest of the 5% disagreed with it.

It is clear that majority of the respondent belief the gender-based restrictions limit personal freedom of the women because these restrictions limit young women's ability to make decisions about their own lives, it never allow them to explore the world around them.

4.2.17 FELT DISCRIMINATED BECAUSE OF GENDER WHILE TRAVELLING AT NIGHT.

Table 4.9

VARIABLES	FREQUENCY	PERCENT
Strongly agree	10	16.7
Agree	31	51.7
Neutral	14	23.3
Disagree	5	8.3
Total	60	100.0

The table shows if the respondent felt discriminated because of her gender while travelling at night. 16.7% strongly agreed that they felt discriminated because of their gender during night journeys and 51.7 % also agreed with it. The rest of the 23.3 % and 8.3% neutrally agreed and disagreed with it.

The majority of the informants felt discriminated while travelling because of their gender. The reasons behind this are often related with societal and cultural norms that place women at a disadvantage and can lead to feelings of vulnerability and insecurity and also because of the male dominated society's attitude toward the young women.

4.2.18 GENDER-BASED RESTRICTIONS ON NIGHT TRAVEL ARE NECESSARY TO ENSURE WOMEN SAFETY

Figure 4.10
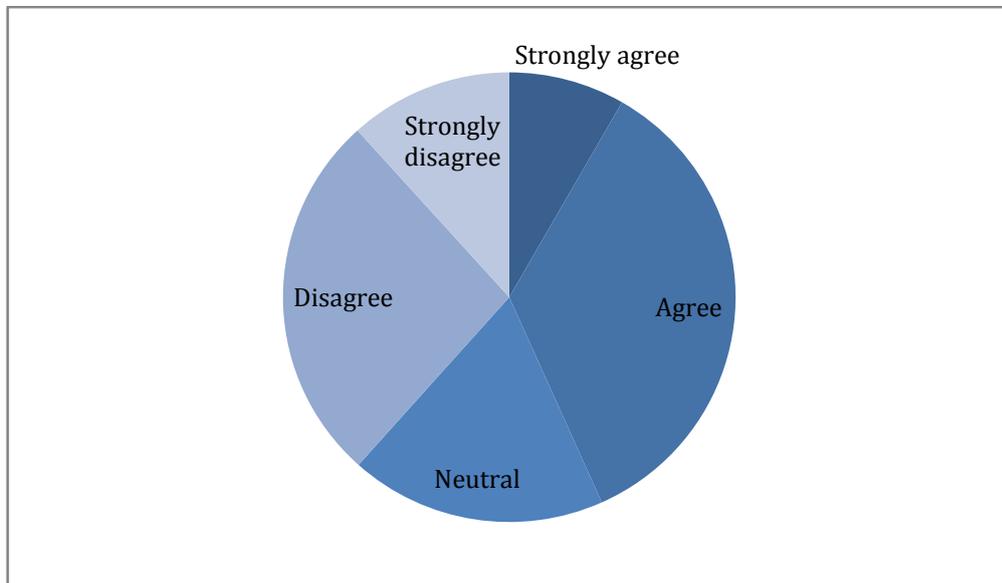
Figure 4.10 shows if the gender biased restrictions on night travel are necessary to ensure women safety. 8.3% of the participants strongly agreed that gender-based restrictions non night journeys are important to ensure women safety and 35 also agreed with the statement. 18.3 neutrally agreed with it and rest of the 26.7 and 11.7 of the informants disagreed and strongly disagreed with the statement respectively.

4.2.19 CANCELLED PLANS OR MISSED OUT ON EVENTS BECAUSE OF GENDER-BASED RESTRICTIONS ON NIGHT TRAVEL

Table 4.10

Variables	Frequency	Percent
Strongly agree	9	15.0
Agree	27	45.0
Neutral	16	26.7
Disagree	6	10.0
Strongly disagree	2	3.3
Total	60	100.0

Above table shows if the respondent ever cancelled plans or missed out events because of gender biased restrictions on night travel. 15% of the informants strongly agreed that they cancelled and missed out plans on night because of the gender-based restrictions 45% also agreed with it. And 26.7 neutrally agreed with the statement. Rest of the 10% and 3.3% of respondents disagreed and strongly disagreed with it respectively.

Majority of the participants cancelled or missed out events because of the gender biased restrictions it may because of influence of their own families and also by the attitude of the society.

4.1.20 RELY ON MALE COMPANION ON A NIGHT JOURNEY DUE TO THE GENDER-BASED RESTRICTIONS

Figure 4.11
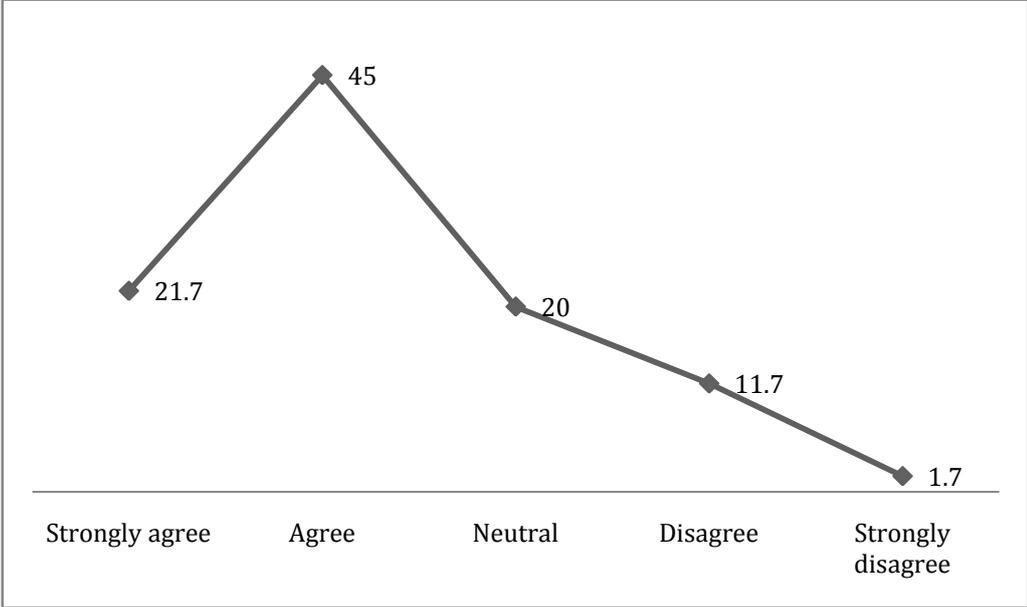
The figure 4.11 shows if the women rely on the male companion on night journey due to the gender-based restrictions on them. 21.7% strongly agreed with it and 45% agreed that they rely on male companion on night journey due the gender discriminations faced by them. 20% neutrally agreed with it and rest of the 11.7% and 1.7% disagreed and strongly disagreed with the statement.

It is clear that majority of the women rely male companions to go out in night because the gender biased restrictions on night travel which is imposed upon women may create social norms and expectations that women should not travel alone at night and one of the main reason is safety concerns.

4.2.21 THE REACTION TOWARDS THE GENDER BIASED RESTRICTIONS

Table 4.11

VARIABLES	Frequency	Percent
I accept it as a necessary precaution	9	15.0
I feel indifferent	17	28.3
I argue and get frustrated	16	26.7
I am scared and anxious	3	5.0
I never experience such situations	15	25.0
Total	60	100.0

Above table 4.11 shows how the women react when the gender biased restrictions on night journey are imposed upon them. 15% of the women accept it as a necessary precaution and 28.3% of the respondents feel indifferent when the restrictions are imposed on them. And a 26.7% of the women argue against the gender-based restrictions and get frustrated. 3% of the young women are scared and anxious when restrictions are imposed upon them. Rest of the 15% never experienced such situations.

4.2.22 THESE RESTRICTIONS IMPACT WOMENS ABILITY TO WORK AT NIGHT

Figure 4.12
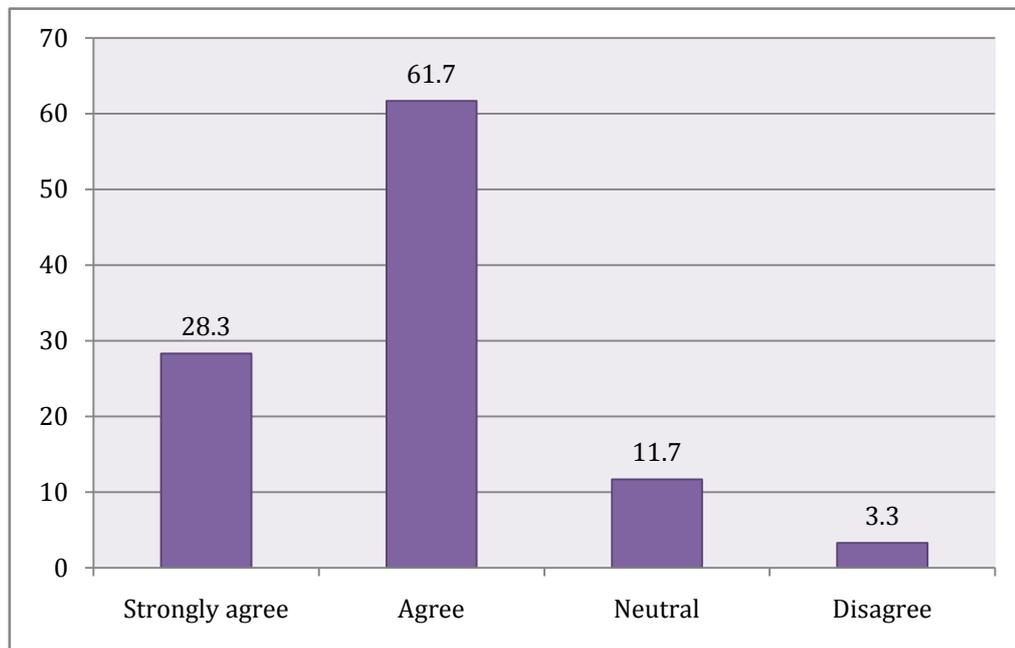
Above figure 4.12 analyses if the gender biased restrictions impact women's ability to work at night. 23.3% strongly agreed with it and 61.7% agreed that gender biased restrictions impact the women's ability to work at night. 11.7 neutrally agreed with the statement and rest of the 3.3 % of the respondents disagreed with it.

From the figure it is clear that majority of the respondent agreed with the statement because many of the jobs requires working at night but due the gender based restrictions due to the concerns about safety and cultural norms it limits women's job opportunities and can have a negative impact on their career prospects and earning potential.

4.2.23 THESE RESTRICTIONS IMPACT WOMEN'S ABILITY TO STUDY AT NIGHT.

Table 4.12

12	Frequency	Percent
Strongly agree	13	21.7
Agree	26	43.3
Neutral	12	20.0
Disagree	8	13.3
Strongly disagree	1	1.7
Total	60	100.0

Table 4.12 describes if the gender restrictions on night journey among young women impact women's ability to study at night. 21.7% strongly agreed with it and 43.3% also agreed with the statement. The 20% informants neutrally agreed that gender restrictions on night journey among young women impact their ability to study at night. But rest of the 13.3% and 1.7% of the respondents disagreed and strongly disagreed with the statement.

Majority of the participants agreed with the statement because gender-based restrictions on night travel can make it difficult for the women to access educational opportunities, particularly if it they are available at night.

4.2.24 GENDER BIASED RESTRICTIONS AFFECT WOMEN'S ECONOMIC OPPORTUNITIES

Figure 4.13
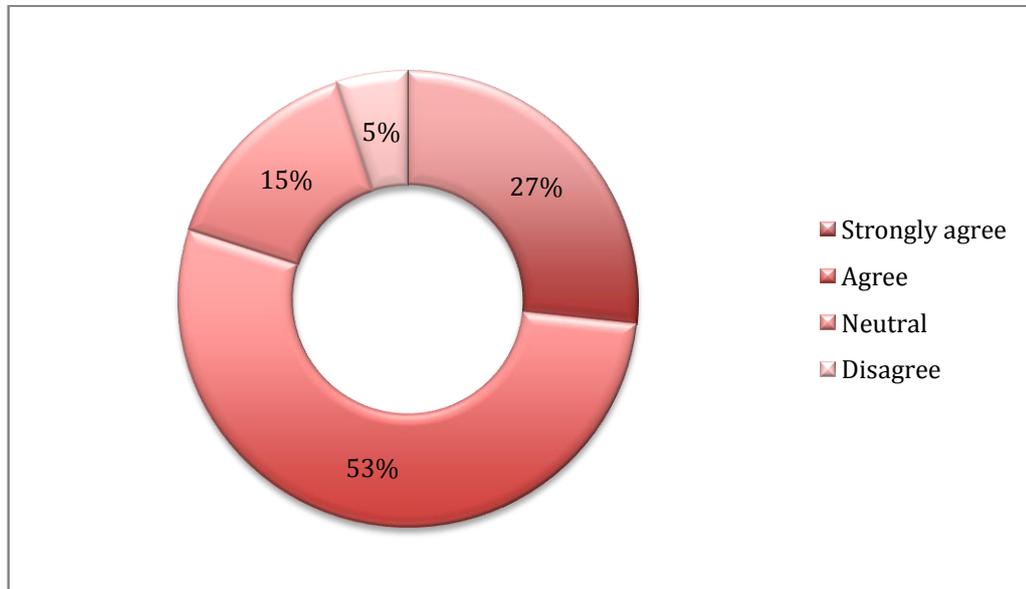
The above figure 4.13 analyses if the gender biased restrictions affect women's economic opportunities. 27% respondents strongly agreed with the statement and 53% of the informants agreed that these restrictions affect women's economic opportunities. And 15% neutrally agreed with the statement and rest of the 5% disagreed with it.

53% of the informants agreed that the gender-based restrictions affect the women's economic opportunities because it will limit their educational and job opportunities then automatically it will begin reduce the economic stabilities and potential of the women.

4.2.25 GENDER BIASED RESTRICTIONS AFFECT WOMEN'S MENTAL HEALTH

Table 4.13

VARIABLES	FREQUENCY	PERCENT
Strongly agree	13	21.7
Agree	34	56.7
Neutral	10	16.7
Disagree	2	3.3
Strongly disagree	1	1.7
Total	60	100.0

The above table 4.13 shows if the gender biased restrictions on night journey among young women affect their mental health. 21.7% of the respondents strongly agreed with the statement and 56.7% agreed that gender-based restrictions on night journey among young women affect their mental health. And 16.7% neutrally agreed with the statement and rest of the 3.3% and 1.7% disagreed and strongly disagreed with it.

From the table it is clear that gender biased restrictions affect women's mental health because the limitations on women's ability to travel at night can create a sense of powerlessness and lack of control, which can lead to feelings of depression and low mood it will negatively impact their mental health and well-being.

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4.2.26 DISCOURAGED FROM PURSUING CERTAIN OPPORTUNITIES OR ACTIVITIES AT NIGHT DUE TO THE GENDER BIASED RESTRICTIONS.

Figure 4.14
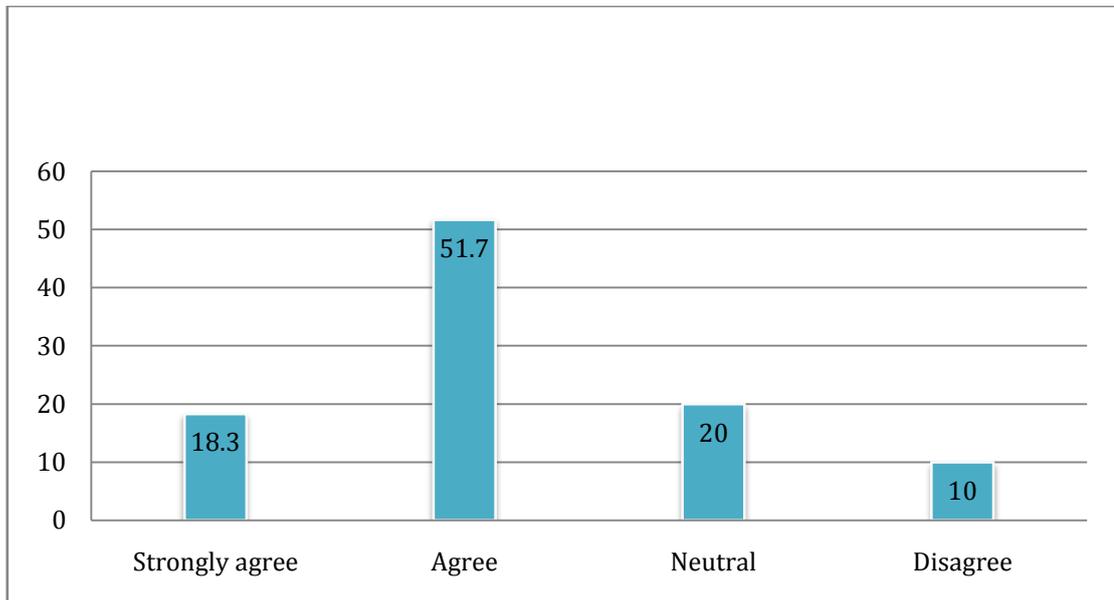
The figure 4.14 shows if the informants ever discouraged from pursuing certain opportunities or activities at night due to the gender biased restrictions. 18.3% of the respondents strongly agreed WITH the statement. 51.7% also agreed that they have been discouraged from pursuing certain opportunities or activities at night due to the gender biased restrictions. The rest of the 20% and 10% neutrally agreed and disagreed with it respectively.

From the figure it is clear that majority of the women are discouraged from pursuing certain opportunities or activities at night due to the gender biased restrictions it may be because of the their family's or society's attitude and influence due to the safety concerns issues or gender discriminated rules or regulations.

4.2.27 GENDER BIASED RESTRICTIONS ARE FAIR AND JUSTIFIABLE.

Table 4.14

VARIABLES	FREQUENCY	PERCENT
Strongly agree	5	8.3
Agree	18	30.0
Neutral	5	8.3
Disagree	19	31.7
Strongly disagree	13	21.7
Total	60	100.0

The above table 4.14 analyses if the gender biased restrictions on night journey among young women are fair and justifiable. 8.3% of the informants strongly agreed with it and 30% of informants agreed with the statement. The 8.3% neutrally agreed and 31.7% disagreed with statement. The rest of the 21.7% of the participants strongly disagreed with the statement.

4.2.28 AWARE ABOUT BASIC HUMAN RIGHTS AS WOMAN

Figure 4.15
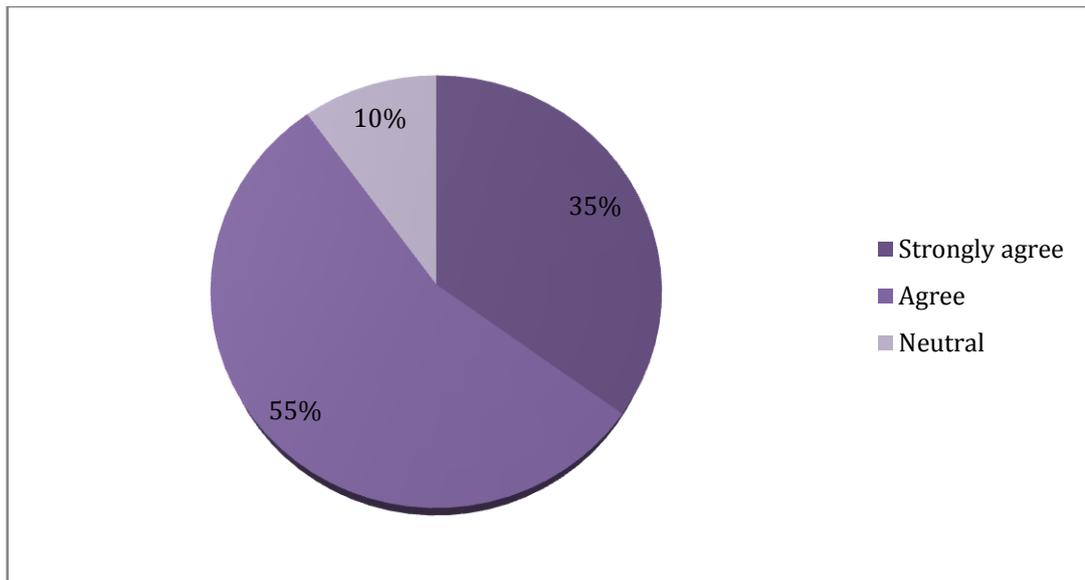
The above figure shows about if the informants are aware about their basic human rights as a woman. The 35% of the young women are strongly agreed that they are aware about their basic human rights and 55 % of the respondents agreed with the statement. Only 10% young women is neutrally agreed they are aware about their basic human rights.

From the figure it is clear that majority of the today's young women aware about their basic human rights as a woman the comparing with old female generation the present generation is more educated and they have more access to the information sources especially social medias which played a greater role in providing the awareness about their basic human rights as a women.

4.2.29AWARE ABOUT THE LAWS OR POLICIES IN OUR COUNTRY THAT PROTECTS WOMEN'S RIGHTS TO MOBILITY AND SAFETY AT NIGHT

Table 4.15

VARIABLES	FREQUENCY	PERCENT
Strongly agree	15	25.0
Agree	28	46.7
Neutral	13	21.7
Disagree	2	3.3
Strongly disagree	2	3.3
Total	60	100.0

Table 4.15 shows young women's awareness about the laws or policies in our country that protects women's rights to mobility and safety at night. The 25% of the respondents strongly agreed that they are aware about it and 46.7% also agreed with it. 21.7% neutrally agreed that they are aware about the polices and laws of the country that protect women's mobility and safety at night. Rest of the 6.6% disagreed with it.

4.2.30 PARTICIPATED IN AWARENESS CAMPAIGNS OR INITIATIVES TO PROMOTE WOMEN'S RIGHT TO MOBILITY AND SAFETY AT NIGHT

Figure 4.16
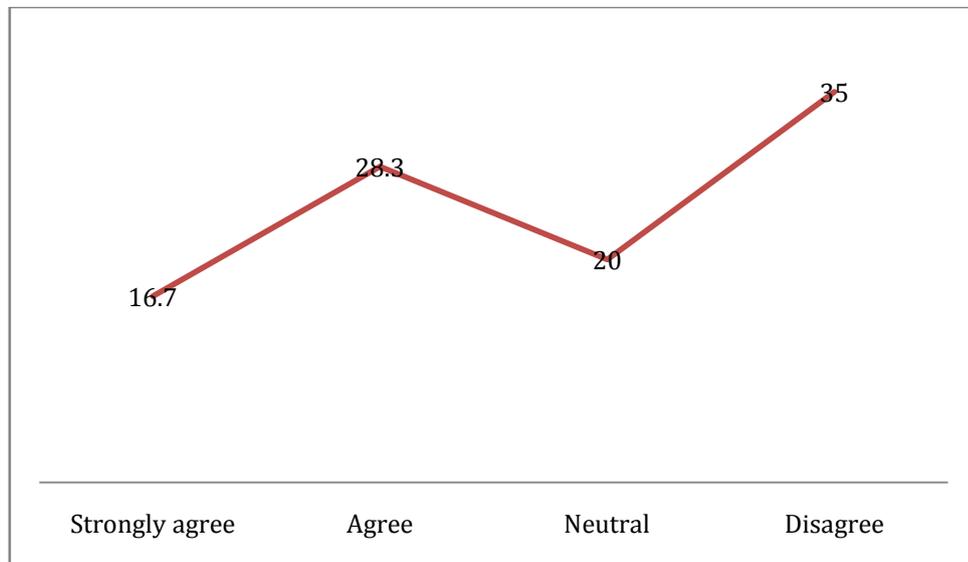
Above figure shows participation of the informants in any kind of campaigns or initiatives to promote women's right to mobility and safety at night. The 16.7% strongly agreed they are participated in such kind of programs and 28.3% also agreed with it. Rest of the 20% and 35% neutrally agreed and disagreed with the statement.

From the figure the women are not get chances to participate in campaigns or programs because even though the women in the rural area is facing the gender biased restrictions but initiatives or actions are not taken against it .

4.2.31 WOMEN SHOULD HAVE EQUAL RIGHTS TO TRAVEL AT NIGHT AS MEN

Table 4.16

VARIABLES	FREQUENCY	PERCENT
Strongly agree	38	63.3
Agree	14	23.3
Neutral	7	11.7
Disagree	1	1.7
Total	60	100.0

Table shows the opinion of the respondents about the statement the women should have equal rights to travel at night as men. 63.3 % strongly agreed that they should have equal rights as men and 23.3% also agreed with the statement. The rest of the 11.7% and 1.7% neutrally agreed and disagreed with it respectively.

Majority of the women strongly agreed they should have equal rights to travel at night as men because they clearly knows it is their fundamental right as a Indian citizen which provide equal right to travel at night as men without any gender discriminations.

4.2.32 AWARE ABOUT THE RESOURCES OR SUPPORT SERVICES AVAILABLE FOR WOMEN WHO FACE ANY KIND OF PROBLEMS WHILE TRAVELING AT NIGHT

Figure 4.17
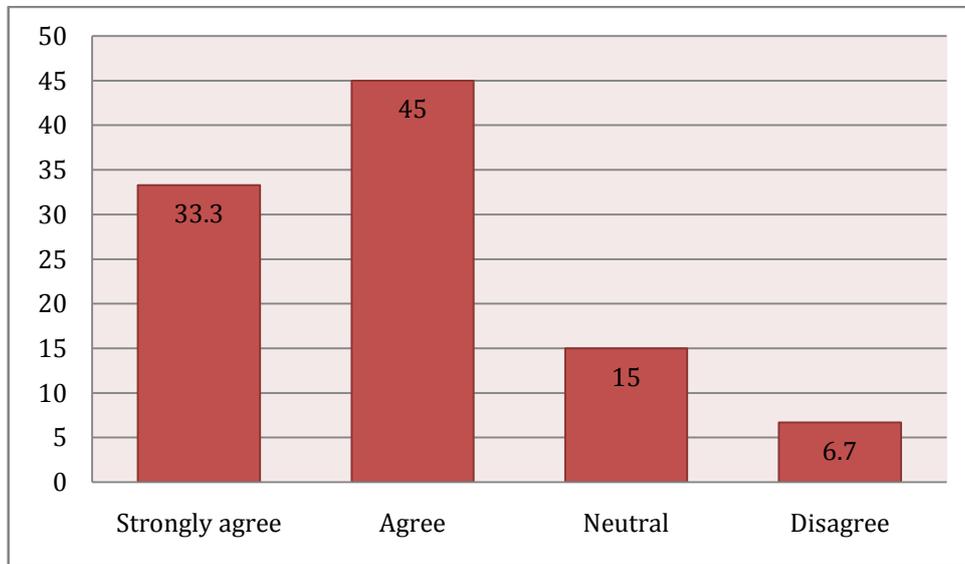
Figure 4.17 analyses about the awareness that the informants have about resources or support services available for women who face any kind of problems while travelling at night. 33.3% strongly agreed with the statement and 45% also agreed with it. The rest of the 15% and 6.7% of the respondents neutrally agreed and disagreed with the statement respectively.

4.2.33 THE GOVERNMENT SHOULD TAKE MORE ACTION TO ELIMINATE GENDER BIASED RESTRICTIONS ON WOMEN'S MOBILITY AT NIGHT.

Table 4.17

VARIABLES	FREQUENCY	PERCENT
Strongly agree	29	48.3
Agree	21	35.0
Neutral	7	11.7
Disagree	2	3.3
Strongly disagree	1	1.7
Total	60	100.0

The above table 4.17 shows the opinion of the respondents about statement the government should take more action to eliminate gender biased restrictions on women's mobility at night. 48.3% of the informants strongly agreed with it and 35% also agreed with the statement. The 11.7% of informants neutrally agreed that government should take more action to eliminate gender biased restrictions on women's mobility at night. Rest of the 3.3% and 1.7% disagreed and strongly disagreed with statement.

4.2.34 EDUCATION AND AWARENESS CAN PLAY ROLE IN ELIMINATING GENDER RESTRICTIONS ON WOMEN'S MOBILITY AT NIGHT.

Figure 4.18
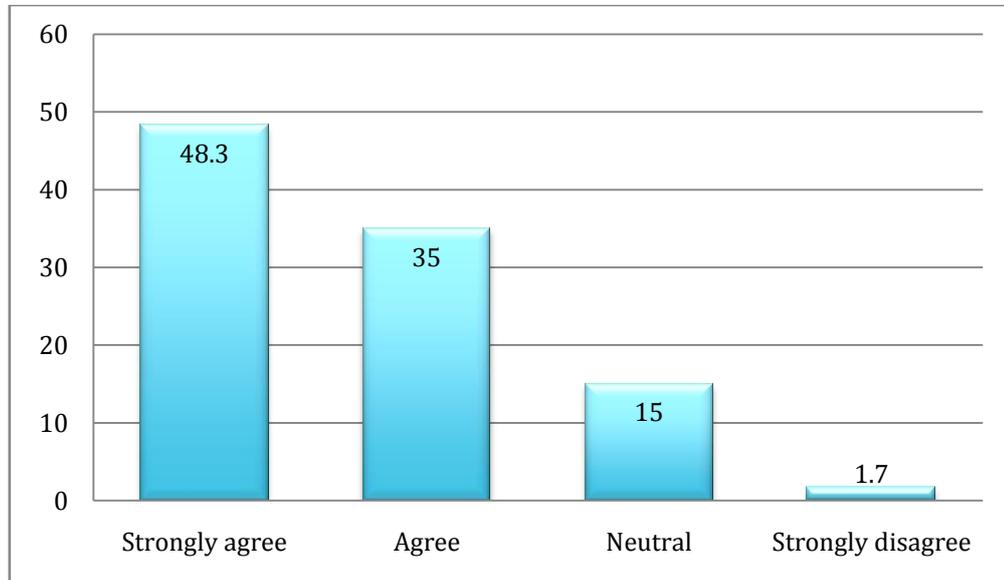
The above figure 4.18 describes about opinion of young women about the statement the education and awareness can play role in eliminating gender biased restrictions on women's mobility at night. 48.3% of the informants strongly agreed with it and 35% also agreed with the statement. Rest of the15% and 1.7% neutrally agreed and strongly agreed with it respectively.

From the figure it is clear that majority of the informants agreed that education and awareness can play a vital role in eliminating gender biased restrictions on women's mobility at night because they can help change social attitudes and beliefs that perpetuates such restrictions. Awareness programs can also help women to develop the skills and knowledge they need to assert their rights and demand equal treatment.

4.2.35 MEN SHOULD BE INVOLVED IN ADVOCATING FOR WOMEN'S RIGHTS TO MOBILITY AND SAFETY AT NIGHT.

Table 4.18

VARIABLES	FREQUENCY	PERCENT
Strongly agree	32	53.3
Agree	20	33.3
Neutral	6	10.0
Disagree	2	3.3
Total	60	100.0

The above table analyses about the statement men should be involved in advocating for women's rights to mobility and safety at night. The 53.3% of young women strongly agreed with the statement and 33.3% agreed with it. The rest of the 10% and 3.3% neutrally agreed and disagreed with the statement respectively.

From the table it is clear that majority of the respondents agreed the men should also advocate for women's right to mobility and safety at night because it is a matter of social justice and human rights that affects everyone in the society. By working together, we can create a world where everyone has the freedom to move and live without fear of violence or discrimination based on gender.

4.2.36 AWARE ABOUT THE LEGAL PROTECTIONS AND REMEDY THOSE AVAILABLE IN CASE OF HUMAN RIGHTS VIOLATIONS

Figure 4.19
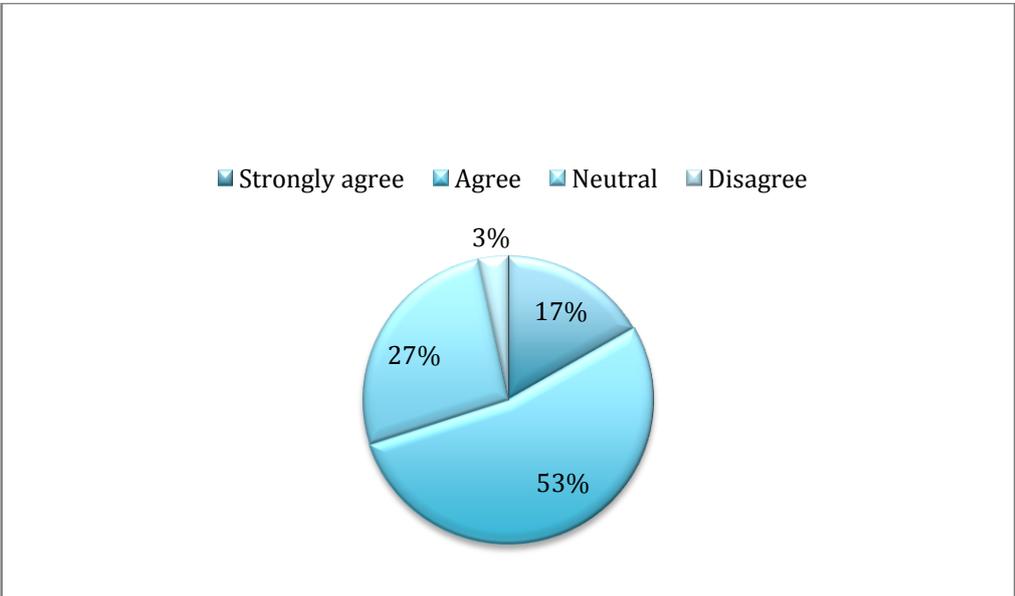
Figure 4.19 analyses about the opinion of young women about their awareness about the legal protections and remedy those available in case of human rights violations. 17% of the respondents strongly aware about legal protections and remedy those are available in case of human rights violations. 53% of informants are agreed that they are aware about it and 27% and 3% of the informants neutrally agreed and disagreed with the statement respectively.

4.1.37 KNOW MY LEGAL RIGHTS REGARDING SEXUAL HARASSMENT

Table 4.19

VARIABLES	FREQUENCY	PERCENT
Strongly agree	14	23.3
Agree	32	53.3
Neutral	8	13.3
Disagree	5	8.3
Strongly disagree	1	1.7
Total	60	100.0

The above table shows the awareness of the young women about the legal rights regarding sexual harassment. The 23% of the respondents strongly agreed that they know about their legal rights regarding sexual harassment. 53.3% also agreed with the statement and 13.3% neutrally agreed with it. And rest of the 8.3% and 1.7% disagreed and strongly disagreed with the statement.

4.2.38 AWARE ABOUT THE STEPS THAT SHOULD BE FOLLOWED WHILE TRAVELLING ALONE AT NIGHT IN ORDER TO ENSURE SAFETY.

Figure 4.20
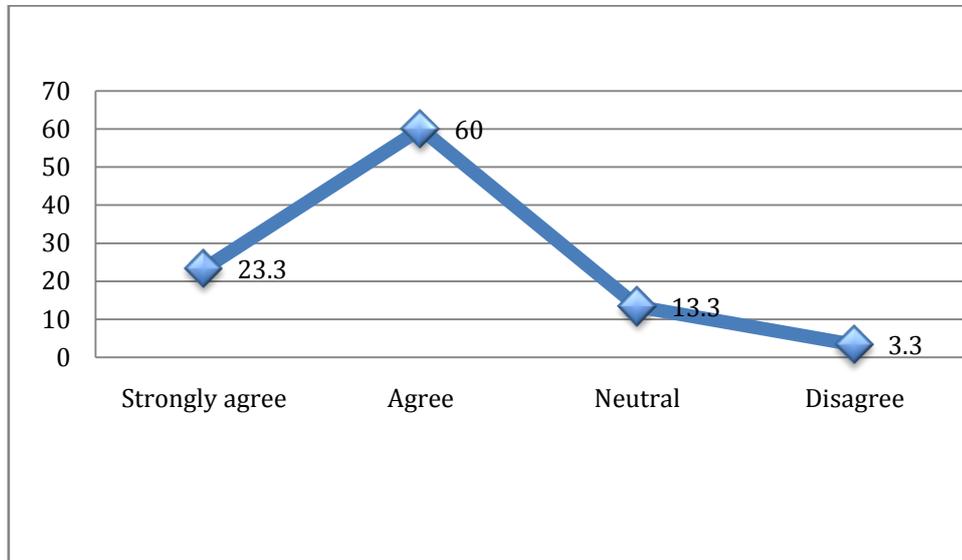
Figure 4.20 analyses about opinion of the informants about their knowledge on the steps that should be followed while travelling alone at night in order to ensure safety. The 23.3% strongly agreed they are aware about the steps that should be followed while travelling at night in order to ensure safety. And 60% of the young women also agreed with it and the rest of the 13.3% and 3.3% neutrally agreed and disagreed with the statement respectively.

4.2.39 RESEARCHES AND STUDIES SHOULD BE CONDUCTED ON THE GENDER BIASED RESTRICTIONS IMPOSED ON YOUNG WOMEN IN NIGHT JOURNEYS TO FRAME POLICES AND LAWS TO ELIMINATE DISCRIMINATIONS

Table 4.20

VARIABLES	FREQUENCY	PERCENT
Strongly agree	24	40.0
Agree	27	45.0
Neutral	9	15.0
Total	60	100.0

Table 4.20 analyses opinion of the respondents about researchers and studies should be conducted on gender biased restrictions imposed on young women in night journeys to frame policies and laws to eliminate discriminations. 40% of the informants strongly agreed with it and 45% agreed with the statement a d the rest of the 15% neutrally agreed with the statement.

CHAPTER 5
FINDINGS, SUGGEDTIONS AND CONCLUSIONS

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1 INTRODUCTION

This chapter deals with the findings and suggestions of the study on Gender biased restrictions on the night journey among young women. Findings are formulated on the basis of analyzing and interpreting the collected data. The major findings of the study are below,

5.2 MAJOR FINDINGS

➢ From the study it is clear that majority of the respondents agreed that there are still gender biased restrictions exist in the night journey among young women.

➢ Majority of the respondents had personal bad experiences while travelling at night.

➢ Most of the young women are feeling unsafe while travelling alone at night.

➢ In the study most of the informants disagreed with the statement that man in same age group face similar restrictions on night journey as women.

➢ The majority of the informants responded there are cultural and religious beliefs that suggest young should not travel at night.

➢ In the study most of the respondents agreed that there are gender disparities in the level of fear or anxiety that young women experience while travelling at night.

➢ The study indicates safety concerns are considered as the main social cause for gender restrictions on young women's night travel.

➢ From the collected data it is clear that majority of the informants are restricted from taking journeys alone or with friends because of their gender.

➢ Most of them strongly agreed that the reason given to the restrictions on night travel was safety concerns.

➢ The majority of the participants agreed that the patriarchal attitude of the society is the main reason behind these kind gender-based restrictions.

➢ Majority of the respondents agreed that young women are facing social stigma and backlash while travelling night.

- The majority of the informants agreed that the gender biased restrictions on night journey among young women have affected social life of the women negatively.

- From the study it is clear that majority of the respondent belief the gender-based restrictions limit personal freedom of the women.

- The majority of the informants felt discriminated while travelling because of their gender.

- Most of the respondents disagreed that gender biased restrictions on night travel are necessary to ensure women safety.

- Majority of the participants cancelled or missed out events because of the gender biased restrictions it may because of influence of their own families and also by the attitude of the society.

- From the collected data it is clear that majority of the women rely male companions to go out in night because the gender biased restrictions on night travel.

- The most of the young women accept the restrictions as a necessary precaution, or feel indifferent and argue and get frustrated when the gender-based restrictions on night travel imposed on them.

- Majority of the respondents agreed with the statement that gender biased restrictions on night journey impact women's ability to work at night.

- From the study it is clear that gender-based restrictions on night travel can make it difficult for the women to access educational opportunities.

- Majority of the informants agreed that the gender-based restrictions on night travel affect the women's economic opportunities.

- From the collected data it is clear that gender biased restrictions affect women's mental health because the limitations on women's ability to travel at night can create a sense of powerlessness and lack of control, which can lead to feelings of depression and low mood it will negatively impact their mental health and well-being.

- Majority of the women are discouraged from pursuing certain opportunities or activities at night due to the gender biased restrictions.

- Most of the informants disagreed that gender biased restrictions on night journey among young women are fair and justifiable.

- The majority of the today's young women aware about their basic human rights as a woman.

- In the collected data majority of the respondents agreed with the statement that they are aware about polices and laws of the country that protect women's mobility and safety at night.

- The women are not get chances to participate in campaigns or programs because even though the women in the rural area is facing the gender biased restrictions but initiatives or actions are not taken against it.

- Majority of the women strongly agreed they should have equal rights to travel at night as men.

- Most of the informants are agreed with the statement that the government should take more action to eliminate gender biased restrictions on women's mobility at night.

- From the study majority of the informants agreed that education and awareness can play a vital role in eliminating gender biased restrictions on women's mobility at night.

- The study indicates most of the respondents opinioned that the men should also advocate for women's right to mobility and safety at night.

- Most of the young women are aware about their legal rights regarding sexual harassment.

- The majority of the respondents agreed that researches and studies should be conducted on gender biased restrictions imposed on young women in night journeys to frame policies and laws to eliminate discriminations.

5.3 IMPLICATIONS OF THE STUDY

- The study could bring attention to the issue of gender equality in the society. Gender-based restrictions on night journey are a form of gender discrimination that limit women's freedom of movement and puts them at a disadvantage compared to men.

- The study could also serve as a tool for education and awareness-raising on gender discriminations and gender based violence. By highlighting the issue, the

study could encourage discussions and debates that could help to raise public awareness and understanding of the issue.

5.4 LIMITATIONS OF THE STUDY

- Limited time period.
- Lack of experience of the researcher in doing the study.

5.5 SUGGESTIONS

- The study only focuses on the gender biased restrictions on night journey among young women in the Iritty taluk. However further study could be done in a large or any other location.
- The study only focuses gender biased restrictions imposed upon the young women in night journeys further studies could be conducted in areas of gender interactions with other identities, such as race, class, and sexuality to create unique experiences of gender biased restrictions on night journey among young women.

5.6 CONCLUSION

From the study the researcher was able to understand about the gender biased restrictions imposed upon the young women in the night journeys and also the study helped to figure out the causes of gender-based restrictions on night journey among young women. The study helped to revel about the impact of gender biased restrictions on night journey is significantly, affecting not only the young women's mobility and access to opportunities but also their mental and physical well-being.

This study also helped to find out the influence of the society's patriarchal attitude are still existing even though we are living in a modern and educated society which restrict the women from travelling at night. In conclusion the overall study helps to highlight the need for further studies and advocacy to address gender biased restrictions on night journeys among young women, and promote gender equality and human rights.

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APPENDIX

QESTIONNAIRE

Name

Age

Educational qualification

Marital status

➢ I think there are still gender biased restrictions exist in the night journey among young women.

o Strongly agree
o Agree
o Neutral
o Disagree
o Strongly disagree

➢ I have personal bad experiences while travelling at night.

o Strongly agree
o Agree
o Neutral
o Disagree
o Strongly disagree

➢ I feel safe while travelling alone at night.

o Strongly agree
o Agree
o Neutral
o Disagree
o Strongly disagree

➢ I think men in the same age group face similar restrictions on night journey as women

o Strongly agree
o Agree
o Neutral
o Disagree
o Strongly disagree

- ➤ I think there are laws and regulations that restrict women from travelling at night.

- o Strongly agree
- o Agree
- o Neutral
- o Disagree
- o Strongly disagree

- ➤ I believe there are cultural or religious beliefs that suggest that women should not travel at night

- o Strongly agree
- o Agree
- o Neutral
- o Disagree
- o Strongly disagree

- ➤ I think there are gender disparities in the level of fear or anxiety that young women experience while travelling at night.

- o Strongly agree
- o Agree
- o Neutral
- o Disagree
- o Strongly disagree

- ➤ I think there are gender disparities in the attitude of law enforcement officials towards women who are travelling alone at night.
- o Strongly agree
- o Agree
- o Neutral
- o Disagree
- o Strongly disagree

- ➤ I believe following is main social cause for the restriction on young women's night journey.

    - o Safety concerns
    - o Cultural norms
    - o Religious beliefs
    - o Legal restrictions
    - o Others

- ➢ You have been restricted from taking a night journey alone or with friends because you're a woman.

  - o Safety concerns
  - o Cultural norms
  - o Religious beliefs
  - o Legal restrictions
  - o Others

- ➢ If agree, what was the reason given for the restriction?

  - o Because of safety concerns
  - o Because night is not the right time to outside for the women
  - o Because of some social norms
  - o Because of religious beliefs
  - o None of the above

- ➢ I believe the patriarchal attitude of the society is the main reason behind the gender biased restrictions on the night journey among young women.

  - o Strongly agree
  - o Agree
  - o Neutral
  - o Disagree
  - o Strongly disagree

- ➢ I have faced social stigma or backlash for travelling at night as a woman.

  - o Strongly agree
  - o Agree
  - o Neutral
  - o Disagree
  - o Strongly disagree

- ➢ I have often gone out at night for social events or leisure activities.

  - o Strongly agree
  - o Agree
  - o Neutral
  - o Disagree
  - o Strongly disagree

➢ I feel that the gender-based restrictions on night travel have affected my social life negatively.

- o Strongly agree
- o Agree
- o Neutral
- o Disagree
- o Strongly disagree

➢ I feel that these restrictions limit my personal freedom.

- o Strongly agree
- o Agree
- o Neutral
- o Disagree
- o Strongly disagree

➢ I felt discriminated because of my gender while travelling at night.

- o Strongly agree
- o Agree
- o Neutral
- o Disagree
- o Strongly disagree

➢ I think that gender-based restrictions on night travel are necessary to ensure women's safety.

- o Strongly agree
- o Agree
- o Neutral
- o Disagree
- o Strongly disagree

➢ I have been canceled plans or miss out on events because of gender-based restrictions on night travel.

- o Strongly agree
- o Agree
- o Neutral
- o Disagree
- o Strongly disagree

- ➢ I had to rely on male companions to accompany me on a night journey due to the gender-based restrictions on night travel.

  - o Strongly agree
  - o Agree
  - o Neutral
  - o Disagree
  - o Strongly disagree

- ➢ I react as following when the gender biased restrictions on night journeys imposed upon me.

  - o I accept it as a necessary precaution
  - o I get angry and frustrated
  - o I feel indifferent
  - o I am scared and anxious
  - o I never experienced such restrictions

- ➢ I think these restrictions impact women's ability to work at night.

  - o Strongly agree
  - o Agree
  - o Neutral
  - o Disagree
  - o Strongly disagree

- ➢ I believe these restrictions impact women's ability to study at night.

  - o Strongly agree
  - o Agree
  - o Neutral
  - o Disagree
  - o Strongly disagree

- ➢ I believe these restrictions affect women's economic opportunities.

  - o Strongly agree
  - o Agree
  - o Neutral
  - o Disagree
  - o Strongly disagree

➢ I believe these restrictions affect women's mental health.

o Strongly agree
o Agree
o Neutral
o Disagree
o Strongly disagree

➢ I have felt discouraged from pursuing certain opportunities or activities at night due to the gender biased restrictions.

o Strongly agree
o Agree
o Neutral
o Disagree
o Strongly disagree

➢ I think these restrictions are fair and justifiable.

o Strongly agree
o Agree
o Neutral
o Disagree
o Strongly disagree

➢ I think these restrictions are violating my basic rights as an Indian citizen.

o Strongly agree
o Agree
o Neutral
o Disagree
o Strongly disagree

➢ I am aware about my basic human rights as a woman.

o Strongly agree
o Agree
o Neutral
o Disagree
o Strongly disagree

➢ I am aware about the laws or policies in our country that protects women's rights to mobility and safety at night.

  o Strongly agree
  o Agree
  o Neutral
  o Disagree
  o Strongly disagree

➢ I have been participated in any awareness campaigns or initiatives to promote women's right to mobility and safety at night.

  o Strongly agree
  o Agree
  o Neutral
  o Disagree
  o Strongly disagree

➢ I believe women should have equal rights to travel at night as men.

  o Strongly agree
  o Agree
  o Neutral
  o Disagree
  o Strongly disagree

➢ I am aware about the resources or support services available for women who face any kind of problems while traveling at night.

  o Strongly agree
  o Agree
  o Neutral
  o Disagree
  o Strongly disagree

➢ I believe the Government should take more action to eliminate gender biased restrictions on women's mobility at night.

  o Strongly agree
  o Agree
  o Neutral
  o Disagree
  o Strongly disagree

➢ I believe education and awareness can play a role in eliminating gender restrictions on women's mobility at night.

- o Strongly agree
- o Agree
- o Neutral
- o Disagree
- o Strongly disagree

➢ I think men should be involved in advocating for women's rights to mobility and safety at night.

- o Strongly agree
- o Agree
- o Neutral
- o Disagree
- o Strongly disagree

➢ I am aware about the legal protections and remedy those available in case of human rights violations.

- o Strongly agree
- o Agree
- o Neutral
- o Disagree
- o Strongly disagree

➢ I know my legal rights regarding sexual harassment.

- o Strongly agree
- o Agree
- o Neutral
- o Disagree
- o Strongly disagree

➢ I am aware about the steps that should be followed while travelling alone at night in order to ensure my safety.

- o Strongly agree
- o Agree
- o Neutral
- o Disagree
- o Strongly disagree

➢ I think researches and studied should be conducted on the gender biased restrictions imposed on young women in night journeys to frame polices and laws in order protect them from these kind of discriminations.

- o Strongly agree
- o Agree
- o Neutral
- o Disagree
- o Strongly disagree

A STUDY ON THE IMPORTANCE OF SEX EDUCATION AMONG HIGH SCHOOL BOYS IN IRITTY BLOCK

JOBIN JOSEPH

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2021-2023

A STUDY ON THE IMPORTANCE OF SEX EDUCATION AMONG HIGH SCHOOL BOYS IN IRITTY BLOCK

DISSERTATION SUBMITTED TO THE KANNUR UNIVERSITY INPARTIAL FULFILMENT OF THE REQUIREMENT FOR THE AWARD OF THE DEGREE OF MASTER OF SOCIAL WORK

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CERTIFICATE

This is to certify that the dissertation entitled, **"A STUDY ON THE IMPORTANCEOF SEX EDUCATION AMONG HIGH SCHOOL BOYS IN IRITTY BLOCK"** is a bonafide record of work done by **JOBIN JOSEPH** under the guidance of **MR. ZAVIARKUTTY FRANCIS** in partial fulfillment of the requirement for the award of the degree of **Master of Social Work,** during the period of his study (2021-2023) in the Department of Social Work, Don Bosco Arts and Science College, Angadikadavu, Kannur, affiliated to the Kannur University.

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MR.ZAVIARKUTTY FRANCIS

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Department of Social Work

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DECLARATION

I, **JOBIN JOSEPH**, the under signed, hereby declare that the dissertation entitled, **A STUDY ON THE IMPORTANCE OF SEX EDUCATION AMONG HIGH SCHOOL BOYS IN IRITTY BLOCK**, submitted to Kannur University, in partial fulfillment of the requirement for the award of the Degree of Master of Social Work, is bona fide work done by me under the guidance of **MR.ZAVIARKUTTY FRANCIS**, Asst. Professor, Social Work Department, Don Bosco Arts and Science College, Angadikadavu. This work has not been placed by anybody in the University for the Award of any Degree or Diploma.

ANGADIKADAVU   **JOBIN JOSEPH**

May 2023

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JOBIN JOSEPH

ABSTRACT

Sex and sexuality is the most discussed topic worldwide and it is very important to ensure the right sexual health of the people. Increasing incidents of STDs and AIDS, a rethinking process has been emerged not only in India all over the world. Both government and Non-government agencies have been taken steps to prevent the rate of incidents and helping individual to enjoy a healthy sexual life. So here sex education has got the importance in educating children, adolescence, adults to develop and maintain high morale and sexual health. In many countries it has become part of academic curriculum.

This research is analyzing the importance of sex education among high school boys in Iritty block. As the adolescent it is a period of transition, so this is to understand their level of knowledge, existing problems and also identify the possible content of a sex education

The study is conducted among high school boys because most of the boys have not been given proper sex education from their parents or teachers. So the aim of the study is to assess the importance of sex education among high school boys.

Key words: Sex education, high school boys, quantitative study.

CONTENTS

LIST OF TABLES

LIST OF FIGURES

CHAPTER I

INTRODUCTION

CHAPTER I

1.1 INTRODUCTION

Sex education means to give information about human sexuality and also give moral guidance to help them to use their sexuality meaningfully. When children reach their critical period of puberty, they become confused is wildered and emotionally unstable. And also girls feel shy, embarrassed and uncomfortable in the presence of boys and hence none communicative. Girls and boys have different problems. Therefore they need special care, attention and guidance.

Sex education occurs in many settings. Family and schools are the important venue for this education. But parents are not aware about the importance of giving sex education for their children. Some parents give importance about menarche to the girls while some are not at all aware about the changes happening in boys. This gap is one of the major problem of the society. The second venue is school. While there is some disagreement about the intended outcomes for sex education, most professionals agree that it has an intrinsic value in helping young people to acquire information and skills that contribute to the likelihood that they will grow into sexually healthy adults. As with most education, sex education provides learners with information, build skills such as healthy rapport building, communication skill, and decision making etc.

Absence of sex education leads to many problem among adolescents. If we they accurate knowledge about it, they can perform their role in better way in our society. The present study aimed at understanding the changes happening in adolescent, the influence of mass Medias among adolescents. This research will help to understand the attitude and knowledge of the high school boys towards sex and sexuality

1.2 STATEMENT OF THE PROBLEM

Sex education is very much necessary for the adolescents. Lack of awareness about sexuality may lead to the danger of increasing incidents of STDs and AIDS. Adolescent is the stage of life that is full of fun and excitement. It is the most vibrant part of life and at the same time adolescent group are the one who are often troubled by many sexual fantasies and desires. They are often misled due to the lack of proper knowledge regarding sexuality and sexual behavior. This study will help us to know about the importance of sex education among high school boys. And researcher aims

at studying the need assessment of sex education among adolescents to understand their level of knowledge, and the attitude of the boys towards sex and sexuality.

1.3 OBJECTIVES

1.3.1 GENERAL OBJECTIVES

1) To study on the importance of sex education among high school boys in Iritty block.

1.3.2 SPECIFIC OBJECTIVES

1) To access the socio demographic details of the respondents

2) To determine the awareness level on reproductive health among high school boys in   Iritty block.

3) To explore the parents and teachers role of support in teams of sex education.

1.4 RELEVANCE OF THE STUDY

Sex education has positive effects including increase young people's knowledge and improving their attitudes related to sexual and reproductive health and behavior. Sex education in or out schools does not increase sexual activity instead it will make to behave respectively. This topic has great relevance in the society. Because very often teenagers especially boys have no better understanding about biological functions of the body especially puberty. So they have to provide proper sex education otherwise that is high risk for their understanding and behavior.

When we compare boys with girls regarding with sex education boys often lack sex related information and they are unaware about the reproductive system and its function. So it will create curiosity among them to seek about it therefore this group go behind vulgar websites and pornography videos and pictures. During the adolescent stage the youngsters is often psychologically and emotionally troubled with lots of fantasy and misconception about sex and sexuality. This can have a negative impact on the adolescents over all development. As the adolescent develop attitudes and views about sex and sexuality proper information needs to be provided on the topics such as sexual development, reproduction, relationship, sexual disorders, and sexual related diseases and sexual abuse etc. if this group is providing proper sex

2

education that will help them to lead a good life and become the best human being in the society.

1.5 CHAPTERIZATION

The first chapter deals with introduction, statement of the problem and it includes general and specific objectives, relevance of the study, chaptalization and conclusion are added in the in the first chapter

The second chapter deals with review of literature including, adolescence, characteristics of adolescents, changes during adolescence, problems of boys during adolescence, puberty, stages of puberty, sex education, effective school based sex education, aims of sex education, aims for school sex education, value in sex education, family value in sex education, when should sex education start, who should provide sex education, and conclusion.

The third chapter explain tools and methods of data collection, and theoretical definition, operational definition, hypothesis, research design, pilot study, universe and unit of the study, sampling, source of data collection both primary and secondary and method of data analysis.

Chapter four deals with data analysis and interpretation and the fifth chapter explains major findings, and implications of the study, limitation of the study, suggestions for further research and conclusion.

1.6 CONCLUSION

The role of sex education is quite so important in the present scenario because lack of education may lead to face sexual abuse and sexual violence. Unless and until young people know about sex and self-protection from a responsible teacher, they will listen to crap half-baked knowledge spread from peer to peer and get themselves in trouble. Sex education would help in reducing teenage pregnancies, and other sexually transmitted diseases. Here researcher is studying the importance of sex education especially among high school boys and this conducting through very effective and systematic manner.

CHAPTER II

REVIEW OF LITERATURE

CHAPTER II

REVIEW OF LITERATURE

2.1 INTRODUCTION

In this chapter deals with describing the periods of adolescence puberty and its stages and the problems they face during this periods. Also elaborate the importance and aim of sex education. It is a time of considerable changes in virtually all aspects of our functioning like changes in physical stature, psychological and endocrine changes, and changes in our pattern of thinking in our attitude and Ideals, our relationships. So here researcher has to make an attempt to define what is sex education and various changes that happens during this period.

2.2 REVIEWS

Adolescence

The term adolescence comes from the Latin word adolescere, meaning "to grow" or "to grow to maturity" adolescence is the transitional stage of development between childhood and adulthood representing the period of time during which period a person is biologically adult but emotionally not at full maturity. The stages which are considered of adolescence is between 13- 19. There are numerous characteristics and features of adolescence are; it is an important period and in this period, immediate effect and long-time effect are important and also are important for their physical and psychological effects. It is also a period of transition. Transitional means a passage from one stage of development to another that is what has happened before will leave its marks on what happens now and in the future. In this period the land new patterns of behavior and attitude to replace those abandoned. Many physical as well as psychological changes also took place at this stage. There are five steps of universal concomitants of the changes that occur during adolescence. First is height and emotionally, it depends on the rate of physical and psychological changes that are taking place. Rapid changes that accompany sexual maturity make adoptions and share of their capacities and interests. They are ambivalent about change. Adolescent period is considered as a problem age. In this age boys and girls find it very difficult to cope with their problems. Because in childhood their problems where met and sold by their parents. Changes during adolescence are physical, emotional as well as social

changes. Hormones are released during puberty that aid in physical growth and sexual development. Changes formation among boys at this period include: Rapid increase in height and weight, increase the size of the penis and testicles, development of pubic and facial hair and hair on other parts of the body, first ejaculation of semen from the penis, increase muscle mass and strength, deepening of the voice. Emotional aspects of puberty refers to the emotional changes taken place at adolescence such as Emotions change very rapidly, Spend more time with friends than the family members, Increase in desire to be independent, Attraction to the opposite sex. Social changes occur during adolescence are: increased peer group influence, changes in social behavior, new social groupings, new values in friendship selection, new values in social acceptance and rejection.

As this is a period of transition among boys, they may feel many issues and problems. Penis anxiety and masturbation guilt is one among them. For adolescent boys the penis becomes a Centre of attraction. Penises are in all sizes. It is not true that a boy with a large penis is sexually more potent and powerful than the boy with a small one. Some boys get worried about the girth angle or curvature of the penis. A sexually exciting dream that is associated with ejaculation of semen in boys is called 'wet dreams'. This is a sign of puberty and is normal. May not be able to record the dream, but may get up from sleep by the feeling of witness of the semen. They feel worried and get depressed by the loss of semen. An adolescent gets an inferiority Complex if he does not have an exuberant growth of moustaches and beard on his face as his friends have. Growth of hair could be hereditary. Due to the hormonal changes, they might get pimples during the adolescence, not every adolescent will get pimples. Some boys complain of pain in the one or both the testes. During the adolescence the erection of the penis is a frequent episode which leads to congestion of blood in the sex organs causing pain in the testis. Blue films of naked persons depicting sexual acts or obscene literatures are called pornography. Pornography triggers sexual response in some individuals. Adolescence is more liable to get addicted to smoking alcohol or drugs.

Puberty

Puberty is the period in the developmental and span when the child changes from a sexual to a sexual being. It is the stage of maturation of the sexual apparatus occurs and productive capacity is attained. The word puberty is derived from the Latin word

'Pubertus' which means "age of manhood". There are three stages of puberty. The initial stage is prepubescent stage. This stage overlaps the closing year or two of childhood when the child is regarded as a "prepubescent "one who is no longer a child but not yet and adolescent. During the prepubescent (or maturing) stage, the secondary sex characteristics begin to appear but the reproductive organs are not yet fully developed. The second stage is the pubescent Stage. This stage occurs at the dividing line between childhood and adolescence; the time when the criteria of sexual maturity appear the menarche in girls and the first nocturnal emissions in boys. During the pubescent (or mature) stage, the secondary sex characteristics continue to develop and cells are produced in the sex organs. Final stage is the post pubescent stage. This stage overlaps the first year or two of adolescence. During this stage, the secondary sex characteristics become well developed and the sex organ begins to function in mature manner.

Sex education & effective school based sex education

Sex education is the study of human sexuality in biology. The aim of the study of human sexuality it is for students to come to know more about sex, and encouraging certain kinds of skills attitude dispositions behavior and critical reflection on personal experience. Sex education, which is sometimes called sexuality education or sex and relationships education, is the process of acquiring information and forming attitude and beliefs about sex, sexual identity, relationships and intimacy. It is also about developing young people's skills so that they make informed choice about their behavior, and feel confident and competent about acting on these choices. It is widely accepted that young people have a right to sex education, partly because it is a means by which they are helped to protect themselves against abuse, exploitation, unintended pregnancies, sexually transmitted diseases and HIV/AIDS.

Sex education may also be described as sexuality education which means that it encompass education about all aspects of sexuality including information about family planning, reproduction or fertilization, conception and development of the embryo and fetus through child birth pulse information about all aspect of one's ability including body image, sexual orientation, sexual pleasure, values, decision making, communication, relationship, sexually transmitted infections and how to avoid them, and birth control methods. Adolescence is the most exciting year of life. Boys and girls both experience physical and emotion changes. The adolescence

normally has a curiosity and has a several questions about themselves and about members of the opposite sex. Boys ask about the sexual aspects whereas the girls are interested in physical aspects, romance and love. Sex drive is dormant during the infancy and blooms during the adolescence. Sex considered as a precious privilege that carries with its certain responsibilities. The only way to prepare adolescence for sharing these responsibilities is through sexuality education. Ideally it should begin at home and continued at school.

School based sex education can be an important and effective way of enhancing young people's knowledge, attitudes and behavior. There is widespread agreement that formal education should include sex education and what works has been well researched. Evidence suggests that effective school programs will include the following elements: a focus on reducing specific risky behavioral basis in their which explain what influences people on sexual choice and behavior.

 A clear, and continuously reinforced message about sexual behavior and risk reduction; providing accurate information about, the risk associated with sexual activity, contraception and birth control, and about methods of avoiding or differing intercourse; dealing with peer and other social pressures on young people providing opportunity to practice communication, negotiation and assertion skills use a variety of approaches to teaching and learning that involve and engage young people and help them to personalize the information uses approaches to teaching and learning which are appropriate to young people's age, experience and cultural background; is provided by people who believe in what they are saying and have access to support in the form of training or consultation which other sex educators. Formal programs with these elements have been shown to increase young people's levels of knowledge about sex and sexuality, put back the average age at which they first have a sexual intercourse and decrease risk when they do have sex. All the elements are important and inter-related, and sex education needs to be supported by links to sexual health services, otherwise it is not going to be so effective. It also takes into account to the message about sexual values and behavior of young people get from other sources like friends and the media. It is also responsive to the needs of the young people themselves whether they are girls or boys, on their own or in a single sex or mixed sex group, and what they know already their age and experience.

Aims of sex education to adolescents

It helps children understand that each part of the body and each face of growth are good and purposeful. The following are the major rain that we envisage through sex education. To understand the process of reproduction, to prepare children for the changes of developments which come with growing up. It helps young people see that sexual conduct involving other persons need to be based upon a sincere regard for the welfare of the other. It is also to make children proud of their own sex and appreciate attributes and capacities of the other sex, building up of healthy attitudes to sex. The aim is to prepare the adolescents of today to be productive, to have responsible and positive, social- sexual behavior, and to be caring and healthy adults of tomorrow. The need for this is knowledge, attitude and skill gained through sequential sexuality education program. To provide accurate information about human sexuality, including growth and development, human reproduction, anatomy and physiology of genital organs, pregnancy, child birth, parenthood, contraception, abortion, sexual abuse, HIV/AIDS and sexually transmitted diseases (STD). Opportunity to question, explore and assess their sexual attitude in order to develop their own values, increase self-esteem, develop inside concern, relationships with members of both genders, and understand their obligation and responsibilities to others. Also help them develop skills like communication, decision making, assertiveness, peer refusal skills and ability to create satisfactory relationships. Develop capacity for caring, supportive; non coercive and mutually pleasurable intimate relationships. It is to help young people to exercise responsibility regarding sexual relationships, including abstinence; resist pressure to prematurely involved in sexual intercourse and encourage the use of contraception and other health measures.

Aims for school sex education

Sex education seeks both to reduce the risk of potentially negative outcomes from sexual behavior like unwanted or unplanned pregnancies and infections with sexually transmitted diseases, and to enhance the quality of relationships. It helps young people to know about such biological topics as growth, puberty and conception. Sex education helps the young people to know about the growth of children, which helps the person to understand their children and their problems. It prevents children from experiencing abuse. School should help prevent children from experiencing abuse.

Teachers and staffs give guidelines about detecting and responding to child abuse. Teachers and other schools staffs should respond to the sign of abuse including attempts by pupils to tell adults in school about the abuse. Sex education is not merely the education provided by teachers to pupils; rather it is teachers and other adults in school being educated to notice and enact of appropriately to evidence of abuse, including sexual abuse.

A number of points need to be made about the aim of decreasing guilt, embarrassment and anxiety. The first is that there are times when guilt is an appropriate response. One should feel guilt when one has done something wrong. A school point is that while one could spend a great deal of time dissecting the relationships between. These three terms, the distinction between embarrassment and modesty in rarely made in any school sex education literature. The third point is that a teaching approach philosophy that aims two decrease guilt, embracement and anxiety about something may have the efficient of conditioning it. When they asked about their experiences of sex education at school, often complain about the focus on the physical aspects of reproduction and the lack of any meaningful discussion about feelings, relationships and values. Relationship will help young people to respected themselves and others and understand difference within the context of talking about relationships. Sex education programs aims to reduce the incidence of sexually transmitted infections.

Values in sex education and its significance

Values permeate every aspect of sex education in schools. The selection of Aims for sex education involves explicit or implicitly value judgments, and does the selection of content and method. Sex education involves the transmission of values, and information, it contributes to the development of personal autonomy. In other words, it is about the human relationships include a central moral dimension. It generally involves intense emotions to do not only with intimacy, pleasure and affection but also with anxiety, guilt and embarrassment. In all these words values are involved.

Schools have three distinct duties;

- To uphold the values of the broader society.

- To fill in gaps in children's knowledge and understanding, including their understanding of core values.
- To encourage children to pick a rational part through the variety of influences.

The relationship between sex education and the family is an important an intimate one. The family is the first provider of sex education for young children and a major influence on the developing sexual values and sexual understanding of children and the young people. Family is the inevitably part of the content of sex education to prepare children for family life as adults.

Sex education works should starts early, before young people reach puberty, and before they developed an establish patterns of behavior. The precise age at which information should be provided depends on the physical, emotional at intellectual development of the people as well as their level of understanding. It is important not to delay providing information to young people but to begin when they are young. Providing basic information lays the foundation on which more Complex knowledge is built up overtime. This also means that sex education has to be sustained.

The sex education should provide under various setting which provide different context and opportunities for sex education. At home, young people can easily have discussions with parents or care givers, which focus on specific issues, questions or concerns. They can have dialogue about their attitude and views. Sex education at home also tends to take place over alone time, and involve lots of short interactions between parents and children. In school the interaction between the teacher and adolescence takes a different form and is often provided information to the children. Parents and schools both need to engage with young people about the messages that they get from the media, and give them opportunities for discussion.

 Sexologists, doctor, nurses, psychologists, social workers, teachers, volunteers, NGOs, peer groups etc. should be trained in the subjects. Since the subject of sex education is multidisciplinary, more than one resource persons may be required. Government, municipality and NGOs, can also render help.

Attitudes of High School Students towards Sex

Current issues on sex behavior are drawing interest and curiosity from among the present generation, especially among those who claim to be "liberated" people. The

subject is almost in every issue of mass media and communication either in print, in picture, or over the air. The most adolescents are capable of and quickly become curious about the physical aspects of sex but a few of them achieve the degree of emotional maturity that keeps indulgence in the physical aspects of sex from causing them serious anxieties and conflicts. The adolescent-youth period is critical in the field of sexual adjustments because it is at this period that the initial venture in forming emotional attachments to the opposite sex begins. The adolescent's first love may be intense, consuming, almost overpowering; no doubt its intensity is in part a matter of lack of experience. The conflict between organic drives and the sex mores is not confined to the adolescent period. It is a lifelong struggle. In the absence of effective sex education, the immature adolescent must make major decisions without adequate knowledge. A major source of sexual learning is sex education classes in school and the problem of sex instruction is made doubly difficult because on one hand so many adults are not sufficiently well adjusted sexually themselves to talk objectively and unemotionally about sex; on the other hand, there is even at the adult level a great amount of ignorance of even the simplest facts of sexual functioning.

Education Act of 2001," that the principals, school administrators and teachers in-charge must exercise instructional leadership and sound administrative management of the school. As an instructional leader, therefore, the researcher believes that the school has a great and challenging role in the clarification of values to help clear out the haze of confusion and doubts, particularly on sexual relationships as this touches the core of individual's personality. The youth of today needs information as they go through formation, particularly on matters of sex. Data on their Attitude towards sexual relationships would be a great help in diagnosing weaknesses and strengths on the subject of sex. This study was undertaken in order to come up with findings on attitude towards sex of junior and senior students of Villaba National High School (VNHS), Division of Leyte, Region VIII (Eastern Visayas), of the Department of Education. Hopefully the results of this study may be instrumental in the proper guidance of the said students particularly in the area of adolescent sexuality. The findings in this study may guide students on how to deal with problems concerning sex, particularly the juniors and the seniors of VNHS. With it, the writer hopes to provide the school with some data on the attitude towards sex of the students, thus

helping the teachers, the guidance counselor, and parents diagnose youngsters in order to guide them properly.

As established by the results of the study, this research finally concluded that the following are the differences between the attitudes of boys and girls toward the various aspects of sexual relationships. On courtship, boys have healthy attitudes, if those involved persons exercise no restrictions on sexual intimacies, while girls have liberal attitudes. If petting is done between steadies, boys have healthy attitudes while girls have liberal attitudes. Boys have permissive Attitude towards pre-marital sex, if it is done between persons preparing for marriage, while girls have healthy attitudes. On trial marriage or live-in, boys have liberal attitudes while girls have healthy attitudes if those involved want to test each other. The significant difference between the attitudes of boys and girls on the ten aspects of sexual relationships is on the ranking of the different attitudes in terms of frequency or percentage. Liberal attitude has the highest number for the boys, followed by permissive attitude, and healthy attitude. For the girls, on the other hand, the liberal attitude is followed by healthy attitude, then, permissive attitude. The difference in terms of percentage is also significant with permissive attitude in favor of the boys. Healthy attitude are in favor of the girls and liberal attitude. The researcher recommends that further investigation be made particularly on the following: The causes of less shared sex attitudes in comparison to more shared sex attitudes; the factors that may have caused prevailing sex permissiveness; and, the factors that may have caused a significant difference of sex attitudes between boys and girls.

Parents' approaches to sexuality education of their adolescent boys: a qualitative study in Ahvaz, Iran

Sexuality education is recognized as a human right and an indispensable necessity for development, but most adolescents have little access to sexuality education, especially those living in developing countries. Not with standing, many adolescents engage in high-risk sexual behaviors or sexual abuse that can lead to morbidity and mortality. Several studies have indicated that parent-adolescent sexual communication is associated with lower risky behaviors and more conservative sexual beliefs and attitudes' in adolescents. They have also stressed the positive impact of school-based sexuality education. In spite of this, there is immense cultural resistance to sexuality education in Asian cultures. Most parents traditionally believe that talking to children

about sexuality can lead to early sexual activity, which is labeled as sexual deviation or unrestrained sex misunderstanding of the nature, purpose, and effects of sexuality education can lead to resistance. In the past few decades, a large number of boys have been reported to have no significant communication with their parents on sexual issues and receive most of their sexual information from peers and the media. However, adolescent boys in the United States have been found to have safer sexual behaviors and fewer sex partners, and start sex at an older age due to sexuality education. As a Muslim country experiencing the transition to modernity since two decades ago, Iran has faced serious cultural challenges and major intergenerational conflicts. The socio-cultural challenges have been at the forefront of challenges affecting adolescent sexuality education in Iran. Peers and family have been reported as the first and sixth sources of sexual information for students in Iran, respectively. According to evidence, at least 20% of Iranian adolescents' experience sexual intercourse, and AIDS transmission through unprotected sex has increased dramatically. A recent review in Iran reported that although the majority of young people abstain from premarital sex, high risk sexual behaviors among the sexually active minority are more prevalent in males than females. Studies showed that Iranian parents are confused about what sexuality education is and how it should be performed. Studies on sexuality education for female adolescents in Iran indicated that parents face so many challenges in sexuality education for their daughters' adolescent girls, on the other hand, criticized their parents' conduct in sexuality education. Despite several studies addressing adolescents' sexuality education in Iran, most focused only on girls and there are far fewer studies on boys. Tis negligence of boys' sexuality may have cultural roots. A recent study in Iran reports that parents are concerned about their adolescent boys' sexual behaviors. Another concern is that their children will be sexually abused. While the adolescent boy's rated sexual health as the first priority of their health needs more than 80% of Iranian parents have not talked about sexuality with their children. A qualitative study on parents' experiences and perceptions of sexuality education of boys in a Muslim society can help identify basic social processes in this regard.

Importance of sex education in schools, Maria Maqbool and Hafsa Jan

Importance of sex education in schools includes infancy, making it age 0-8 instead of age 3-8. At this stage children are learning through observing, experimenting and

communicating with others. Childhood is the age span two years to adolescence. The term childhood is non-specific in its time span and can imply a varying range of years in human development. The broad stages of childhood are: Early childhood (two to six years) and Late Childhood (six to twelve years).The implementation of sex education in schools will provide teenagers with the correct information to enable them to make the right choices in life. Sex education teaches the young person what he or she should know for his or her personal conduct and relationship with others. Sex education is an awareness to understand the sex problems scientifically. It conveys all educational measures, which help the growing children to understand and face the problems of life. At the time of puberty, physical changes and emergence of sexual feelings cause a lot of problem among adolescents. It encompasses sexual development, sexual and reproductive health, interpersonal relationships, affection, intimacy, body image, and gender roles. Sex education in high schools helps young people to be more prepared for life changes such as puberty, menopause and aging. Sex education can develop skills and self-esteem to help students enter adolescence. It helps them in knowing that the sudden few changes are okay and normal. For example, girls would not get shocked, panic and afraid at their first menstruation once they already had the knowledge about it.

Sex education should be implemented in schools due to its many benefits to teenagers. The implementation of sex education in schools will provide teenagers with the correct information to enable them to make the right choices in life. On the other hand, some have claimed that implementing sex education in schools actually promotes the risk of sex and is ineffective. However, based on various research findings, it is shown that sex education is effective by reducing the rate of teen pregnancy, providing correct information and also decreasing the number of HIV, AIDS and STDs cases among teenagers. Hence, sex education encourages healthy teen sexuality. Young people have the right to lead healthy lives. Providing youth with honest, age appropriate sexual health education is a key part in helping them take personal responsibility for their health and well-being. Our children and youth grow up in a rapidly changing world where globalization and technological advancements expose them to a wide range of influences from around the world. They need to acquire the knowledge, skills, values and attitudes which will allow them to develop healthy and responsible relationships and make informed and responsible decisions.

While parents play the primary role, schools have a complementary role in providing sexuality education as part of a holistic education. With accurate, current and age-appropriate knowledge, and social and emotional skills, our children and youth will be equipped to protect themselves from sexual advances and abuse, and avoid sexual experimentation and activities that lead to problems related to teenage pregnancies and STIs/HIV. Sex education is the instruction of issues relating to human sexuality, including emotional relations and responsibilities, human sexual anatomy, sexual activity, sexual reproduction, age of consent, reproductive health, reproductive rights, safe sex, birth control and sexual abstinence. Sex education that covers all of these aspects is known as comprehensive sex education. Common avenues for sex education are parents or caregivers, formal school programs, and public health campaigns. Traditionally, adolescents in many cultures were not given any information on sexual matters, with the discussion of these issues being considered a taboo. Such instruction, as was given, was traditionally left to a child's parents, and often this was put off until just before a child's marriage. The progressive education movement of the late 19th century, however, led to the introduction of "social hygiene" in North American school curricula and the advent of school-based sex education. Despite early inroads of school-based sex education, most of the information on sexual matters in the mid-20th century was obtained informally from friends and the media, and much of this information was deficient or of dubious value, especially during the period following puberty, when curiosity about sexual matters was the most acute. This deficiency was heightened by the increasing incidence of teenage pregnancies, particularly in Western countries after the 1960s. As part of each country's efforts to reduce such pregnancies, programs of sex education were introduced, initially over strong opposition from parent and religious groups. The outbreak of AIDS has given a new sense of urgency to sex education. In many countries, where AIDS is at epidemic levels, sex education is seen by most scientists as a vital public health strategy. Some international organizations such as Planned Parenthood consider that broad sex education programs have global benefits, such as controlling the risk of overpopulation and the advancement of women's rights. The use of mass media campaigns has sometimes resulted in high levels of "awareness" coupled with essentially superficial knowledge of HIV transmission.

CHAPTER III
RESEARCH METHODOLOGY

CHAPTER III

RESEARCH METHADOLOGY

3.1INRODUCTION

The chapter deals with the methods, tools and techniques used to identify, select, process and analyses the information about the topic. Research methodology is very important for social work research. The research methodology includes definition of concept, theoretical and operational, hypothesis, research design, pilot study, universe and unit of the study, sampling, and source of data (primary and secondary), tools of data collection, method of data collection and method of data analysis.

3.2 DEFINITION OF THE CONCEPT

Theoretical definition

Sex: It means biological difference between male and female. (Hornby, A.S. Oxford advanced learners dictionary of current English, 1997)

Sex education: It is study of human sexuality (Hornby, A.S. Oxford advanced learners dictionary of current English, 1997)

Operational definition

Sex: Sex is a natural ability for consuming children based on certain ethics and values also it is mutual contract between men and women for the purpose of consuming children.

Sex education: is the process of acquiring information and forming attitudes and beliefs about sex, sexual identity, relationships and intimacy. It is also about developing young people's skills so that they make informed choices about their behavior, and feel confident and competent about acting on these choices.

3.3 HYPOTHESIS

The high school boys do not have clear understanding on reproductive health.

3.4 RESEARCH DESIGN

The researcher needs to study about the importance of sex education among high school boy in Iritty block. Thus the cross sectional descriptive research design was used for this study.

3.5 PILOT STUDY

Researcher conducted pilot study for understanding the feasibility of the study. The researcher took two days for the pilot study. Through this study, researcher got clear picture about the research problem, its usefulness. It helped to collect sufficient information from professionals, teachers and students.

3.6 UNIVERSE AND UNIT OF THE STUDY

The study was carried out in the high school boys in Iritty block, Kannur District. Researcher conducted the study among the and 9th standard.

3.7 SAMPLING

The researcher used purposive method for selecting students in research. The researcher through this convenient method selected two schools in Iritty block. The researcher focused on the and 9th standard. And collected 60 samples from these two schools.

3.8 SOURCE OF DATA COLLECTION

The researcher used the data from both primary sources and secondary sources.

3.9Primary data

Primary data has been collected from the high school boys by using questionnaires.

3.10 Secondary data

Secondary data is collected from various secondary sources like books, magazines, journals; studies on related topic etc. Internet and websites were another source of the data.

3.11 TOOLS OF DATA COLLECTION

The researcher collected the necessary data from the high school boys using questionnaire. The questionnaire contained 42 questions on various aspects of sex education, importance of sex education, ignorance of sex and sexuality, student's attitude about sex and sex education, influence of media in sex education and need of sex education in school level.

3.12 METHOD OF DATA COLLECTION

The data was collected from St. Joseph HSS Peravoor and Santhinikethan School Peravoor. It was done with the help of questionnaire.

3.13 METHOD OF DATA ANALYSIS

The collected data is analyzed with the help of SPSS (Statistical Product and Services Solution) software.

CHAPTER IV

DATA ANALYSIS AND INTERPRETATION

CHAPTER IV

DATA ANALYSIS AND INTERPRETATION

4.1 INTRODUCTION

Analysis and interpretation are the important part of the research. This chapter is concentrating on the analysis of the data collected. Analysis is the ordering of data into constituent parts in order to obtain answer to research questions. Interpretation takes the result of analysis, make inferences and draw conclusion about it. The researcher analyzed all most all questions that are directly related to the objectives of research. The researcher used SPSS for analyzing data and also used graphical representation methods for analyzing the data.

4.2 RELIGION OF THE RESPONDENTS
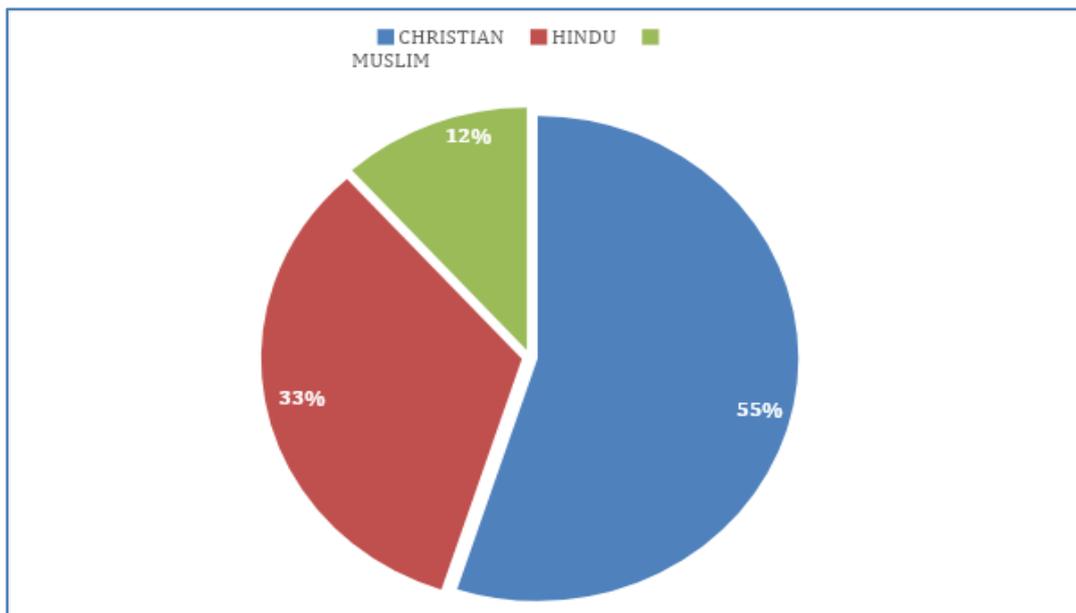
FIGURE 1

Figure no.1 deals with the religion of the respondents. It was found that out of 60 respondents 55% of respondents are belongs to Christian and 33% of respondents are belongs to Hindu and the 12% of respondents are from Muslim. The majority of the respondents belong to Christian.

4.3 OCCUPATION OF THE RESPONDENT'S FATHER

TABLE 1

Options	Frequency	Percent
Farmer	20	33.3
Driver	4	6.7
Business	8	13.3
Government job	9	15.0
Other	19	31.7
Total	60	100.0

Table No.1 deals with the occupation of the respondent's father. This is to understand the socio economic status of the respondents' family. 33.3% of the respondent's fathers are farmers and 6.7% of them are driver, 13.3% of them are doing business, and 15% of them are government employees and 31.7% of people are doing other occupations like carpenter, painter, and electrician etc.

4.4 ANNUAL INCOME OF THE RESPONDENT'S FAMILY

TABLE 2

	Frequency	Percent
5,0000 to 1 Lakh	24	40.0
1 Lakh to 2 Lakhs	15	25.0
2 Lakhs to 3 Lakhs	8	13.3
3 Lakhs to 4 Lakhs	7	11.7
Above 4 lakhs	6	10.0
Total	60	100.0

This table shows that annual income of the respondent's family. This is to know about the financial background of the respondent's family and also to know whether to know all the needs of the respondent are met with. Here it is clear that majority of the respondents are from middle class family and 11.7% of the respondents are from upper class family.

4.5AWARENESS ABOUT CHANGES HAPPENING DURING PUBERTY INMALE AND FEMALE

FIGURE 2
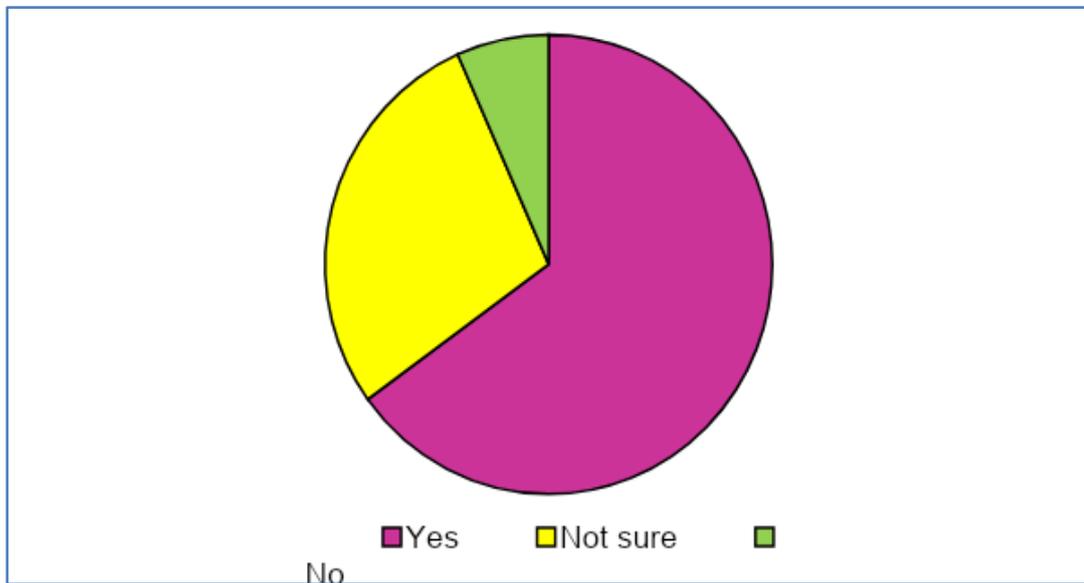
When a child attains puberty he may undergo different changes in their body, emotions and their social life. If the child is aware about all these changes he could adapt some coping mechanisms to par with it.

Here the figure no.2 reveals that 65% of the respondent is aware about it, and 28% of them are not sure about it, and 6.7% of them have no any knowledge about it.

4.6 CURIOSITY OF THE OPPOSITE SEX

FIGURE 3
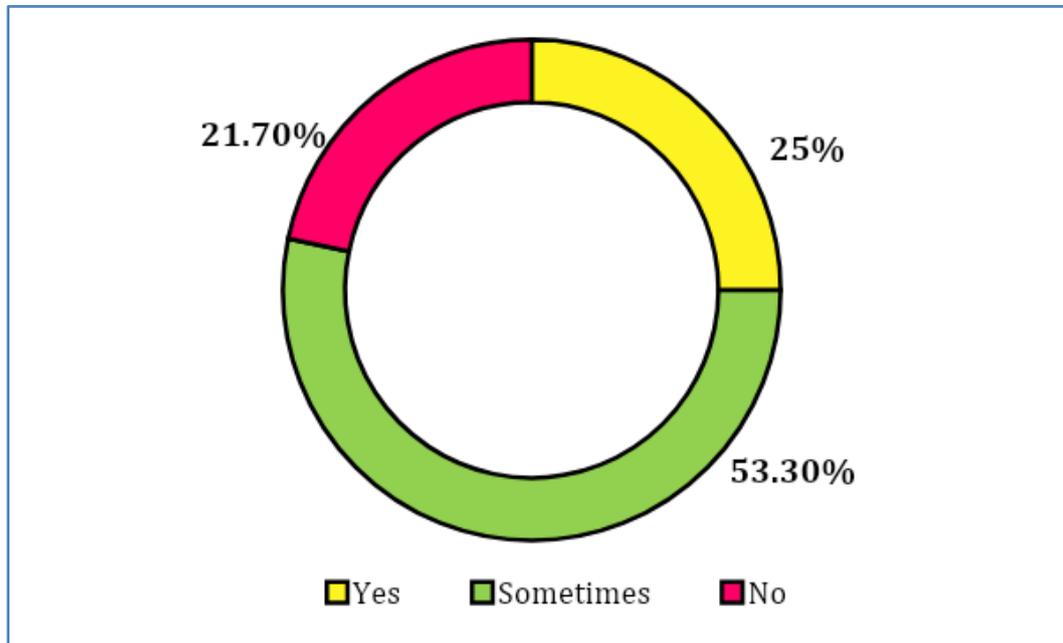
Sex is one of the important factor that the most of the people having more curiosity to know. The above figure shows that the 53.3% of the students are responded that sometimes. 25% of the students responded that interested to know about opposite sex. And 21.7% of the students are not curious to know about opposite sex. Curiosity is common in people but students are not well aware about the sex proper education should be given from the people who are responsible to give it.

4.7 OPPOSITE SEX ATTRACTION

FIGURE 4
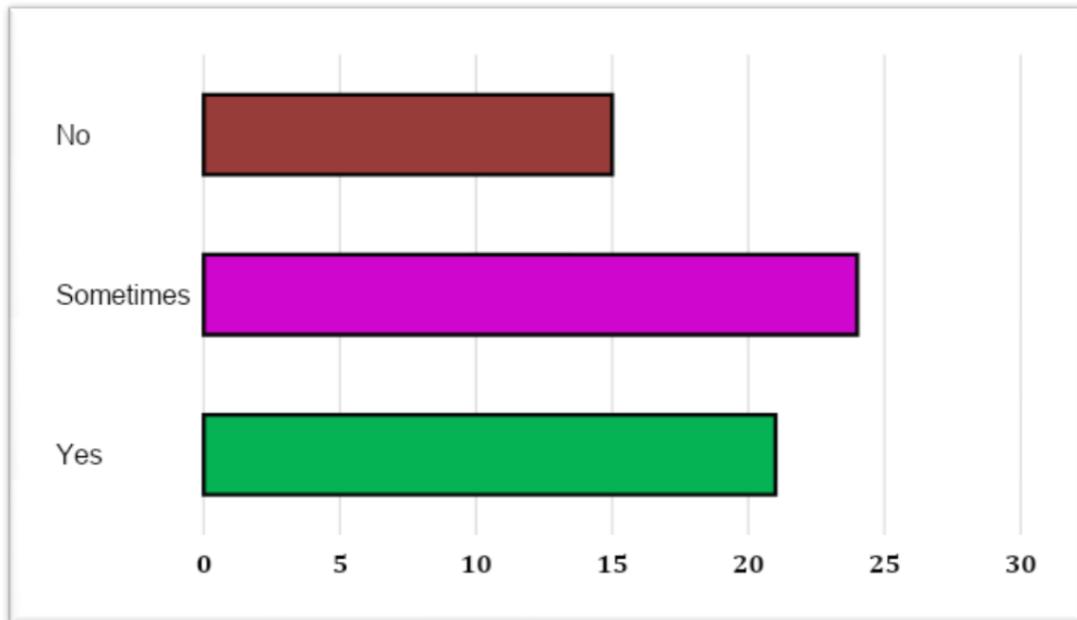
The age of adolescent is very difficult age because in this age adolescence are attracted with the opposite sex. The above figure clearly says that only 35% of the respondents are curious to know about opposite sex. And 40% of students responded that sometimes they may attract with the opposite sex. The remaining 25% of the students are not interested to know about opposite sex. There are many factors that lead the adolescence to have an attraction or not towards the opposite sex. According to the development psychology, this is the age when the students are attracted towards the opposite sex. The remaining students, those who are not attracted to the opposite sex will have an attraction towards opposite sex in their growth. The attraction towards the opposite sex is necessary according to the natural law. So the lack of awareness lead the student to confuse about weather this attraction is good or bad.

4.8 CLOSE FRIENDS OF THE OPPOSITE SEX

TABLE 3

	Frequency	Percent
Yes	13	21.7
No	40	66.7
Not interested	7	11.7
Total	60	100.0

Friends are important factor, because they are able to affect the life of the people. When it comes to the opposite sex the way of interaction and the level of affecting is different.

When we analyses the above table it is clear that 66.7% of the students don't have close friends from the opposite sex. And 21.7% of the students have got close friends from opposite sex. As we read from literature the age of the students' make them feel shy to talk to opposite sex there are 11.7% of the students have no interest at all. As natural most of the students don't have close friends from opposite sex.

4.9PEER GROUP INFLUENCE IN DECISION MAKING

FIGURE 5
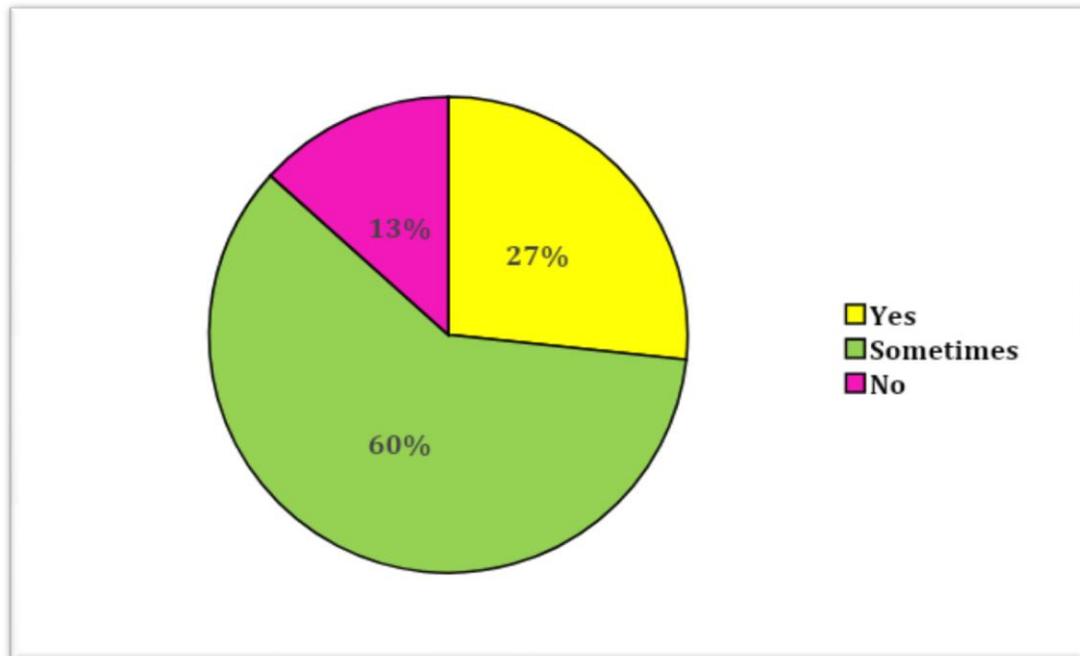
Adolescence is very much influenced by the peer group and that can make changes in their decisions. Peers affect their behavior and attitudes like style of clothing, vocabulary, interest and appearance, different from that of the family, because adolescence spend most of their time outside the home with members of the peer group.

Here 60% of the students are responded that sometimes their decisions are made by the influence of the peer groups. And 26.7% of the students are influenced by the peer groups while decision making

4.10 FEELING BAD ABOUT SPEAKING SEX

TABLE 4

	Frequency	Percent
Yes	8	13.3
Sometimes	32	53.3
No	20	33.3
Total	60	100.0

Speaking sex is not considered as something good in public. The people those who speak about sex also may not give proper information about sex.

The above table shows that 53.3% of the students are responded that sometimes they feel bad to talk about sex. And 33.3% of the students don't feel bad to talk about sex. And 13.3% of the students are feeling bad to talk about sex. Speaking about sex is not bad but it has got the importance what they speak. When the students speak about sex they should speak the truth.

4.11 NECESSITY OF SEX EDUCATION

TABLE 5

	Frequency	Percent
Yes	42	70.0
Not sure	15	25.0
No	3	5.0
Total	100	100.0

Sex education is very much necessary among adolescence. Sex education is the education to the people about the sex and sexuality. The proper education about sex will help the people to have a good knowledge and awareness about sex.

It is clear from the above table that 70% of the students agree with the opinion that sex education is necessary. And 25% of the students are not sure about its necessity. The remaining 5% of the students didn't agree with the opinion that sex education is necessary. Sex education helps the students to have the proper knowledge about sex and sexuality. Sex education should be given properly to the students by the authorized people.

4.12 REASON FOR THE NECESSITY OF SEX EDUCATION

TABLE 6

	Frequency	Percent
It gives awareness about sex and sexuality	13	21.7
It gives healthy awareness about physical, emotional and psychological changes and help from sexual exploitation.	47	78.3
Total	60	100.0

There are many reasons which make sex education necessary for the students. The increasing crimes and attacking related to sex is one of the important factors which are very much essential for the need of sex education.

The response of the students towards the reason for the necessity of sex education is shown in the above table. 78.3% of the respondents see the awareness about the 'physical and emotional and psychological changes and help from sexual exploitation' as the reason for the need of sex education. But there is another 21.7% agree with 'awareness about sex and sexuality' as the reason for conducting sex education class.

4.13 SEX AWARENESS CLASS

TABLE 7

	Frequency	Percent
Yes	22	36.7
No	37	61.7
Indifferent	1	1.7
Total	60	100.0

Sex awareness class is the education given to the people regarding sex and sexuality. Sex awareness gives proper knowledge to the people regarding sex.

The table no.7 shows that only 36.7% of the students have attended sex awareness class. The remaining 61.7% of the students have not attended any class related to sex. And 1.7% of the students are indifferent to it. So the awareness level of students regarding sex is very poor. More than half of the students have to get yet some classes related to sex which will give them a proper knowledge.

## 4.14 SOURCE OF INFORMATION ABOUT SEX AND SEXUALITY

TABLE 8

	Frequency	Percent
Parents	8	12.2
Teachers	6	11.1
Friends	20	33.3
Media / Internet	26	43.3
Total	60	100.0

There are lots of sources available nowadays to get information about sex. The students' also use these sources to get the new information about the sex. So the study will bring the idea f how the respondents are getting the information about sex and the main source used by the students.

The above table shows that 43.3% of the students get information from the media/ internet. And 33.3% of the students get the information from friends. 12.2% of the students the information from parents. The remaining 11.1% of the students responded that they get information from teachers. So these are main sources from which the students get the information about the sex.

4.15 INTEREST OF ADOLESCENCE IN WATCHING PORNOGRAPHIC FILMS

FIGURE 6
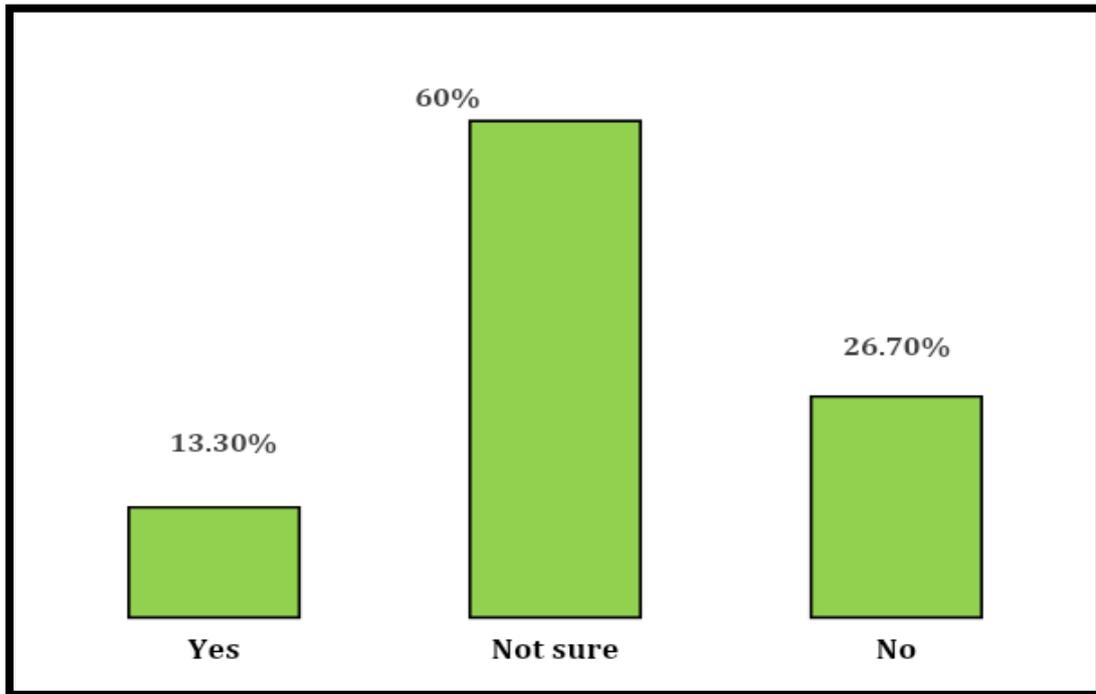
Pornographic films are the films which show the sex and sexual act in the film. These films are certified with the certificate with only adults allowed to watch these films. The above figure shows the clear picture of students those who are watching the porn films and those who are not watching those films. 60% of the students responded that they are not sure about the interest of the adolescence in watching pornographic film by using the internet facilities. But here there is possibility. And 13.3% of the students responded that adolescence are interested in watching pornographic film. Remaining 26.7% of the students responded that adolescence no such interest.

4.16 ROLE OF MASS MEDIA IN CLUDING WRONG ATTITUDE TOWARDS SEX AND ITS ABUSE AMONG ADOLESCENCE

TABLE 9

	Frequency	Percent
Yes	14	23.3
Sometimes	34	56.7
No	12	20.0
Total	60	100.0

Media is one of the important factor which have got an important role in making an attitude towards sex. The role of mass media is very high in making attitude about sex and its abuse.

Here 56.7% of the students' respondent that sometimes mass media has an important role in making wrong attitude towards sex. 23.3% of the students responded that mass media has an important role in it. But the remaining 20%of the students didn't agree to the point that media is playing an important role in bringing wrong attitude.

4.17 CLARIFYING THE DOUBTS ABOUT SEX WITH PARENTS

TABLE 10

	Frequency	Percent
Yes	3	5.0
Sometimes	8	13.3
No	49	81.7
Total	60	100.0

Sexual doubts are to be clarified from the home itself. The parents of the students should take interest in telling them about the changes that happen to them at the time of adolescence. It is good that mothers explain to girl children and fathers to the boys. From the above table it is very clear that 81.7% of the students responded that they never ask to their parents about the doubts related to sex and clarified. And 13.3% of the students responded that sometimes their parents help them to clarify their doubts related to sex. Remaining 5% of the students agree that they ask to their parents regarding the doubt related to sex.

4.18 PARENTS HELP IN GETTING CORRECT KNOWLEDGE ABOUT SEX AND SEXUALITY

TABLE 11

	Frequency	Percent
Yes	3	5.0
Sometimes	11	18.3
No	46	76.7
Total	60	100.0

Parents are the first teachers of the children. Parents have got the responsibility to educate their child intellectually, spiritually, emotionally, mentally, and psychologically. Sexual awareness is also very much necessary for the students. Parents should make sure that the children are getting the correct knowledge about sex.

The above table shows that 76.7% of the students disagree to the opinion that their parents help them in getting the correct knowledge about sex and sexuality. And 18.3% of the students agree with the opinion that sometimes their parents help them in getting the correct knowledge about sexuality. Remaining 5% of the students responded their parents help them to get correct knowledge about it.

4.19 THE MEANS USED BY PARENTS TO IMPART KNOWLEDGE ABOUT SEX AND SEXUALITY

TABLE 12

	Frequency	Percent
Not Responded	50	83.3
Through one to one sharing	8	13.3
Arranging counseling with sex educators / counselors	2	3.3
Total	60	100.0

Parents help the children to get proper knowledge about sex and sexuality. To explain the matters related to sex parents use different means. Here the researcher studies the variety of means used by the parents to impart knowledge about sex and sexuality.

From the above table it is clear that 13.3% of the parents use one to one sharing as a method to educate the children regarding sex and sexuality. But 3.3 of the parents get the help of counselors and sex educators to explain the information about sex and sexuality. But the 83.3% of the students didn't respond to it.

4.20 FACED ANY SEXUAL ABUSE

TABLE 13

	Frequency	Percent
Yes	0	0
No	55	91.7
Indifferent	5	8.3
Total	60	100

Now a day whenever we open the newspaper we can see one or more news regarding the sexual abuses happened. The lack of awareness is one important factor which plays an important role in leading the people to sexual abuse.

The above table shows that 91.7% of the students have not faced any type of sexual abuse from anyone. And 8.3% of the students are indifferent to the question.

4.21 SEXUAL ABUSE IS THE RESULT OF LACK OF SEX EDUCATION AMONG ADOLESCENT

TABLE 14

	Frequency	Percent
Yes	21	35.0
Sometimes	27	45.0
No	12	20.0
Total	60	100.0

Sexual abuse happens because of the lack of awareness of the students about sex and sexuality. The proper knowledge will help the students to escape from the sexual abuse of people.

From the table it is clear that 35% of the students agree that sexual abuse is the result of lack of sex education among adolescence. But 45% of the students responded that sometimes sexual abuse may the result of lack of sex education. The remaining 20% of the students never agree that sexual abuse is not the result of lack of sex education.

4.22 WATCHING BLUE FILMS WILL GIVE SEX EDUCATION

TABLE 15

	Frequency	Percent
Yes	3	5.0
Sometimes	19	31.7
No	38	63.3
Total	60	100.0

The blue films present the sexual pictures and sexual acts in its full lengths. The knowledge given by the sex education may be wrong or may not be. Adolescents should not make it habit of watching the blue films.

Out of 60 respondents 38 respondents 38 disagree with the opinion that watching blue film will help in getting sex education. And that means 63.3% of the respondents disagree with watching blue film will give sex education. 31.7% of the students responded that sometimes watching blue film will give sex education. The remaining 5% of the students agreed that watching blue film will give sex education

## 4.23 SEXUAL ABUSE OR PROBLEM WHOM DO YOU FEEL FREE TO SHARE

TABLE 16

	Frequency	Percent
Parents	12	19.7
Teacher	10	17
Friends	38	63.3
Total	60	100.0

When some difficulties come and when people share the problem it decreases. Like that when some problems or abuse happen people go for counseling or go to the people whom they find that they can believe them.

The above table explains that 63.3% of the respondents find their friends are best to share their problems or sexual abuse happen to them. 19.7% of the students feel free to share with their problem and difficulty related to sex. And 17% of the people find their teachers as the best people to share their problems and difficulties related to sex or sexual abuse.

4.24 HEARD ABOUT MASTURBATION

FIGURE 7
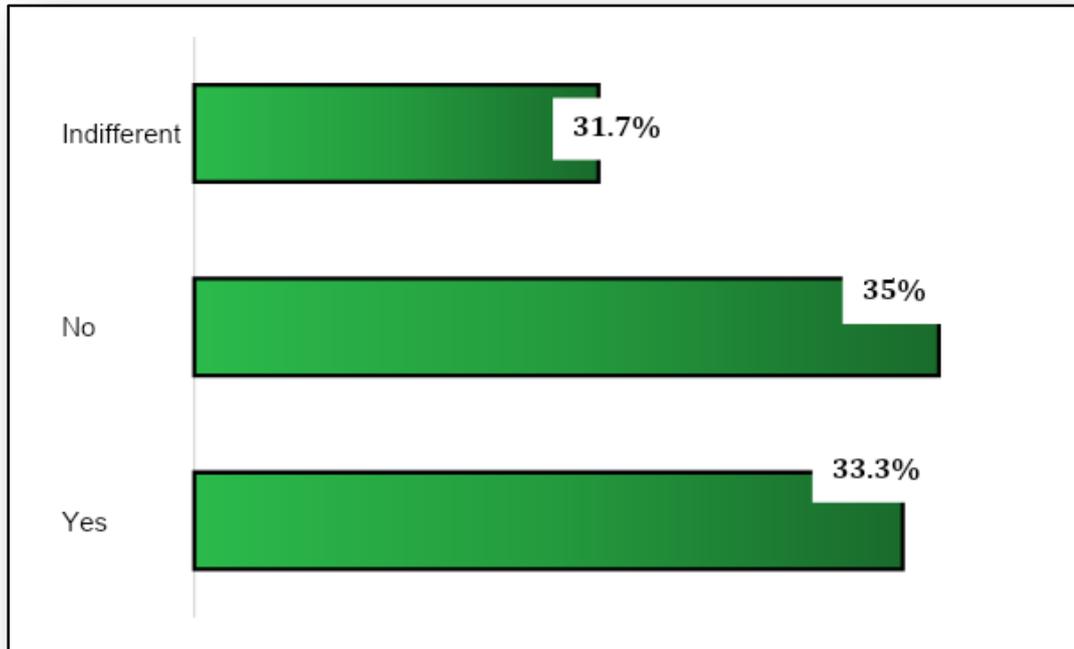
Masturbation is a common activity, which involves touching the genitals or other sensitive areas of the body for sexual arousal or pleasure. Many of the students have heard about masturbation and some of them have not heard about it. And many of them are indifferent to the term masturbation.

Here it is clear that 33.3% of the students have heard about masturbation. And 35% of students responded that they have not even heard about it. The remaining 31.7% of the students are indifferent to the term.

4.25 ATTITUDE TOWARDS MASTURBATION

TABLE 17

	Frequency	Percent
Not Responded	41	68.3
It is harm full to health	2	3.3
No problem to health	10	16.7
It is a sin	6	10.0
One should never do it	1	1.7
Total	60	100.0

Masturbation is one of the sex relate activity and people has got many doubts regarding masturbation.

The above table shows that 68.3% of the student are not responded and 16.7% of the students responded that no problem to health. And 10% of the students responded that it is a sin. But the 3.3% of the students responded that it is harmful to health. The remaining students responded that one should never do it.

## 4.26 INTEREST IN DISCUSSING WITH SEX RELATED TOPICS

TABLE 18

	Frequency	Percent
Yes	1	1.7
Sometimes	38	63.3
No	21	35.0
Total	60	100.0

During adolescence, the physical growth, psychological as well as cognitive development reaches its peak. So they will have the tendency to discuss about sex related topics among their peer groups.

Here the table shows that 63.3% of the students, sometimes they may interested to discuss about sex related topics. And 35% of the students disagree with the opinion that they have the interest in discussing with sex related topic. The remaining 1.7% of the student responded that they have interest in discussing about sex related topics.

4.27 KNOWLEDGE ABOUT SEXUALLY TRANSMITTED DISEASE

FIGURE 8
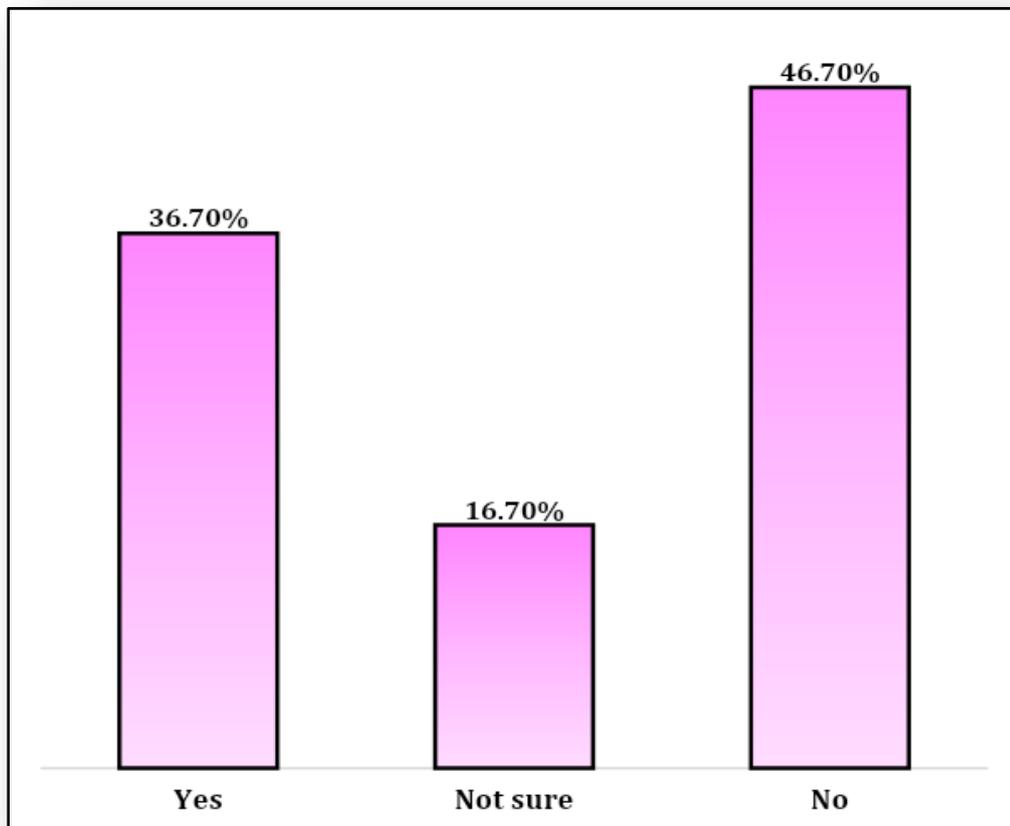
Knowledge about sexually transmitted diseases is very much important now a day. People are well aware about the main disease happen because of the unhealthy practice of sex.

Here the figure shows that 46.7% of the students have no knowledge about sexually transmitted diseases. Only 36.7% of the students are aware about sexually transmitted diseases. But 16.7% of the students are not sure about the correct knowledge about the sexually transmitted diseases.

4.28 MAJOR SEXUALLY TRANSMITTED DISEASES

TABLE 19

|	Frequency	Percent
Not Responded	38	63.3
Gonorrhea	0	0
Syphilis	0	0
AIDS	22	36.7
Total	60	100.0

Major sexually transmitted diseases are very much affects our society and people look to those diseases with lot of fear. The major sexually transmitted diseases are AIDS, gonorrhea, syphilis.

From the above table we can understand that only 36.7% of the students have knowledge about AIDS. But 63.3% of the students didn't respond to the question. And no student is well aware about the diseases like gonorrhea, syphilis.

4.29 WHICH IS RIGHT ABOUT SEX

People have got different opinion and idea about sex and sexuality. Every people believe about sex in different ways.

FIGURE 9
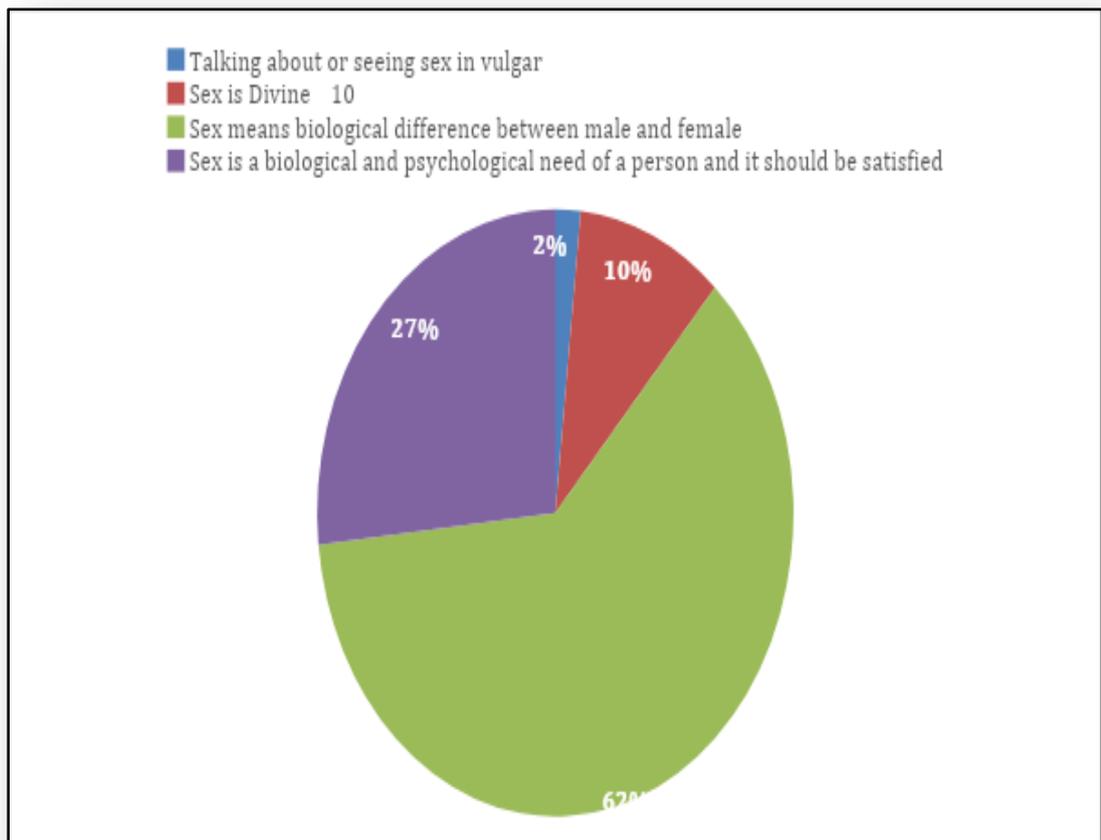
The above figure clearly says that 61% of the students agreed that sex means biological difference between male and female. There is 27% of the students responded that sex is a biological and psychological need of a person and it should be satisfied. Only 10% of the students agreed that sex is Divine. And the remaining 2% of the students responded that talking about or seeing sex in vulgar.

CHAPTER V

FINDINGS, SUGGESTIONS AND CONCLUSION

CHAPTER V

FINDINGS, SUGGESTIONS AND CONCLUSION

5.1 INTRODUCTION

This chapter is dealing with findings and suggestions. By using SPSS and Microsoft excel the researcher analyzed the collected data and found out some findings and suggestions. The findings and suggestions are formed on the collected data and suggestion of the respondents.

5.2 MAJOR FINDINGS

Objective 1:

- All the students are studied at class nine
- Majority of the students in between the age of 13 to 14 years
- Most of the students are from the middle class family and the most of their fathers are farmers.

Objective 2:

- Majority of the respondents agreed that sex education is very necessary among adolescents because they are not getting correct information about sex.
- Majority of students responded that sometimes they are having the curiosity to know about sex but they do not have proper knowledge about sex. Increased curiosity leads to many problems among adolescents.
- Peer group have a greater influence on adolescent's attitude, speech, interest, behavior and in their decisions.

Objective 3:

- Through this study it is clear that parents and teachers do not have major role in providing sex education instead of that mass media plays a major role in providing wrong attitude towards sex and sexuality among adolescents.
- Adolescents are not interested to discuss any doubts regarding sex with the parents. They are more interested to discuss with their friends.

- It was found that sex education is very important for school children. It creates awareness and makes them knowledgeable regarding health matter develops motivation and promotes changes in health behavior and have attitude on it.

- Through this research researcher found out that most of the respondents are never attend a sex education class. They did not get any platform to discuss and draw correct information about sex and sexuality.

- Many of the students responded that sexual abuse is the result of lack of sex education among adolescents.

- Majority of the respondents disagree with the statement that watching blue film will give sex education.

- Many of the students feel that speaking about sex is bad. It is because of they don't have right knowledge about sex.

- Adolescents are not aware about the major Sexually Transmitted Diseases. They have only some information about AIDS so it leads increasing incidents of STD.

- Majority of the students have agreed the reason for the necessity of sex education is that, it gives healthy awareness about physical, emotional and psychological changes and help from sexual exploitation.

- From the study it is found that majority of respondents are with the opinion that sex means biological difference between male and female.

5.3 IMPLICATIONS OF THE STUDY

- To provide information about the importance of sex education among high school boys.
- To understand the need of sex education and the role of the parents in providing sex education to their children.

5.4 LIMITATION OF THE STUDY

- There were some difficulties in collection of data, and the availability of the students in the school.

- The students were not cooperative, so there some difficulties to manage the students.

5.5 SUGGESTIONS

- Sex education classes should be part and parcel of our school curriculum because sex education is also an important subject like any other subjects.
- Teachers and parents should be made aware of the deviant sex orientations commonly seen in adolescents so that they can help the child to get rid of and adopt a healthy behavior.
- Sex education should be provided with the help of audio – visual aids and other methods. It provides better understandings. But the values and ethics should be kept in mind.

5.6 CONCLUSION

The study on the importance of sex education among high school boys in Iritty block' which helped the researcher to know the need of sex education among high school boys. The researcher conducted his studies in two schools in Iritty block. Questionnaire was distributed to the students to fill and the researcher made the analysis in the SPSS. The analysis were carefully done and presented in the form of tables and graphs. The finding provided at the end of the analysis reveals the need and importance of sex education. Adolescence as a growing age has lots of problems especially because of the growth and development in their mental physical psychological and sexual being. Often the face identity crisis. They are often failed to understand the changes in their body. At the same time they are not able to receive proper information to clarify and remove doubts and fears that are in their minds. The information provided by friends, media, sex literature etc... only proves to be harmful to their development since most of the information is wrong. Therefore there is a need of proper sex education for adolescence

When we compare boys with girls regarding with sex education boys often lack sex related information and this lack of awareness may lead to sexual abuse. We often read and hear in the media about sexual abuse of children and adolescents. This kind of perverted action could be prevented if only proper sex education provided to children and adolescents as they pass through their school days. Teachers and parents have greater responsibility to educate their children regarding sex and sexuality to prevent them from sexual abuse.

In this dissertation paper effort have been made through extensive review of literature to elucidate the problems faced by the adolescence regarding their sexuality and their emotional and psychological struggles as they passes through the most important stage of development towards adulthood. In this regard the search have tried to highlight the importance of sex education for high school boys and the role of parents and teachers by joining their hands to help to solve the problems of adolescence and to ensure mental and physical well-being of the children. Based on the finding the researcher has also made some suggestions which could be made use by educational institutions, teachers, and parents. Finally, the researcher can say with contentment that research carried out successfully and everyone cooperated well and contributed to the completion of the research.

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APPENDIX

QUESTIONNAIRE

DECLARATION : This questionnaire is purely for academic study of social work; therefore, all the data contributed by the respondent will be kept confidential.

Socio demographic details

1) Name   :
2) Age   :
3) Class   :
4) Name of the school   :
5) Place   :
6) Religion   : a)Christian   b) Hindu   c) Muslim
7) Fathers name   :
8) Occupation   :
9) Family annual income: a) 50000 to 1 Lakh   b) 1 Lakh to 2 Lakh

                        c) 2 Lakh to 3 Lakh d) 3 Lakh to 4 Lakh

                        e) above 4 Lakh

10) Gram panchayat   :

11) Mobile Number   :

12) Are you aware about the changes happening in male and female especially during maturity period?

☐ Yes   ☐ Not sure   ☐ No

13) Do you feel curious to know about opposite sex?

☐ Yes   ☐ Sometimes   ☐ No

14) Do you feel attracted with opposite sex?

☐ Yes   ☐ Sometimes   ☐ No

15) If yes, are they from opposite sex?

☐ Yes　　　☐ No　　　☐ Not interested

16) Do you feel close friends influence in your decision making?

☐ Yes　　　☐ Sometimes　　　☐ No

17) Do you have any bad habits?

Yes ☐　　　Sometimes ☐ No ☐

18) If yes, which of the following?

☐ Drugs　　☐ Alcohols　　☐ Smoking

19) Do your friends compel / influence you to use any of it?

☐ Yes　　　☐ Sometimes　　　☐ No

20) Are you a social person?

☐ Yes　　　☐ Sometimes　　　☐ No

21) Do you feel bad to talk about sex?

☐ Yes　　　☐ Sometimes　　　☐ No

22) In your opinion, is sex education necessary?

☐ Yes　　　☐ Not sure　　　☐ No

23) If yes, why do you think sex education is necessary?

☐ It gives awareness about sex and sexuality.

☐ It gives healthy awareness about physical, emotional and psychological changes and help from sexual exploitation.

24) Have you ever attended a sex awareness class?

☐ Yes　　　☐ No　　　☐ Indifferent

25) If yes, what were the contents?

☐ About physical changes in adolescence.

☐ Detailed class on sex and reproductive systems.

☐ Problems of adolescence.

☐ About emotional and psychological changes in adolescence.

26) From where do you get information about sex and sexuality?

☐ Parents ☐ Teachers ☐ Friends ☐ media / Internet

27) Do you agree with the comment that the adolescents are keenly interested in watching pornographic films using internet facilities?

☐ Yes ☐ Not sure ☐ No

28) Do you fall into watching pornographic videos?

☐ Yes ☐ Sometimes ☐ No

29) Do you feel mass media has vital role in including wrong attitude towards sex and it abuse among adolescence?

☐ Yes ☐ Sometimes ☐ No

30) If you have any doubts regarding sex, will you discuss or clarify it with your parents?

☐ Yes ☐ Sometimes ☐ No

31) Did your parents ever help you to get the correct knowledge about sex and sexuality?

☐ Yes ☐ Sometimes ☐ No

32) If yes, through what means?

☐ Through one to one sharing.

☐ Arranging counseling with sex educators / counselors.

33) Do you have any experience of sexual abuse by some one?

☐ Yes   ☐ No   ☐ Indifferent

34) Do you feel that sexual abuse is the result of lack of sex education among
    adolescents?

☐ Yes   ☐ Sometimes   ☐ No

35) Do you think that watching blue films will give you sex education?

☐ Yes   ☐ Sometimes   ☐ No

36) If you experience any sexual abuse / problems, whom do you feel free to share?

☐ Parents   ☐ Teachers   ☐ Friends

37) Have you heard about masturbation?

☐ Yes   ☐ No   ☐ Indifferent

38) If yes, your attitude towards masturbation is that:

☐ It is harm full to health   ☐ No problem to health

☐ It is a sin   ☐ One should never do it

39) Are you interested in discussing with sex related topics?

☐ Yes   ☐ Sometimes   ☐ No

40) Do you know about the sexually transmitted disease?

☐ Yes   ☐ Not sure   ☐ No

41) If yes, which of the following

☐ Syphilis   ☐ AIDS   ☐ Gonorrhea   ☐ None of these

42) Which of the following is right about sex?

☐ Talking about or seeing sex in vulgar
☐ Sex is Divine
☐ Sex means biological difference between male and female
☐ Sex is biological and psychological need of a person and it should be satisfied.

A STUDY ON THE LEVEL OF ACHIEVEMENT MOTIVATION AMONG THE TRIBAL HIGH SCHOOL STUDENTS AT NOOLPUZHA GRAMPANCHAYAT, SULTAN BATHERY

A project Submitted to University of KannurIn partial Fulfillment for award of Degree

MASTER OF SOCIAL WORK

Submitted By

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2021 -2023

A STUDY ON THE LEVEL OF ACHIEVEMENT MOTIVATION AMONG THE TRIBAL HIGH SCHOOL STUDENTS AT NOOLPUZHA GRAMPANCHAYAT, SULTAN BATHERY

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MAY 2023

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ANGADIKADAVU

KANNUR

CERTIFICATE

This is to certify that the dissertation entitled, **A STUDY ON THE LEVEL OF ACHIEVEMENT MOTIVATION AMONG THE TRIBAL HIGH SCHOOL STUDENTS AT NOOLPUZHA GRAMPANCHAYAT, SULTAN BATHERY** is a bonafide record of work done by **GEORGE JOSE** under the guidance of **MS. ANJAYA VV** in partial fulfillment of the requirement for the award of the degree of Master of Social Work during the period of his study (2021-2023) in the department of Social Work, Don Bosco Arts and Science College, Angadikadavu, Kannur, affiliated to the Kannur university.

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ANGADIKADAVU

KANNUR

CERTIFICATE

This is to certify that the dissertation entitled, **A study on the level of Achievement motivation among the tribal high school students at Noolpuzha Grampanchayat, Sultan Bathery**, submitted by **George Jose** in partial fulfillment of the requirement for the award of degree of Master of Social Work, is a bonafide record of work done under my guidance and supervision during the period of his study (2022-2023) in the Department Of Social Work, Don Bosco Arts and Science College, Angadikadavu, Kannur, affiliated in the Kannur university.

Ms. Anjaya V V

Assistant Professor and Research Guide

Department of Social Work

Don Bosco Arts and Science College

DECLARATION

I**, George Jose,** the undersigned, hereby declare that the dissertation entitled**, A study on the level of achievement motivation among the tribal high school students at Noolpuzha Grampanchayt, Sultan Bathery** submitted to the Kannur University, in partial fulfillment of the requirement for the award of the degree of Master of Social Work, is a bonafide work done by me under the guidanc**e** of **Ms. Anjaya V V,** Assistant Professor, Department of Social Work, Don Bosco Arts and Science College Angadikadavu. This work has not been placed by anybody in the University for the Award of any degree or diploma.

ANGADIKADAVU   **GEORGE JOSE**

MAY 2023

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GEORGE JOSE

ABSTRACT

The title of the study is a study on the level of achievement motivation among the tribal high school students at Noolpuzha Gram panchayat, Sultan Bathery. This Research is a descriptive research study. Convenient sampling method is used for data collection. The total sample size was 60, which included tribal high schools students. Samples were from the five tribal settlement Colonies Sultan Battery in Wayanad district. Questionnaire and Deo Mohan achievement motivation scale is used as tool for data collection. The aim of the study is to find out the level of achievement motivation, socio demographic profile and education interest of the study.

The results reflected that majority of the tribal high students have high achievement motivation and having support from the parents and teachers to study. The study pointed out the lack of awareness on proper utilization of study hours. The parents of tribal students are going for daily wage labour to attain the economic stability. The major finding is the parents are not able to provide good environment for students to study. The main reason is alcoholism, over substance abuse and external marital affairs. These lead to family problems and conflicts. The result shows that tribal students are ambitious and determined in selection of career.

 The study also put forward valuable measures to enhance the achievement motivation and academic excellence. Recommendation of the study emphasis on importance of special attention and guidance to the tribal students. The tribal students must be aware on efficient use of energy and focus to attain academic excellence and improve their level of achievement motivation. The study put forward necessary suggestions for further exploration in this topic. The study suggest conducting comparative study based on gender, groups, communities, culture etc. Asses the role of teacher and counselors, analyses the impact of social economic status, the relationship between achievement motivation and academic performance are the important areas of the study suggested by researcher to conduct further research.

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CONTENTS

LIST OF TABLES

Table No.	Titles	Page No.
Table 4.2.1	The level of education	20
Table 4.2.2	Type of houses	27
Table 4.2.3	Difficult subject of respondents	30
Table 4.2.4	Ambition in future	37

LIST OF FIGURES

CHAPTER 1
INTRODUCTION

CHAPTER 1

INTRODUCTION

1.1   STATEMENT OF THE PROBLEM

A tribe is viewed, developmentally or historically, a social group existing before the development of outside state. A tribe is a group of distinct people, dependent on their livelihood. In every society, this social group is marginalized and illiterate. Majority of them are below the poverty. Most of them are illiterate due to school dropouts. They are still a large number of schools, which do not have minimum facilities while there has been a decline in the percentage of out of schoolchildren across gender, and social categories, tribal children still need greater and focused attention regard. The low level of learning at the early schooling stage accumulates and is covered up by the no detention policy up to VIII level. It is ultimately expressed at the secondary level, where students from the tribal groups constitute the highest proportion of failed candidates or low scorers in the class X board examination. Educating the tribal children has been challenge for the government for various socio, cultural, economic, geothermal, and administrative reasons however; contemporary concerns on tribal education are more complex than mere literacy. Most of the tribal schools are located in interior and remote areas where teacher would not like to go from outside. Among them, many are unemployed and many tribal settlements faces threat from wild animals also. The lack of skills in language and arithmetic's creates huge barriers for the studies.

Long duration summer vacation happens to be critical period for mass dropout only in tribal area but also in rural areas. Many of the tribal students stopped their education because of lack of motivation and lack of resources, which enhance motivation. Internal and external factors that stimulated desire and energy in people, to be continually interested and committed to a job, role or subject or to make an effort to attain a goal. Therefore, lack of motivation is important reason for educational backwardness of tribal students.

Motivation is the internal process that activate, guide, and maintain behavior over time. There are different type of motivations. They are hunger motivation, aggressive motivation and sex motivation. These are the motives, which express in every human

lives. Achievement motivation is one among them. Academic achievements is the outcome of education the extent to which a student, teacher or institution has achieved their educational goals. Need for achievement was one of the first social motives to be studied in detail. (MeClelland,D.C,Atkison and Lowell, 1953). According to Atkinson and feather, "The Achievement motive is conceived as a latest dispositionwhich is manifested in overt striving only when the individual perceives performance as an instrumental to a sense of personal accomplishment". "People in whom need for achievement is strong, seek, to become accomplished and to improve their task performance. They are task oriented and prefer to work on tasks that are challenging and on which their performance can be evaluated in some way, either by comparing it with other people's performance or in terms of some other standards (Atkinson, 1966). Achievement motivation is often termed as need for achievement or desire to accomplish difficult tasks and to excel. The Existing evidences suggests that, Individuals high in achievement motivation tend to get higher grades in school, earn more rapid promotions and attain greater success in running their own business than persons low in such motivation (Andrews, J.D.W, 1967).

The transition to online education during the Covid era has pulled back many tribal children from education. Lack of financial background and lack of knowledge to the access of modern information technology have caused many children to discontinue their studies. However, at the same time the online education has led many other tribal children to become lazy and drop out.In this modern age, relevance of topic is prominent because tribal students are marginalized and they found to be illiterate and educational dropouts. This occurs because of lack of motivation and lack of awareness. Majority of Tribal High school students are discontinue their education or gaining poor marks in exam. Through this study, researcher will understand of excellence in competing situation or not and it helps to find out the socio demographic conditions.

Absenteeism of teachers in schools in remote area has increased. Aspiration for higher education has led the government to institute scholarships for tribal students.The Aim of the study is to understand the level of achievement motivation of tribal high school students.

1.2 TITLE OF THE STUDY

A study on the level of achievement motivation among tribal high school students at Noolpuzha Grampanchayt, Sultan Bathery.

1.3 OBJECTIVES OF THE STUDY

1.3.1 GENERAL OBJECTIVES

To study about the achievement motivation of the Tribal High school students.

1.3.2 SPECIFIC OBJECTIVES

1) To understand the socio demographic profile of the respondent.
2) To know the educational interest of tribal students.
3) To know the level of achievement motivation of tribal students.
4) To suggest suitable measures which enhances the achievement motivation of tribal high school students.

1.4 SIGNIFICANCE OF THE STUDY

A tribe is groups of distinct people, dependent on their land for their livelihood, who are largely self-sufficient,are not integrated into the national society. They are any aggregate of people United by ties of descent from a common ancestor, community of customs and traditions. Tribe is a group of people, oftenof related families, who lives together, sharing same language, culture and history. Most of the tribes are living under the poverty. It is not easy for them to send their children to schools, as they are considered extra helping hands. Superstitions and myths play an important role in rejecting education. Most of the tribes are located in interior and remote areas where teacher would not like to go from outside. Among them many are unemployed, and many of tribal settlements face threat from wild animals. The literacy rate among the scheduled tribes is 72.77%. Most of them is used to drop out from schools at the primary level itself. Many of the tribal students stopped their education because of lack of motivation or lack of resources, which enhances the motivation. The Internal and external factors that stimulate desire and energy in people to be continually interested and committed to a job, role or subject or to make an effort to attain a goal. The efforts to attain a goal so lack of motivation is important reason for educational backwardness of tribal students.Therefore, lack of motivation is important reason for educational backwardness of tribal students.

Achievement motivation is the desire to accomplish difficult tasks and to meet standard of excellence. It can be defined as the need for success or attainment of excellence. Individuals will satisfy their needs through different means and are driven to succeed for varying reasons both internal and external.Achievement motivation is the desire to accomplish difficult tasks and to meet standard of excellence. Achievement motivation is a constant force of an individual to achieve striving farce of an individual to certain standard of excellence in competing situation studies proved that there was no significant relation between achievement motivation and academic achievement of tribal students

The relevance of topic is prominent because the transition to online education during the Covid era has pulled back many tribal children from education. Lack of financial background and lack of knowledge to the access of modern information technology have caused many children to discontinue their studies. However, at the same time the online education has led many other tribal children to become lazy and drop out. Thetribal students are marginalized, and they found to be, more illiterate, and educational dropouts due to the poverty. On this occasion, this study pave the way to find out the level of achievement motivation among the tribal high school students. Through this study researcher will understood that, tribal has whether striving force to achieve success to certain standard of excellence in competing situation or not. That means research will understood the level of achievement motivation of Tribal high school students and help to suggest measures to enhance the achievement motivation of tribal students. This helps to increase the achievement motivation of tribal students and paved the way to find out the areas of interest in education for them. These factors will helping them to motivated and enhance the achievement motivation.

1.5 CHAPTERIZATION

The entire research work will run into five chapters. The first chapter on introduction bring out the statement of the problem, Title of the study, objectives of the study, relevance or significance of the study and conclusion.

The chapter two brings the literature review by giving introduction, reviews related topic and conclusion. The chapter three deals with research methodology. It gives the definition on concepts and variables. It deals about research design, pilot study, universe and unit of the study. This chapter give information about sampling and

sources of data. It also deals with tools of data collection, method of data collection and data analysis.

The chapter four brings out the analysis and interpretation by having introduction and presenting every variable and sub variables to interpret it with collected data with suitable graphs, tables and figures. After all a conclusion will give.

The chapter five bring the findings, suggestion and conclusion. This chapter deals with major findings of the study, implications & limitations of the study and suggestions for further research and conclusion.

1.6 CONCLUSION

The study on level of achievement motivation among the tribal High school students will bring the level of achievement motivation and will help to find out their educational interests. This study also to collect the socio demographic profile and to know the educational interests of Tribal students. The study will suggests the appropriate measures to increase the achievement motivations of tribal students.

CHAPTER 2

REVIEW OF LITERATURE

CHAPTER 2
REVIEW OF LITERATURE

2.1 INTRODUCTION

Any scientific investigation starts with a review of literature. A collective body of work done by earlier scientists in technically called the literature. A literature review includes a critical evaluation of the material; this is why it is called literature review than literature report. It is a process of reviewing the literature, as well as a form of writing.(development, 2023). Working with the literature is an essential part of the research process that generates the idea, helps in developing significant questions and is recorded as instrumental in the process of research design. The main objective of a review of literature are identifying variables relevant for research, avoidance of repetition, synthesis for prior works and determining the meanings and relationships among variables.

2.2 REVIEWS

(Axel Ground, Brian M Galla, Stefan Fries, 2022) The study on Achievement motivation in students everyday lives: its relation to momentary positive and negative activation and the moderating role of mindfulnesssays that is in achievement motive theory, need for achievement is conceptualized as an explanatory variable that triggers certain experiences and behaviors spontaneously. However, given that not all students seems to be aware of their underlying motives, the link between self - reported need for achievement and daily experiences may depend on their mindfulness level. In a sample of university student (N=107), self-reported fear of failure predicted momentary negative activation across activity contexts in everyday life.

(Breyer, 2021)In theStudy on the relationships of Atkinson's theory of achievement motivation to programmed instruction;Atkinson's theory of achievement motivation posits that high need achievers are more motivated to succeed on tasks that offer an error rate of around .50 than low need achievers. This study explored whether achievement motivation was related to the performance on a programmed lesson in which the error rate was either .10 or .50. Results showed that need achievement and program error rate did not interact to affect acquisition of knowledge and that males did

better than females in acquisition of knowledge. The most interesting main effect was program error, which supported Skinners contentions that performance tended to be stronger if there was immediate feedback of the correct response with an accompanying low error rate.

(William Revelle and Edward J Michaels, 1976)In the theory of Achievement motivation Revisited: the implications of inertial Tendencies says;J.W Atkinson develops the theory of achievement motivation. The achievement motivation is composed of seven postulates. Postulate one is the tendency to engage in an achievement-oriented activity. It is a multiplicative function of the motive to approach success, of the incentive value of success in that activity and of the subjective probability of successfully completing that activity. The second postulate is the incentive value of an achievement task is equal to the complement of probability of success. The postulate third is the tendency to avoid engaging in a task that might results in failure. The incentive value of the failure is equal to the negative of the probability of success is the fourth postulate. The postulate five is the resultant tendency to engage in an achievement task is the algebraic sum of the tendency to engage in an achievement task of the tendency to avoid engaging in a task that might result in failure. The sixth postulate is the motivation induced by an ultimate goal is the sum of the motivations induced by each separate sub goal. The postulate seven is an action tendency, once aroused will persist until expressed in behavior.

(Na Li, Ying Yang, Xiang Zhao and Yue Li, 2023)The study on Relationship between achievement motivation and college students' general self-efficacy: a moderated mediation model aimed to find the relationship between achievement motivation and college student's general self-efficacy and to explore the mechanism between achievement motivation and general self-efficacy. The study results in finding that achievement motivation can directly affect the general efficacy and make a positive prediction. The study says that social support plays major role between achievement motivation and general self-efficacy.

(Sarangi, 2015)According to the study Achievement motivation is a consistent striving force of an individual to achieve success to certain standard of excellence in competing situation. In this study, an attempt was made to study the effect of achievement motivation on the academic of the high school students of tribal and non-tribal

communities in relation to their sex and locale. There are two hundred students took as samples for the study. It was found that there was no significant difference between tribal- non-tribal, boy- girl students, but urban students have shown high achievement motivation and academic achievement than the rural students. It was observed that there was no significant relationship between the achievement motivation and academic motivation of tribal, boy and rural students. However, there was significant relationship between the achievement motivation and academic achievement of non-tribal, girl and urban students.

(Carlen, 2020)The aim of the study is to conduct a systematic review of the research literature that has been done previously on the subject of motivation and motivational strategies in the EFL. The result of the study shows that the majority of the analyzed mentions or recommends the intrinsic motivational strategy, how the motivation from within where a person does something because they simply want to do it is the most powerful sort of motivation.

(Orhan-Ozen, 2017)The effect of motivation on student achievement was examined in the Meta analysis study. The result of the random effect model showed that motivation has low-level positive effect on student achievement.

 (Sharma, 2018) The study states that achievement motivation is expectancy of finding satisfaction in mastering challenges and difficult performances. Academic achievement has been considered a vital factor in life and is the important goal of education. Achievement signifies accomplishments gain or performance carried out successfully by an individual or group on the completion of a task whether it is academic, manual, personal or social. Measured with the Thematic Appreciation Test (TAT) need for achievement motivates an individual to succeed in competition, and to excel in activities important to him or her.

(Vinu, 2021)The study aims to discuss major issues and problems faced by tribal communities in India with special reference to their educational problem. According to him,tribes have a different way of living with distinct cultural pattern. This study has found a wide range of issues and problems faced by tribal in India.Education is the only way to overcome from their problems. The tribal area's school problem of communication and untrained teachers are big barriers in education of tribes. Most of the tribal parents and children do not show interest in school. If the teacher punish

student they avoid going to school. Especially in case of girl child, parents do not support her to enroll and continue her studies. Tribal parents have narrow mentality regarding education. Rather than the government introduce many schemes and incentives to attract students towards education but because of the corruption, these facilities are not being provided to these areas.

(Thangadurai, 2015) This is a study of need of addressing the educational constraints and empowers the tribal children of Attapady. The research aims to find out the various educational availability of tribal children to analyses the educational problems, to find out the need of counselling and guidance, to access the method of conducting programme for tribal children and thus empower the children belongs to the schedule tribe. The sample size is hundred. Twenty respondents each from the five tribal schedule. This study clearly indicates that the tribal children find inadequate facility in the family of their studies. The majority agree that Counselling helps them to study well. The study shows after counselling they develop their self-esteem and self-confidence and they gain so much and express the willingness to study well and achieve the goal in life, through the intervention of the social workers, the tribal children are empowered. The study found that Early Marriage of tribal children, especially girls was found to be a factoradversely affecting the education of tribal children and drug addiction of tribal parents are adversely affecting the educational interest of children

(Manhas, 2017) As achievement motivation and academic achievement is important for growth of students an attempt has been made to study relationship between achievement motivation and academic achievement students belonging to different social categories i.e., General Category, Scheduled Caste and Scheduled Tribe. 150X[th]class students (75 boys and 75 girls) were selected randomly as sample from 10 government colleges from Jammu city. Pearson's product moment method was used to find the relationship between achievement motivation and academic achievement. T-value was calculate significant differences in the correlation coefficient values obtained by applying Pearson's moment method. The results show significant and high relationship between achievement motivation and academic achievement of boys and girls belonging to general Category, girls from scheduled caste and boys from scheduled tribe. Significant but low relationship was found between achievement and academic achievement of boys from Scheduled Caste. Very negligible relationship was

found between achievement motivation and academic achievement of girls belonging to Scheduled Tribe. No significance of difference in relationship based on achievement motivation and academic achievement between boys and girls from General Category. Scheduled Caste and Scheduled Tribe was found. In addition, no significance of difference was found in relationship based on achievement motivation and academic achievement between boys from General category, Scheduled Caste and Scheduled Tribe and girls from General Category and Scheduled Caste. However, significantdifference in relationship between based on achievement motivation and academic achievement was found between girls from General Category and Scheduled Tribe and girls from Scheduled Caste and Schedule Tribe.

(Vineetha, 2019) The study aims to find out the level of academic performance of tribal students. Tribe may be defined as a social division of a group of people, especially of a preliterate people. It is also defined in terms of common descent, territory, culture and type of living. A Tribe is an ethnic or ancestral division of an ancient culture. The total Scheduled tribe population returned in Kerala as per Census 2011 is 4,84,839. School failure is a general problem of almost all countries. Modern education in tribal society was not only a new but also an alien phenomenon.

The high dropout rate in tribal society is largely linked with this phenomenon. This study takes an attempt to understand the academic performance among the tribal students in Thrissur district. This study is descriptive in nature. The researcher has adopted convenient and purposive sampling method. Half (50 percent) of the respondents were having medium academic performance. It explores that a tie for school social workers in school settings.

 (Rohi Fayaz, Prof M.Y. Ganai, 2022) The present study was undertaken to compare the level of achievement motivation between Schedule Tribe (ST) and Other Backward Class (OBC) secondary school adolescents of District Budgam. With the help of simple random sampling technique, 160 students were selected, 80 ST and 80 OBC. Applying Achievement Motivation Scale developed by Pratibha Deo and Asha Mohan (2018) data was collected. After analysis by using percentage. Mean, SD and t-test, results indicated that, 68.75% of socially disadvantaged adolescent students possess average motivation, 11.25% students possess above average motivation, 5.0% students are having high achievement motivation, 2.50% students are highly motivated. On the other hand, 8.75% of students fall in below average achievement motivation, 2.50%

students in low motivation and 1.25% students fall in lowest motivation group. Besides, significant difference was found in the achievement motivation of ST and OBC students as OBC students are having higher achievement motivation as compared to ST students

(Paul, 2019) This research is a comparative research study. A study on Achievement Motivation among teenage children of employed migrated mothers and children living with both parents in Kandy District - West hall Estate. This research is a comparative study; convenient sampling method was used. The total sample size was 60. Which included 30 teenage children of employed migrated mothers and 30 teenage children living with both parents. Samples were from the four divisions of West hall Estate: West Hall, Baranda, Barkepal and Rilagala. Participants comprised from CP/GP/K/West Hall Tamil Vidyalaya, Kataboola. Deo - Mohan Achievement Motivation Scale was used to measure the Achievement Motivation of two groups. The results reflected that the level of Achievement Motivation among teenage children of employed migrated mothers and teenage children living with both parents have a medium level of Achievement Motivation. According to the result of the study, null hypothesis was rejected. However, they do differ in their Achievement motivation level and it is significant. Teenage children living with both parents have a higher level of Achievement Motivation than the teenage children of employed migrated mothers do. Hence, this study concluded that there is a significant difference between Achievement Motivation among teenage children of employed migrated mothers and teenage children living with both parents. Additional studies were suggested to confirm the findings, and the research methodology should be expanded to include a qualitative approach to further understand factors contributing to achievement motivation. Especially in the teenage children of employed migrated mothers.

(Association, n.d.)The desire to perform well and be successful. The desire to overcome from obstacles and master difficult challenges. High scorers in achievement motivation are likely to set higher standards and work with greater perseverance than equally gifted low scorers. David McClelland found a significant relationship between high achievement motivation and early independence in childhood; in addition, there is a positive correlation between high achievement motivation and actual achievement in later life. Henry Alexander Murray first described it.

2.3 CONCLUSION

All above reviews shows the importance of Achievement motivation and relevance of it in each target groups. Achievement Motivation lead the people to pursue their dreams and wants. The above reviews clearly portraits the Relevance of Achievement motivation as research topics. It helped the researcher to be thorough the topic and its importance. All reviews high lightened the level of Achievement motivation & its importance to obtain certain goals. These reviews will be helped the researcher to deepen into topic and related subjects.

CHAPTER 3

RESEARCH METHODOLOGY

CHAPTER 3

RESEARCH METHODOLOGY

3.1 INTRODUCTION

Research Methodology is a term that means the science of how research is done scientifically. It has specific procedures or techniques used to identify select, process and analyze information about the topic. It is a way of explaining how a researcher intends to carry out their research. The chapter comprises how the study is conducted. It includes the Definition of concepts, research design, tools and techniques of the study. Through this study researcher will understand that tribal students has whether striving force to achieve success to certain standard of excellence in competition situation or not. This research helps the researcher to understand the sociodemographic profile & educational interests of tribal high school students. It pave the way to suggest the appropriate measures which enhances the achievement motivation of tribal high school students

3.2 DEFINITION OF CONCEPTS

1) Achievement

2) Achievement Motivation

3) Tribe

3.2.1 THEORETICAL DEFINITION

1) (Dictionaries, n.d.)According to Oxford learner's dictionaries "Achievement is a thing that somebody has done successfully, especially using their own effort and skill.

2) According to American Psychological Association "Achievement Motivation is the desire to perform well and be successful and the desire to overcome from obstacles and master difficult challenges (Association, n.d.)

3) According to National Commission for Scheduled Tribes " The certain communities in the country were suffering from extreme social, educational and economic backwardness arising out of age - old practices of untouchability and certain others on account of the primitive agricultural practices, lack of infrastructure facilities and

geographical isolation, and who need special consideration for safeguarding their interests and for their accelerated socio - economic development. These communities were notified as scheduled Tribes as per the provisions contained in Clause 1 of Article 341 and 342 of the constitution respectively(Tribes, 2016).

3.2.2 OPERATIONAL DEFINITION

1) Achievement refers to the strive of tribal students to achieve something or task.

2) Achievement Motivation is refers to desire or need of tribal high school students to achieve the task of their exams and to meet the standard of excellence in it.

3) Tribe refers to social group of Paniya and Kurumar having definite area, dialect, and who need special consideration for safeguarding their interests and for their accelerated socio economic development.

3.3 VARIABLES

The independent variables are age, community, regular attendance, ambition of the respondents and Dependent variables are level of Achievement Motivation, difficult in understanding the language and dialects of teachers, Difficult and interest subjects of the respondents, Type of family.

3.4 RESEARCH DESIGN

This study has a descriptive design because, with a questionnaire, the researcher was able to comprehend the socio demographic profile of the respondents as well as the educational interests of the samples. Additionally, with Deo Mohan achievement motivation scale, the researcher is able to comprehend the degree to which tribal students are motivated to achieve their goals. There were 60 tribal high school students taken as samples. The researcher was able to determine the level of achievement motivation by using the scale of Deo Mohan Achievement Motivation, from which point researcher proposed appropriate measures to increase achievement motivation among tribal students.

3.5 PILOT STUDY

Pilot study was conducted in government Higher school Moolankavu at Sultan battery in Wayanad district. Researcher met 10 Tribal High School students and ensured the relevance of the topic.

3.6 UNIVERSE AND UNIT OF THE STUDY

The universe of the study is Tribal High School students in different schools.Inaddition, unit of the study is each tribal High school student.

3.7 SAMPLE DESIGN

A sample design is definite plan for obtaining a sample from given population. It refers to the technique or the procedure the researcher would adopt in selection items for the sample. Researcher used convenient sampling method to select samples. Researcher was collected samples from five settlements of tribe at Sultan Battery in Wayanad district. During last month's march, the senior sections of all schools were busy with exams. As a result, researcher had a hard time getting samples from schools and now a day it requires high-level permissions and sanctions from concerned authorities and it may difficult to attain with in specific time limit of research. Tribal settlement colonies can provide a minimum of security when providing the required samples. Selecting people with easy access to information was helped researcher to obtain data quickly and easily, allowed the researcher to collect samples conveniently without any time constraints.

3.7.1 INCLUSION CRITERIA

Researcher selected 30 samples of boys and girls who were between the ages of 13 to 15belongs to the Paniya and Kuruma tribal Community in the Noolpuzha Grampanchayt.

3.7.2 EXCLUSION CRITERIA

Researcher did not include the other categories and eliminated the samples from outside the Noolpuzha Grampanchayt who were under the age 13 and above 15 years old in Paniya and Kuruma Communities.

3.8 SOURCES OF DATA

Primary data was collected from Tribal High School students and secondary data was collected from journals,books,articles etc.

3.9 TOOLS OF DATA COLLECTION

Researcher used the questionnaire and Deo-Mohan Achievement Motivation Scale. The questionnaire includes 22 questions. The questions from one to ten deals to collect about the socio demographic condition of the tribal high school students. The questions from 11 to 22 deals to know the educational interests and status of the tribal high school students. The educational status involves the way of studying, proper using of study hours, failures in previous classes etc. The questions also helps the researcher to know the support of parents and teachers to students in study.

Deo Mohan Achievement Motivation scale is another tool used by researcher to find out the level of achievement motivation. Prof. Pratibha Deo and Dr. Asha Mohan, National psychological corporation, KacheriGhat, developed this scale. This scale is available in English and Hindi. In this study, it has translated into Malayalam language by using google translator and then the faculty research guide has revised it. The scale consists of 50 items helps to measure the achievement motivation. The items in scale deals about academic challenge, achievement anxiety, importance of grades meaningfulness of tasks, attitude towards education and teachers, work methods, inter personal relations, individual concerns, general interests, dramatics and sports. Out of 50 items, 13 are negative and 37 are positive items. The item number 1,12,13,14,17,18,19,20,21,22,32,34,37 are negative items and remaining are positive items. The scale is of the self-rating type and can be administered in a group with zero points to rate via always, frequently, sometimes, rarely, never. It has no time limit. The scoring device is a simple stencil type having a numerical weight age from four to zero for positive items and reverse of it for negative items. The maximum score is 200 and the minimum score could be zero. This scale did not have cut off score. The score 156 and above denotes high level of achievement motivation. The score 127 to 155 denotes average level of achievement motivation. The score 126 and below is low level of achievement motivation.

3.10 METHOD OF DATA COLLECTION

After obtaining permission from the Academic head of Social Work Department of Don Bosco arts and science college, Angadikadavu, Iritty, Data collection has done in allotted days of data collection. Trainee approached 60 Tribal High School students with tools of questionnaire and Deo- Mohan Achievement Motivation scale for primary data collection. The questionnaire is tool to find out demographic condition and education interests of tribal high school students and the Deo–Mohan achievement motivation scale is to find out the level of achievement motivation. The questionnaires distributed to 60 high school students. The scale of achievement motivation distributed to the 60 students along with questionnaire under the guidance of researcher.

3.10 METHOD OF DATA ANALYSIS

In order to achieve all objectives, which is to understand the demographic conditions, educational interests, the questionnaires have evaluated by the researcher, and all calculations were done using the Statistical Package for Social Sciences (SPSS) and Microsoft Excel. In order to achieve the objective to find out the level of achievement motivation, the scale was evaluated and coded according the guidelines of Deo- Mohan Achievement motivation sale. According that, a score of 156 and abovewas obtained which entailed that the respondent has high achievement motivation. Therefore, the respondents have the score between 127 and 155 will be identified as having high achievement motivation and have the score below 126 will be identified as having low achievement motivation.

CHAPTER 4
DATA ANALYSIS AND INTERPRETATION

CHAPTER 4

DATA ANALYSIS AND INTERPRETATION

4.1 INTRODUCTION

In this chapter, an attempt is made to analyze and interpret the data collected and tabulated. It is meant for examining and determining inherent facts of meaning from tabulated data in detail number. The information collected through questionnaire was analyzed and interpret as per objective of the study. Researcher collected the socio-demographic profile, educational interests of Tribal high school students through the questionnaire and understood the level of achievement motivation with Deo Mohan Achievement motivation scale.

4.2 INTERPRETAION AND ANALYSIS

DIAGRAM 4.2.1

AGE OF THE RESONDENTS
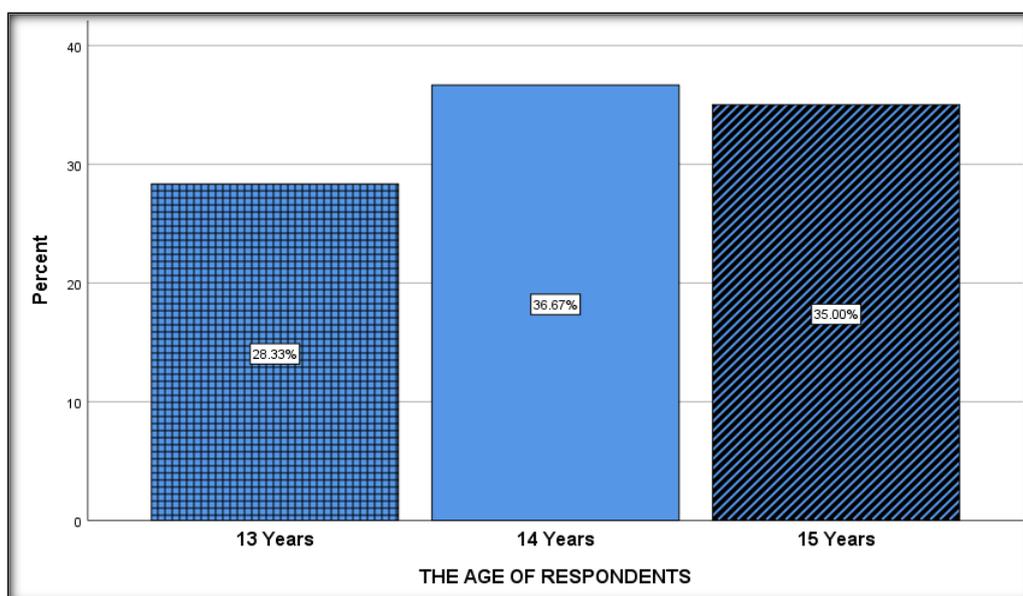
From the above diagram, it is seen that 28.33% of respondents are in the age of 13 years, 36.67% of respondents are in the age of 14 years and 35% of respondents are in the age of 15 years.

Samples were takenfrom different colonies at Noolpuzha Gram Panchayat. Therefore, Researcher Classified age into three groups according their standard of studying in VIIIth, IXth and Xth standards for the convenience of research.

TABLE 4.2.1

THE LEVEL OF EDUCATION

STANDARD	FREQUENCY	PERCENTAGE
8th Standard	17	28.3%
9th standard	22	36.7%
10th standard	21	35%

From the above Table, 28.33% of the respondents are studying in the eighth Standard, 36.67% of the respondents are studying in the ninth standard and 35% of the students are studying in the 10th standards. Among 60 respondents, 17 of them are in eighth standard, 22 of them are in ninth standard and 21 of them are in 10th standard.

According to the ministry of Tribal Affairs of India literacy rate of scheduled tribes was 59% whereas the overall literacy rate was 73% at all India level(Affairs, 2020).Due to NGO participation in the form of running tribal well-being projects, all children from tribes attend school. Everyone attends school for a reason due to the proximity of schools to tribal communities and the promotion of all students up to the 10 th grade in accordance with state education policy.

DIAGRAM 4.2.2

THE SEX OF THE RESPONDENTS
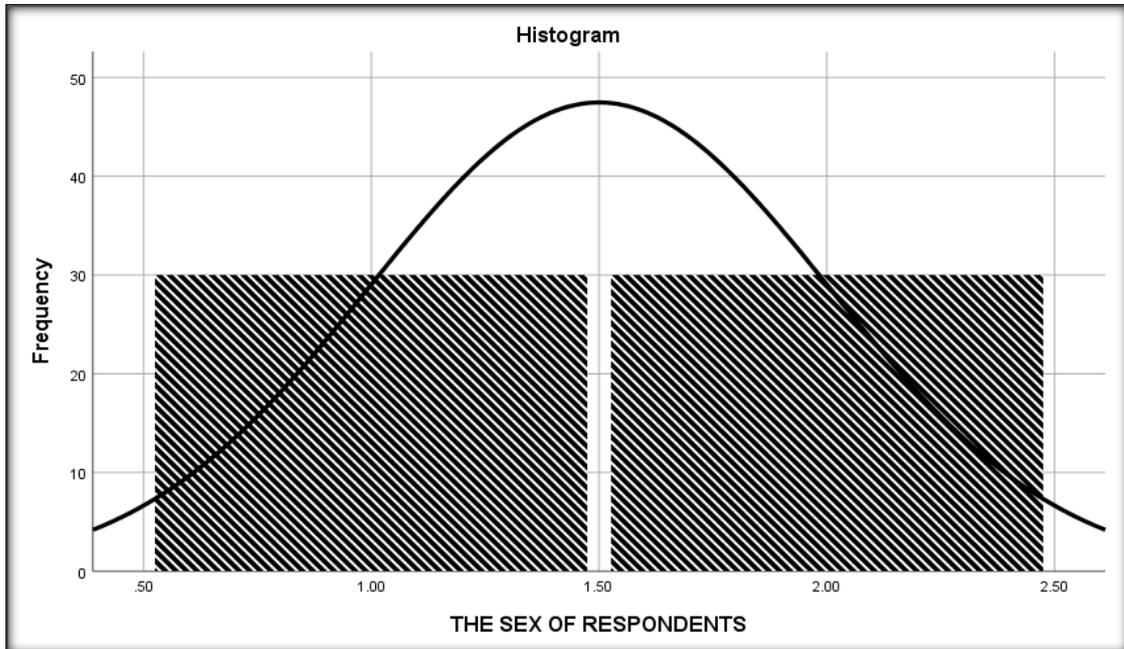
From the above Diagram, The researcher classified the sex into males and females. The males are 50% and females are 50% of respondents among the respondents.

In order to prevent biases towards any particular sex and to analyses and evaluate the respondents' achievement motivation, the researcher used samples of 30 males and 30 girls.

DIAGRAM 4.2.3

THE COMMUNITY OF RESPONDENTS

THE COMMUNITY OF RESPONDENTS

KURUMAN [PERCENTAGE]

PANIYAR

KURUMAR

PANIYAR 83%
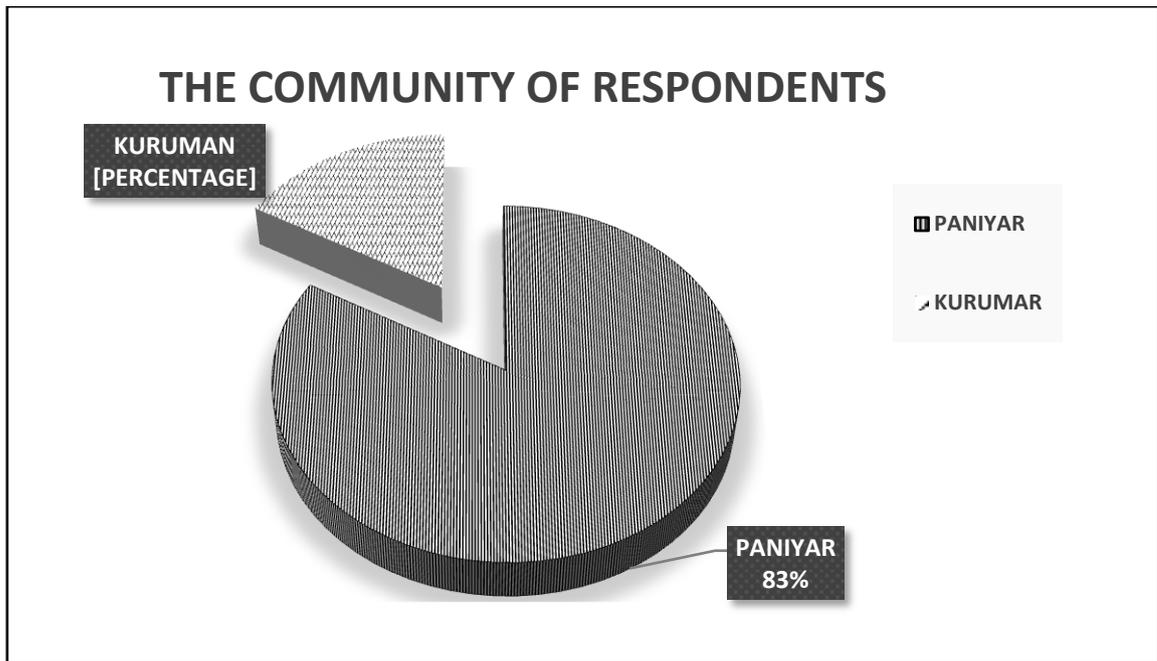
From the above diagram, 83% of the respondents belongs to the Paniya community and 17% of the respondents belongs to the Kurumar community.

According to Kerala tribal Population census of 2011, most populated community is Paniya. They are distributed in Wayanad district and the adjoining Kozhikode, Kannur, Malappuram districts. The total population of the Paniya community as per 2011 census is 88450. Kurumar found in Wayanad district. They Form 5.054% of the Scheduled Tribe population.

DIAGRAM 4.2.4

THE TYPES OF FAMILY
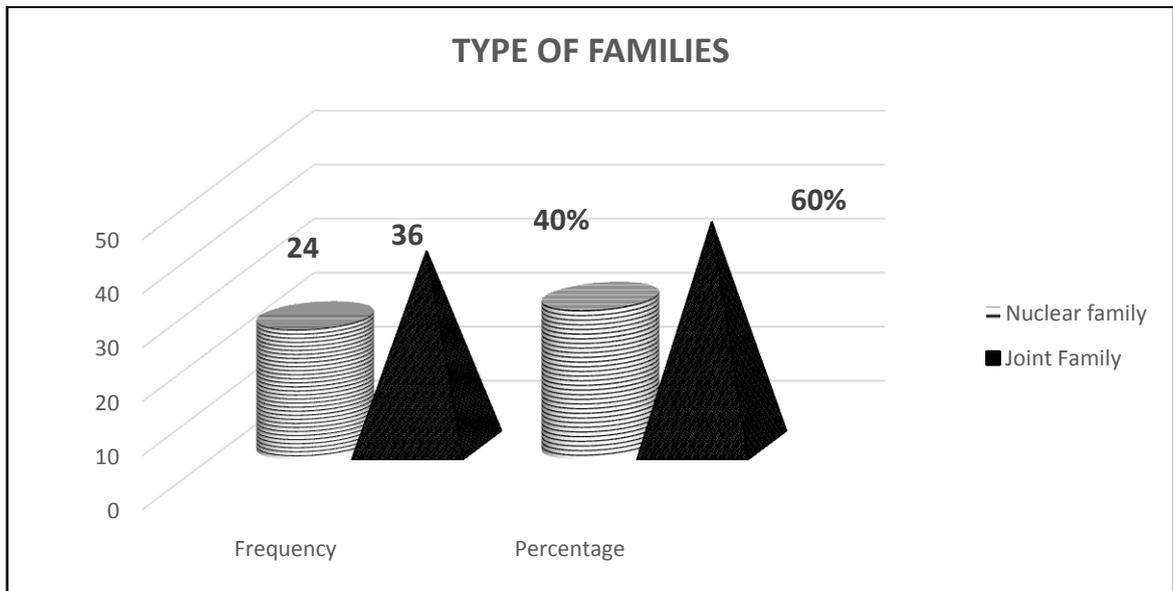
From the above diagram, 40% of the respondents belongs to the nuclear family and 60% belongs to the Joint family.

Even though they have separate homes, most Paniya community members prefer to live in joint families. Most upper communities among the scheduled tribes are kurumar. They favor nuclear families the most. To analyses the sociodemographic circumstances of the tribal high school students, the researchers divided the household into nuclear families and joint families.

DIAGRAM 4.2.5

THE SCHOOL OF RESPONDENTS

78%   **22%**

40.00%

30.00%

20.00%

10.00%

0.00%

GHS Mathamanglam   GHS Moolamkave

THE SCHOOL OF RESPONDENTS
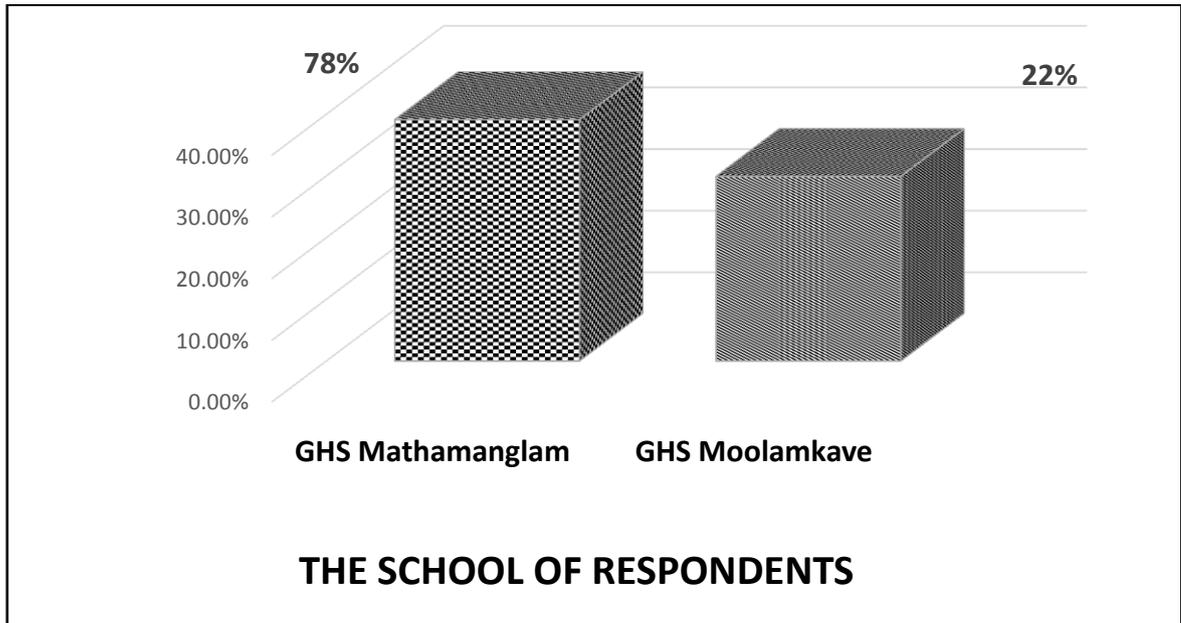
From the above diagram, 78% of the respondents are going to GHS Mathamangalam School and 22% of the respondents are going to GHS Moolamkave School.

The GHS Mathamangalam and GHS Moolamkave are situated in Kuppady Village of Sultan Bathery block at Wayanad district. The both schools are situated near the tribal settlement colonies around three or four kilometers. It will help the tribal students to access the school by walk.

DIGRAM 4.2.6

THE OCCUPATION OF RESPONDENT'S FATHER

THE OCCUPATION OF RESPONDENT'S FATHER

A bar chart titled "THE OCCUPATION OF RESPONDENT'S FATHER" with the y-axis labeled "Percent" ranging from 0 to 80. Three bars: Daily Labor at 73.33%, Farmer at 20.00%, and Government Job at 6.67%.
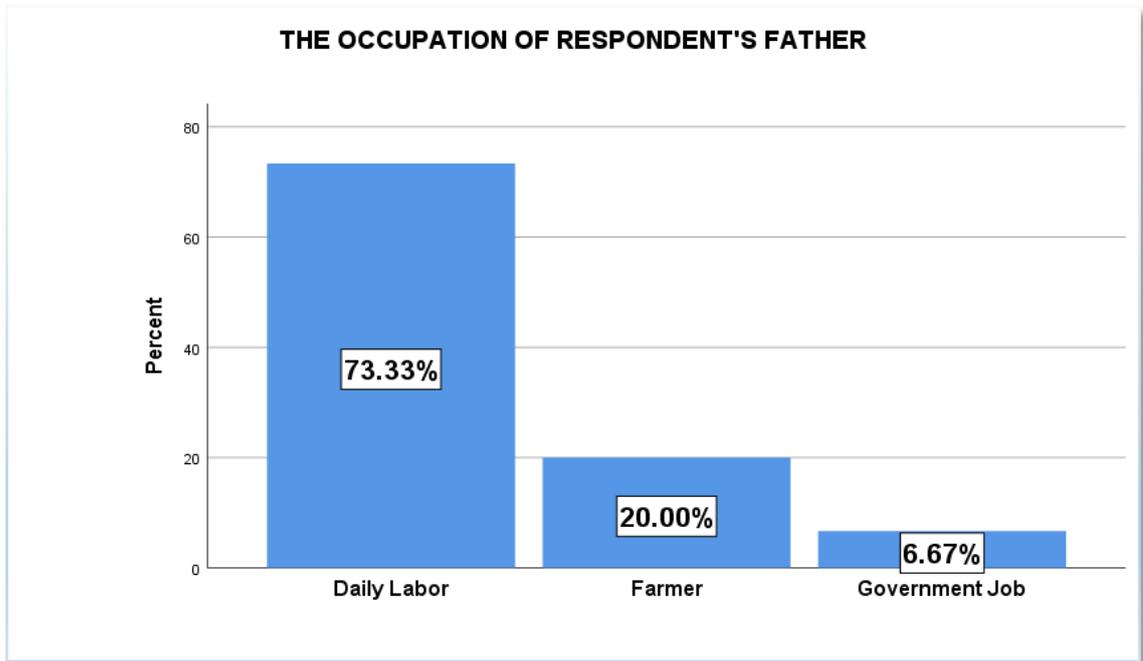
From the above diagram, 73.33% of fathers of respondents are daily laborers, 20 % of fathers of respondents are farmers and 6.67 % of the fathers of respondents are government employees.

Due to the lack of education and low desire for employment, the majority of the respondents' fathers work as day laborers. The majority of tribes value daily wages more than annual or monthly salaries. This may be the primary reason that daily labor is preferred over other occupations.

DIAGRAM 4.2.7

THE OCCUPATION OF RESPONDENT'S MOTHER
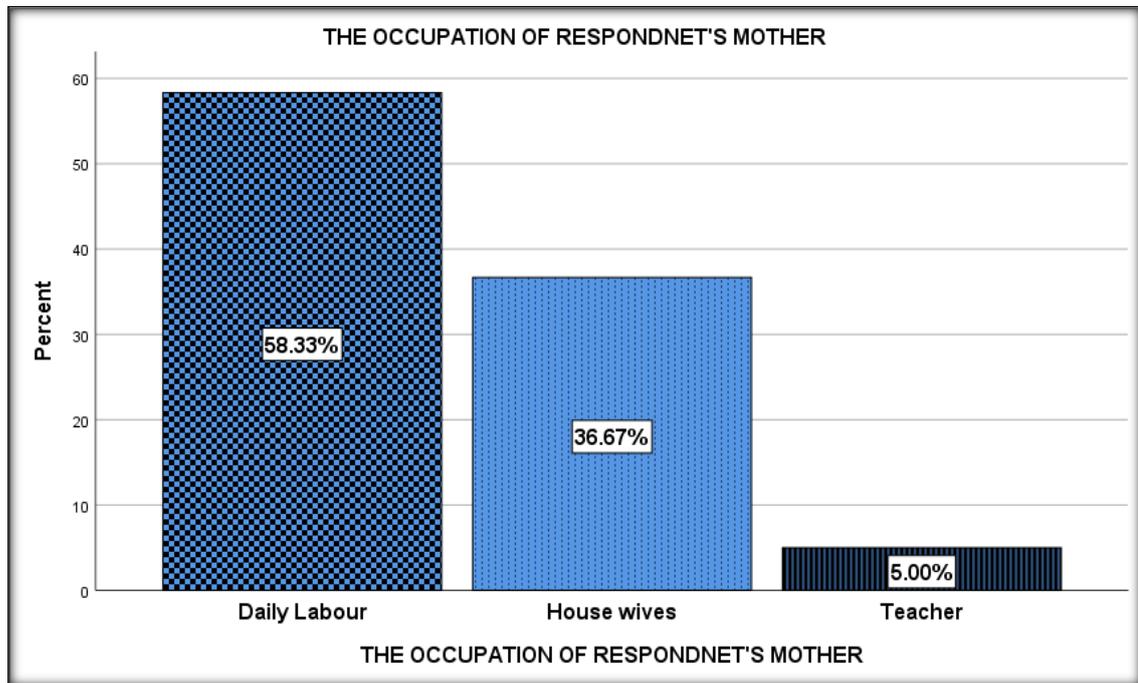
From the above diagram, 58.33% of the mothers of the respondents are daily laborers, 36.67 of the mothers of the respondents are homemakers and 5.0% of mothers of respondents are teacher.

As part of MGNREGA programmes, the majority of tribal woman work on daily basis, with a few remaining homemakers. The teachers are from the Kuruman community. In scheduled tribes, the kuruman community is an upward community. Due to the educational and economic disadvantage, mothers are forced to work in order to supplement their income.

TABLE 4.2.2

TYPE OF HOUSES

TYPE OF HOUSES	FREQUENCY	PERCENTAGE
Tile	18	30%
Concrete	42	70%

From the above table, Among 60 respondents, 18 of them have tile houses and 42 of them have concrete houses. 30% of the respondents have tile houses and 70% of the respondents have concrete houses.

Majority of respondents have concrete houses. The concrete houses are constructed under the different housing schemes of gram Panchayats, state and central governments. Some of the have tiled houses because of their poverty, economic backwardness, lack of utilization of money on different governmental housing schemes.

DIAGRAM 4.2.8

THE RESPONDENT'S FAILURE IN PREVIOUS CLASSES
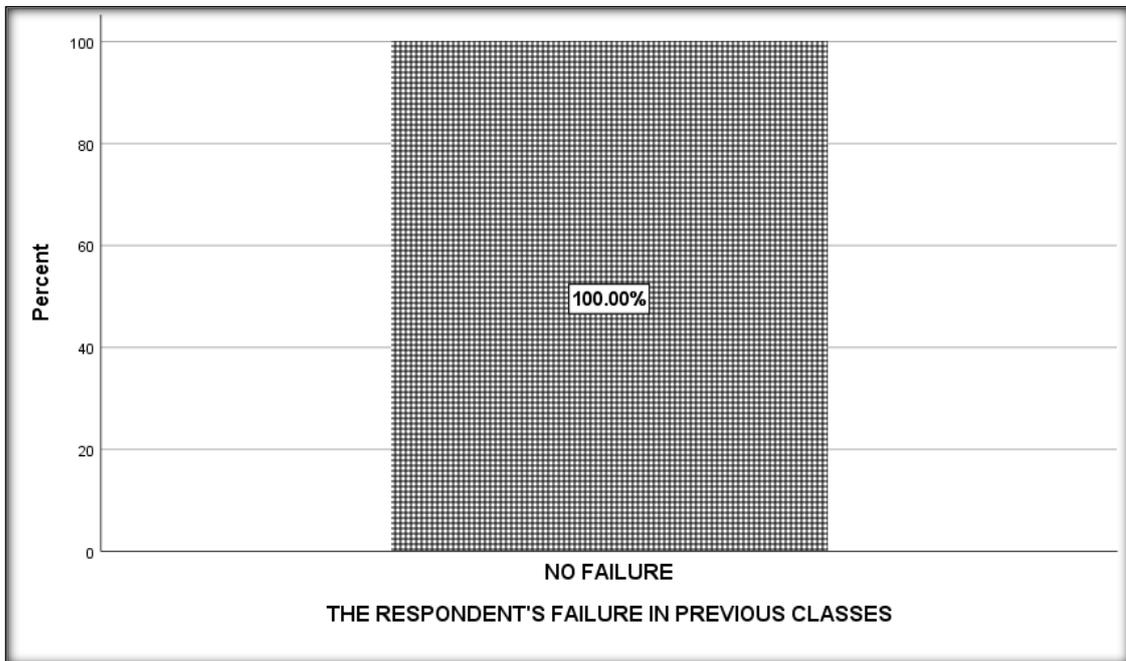
From the above diagram, 100 % of the respondents did not fail in any classes. All of the respondents are passed in every classes.

All respondents passes all classes and had no failures with previous classes. The overall promotion plan by the Kerala state board of education in all grades up to 10th standardis the main reason of no failures in the previous grades.

DIAGRAM 4.2.9

REGULAR ATTENDANCE OF RESPONDENTS

THE REGULAR ATTENDANCE OF RESPONDENTS

	FREQUENCY	PERCENTAGE
GOING	52	86.70%
NOT GOING	8	13.30%
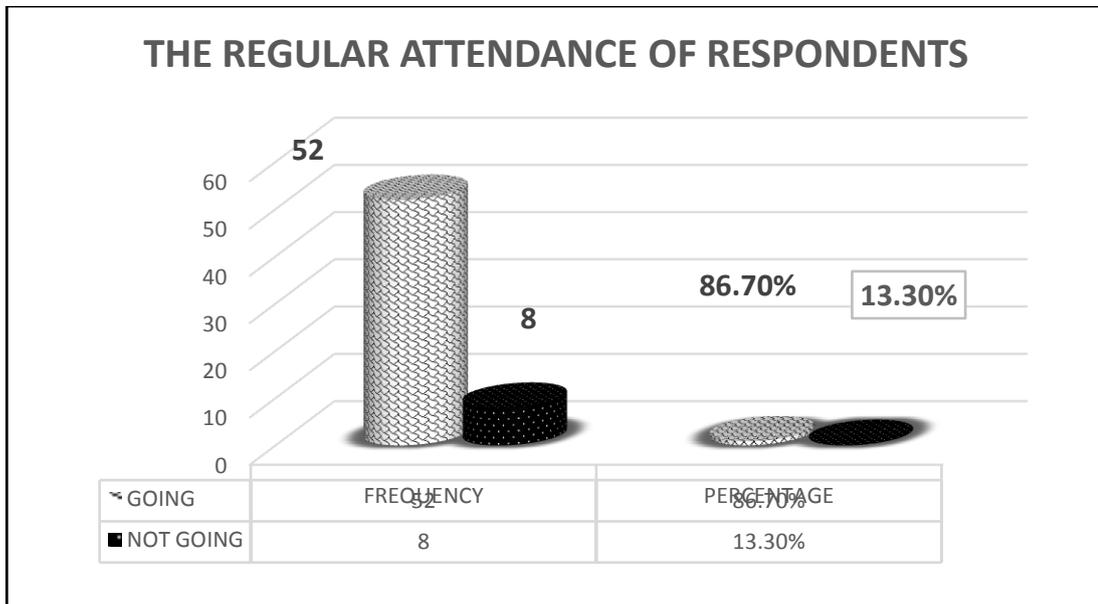
From the above figure, 86.70% of the respondents are going to school daily and 13.30 % of the respondents are not going to school regularly. Among 60 samples, 52 of them are going to school daily and eight of them are not going to school regularly.

All of the respondents are studying in the schools nearby their settlements. As a result, it makes easier for the respondents to attend classes on regular basis. The justification behind the respondents are not having standard participation is the absence of impulse from educators and parents, indifference and inspiration to study.

TABLE 4.2.3

DIFFICULT SUBJECT OF THE RESPONDENTS

NAME OF THE SUBJECT	FREQUENCY	PERCENTAGE
ENGLISH	51	85.0
MATHEMATICS	7	11.7%
MALAYALAM	2	3.3%

From the above Table, English is the difficult subject for 85 % of the respondents. 11.67% of the respondents felt mathematics as their difficult subject. 3.33% of the respondents felt Malayalam as their difficult subjects. Among 60 respondents, 51 of them face difficulty to study English, seven of them face mathematics as difficult subject and two of them face difficult to study Malayalam.

Majority of the tribal students have no essentials in mathematics and English in view of absence of information about the study and lack of about the strategy of review and absence of essential direction and inspiration.

DIAGRAM 4.2.10

FACILITIES FOR STUDIES IN HOME

THE FACILITIES FOR STUDIES IN HOME
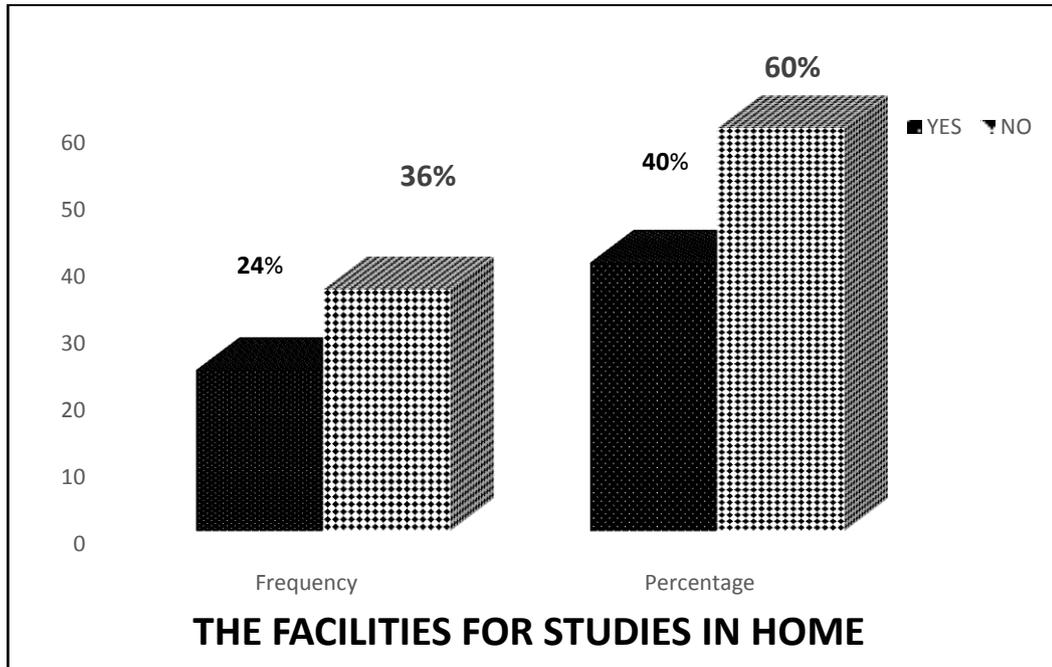
From the above figure, it is found that 60% pf the respondents have no facilities for studies in home and 40% of respondents have facilities for studies. Among 60 samples, 24 of them having facilities in home for study and 36 of them have no facilities for studies.

Many of the parents of the respondents aware about the education of their children. Therefore, they make facilities to study in home. However, major percentage of parents of tribal children are not bothered about education of their children. They are not aware about the importance of the education so they are not giving importance to make facilities to study in home.

DIAGRAM 4.2.11

GOOD ENVIRONMENT FOR THE STUDY
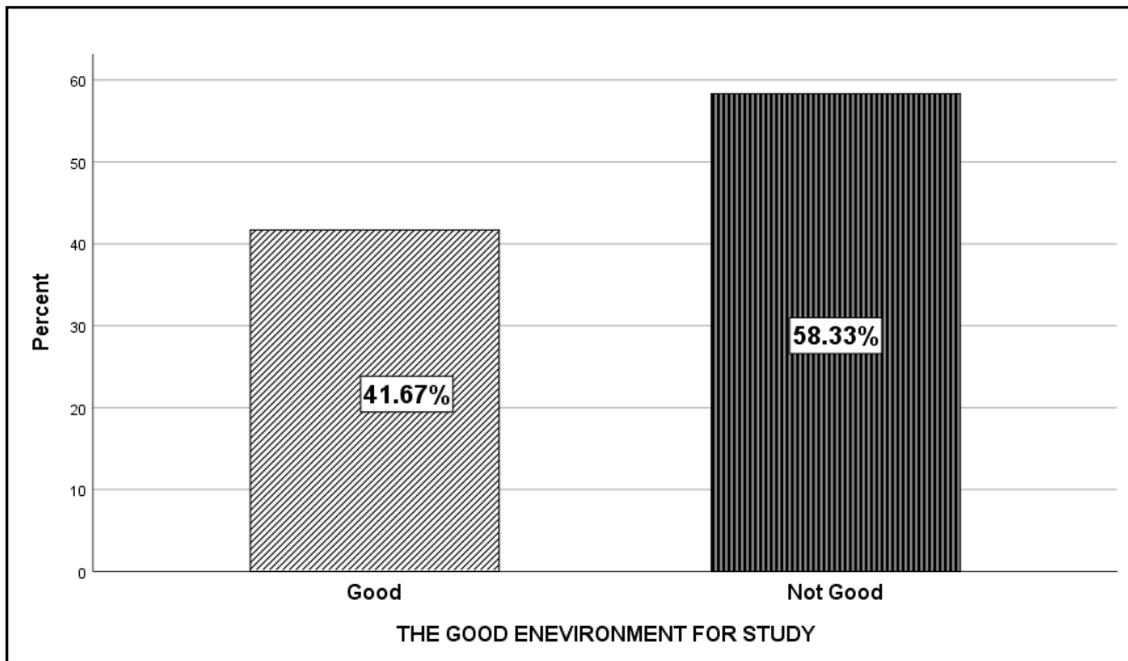
From the above figure, 58.33 % of the respondents have no good circumstances to study in the home and 41.67% of the respondents have good environment to study in home. The Respondents who have no good circumstances to study in home are more than who have good circumstances in home.

The tribal families are facing different challenges such as alcoholism, extra marital relationships of parents led to the family problems. So families who facing such problems cannot provide good environment for study. However, many of the tribal families are becoming more aware about the education of their children. Such families provide good circumstances and environment to study in home.

DIAGRAM 4.2.12

INTERESTED SUBJECT OF RESPONDENTS
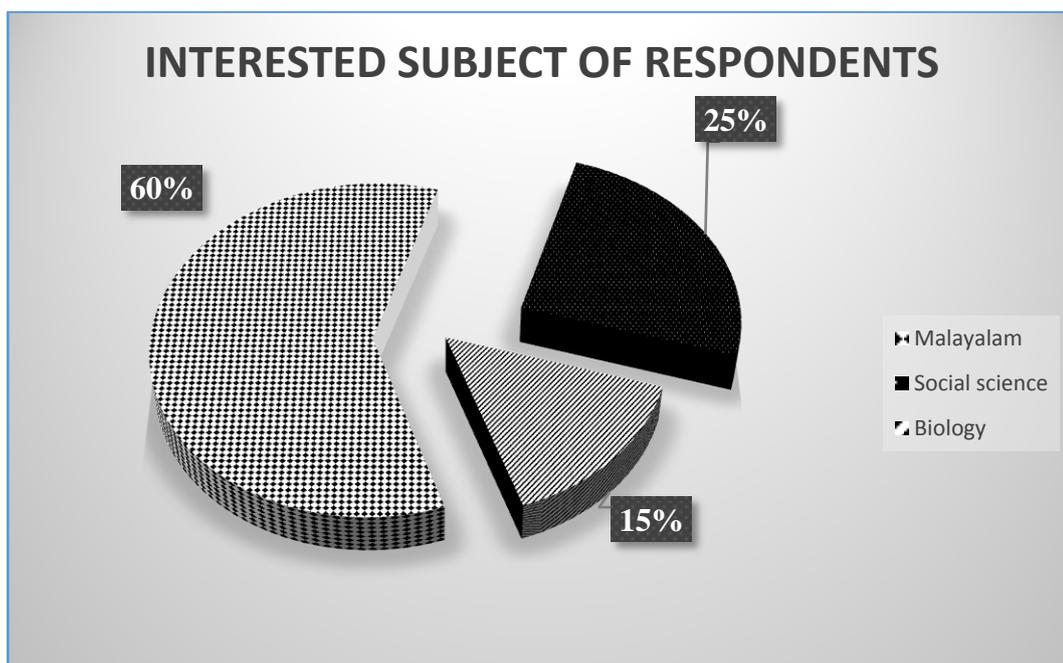
From the above figure, Malayalam is the most interested subject for 60% of the respondents, 20% of the respondents have interest to study social sciences and 15% of the respondents have interest to study biology.

Most of the respondents have interest to study Malayalam. Malayalam is native language so it easy to understand, study and convey in the exam answer sheets. Some of the respondents has interest to study Social science and Biology.

DIAGRAM 4.2.13

SUPPORT FROM PARENTS
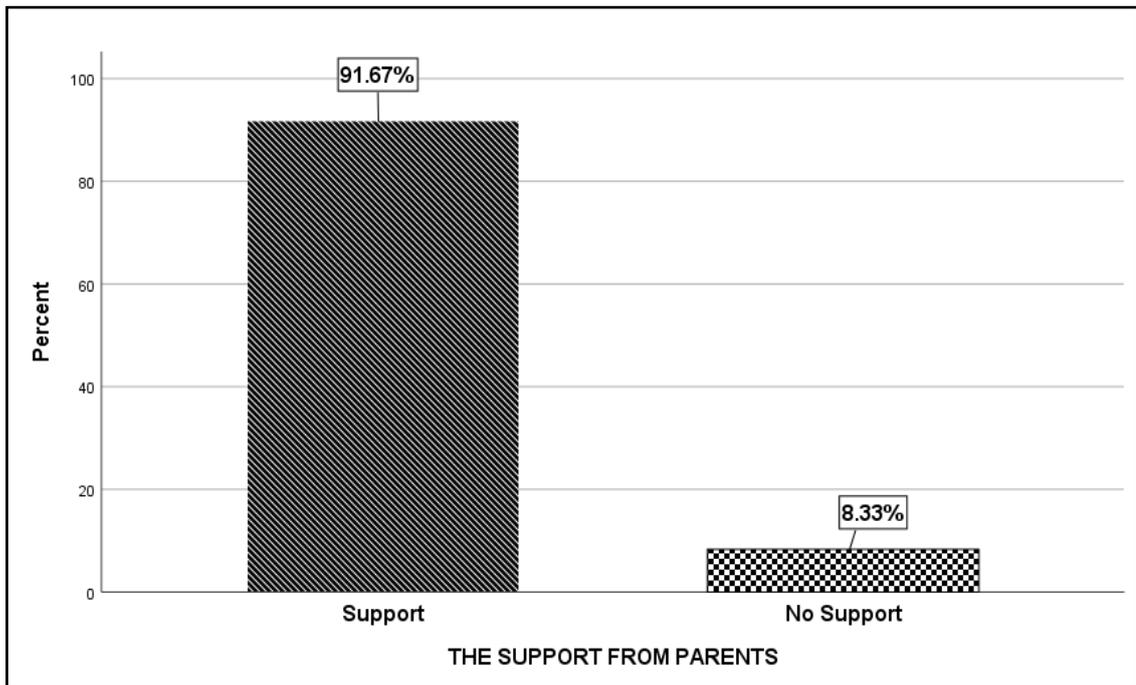
From the above figure, 91.67% of the parents of the respondents are supporting their children for their education. The 8.33% of parents of the respondents are not giving support to the children for their education. However, majority of the parents are supporting their children to study.

Most of these days, Parents of the tribal children is aware about the importance of education. Therefore, they are ready to compel them and to provide the facilities to their children for the education purposes. However, some of the Parents of tribal children is not bothered about the education of their children, because many of among them are facing different problems such as alcoholism etc.

DIAGRAM 4.2.14

HOURS OF STUDY

HOURS OF STUDY IN WORKING DAY

	One Hour	Two Hour	Three Hour
Frequency	40	11	9
Percentage	[VALUE]%	[VALUE]%	16.6%
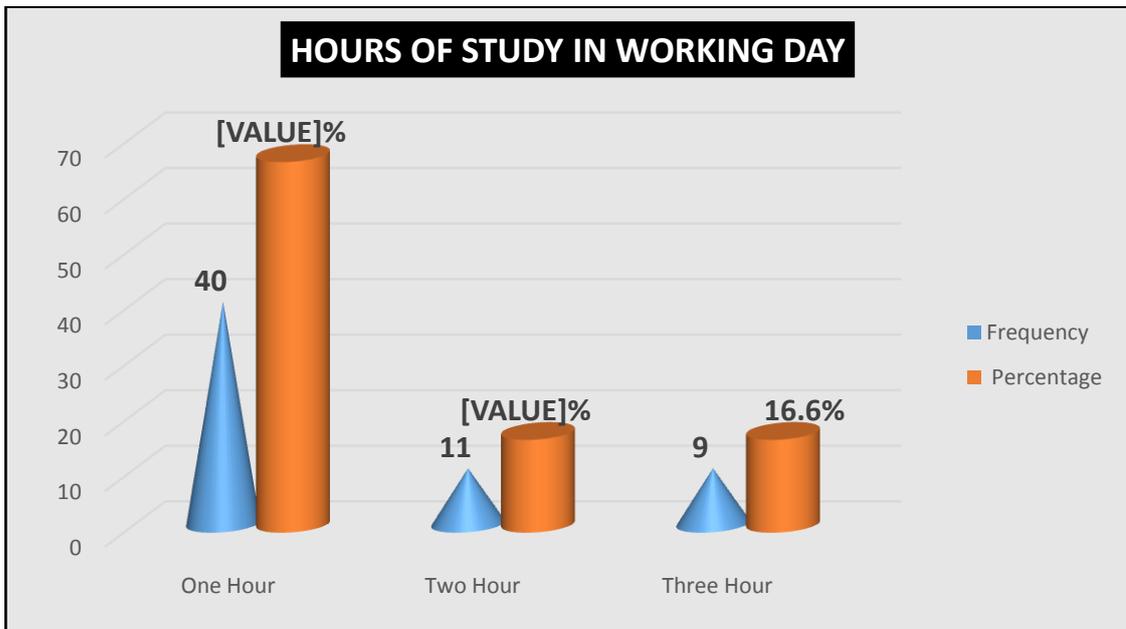
From the above Diagram, 66.7% of the respondents are prefer to study for one hour, 16.7% of the respondent are prefer to study two hours and 16.6% of the respondents are prefer to study three hours. Among 60 samples, 40 of the respondents are prefer to study for one hour and 10 of the respondents are prefer to study two hour and three hour.

Many of the students are not aware about using study hours in efficient way. The government's 'all promotion policy' results in tribal students are not learning and not using their study hours. However, some of them are aware about their study hours and know how to manage the time in proper way in working days.

DIAGRAM 4.2.15

STYLE OF STUDY HABIT

STYLE OF STUDY HABIT

■ Individual study

▫ Group study

▨ Both of them

65.67%   25.6%

8.73%
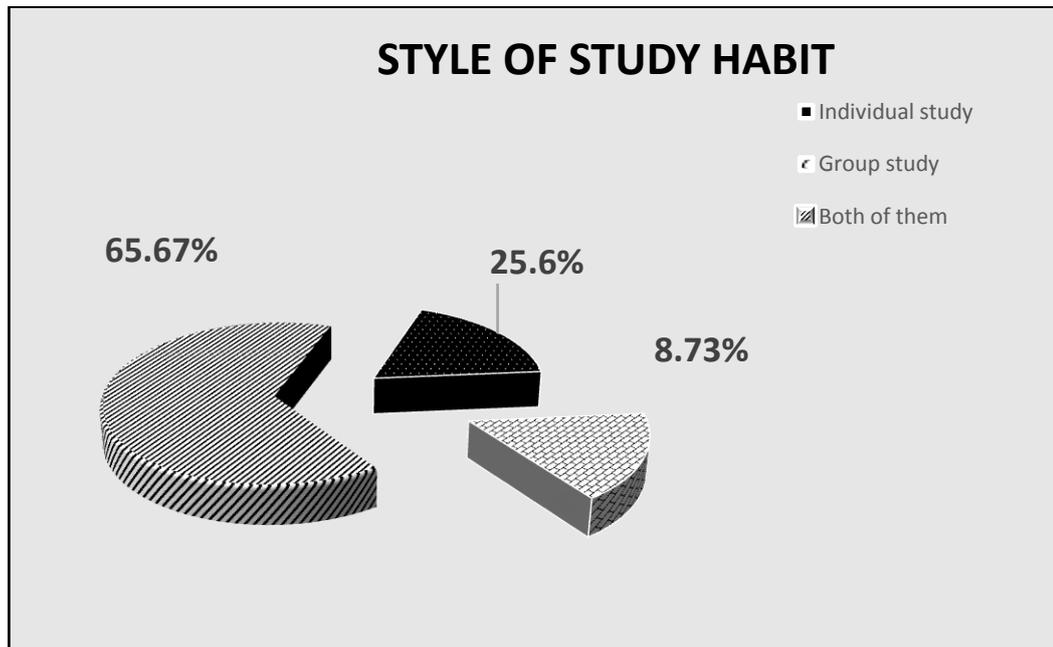
From the above graph, 65.67% of the respondents prefer both way of study, 25.6%% of the respondents prefer individual study and 8.73% of the respondents prefer group study. Most of them prefer both way of study and the least respondents prefer the group study and individual study.

The good and motivated group of students and friends are a major reason why many tribal students prefer studying in two ways. Most of them, owing to the favorable environment for study in their colonies, have conducted individual and group studies according to best practice

TABLE 4.2.4

AMBITION IN FUTURE

AMBITION	FREQUENCY	PERCENTAGE
Police	29	48.3%
Teacher	20	33.3%
Nurse	7	11.7%
Doctor	4	6.7%

From the above table, 48.33% of the respondents are wished to be police, 33.33% of the students are wished to be Teacher, 11.67 % of the respondents wished to nurse and 6.67% of the students wished to be Doctor.

Ambition of an individual's varies from one to another. Sometime it may because of influence of famous personalities, life experiences, Characters in the films etc.

DIAGRAM 4.2.16

DIFFICULT TO STUDY THE SYLLABUS
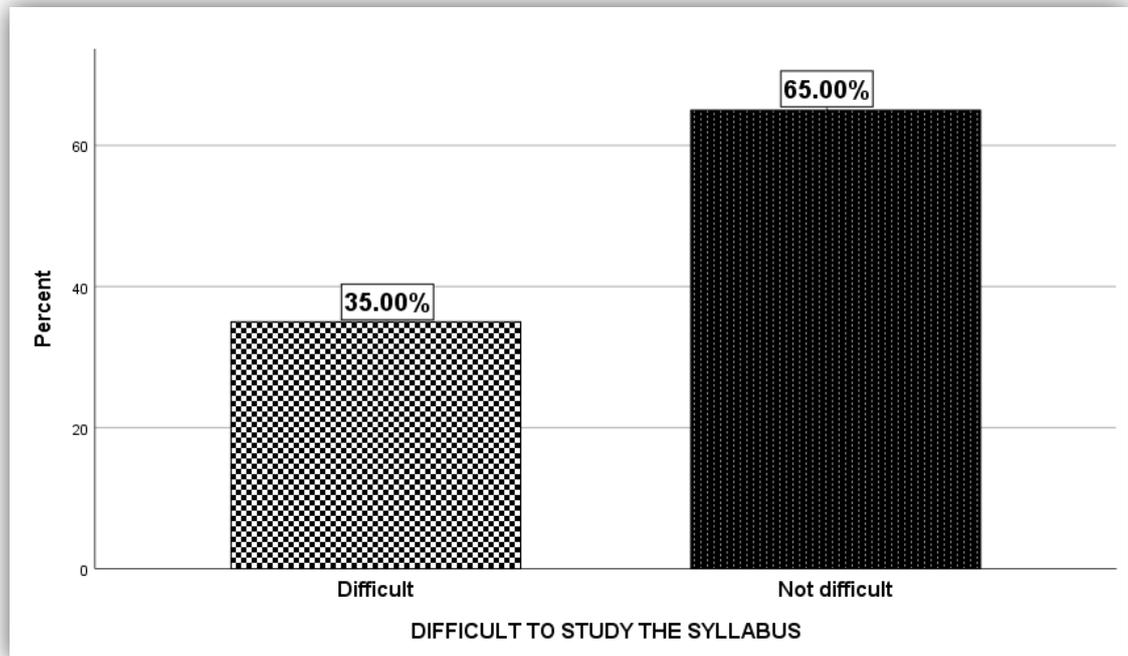
From above graph, 65% of the respondents are not facing difficulties to study the syllabus but 35% of the respondents are facing difficulty to study the syllabus. So most of the respondents are not facing any difficulties to study syllabus.

The difficulty in syllabus is determined by perception of individual. Majority of tribal students have no difficult to study the syllabus because of improvement in teaching, presenting style of textbooks etc.

DIAGRAM 4.2.17

DIFFICULT IN UNDERSTANDING THE LANGUAGE AND DIALECTS OF TEACHERS

DIFFICULT IN UNDERSTANDING THE DILAECTS AND LANGUAGE OF TEACHERS

80%   20%

■ Difficult   ● Not Difficult
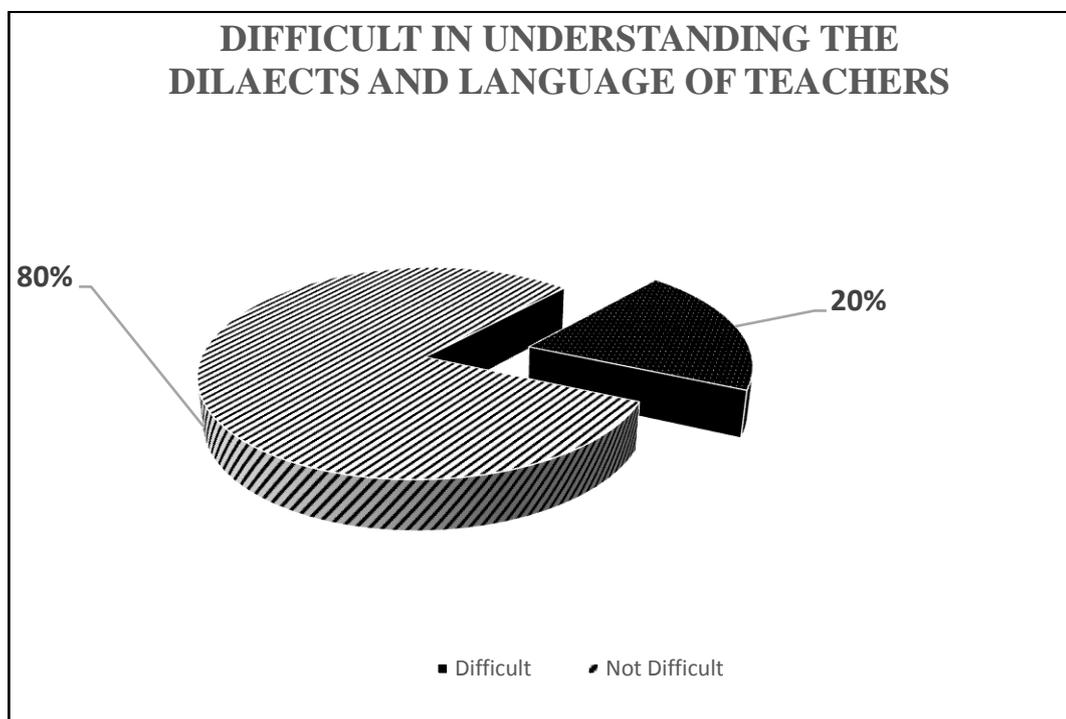
From the above figure, 80% of the respondents faces no difficult in understanding the language and dialects of teachers, 20% of the respondents have difficult in understanding the language and dialects of teachers.

Now days, Most of the tribal students have knowledge in proper using of mother tongue and dialects because they are studying the government school instead of reserved schools for tribes. Therefore, it engages the involvement with common students. It helps them to understand mother tongue and dialects of teachers.

THE STUDY ON THE LEVEL OF ACHIEVEMNET MOTIVATION AMONG THE TRIBAL HIGH SCHOOLS STUDENTS

DIAGRAM 4.2.18

THE LEVEL OF ACHIEVEMENT MOTIVATION
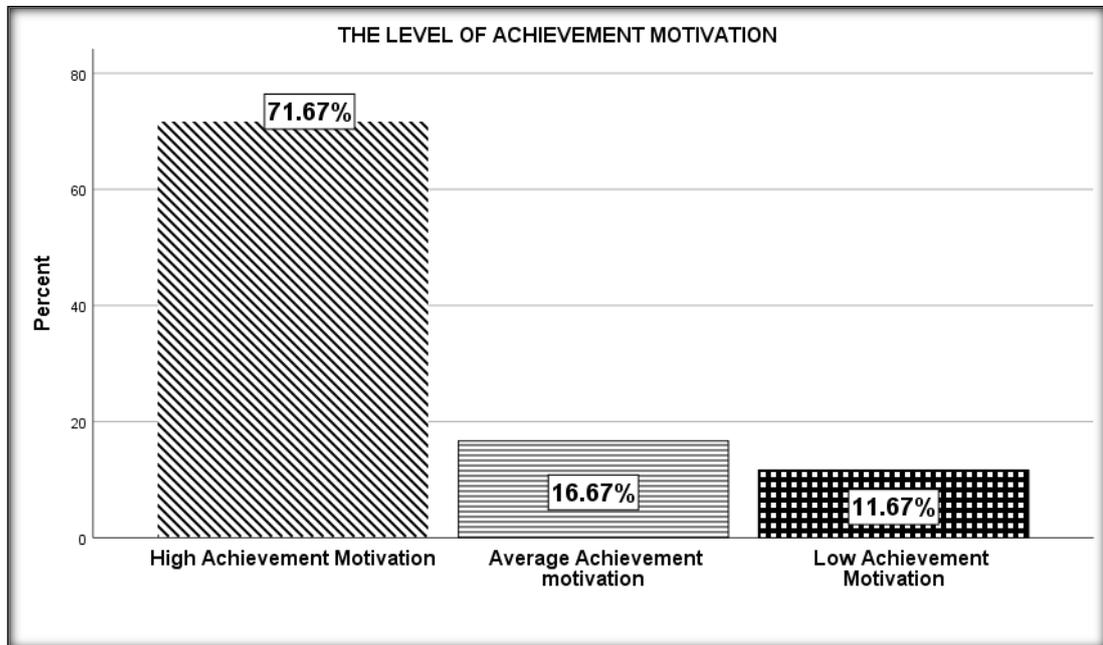
From the above graph, 71.67% of the respondents have high level of achievement motivation, 16.67% of the respondents have average level of achievement motivation and 11.67% of the respondents have Low level of achievement motivation.

Most of the Tribal students are ambitious. Majority of the students have high level of achievement motivation. They are very enthusiastic to complete the tasks, to study the syllabus and wish to pass the board exam.

4.2.18.1 DISCUSSION

(Association, n.d.) According to American Psychological Association "Achievement Motivation is the desire to perform well and be successful and the desire to overcome from the obstacles and master difficult challenges". High scores in achievement motivation are likely to set high standards and work with greater perseverance than equally low scorers. Researcher collected 60 samples and measured their achievement motivation through the Deo Mohan achievement motivation scale. According to the Deo Mohan Achievement motivation scale those who have obtained the score 156 and above have high level of achievement motivation, those who have score between 127

and 155 have average level of achievement motivation and those who have score of 126 and below have low level of achievement motivation.

According to the scale, 42 respondents have high level of achievement motivation and 10 respondents have average level of achievement motivation and 8 respondents have low level of achievement motivation. Therefore majority of the respondents have high level of achievement motivation and least of them have low level of achievement motivation. It is a positive sign of growth and development of new generation among tribal communities. There are various socio- cultural and external factors influencing the achievement motivation. The external factors are motivation, encouragement, feedback and support. The study found that respondents are receiving good support from their parents and teachers. The importance of education for children is becoming more apparent to the parents. As a result, they support and encourage one another and provide excellent facilities for their children. The fact that 82.70% of respondents regularly attend class and each respondents has a different goal. This is the primary indicator of high level of achievement motivation. Their aspirations are to be police officer, teacher, nurse and doctor. Achievement motivation is also influenced by socio cultural factors. To get out the poverty and provide good study facilities for the children, all parents are goingfor various jobs and daily wage labours. Their family benefit from this by having financial security and the opportunity to raise their children well. The area that requires more attention is the amount of time spent studying. The majority of the respondents study only for one hour. It might be the reason why studies perform poorly. Here the effective use of energy, focus, and direction are required to enable them to use their achievement motivation to overcome their challenges of difficulty in studying, understanding the dialects and language of teachersand accomplish the extra curriculum tasks.

The 10% of the respondents having an average level of achievement motivation, while 8% of the respondents having low level. It might due to the absence of good environment in houses. It is because of extra marital affairs, alcoholism and drug abuse of their family members. Fear of failure can be the barrier to achievement motivation. The suitable measures need to implement for make them capable to take risks and to overcome from challenges and anxieties. Their achievement motivation will be boosted by providing the individual attention, motivational seminars counselling and guidance.

The orientation on the self-evaluation and life skill will help them to reflect about their existing condition and make able to overcome from their constraints.

4.3 CONCLUSION

After conducting a thorough analysis of the data and interpreting the results, it is clear that tribal high schools students are ambitious and having high level of achievement motivation. Majority of them are goal oriented and ambitious. This lead to no dropouts and absenteeism among tribal students. The tribal students have no difficulty to understand the dialects and language of teachers because of active involvement with common students. The parents of tribal students aware about the importance of education for their children so they can provide good environment and facilities for them to study. The analysis provides the socio-demographic picture and educational interests of tribal students. The study shows the importance on bringing measures to keep the same perseverance and consistency among the tribal students for academic excellence in order to overcome from their difficulties to study and proper use of study hours. The study Provides insights and offers a foundation for further research in this area.

CHAPTER 5

FINDINGS, SUGGESTIONS AND CONCLUSIONS

CHAPTER 5

FINDINGS, SUGGESTIONS AND CONCLUSIONS

5.1 MAJOR FINDNGS

- As per the study, the respondents have concrete houses more than tile houses.
- According to the study, Most of the fathers of respondents are daily laborers and some of them are farmers.
- In study clear that the respondents are living in joint family more than nuclear family.
- According to the study clear that Most of the mothers of the respondents are daily laborers, some of them are homemakers, and least of them are teachers.
- As per the study clear that every respondents have no failures in previous classes.
- Majority of the respondents go to school daily.
- In study clear that English is the difficult subject for Majority of the students.
- As per the study, more than half percentage of the students have good facilities in home to study.
- More than half percentage of the respondents have no good environment to study in homes.
- As per the study, Malayalam is most interested subjects for the respondents than other subjects and some of them have interest in Social science and least have in Biology.
- In the study clear, that Majority of the parents give support to the respondents for study.
- According to the study Majority of the respondents are not aware to utilize study hours properly.
- As per the study, Most of the respondent prefer both individual and group study.
- All of the respondents are ambitious and have wish to be in certain professions.
- Most of them respondents have no difficult to study the present syllabus but some of them have difficult to study the syllabus.
- In the study clear, that majority of respondents have no difficult to understand the dialects and language of the teachers.

- According to study, Majority of the respondent have high achievement motivation, some of them have average achievement motivation and least of them have Low achievement motivation.

5.2 RECOMMENDATIONS OF THE STUDY

- The efficient use of energy and focus -The efficient use of energy and focus helps the student's helps to produce good results.
- Study time and study habits: Students lead very busy lives while quantity of time spent study has an influence on performance, this influence is moderated by the students study habits. Also, the ability to concentrate influence student performance positively. Having a good set of notes is important but it still depends on how time is used.
- To conduct motivation seminars, classes and provide counseling services once in a month to students. It helps to improve their level of achievement motivation among the students.
- Special coaching and tuition have to be arranges for tribal students in English.
- Special attentions should be given to all the students to fulfill their aims in life. It involves personal mentoring, career guidance and counseling.
- To promote the awareness about the importance of education among the parents of tribal students.
- To make the students aware about their limits. It involves helping them to understand their weakness, failures as well as their strengths and abilities.
- To make them capable of using opportunities in efficient and effective manner.

5.2 IMPLICATIONS OF THE STUDY

The study on the level of achievement motivation among tribal high school students has significant implications for educators and policy makers. The results suggests that these students may face have no good environment to succeed academically. The parents may addicted to alcoholism and substance abuse and external marital affairs create family problem. It does not provide a sound environment to study for tribal students Therefore, it is important for school to provide tailored interventions and support programmes that address these barriers and promote a growth mindset.

One notable finding of the study is the role of family support in fostering motivation and academic achievements. Now days, the parents of the tribal students are going for

job. This causes economic stability and economic progress to their families. Most of the parents are coming to know about the importance of education and importance of economic stability. Tribal students often come from close-knit communities where family and cultural values play a significant role. Therefore, interventions should involve family and community members in the learning process and provide opportunities to reinforce cultural identify and values.

Another important implication of the study is the need for proper using of study time in working days and holidays. The difficulty in studying English is another area where need to get special attention and focus. The alternative interventions should be taken to aware about using of study hours in proper way and enrich study habits in them to attain their ambitions in life. The specific intervention needed tribal students to acquire proficiency in languages and in acquisition of knowledge.

The addressing of negative stereotypes and biases may affect the tribal student's self-perception, performance, and level of achievement motivation. They will not complaint or raise voice against this scenario. However, in fact, many of the students may face a certain type of sidelining from peers, which can result in lower motivation to succeed academically. Therefore, educators should promote a positive and growth oriented mindset that emphasizes effort and progress rather than innate ability.

Overall, study provided valuable findings and insights about the tribal students and the way of using opportunities by them to achieve the success in their lives by having the high level of achievement motivation. By tailoring interventions and teaching practices to their cultural backgrounds and needs, educators and policy makers can promote greater academic success and foster a sense of pride and belonging among the students.

5.3 LIMITATIONS OF THE STUDY

While conducting research on the level of achievement motivation among tribal high school students, few limitations need to be considered:

Sample Size: The study was conducted with a sample of 60 students from five tribal colonies at Sultan Bathery in Wayanad district. This sample size may not be sufficient to generalize the findings to the entire tribal high school student population.

Cultural Context: The study conducted in four Paniya tribal colonies and one kurumar colony at sultan Bathery in Wayanad district, which has its own unique socio cultural

context. Therefore, the findings of the study may not be applicable to other tribal communities in different parts of Wayanad.

Self-Reported data: The data collected through a questionnaire and standardized scale of Deo Mohan achievement motivation as self-reported by the respondents. The accuracy of the responses may be affected by affected by mood, commitment and honesty of respondents.

Limited scope: The study limited only on the level of achievement motivation, educational interests and socio demographic conditions of the tribal high school students. The study did not focus on factors of relationships, differences, comparisons and study on different variables.

It is important to keep these limitations in mind while drawing conclusions. Researchers should aim to address these limitations in further studies to increase validity and generalizability of their findings.

5.4 SUGGESTIONS FOR FURTHER STUDY

There are some suggestions for further research on the topic of study on level of achievement motivation among tribal high school students in Wayanad district.

- Investigate the impact of cultural factors: It would be interesting to explore how cultural value and beliefs affects the level of achievement motivation among tribal high schools students. Researchers could examine the role of community traditions, rituals, and customs in shaping students aspirations and drive to success.
- Compare across different tribes and regions: Tribal communities are diverse and have unique histories, language and cultures. Hence, it would be informative to compare the level of achievement motivation across different tribal groups and regions. Such a study would provide insights into the similarities and differences in educational goals and aspirations among these communities.
- Assess the role of teachers and counselors: teachers and counselors play a significant role in motivating students to achieve their goals. A study could focus on the strategies that teachers and counselors use to encourage tribal high school students to pursue higher education and how effective these strategies are.

- Analyze the impact of socio-economic status: socio economic status can influence a students' access to resources and opportunities that may affect their level of achievement motivation. Therefore, a study that examines the relationship between socioeconomic status and achievement motivation among tribal high school students could provide valuable insights.

- Examine the relationship between achievement motivation and academic performance: A study could investigate whether there is a correlation between students' level of achievement motivation and their academic performance. This type of research could inform educators about way to support students who may struggling academically.

- Explore gender differences: Research has shown that there are gender differences in the level of achievement motivation among students. Thus, examining the impact of gender on achievement motivation in tribal high school students could highlight potential disparities and inform interventions to address them.

These are the just few suggestions for further research on the topic of level of achievement motivation among tribal high school students. Further studies could help educators and policy makers had better understand the challenges that these students face and develop effective strategies to support their educational goals.

5.5 CONCLUSION

The study aims to collect the socio demographic conditions, educational interest of the tribal high school students the main objective of the study is to find out the level of achievement motivation among the tribal high school students. The study shows that majority of the tribal high school have high level of achievement motivation. The study shows that majority of parents of tribal students go to different jobs due to the economic backwardness. The parents of tribal students aware about the importance of education. Therefore, they give support to them for study. However, due to alcoholism and extra marital relationships of parents are not providing good environment for the students to study. The tribal students are not aware about the way of using study hours in efficient way but they are so ambitious have their own goals in future. The study put forward valid recommendations to enhance the achievement motivation level and efficiency in academic excellence. The study figures out implications and recommends suggestions for further exploration needed in this topic.

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APPENDIX

Tools used

A STUDY ON LEVEL OF ACHIEVEMENT MOTIVATION

AMONG TRIBAL HIGH SCHOOL STUDENTS

<u>ചോദ്യാവലി</u>

1) പേര് :

2) വയസ്സ് :

3) പഠിക്കുന്ന ക്ലാസ്: 8 ☐   9 ☐   10 ☐

4) സെക്സ് :

5) പഠിക്കുന്ന സ്കൂള്‍:

6) ഗോത്രം :

7) കുടുംബതരം : അണുകുടുംബം ☐   കൂട്ടുകുടുംബം ☐

8) പിതാവിന്‍റെ ജോലി :...

9) മാതാവിന്‍റെ ജോലി :...

10) ഏത് തരത്തില്‍ ഉള്ള വീട് ആണ്?

ഓട് ☐   ഓല ☐   ടെറസ്സ് ☐

11) ഏതെങ്കിലും ക്ലാസ്സില്‍ തോറ്റിട്ടുണ്ടോ?

ഉണ്ട്   ☐   ഇല്ല   ☐

12) എത്ര തവണ തോറ്റിട്ടുണ്ട് ?...

13) സ്ഥിരമായി സ്കൂളില്‍പോകാറുണ്ടോ?

ഉണ്ട്   ☐   ഇല്ല   ☐

14) ഏറ്റവും പ്രയാസമേറിയ വിഷയം?...

15)താങ്കൾക്ക് പഠിക്കാൻ ആവശ്യമായ പഠനസൗകര്യങ്ങൾ വീട്ടിൽ

ഉണ്ടോ ?

ഉണ്ട്   ☐   ഇല്ല   ☐

16) വീട്ടിൽ നല്ലൊരു പഠനസാഹചര്യം ലഭിക്കുന്നുണ്ടോ?

ഉണ്ട്   ☐   ഇല്ല   ☐

17) ഏറ്റവും പഠിക്കാൻ ഇഷ്ടമുള്ള വിഷയം?...

18) മാതാപിതാക്കളുടെ ഭാഗത്തുനിന്നുള്ള പിന്തുണ പ റിക്കുന്നതിൽ

നിങ്ങൾക്കുണ്ടോ?

ഉണ്ട്   ☐   ഇല്ല   ☐

19) എത്ര മണിക്കൂർ പഠനത്തിനായി നത്തിനായി

ചിലവഴിക്കുന്നു?..........

20) ഭാവിയിൽ എന്താകണമെന്നാണ്

ആഗ്രഹം?...

21)ഇപ്പോഴുള്ള സിലബസ്സ് പഠിക്കാൻ ബുദ്ധിമുട്ടുണ്ടോ ?

ഉണ്ട് ☐   ഇല്ല ☐

22) എങ്ങിനെ പഠിക്കാനാണ് നിങ്ങൾക്ക് താൽപര്യം ?

ഒറ്റയ്ക്കിരുന്ന് ☐   കൂട്ടുകാർ ഒന്നിച്ച് ☐   രണ്ടു തരത്തിലും☐

23)അദ്ധ്യാപകരുടെ ഭാഷാശൈലി മനസ്സിലാക്കുന്നതിനു നിങ്ങൾക്ക് ബുദ്ധിമുട്ട് അനുഭവപ്പെടാറുണ്ടോ?

ഉണ്ട് ☐   ഇല്ല ☐

No	ചോദ്യാവലി	പൂർണ്ണമായും യോജിക്കുന്നു	യോജിക്കുന്നു	ഒരു പരിധിവരെ യോജിക്കുന്നു	യോജിക്കുന്നില്ല	പൂർണ്ണമായും യോജിക്കുന്നില്ല
1	കുറച്ച് ദിവസത്തേക്ക് എനിക്ക് ക്ലാസുകൾ നഷ്ടപ്പെടുത്തേണ്ടി വന്നാൽ ഞാൻ ഏറ്റവും സന്തോഷവാനാണ്.					
2	ക്ലാസ്സിലെ എല്ലാം കർത്തവ്യങ്ങളിലും ഞാൻ പൂർണ ശ്രദ്ധ ചെലുത്തുന്നു.					
3	ക്ലാസ്സിൽ വൈകി എത്തിയാൽ ഞാൻ വളരെ അധികം ശ്രദ്ധിക്കുന്നു					
4	ഞാൻ കൂടുതൽ വായിക്കാൻ ഇഷ്ടപ്പെടുകയും അറിവിന്റെ അജ്ഞാത മേഖലകൾ കണ്ടെത്താൻ പരിശ്രമിക്കുകയും ചെയുന്നു					
5	പാഠപുസ്തകങ്ങൾ ഉൾപെടുത്താതെ, എനിക്ക് ഒരു സ്വകാര്യ ലൈബ്രറി ഉണ്ടായിരിക്കാൻ ഇഷ്ടമാണ്.					
6	ഞാൻ എനിക്കായി മാനദണ്ഡങ്ങൾ നിശ്ചയിക്കുകയും തുടർന്ന് അത് നേടിയെടുക്കാൻ പരിശ്രമിക്കുകയും ചെയ്യുന്നു.					
7	സ്പെഷ്യലൈസ് ചെയ്യാനും എനിക്ക് ഇഷ്ടമുള്ള ഫീൽഡിൽ ഏറ്റവും ഉയർന്നത് ആകാനും ഞാൻ ആഗ്രഹിക്കുന്നു.					
8	പുതിയ കാര്യങ്ങൾ പരീക്ഷിക്കാനും സൃഷ്ടിക്കാനും ആളുകളെ അത്ഭുതപ്പെടുത്താനും ഞാൻ ഇഷ്ടപ്പെടുന്നു.					
9	ഞാൻ ഏറ്റെടുക്കുന്ന ഏതൊരു കാര്യവും വിജയിത്തിലെത്തിക്കാൻ മണിക്കൂറുകളോളം ഒന്നിച്ച് അധ്വാനിക്കുന്നു.					
10	മറ്റ് ആളുകൾ പരാജയപ്പെടുന്ന പ്രശ്നങ്ങളിൽ പരിഹാരം കണ്ടെത്താൻ പ്രവണതയുണ്ട്.					

No	ചോദ്യാവലി	പൂർണ്ണമായും യോജിക്കുന്നില്ല	യോജിക്കുന്നില്ല	ഒരു തീരുമാനവും ഇല്ല	യോജിക്കുന്നു	പൂർണ്ണമായും യോജിക്കുന്നു	പൂർണ്ണമായും യോജിക്കുന്നു
11	എല്ലാവിധ പഠനേതര മത്സരങ്ങളിലും മികച്ച ഫലങ്ങൾ ലഭിക്കാൻ ഞാൻ ആഗ്രഹിക്കുന്നു.						
12	പരിശ്രമം പാതിവഴിയിൽ ഉപേക്ഷിക്കാനും പുതിയതിനായി ശ്രമിക്കാനും ഞാൻ തയ്യാറാണ്.						
13	പരീക്ഷകളിൽ ഒന്നോ രണ്ടോ ചോദ്യങ്ങൾ സിലബസിൽ നിന്നല്ലെങ്കിൽ ഞാൻ പരിഭ്രാന്തനാകും.						
14	അടുത്ത ആഴ്ച നടക്കിനിരിക്കുന്ന പരീക്ഷയ്ക്ക് ഒരുങ്ങുന്നതിനേക്കാൾ എനിക്കിഷ്ടം പാർട്ടിക്ക് പോകുവാനാണ്.						
15	കുറഞ്ഞ മാർക്ക് ലഭിക്കുമ്പോൾ, എനിക്ക് നിരാശ തോന്നുന്നു എന്നാൽ അടുത്ത തവണ നന്നായി കഠിനാധ്വാനം ചെയ്യാൻ തീരുമാനിക്കുകയും ചെയുന്നു.						
16	എന്റെ പാഠങ്ങൾ അർത്ഥവത്തായതും രസകരവുമാണെന്ന് ഞാൻ കരുതുന്നു.						
17	പഠിക്കുമ്പോൾ, എന്റെ മനസ്സ് പാഠത്തിൽ നിന്ന് അകലുകയും ഞാൻ ഭാവനയിൽ അകപെടുകയും ചെയ്യുന്നു.						
18	ക്ലാസുകളിൽ പങ്കെടുക്കുന്നതിനേക്കാൾ കാന്റീനിൽ പോയി കുശുകുശുക്കുന്നതായിരിക്കും നല്ലതെന്ന് ഞാൻ കരുതുന്നു.						
19	ടീച്ചർ ക്ലാസ്സിൽ എത്തുമ്പോൾ,എനിക്ക്കഥകൾ/നോവലുകൾ/കോമിക്സുകൾ വായിക്കനും കാർട്ടൂണുകൾ ഉണ്ടാക്കാനും ഇഷ്ടമാണ്.						
20	സ്കൂൾ/കോളേജ് എന്നെ വേട്ടയാടുന്നു, ആദ്യ അവസരത്തിൽ തന്നെ ഉപേക്ഷിക്കാൻ ഞാൻ ആഗ്രഹിക്കുന്നു.						
21	ചില ക്ലാസുകൾക്കായി സ്കൂളിൽ/കോളേജിൽ വൈകിയിരിക്കേണ്ടി വന്നാൽ അത് എന്നെ വല്ലാതെ അലോസരപ്പെടുത്തുന്നു.						

No	ചോദ്യാവലി	ശക്തമായി യോജിക്കുന്നു	യോജിക്കുന്നു	ഉറപ്പില്ല	വിയോജിക്കുന്നു	ശക്തമായി വിയോജിക്കുന്നു
22	എനിക്ക് കോളേജ്/യൂണിവേഴ്സിറ്റിയിൽ പോയി പഠിക്കാൻ ആഗ്രഹമുണ്ട്, കാരണം അവിടെ ജീവിതം ആസ്വദിക്കാൻ ധാരാളം അവസരങ്ങളുണ്ട്					
23	പഠനവും സ്പോർട്സും മറ്റ് പ്രവർത്തനങ്ങളും ഒരുമിച്ച് പോകാമെന്ന് ഞാൻ കരുതുന്നു.					
24	എന്റെ ഇപ്പോഴത്തെ സില്ലബസ് എന്റെ ഭാവി ജീവിതം വിജയകരമാക്കാൻ സഹായിക്കുമെന്ന് ഞാൻ സമ്മതിക്കുന്നു.					
25	ഞാൻ തിരഞ്ഞെടുക്കുന്ന മേഖലയിൽ മത്സരിക്കാൻ അവസരം ലഭിച്ചില്ലെങ്കിൽ ഞാൻ വളരെ നിരാശനാണ്.					
26	ഞാൻ പതിവായി ക്ലാസിൽ പ്രഭാത കുറിപ്പുകൾ എടുക്കുകയും എന്റെ അസൈൻമെന്റുകൾ പൂർത്തിയാക്കുകയും ചെയ്യുന്നു.					
27	എല്ലാ വിഷയങ്ങളുടെ പരീക്ഷകളിലും നല്ല മാർക്ക് നേടാനായി വർഷം മുഴുവനും ശ്രദ്ധാപൂർവം പഠിക്കുന്നു.					
28	ആദ്യം ജോലി പിന്നെ കളി എന്നതിൽ ഞാൻ വിശ്വസിക്കുന്നു.					
29	ക്ലാസ്സിലെ അടുത്ത ദിവസത്തെ ജോലികൾക്കായി ഞാൻ വീട്ടിൽ ഒരുപാട് തയ്യാറെടുപ്പുകൾ നടത്തുന്നു.					
30	പുസ്തകങ്ങളിലെ പട്ടികകളെയും ചാർട്ടുകളെയും ഉപേക്ഷിച്ച് കൂടുതൽ വായിക്കുന്നതിന് പകരം അതിൽ നൽകിയിരിക്കുന്ന എല്ലാ വിവരങ്ങളെയും കുറിച്ച് ചോദ്യങ്ങൾ ചോദിക്കാൻ ഞാൻആഗ്രഹിക്കുന്നു.					
31	എന്റെ അധ്യാപകർ അവരുടെ ജോലിയിൽ കഴിവുള്ളവരാണെന്ന് ഞാൻ കരുതുന്നു					
32	ക്ലാസ്സിൽ ശല്യം ഉണ്ടാക്കാനും ടീച്ചറെ ശല്യപ്പെടുത്താനും എനിക്കിഷ്ടമാണ്.					

No	ചോദ്യാവലി	ശക്തമായി വിയോജിക്കുന്നു	വിയോജിക്കുന്നു	പറയാനാവില്ല	യോജിക്കുന്നു	ശക്തമായി യോജിക്കുന്നു
33	മുഖസ്തുതിയിലൂടെയല്ല, കർമത്തിലൂടെ അധ്യാപകനെ സന്തോഷിപ്പിക്കാൻ ഞാൻ പരമാവധി ശ്രമിക്കുന്നു.					
34	എന്റെ സുഹൃത്തുക്കൾ എന്നെ മന്ദബുദ്ധിയും അലസനുമായും കരുതുന്നു.					
35	ആത്മാർത്ഥതയും കഠിനാധ്വാനിയുമായ ഒരു വിദ്യാർത്ഥിയായി എന്റെ അധ്യാപകർ എന്നെ കരുതുന്നു എന്നത് ശരിയാണ്.					
36	മറ്റുള്ളവർ (മാതാപിതാക്കളും അധ്യാപകരും സുഹൃത്തുക്കളും) എന്നെ വിമർശിക്കുകയും എന്റെ ബലഹീനതകൾ മെച്ചപ്പെടുത്താൻ ശ്രമിക്കുകയും ചെയ്താൽ എനിക്ക് വേദന തോന്നുന്നു.					
37	ജീവിതത്തെ അനായാസമാക്കാനും പഠനത്തിനോ ഭാവിജീവിതത്തിനോ വേണ്ടി അധികം ബുദ്ധിമുട്ടിക്കരുതെന്നും എന്റെ മാതാപിതാക്കൾ എന്നെ ഉപദേശിക്കുന്നു.					
38	ഒരുപാട് വിമർശനങ്ങൾ നേരിടേണ്ടി വന്നിട്ടും എന്റെ ദൗത്യം മുന്നോട്ട് കൊണ്ടുപോകാൻ ഞാൻ ആഗ്രഹിക്കുന്നു.					
39	ജീവിതം ഒരു ബൗദ്ധിക വെല്ലുവിളിയാണെന്നാണ് ഞാൻ കരുതുന്നത്.					
40	ഒരു ഗ്രൂപ്പ് ടീം/ക്ലാസ്/കമ്മിറ്റി എന്നിവയുടെ പ്രവർത്തനങ്ങൾ സംഘടിപ്പിക്കാൻ എനിക്ക് താൽപ്പര്യമുണ്ട്.					
41	ഞാൻ തിരഞ്ഞെടുക്കുന്ന മേഖലയിൽ ഏറ്റവും മികച്ച വ്യക്തികളുമായി ബന്ധപ്പെടാൻ ഞാൻ ശ്രമിക്കുന്നു.					
42	എന്റെ ഒഴിവുസമയങ്ങളിൽ ചില സാഹസികതകൾ ചെയ്യാൻ ഞാൻ ഇഷ്ടപ്പെടുന്നു.					
43	ഒരു സർജറി ഓപ്പറേഷൻ കാണാൻ ഞാൻ ആഗ്രഹിക്കുന്നു.					

No	ചോദ്യാവലി	ശക്തമായി വിയോജിക്കുന്നു	വിയോജിക്കുന്നു	ഒരു നിലപാടുമില്ല	യോജിക്കുന്നു	ശക്തമായി യോജിക്കുന്നു
44	നാടകങ്ങളിൽ മത്സരിക്കാൻ ഞാൻ ആഗ്രഹിക്കുന്നു.					
45	നൃത്തവും സംഗീതവും വിദ്യാർത്ഥികൾക്ക് നല്ല ഹോബികളാണെന്ന് ഞാൻ കരുതുന്നു.					
46	ഗെയിമുകൾ,സ്പോർട്സ് അത്ലറ്റിക്സ് എന്നീ ഇനങ്ങളിൽ ഒരു ചാമ്പ്യനാകാൻ എനിക്ക് ശക്തമായ ആഗ്രഹമുണ്ട്.					
47	മറ്റ് സംസ്ഥാനങ്ങളിലോ രാജ്യങ്ങളിലോ എന്റെ ടീമിനെ പ്രതിനിധീകരിക്കാൻ എന്റെ സ്കൂൾ സ് പോർട്സ് ടീമിൽ ഇടം പിടിക്കാൻ ഞാൻ ശ്രമിച്ചിട്ടുണ്ട്.					
48	കായിക വികസന പ്രവർത്തനങ്ങളിലിലും അച്ചടകത്തിലും നേതൃത്വത്തിലും ഞാൻ വിശ്വസിക്കുന്നു.					
49	മലക്കയറ്റമാണ് ഞാൻ ഏറ്റുടുക്കാൻ ആഗ്രഹിക്കുന്ന വെല്ലുവിളി.					
50	അവധി ദിവസങ്ങളിൽ, അധികം ജോലിയില്ലാതെ വീട്ടിൽ ഇരിക്കുന്നതിനേക്കാൾ സൈക്ലിങ്ങിനോ നീന്തലിനോ ബോട്ടിങ്ങിനോ പോകാനാണ് എനിക്കിഷ്ടം.					

A STUDY ON THE PSYCHO-SOCIAL PROBLEMS CAUSED BY THE MIGRATION OF YOUNG GENERATION ON THE AGED PARENTS IN IRITTY BLOCK PANCHAYAT.

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DON BOSCO ARTS & SCIENCE COLLEGE
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2021-2023

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DISSERTATION SUBMITTED TO THE KANNUR UNIVERSITY
IN PARTIAL FULFILLMENT OF THE REQUIREMENT
FOR THE AWARD OF THE DEGREE OF
MASTER OF SOCIAL WORK

BY

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MAY 2023

DEPARTMENT OF SOCIAL WORK
DON BOSCO ARTS & SCIENCE COLLEGE
ANGADIKADAVU
KANNUR

CERTIFICATE

This is to certify that the dissertation entitled **A Study on the Psycho-Social Problems Caused by the Migration of Young Generation on the Aged Parents in Iritty Block Panchayat** submitted by **Bijo Joy,** in partial fulfillment of the requirement for the award of the degree of **Master of Social Work**, is a bona fide record of work done under the guidance and supervision of Ms. Dhanya K. V, during the period of his study (2020-2022) in the Department of Social Work, Don Bosco Arts and Science College, Angadikadavu, Kannur, affiliated to The Kannur University.

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Ms. Dhanya K. V

Assistant Professor and Research Guide

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DECLARATION

I, **Bijo Joy,** the undersigned, hereby declare the dissertation **A Study on the Psycho-Social Problems Caused by the Migration of Young Generation on the Aged Parents in Iritty Block Panchayat**, submitted to the Kannur University, in partial fulfillment of the requirement for the award of the degree of master of Social Work, is a bona fide work done by me under the guidance of **Ms.Dhanya K.V**, Assistant professor, Department of Social Work, Don Bosco Arts and Science College, Angadikadavu. This work has not been placed by anybody in the University for the award of any degree or diploma.

ANGADIKADAVU   BIJO JOY

May 2023

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<div align="right">BIJO JOY</div>

ABSTRACT

This research examines the psycho social problems that arise for aged parents as a result of their young adult children migrating to other countries for education or employment opportunities. The study employs a qualitative research design using in-depth interviews with aged parents who have experienced the migration of their children to gather data on their perceptions, feelings and experiences. The findings reveal that the migration of young adults can have significant emotional, social and financial impacts on aged parents. The research highlights the importance of family support systems and the need for policies and programs to address the psychosocial challenges faced by aged parents in the context of migration. Overall, this research aims to contribute to the understanding of the effects of migration on families and provide insights into how to promote the well-being of aged parents in migrant families.

CONTENTS

CHAPTER IV

ANALYSIS AND INTERPRETATION

LIST OF FIGURES

CHAPTER I

INTRODUCTION

INTRODUCTION

The migration of young people can have a significant impact on their aging parents causing a range of psychological problems. The purpose of this empirical study is to examine the psychosocial problems experiences by aged parents whose children have migrated and to identify the factors that contribute to these problems.

Youth migration refers to the movement of young people across national or international borders for various reasons, such as education, employment, or family reunification. It is a complex and multidimensional phenomenon that involves a range of social, economic, cultural and political factors. Young people migrate for different reasons, including pursuing better educational or employment opportunities, seeking refuge or asylum, escaping poverty or conflict, or reuniting with family members. Youth migration can have both positive and negative impacts on the individuals and the societies involved. On the one hand, youth migration can lead to economic and social development, as young migrants contribute to the host country's labor force and cultural diversity. On the other hand, youth migration can also have negative consequences, such as brain drain and social disruption in the countries of origin.

Understanding the causes, consequences and challenges of youth migration is critical for policymakers, practitioner sand researchers seeking to address the issues surrounding youth mobility and integration. Youth migration can take many different forms, including temporary or permanent moves, regular or irregular migration and forced or voluntary migration. It can also involve different modes of transport, such as air, land, or sea and can occur within or between regions or continents. One of the main drivers of youth migration is the search for better economic opportunities. Young people often migrate to find better-paying jobs or to pursue education or training that is not available in their home countries. In many cases, young migrants send money back to their families in their countries of origin, which can help alleviate poverty and improve the standard of living for those left behind.

However, youth migration also poses significant challenges, both for the migrants themselves and for the communities they leave behind. For example, young people may face discrimination, exploitation, or abuse during their migration journeys or in their

destination countries. They may also experience social isolation and cultural dislocation, which can impact their mental health and well-being. In addition, youth migration can have significant impacts on the countries of origin. For example, brain drain occurs when highly skilled young people leave their home countries, which can lead to a loss of human capital and hinder economic development. Furthermore, the separation of families due to migration can cause emotional distress and social disruption in the communities left behind. To address these challenges, policymakers and practitioners need to develop comprehensive approaches that take into account the social, economic and political factors that drive youth migration. These approaches should prioritize the protection of young migrants' rights and provide support for their integration into destination countries, as well as promote sustainable development and social inclusion in countries of origin.

Parents may experience a range of emotions when their children migrate, including feelings of loss, sadness and loneliness. In some cases, parents may also feel a sense of abandonment or rejection, especially if their children move to another country or continent. Parental alienation due to children's migration can occur when parents feel that their children have turned their backs on them or have forgotten their cultural or familial values. This can be particularly challenging for parents who place a strong emphasis on family ties and intergenerational relationship. In some cases, parents may also experience a sense of shame or disappointment if their children do not follow the paths they had envisioned for them, such as pursuing a particular career or marrying within a particular community. This can lead to tension and conflict between parents and children, especially if parents feel that their children's choices reflect poorly on them or their cultural background. To address these challenges, it is important for families to maintain open and honest communication about their expectations, fears and hopes for the future. This can involve discussing the reasons for migration, the challenges and opportunities that come with it and the ways in which family relationships can be maintained and strengthened despite the physical distance.

It is also important for parents to recognize and respect their children's autonomy and agency and to support them in pursuing their goals and aspirations. This can involve providing emotional and financial support, as well as celebrating their achievements and milestones, even from afar. Ultimately, parental alienation due to children's migration is a complex and multifaceted issue that requires empathy, understanding and

a willingness to adapt to changing circumstances. By maintaining strong family ties and supporting one another through the challenges of migration, families can continue to thrive and grow, even across borders and oceans. Parental alienation due to children's migration can also be exacerbated by cultural and generational differences. For example, parents may have different expectations for their children's behavior or life choices based on their cultural or religious background, while their children may have adopted different values or beliefs as a result of their experiences in the host country. Furthermore, parental alienation can be compounded by other factors such as language barriers, limited access to technology or transportation and financial constraints. For example, parents who do not speak the language of their children's host country may have difficulty communicating with them or understanding their experiences, while those who cannot afford to visit or maintain regular contact may feel more isolated and disconnected.

To address these challenges, families may need to seek out additional resources and support systems. This can include community organizations, cultural centers, or religious institutions that provide opportunities for social and cultural engagement, as well as language classes or other educational programs that help parents and children bridge the communication gap. In addition, families can leverage technology and social media to stay connected across distances, such as video calls, messaging apps, or virtual family gatherings. These tools can help facilitate regular communication and provide opportunities for families to share their experiences and stay connected despite the physical distance. Ultimately, parental alienation due to children's migration is a complex and deeply personal issue that requires a nuanced and individualized approach. By prioritizing open communication, empathy, mutual understanding and families can navigate the challenges of migration and maintain strong bonds across borders and generations.

1.1 STATEMENT OF THE PROBLEM

The problem of parental alienation due to children's migration is a complex and multifaceted issue that can have significant impacts on the emotional and social well-being of parents and their children. Parents may experience a sense of loss, sadness and abandonment when their children migrate, particularly if they move to another country or continent. They may also feel a sense of cultural or familial disconnect if their children adopt different values or beliefs as a result of their experiences in the host

country. These feelings of alienation can be compounded by cultural and generational differences, language barriers, financial constraints and limited access to technology or transportation. As a result, parents may struggle to maintain meaningful and fulfilling relationships with their children, which can lead to tension, conflict and emotional distress. The problem of parental alienation due to children's migration can also have broader societal impacts, such as hindering intergenerational relationships and weakening social cohesion. Furthermore, it can perpetuate stereotypes and stigmatization of migration, which can contribute to anti-immigrant sentiments and policies.

Addressing the problem of parental alienation due to children's migration requires a comprehensive and individualized approach that takes into account the unique needs and experiences of each family. This may involve providing support for families to maintain regular communication, facilitating opportunities for cultural and social engagement and promoting intergenerational understanding and empathy. Ultimately, by addressing the problem of parental alienation due to children's migration, we can foster stronger, more resilient and more inclusive communities for all. Parental alienation due to children's migration can also have significant impacts on the mental health and well-being of both parents and children. Parents may experience feelings of depression, anxiety and loneliness as a result of their sense of loss and disconnection, while their children may feel guilty or conflicted about leaving their families behind. These feelings can be exacerbated by other factors such as discrimination, racism, or xenophobia, which can contribute to feelings of isolation and marginalization for both parents and children. In some cases, parents may also experience a sense of shame or disappointment if their children do not follow the paths they had envisioned for them, such as pursuing a particular career or marrying within a particular community.

Moreover, parental alienation due to children's migration can also have practical and financial consequences. Parents may struggle to access resources or support networks without the presence of their children, while their children may face challenges in integrating into their new communities or accessing education and employment opportunities. To address the problem of parental alienation due to children's migration, it is important to recognize and validate the emotional and social impacts of migration on families. This may involve providing counseling or mental health support for parents and children, as well as creating opportunities for families to connect and share

their experiences. Furthermore, addressing the root causes of migration, such as economic inequality, political instability and environmental degradation, can help to reduce the need for families to migrate in the first place. This requires addressing global inequalities and creating more equitable and sustainable societies that provide opportunities for all individuals and families to thrive. In summary, the problem of parental alienation due to children's migration is a multifaceted issue that requires a comprehensive and holistic approach. By addressing the emotional, social and practical impacts of migration on families and by addressing the root causes of migration, we can promote more inclusive and resilient communities for all.

1.2 TITLE OF THE STUDY

An empirical study on the Psycho-Social problems caused by the migration of young generation on the aged parents in Iritty Block Panchayat.

1.3 OBJECTIVES OF THE STUDY

The objectives of the study is divided into two and they are general and specific

General Objective:

The Psycho-Social problems caused by the migration of young generation on the aged parents in Iritty Block Panchayat.

Specific Objectives:

- ❖ To identify the parents of those children who are migrated.
- ❖ To assess the socio economic issues of aged parents due to migration of their children.
- ❖ To understand the psychological problem of the parents of migrated children.

1.4 SIGNIFICANCE OF THE RESEARCH

Increase of youth migration for studies and job caused the parents alienation. The social, economic situation of the Kerala is not good, apt for the youth to live and prosper. It is according to their view and general observation. The youth migration increased the number of lonely parents and now there are students who go for higher studies even after plus two studies. The decreased number of children in the family is also causing the alienation. The lack of active works after retirement from the job is causing loneliness and most of the parents are office workers. Early it was mostly

farmers and there was no retirement in agricultural field. The parents have the fear of losing or abandoning the family property and wealth if they migrate with their children also causing them to stay back and be alone.

1.5 CHAPTERIZATION

The first chapter

Introduction includes the title of the study that is "An empirical study on the Psych-Social problems caused by the migration of young generation on the aged parents in Iritty Block Panchayat. It also includes general and specific objective of the study, statement of the problem, significance of the study and chapterization.

The second chapter

It includes the review of literature; consist of the review of all available studies related to the Psych-Social problems caused by the migration of young generation on the aged parents in Iritty Block Panchayat.

The third chapter

Research methodology includes theoretical and operational definitions of the concepts, dependant and independent variables, research design, universe and unit of the study , source of data etc.

The fourth chapter

It deals with data presentation and interpretation of data.

The fifth chapter

It consists of major findings, implication of the study, limitations of the study, suggestions for further research and conclusion.

1.6 CONCLUSION

The result of this study highlights the importance of addressing the psychosocial problems experiences by aged parents whose children have migrated. To mitigate these problems, there is a need to develop interventions that promote social inclusion, provide emotional support and increase access to financial resources for aged parents. Such interventions could include support groups, community-based programs and policies that facilitate contact between migrated children and their aging parents.

CHAPTER II
REVIEW OF LITURATURE

CHAPTER II

REVIEW OF LITURATURE

2.1 INTRODUCTION

The psycho-social problems faced by parents due to youth migration often highlight feelings of loss, abandonment and emotional distress. The migration of children, especially young adults, can lead to feelings of emptiness and a sense of loss for parents who may have invested a significant amount of time and resources into raising their children. This can also lead to feelings of abandonment and rejection, as the parents feel that their children have chosen to leave them behind. Migration of children can have a significant impact on their parents, leading to various psychosocial problems. This review of literature summarizes the research findings on the psych social problems faced by parents due to their children's migration.

2.2 HUMAN MIGRATION

According to Encyclopedia Britannica, human migration is the permanent residential change of a person or group; it excludes movements such as nomadism, migrant labour, commuting and tourism, all of which are temporary in nature. According to Toppr, migration is a way of moving from one place to another to live and work. The movement of people from home to another city, state or country for work, asylum or other reasons is called migration. Rural-urban migration has increased in India in recent years.

2.3 MIGRANT

The UN Migration Agency, International Organization for Migration (IOM), defines a migrant as any person who is moving or has moved across an international border or within a State away from his/her habitual place of residence, regardless of: the person's legal status. Whether the movement is voluntary or involuntary what the causes for the movement are what the length of the stay is. According to Toppr, people who move from one place to another in search of work or shelter are called *migrants*. Most of the times migrants people are not skilled or educated therefore they usually employed as daily wagers (*workers who are paid at the end of each day, for their services*). Daily wagers do not get enough money for the survival of their families and suffering from many problems such as they do not have enough food to eat, sanitation, hygiene, a proper place to live etc.

2.4 TYPES OF MIGRATION

According National Geographic there are different types of migration. The first type of migration is the internal migration that is moving within a state, country, or continent. The second type is the external migration: moving to a different state, country, or continent. The third type is the emigration: leaving one country to move to another. The fourth is the immigration: moving into a new country. The fifth one is the return migration: moving back to where you came from. The sixth one is the seasonal migration: moving with each season or in response to labor or climate conditions.

2.5 CAUSES OF MIGRATION

According to United Nations, some people move in search of work or economic opportunities, to join family, or to study. Others move to escape conflict, persecution, terrorism, or human rights violations. Still others move in response to the adverse effects of climate change, natural disasters, or other environmental factors. According to Toppr, nowadays, many people decide to migrate to have a better life. Employment opportunities are the most common reason due to which people migrate. Except this, lack of opportunities, better education and construction of dams, globalization, natural disaster (flood and drought) and sometimes crop failure villagers to migrate to cities.

2.6 IMPACTS OF MIGRATION

According to the Toppr the Migration is becoming a very important subject for the life of cities. Many opportunities and attraction of big cities pull large numbers of people to big cities. Migration can have positive as well as negative effects on the life of the migrants.

2.6.1 POSITIVE IMPACT

Through the migration the unemployment is reduced and people get better job opportunities. Migration helps in improving the quality of life of people. It helps to improve social life of people as they learn about new culture, customs and languages which help to improve brotherhood among people. Migration of skilled workers leads to a greater economic growth of the region. Children get better opportunities for higher education. The population density is reduced and the birth rate decreases.

2.6.2 NEGETIVE IMPACT

The loss of a person from rural areas can make impact on the level of output and development of rural areas. The influx of workers in urban areas increases competition

for the job, houses, school facilities etc. Having large population puts too much pressure on natural resources, amenities and services. It is difficult for a villager to survive in urban areas because in urban areas there is no natural environment and pure air. They have to pay for each and everything. Migration changes the population of a place; therefore, the distribution of the population is uneven in India. Many migrants are completely illiterate and uneducated; therefore, they are not only unfit for most jobs, but also lack basic knowledge and life skills. Poverty makes them unable to live a normal and healthy life. Children growing up in poverty have no access to proper nutrition, education or health. Migration increased the slum areas in cities which increase many problems such as unhygienic conditions, crime, pollution etc. Sometimes migrants are exploited. Migration is one of the main causes of increasing nuclear family where children grow up without a wider family circle.

2.6 YOUTH MIGRATION

International Labour Organization says that 27 million young people leave their countries of birth to seek employment abroad as international migrants. Youth migration includes employment, education, marriage and escape from poverty, violence, conflict and environmental changes.

2.8 DRIVERS OF YOUTH MIGRATION

According to United Nations, young people migrate for a plethora of reasons. The decision to migrate is often related to important life transitions, such as obtaining higher education, finding and starting work, or getting married. With some 71 million youth unemployed globally in 2016 the search for work continues to be significant driver of youth migration in both developed and developing countries. Many youth also choose or are forced to migrate to escape poverty, violence, conflict, or are displaced due the effects of war or climate change. As such, youth are heavily represented in migration for humanitarian reasons, including as refugees, asylum-seekers and as unaccompanied minors.

2.9 IMPACTS OF YOUTH MIGRATION

According to the United Nations, internal or international migration can have a positive impact on young people, opening up new opportunities, a path to higher education, a better and decent job, the opportunity to gain work experience or strive for personal development. Build self-confidence and enable them to acquire skills and competencies

that are useful to them and to their countries and communities of origin and destination. However, for some young people, especially young women and those in an illegal situation, the immigration process presents particular challenges and exposes them to certain vulnerabilities. Those vulnerabilities include discrimination based on gender, immigration status, ethnicity or religion; poor working conditions (often exacerbated by the relatively low bargaining power and union membership of young migrant workers compared to their adult counterparts); lack of access to basic social services such as health care; sexual and reproductive health risks; and the lack of social protection or the complete loss of social protection after a change in the status of a young immigrant (for example, from a student to a graduate). Therefore, the experience of immigration can ultimately be an opportunity or a risk for young people and can either lead to their development or vice versa, depending on the policies and resources that support them.

2.10 EFFECTIVE OF MIGRATION ON FAMILIES

In article "Family and Sociology" by Aakansha   says that Indians believe in a traditional and value-based life, which is reflected through the institution of families. Family is an important factor behind immigration. There are two types of families - nuclear families and joint families. Most of the immigrants seem to come from a joint or extended family because of several large families. Indian families generally function on a patriarchal system with a male head under which other family members act. Because everyone needs freedom and space to use their thoughts, this is a basic right that can be asked for. But its absence too often results in the younger member leaving the family and setting out on his own. It weakens family ties. In addition, larger families have limited income potential because the head is the main earner, so there is more demand, but the supply is not enough to meet the needs, so the dependency ratio is higher. There may also not be enough land to support the family, which brings us to the next family problem, inheritance. Although this requires living away from the family, it is only done to improve the conditions so that the future generation does not have to face problems. The growth of capital recipients stabilizes the economic situation and helps it to be born and develop together with society. The current generation will be sophisticated enough to send their younger generation abroad, aware of the opportunities there, because they cannot have family ties. The current generation has been trained in a certain way of moving to keep up with the increasing globalization and competition. No one wants to be left out. At the basic level, we have

cases where parents send their children abroad for higher education. But these are just a few; there are others who feel that moving abroad limits the freedom and respect they may have enjoyed in their own country. And that's true enough for some. They prefer to move in the country over the territories. The difference between rural and urban areas is what attracts people to urban areas. There is a disparity in the development of both. The city is constantly moving forward and what was behind, due to indifference and ignorance, is even further behind. In the words of William L Swing: "We cannot and must not stop people from moving. We must provide them with a better life at home. Migration is a process, not a problem." Stopping migration won't help, because the real problem is inequality. This increases global inequality. This indifference forces family members to migrate to cities if they come from rural areas. If a person moves away from the country and finds a way to support his life better than at home, he encourages his younger siblings to move as well.

2.10 GLOBAL ELDERLY MIGRATIONS AND THEIR IMPACT ON HEALTH   CARE SYSTEMS BY THOMAS HOLECKI

One of the aspects of economic globalization is the ease of traveling or changing residence. In 2017, 258 million people lived in different countries, which was 3.4 percent of the world's population. For comparison, in 2000 these numbers were 173 million, but in 2015 they were up to 244 million, which means a clear 41 percent increase in 15 years. Geographically, 31% of the world's migrants live in Asia, 30% in Europe, 26% in both Americas, 10% in Africa and 3% in Australia and Oceania. Immigrants who decide to leave their home country, regardless of the reasons, always try to improve their quality of life. Older people definitely decide to move less often than younger people. One of the main reasons for this is their physical disability and mobility limitations. The attachment of pensioners to their homeland is also important. Many seniors have invested a lot of time and money in their homes and thus declare very strong ties to their place of residence. In addition, there is the fear of starting a new life in another country and the desire to secure property.

2.10 PROBLEMS OF AGED IN CHANGING INDIAN SCENARIO BY DR SHAKUNTALA C

Population aging is a global problem that has been found to have an impact on health and social security systems. The process by which the proportion of children in the population decreases and the proportion of the elderly increases are known as

"population aging". The number of elderly people in the world has steadily increased in the second half of the last century. This was possible because of the easy availability of life-saving medicines, the control of hunger and various infectious diseases, better awareness and delivery of nutrition and health services and a relatively better general standard of living. These achievements led to a sharp decline in mortality and a significant increase in life expectancy at birth and overall human lifespan. Developed countries experienced this phenomenon in the middle of the 20th century. In the last thirty years, it has become a serious problem in developing countries as well.

The number of people aged 66 and over in the world was 673 million in 2005and it is predicted to increase to 2 billion by 2050, an almost threefold increase and the first quarter of the 21st century is called the "Age of Aging". . In developed regions, almost a fifth of the population is over 66, while in less developed regions, 8 percent. The proportion of elderly people living in these countries is expected to increase from 64 percent to almost 80 percent in 2050.

India, like many other developing countries in the world, is currently witnessing a rapidly aging population. According to the UN Revision 2006 World Population Prospects, India currently has the second largest elderly population in the world. Although the proportion of elderly people in India is small compared to developed countries, the absolute number of elderly people is high. The number of elderly people has increased enormously since India's independence, from 20.19 million in 1951 (5.5 percent of the total population) to 43.17 million in 1981 and 55 million in 1991. According to the 2001 census, approximately 77 million of the population survived. 66 years old, which is 7.5 percent of the total population of the country. In 2025, this number should increase to 177.4 million. (The growth rate of the elderly population (1991-2001) was higher (2.89) than the total population growth (2.02). According to the World Demographic Data - 2002, 4 percent of India is 65 years old, which is 41 ,9 million. This phenomenon of the growth of the elderly population is due to recent achievements in the achievement of better health standards and in the long term. Because of this, the proportion of elderly dependents increased from 10.5 percent in 1961 to 11.8 percent in 1991 and is projected to reach 16.1 percent by 2021.

Nuclear households, characterized by individuality, independence and desire for privacy, are gradually replacing the joint family, which emphasizes the family as unity and demands respect for age and authority. Children of immigrants often find it

difficult to cope with city life and choose to leave their elderly parents in the village, leading to loneliness and a lack of caregivers for the elderly parents. In such a situation, parents cannot always rely on the financial support of their children and can manage on their own. They continue to work, albeit more slowly.

2.13.1 DISABILITIES IN OLD AGE

The disabilities that a person experiences in the course of ageing are multiple in nature. For some, ageing enhances status and enriches life satisfaction, but for many others, it may be difficult and problematic. On one hand, getting old provides opportunity to relax, enjoy and do things they always wanted to do, but never had the time for when they were young. On the other hand, old age also implies increasing physical, mental and psychological disabilities. Such disabilities are the result of many factors. With the increasing age and decreasing health, the older person begins to depend unknowingly physically and psychologically on either the kinship group or the existing social support network.

2.13.2 ECONOMIC PROBLEM

Economic factors definitely play a major role in generating care for elderly people. The economic status, of the family, as well as that of the care-receiver, the functional ability status of the care receiver and care giver is an additional factor that appears to contribute to the burden. Economic dependence is one of the major factors that very often affects the wellbeing of older persons. Economic dependence is manifested in two ways. First, the status of economic dependence may be caused by retirement for a person employed in the formal sector. Secondly, for a person in the rural or urban informal sectors, it may result from their declining ability to work because of decreased physical and mental abilities. Sometimes older persons are also faced with economic dependence when management responsibilities for matters relating to finances, property or business are shifted to children, pushing the older person into a new status of economic dependence.

2.13.3 PSYCHOLOGICAL PROBLEM

The common psychological problems that most of the older persons experience are : feeling of powerlessness, feeling of inferiority, depression, uselessness, isolation and reduced competence. These problems along with social disabilities like widowhood, societal prejudice and segregation aggravate the frustration of elderly people. Studies

report that conditions of poverty, childlessness, disability, in-law conflicts and changing values were some of the major causes for elder abuse.

2.13.4 HEALTH PROBLEM

Health problems are supposed to be the major concern of a society as older people are more prone to suffer from ill health than younger age groups. It is often claimed that ageing is accompanied by multiple illness and physical ailments. Besides physical illness, the aged are more likely to be victims of poor mental health, which arises from senility, neurosis and extent of life satisfaction. Thus, health status of aged should occupy a central place in any study of the elderly population. In most of the primary surveys, the Indian elderly in general and the rural aged in particular are assumed to have some health problems like cough, poor eyesight, anemia and dental problems. The proportion of the sick and bed ridden among the elderly is found to be increasing with advancing age, the major physical disabilities being blindness and deafness. Besides physical ailments, psychiatric morbidity is also prevalent among large proportion of elderly. Given the prevalence of ill health and disability among the elderly, there is also lack of the provision of medical aid and proper familial care, in addition, while public health services are insufficient to meet the health needs of the elderly.

2.14 MIGRATION, SOCIAL STRUCTURE AND OLD-AGE SUPPORT NETWORKS BY PHILIP KREAGER

Population aging and urbanization are two huge structural changes in the late 20th and early 21st centuries. In particular, labor migration of younger people exacerbates age imbalances in rural areas of developing countries, displacing young adults just as population aging increases. Should there be an alarm about this? Currently, the answer is unclear, as the effects of migration on the support networks of elderly families have not been systematically studied. The focus of the paper is on support flows from the younger relative, although the full review shows that support flows are rarely unidirectional and that intergenerational and community transfers and connections are also important. The narrow focus of communication with children is adopted due to spatial considerations and its importance: in situations where the elderly become vulnerable and cannot survive independently, the role of the relationships of younger people emerges. Assessing the role of migration in shaping the situation of the rural elderly requires two major departures from prevailing research paradigms in the study

of the effects of population aging in India. First, the socio-economic strata of the local communities must be distinguished, because they influence both the tendency to migrate and the duration of contacts between young immigrants and their parents. Second, the wider family network must be considered as a support unit, as migration affects a subset of family members who bear responsibility. The composition of this subset is likely to change over time and the availability of different supporters and what they want to do will change accordingly. Therefore, children are defined in this expanded sense to include adoptable, grandchildren, nieces and nephews in child support roles. The paper defines "vulnerability" in terms of the size and composition of the networks on which older people depend and the discussion focuses on two aspects of network dynamics: the extent to which migration of young family members becomes a constraint and selectivity. its impact among the elderly. Differences at the community level are explored through differences in the prevalence of migration between socioeconomic strata and its impact on the dispersion of adult children from their communities of origin and the support provided by children. The focus is on the effects of childhood mobility on older people rather than on the factors and patterns of migration per se, although the main cultural and economic forces driving population movement are also considered. Most attention is given to the relatively disadvantaged strata, most of whom are vulnerable or potentially vulnerable elderly people. Among the poorest strata one can distinguish between those who manage to maintain respect for their wider community and those whose lives end sadly. The "crisis scenario" in which a growing proportion of the elderly are left without support due to child migration cannot be sustained or reversed without disentangling the interplay of status and social network. Children who move away from their home community may not be "lost" in the system of local support networks, while loved ones may not be valued or trusted. As we can see, the location of children, whether close or short or long distance, does not support or neglect. Elderly people are not equally present in all strata and this article is mainly about the lower groups. The coincidence of population aging and rural-urban migration is usually presented as a concern for the well-being of an aging population in rural and rural areas, but a closer look reveals complex and varied welfare implications. The prevalence of migration among young adults is widely documented, but in contrast to the stark picture of recent and increasing rural migration, where young migrants leave their parents without support, many poor older people have been shown to have both "now next door" and "away" children to support. Younger

members of the network take on additional responsibilities and cases where all the children have moved and do not provide support at all are a small minority. Even small donations can play an important role in maintaining family solidarity and the social status of the elderly. Older people must be divided into subgroups defined by the socioeconomic strata and family networks to which they belong. The differential impact of migration on local experiences and perceptions of vulnerability can then be explored through the dynamics of network size and characteristics that allow the continuation of supportive relationships between some younger migrants and their parents, disrupting continuity among others from the network.

2.15 GETTING OLD BEFORE GETTING RICH: ARE WE AS A SOCIETY AND A COUNTRY READY FOR A FAST AGEING INDIA? BY DEVENDER SINGH

Aging highlights a key issue in India when looking at population trends and projections from various organizations such as the United Nations and the Government of India. COVID 19 has further emphasized this fact with a thick red pencil. Over time, as demographic changes mature, aging will become even more important. Whenever population is discussed, people's main concern is usually limited to whole numbers, when in fact the focus should be on the composition of those numbers. More importantly, changes in figures should be prioritized because they provide important information for future policy and program planning. India is rapidly aging in a large retirement society. This change in the elderly population is happening faster in India than in other countries; For example, doubling the elderly population from 7% to 14% took 110 years in France and 80 years in Sweden, while India is projected to take only 20 years. According to UNFPA's 2018 population projections, India's population of elderly people (aged 66 and over) will increase from 104 million in 2011 to 425 million by 2061. more than a four-fold increase as shown in the chart below. In 2061, one in four Indians will be over 66 years old. More worryingly, India is an old country before it gets rich. In the informal sector, most of India's population is hanging up the proverbial boots with almost no or little savings and no social security or pension. A large number of them are completely (52%) and partially (18%) dependent on others for their livelihoods. A large number of elderly people continue to work or have to work due to economic circumstances. The proof is that 93,000,000 people aged 61 and over received MGNREGA work allowance in 2019-2020. We also need to remember

that about 90 percent of India's workforce is in the informal sector, which affects savings and old age insurance. Most of these elderly people live in rural areas, if current trends are observed; According to the 2011 census, 70% of the elderly live in rural areas. Life expectancy for women will increase from 69.4 in 2011 to 79.7 in 2061and for men from 66.0 in 2011 to 76.1 in 2061. There are more old women than old men and many of them are widows. Research by UNFPA (2012) shows that poverty rates are higher among the elderly and social security coverage is very low. Lack of care and support and limited social insurance make them very vulnerable to loneliness, poor health and neglect. There is an intersection between aging and migration. Graying in the south requires young hands to run institutions, maintain economic productivity and care for the elderly, while the north-central region has a large and probably excessive young working-age population. Trails are already established between these regions. Differences in demographic structure further accelerate migration. The increased migration of young people affects the elderly living in the countryside in the form of reduced social benefits and care. On the other hand, remittances help them access financial resources. The development of technology also helped to maintain close ties with families and ensured support in a hurry. At the intersection of aging and migration, there is another aspect - the problems, concerns and needs of the elderly who must move with the younger. The new National Policy on the Elderly 2020 of the Ministry of Social Affairs, Justice and Empowerment does not adequately address demographic diversity across countries and lacks a bold high-level vision for the future to address the above issues. A rapidly graying India is a reality and a future plan to secure social security and social services through the lens of population dynamics is the need of the hour if we do not want the elderly to be the last and the lost.

2.16 IMPACT OF URBANIZATION AND MIGRATION ON ELDERLY BY ABHISHEK KUMAR GARG

The growing number of elderly (66+) population in India and the variable vulnerability face demands and urgent attention of policy makers and society. Elderly people are increasingly vulnerable to health care and safety concerns. Migration and urbanization gradually weaken traditional family models, which give the elderly a central and social role. Migration weakens traditional family ties. The ability of the modern family to care for elderly relatives in an urban environment is severely hampered by overcrowded

housing, limited financial resources and the increasing education and employment of elderly primary caregivers.

2.17 THE SOCIAL IMPACT OF MIGRATION IN INDIA BY DR DINESHAPPA

An important part of the assessment is to look at how immigration has affected social relations in society. At one level, the effects experienced in workplaces, public services, etc. tend to indirectly color how people experience the effects on the communities in which they live and work. Some may feel this more than others, depending on whether immigrants are seen as bringing competition or options to local communities. Greater pressure on the objectively measured labor market is likely to manifest itself in subjective anxiety to local communities. The same is true when looking at how the national political debate over immigration relates to and affects local community relations. The social effects of immigration are also felt more immediately. This can be seen by looking at people's feelings about their neighborhood and, in particular, the extent to which they feel that the people around them communicate and can be trusted and trusted when necessary. Scientists often observed a "community", as it was called. Partly to identify its nature, but also to discern what is most likely to reinforce or undermine that feeling. Sentiments, notoriously difficult to measure, often reflect affluent communities replete with efficient public services.

2.18 CONSEQUENCES OF MIGRATION ON ELDERLY BY ARCHANA K ROY

12% of the elderly moved to earn a living and work. Eighty percent of left-behind elders live in joint families, compared to 8 percent of non-immigrant households. Relatively the majority of those left behind is satisfied with food and clothing; while the majority of elderly people living in non-immigrant households are very satisfied with their sleeping arrangements. Dependence on villagers, lack of timely support, health problems of loneliness are the biggest concerns of the elderly in general and especially the backward. Dependence on villagers, lack of timely support, health problems of loneliness are the biggest concerns of the elderly in general and especially the backward. Dependence on villagers, lack of timely support, health problems of loneliness are the biggest concerns of the elderly in general and especially the backward.

2.19 MIGRATION IN KERLA

https://www.newindianexpress.com/cities/kochi/2022/mar/21/kerala-set-to-prepare-data-bank-of-malayalis-abroad-2432312.amp

For the first time, Kerala is officially preparing a data bank of Keralites, which will help the state track the number of Malayalis working abroad, especially in the US, Canada, Europe, Australia and New Zealand. Over the past 10 to 15 years, more people have come from the state to Western countries such as the United States, Canada, Great Britainand Australia and New Zealandand many have relocated bases from West Asian countries such as the United Arab Emirates. Emirates. . "We are preparing a data bank of all Kerala-based national research institutes studying, working and staying abroad with Indian passports," said K Harikrishnan Namboothiri, CEO of Norka-Roots. According to the Kerala budget, the state will soon set up a database of Malayalam students studying abroad through Norka department. Namboothiri clarified that this new amendment will not apply to Keralites holding Persons of Indian Origin (PIO) and Overseas Indian Citizens (OCI). For years, the Kerala government has relied on research by former Center for Development Studies (CDS) professor S Hrudaya Rajan for information on the migration of Keralites to other states. According to the 2018 CDS survey, the number of NRIs arriving from abroad in Kerala is about 22 lakh, which is less than in 2014. However, K V Joseph, director of the Thiruvananthapuram-based International Institute of Migration and Development (IIMD), estimated the number of NRIs abroad must be at least 40,000,000 Keralites. "There would be around 6, 00,000 Malayalis in the US," he said, adding that the trend of more people moving from the state to western countries was not clearly seen in any study. A CDS study published in 2018 stated that almost 90 percent of Malayalis living outside India are in West Asia, but Joseph estimates that at least 20 percent or even more Keralites are now settled in the US, Canada, UK, Germany, Australia. and New Zealand. India will receive $87 billion in remittances in 2021, up 4.6% from last year, according to the World Bank. According to the RBI, Kerala receives about 19 percent of all remittances to India, while Punjab's share is only 1.7 percent. According to an RBI study, 58.7 percent of all remittances were received in four states - Kerala, Maharashtra, Karnataka and Tamil Nadu. IIMD's Joseph said the US, Canada, Australia, New Zealand and the UK account for more than 20-22 per cent of remittances to Kerala. "Western remittances to Kerala will continue to grow in the coming years, even as remittances

from West Asian countries decline. That is why it is important that we have an official data bank of Keralite presence in these developed western countries. This would help the state government better shape its policy in the future," he said.

2.20 MIGRATION TO FOREIGN COUNTRIES IS AN EXTREMELY COMMON PHENOMENON IN MODERN KERALA SOCIETY. THE MIDDLE EAST AND EUROPEAN AND NORTH AMERICAN COUNTRIES ARE LIKE THEIR OWN HOMELANDS FOR KERALITES TODAY. BY VIVEK RAJAGOPAL

The Malayalis, who migrated to other countries, have played an important role in Kerala's development. The economic changes that happened in the Middle East after crude oil was discovered there have distinctly reflected in Kerala, too. The 'Gulf Boom'- migration of Keralites to Arabian countries in search of jobs -- started in the early 1970s and continues even today. The money sent by these Non-Resident Indians (NRIs) is the pillar of Kerala's economy. This Gulf migration has brought about many changes in the socioeconomic fabric of Kerala.

2.20.1 TYPES OF MALAYALI MIGRANTS

The Malayali migrants can be divided into two. One, the Malayalis who migrated to Gulf countries in search of jobs. This group would return to Kerala after a certain period.

Two, the Malayalis migrating permanently to North America, Europe and other developed countries for a better standard of living and education. These people prefer to migrate to European countries, the US, Canada, Australia and New Zealand. The number of students who migrated to foreign countries from Kerala in the last few years may amaze everyone. In 2012, the number of Indian students abroad was 40 lakh. It is expected to cross 75 lakh in 2025 and most of these Indian students are Keralites.

Migrating for education is one of the easiest ways to obtain a Permanent Residency (PR) or citizenship in developed countries. According to the Ministry of External Affairs, the number of Malayali students who went abroad in 2019 was 30,948. But as per unofficial data, the number of students who migrate to developed countries in a year from Kerala alone is more than 35,000.

A student needs at least Rs 20 lakh per year to study at foreign universities. In this way, crores of rupees are transferred from Kerala's economy. These students become permanent residents or citizens of these countries. Therefore, money does not come back into Kerala's economy as it does from Middle East countries and it creates various economic and social impacts.

2.20.2 WHY ARE KERALITES MIGRATE?

There are many factors that drive Kerala youth to migrate, regardless of the quality of the universities and courses they study abroad.

The list includes personal freedom, a better standard of living, social security and respect for work. Poor salaries for educated people as per their educational qualification and the inefficiency of the education sector is also forcing the youth to leave the country.

Fr. Joseph Alencherry, vice principal, Mar Augusthinose College, Ramapuram, Kottayam district, said that replacing the traditional courses taught in Indian colleges with new generation courses will help check this problem to some extent. Fr. Joseph Alencherry added that nowadays, many colleges don't have enough students and many courses that were most in demand in the past don't have students now. He pointed out that the frustration and anger towards the present system in the country and state are also causing the youth to leave India.

2.20.3 IS KERALA BECOMING AN OLD AGE HOME?

Financial problems due to the non-remittance of the NRIs are not the only problems that will ail Kerala in the future. If Kerala's next generation continues to migrate to other countries by mortgaging their properties and getting loans, Kerala will become a land of old aged people. The brain drain of a talented generation will cause many social impacts.

The number of vacant houses is increasing in Kerala. According to the 2011 census report, there are 12 lakh vacant houses in Kerala. This is 11 per cent of the vacant houses in India and 66 per cent of these belong to non-resident Keralites settled in European countries. And these are 11-year-old figures.

2.21 CONCLUSION

In such a scenario ageing and its intersectionality with migration assume added significance and require urgent attention and forward-looking planning. A population dynamics perspective is needed to start planning for the elderly in India i.e., planning for different states and regions will be different. Estimations and projections can help states to plan for required housing, health care and other facilities. States need to work together to provide portability of identity proof and entitlement, as well as build support systems for older persons left behind.

The parents of migrant children can experience a range of psychosocial problems. These include depression and anxiety, social isolation, physical health problems, financial problems, loss of identity, cultural adjustment difficulties and parental grief. It is important for health professionals to be aware of these issues and provide appropriate support to parents facing these challenges. Parents of migrant children can face a range of psychosocial problems, including emotional stress and anxiety, loss of intergenerational support, financial stress, social stigma and communication barriers. These problems can have long-term consequences on parents' psychological and emotional well-being. It is essential to recognize and address these issues to support parents and promote their mental health.

Hence, there is an urgent need to create two taskforces at the NITI Aayog – on ageing and migration, with subject experts from the state governments, academia, organizations – public, private, non-governmental – working in the field of ageing and migration, to develop white papers outlining current and future situations, policy regime and implementation mechanisms in other countriesand recommendations for future course of action in India. The second step, based on the white papers, should be setting up separate ministries/independent departments with their own mandate, manpower and resources, for these two population groups. This brain drain will also significantly affect land prices in Kerala and will prove to be a double whammy for Keralites. To control this brain drain, it is imperative that the state and central governments chalk out effective plans to stop the governing trend.

CHAPTER III

RESEARCH METHODOLOGY

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RESEARCH METHODOLOGY

3.1 INTRODUCTION

Methodology in research refers to the overall approach or framework used to contact a study or investigation. It includes the techniques, tools and procedures that researchers use to collect and analyze data to answer their research questions or test hypothesis. A well designed methodology is crucial for producing reliable and valid research findings. The methodology section is a crucial component of any research work, as it outlines the overall approach and techniques used to investigate the research question or hypothesis. It is essential for producing reliable and valid research findings and ensuring that the research is conducted in a transparent and ethical manner. The methodology section typically includes information on the research design, sample selection, data collection and analysis methods and interpretation of findings. A well-designed methodology should be appropriate for the research question and take into account any limitations or potential biases. It should also provide enough detail for other researchers to replicate the study or use the same methodology for their own research. In this way, the methodology section serves as a roadmap for the research process, guiding researchers through each step of the study and ensuring that the research is conducted with rigor and precision.

The methodology section is often considered one of the most important parts of a research work, as it provides a clear and comprehensive description of the research process. It helps readers to understand how the research was conducted and to evaluate the reliability and validity of the findings. A well-designed methodology is essential for producing research that is accurate, objectiveand unbaised.

The methodology section typically begins with a statement of the research question or hypothesis and a brief overview of the research design. This is followed by a detailed description of the sample selection process, including information on how participants were identified and recruited. The methodology section also includes information on the data collection methods used, such as surveys, interviews, observations, or experiments. This may include details on the data collection instruments used, such as questionnaires or interview protocols.

Once the data has been collected, the methodology section describes the data analysis methods used to interpret the findings. This may include statistical techniques, qualitative analysis methods, or a combination of both. The methodology section also typically includes a discussion of any limitations or potential biases in the research design or data collection process, as well as any ethical considerations that were taken into account.

Overall, the methodology section is critical for ensuring that the research is conducted in a rigorous and transparent manner. It provides readers with the information they need to understand how the research was conducted and to evaluate the reliability and validity of the findings. A well-designed methodology can also help to establish the credibility and reputation of the research and the researchers who conducted it.

3.2 DEFINITION OF CONCEPT

3.2.1 THEORETICAL DEFINITION

Migration

According to Robin Cohen in 'Theories of Migration', Migration is a concept that refers to the movement of people from one place to another, often with the intention of settling in a new location. Theoretical definitions of migration may vary depending on the academic disciple or theoretical perspective used. However, a common definition of migration is that it involves a change in the place of residence of an individual or group of individuals for a significant period of time. Migration may be voluntary or involuntary and may be influenced by range of factors, including economic, social and political and environment factors. It may also have significant impacts on the migrants themselves, their families and the societies from which they come and to which they go. The study of migration is an important area of research in many fields, including sociology, anthropology, geography and political science, among others.

Youth migration

According to international organization for migration youth migration is a specific form of migration that refers to the movement of individuals aged 15 to 24 from one place to another, often with the intention of settling in a new location. Theoretical definitions of youth migration may vary depending on the academic discipline or theoretical perspective used. However, a common definition of youth migration is that it involves a

change in the place of residence of young people for a significant period of time. Youth migration may be voluntary or involuntary and may be influenced by a range of factors, including economic, social, political and environmental factors. It may also have significant impacts on the migrants themselves, their families and the societies from which they come and to which they go. The study of youth migration is an important area of research in many fields, including sociology, anthropology, geography and political science, among others. Understanding the factors that influence youth migration and its consequences for individuals, families and societies is important for developing effective policies and interventions to address the challenges faced by young migrants and to ensure that their rights and well-being are protected.

Aged parents

According to national institute of health Aged parents refer to parents who have reached an advanced age and may require additional care and support due to age-related health and mobility issues. Aged parents are often considered a vulnerable population due to their increased risk for chronic health conditions, cognitive decline and social isolation. The care of aged parents is a significant concern in many societies, particularly as populations continue to age and life expectancy increases. Providing care and support for aged parents may involve a range of activities, including assisting with daily activities such as bathing, dressing and meal preparation, providing transportation to medical appointments and managing medication and other health needs. The provision of care for aged parents may also have significant economic, social and emotional impacts on the caregivers, who may be adult children, spouses, or other family members. It is important for societies to develop policies and support systems to address the needs of aged parents and their caregivers, including access to healthcare, social services and financial assistance.

3.2.2 OPERATIONAL DEFINITION

Migration

International Organization for Migration states an operational definition of migration refers to a specific set of criteria used to identify and measure the movement of people from one place to another. The operational definition may vary depending on the research question, data source and analytical approach used. One common operational definition of migration involves the use of a specific time frame, such as a year or five

years, to identify individuals who have changed their place of residence. For example, individuals who have lived in one city for the past five years and then moved to another city would be considered migrants under this operational definition. Another operational definition of migration may focus on the distance between the origin and destination of the migration. For example, individuals who move a certain distance away from their place of birth or previous residence, such as 50 miles or 100 miles, may be considered migrants. An operational definition of migration may also take into account the reasons for the migration, such as economic, social, or environmental factors. For example, individuals who move to a new location for work or to join family members may be considered migrants under this operational definition. Overall, an operational definition of migration provides a clear and specific way to identify and measure migration for research purposes. The operational definition should be carefully selected based on the research question and data sources used to ensure that it accurately captures the phenomenon being studied.

Youth migration

An operational definition of youth migration refers to a specific set of criteria used to identify and measure the movement of individuals aged 15 to 24 from one place to another. The operational definition may vary depending on the research question, data source and analytical approach used. One common operational definition of youth migration involves the use of a specific time frame, such as a year or five years, to identify individuals who have changed their place of residence. For example, individuals who were living in their parents' home and then moved to another city or country for work or education purposes would be considered youth migrants under this operational definition.

Another operational definition of youth migration may focus on the distance between the origin and destination of the migration. For example, individuals who move a certain distance away from their place of birth or previous residence, such as 50 miles or 100 miles, may be considered youth migrants. An operational definition of youth migration may also take into account the reasons for the migration, such as economic, social, or environmental factors. For example, individuals who move to a new location for better job opportunities or to pursue higher education may be considered youth migrants under this operational definition. Overall, an operational definition of youth migration provides a clear and specific way to identify and measure the movement of

young people from one place to another for research purposes. The operational definition should be carefully selected based on the research question and data sources used to ensure that it accurately captures the phenomenon being studied.

Aged parents

An operational definition of aged parents refers to a specific set of criteria used to identify and measure individuals who have reached an advanced age and may require additional care and support due to age-related health and mobility issues. The operational definition may vary depending on the research question, data source and analytical approach used. One common operational definition of aged parents involves the use of a specific age range, such as 65 years or older, to identify individuals who are considered elderly. For example, individuals who are aged 65 years or older and require assistance with daily activities such as bathing, dressing, or meal preparation may be considered aged parents under this operational definition.

Another operational definition of aged parents may focus on the presence of specific health conditions or mobility limitations. For example, individuals who have a chronic health condition or mobility limitation that requires assistance from a caregiver may be considered aged parents under this operational definition. An operational definition of aged parents may also take into account the living arrangements of the individuals, such as living alone or with family members. For example, individuals who are aged 65 years or older and live alone or with family members and require assistance with daily activities may be considered aged parents under this operational definition. Overall, an operational definition of aged parents provides a clear and specific way to identify and measure individuals who require additional care and support due to age-related health and mobility issues for research purposes. The operational definition should be carefully selected based on the research question and data sources used to ensure that it accurately captures the phenomenon being studied.

3.3 VARIABLES

Independent variable

The independent variable in an empirical study on the psychosocial problems caused by the migration of the young generation on aged parents could be the distance of migration. This variable could be operationalized by measuring the physical distance between the parents and their children who have migrated. For example, individuals

whose children have migrated to a different country may experience greater psychosocial problems compared to those whose children have migrated to a different city within the same country.

Another independent variable could be the frequency and duration of communication between the parents and their children who have migrated. This variable could be operationalized by measuring how often the children communicate with their parents and for how long. For example, parents who have regular and longer communication with their migrated children may experience fewer psychosocial problems compared to those who have less frequent and shorter communication.

A third independent variable could be the level of social support available to the parents. This variable could be operationalized by measuring the availability and quality of social support networks, such as friends, family members and community organizations. For example, parents who have access to strong social support networks may experience fewer psychosocial problems compared to those who have limited social support.

Overall, the independent variables in this empirical study could include factors that influence the relationship between the migrated children and their aged parents and how these factors affect the psychosocial wellbeing of the parents.

Dependent variable

The dependent variable in an empirical study on the psychosocial problems caused by the migration of the young generation on the aged parents is the psychosocial wellbeing of the aged parents. This variable can be operationalized by measuring various indicators of psychosocial problems, such as depression, loneliness, anxiety, stress and overall life satisfaction.

For example, researchers can use standardized questionnaires to measure depression, anxiety and stress levels among aged parents whose children have migrated, compared to those whose children have not migrated. Researchers can also use standardized measures of loneliness, such as the UCLA Loneliness Scale, to assess the extent to which aged parents feel socially isolated as a result of their children's migration.

In addition to these specific measures, overall life satisfaction can also be used as a dependent variable. Researchers can use standardized measures of life satisfaction, such

as the Satisfaction with Life Scale, to assess the extent to which aged parents feel satisfied with their lives overall, despite the challenges of their children's migration.

Overall, the dependent variable in this empirical study is the psychosocial wellbeing of aged parents and how it is affected by the migration of their children. The dependent variable should be carefully selected based on the research question and data sources used to ensure that it accurately captures the phenomenon being studied.

3.4 HYPOTHESIS

Here are three possible hypotheses for an empirical study on the psychosocial problems caused by the migration of the young generation on the aged parents:

Hypothesis 1: The greater the physical distance between aged parents and their migrated children, the higher the level of psychosocial problems experienced by the aged parents.

This hypothesis suggests that the physical distance between the aged parents and their migrated children is an important factor in determining the psychosocial problems experienced by the parents. Specifically, as the distance between the parents and their children increases, the parents are likely to experience more psychosocial problems due to reduced social support, increased feelings of loneliness and isolation and other related factors.

Hypothesis 2: The higher the frequency and duration of communication between aged parents and their migrated children, the lower the level of psychosocial problems experienced by the aged parents.

This hypothesis suggests that frequent and longer communication between aged parents and their migrated children can help to reduce the psychosocial problems experienced by the parents. Specifically, regular communication can help to maintain social connectedness, reduce feelings of loneliness and isolation and increase the level of social support available to the parents.

Hypothesis 3: The greater the level of social support available to aged parents, the lower the level of psychosocial problems experienced by the parents, even when their children have migrated.

This hypothesis suggests that social support is a key factor in determining the psychosocial wellbeing of aged parents, even in the absence of close physical proximity

to their children. Specifically, the availability of social support from friends, family members and community organizations can help to reduce feelings of loneliness and isolation, increase the level of social connectedness and improve the overall psychosocial wellbeing of aged parents.

3.5 RESEARCH DESIGN

Research design refers to the overall strategy or plan of action for conducting a research study. It outlines the procedures and methods that will be used to collect and analyze data and it guides the researcher in making decisions about how to address the research questions or hypothesis. The research design is a blue print of research in advance regarding the methodology, data collection and statistical data and rational of the research. The research design is quantitative design with descriptive in nature. The research has used descriptive design for this study.

3.6 PILOT STUDY

Researcher conducted the pilot study before the main study. The researcher conducted pilot study to understand the feasibility of the study. It gave an idea about the study and its nuances. The pilot study enabled the researcher to make some changes in the questionnaire; and some questions were removed as they were inappropriate and few questions were modified. The researcher consulted literature as well as experts. A pilot study is the first step of the entire research protocol and is often a smaller-sized study assisting in planning and modification of the main study.

3.7 UNIVERSE AND UNIT OF THE STUDY

Universe of the study

The universe of the study includes Christian, Hindu and Muslim in Iritty Bolck Panchayat. The population of the study includes a total of 66 people from Payam Panchayat, Aralam Panchayat, Ayyamkunnu Panchayat and Iritty Muncipality.

Unit of the study

The parents who are above 40 years old whose children are migrated for studies and job at Iritty Block Panchayat.

3.8 SAMPLE DESIGN

A sample design is definite plan for obtaining a sample from given population. It refers to the technique or the procedure the researcher would adopt is selecting items for the sample. The sampling method used for this research was non probable sampling method. This is a type of non probability sampling which have made some improvements. This ensures the representation of all the relevant sub groups of the population and thus it is more statistically efficient. Simple random sampling is the simplest of the non probability sampling frame, which may not be available or feasible to construct for larger population. For selecting Panchayat researcher used convenient sampling method.

Inclusion criteria

Researcher selects the parents of those children who migrated for studies and jobs from Iritty Bolck Panchayat.

Exclusion criteria

Researcher excluded the migrated children and parents for studies and jobs and the parents whose children are studying and working from their own houses.

3.9 SOURCE OF DATA

Primary data

Primary data was collected through questionnaire and interview researcher approached each respondent through Google form to collect the primary data. The data also collected through phone call as an online interview.

Secondary data

Secondary data was collected from various articles, newspaper and internet to get certain relevant information of the study.

3.10 TOOLS OF DATA COLLECTION

The process of data collection is the most important in research. The researcher used the questionnaire as the tool for data collection. In order to achieve the research objectives, specific tools of data collection.

3.11 PRE TEST

The pre test of the research was done before the actual collection of data of the research. Three parents were selected for the pre test. The details about six were used for the pre test to check the validity of the research tool and the researcher made some changes in the questionnaire to be more effective.

3.12 METHOD OF DATA COLLECTION

Researcher used questionnaire for the data collection. The researcher had formed the questionnaire using the Google forms and collected the data from the population by sharing the Google from link with the samples. The population had divided into urban and rural areas of Iritty Block Panchayat. The data was collected from all major religious groups. With the help of these samples the trainee reached to the other samples in their respective strata. The researcher took one week to complete the data collection. The total number of samples was sixty six from there eliminated in complete data and applied exclusion criteria, thus reduced it into sixty.

3.13 PERIOD OF DATA COLLECTION

The period of data collection is from March 2023 to April 2023.

3.14 MODE OF ANALYSIS

The data collected should be analyzed according to research plan. The collected data was analyzed with the help of statistical package for social sciences (SPSS). Based on the analysis in SPSS, the researcher brought out the inferences and interpreted the responses of each of the respondent.

3.15 CONCLUSION

The methodology plays a critical role in the success of any research study. It provides a framework for conducting research, collecting and analyzing data and making sound conclusions based on the evidence gathered. A well-designed methodology ensures the validity and reliability of research results and helps researchers to avoid biases and errors.

Choosing the appropriate research methodology depends on the research question, the scope of the study and the available resources. Researchers can choose from various

research methodologies, such as qualitative, quantitative, mixed-method sand action research, each with its strengths and limitations.

Overall, a sound research methodology is essential for producing high-quality research that contributes to the advancement of knowledge and the improvement of society. It ensures that research findings are credible, trustworthy and relevant to the field and can be used to inform policy and practice.

CHAPTER IV
ANALYSIS AND INTERPRETATION

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4.1 INTRODUCTION

Interpretation and analysis are critical components of any research work. It involves examining the data collected through the research process, making sense of it and drawing meaningful conclusions that can inform future decisions or research. This process involves a systematic and rigorous examination of the data using various analytical methods to identify patterns, relationships and trends.

To begin the interpretation and analysis process, the researcher needs to have a clear understanding of the research question or objective and the data collected. The data can be qualitative, quantitative, or a combination of both. The researcher needs to organize and prepare the data for analysis, which may involve cleaning, coding and categorizing the data.

Once the data is organized and prepared, the researcher can begin the analysis process. This process involves using appropriate analytical methods, such as statistical analysis, content analysis, or discourse analysis, depending on the nature of the data and research question. The researcher needs to apply these methods systematically and rigorously to ensure accurate and reliable result.

After analyzing the data, the researcher needs to interpret the findings, which involves making sense of the results and drawing meaningful conclusions. This process involves identifying patterns, relationships and trends in the data, explaining the significance of the findings and relating them to the research question or objective. The researcher may also need to consider alternative explanations or limitations of the findings.

Overall, interpretation and analysis are critical components of any research work, as they help researchers draw meaningful conclusions from the data collected. By applying appropriate analytical methods and interpreting the findings, researchers can provide valuable insights that can inform future decisions, research and practice.

4.2 ANALYSIS AND INTERPRETATION

Interpretation involves understanding the meaning of information or data, while analysis involves breaking down information into components to identify patterns,

relationship and insights. Both are important skills in fields such as data analysis, market research and critical thinking.

4.2.1 AGE OF THE RESPONDENTS

Figure 1

Age

75 Above
5%

61-75
21%

30-45
27%

46-60
47%
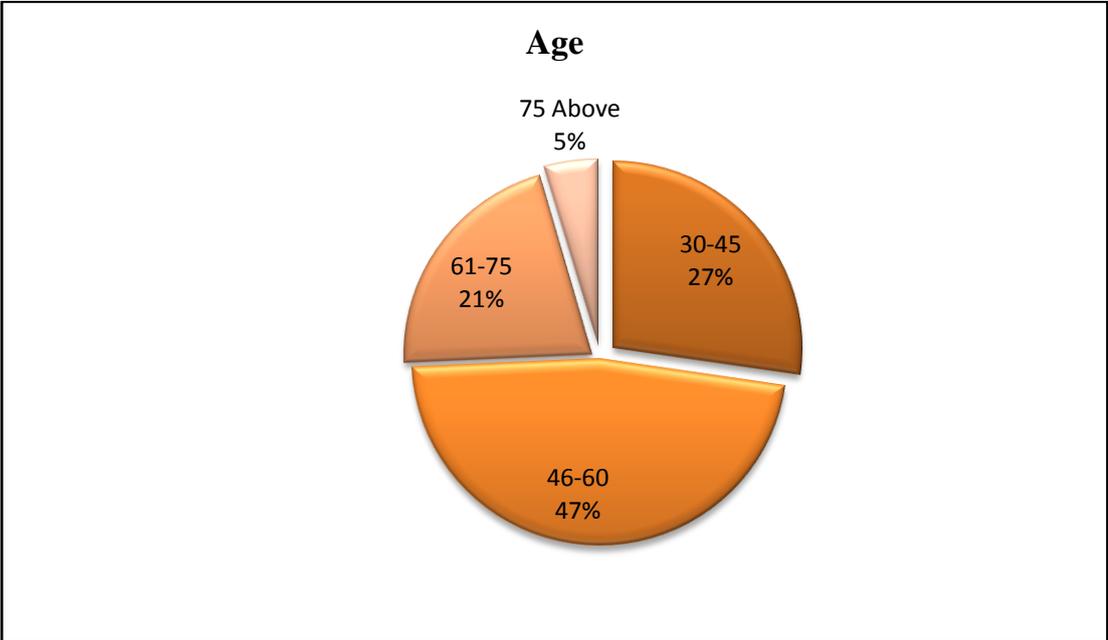
The data presented in the table shows the frequency and percentage distribution of responses to a question related to age. Specifically, the respondents were asked to indicate their age range, with options ranging from 30-45, 46-66, 61-75and above 75. The results show that the majority of respondents (47.0%) fall within the age range of 46-66, followed by 27.3% of respondents who fall within the age range of 30-45. Meanwhile, 21.2% of respondents fall within the age range of 61-75and only a small percentage (4.5%) of respondents fall within the age range of above 75.

Based on the data, it can be concluded that the respondents are predominantly middle-aged, with those aged between 46 and 66 being the largest group. This information may be useful for targeting marketing or advertising campaigns, or for tailoring products or services to meet the needs of this age group. However, it is important to note that the sample size is relatively small (n=66)and therefore, the results should be interpreted with caution and may not be generalizable to larger populations.

4.2.2 GENDER OF THE RESPONDENTS
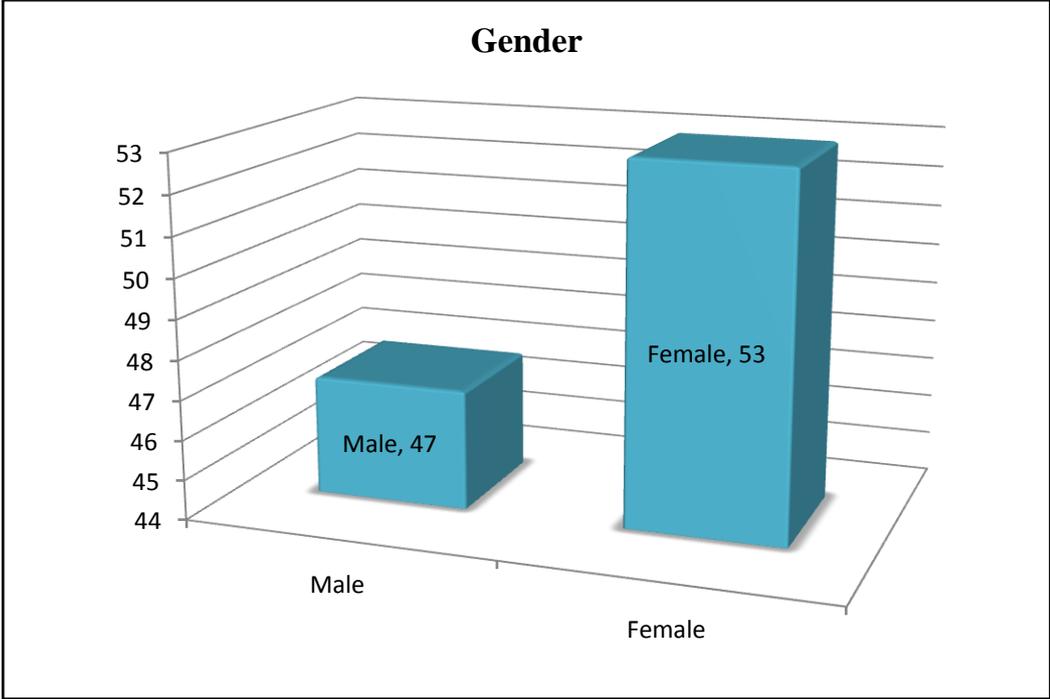
Figure 2

The figure above shows the frequency and percentage distribution of the gender of the respondents. The options were male and female.

The data reveals that 47.0% of the respondents identified as male, while 53.0% identified as female.

Based on the data, it can be concluded that the sample is relatively evenly split between males and females. This information may be useful for researchers or organizations who want to ensure that their sample is representative of the population in terms of gender. However, it is important to note that the sample size is relatively small and the results may not be generalizable to larger populations. Additionally, other factors such as age, socio-economic status and geographic location may also influence gender distribution and should be taken into account when interpreting the data.

4.2.3 RELIGION OF THE RESPONDENT

Figure 3
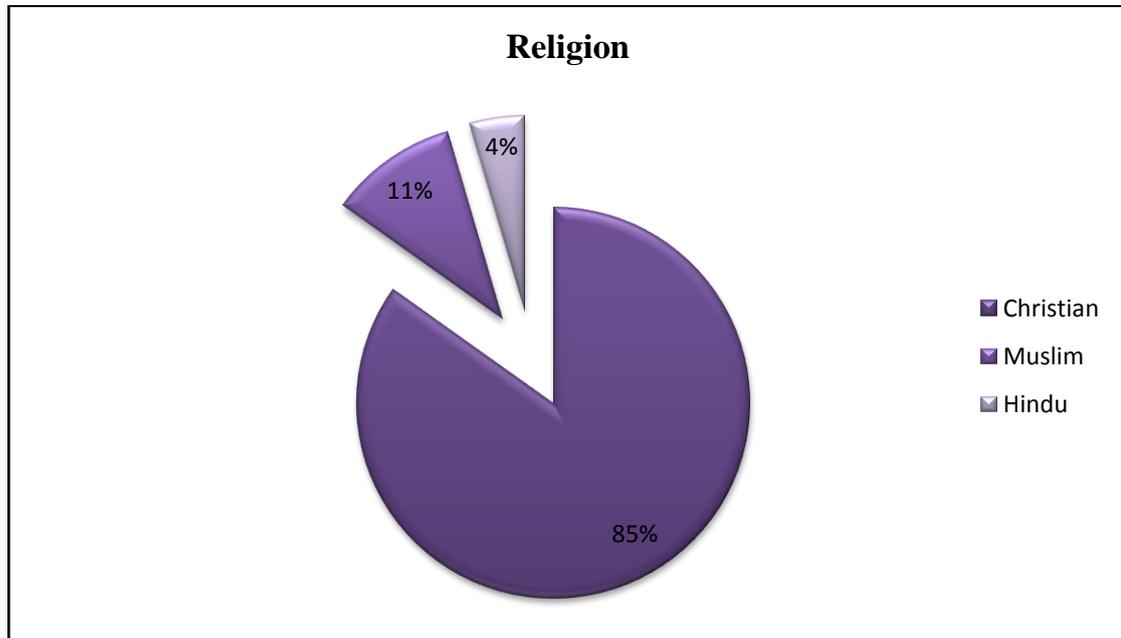
The table presents the frequency and percentage distribution of respondents' religious affiliations, with options of Christian, Muslim and Hindu.

The data reveals that the majority of the respondents (84.8%) identified as Christian, while 10.6% identified as Muslim and only 4.5% identified as Hindu.

Based on this data, it can be concluded that the majority of the respondents in the sample are Christians. This information may be useful for organizations or individuals who want to target this religious group for specific programs, services or products. However, it is important to note that the sample size is relatively small and the results may not be generalizable to larger populations. Additionally, other factors such as geographic location, age, gender and socio-economic status may also influence religious affiliation and therefore should be taken into account when interpreting the data.

4.2.4 EDUCATIONAL QUALIFICATION OF THE RESPONDENT

Figure 4
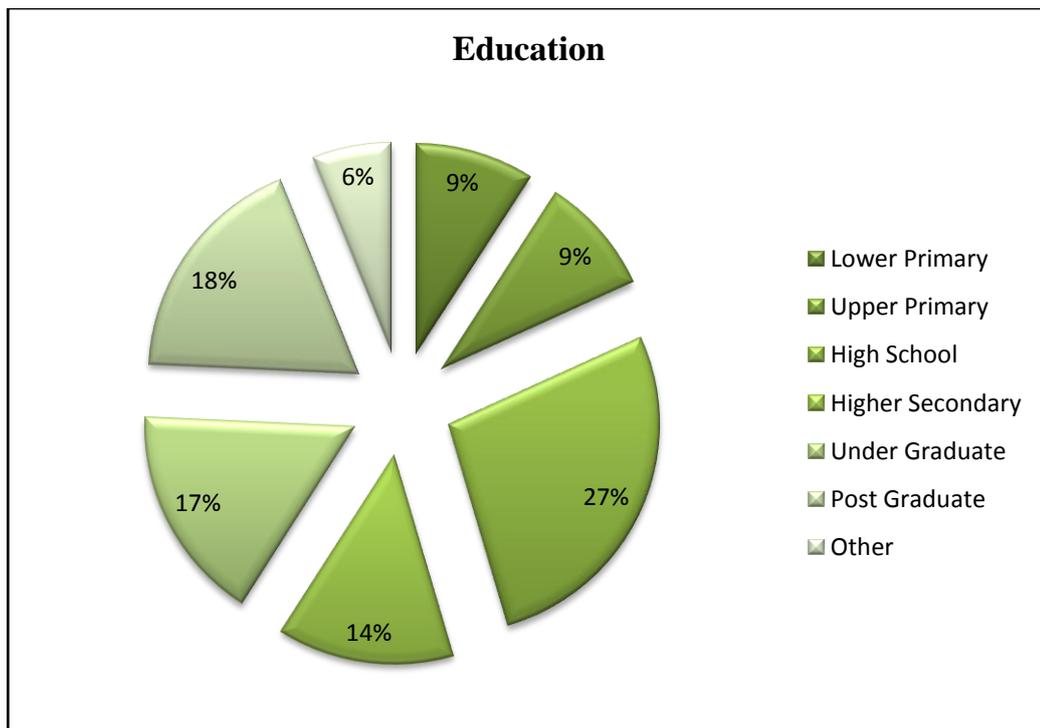
The figure above shows the frequency and percentage distribution of the education levels of the respondents. The options range from lower primary to post-graduate, with an additional option of "other."

The data reveals that the highest percentage of respondents (27.3%) had completed high school, followed by post-graduates (18.2%), under-graduates (16.7%) and higher secondary (13.6%). The remaining respondents had completed either lower primary (9.1%), upper primary (9.1%), or reported as "other" (6.1%).

Based on the data, it can be concluded that the majority of the respondents have completed high school or higher education. This information may be useful for organizations or individuals who want to design programs or services that require a certain level of education. However, it is important to note that the sample size is relatively small and the results may not be generalizable to larger populations. Additionally, other factors such as age, gender and socio-economic status may also influence education level and should be taken into account when interpreting the data.

4.2.5 CURRENT JOB OF THE RESPONDENT

Figure 5
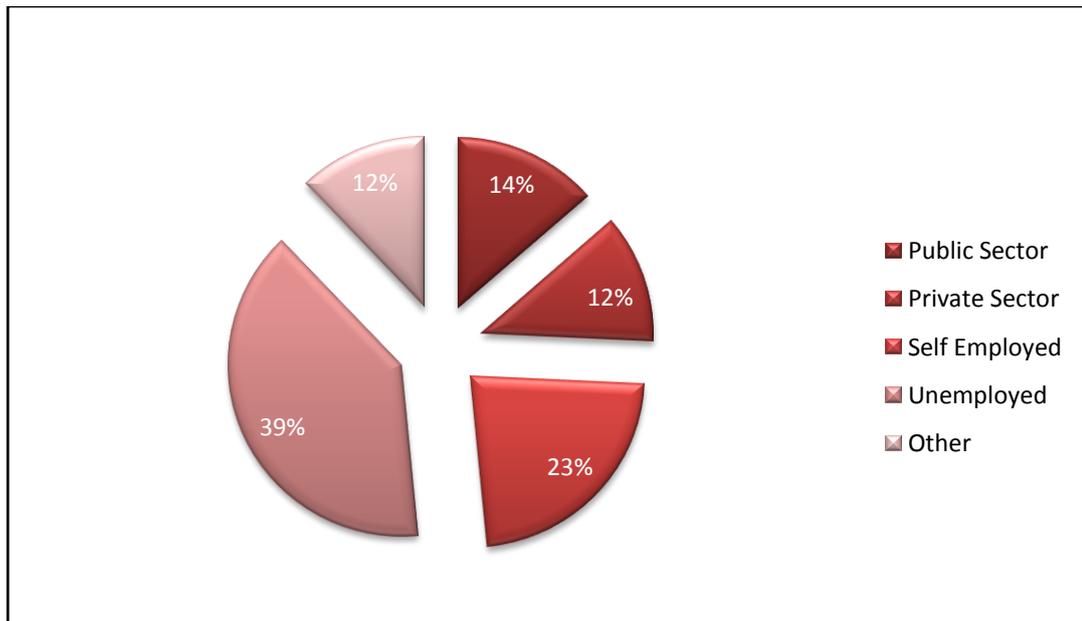
The figure above shows the frequency and percentage distribution of the current job status of the respondents, with options ranging from public sector, private sector, self-employed, unemployed and "other."

The data reveals that the highest percentage of respondents (39.4%) reported being unemployed, followed by self-employed (22.7%) and other (12.1%). A smaller percentage of respondents reported being in the public sector (13.6%) or private sector (12.1%).

Based on the data, it can be concluded that a significant proportion of the respondents are currently unemployed. This information may be useful for organizations or individuals who want to design programs or services that address unemployment. However, it is important to note that the sample size is relatively small and the results may not be generalizable to larger populations. Additionally, other factors such as age, gender, education level and socio-economic status may also influence job status and should be taken into account when interpreting the data.

4.2.6 PREVIOUS JOB OF THE RESPONDENT

Figure 6
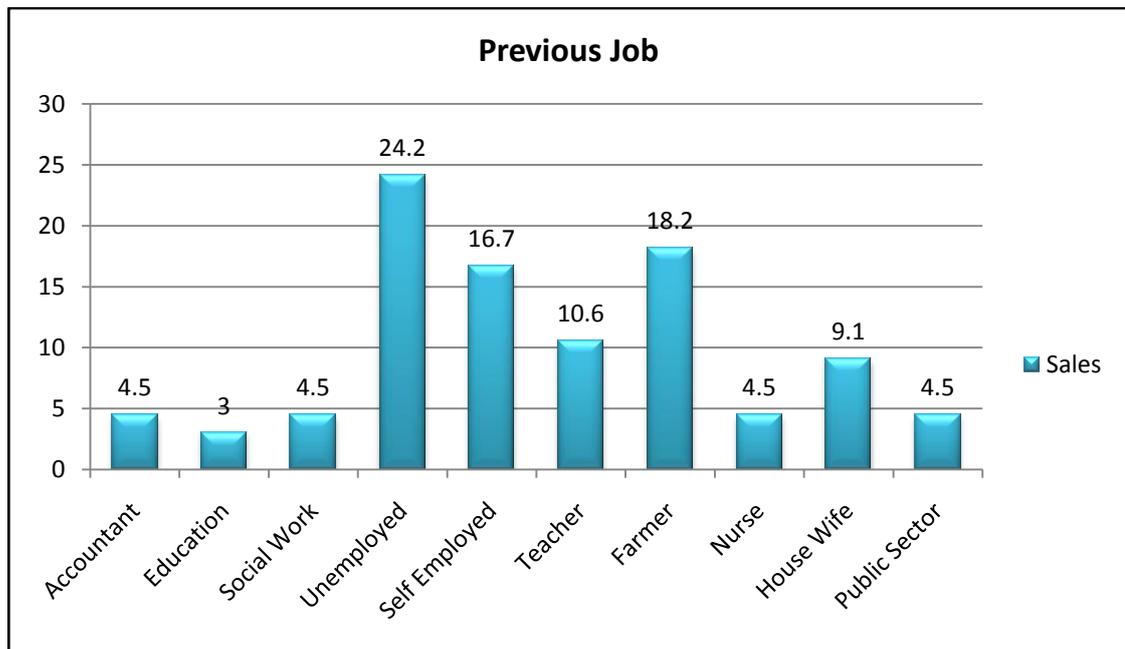
The figure above shows the frequency and percentage distribution of the previous job status of the respondents, with options ranging from accountant, education, social work, unemployed, nil, self-employed, teacher, farming, nurse, housewife, public sector and "other."

The data reveals that the highest percentage of respondents (18.2%) reported previously working in farming, followed by self-employed (16.7%) and housewife (9.1%). A smaller percentage of respondents reported previously working as a teacher (10.6%) and some respondents reported having no previous job experience (19.7%).

Based on the data, it can be concluded that a significant proportion of the respondents have previous experience in farming and self-employment. This information may be useful for organizations or individuals who want to design programs or services that cater to these specific sectors. However, it is important to note that the sample size is relatively small and the results may not be generalizable to larger populations. Additionally, other factors such as age, gender, education level and socio-economic status may also influence job status and should be taken into account when interpreting the data.

4.2.7 TYPE OF FAMILY OF THE RESPONDENTS

Figure 7
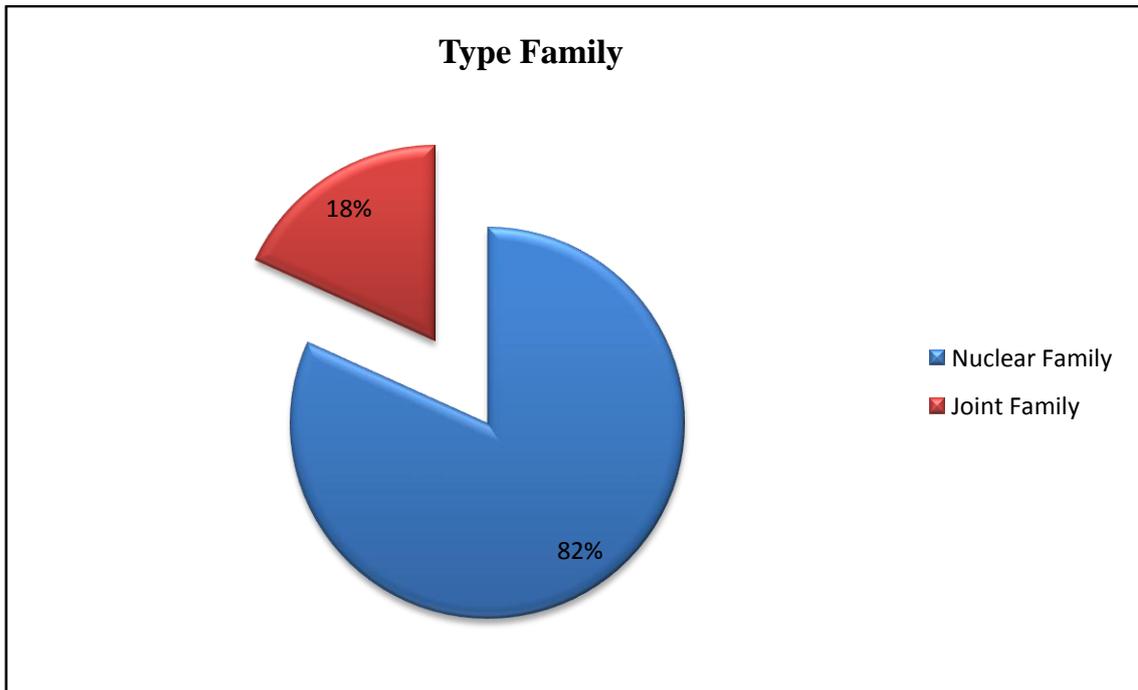
The figure above shows the frequency and percentage distribution of the type of family of the respondents, with options ranging from nuclear family and joint family.

The data reveals that the highest percentage of respondents (81.8%) reported belonging to a nuclear family, while a smaller percentage of respondents (18.2%) reported belonging to a joint family.

Based on the data, it can be concluded that a significant proportion of the respondents belong to a nuclear family. This information may be useful for organizations or individuals who want to design programs or services that cater to the needs of nuclear families. However, it is important to note that the sample size is relatively small and the results may not be generalizable to larger populations. Additionally, other factors such as age, gender, education level and socio-economic status may also influence the type of family structure and should be taken into account when interpreting the data.

4.2.8 NUMBER OF CHILDREN OF THE RESPONDENT

Figure 8
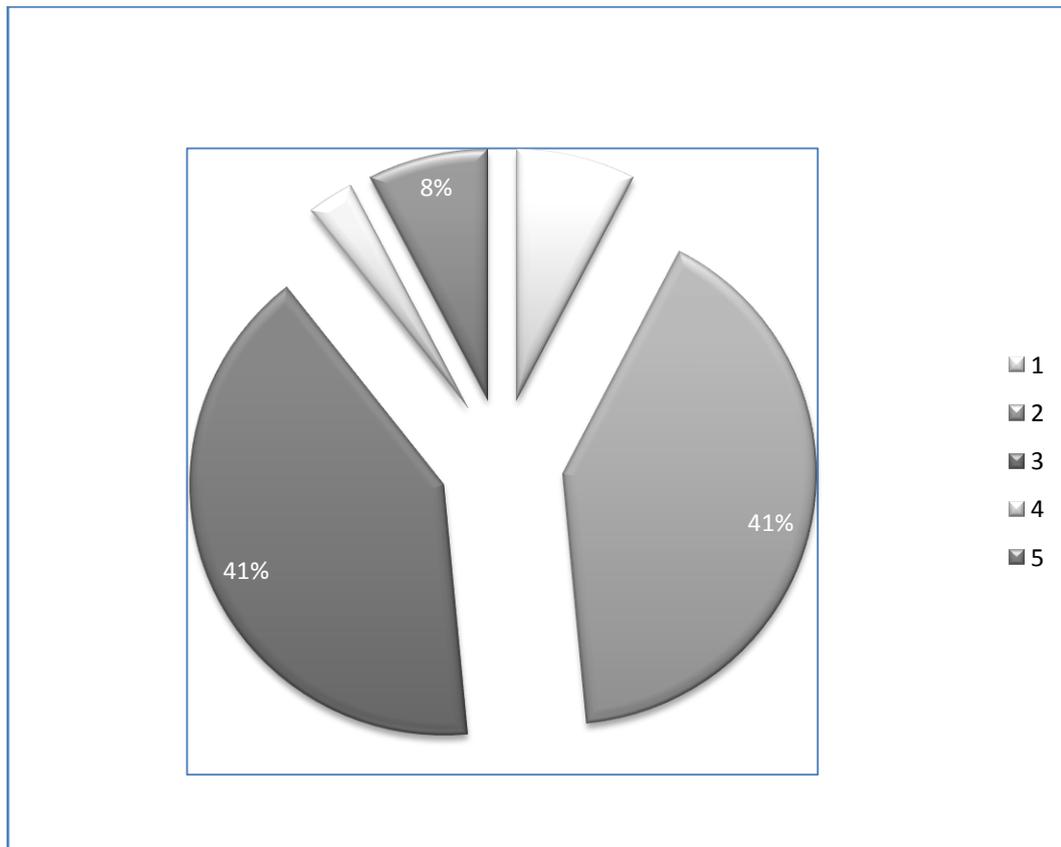
The figure above shows the frequency and percentage distribution of the number of children of the respondents, with options ranging from 1, 2, 3, 4and 5 children.

The data reveals that the highest percentage of respondents (40.9%) reported having 2 children, followed by another 40.9% who reported having 3 children. A smaller percentage of respondents reported having 1 child (7.6%), 4 children (3.0%) and 5 children (7.6%).

Based on the data, it can be concluded that a significant proportion of the respondents have 2 or 3 children. This information may be useful for organizations or individuals who want to design programs or services that cater to families with young children. However, it is important to note that the sample size is relatively small land the results may not be generalizable to larger populations. Additionally, other factors such as age, gender, education level and socio-economic status may also influence the number of children and should be taken into account when interpreting the data.

4.2.9 THE RESPONDENT STAYING WITH WHOM

Figure 9
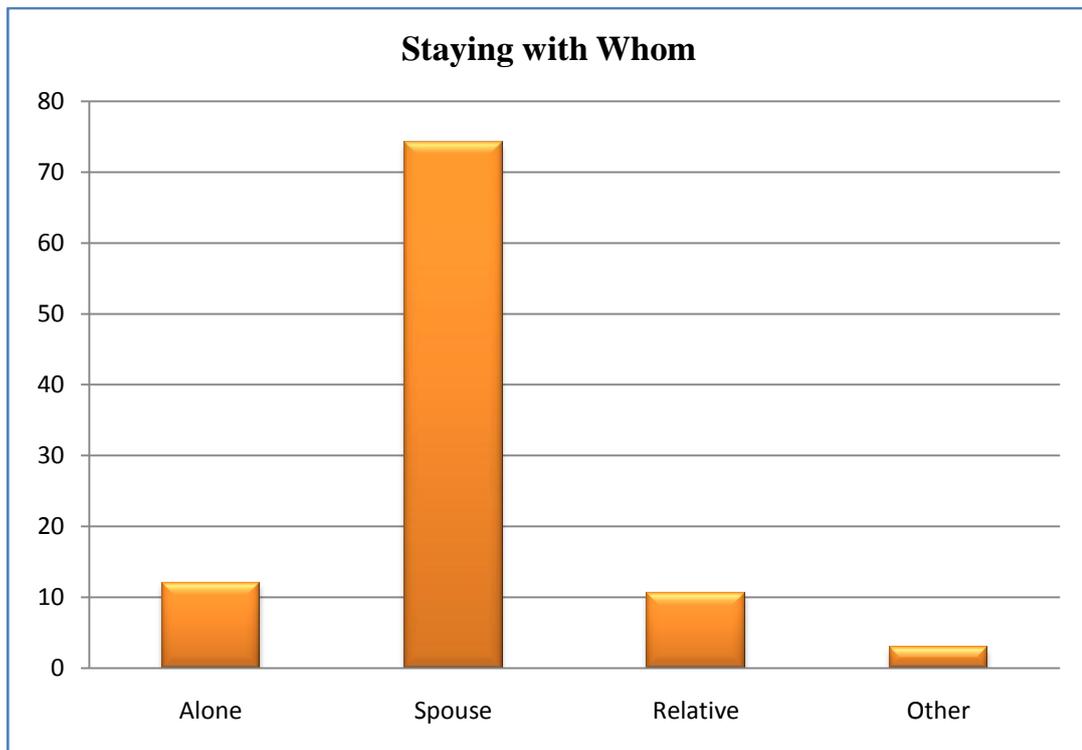
Staying with Whom

The figure above shows the frequency and percentage distribution of who the respondents are staying with, with options ranging from alone, spouse, relatives and other.

The data reveals that the highest percentage of respondents (74.2%) reported staying with their spouse, followed by a smaller percentage of respondents who reported staying alone (12.1%) or with relatives (10.6%). Only a few respondents reported staying with someone who falls under the "other" category (3.0%).

Based on the data, it can be concluded that a significant proportion of the respondents are staying with their spouse. This information may be useful for organizations or individuals who want to design programs or services that cater to families or couples. However, it is important to note that the sample size is relatively small and the results may not be generalizable to larger populations. Additionally, other factors such as age, gender, education level and socio-economic status may also influence who the respondents are staying with and should be taken into account when interpreting the data.

4.2.10 IS THE RESPONDENT STAYING IN OWNED HOME OR OTHER

Figure 10
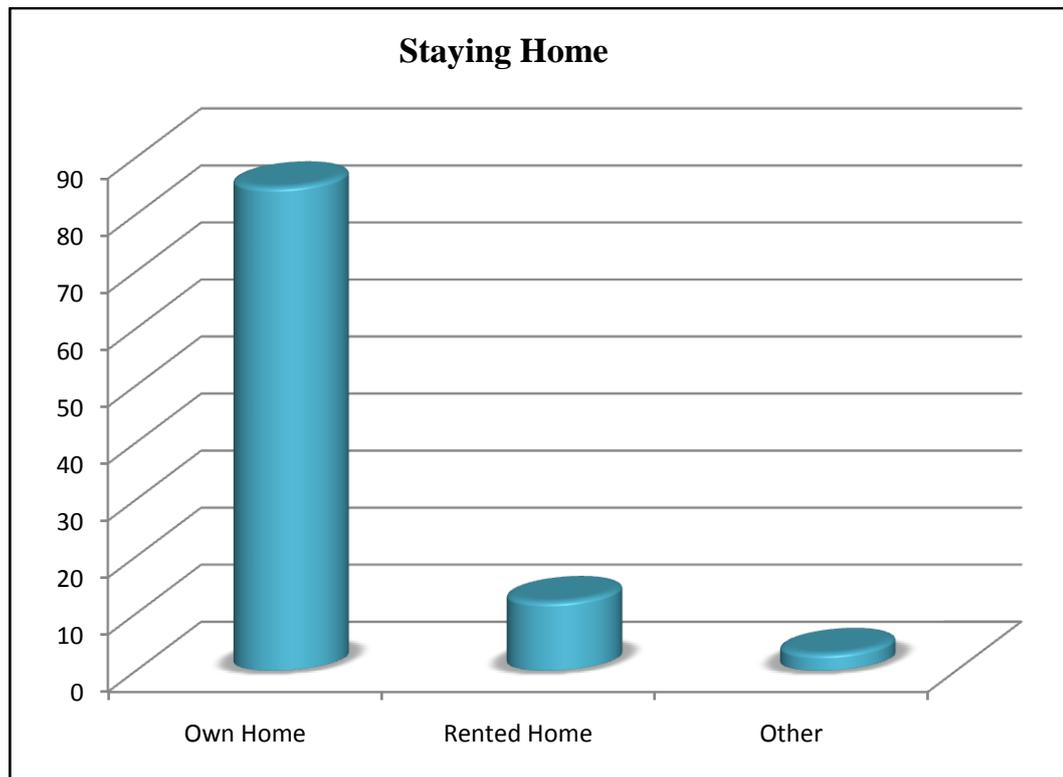
The figure above shows the frequency and percentage distribution of where the respondents are staying, with options ranging from their own home, a rented home and other.

The data reveals that the majority of the respondents (84.8%) reported staying in their own home, while a smaller percentage (12.1%) reported staying in a rented home. Only a few respondents reported staying in a place that falls under the "other" category (3.0%).

Based on the data, it can be concluded that a significant proportion of the respondents are staying in their own home. This information may be useful for organizations or individuals who want to design programs or services that cater to homeowners or individuals who do not have a home. However, it is important to note that the sample size is relatively small and the results may not be generalizable to larger populations. Additionally, other factors such as age, gender, education level and socio-economic status may also influence where the respondents are staying and should be taken into account when interpreting the data.

4.2.11 ECONOMIC STATUS OF THE REPONDENT

Figure 11
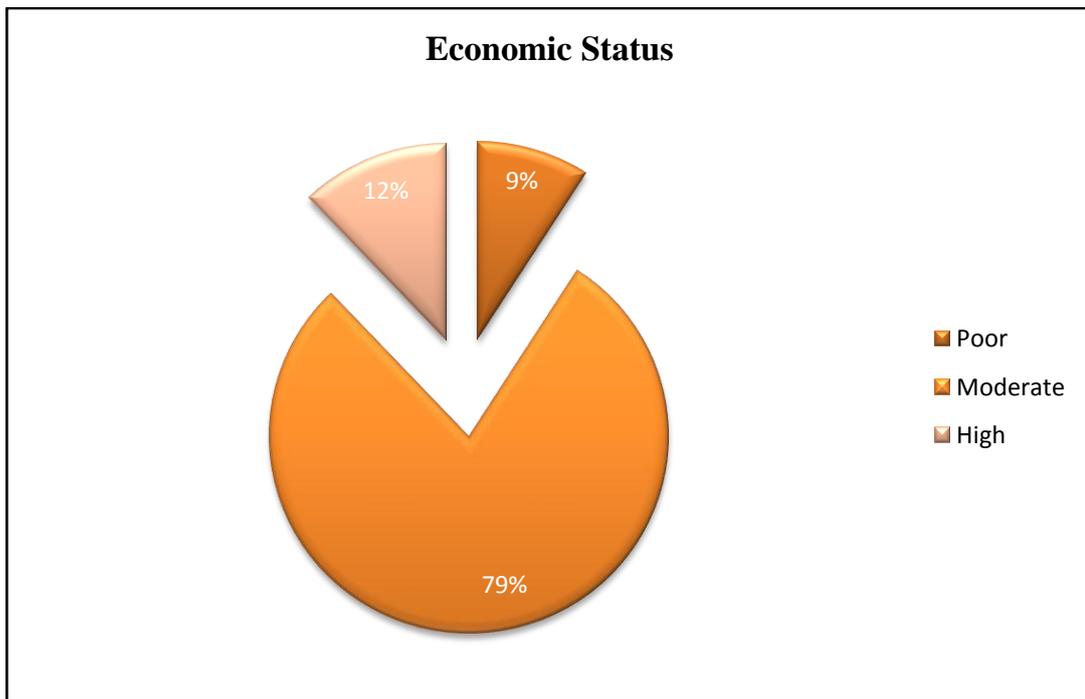
The above shows the frequency and percentage distribution of the economic status of the respondents. The respondents were classified into three categories based on their economic status, namely poor, moderate and high.

The data reveals that the majority of the respondents (78.8%) reported having a moderate economic status, while a smaller proportion reported having a high economic status (12.1%) or a poor economic status (9.1%).

Based on the data, it can be concluded that most of the respondents have a moderate economic status. This information can be useful for policymakers and organizations who want to design programs or policies that target individuals with a moderate economic status. However, it is important to note that the sample size is relatively small and the results may not be generalizable to larger populations. Additionally, other factors such as age, gender, education level and occupation may also influence the economic status of the respondents and should be taken into account when interpreting the data.

4.2.12 CHILDREN CURRENTLY LIVING OUTSIDE KERALA OR INDIA

Figure 12
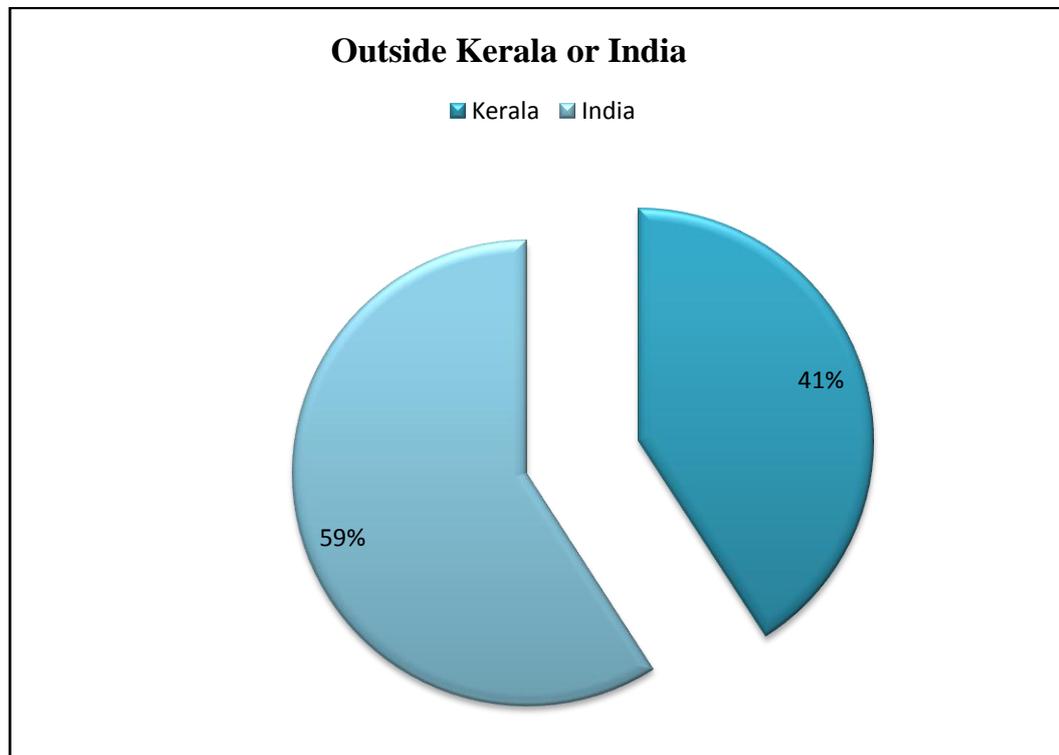
The above shows the frequency and percentage distribution of the location of the children of the respondents. The respondents were asked whether their children are living outside Kerala or outside India and the data is presented in two categories: Kerala and India.

The data reveals that the majority of the children of the respondents (59.1%) are living outside India, while 40.9% are living outside Kerala but within India.

Based on the data, it can be concluded that a significant proportion of the children of the respondents are living outside India. This information can be useful for policymakers and organizations who want to design programs or policies that target families with children living outside the country. However, it is important to note that the sample size is relatively small and the results may not be generalizable to larger populations. Additionally, other factors such as age, gender, education level and occupation may also influence the location of the children and should be taken into account when interpreting the data.

4.2.13 THE REASON TO CHOOSE NOT TO MOVE IN WITH THEM

Figure 13

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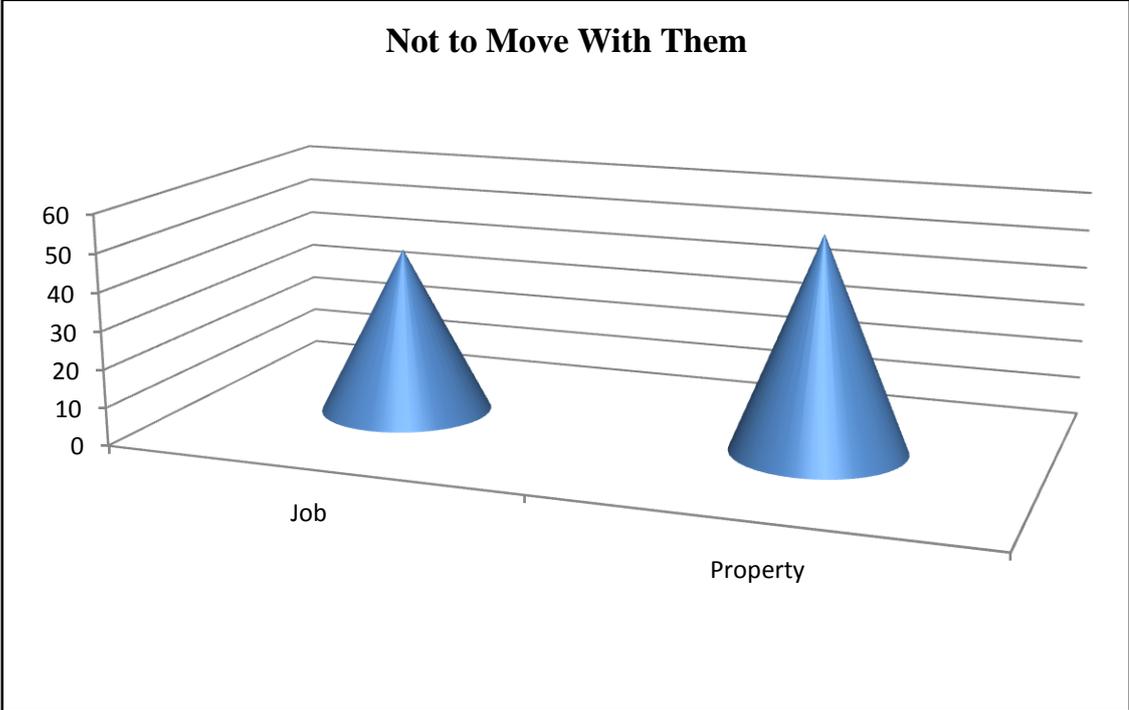
Based on the data, it appears that the most common reason why respondents are not living with their children is because of property-related issues (56.1%). The next most common reason is related to job issues (43.9%). It is important to note that these reasons are not mutually exclusive and there may be other factors that contribute to the respondents not living with their children. Most of the parents are settled here and like to be with their friends and they usually gives more importance to a peaceful and more pious life. This data can be useful for policymakers and social workers who are working on programs and policies to address issues related to family separation and migration.

4.2.14 LOSING INDEPENDENCE OF THE RESPONDENTS

Figure 14

Losing Independence

39%

61%

Yes
No
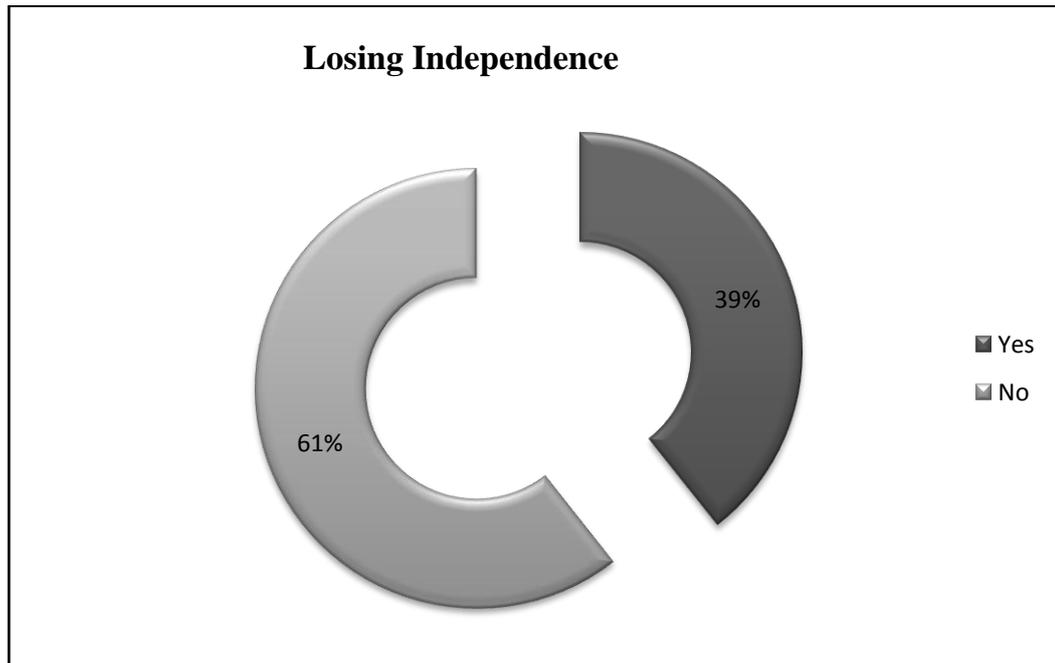
The data shows that out of the 66 respondents, 26 (39.4%) of them believe that they would lose their independence if they moved with their children, while the majority of 40 (66.6%) do not think so.

This could be due to several factors such as a fear of losing control over their life, a loss of privacy or personal space, or simply a desire to maintain their current lifestyle. It is also possible that the respondents who believe they would lose their independence feel that they would be a burden on their children or that they would have to adapt to a new environment.

It is important to note that this data only represents the opinions of the respondents and does not necessarily reflect the reality of the situation. It is also worth considering that some respondents may have had positive experiences moving in with their children, which could not be captured by this data.

Overall, this data highlights the importance of considering the individual needs and preferences of older adults when it comes to living arrangements. It is important to provide older adults with a range of options and support so that they can make informed decisions about where and how they want to live.

4.2.15 A BURDEN ON YOUR CHILDREN

Figure 15

A Burden on your Children
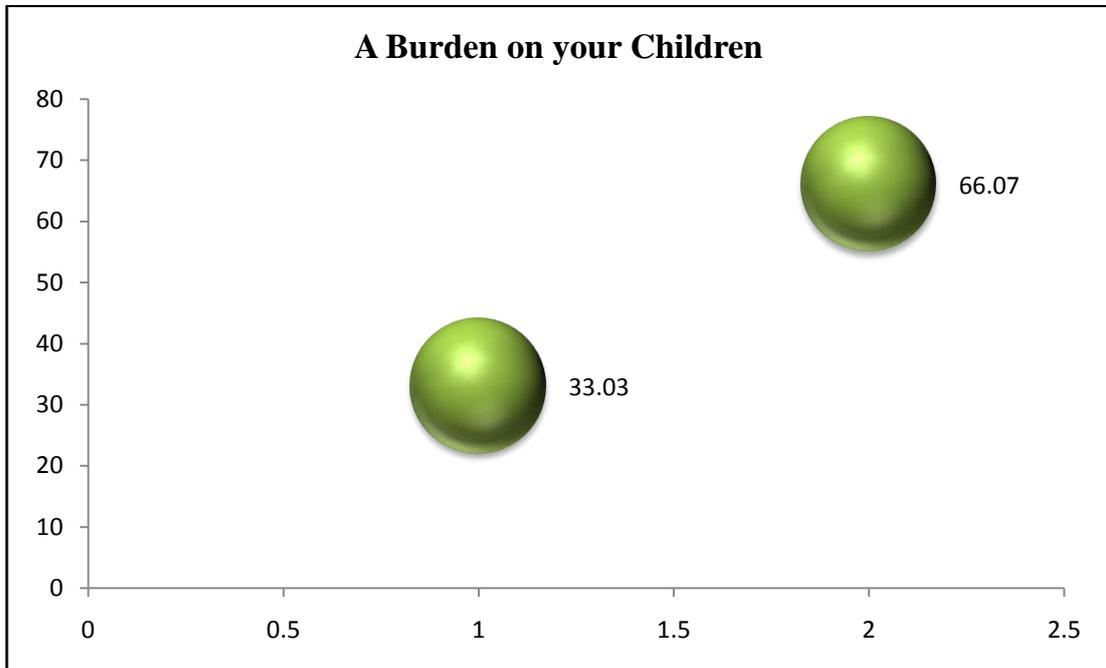
The data indicates that out of 66 respondents, 44 (66.7%) do not consider living with their children to be a burden, while 22 (33.3%) consider it to be a burden.

This finding suggests that a majority of the respondents do not perceive living with their children as a burden, which could be due to the cultural values and expectations of intergenerational support and care within the family. On the other hand, a significant minority of the respondents do perceive living with their children as a burden, which could be due to factors such as conflicts in personality, lifestyle, or expectations, or a desire for independence and autonomy.

It is important to note that this data is limited to the specific sample of respondents and may not be representative of the larger population. Further research could explore the factors that contribute to perceptions of living with children as a burden or not, as well as the implications for intergenerational relationships and family dynamics.

4.2.16 ANY HEALTH ISSUES TO MOVE WITH CHILDREN

Figure 16
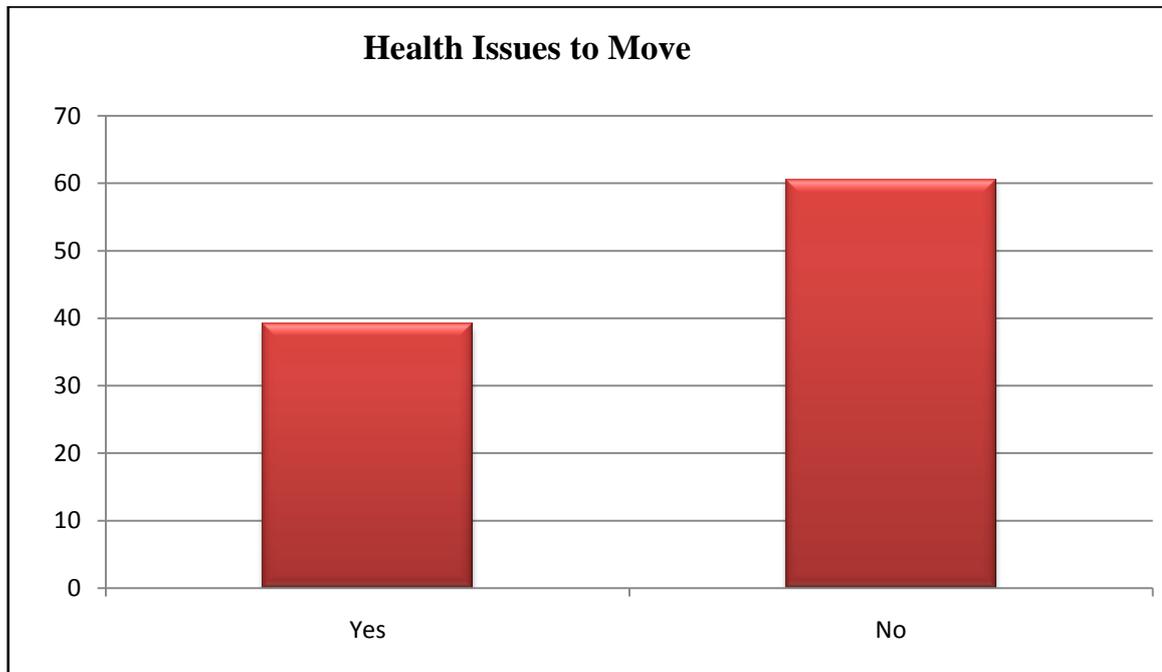
Based on the data, 26 out of 66 respondents (39.4%) reported having health issues that prevent them from moving with their children, while 40 respondents (66.6%) did not report any health issues.

This suggests that health issues could be a significant factor preventing some of the respondents from moving with their children. It is important to note, however, that the data does not provide any information about the nature or severity of these health issues, so it is difficult to draw any specific conclusions beyond this observation. Most of the respondents are healthy and active in their life.

Further research or analysis would be necessary to fully understand the relationship between health issues and the decision to move with one's children. Additionally, it may be worthwhile to investigate whether there are any other factors that are associated with health issues that prevent people from moving, such as age, gender, or socioeconomic status.

4.2.17 IS CLOSE KNIT COMMUNITY BLOCKING TO MIGRATE

Figure 17

Close Knit Community

30%

70%

Yes
No
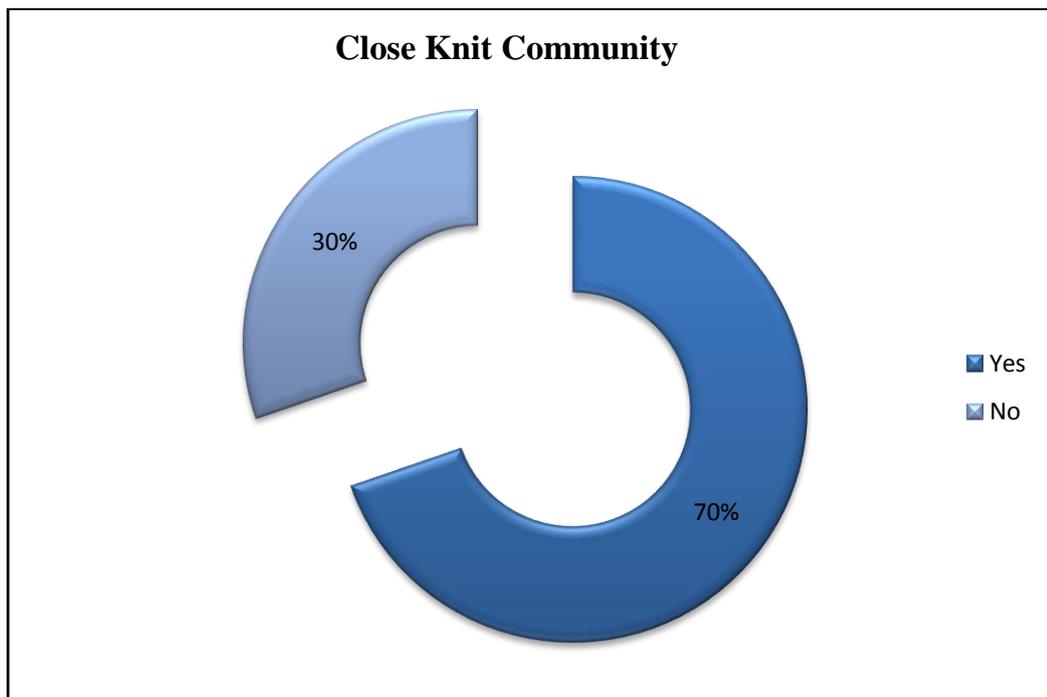
The data shows that out of 66 respondents, 46 (69.7%) of them feel that a close-knit community is preventing them from moving with their children, while the remaining 20 (30.3%) do not feel so. This indicates that a majority of the respondents feel that the community they are a part of is a significant factor that influences their decision to move with their children.

It can be inferred that the respondents are attached to their community and have a strong sense of belongingness. They may feel that moving away from their community would result in a loss of social support, a sense of isolationand a change in their way of life. This could be particularly true for older adults who may have established social networks and routines within their community.

Overall, this data highlights the importance of the community in the decision-making process of the respondents regarding moving with their children. It suggests that interventions aimed at encouraging intergenerational living should take into consideration the impact of community ties on the decision-making process of older adults.

4.2.18 IS THERE ENOUGH SPACE TO ACCOMMODATE

Figure 18

Enough Space to Accommodate

43%

57%

Yes
No
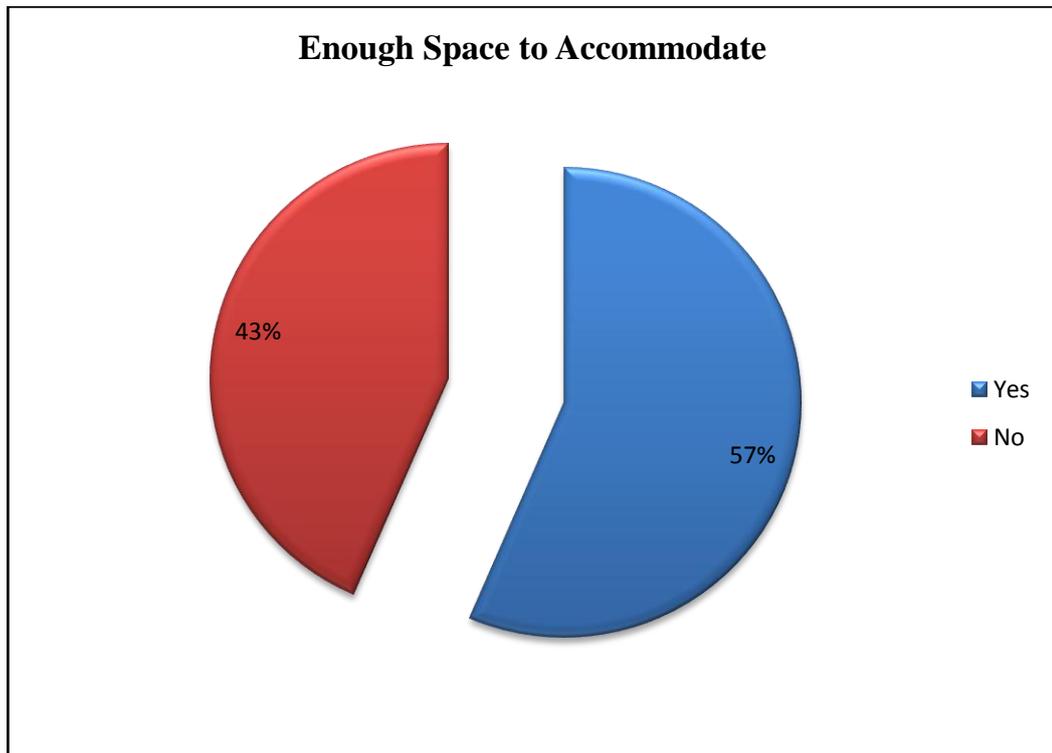
According to the data, 56.1% of the respondents reported that their children have enough space to accommodate them if they move with their children, while 43.9% reported that their children do not have enough space to accommodate them.

This suggests that for a majority of the respondents, lack of space in their children's homes may not be a significant factor preventing them from moving in with them. However, for the remaining respondents, lack of space could be a barrier to moving in with their children.

It is important to note that the data does not provide information on the specific reasons why some respondents feel their children do not have enough space to accommodate them. It is possible that this is due to the physical layout of the home, financial constraints, or other factors. Further research would be needed to better understand this aspect

4.2.19 FINANCIAL BARRIERS TO MOVE

Figure 19
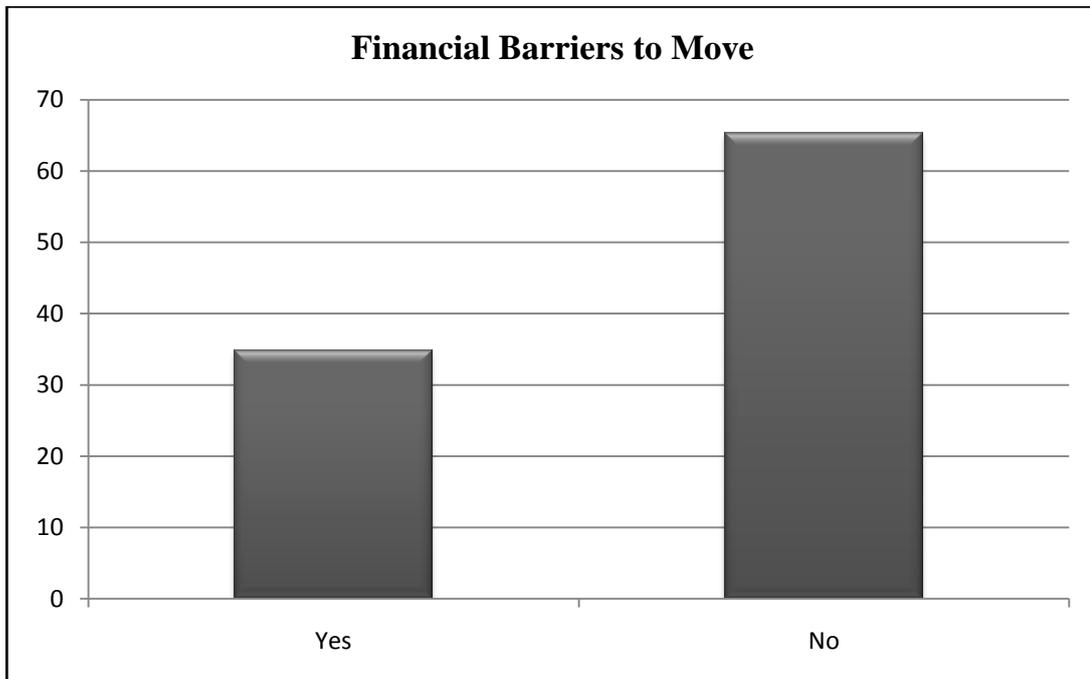
According to the data, 34.8% of the respondents reported facing financial barriers to moving with their children, while 65.2% reported not facing any financial barriers. This suggests that a significant portion of the respondents have financial constraints that prevent them from moving with their children.

It's possible that the respondents who reported facing financial barriers may not have sufficient financial resources to support themselves, which makes it difficult for them to move with their children. Alternatively, they may have other financial obligations, such as debts or medical expenses that prevent them from moving.

On the other hand, the respondents who reported not facing any financial barriers may have sufficient financial resources or may have fewer financial obligations, which enables them to move with their children more easily.

Overall, this data highlights the importance of financial resources and the impact they can have on a person's ability to move with their children. It also suggests that for some respondents, financial considerations are a significant factor in their decision-making process when it comes to moving with their children.

4.2.20 CULTURAL BARRIERS TO MOVE WITH THEIR CHILDREN

Figure 20
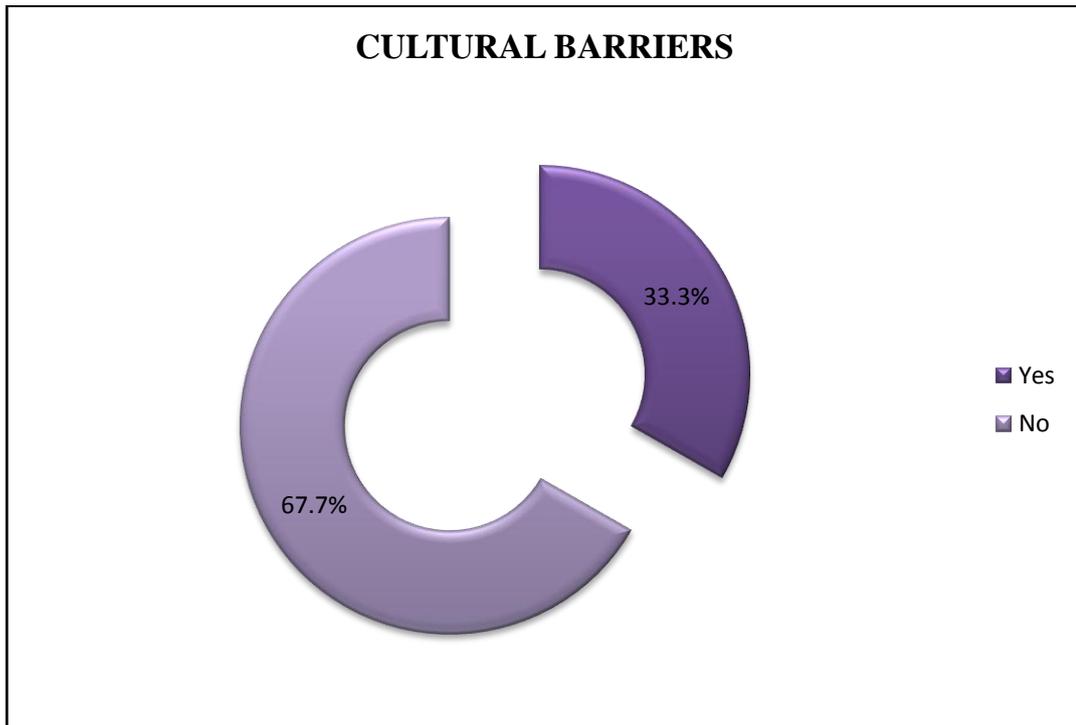
According to the data, 33.3% of the respondents reported facing cultural barriers to move with their children, while 66.7% reported not facing any such barriers. This suggests that cultural factors may be a significant consideration for some individuals when deciding whether to move in with their children.

It is important to note that culture can play a significant role in family dynamics and certain cultural beliefs and values may impact the decision-making process regarding living arrangements. For example, in some cultures, it may be expected that elderly parents will live with their children and provide support for grandchildren, while in other cultures, there may be a greater emphasis on independence and living on one's own.

Further research may be necessary to understand the specific cultural factors that may be influencing these decisions, as well as the ways in which cultural beliefs and values can be navigated when making decisions about living arrangements. Additionally, it may be important to consider the potential impact of cultural factors on the well-being and quality of life of elderly individuals who are making decisions about their living arrangements.

4.2.21 ANY POSSIBILITY OF MOVING IN FUTURE

Figure 21

Moving in Future

32%

68%

■ Yes
■ No
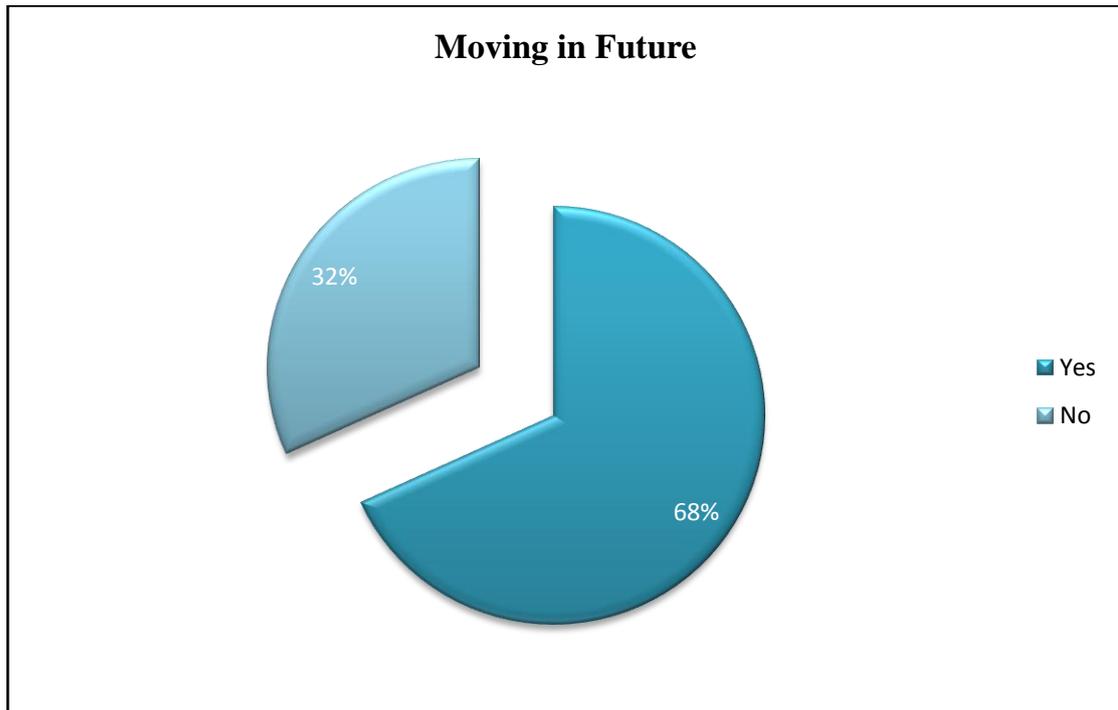
The data shows that the majority of the respondents, 68.2%, are planning to move with their children in the future, while 31.8% are not. This suggests that many respondents are open to the idea of moving with their children and are actively considering it.

One possible reason for this could be a desire for increased family support and closeness. It is possible that respondents feel that living with their children would provide them with a greater sense of security and well-being. Additionally, the respondents may feel that living with their children would provide them with more opportunities for social interaction and engagement with their community.

Another possible reason for this trend could be changing societal attitudes towards family and aging. As families become more dispersed and mobile, there may be a growing recognition of the importance of intergenerational relationships and support.

Overall, the data suggests that many respondents are open to the idea of moving with their children in the future, which may have important implications for family dynamics and social support networks.

4.2.22 COMMUNICATE WITH CHILDREN

Figure 22
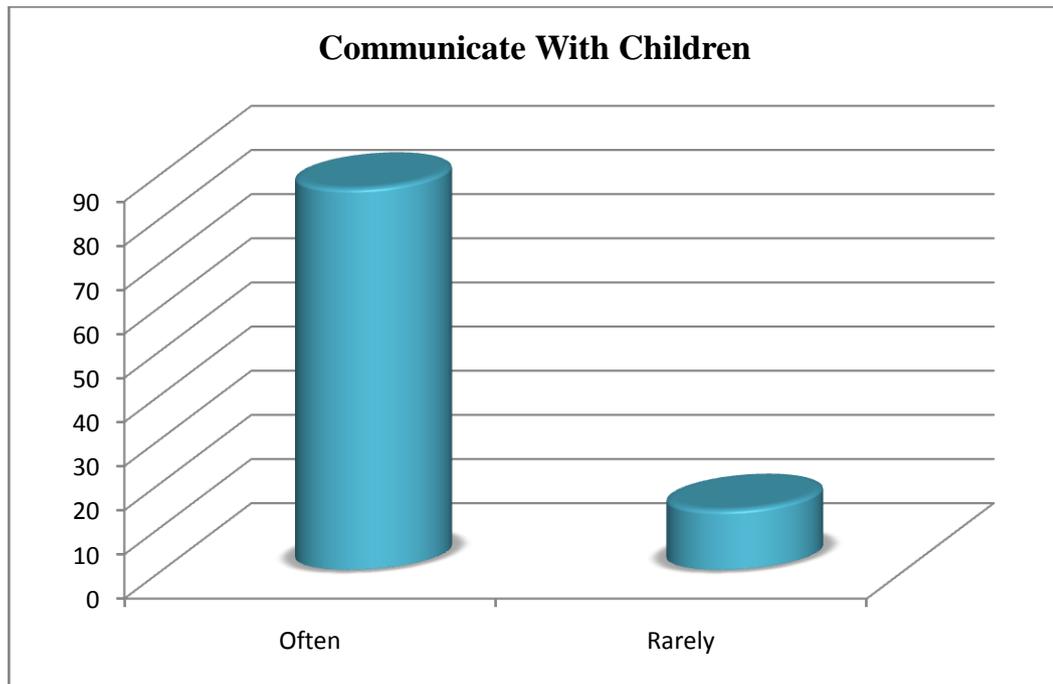
The data shows that out of the 66 respondents, the majority (86.4%) communicate with their children often, while only a small number (13.6%) communicate rarely. This suggests that most of the respondents have a good communication channel with their children.

Good communication is an essential aspect of maintaining healthy relationships between parents and children. It allows for the exchange of thoughts, ideasand feelings and can help bridge the gap between generations. Furthermore, regular communication can also help parents stay up to date on their children's lives and provide them with guidance and support when needed.

In conclusion, the data indicates that the majority of the respondents communicate often with their children, which is a positive sign for maintaining strong and healthy relationships between parents and children.

4.2.23 CHILDREN ABLE TO SUPPORT

Figure 23
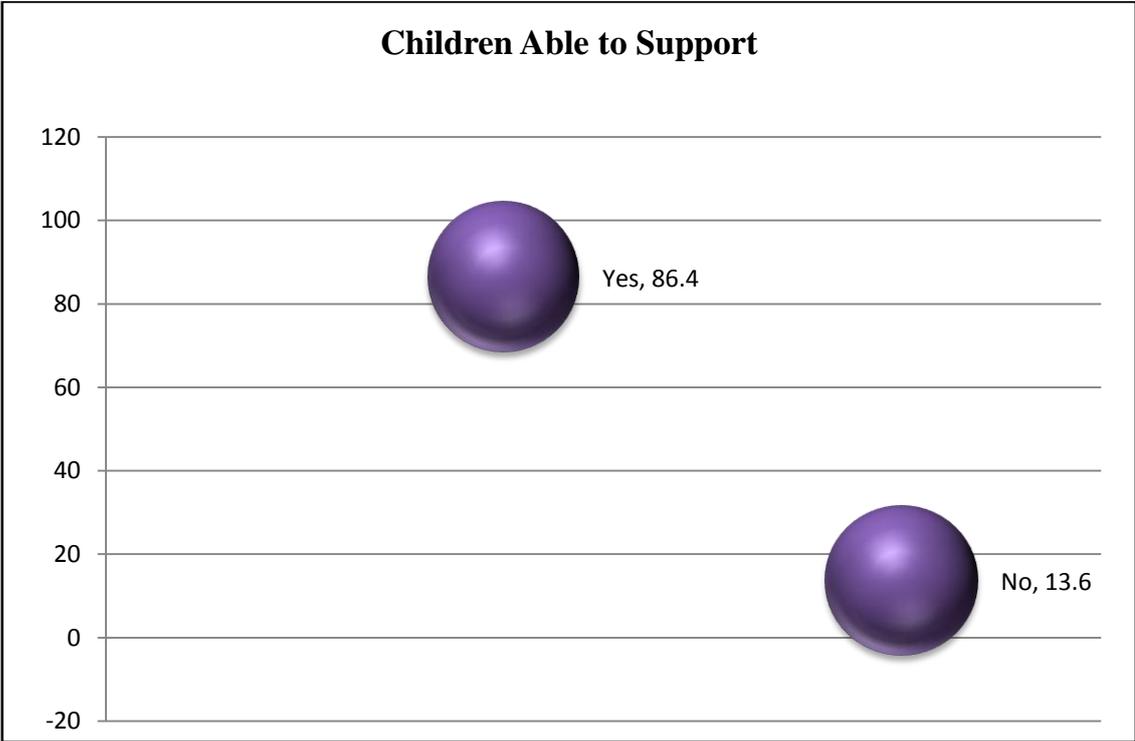
The data shows that the majority of the respondents (86.4%) feel that their children are able to support them; while a small proportion (13.6%) feels that their children are not able to support them. This could suggest that the respondents have a a positive perception of their children's ability to support them. However, it is important to note that this is self-reported data and may not reflect the actual support the children are providing.

Overall, this data provides some insight into the relationship between the respondents and their children. It suggests that the respondents generally feel positive about their children's ability to support them, which could be a result of a strong relationship and communication between them. However, further research would be needed to explore this relationship in more depth and to determine the actual level of support being provided by the children.

4.2.24 ANY FINANCIAL DIFFICULTIES FOR THE RESPONDENTS

Figure 24

Any Financial Difficulties
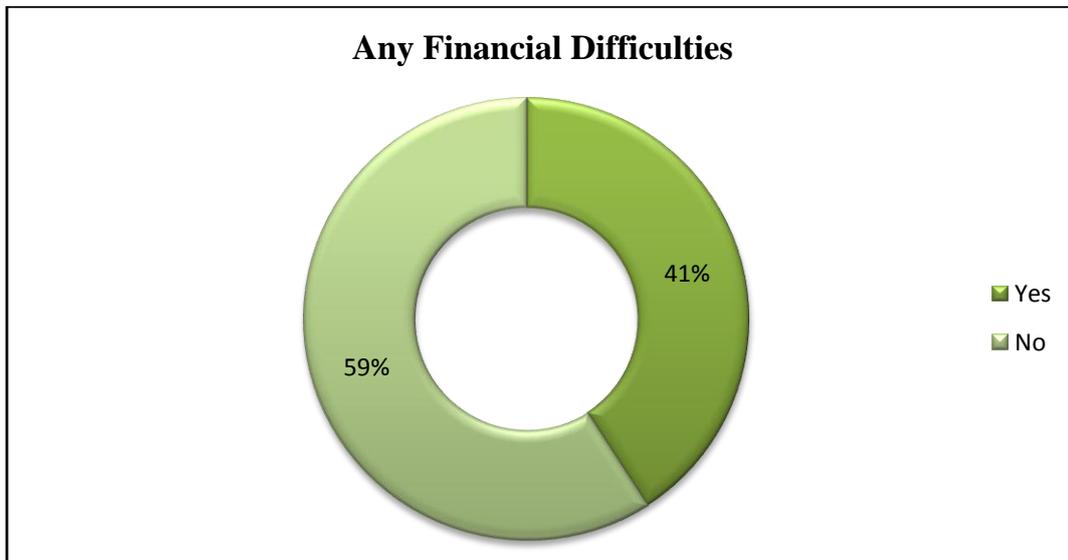
Based on the given data, we can see that out of the 66 respondents, a majority of 39 (59.1%) did not face any financial difficulty in sending their children outside Kerala or India, while 27 (40.9%) respondents reported facing financial difficulty in doing so. The mean value of 1.59 and a standard deviation of .495 indicate that the data is relatively normally distributed and has a moderate degree of variability.

This suggests that for a significant proportion of the respondents, sending their children outside Kerala or India was not a financial burden. However, it is important to note that a substantial number of respondents did report financial difficulty in doing so. This could be due to a variety of factors, such as low income, high expenses, or other financial obligations.

Further analysis could be conducted to explore the specific reasons behind the financial difficulties faced by these respondents, as well as any potential disparities across different socio-economic groups. This information could be used to develop targeted interventions and support programs for families who face financial challenges in sending their children outside Kerala or India.

4.2.25 ANY SOCIAL ISOLATION

Figure 25
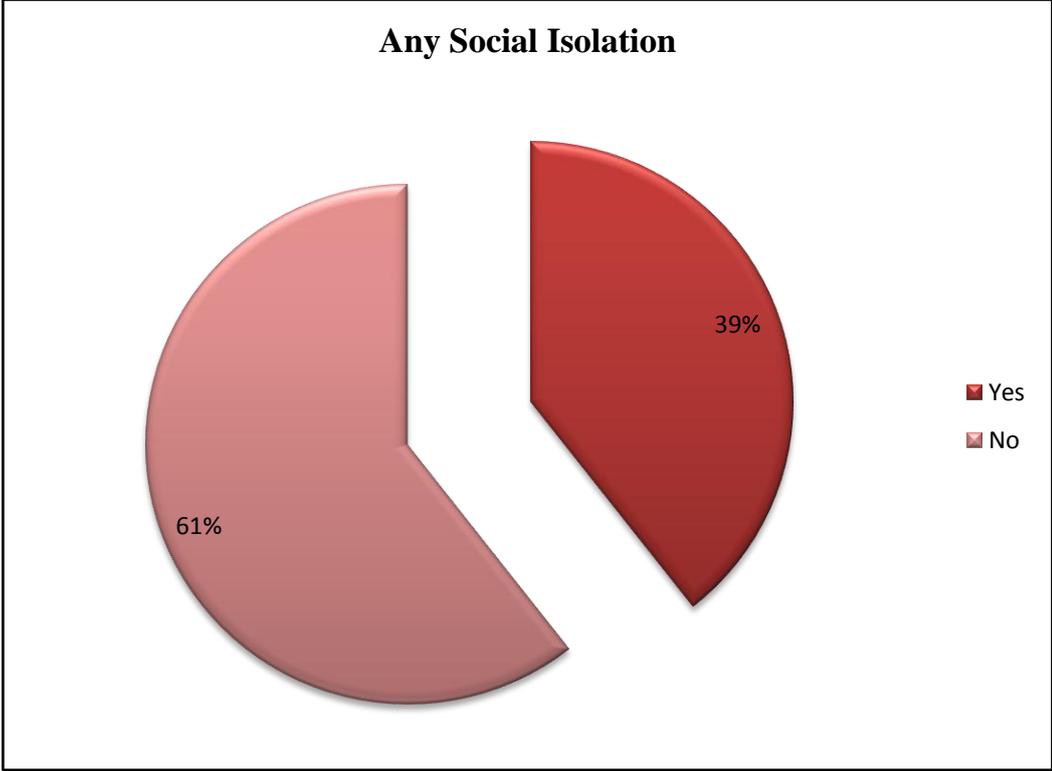
The data shows that 39.4% of the respondents reported experiencing social isolation, while 66.6% did not report such an experience. This indicates that a significant proportion of the respondents may be socially isolated.

Social isolation can have negative consequences on one's mental and physical health and can also affect their quality of life. It is possible that the respondents who reported experiencing social isolation may be at a greater risk of developing depression, anxiety and other health issues.

Further investigation is required to understand the reasons for social isolation among the respondents. It is important to identify the factors contributing to social isolation and to provide support to individuals who may be experiencing it. This can include interventions such as social support programs, community engagement initiatives and mental health services.

4.2.26 RELY ON OUTSIDE HELP

Figure 26
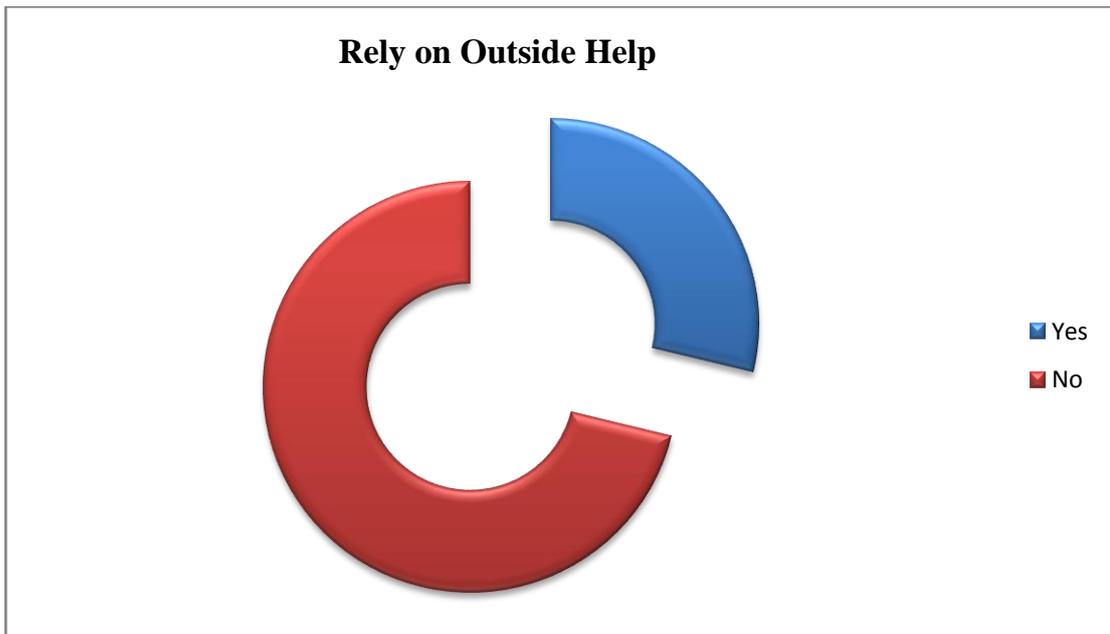
According to the data, 28.8% of the respondents rely on outside help, while 71.2% do not. This suggests that a significant majority of the respondents do not depend on outside help and are possibly self-sufficient or supported by their immediate family members. On the other hand, a smaller proportion of respondents do rely on outside help, which may indicate that they have specific needs that are not being met by their family members or that they require additional assistance with daily tasks.

Further analysis of the data may reveal the reasons why some respondents rely on outside help, such as physical disabilities or a lack of support from their family members. Additionally, it may be useful to explore the types of outside help that the respondents are receiving, such as professional caregivers or volunteers from local organizations.

Overall, the data suggests that while most of the respondents do not rely on outside help, a significant minority do and there may be opportunities to provide additional support and resources to those who require it.

4.2.27 SOCIAL ACTION OF THE RESPONDENTS

Figure 27

Give up Social Action
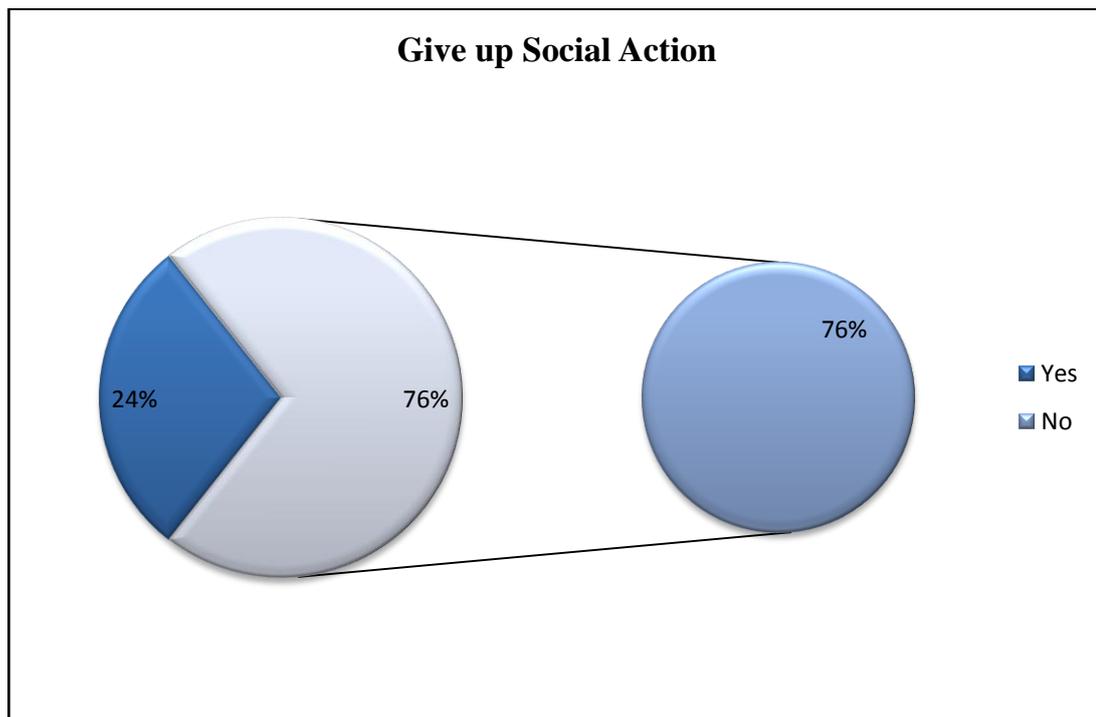
The data suggests that out of 66 respondents, 24.2% (16) have given up social action after the migration of their children, while 75.8% (50) have not given up social action. This means that a significant number of respondents have not given up social action after the migration of their children.

The reason for giving up social action could be due to a lack of interest, lack of time or mobility, or a sense of isolation after their children migrated. On the other hand, the majority of respondents have not given up social action, indicating that they continue to engage in social activities despite their children's migration.

This information could be useful for policymakers and community leaders to develop strategies to support the social engagement of older adults who are left behind after their children's migration. It may also suggest the need for increased efforts to create social opportunities for older adults to prevent isolation and promote mental and physical well-being.

4.2.28 LIFESTYLE CHANGES AFTER THE MIGRATION OF THE CHILDREN

Figure 28
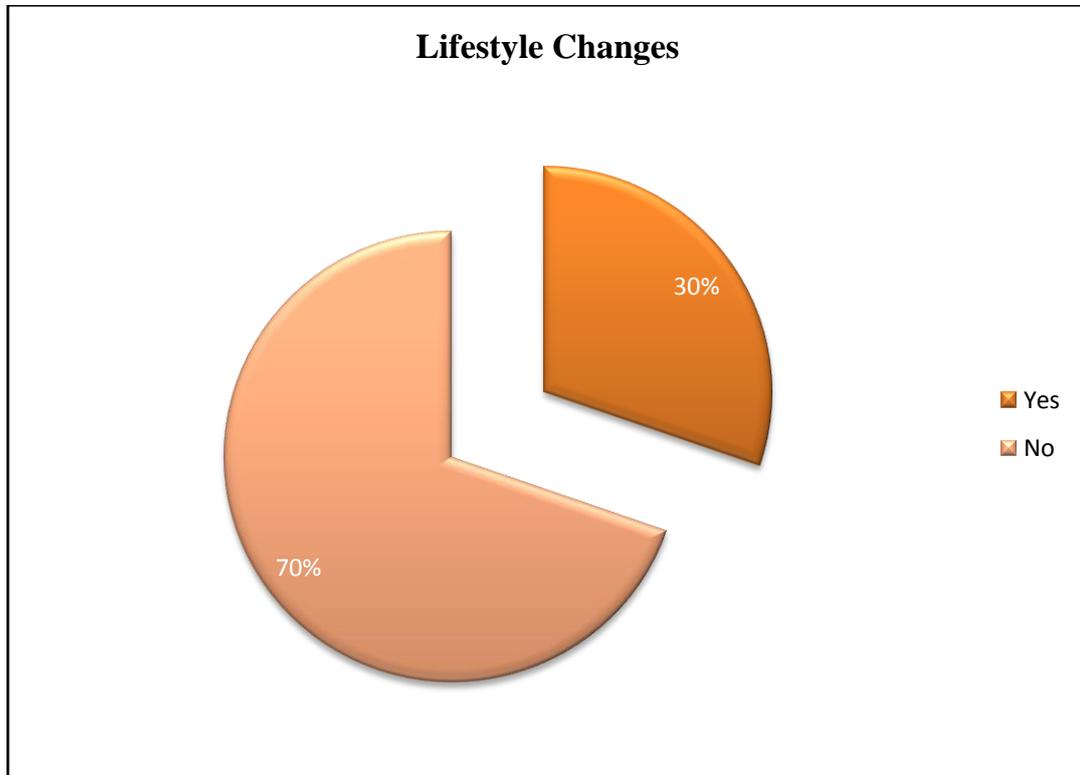
According to the given data, 30.3% of the respondents reported that they have made some lifestyle changes after the migration of their children, while 69.7% of the respondents did not report any such changes. This indicates that a significant portion of the respondents may have experienced some lifestyle changes after their children migrated, while the majority did not.

however, the data does not provide any information about the nature of these changes and further research may be required to determine what kind of changes were made by the respondents. It is also possible that the changes reported by the respondents may be related to factors other than the migration of their children.

In conclusion, the data suggests that a notable proportion of the respondents experienced some lifestyle changes after the migration of their children, but further research is needed to understand the exact nature and reasons for these changes.

4.2.29 DOWNSIZE YOUR LIVING

Figure 29
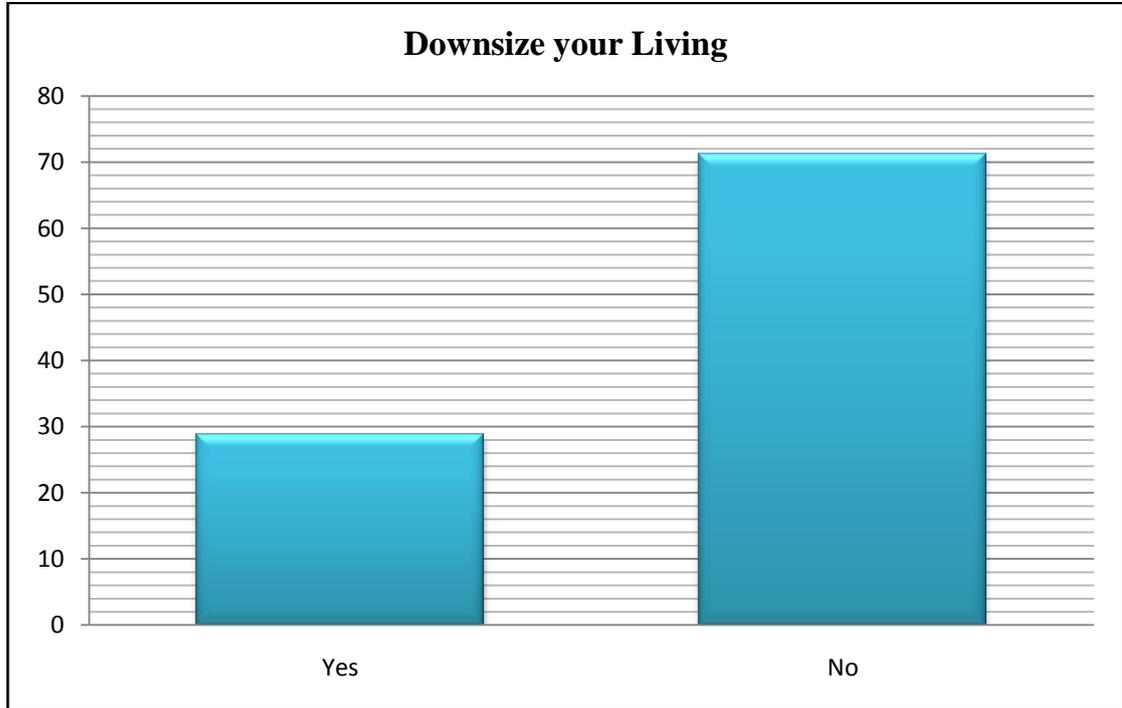
According to the data, 28.8% of the respondents reported that they downsized their living after the migration of their children, while 71.2% did not make any such changes. This suggests that the majority of the respondents did not feel the need to downsize their living after their children's migration.

There could be several reasons for this. For instance, some respondents may have downsized their living to save money or to maintain their independence. On the other hand, some respondents may have continued to live in the same way because they had the financial means to do so, or they preferred to maintain their current lifestyle.

Overall, this data indicates that downsizing living after the migration of children is not a common phenomenon among the respondents and most of them did not feel the need to make any such changes. However, further research would be needed to understand the specific reasons why some respondents chose to downsize their living while others did not.

4.2.30 ANY HEALTH ISSUES

Figure 30
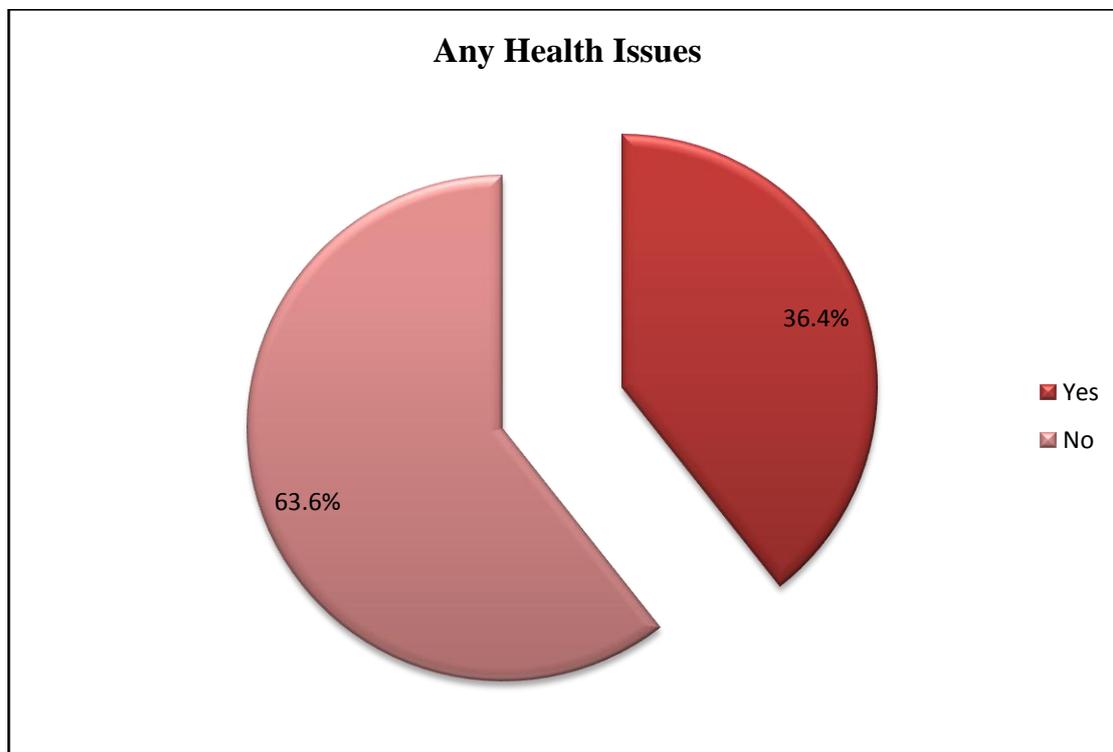
The data shows that 36.4% (24) of the respondents reported having health issues after the migration of their children, while 63.6% (42) did not report any health issues. This suggests that the migration of children may have had an impact on the health of some respondents.

It is important to note that the study does not provide any information on the specific health issues experienced by the respondents, nor does it indicate the severity of the health issues. It is also possible that some of the health issues reported may not be directly related to the migration of their children.

Further research is needed to better understand the relationship between the migration of children and the health of their parents. It may also be useful to examine potential factors that could contribute to the development of health issues in this context, such as changes in lifestyle, social support, or access to healthcare.

4.2.31 CULTURAL PROBLEM TO SEEK HELP

Figure 31

Cultural Problem To Seek Help

34.8%

65.2%

■ Yes
■ No
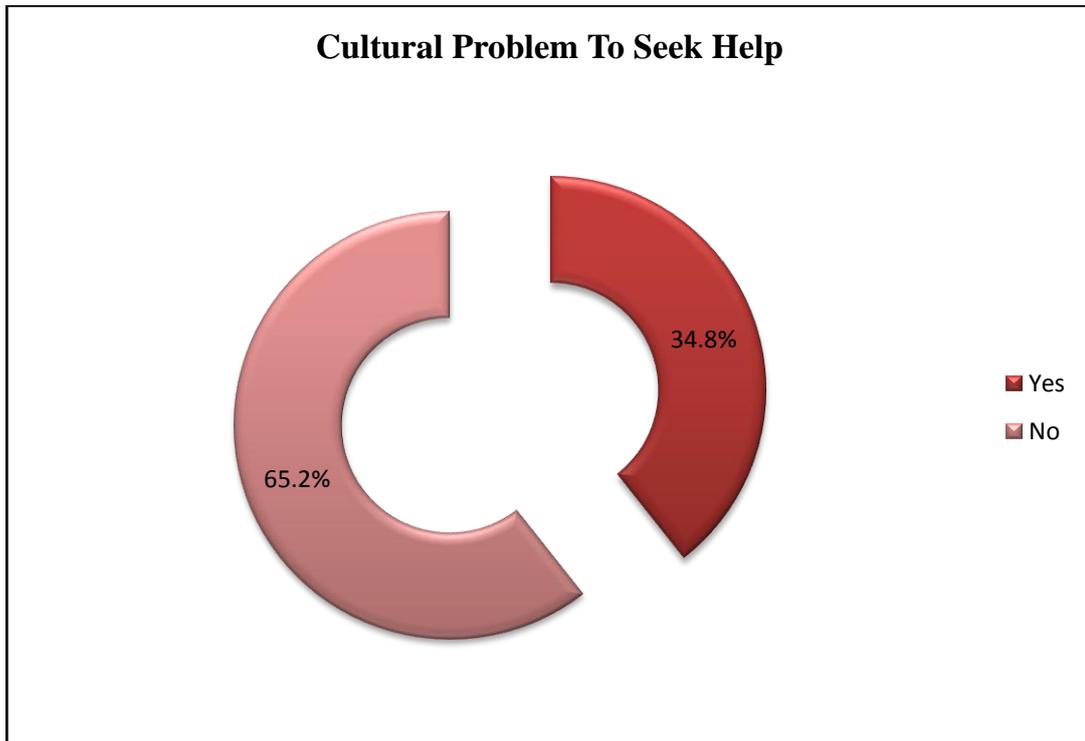
The above table shows that out of the 66 respondents, 43 (65.2%) did not have any cultural problem seeking help from outside, while 23 (34.8%) respondents faced a cultural barrier in seeking help from outside. This suggests that cultural barriers may be a significant concern for some individuals in seeking help, but the majority of the respondents did not face such a problem.

It is important to recognize and address cultural barriers in seeking help, as they can prevent individuals from accessing necessary resources and support. By understanding the cultural context and beliefs of individuals, service providers and support networks can work to provide culturally sensitive and appropriate assistance.

Further research may be necessary to explore the specific cultural barriers faced by individuals in seeking help and to develop strategies to address them.

4.2.32 SATISFIED SUPPORT FROM CHILDREN

Figure 32
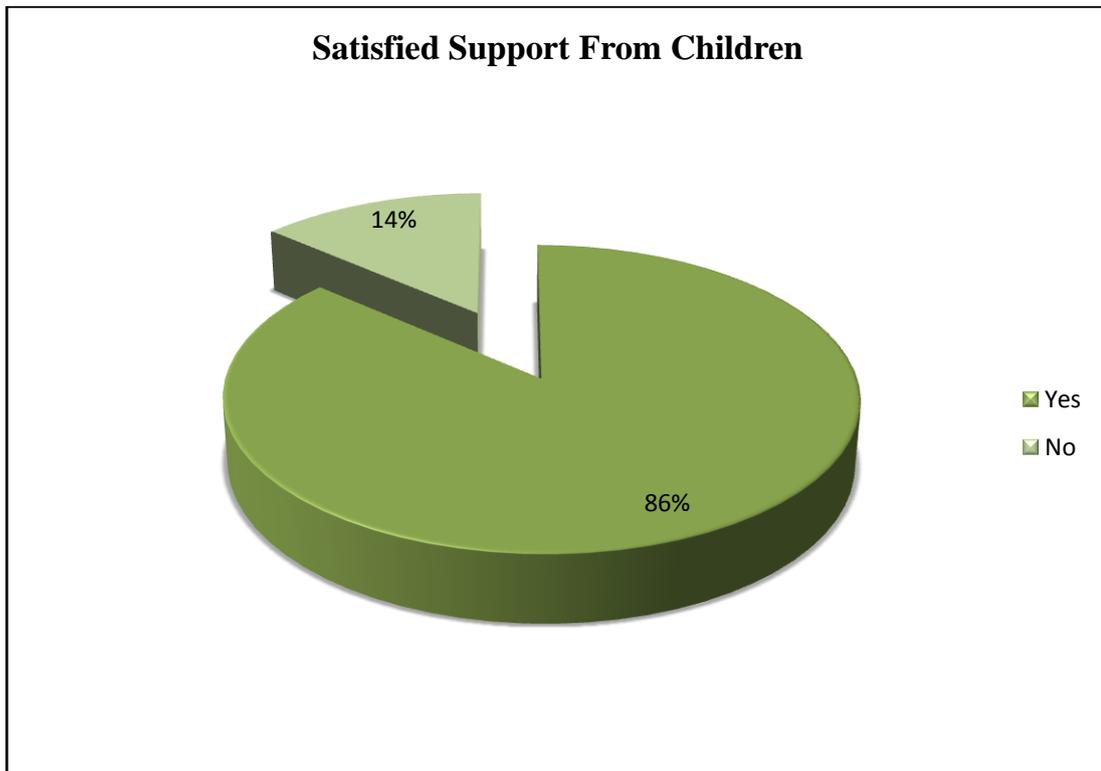
The data shows that out of the 66 respondents, 57 (86.4%) are satisfied with the support they receive from their children, while 9 (13.6%) are not. This suggests that the majority of the respondents feel supported by their children after their migration. It is important to note that the sample size is relatively small, so it may not be representative of the larger population.

Overall, this data indicates that the relationship between the respondents and their children is generally positive, with a large majority feeling satisfied with the support they receive. However, it is important to consider other factors, such as financial and cultural barriers, as well as health issues, that may impact the quality of the relationship between the respondents and their children.

4.2.33 FEELS LONELY OR ISOLATED

Figure 33

Feel Lonely or Isolated

- Rarely, 59.1
- Often, 24.2
- Never, 16.7
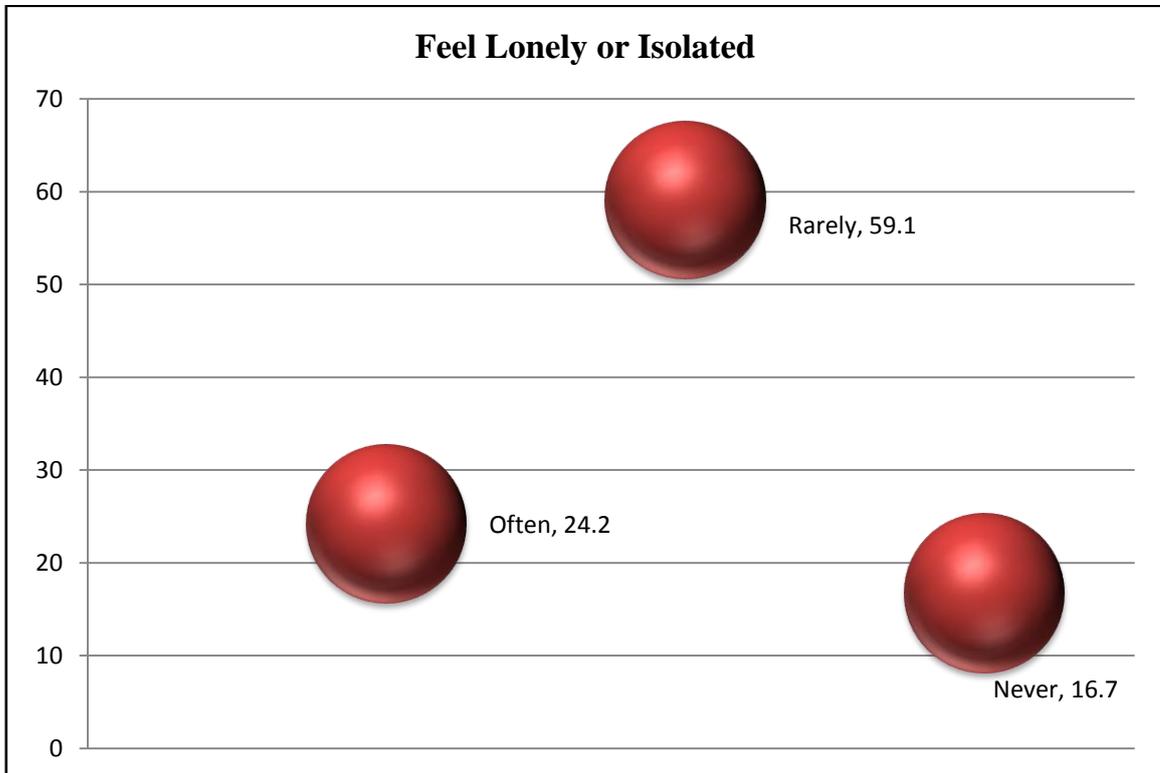
The data shows that out of the 66 respondents, 24.2% (16) feel lonely or isolated often, 59.1% (39) feel lonely or isolated rarely and 16.7% (11) never feel lonely or isolated after the migration of their children. It can be concluded that the majority of the respondents do not feel lonely or isolated after the migration of their children. However, a significant proportion of the respondents do feel lonely or isolated often. This highlights the need to address the social and emotional needs of parents whose children have migrated and to provide them with adequate support and resources to help them cope with the changes in their lives.

4.2.34 ANY DEPRESSION

Figure 34
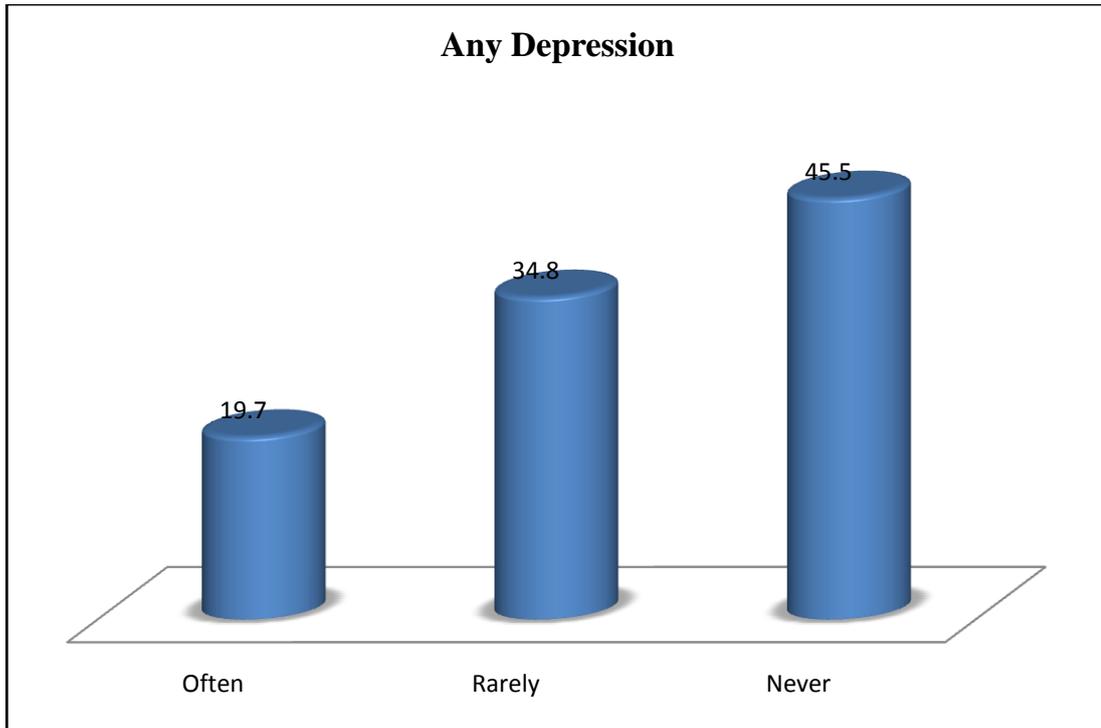
The data shows that out of 66 respondents, 13 (19.7%) reported feeling often depressed when their children migrated, 23 (34.8%) reported feeling rarely depressed and 30 (45.5%) reported never feeling depressed. This suggests that a significant minority of the respondents experienced depression when their children migrated, while the majority did not report such feelings.

It is important to note that this data is self-reported and may be subject to biases such as social desirability bias, where respondents may not report their true feelings due to social expectations or pressure. Additionally, this data does not provide any information on the severity or duration of depression experienced by the respondents.

Overall, the data highlights the emotional impact of children's migration on their parents and suggests that some parents may require additional support to cope with feelings of depression and emotional distress.

4.2.35 MENTAL HEALTH AFFECTED

Figure 35
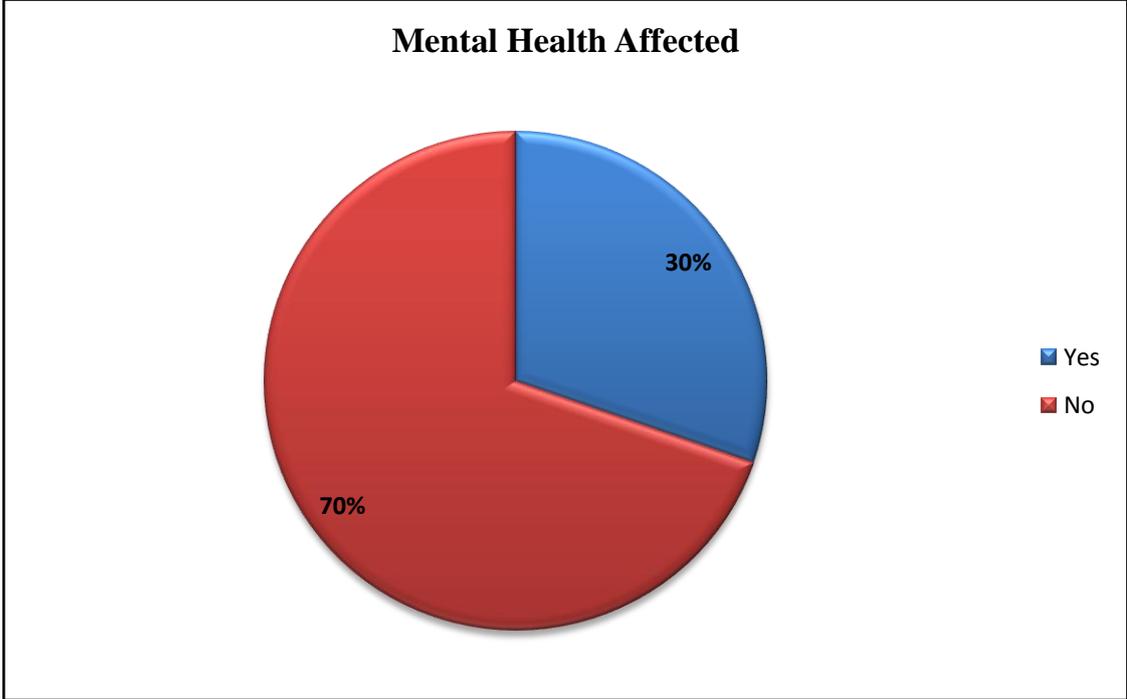
Based on the data provided, it can be interpreted that among the 66 respondents, 20 (30.3%) people reported that their mental health was affected after the migration of their children, while 46 (69.7%) people reported that their mental health was not affected. This indicates that there is a significant proportion of the respondents who have experienced mental health issues after their children migrated.

It is important to note that the data does not provide information on the severity or nature of the mental health issues experienced by the respondents. Additionally, it is not clear if the mental health issues are directly related to the migration of their children or if there are other contributing factors.

In conclusion, while the majority of the respondents did not report any mental health issues after the migration of their children, a significant proportion did report experiencing such issues. Further research may be needed to explore the causes and potential interventions for addressing these issues.

4.2.36 NEW SOCIAL CONNECTION

Figure 36
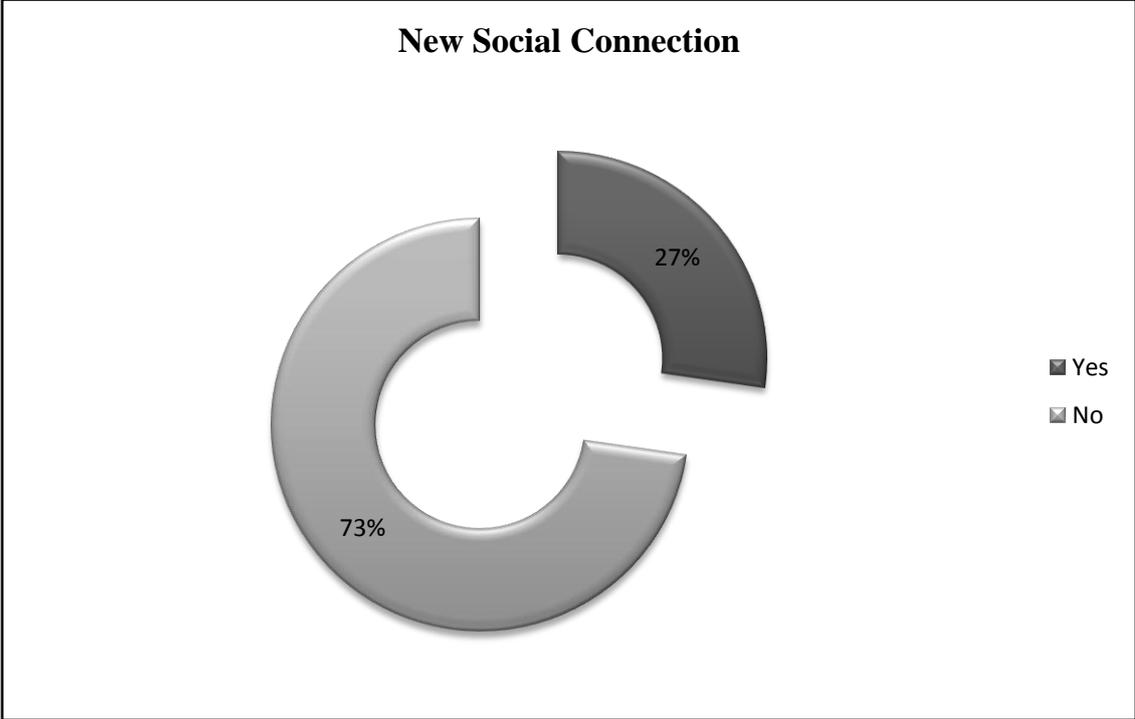
The table shows that among the 66 respondents, only 18 (27.3%) reported having established new social connections after the migration of their children, while the remaining 48 (72.7%) did not. This suggests that the majority of the respondents did not actively seek new social connections after their children migrated, which could be due to various reasons such as difficulty in adapting to a new social environment or lack of interest in doing so.

It is important to note that social connections can play a crucial role in maintaining one's mental and emotional well-being, especially in situations of social isolation or loneliness. Therefore, it may be beneficial for those who have not established new social connections to explore opportunities to do so, such as joining social groups or clubs, volunteering, or attending community events.

Overall, the data suggests that there is a need for further exploration and support in helping individuals who may be experiencing social isolation or difficulty in establishing new social connections after their children migrate.

4.2.37 IMPACTED SENSE OF IDENTITY

Figure 37
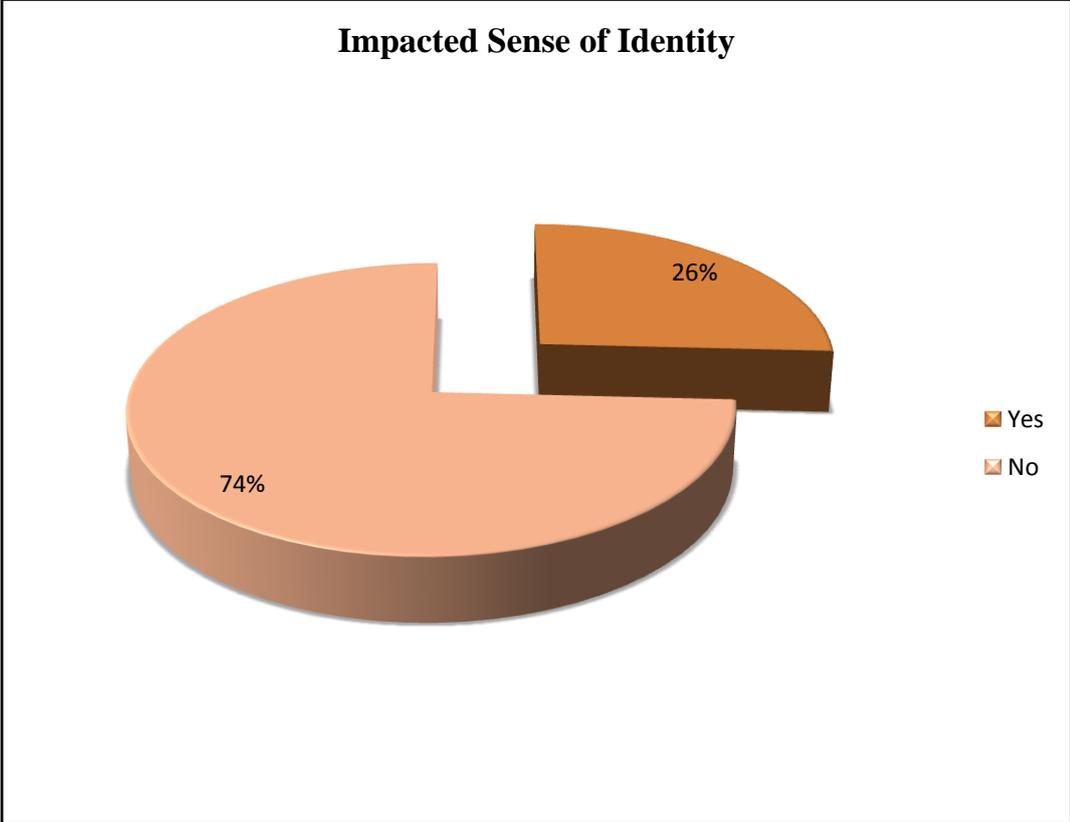
The data shows that out of the 66 respondents, 17 (25.8%) reported that they have an impacted sense of identity after the migration of their children, while 49 (74.2%) did not report such an impact. This suggests that a significant number of the respondents experienced some level of identity crisis or confusion after their children's migration. However, the majority did not report such an impact, indicating that they were able to cope with their children's absence without any significant impact on their sense of identity. It is important to note that the reasons for the impact on identity were not explored in this study and further research may be required to investigate this in more detail. Nonetheless, this finding highlights the need for greater support and resources for parents who experience challenges with their sense of identity after their children's migration.

4.2.38 DIFFICULTY IN ADJUSTING

Figure 38
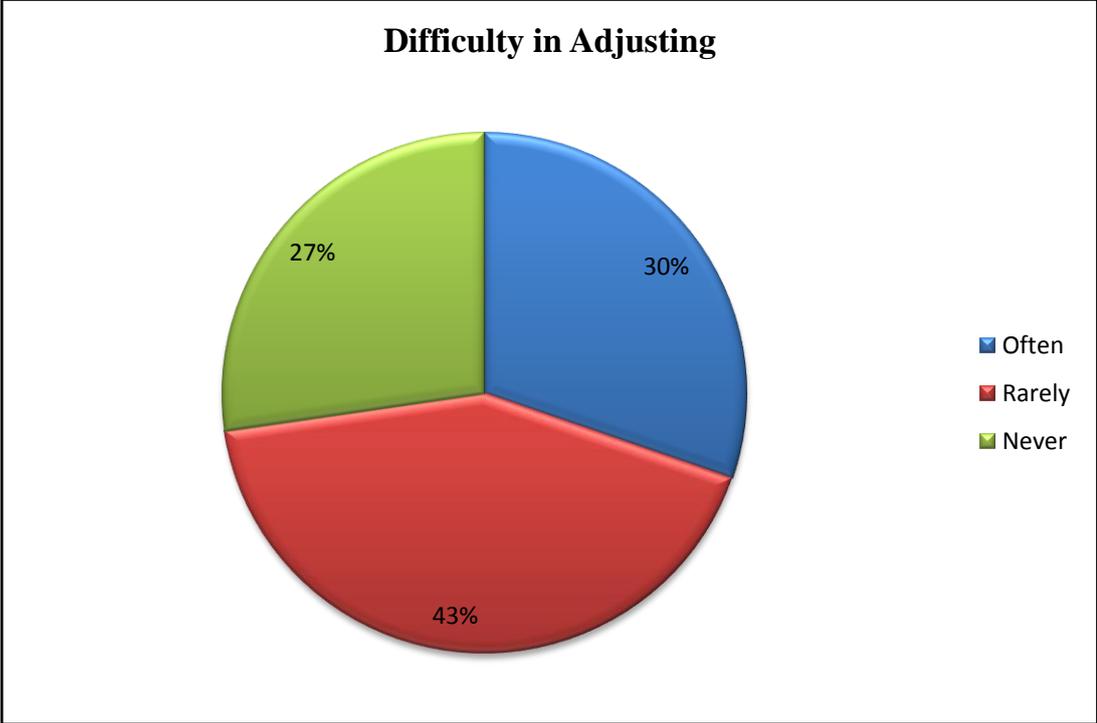
The above data suggests that 30.3% of the respondents often have difficulty adjusting after the migration of their children, while 42.4% rarely have difficulty and 27.3% never have difficulty adjusting. This indicates that while some respondents do face difficulties in adjusting to life after their children have migrated, the majority of respondents do not face significant issues.

It is important to note that the reasons behind the difficulties faced by those who reported having difficulty in adjusting are not clear from this data. It is possible that there are various factors at play, such as changes in routine, social isolation, or the loss of a sense of purpose that can arise when children leave home.

Overall, this data suggests that adjusting to life after the migration of children can be challenging for some, but many are able to adapt without significant difficulty. It is important for families and communities to provide support and resources to those who may be struggling with this transition.

4.2.39 SLEEP PATTERN

Figure 39

Sleep Pattern

29%

71%

Yes
No
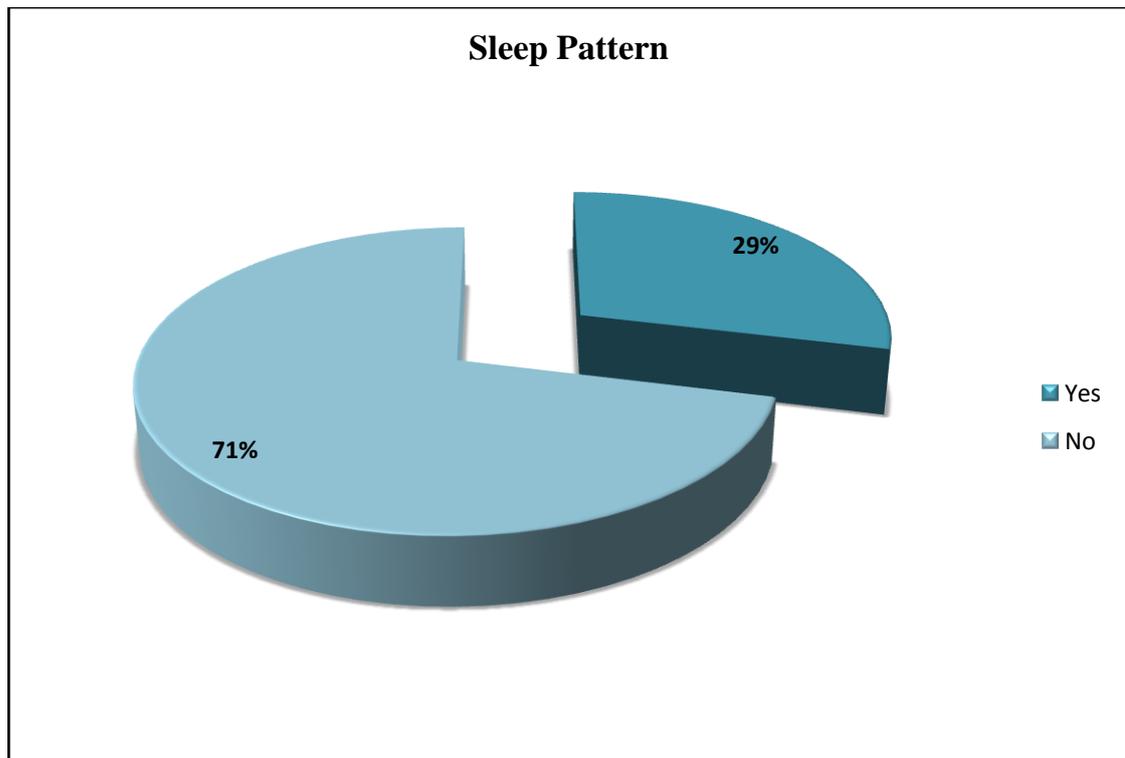
Based on the data provided, we can see that 28.8% of the respondents (19 people) reported having difficulty getting sleep after the migration of their children, while 71.2% of the respondents (47 people) reported no such difficulty. This suggests that a significant proportion of the respondents experienced sleep disturbances after their children migrated.

However, it is important to note that the data does not provide information on the severity or duration of the sleep disturbances. It is also possible that the reported sleep disturbances could be due to other factors not related to the migration of their children.

Further research may be needed to better understand the factors contributing to sleep disturbances in this population and to identify potential interventions to improve sleep.

4.2.40 PHYSICAL SYMPTOMS

Figure 40
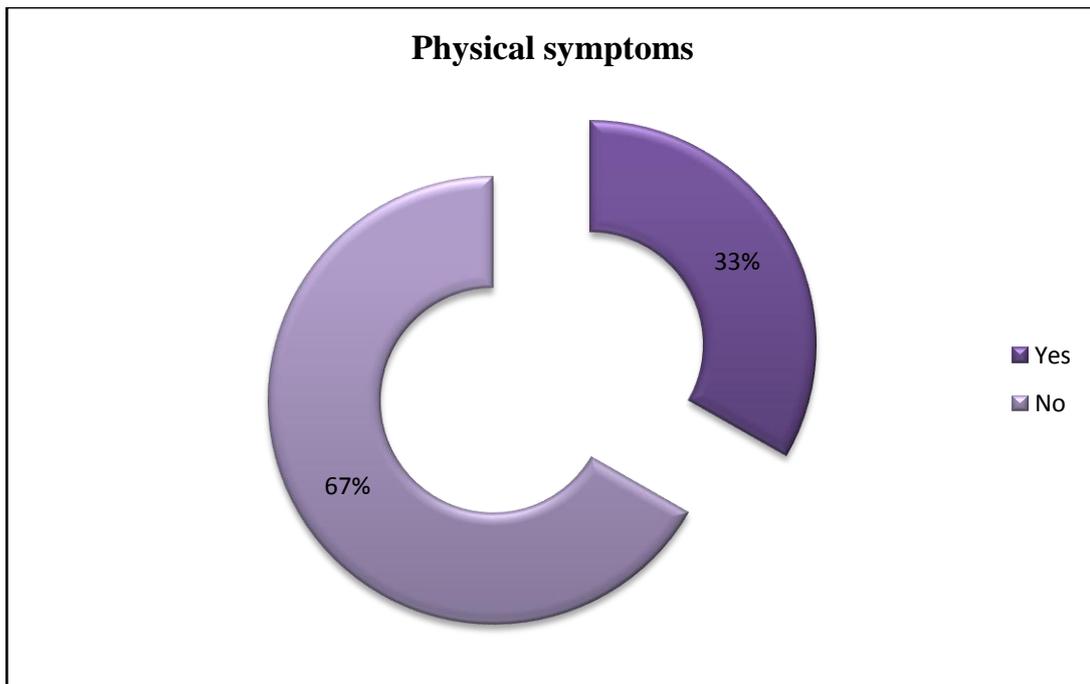
The above data shows that out of 66 respondents, 22 (33.3%) reported experiencing physical symptoms after the migration of their children, while 44 (66.7%) did not report any physical symptoms. This indicates that a significant portion of the respondents experienced physical symptoms, which could be due to various reasons such as stress, anxiety and loneliness resulting from the separation from their children.

Further analysis, such as examining the specific physical symptoms experienced by the respondents and their severity, could provide more insight into the impact of the migration on the physical health of the parents. It may be beneficial for healthcare professionals and support groups to be aware of these potential physical symptoms and provide appropriate care and support to the affected individuals.

In conclusion, the data suggests that a considerable number of parents experience physical symptoms after the migration of their children, highlighting the need for further investigation and support in this area.

4.2.41 HELP FOR PSYCHO ISSUES

Figure 41
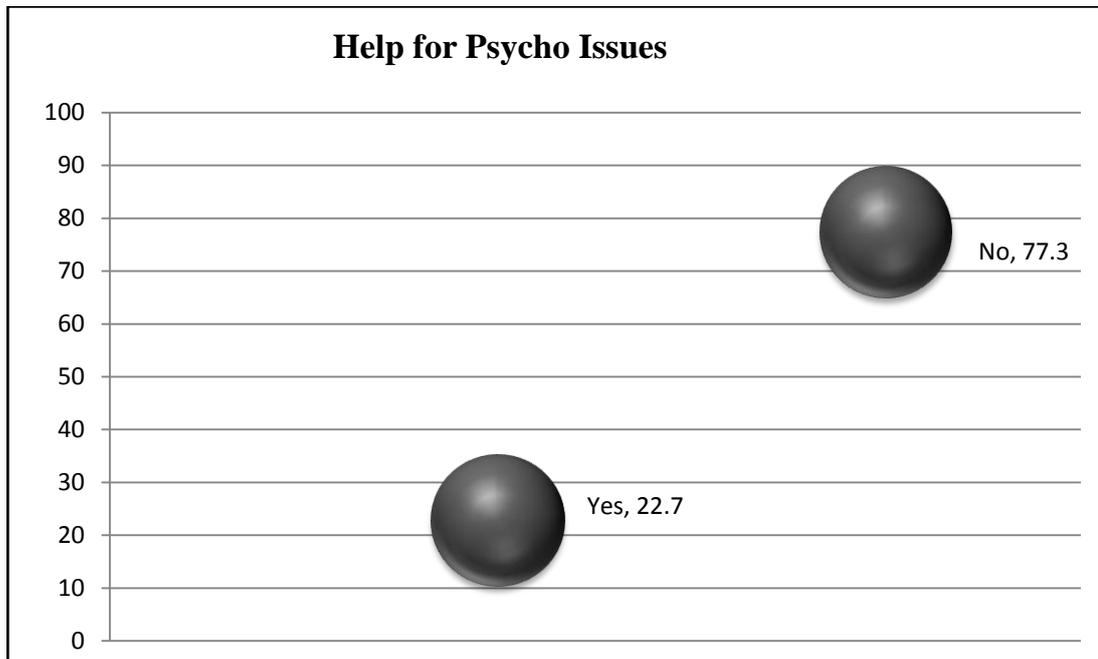
The above data shows that out of 66 respondents, only 15 (22.7%) sought help for psychological issues after the migration of their children, whereas the majority of 51 (77.3%) respondents did not seek any help. This indicates that a significant proportion of the respondents who faced psychological issues did not seek help for the same. There could be several reasons for this, including lack of awareness, stigma attached to seeking help for mental health issues, financial constraints, or difficulty in accessing mental health services.

It is important to note that seeking help for psychological issues is crucial for maintaining mental well-being, especially during difficult life transitions such as the migration of children. It is recommended that individuals who experience psychological distress should seek professional help from qualified mental health professionals, such as therapists or psychologists.

In conclusion, the data suggests that a significant proportion of the respondents did not seek help for psychological issues after the migration of their children. It is important to raise awareness about the importance of seeking help for mental health issues and to reduce the stigma associated with it, so that individuals can access the necessary support to maintain their mental well-being.

4.2.42 CHILDREN AWARE OF MENTAL HEALTH

Figure 42

Children Aware of Mental Health

28%

72%

Yes

No
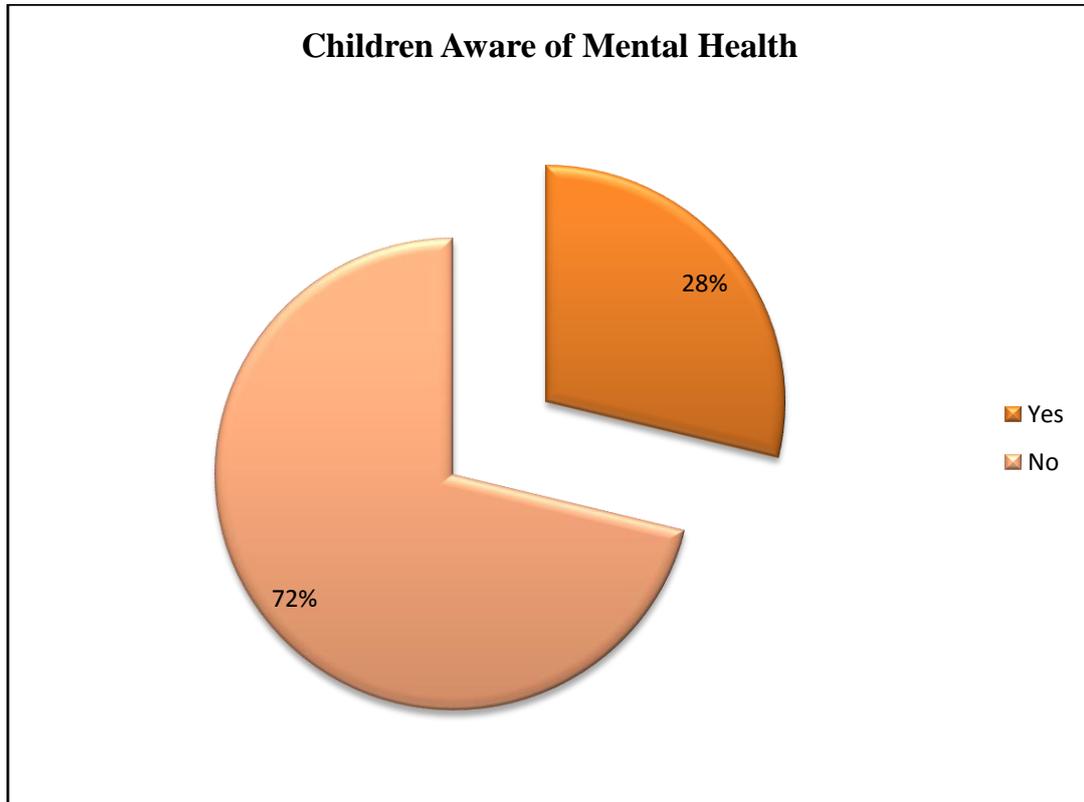
Based on the data provided, 47 respondents (71.2%) reported that their children are aware of their mental health, while 19 respondents (28.8%) reported that their children are not aware of their mental health.

This suggests that a majority of the respondents have communicated with their children about their mental health. This could be beneficial in terms of getting support and understanding from their children. However, it's important to note that some respondents may not feel comfortable discussing their mental health with their children, or their children may not be receptive to these conversations.

Overall, this data point provides some insight into the communication and relationship between the respondents and their children regarding mental health.

4.3 TESTING OF HYPOTHESIS

The study was mainly conducted to find out the Psych-Social problems caused by the migration of young generation on the aged parents. This study gave awareness about the seriousness of youth migration. Here in the study most of the parents are happy with the decision of their children and are satisfied with their present life. Therefore, the study was negating the hypothesis and it was an eye opener for the researcher to know the real situation of the society.

4.4 CONCLUSION

In conclusion, analyzing research work is a crucial process that helps to evaluate the credibility and significance of research findings. Through a critical review of the research objectives, methodology, data analysis and evidence presented, researchers and practitioners can determine the validity and reliability of the results and their potential implications for future research and practice.

Effective analysis of research work requires a thorough understanding of the research topic, the context of the study and the research design. By identifying the strengths and limitations of the research approach, researchers and practitioners can make informed decisions about the usefulness and applicability of the research findings.

Overall, the analysis of research work is a vital step in advancing knowledge and improving the quality of research in various fields. Through continuous evaluation and critical review, researchers can identify gaps in knowledge, refine research methodologies and contribute to the development of evidence-based practices.

CHAPTER V

FINDINGS, SUGGESTIONS AND CONCLUSION

CHAPTER V

FINDINGS, SUGGESTIONS AND CONCLUSION

5.1 INTRODUCTION

This chapter deals with the findings and suggestions of the study on the topic, "an empirical study on the Psych-Social problems caused by the migration of young generation on the aged parents in Iritty Block Panchayat." The findings are the output of the study. This chapter formulated on the basis analysis the collected data and its interpretation. After analyzing and interpreting the data, the researcher could find some major factors regarding the topic and could get answer the research questions.

5.2 MAJOR FINDINGS

- 28.8% of the respondents answered 'yes' to downsizing their living, while 71.2% answered 'no' when their children are migrated to other countries.

- 36.4% of the respondents reported having health issues, while 63.6% did not report any health issues after the migration of their children.

- 34.8% of the respondents reported having cultural problems to seek help, while 65.2% did not have such problems after the migration of their children.

- 86.4% of the respondents reported feeling satisfied with the support they received from their children, while 13.6% were not satisfied after the migration of their children.

- 24.2% of the respondents reported feeling lonely or isolated often, 59.1% reported feeling lonely or isolated rarely and 16.7% reported never feeling lonely or isolated after the migration of their children.

- 19.7% of the respondents reported often experiencing depression, 34.8% reported rarely experiencing depression and 45.5% reported never experiencing depression after the migration of their children.

- 30.3% of the respondents reported that their mental health was affected, while 69.7% reported that it was not affected after the migration of their children.

- 27.3% of the respondents reported having new social connections, while 72.7% did not report having new social connections after the migration of their children.

- 25.8% of the respondents reported that their sense of identity was impacted, while 74.2% reported that it was not impacted after the migration of their children.

- 30.3% of the respondents reported often having difficulty in adjusting, 42.4% reported rarely having difficulty and 27.3% reported never having difficulty in adjusting after the migration of their children

- 28.8% of the respondents reported having issues with their sleep patterns, while 71.2% did not report any issues after the migration of their children.

- 33.3% of the respondents reported having physical symptoms, while 66.7% did not report any physical symptoms after the migration of their children.

- 22.7% of the respondents reported seeking help for psycho issues, while 77.3% did not seek help after the migration of their children.

- 71.2% of the respondents reported that their children were aware of mental health issues, while 28.8% reported that their children were not aware after the migration of their children.

5.3 SUGGESTIONS

- Encourage seeking help for mental health issues: While a majority of respondents reported not seeking help for their mental health issues, it is crucial to destigmatize mental health concerns and promote seeking help from professionals. This can be done through awareness campaigns, education and by providing accessible mental health resources.

- Address cultural barriers to seeking help: A significant number of respondents reported experiencing cultural barriers to seeking help. This suggests the need for culturally sensitive mental health services and outreach programs that address the unique needs and perspectives of different cultural communities.

- Support social connections: While most respondents reported feeling satisfied with support from their children, a considerable number reported feeling lonely or isolated. Encouraging social connections and networks can improve mental health and wellbeing. This can be achieved by promoting community events and activities, creating social support groups, or providing opportunities for volunteering and community involvement.

- Address depression: A significant number of respondents reported experiencing depression. Addressing this requires access to mental health services, awareness campaigns and educational programs that promote mental health and wellbeing.

- Provide support for those experiencing identity issues: A significant number of respondents reported feeling that their sense of identity was impacted by the pandemic. Providing support, education and resources on how to cope with identity issues can be beneficial.

- Provide resources for adjusting to post-pandemic life: Many respondents reported experiencing difficulty adjusting to post-pandemic life. Providing resources, such as counseling services, support groups, or educational programs, can help individuals navigate this transition more smoothly.

- Even though the migration is not causing any major problem it can have a problem in the future. So as a social worker we need to take necessary precaution to face the challenges.

5.4 IMPLICATIONS OF THE STUDY

- Implications for families: The study findings can provide relief to families who may have been worried about the psychological and social problems experienced by their elderly parents due to migration. Families can use the study findings to reassure themselves that their elderly parents are not experiencing significant psychosocial problems.

- Implications for policymakers: The study findings can inform policymakers that migration-related psychosocial problems may not be a significant issue among the elderly population. Policymakers can use the findings to allocate resources and prioritize policies in other areas that are more pressing.

- Implications for future research: The study can stimulate further research to understand why migration-related psychosocial problems are not a significant issue among the elderly population. Future research can explore other dimensions of the issue and develop a more nuanced understanding of the psychosocial impact of migration on the elderly.

- Implications for healthcare providers and community organizations: The study findings can inform healthcare providers and community organizations that they may not need to prioritize the psychological and social well-being of elderly

parents affected by migration-related problems. Instead, they may focus on other areas of need, such as physical health, housing, or mobility.

- But even if a study concludes that there are no psychosocial problems caused by the migration of the young generation on the aged parents, it still has implications for various stakeholders. The study findings can inform families, policymakers, healthcare providers and community organizations about the impact of migration on the elderly population and stimulate further research in the field.

5.5 LIMITATIONS OF THE STUDY

- The study may have a small sample size, which may limit the generalizability of the findings to the larger population.
- The participants in the study may not be representative of the larger population, which can affect the external validity of the study.
- Participants who decide to take part in the study may have unique characteristics or experiences that are different from those who choose not to participate.
- Participants may provide socially desirable responses instead of truthful responses, which can affect the validity of the study.

5.6 SUGGESTION FOR FURTHER RESEARCH

- Explore the experiences of elderly parents who have not reported any psychosocial problems: Even though the study found no significant psychosocial impact of migration on elderly parents, it is still worth exploring the experiences of those who did not report any problems. This can help identify protective factors that may prevent psychosocial problems from occurring.
- Investigate the potential differences in psychosocial impact based on the reasons for migration: The study did not examine the reasons behind the migration of young generations. Future research could explore whether the reasons for migration (e.g., for work, education, or family reasons) have a different impact on the psychosocial well-being of elderly parents.
- Analyze the role of social support in mitigating psychosocial problems: The study did not examine the role of social support in mitigating psychosocial

problems. Future research could investigate whether social well-being of elderly parents, such as the impact of prolonged separation from family members.

- Examine the psychosocial impact of migration on elderly parents in different cultural contexts: The study was likely conducted support from family members, friends, or community organizations plays a role in protecting the psychosocial well-being of elderly parents affected by migration.

- Study the long-term effects of migration on the psychosocial well-being of elderly parents: The study was likely conducted over a relatively short period. Future research could explore the long-term effects of migration on the psychosocial in a specific cultural context. Future research could examine the psychosocial impact of migration on elderly parents in different cultural contexts, which may reveal different patterns of psychosocial well-being.

- Without a control group, it may be difficult to determine if the effects observed are due to the migration of the younger generation or other factors.

- The study only focuses on the psychosocial trauma experienced by the parents of the younger generation who migrated. It would be valuable to include the perspective of the migrant children themselves to gain a more comprehensive understanding of the impact of migration on both generations.

5.7 CONCLUSION

- The research result indicating that there is no significant psychosocial impact of the migration of young generations on the aged parents is an important finding that has significant implications for families, policymakers, healthcare providers and community organizations. While there may be concerns about the potential impact of migration on the psychological and social well-being of elderly parents, this study found no evidence to support those concerns. This is good news for families who may have been worried about the impact of migration on their elderly parents.

- The study's findings can also help policymakers allocate resources and prioritize policies in other areas that are more pressing, knowing that migration-related psychosocial problems may not be a significant issue among the elderly population. Healthcare providers and community organizations may not need to prioritize the psychological and social well-being of elderly parents affected by migration-related problems.

- However, even though the study found no significant psychosocial impact of migration on elderly parents, there are still suggestions for further research that can help deepen our understanding of this topic. These suggestions include exploring the experiences of elderly parents who have not reported any psychosocial problems, investigating the potential differences in psychosocial impact based on the reasons for migration and analyzing the role of social support in mitigating psychosocial problems.

- Overall, the research result provides valuable insights into the psychosocial impact of migration on elderly parents and can help inform future research, policy and practice in this area.

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QUESTIONNAIRE

I am Bijo Joy doing MSW course in Don Bosco Arts and science college Angadikkadavu, Kannur. The survey is conducted for the purpose of to study the Psych Social Problem faced by the parents whose children are migrated for job and studies.

Socio Demographic Profile

1. Age:
2. Gender: Male, Female, Others
3. Religion: Hindu, Christian, Muslim, Others
4. Education: Lower Primary, Upper Primary, High School, Higher Secondary, Under Graduate, Post graduate, Other
5. Current Job: Public sector, Private sector, Self-employed, Un-employed
6. Previous Job:
7. Type of Family: Nuclear, Join Family
8. No of Children: 1, 2, 3, 4 and more
9. Staying with Whom: Alone, spouse, relatives, other
10. Staying home: Own home, Rented home, Other
11. Economic status: Poor, Moderate, High

Objective 1

Reason that holds back aged parents from moving with their children.

12. Are your children currently living outside Kerala or India?

    Kerala

    India

13. If they are not living with you, why did you choose not to move in with them?

    Job

    Property

14. Are you concerned about losing your independence if you were to move in with your children?

    Yes

    No

15. Are you worried about becoming a burden on your children if you were to move in with them?

       Yes

       No

16. Do you have any health concerns that prevent you from moving in with your children?

       Yes

       No

17. Do you have a close-knit community where you currently reside that you would have to leave behind if you were to move in with your children?

       Yes

       No

18. Do you feel that your children have enough space to accommodate you if you were to move in with them?

       Yes

       No

19. Are there any financial barriers preventing you from moving in with your children?

       Yes

       No

20. Are there any cultural or societal expectations that make it difficult for you to move in with your children?

       Yes

       No

21. Are you open to the idea of moving in with your children in the future?

       Yes

       No

Objective 2

To find out the socio economic issues of aged parents due to migration of their children.

22. How often do you communicate with your migrant children?

       Often

       Rarely

       Never

23. Do you feel that your migrant children are able to support you financially?

> Yes
>
> No

24. Have you faced any financial difficulties since your children migrated?

> Yes
>
> No

25. Have you experienced any social isolation or loneliness since your children migrated?

> Yes
>
> No

26. Have you had to rely on outside help or government assistance since your children migrated?

> Yes
>
> No

27. Have you had to give up any of your social or community activities since your children migrated?

> Yes
>
> No

28. Have you had to make any significant lifestyle changes since your children migrated?

> Yes
>
> No

29. Have you had to downsize your living arrangements since your children migrated?

> Yes
>
> No

30. Have you had to deal with any health issues since your children migrated?

> Yes
>
> No

31. Are there any cultural or societal expectations that make it difficult for you to seek help or support from others?

> Yes
>
> No

32. Are you satisfied with the level of support you receive from your migrant children, if any?

        Satisfied

        Not satisfied

Objective 3

Psychological problems of aged and lonely parents of migrated children.

33. Do you feel lonely or isolated since your children migrated?

        Often

        Rarely

        Never

34. Have you experienced any symptoms of depression or anxiety since your children migrated?

        Often

        Rarely

        Never

35. Do you feel that your mental health has been affected by your children's migration?

        Yes

        No

36. Have you had any difficulty in forming new social connections or friendships?

        Yes

        No

37. Do you feel that your children's migration has impacted your sense of identity or purpose?

        Yes

        No

38. Have you had any difficulty in adjusting to life without your children?

        Often

        Rarely

        Never

39. Have you experienced any changes in your sleep patterns since your children migrated?

> Yes
>
> No

40. Have you experienced any physical symptoms, such as headaches or fatigue, since your children migrated?

> Yes
>
> No

41. Have you sought help or support for any psychological issues related to your children's migration?

> Yes
>
> No

42. Do you feel that your children are aware of the impact their migration has had on your mental health?

> Yes
>
> No

A STUDY ON THE PSYCHO-SOCIAL PROBLEMS ON THE CHILDREN OF DIVORCED PARENTS

ANN MARIYA JOSEPH

DON BOSCO ARTS & SCIENCECOLLEGE

ANGADIKADAVU

KANNUR670706

2021-2023

A STUDY ON THE PSYCHO-SOCIAL PROBLEMS ON THE CHILDREN OF DIVORCED PARENTS

DISSERTATION SUBMITTED TO THE KANNUR UNIVERSITY IN PARTIAL FULFILLMENT OF THE REQUIREMENTFOR THE AWARD OF THE DEGREE OF MASTER OF SOCIAL WORK

BY

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CERTIFICATE

This is to certify that the dissertation entitled, "**A STUDY ON THE PSYCHO-SOCIAL PROMBLES ON CHILDERN OF DIVORCEDPARENTS"** is a Bonafede record of work done by **ANN MARIYAJOSEPH** under the guidance of **MS. DELNA ABRAHAM** in partial fulfilment of the requirement for the award of the degree of **Master of Social Work** during the period of her study (2021 - 2023) in the Department of Social Work, Don Bosco Arts and Science College, Angadikadavu, Kannur, affiliated to the Kannur University.

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CERTIFICATE

This is to certify that the dissertation entitled, "**A STUDY ON THE PSYCHO-SOCIAL PROBLEMS ON CHILDERN OF DIVORCED PARENTS",** submitted by **ANN MARIYAJOSEPH** in partial fulfilment of the requirement for the award of the degree of **Master of Social Work**, is a Bonafede record of work done under my guidance and supervision during the period of her study (2021-2023) in the Department of Social Work, Don Bosco Arts and Science College, Angadikadavu, Kannur, affiliated to The Kannur University.

MS. DELNA ABRAHAM

Assistant Professor and Research Guide

Department of Social Work

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DECLARATION

I, **ANN MARIYA JOSEPH,** the undersigned, hereby declare that the dissertation entitled, "**A STUDY ON THE PSYCHO-SOCIAL PROBLEMS ON CHILDERN OF DIVORCED PARENTS"** submitted to the Kannur University, in partial fulfilment of the requirement for the award of the degree of **Master of Social work**, is a Bonafede work done by me under the guidance of **MS. DELNA ABRAHAM**, Assistant Professor, Department of Social Work, Don Bosco Arts and Science College, Angadikadavu. This work has not been placed by anybody in the University for the Award of any degree or diploma.

ANGADIKADAVU   ANN MARIYA JOSEPH

MAY 2023

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ANN MARIYA JOSEPH

ABSTRACT

Family is the fundamental factor in the emotional, social and moral development of the child. Research has documented that parental divorce/separation is associated with an increased risk for child and adolescent adjustment problems, academic difficulties, including lower grades and prematurely dropping out of school, and greater disruptive behaviours (e.g., being oppositional with authority figures, getting into fights, stealing, and using and abusing alcohol and illegal drugs). Children and adolescents who experience the divorce of their parents also have higher rates of depressed mood, lower self-esteem, and emotional distress.

This study is aimed at the psychosocial problems on children of divorced parents. Question ls covered the following areas; including academic difficulties (e.g., lower grades and school dropout), disruptive behaviors (e.g., conduct and substance use problems), depressed mood, prematurely dropping out of school, and greater disruptive behaviours.

CONTENTS

LIST OF TABLES

TABLE NO.	TITLE	PAGE NO.
1	Worried about the separation of the parents.	29
2	Involvement of parents in your life after divorce.	38
3	Parents respond to your concerns.	43
4	The parents have regrets about the decision that they made for their separation.	46
5	Parents' divorce affected your relationship with your siblings.	51

LIST OF FIGURES

17	Lack of parental care affected your overall well-being.	43
18	The support or counselling to deal with the lack of parental care after your parents divorced	44
19	The decision for the separation was good.	45
20	Parents' divorce has affected your relationship with each parents**.**	47
21	Parents' divorce has affected your sense of security or stability.	48
22	Single parenting has any kind of demerit**.**	49
23	Parents' divorce affected your relationship with your siblings.	50
24	Relationship with your parents since their divorce.	52
25	You had to take on additional responsibilities since your parents' divorce.	53
26	Separation of the parents affect your academic performance.	54
27	Parents divorced has affected your ability to make friends.	55
28	Noticed any changes in your behaviour towards authority figures since your parents divorced.	56
29	Any of the changes in your behaviour since your parents divorce.	57
30	Talk to your parents or other trusted adults about these changes in your behaviour.	58
31	Any changes in your attitude towards relationships or commitments since your parents divorce.	59
32	Any changes in your behaviour when spending time with each parent separately or together.	60
33	Any changes in your overall moods since your parents' divorce.	61
34	Felt any kind of discomfort.	62

CHAPTER 1
INTRODUCTION

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INTRODUCTION

1.1 INTRODUCTION

Divorce is a difficult experience for all members of a family, including children. Children of divorced parents can face a range of psycho-social problems that may affect their emotional, behavioural, and social development. These problems can vary depending on the age of the child, the circumstances of the divorce, and the level of conflict between parents. It is important for parents to support their children during and after a divorce, and to seek professional help if needed. Counselling, therapy, and support groups can be effective ways to help children cope with the psycho-social challenges of divorce. Children of divorced parents may also experience a range of long-term effects, including difficulties in their own romantic relationships and mental health issues. For example, children of divorced parents may be more likely to experience relationship problems later in life, such as divorce or difficulties with intimacy and trust. They may also be at a higher risk for developing mental health issues such as depression, anxiety, and substance abuse. The impact of divorce on children can also be influenced by other factors, such as the level of parental conflict, the quality of the parent-child relationship, and the support system available to the child. Parents can help mitigate the negative effects of divorce on their children by working together to minimize conflict, maintaining a positive relationship with their child, and providing emotional support and stability. In addition, schools and communities can play an important role in supporting children of divorced parents. Educators and counsellors can provide emotional support, academic assistance, and resources for families experiencing divorce. Community organizations can provide opportunities for children to participate in activities and build social connections outside of the family. Overall, the psycho-social problems faced by children of divorced parents are complex and multifaceted. However, with appropriate support and resources, children can learn to navigate these challenges and develop into healthy, resilient adults.

1.2 STATEMENT OF THE PROBLEM

Divorce can have a significant impact on children, leading to a range of emotional, behavioural, and developmental challenges. Some of the common issues faced by children of divorced parents include emotional distress, difficulty in adjusting to changes in family structure, struggles with relationships, decreased academic and behavioural performance, difficulty in forming stable relationships, and exposure to ongoing conflict between parents. The impact on children can vary depending on factors such as age, gender, personality, and the relationship with each parent before and after the divorce. Despite the challenges faced by children of divorced parents, it is important to remember that many children are able to adapt and thrive in new family structures. With the support of parents, caregivers, and mental health professionals, children can learn to overcome the challenges of divorce and grow into healthy and happy adults. Positive parenting strategies, such as open communication, consistency, and creating a stable home environment, can also play a significant role in helping children adjust to the changes brought about by divorce. With time, patience, and understanding, children of divorced parents can learn to overcome the challenges they face and build a bright future.

1.3 TITLE OF THE STUDY

A study on the psycho-social problems on children of divorced Parents.

1.3 OBJECTIVES

GENERAL OBJECTIVE

To study the psycho-social problem on children of divorced parents.

SPECIFIC OBJECTIVE

- To explore about lack of parental care after Divorce.
- To understand the impact of child in social withdrawal.
- To know about the behavioural changes of the Child.

1.4 SIGNIFICANCE OF THE STUDY

Divorce can have a significant impact on children's psycho-social well-being. Some of the problems faced by children of divorced parents include:

- Adjustment difficulties: Children may have trouble adapting to changes in their living arrangements, relationships with parents, and other aspects of their lives.
- Low self-esteem: Children may feel guilty, confused, or responsible for their parents' divorce, leading to low self-esteem and negative self-image.
- Behavioural issues: Children may act out or display behavioural problems, such as aggression or acting out, as a result of their emotional distress.
- Academic problems: Children may struggle in school as a result of distractions, emotional distress, or other issues related to their parents' divorce.
- Mental health problems: Children may experience depression, anxiety, or other mental health problems as a result of their parents' divorce.

These problems can have a lasting impact on a child's well-being and development, and it is important for parents to understand the importance of providing support and stability during this time.

In addition to the problems listed above, children of divorced parents may also face social and relationship difficulties. For example, they may have trouble forming and maintaining close relationships, struggle with trust issues, or feel isolated from their peers. Children of divorced parents may also experience financial difficulties if their parents are unable to provide the same level of support as they did before the divorce. Moreover, children of divorced parents are also more likely to experience relationship difficulties in adulthood. Research has shown that children of divorced parents are more likely to divorce themselves, struggle with commitment issues, or experience difficulties in their own romantic relationships. It is important to note that not all children of divorced parents will experience these problems, and many children are able to overcome the challenges they face. However, it is important for parents to be aware of the potential impact of divorce on children and to seek support if they are struggling. This may involve seeking out therapy or counselling, joining a support group, or talking to friends or family members.

In conclusion, the psycho-social problems faced by children of divorced parents can have a significant impact on their well-being and development. Parents should be aware of these potential challenges and take steps to provide support and stability during this time.

1.5 CHAPTERIZATION

Chapter1: Introduction

An introduction is the first chapter that entails the details about the research topic. This chapter includes the subheading of general introduction, significance of the study, scope of the study and implication of the study.

Chapter 2: Review of Literature

Literature review is a scholarly paper, which includes the current knowledge including substantive findings, as well as theoretical and methodological contributions to a particular topic. Literature reviews are secondary sources, and do not report new or original experimental work.

Chapter 3: Research Methodology

Research Methodology is a way to systematically solve the problem. In it we study the various steps that are generally adopted by a researcher in studying his research problem along with the logic behind them. This chapter aims to analyses the study and its actualization in the following terms- Objectives, pilot study, Research design, Sampling design and ethical considerations. This chapter deals with the outline of the dissertation.

Chapter 4: Analysis and interpretation

This chapter deals with the analysis and interpretation of the data. Data analysis is a process of assigning meaning to the collected information and determining the conclusion, significance and implication of the findings.

Chapter 5: Findings, suggestions and conclusion

This chapter consist the findings of the researcher after the study and contributes to the output. Also includes the suggestions that the researcher made after the study. It is the convictions of the researcher that is narrated in this chapter.

1.6 CONCLUSION

The socio psycho problems that faced by the children of divorced parents are very high like distress, low self-esteem, adjustment problems, academic problems etc... The major purpose of the study is to understand the problems that faced by the children from the society. How much the divorce make impact on the child behaviour. To find out that the children face any avoidance from anyone like parents and friends.

CHAPTER 2
REVIEW OF LITERATURE

CHAPTER 2

REVIEW OF LITERATURE

2.1 INTRODUCTION

The review of literature gives an insight of various aspects related Study, which Develops the linkage between previously existing knowledge and current study and Enables study various problems encountered during the course of study and helped By directing way Increase the effectiveness of data analysis and interpretation. A literature review is a comprehensive work which summaries existing information on a specific aspect, containing critical points of ongoing information along with theories related.

2.2 REVIEWS

Surviving The Breakup: How Children And Parents Cope With Divorce

Judith S. Wallerstein, (an internationally renowned expert on marriage and divorce, is principal investigator of the Children of Divorce Project)**1980**

Based on the Children of Divorce Project, a landmark study of sixty families during the first five years after divorce, this enlightening and humane modern classic altered the conventional wisdom on the short- and long-term effects of family dissolution. Criticism of the book is its rather incautious view of the effects of divorce on young children, with the strong implication that the age of children makes little difference. While it is very difficult to research such a phenomenon adequately, it seems quite doubtful that younger children would not carry the effects of divorce-related trauma in deeper and more persistent ways than older children. Nevertheless, this is a rich contribution to a complex social psychological phenomenon that can confuse and overwhelm.

Parents whose parents were divorced

By R. Thomas Berner · 1992

As the first "divorce generation" is now reaching parenthood, society is beginning to feel the social and psychological effects of divorce. Author Thomas Berner studies this subject in a clear and interesting manner. He tackles difficult questions such as: How do children of divorce face daily life? How do they mature and how do they perceive

themselves growing up? How have they modified their lives as a result of growing up in a one-parent home? What legacy does divorce leave? The answers to these and other questions are vital to the understanding of the profound, yet not necessarily negative, impact of divorce on children and how it affects them as adults and parents. Berner is sensitive to the hurt and pain of divorce as he covers these timely questions and their related issues. Parents Whose Parents Were Divorced enables adult children of divorce to see how others in the same situation are dealing with divorce and its implications. The book discusses how children of divorce behave as parents, what adjustments they made in their lives, whether or not they would divorce, the role of divorced grandparents, and how many grown children have attempted reconciliation with their parents. Experts in marital counselling will find this highly readable book helpful in their everyday work with couples and families, as will adults who have lived through the trauma of divorce.

Helping Your Child Through Your Divorce

By Florence Bienenfeld · 1995

What is best for your child? Divorce is a difficult process for all those involved, and it is particularly hard on children. This book explains how you can create a safe, nurturing environment for your children so they can recover from the trauma of your divorce— and go on to heal and thrived. Bienenfeld outlines three key parenting principles: Provide your children with an environment in which they can feel loved by both parents. Help your child feel good about themselves. Be a model of the values and basic skills your children need to achieve healthy independence. She encourages parents to make the important transition from former marriage partners to ongoing parent partners, and gives helpful guidelines for ways to deal with hurt, anger, and difficult situations. She also advocates using mediation to avoid bitter and costly lawsuits, and includes examples of constructive agreements and lists of mediators and helping organizations in the United States. The drawings in this book were made by children of divorcing parents. They clearly illustrate the children's frustration, anger, and pain at the breakup of their families. Dr.Bienenfeld uses the pictures as a way to open parents' eyes to their children's needs

Father need: Why Father Care is as Essential as Mother Care for Your Child (2000)

Fathers have always parented differently than mothers. In Father need, Dr. Kyle D. Pruett shows mothers and fathers why that difference is so important to a child's physical, cognitive, and emotional development. Drawing on more than two decades of highly acclaimed research at the Yale Child Study Center, and backed up by true stories from actual families, Father need is the essential how-to guide for women and men who wish to promote engaged fathering. This book will help enable fathers to give their children the skills they need to develop into happy and healthy adults. Step by step, Dr. Pruett specifically addresses what a father can do to prepare his marriage, his house, and his emotions for his child's needs, from infancy through the toddler years, childhood, adolescence, and young and mature adulthood.

With advice to fathers ranging from how to speak to toddlers so that they listen, to how to avoid the common tendency to reinforce gender stereotypes in young children, to how to maintain a connection with an increasingly autonomous teenager, Father need is the perfect resource for all dads-including divorced fathers, fathers of adopted children, stepfathers, and fathers of special-needs children-as well as moms who want kids who are meaningfully connected to their fathers. With wit, authority, and compassion, Dr. Pruett shows how to be sure that your child gets what only a father can provide.

The Unexpected Legacy of Divorce

A 25 Year Landmark Study

By Julia M. Lewis, Sandra Blakeslee · 2001

Divorce is at once a widespread reality and a painful decision, so it is no surprise that this landmark study of its long-term effects should both spark debate and find a large audience. In this compelling, thought-provoking book, Judith Wallerstein explains that, while children do learn to cope with divorce, it in fact takes its greatest toll in adulthood, when the sons and daughters of divorced parents embark on romantic relationships of their own. Wallerstein sensitively illustrates how children of divorce often feel that their relationships are doomed, seek to avoid conflict, and fear commitment. Failure in their loving relationships often seems to them preordained,

even when things are going smoothly. As Wallerstein checks in on the adults she first encountered as youngsters more than twenty-five years ago, she finds that their experiences mesh with those of the millions of other children of divorce, who will find themselves on every page. With more than 100,000 copies in print, The Unexpected Legacy of Divorce spent three weeks on the New York Times, San Francisco Chronicle, and Denver Post bestseller lists. The book was also featured on two episodes of Oprah as well as on the front cover of Time and the New York Times Book Review.

The Truth About Children and Divorce: Dealing with the Emotions So You and Your Children Can Thrive

Book by Robert E. Emery(2004)

Nationally recognized expert Robert Emery applies his twenty-five years of experience as a researcher, therapist, and mediator to offer parents a new road map to divorce. Dr. Emery shows how our powerful emotions and the way we handle them shape how we divorce—and whether our children suffer or thrive in the long run. His message is hopeful, yet realistic—divorce is invariably painful, but parents can help promote their children's resilience. With compassion and authority, Dr. Emery explains: - Why it is so hard to really make divorce work

-How anger and fighting can keep people from really separating

-Why legal matters should be one of the last tasks

-Why parental love—and limit setting—can be the best "therapy" for kids

-How to talk to children, create workable parenting schedules, and more.

'When my parents forgot how to be friends '

Jennifer Moore Mallinos , 2005:

Breakups and divorce can be extremely hard for children. In this illustrated story, a little girl is confused and hurt when her parents constantly argue and then decide to separate, but by speaking openly with Mom and Dad about her feelings, she learns she's always loved. This thoughtful book assures kids they are not responsible for their

parents' disagreements or whether they decide to stay together, and encourages families to talk about the concerns and anxieties a child may have. Whatever changes a family may experience, including living in two homes, this book aims to help children cope and show them that their parents will always be there for them.

CHILDREN AND SEPARATION (2007)

KWAME OWUSU BEMPAH

Childhood separation and loss have become virtually a way of life for a large number of children throughout the world. Children separated from their genetic parent(s) and consequently their genealogical, social and cultural roots due to processes such as adoption, parental divorce/separation, donor insemination, single parenthood by choice and child trafficking can face social, emotional and psychological difficulties. This book explores the premise that a proper understanding of the complex inner world of modern day separated children and their psycho-social development requires a shift in focus or emphasis. It presents the notion of socio-genealogical connectedness as a new theoretical framework for studying and promoting these children's growth and development. This new theory simultaneously challenges and complements existing notions of psycho-social development, including attachment theory and Erikson's psycho-social theory of personality development. The book further considers the implications of this notion of socio-genealogical connectedness for childcare policy and practice, as well as directions for future research in this and related fields. Children and Separation is an invaluable resource for academics, students and childcare professionals. The accessible style of the book ensures that it will also be useful to parents and anybody affected by childhood separation.

Parenting After Divorce

Resolving Conflicts and Meeting Your Children's Needs

By Philip Stahl · 2007

Your divorce doesn't have to damage your children..., " Stahl assures, " ... especially if you limit your children's exposure to your conflicts." He knows parents are not perfect, and he uses that knowledge to show imperfect parents how to settle their differences in the best interests of the children. This revised and updated second edition features ideas from the latest research, more information on long-distance parenting, dealing with the

courts, and working with a difficult co-parent. A realistic perspective on divorce and its effects on children, Parenting After Divorce features knowledgeable advice from an expert custody evaluator. Packed with real-world examples, this book avoids idealistic assumptions, and offers practical help for divorcing parents, custody evaluators, family court counsellors, marriage and family therapists and others interested in the best interests of the children.

The Children of Divorce

The Loss of Family as the Loss of Being

By Andrew Root · 2010

Why does divorce cause so much strain and long-term distress for children of all ages? Andrew Root, a recognized authority on youth ministry and a child of divorce himself, explains that divorce causes children to question their core identity. Since a child is the product of the union of a mother and father, when that union ends, he or she experiences a baffling sense of loss of self—a loss of his or her very sense of being. Root redirects efforts for assisting children of divorce to first address this fundamental experience. This unique book examines the impact of divorce not only from a theological and spiritual perspective but also from a young person's perspective. It will benefit those who have experienced divorce and those who minister to children of divorce.

Reviving Ophelia

Helping You to Understand and Cope With Your Teenage Daughter

By Mary Pipher · 2010

Why are adolescent girls prone to depression, eating disorders, addictions and suicide attempts than ever before? Mary Pipher believes adolescence is an especially precarious time for girls, a time when the fearless, outgoing child is replaced by an unhappy and insecure teenager. Her view Is that for the most part it is our look-obsessed, media-saturated, 'girl-poisoning' culture – and not parents – which is to blame. Despite the advances of feminism, escalating levels of sexism and violence

cause girls to stifle their creative spirit and natural impulses, which, ultimately, destroys their self-esteem. Yet it is often their families that are blamed. Here, for the first time, are the girls unmuted voices. By laying bare their harsh day-to-day reality, Reviving Ophelia offers parents compassion, strength and strategies with which to revive these Ophelias' lost sense of self

Beyond the Average Divorce

By David H. Demo, Mark A Fine · 2010

Beyond the Average Divorce provides marriage and family scholars and students a rich depiction of how children and adults of all ages respond to diverse divorce experiences. Rather than emphasizing means and averages in looking at "typical" family reactions to divorce, authors David H. Demo and Mark A. Fine emphasize variability and change over time in the pre-divorce, divorce, and post-divorce process. The book's three parts explore theoretical and methodological tools for studying divorce, the divorce process and its multiple pathways, and future directions in research. Key Features Includes cutting-edge research on how children are affected by multiple transitions in family structure and parenting arrangements during the divorce process Covers the most common causes of divorce and how the family environment deteriorates during the years leading up to divorce Provides easy-to-understand descriptions and examples of how specific research methods can be used to study divorce Offers a dynamic theoretical model of divorce and how it is experienced by family members in a wide variety of family situations Discusses policy implications as well as directions for future theoretical, research, and clinical work in this vital area Beyond the Average Divorce is intended as a core textbook for use in upper-level undergraduate or graduate courses in Family Stress and Divorce, Dysfunctional Families, Sociology of the Family, and Couples, Marriage, and Family Counselling.

Parenting Through Divorce

Helping Your Children Thrive During and After the Split

By Lisa René Reynolds · 2011

Divorce has devastating effects on children. Yet for divorcing parents who carefully consider and manage the intricacies associated with this difficult time, both parents, as seen from the child's perspective, can remain as loving and supportive as they ever

were. Parenting Through Divorce concisely lays out the specific emotions and reactions parents need to anticipate from their children while going through separation, divorce, and its after-math. Rather than weighing parents down with complicated plans, confusing information, and legal terminology, this book takes a common-sense approach, providing readers in a state of emotional distress with the practical, down-to-earth advice they need to sensibly and comfortingly guide their children through this often-painful process. Covering the most common mistakes divorcing parents tend to make, as well as addressing special issues that come up for kids of different age groups, this book helps you retain a strong, healthy, and loving environment for your child, even in the midst of change. This is a much-needed repository of wisdom and practical counsel for any family going through a time of heightened feelings and fragile relationships.

Divorce

Risk Factors, Patterns and Impact on Children's Well-being 2016

By Shannon Grant

This book provides current research on the risk factors, patterns and impact on children's well-being of marital divorce. The purpose of the first chapter is to examine the relationships between divorce, the single-mother family, the single-father family, and youth crime using a social disorganization framework and community-level data from 454 Canadian municipalities in 2001 and 2006. Chapter two provides a review of the disruptions in close relationships in children and adolescents with divorced parents. Chapter three reviews the more scant literature on naturally occurring coping efforts among children of divorce, including the importance of social support, help-seeking behaviours, and the continuum of active to more passive coping strategies originating from the cognitive-behavioural perspective. Chapter four compares perceptions of coparenting in divorced and married parents, both fathers and mothers, and assessing their relations to school-age and adolescent children's psychosocial adjustment. Chapter five studies stepfamily transitions and common accompanying beliefs, and reports the findings of an empirical study which aimed to predict two aspects of premarital quality dyadic adjustment and relationship commitment via a measure of the changes in one's beliefs over time about remarriage and stepfamilies. Chapter six

illuminates how specific children seek to connect and balance out the everyday life by being attentive to repeated routines as well as differences between their two households. The final chapter studies children's experiences of sibling relationships after parental separation.

Divorce

Emotional Impact and Therapeutic Interventions

2016 :Salman Akhtar

Divorce: Emotional Impact and Therapeutic Interventions offers a broad survey of psychodynamic observations on the antecedents and consequences of divorce. In this volume, distinguished clinical psychologists and psychoanalysts explore the emotional divorce that invariably precedes the one granted by a court and focus as well upon the emotional impact of the actual divorce upon the spouses, children, friends, and family. Examining a variety of modern families, chapters address both short-term and long-term sequelae of divorce, transgenerational reverberations, and the occasional, unsung benefits of divorce. The concept of a "good-enough divorce" further illustrates how the adverse effects of divorce can be kept at a minimum, and the process itself can allow patients unexpected self-reflection. A valuable resource for clinicians, Divorce: Emotional Impact and Therapeutic Interventions demonstrates how therapists and patients can work through a divorce to yield deeper insights into the self, greater tolerance of one's own limitations, and lay the groundwork for contentment with a future partner.

Daughters of Divorce

Overcome the Legacy of Your Parents' Breakup and Enjoy a Happy, Long-Lasting Relationship

By Terry Gaspard, Tracy Clifford · 2016

Restore your faith in love and build healthy, successful relationships with this essential guide for every woman haunted by her parents' divorce. Silver Medal Independent Publisher's Award Winner of the Best Book Award in "Self-Help: Relationships "Over 40 percent of Americans ages eighteen to forty are children of divorce. Yet women with divorced parents are more than twice as likely than men to get divorced themselves and

struggle in romantic relationships. In this powerful, uplifting guide, mother-daughter team Terry and Tracy draws on thirty years of clinical practice and interviews with over 320 daughters of divorce to help you recognize and overcome the unique emotional issues that parental separation creates so you can build the happy, long-lasting relationships you deserve.

Learn how to:

Examine your parents' breakup from an adult perspective Heal the wounds of the past Recognize destructive dynamics in intimate relationships and take steps to change them Trust yourself and others by embracing vulnerability Create strong partnerships with their proven Seven Steps to a Successful Relationship Break the divorce legacy once and for all!.

Splitopia

Dispatches from Today's Good Divorce and How to Part Well

By Wendy Paris · 2016

Engaging and ground-breaking, Splitopia challenges outdated, negative assumptions about divorce with sharp wit, searing honesty, rigorous research, and intimate interviews, and offers guidance for healthier, happier splits. When Wendy Paris announced that she and her husband were separating, friends forecast a tsunami of devastation—for both of them and their child. But as Paris would discover, divorce has improved dramatically in recent decades, due to changes in laws and family structures, advances in psychology and child development, and a new understanding of the importance of the father. Yet disapprobation and fear persist. In this incisive book, Paris cuts through the moralizing and myopia, and explores the new cultural phenomenon of the "good" divorce. Splitopia chronicles Paris's own divorce in real time; shares insights from happily divorced couples, international experts, and the latest research; and follows her own divorced parents' possible reunion. Splitopia calls for a more flexible view of how we wed and how we part, and offers support for creating loving families, whatever the legal relationship status.

Divorce is no one's first choice, but as with other difficult, unwanted experiences, it can lead to growth, deeper connections, and a more fulfilled life.

'Impact of parents divorce in children'

Philip walker(2019):

Divorce has been considered particularly disruptive for children because it occurs during childhood. While adults may have faced several losses and disappointments in life, the divorce of their parents is their first life crisis for many children. The distinctive feature of children of parental divorce is that they usually remain members of their parents' families, unlike their parents. This book considered the perspectives of children regarding their parents' divorce, paying particular attention to honouring the child's voice in the divorce process. The adult perspective on divorce has dominated the discourse on divorce, and research has only recently started to consider the viewpoint of children. Children are voiceless: they don't write books, don't vote, and don't usually get interviewed on television. We learn about their experiences by sensitively observing their lives. Later, when they are grown up, we ask them what it was like. Research has revealed that the nature of the divorce process as experienced by the child is the most critical factor in post-divorce adjustment. It also remains a relatively unexplored area, with only limited research on how children experience divorce.

Parental divorce has been labelled as a substantial loss for all children affected. It is one of the most stressful events in the lives of children involved, with repercussions ongoing throughout these children's lives. As parental divorce transitions occur, children often experience depression, anxiety, anger, behaviour problems, and a drop in school performance. Most researchers agree that children from divorced families are poorly adjusted in comparison to children from intact families. About 10% of children from intact homes present with psychological problems, behavioural problems, and academic difficulties in the South African context. These same problems are experienced by about 25% of children from divorced homes. About 70% of children from divorced homes view divorce as an acceptable solution to an unhappy marriage. The rise in global divorce rates has resulted in an increased focus on the impact of divorce on children. A large number of children affected by divorce and the increasing divorce rate in the world point to the need for research regarding children's experiences of parental divorce. This need is further emphasized by research findings regarding the impact of parental divorce on children.

Psychologists agree that divorce significantly impacts children, despite disagreeing on the extent, nature, and intensity of this impact. Research on divorce has advanced dramatically over the past four decades. While a large amount of research has been conducted on the adult and adolescent perspectives regarding divorce, there is an increasing call for research on the child's perspective. Children of divorce do not have a voice in divorce research, which was the primary rationale for this book.

CONCLUSION

The review of literature provide and give support to got more ideas and knowledge about the topic. The review of literature gave a clear cut picture about the topic and material too. children of divorced parents may also experience feelings of guilt, anger, and confusion about the reasons for their parents' separation, as well as concerns about the impact of the divorce on their own future relationships and family life. These books gave clear picture about the situations that the children goes.

CHAPTER 3

RESEARCH METHODOLOGY

CHAPTER 3

RESEARCH METHODOLOGY

3.1 INTRODUCTION

Methodology is necessary in scientific research. It gives blue print or plan about How the research was carried out. No research is scientific and valid without a proper Methodology. It gives nature of design and sampling that is being described. It gives Details regarding data collection, pre testing and analysis.

3.2 DEFINITION OF CONCEPTS

3.2.1 THEORETICAL DEFINITION

Psychosocial problems – According to Collins English Dictionary, "psychosocial means of or relating to processes or factors that are both social and psychological in origin "

Divorce – According to AMERICAN PSYCHOLOGICAL ASSOCIATION

The legal dissolution of marriage, leaving the partners free to remarry. Divorce may significantly influence well-being, with many individuals experiencing depression, loneliness and isolation, self-esteem difficulties, or other psychological distress. Parental divorce also has been shown to have negative consequences on the psychosocial adjustment of children and adolescents.

Parent - According to Merriam "parent a person who begets or brings forth off springs

Child- According to UNICEF- Child "as a person below the age of 18, unless the relevant laws recognize an earlier age of majority

3.2.2 OPERATIONAL DEFINITION

DIVORCE- The legitimate disintegration of a marriage by court or other able body.

CHILD- a young human being those who do not married considered as a child in this study.

PARENTS-A female individual whose egg joins with a sperm or a male individual whose sperm join with an egg bringing about origination of a kid or the introduction of kid.

PSYCHO-SOCIAL-. Psycho social signifies relating to the impact of social elements on a singular's brain or conduct and to the interrelation of conduct and social variable.

3.3 Variables

3.3.1 INDEPENDED VARIABLE

In this study independent variable is divorced parents.

3.3.2 DEPENDED CARIABLE

 Dependent variable is psycho social problems that face by the children.

3.4 Hypothesis

The divorce of the parents should be affect the child socially and also psychologically.

3.5 RESEARCH DESIGN

In this research, descriptive research design was used to know about the problems that faced by the children those who have divorced parents. Here Descriptive design was opted to enhance new insight into the research Question and to explore the major problems faced by children of divorced parents. So, the researcher chooses quantitative method for conducting this study.

3.6 PILOTSTUDY

Pilot study helped the researcher to identify the feasibility of conducting Research on the topic of the psycho-social problem that faced by the children of divorced parents in kannur district. It helped the Researcher to locate the area and key persons who might contribute in doing Research.

3.7 UNIVERSE AND UNIT OF THESTUDY

The Kannur district is universe and each individual is the unit of the study.

3.8 SAMPLING

A sample refers to the portion of people drawn from a larger population. The Required samples are collected from the Kannur district using simple random method. The researcher collected 60 samples from various places in Kannur.

3.9 SOURCES OF DATA

Researcher used the data from both primary source and secondary source.

PRIMARYSOURCE

The researcher collected primary data from the respondents through Questionnaire.

SECONDARYDATA

The secondary data was collected from the reviews of literature. The Researcher refereed books, magazines, journals, previous researches related To this topic and periodicals for getting related information pertaining to this Particular topic.

3.10 TOOLS OF DATACOLLECTION

The data was collected using the questionnaire method. The questionnaire was self-prepared outlining the specific objectives of the study.

3.11 PRE-TEST

Pre- test was done in 2 respondents in order to verify the clarity and reliability with The help of questionnaire. Pre- test helped the researcher to evaluate the reliability And validity of survey instruments prior to their distribution.

3.12 METHOD OF DATACOLLECTION

The questionnaire was prepared for collecting the data necessary for the research. The Questionnaire was distributed to the respondents and collected data from them. The Information regarding the respondents was collected from the Kannur district. The data collected by direct interview along with the online method like google forms.

3.13 METHOD OF DATA ANALYSIS

The collected data was analysed with the help of Statistical Package for Social Sciences (SPSS). Based on the analysis in SPSS, the researcher brought out the Inferences and interpreted the responses of each of the respondent. Tables and graphs Were used to represent the data and for interpreting them. Analysis helps to describe The phenomena derived from the data.

CHAPTER 4
DATA ANALYSIS AND INTERPRETATION

CHAPTER 4

DATA ANALYSIS AND INTERPRETATION

4.1 INTRODUCTION

Research requires examination and understanding of exact information. This section deals

With the examination and understanding of information gathered for the specific review entitled.

'A study on the psycho-social problems on children of divorced Parents.

Through this section the specialist draws out the realities connected with study and makes sense of current realities. The investigation finished with the assistance of SPSS application.

4.2 ANALYSIS

4.2.1 Gender wise classification of respondents
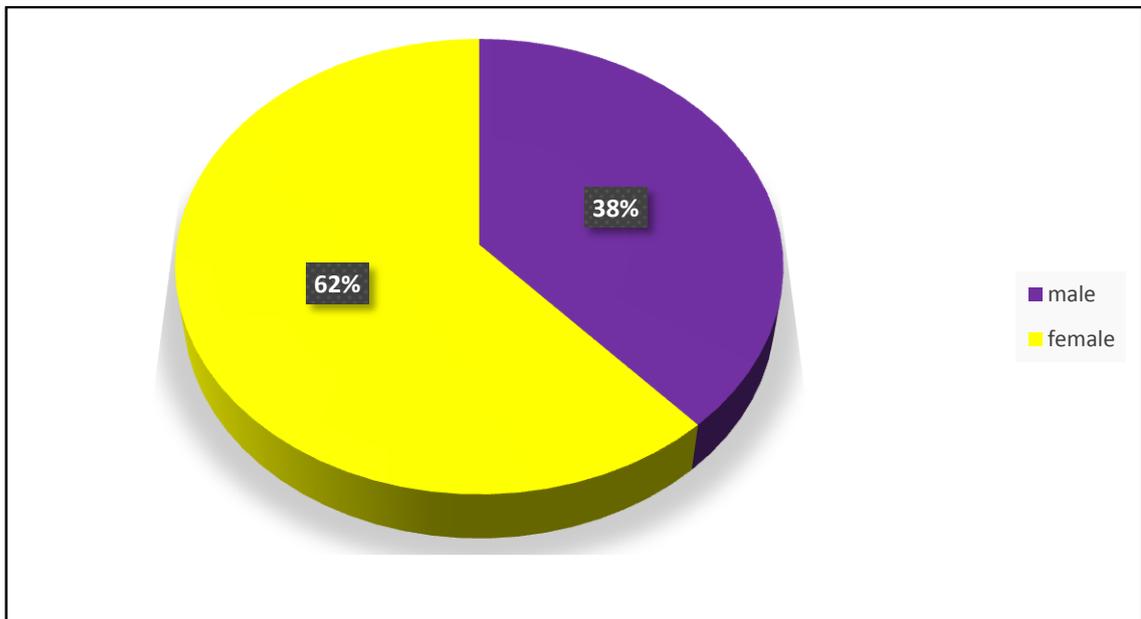
FIGURE 1

This finger shows the gender of the respondents out of 60 of the respondents 38 % male and 62%female. Majority of the respondents are female.
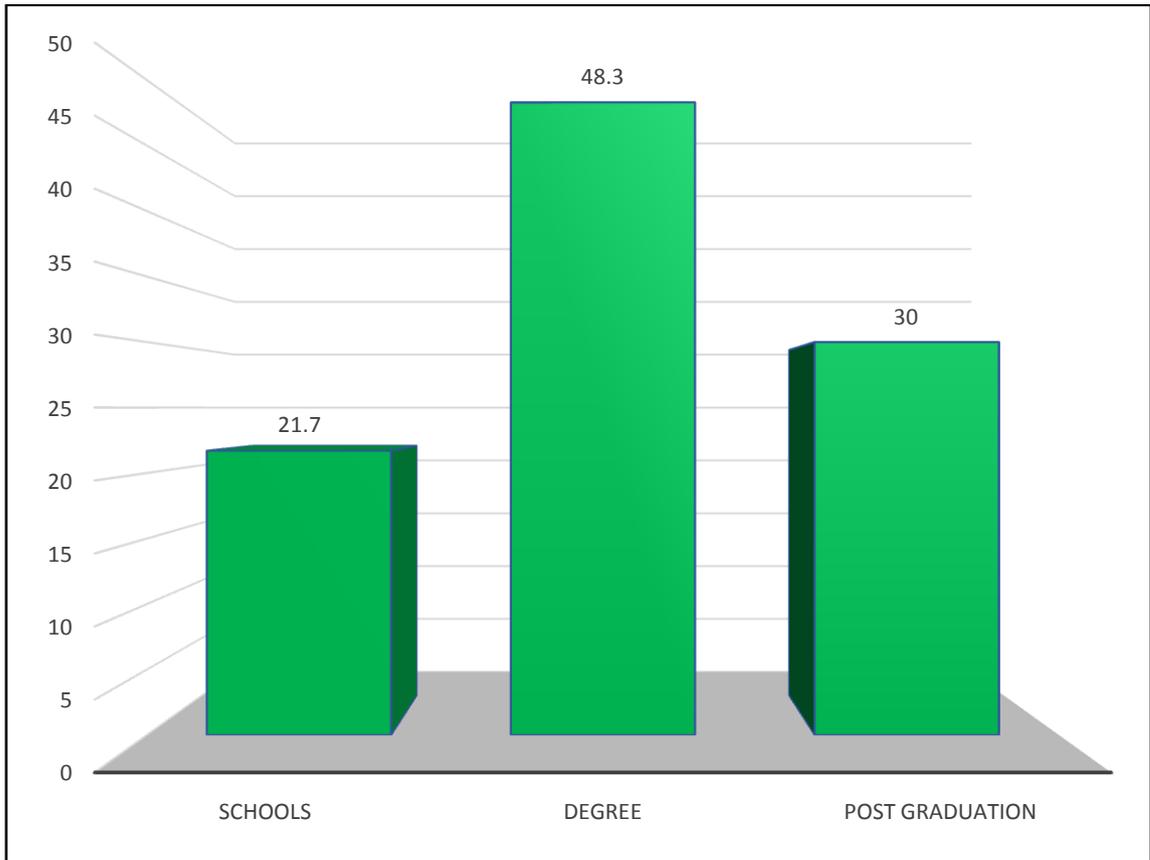
4.2.2 EDUCATION.

FIGURE 2

The figure indicates the education qualifications of the respondents. The 21.7 % of respondents are in their schools 48.3 of respondents are in their degree or completed their degree 30 % of people are in their degree or completed their post-graduation.

4.2.3 TYPE OF FAMILY.
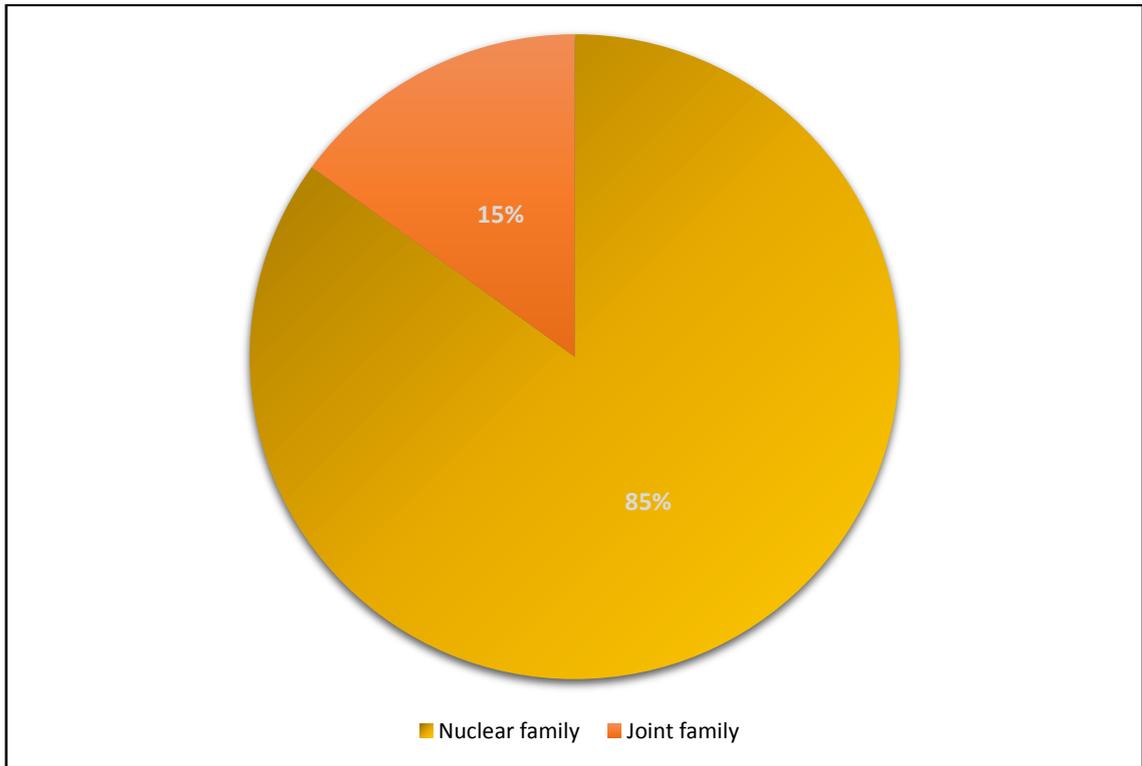
FIGURE 3

This finger shows the type of family of respondents. Most of the respondents exactly 85% of respondents are from the nuclear family 15% of respondents are form the joint family. Most of the families are nuclear family.

4.2.4 The number of years parents got divorce.

Bar chart showing the number of years parents got divorce:
- MORE THAN 11 YEARS
- 6 TO 10 YEARS: 36.7
- 0 TO 5 YEARS: 61.7

X-axis: 0, 10, 20, 30, 40, 50, 60, 70
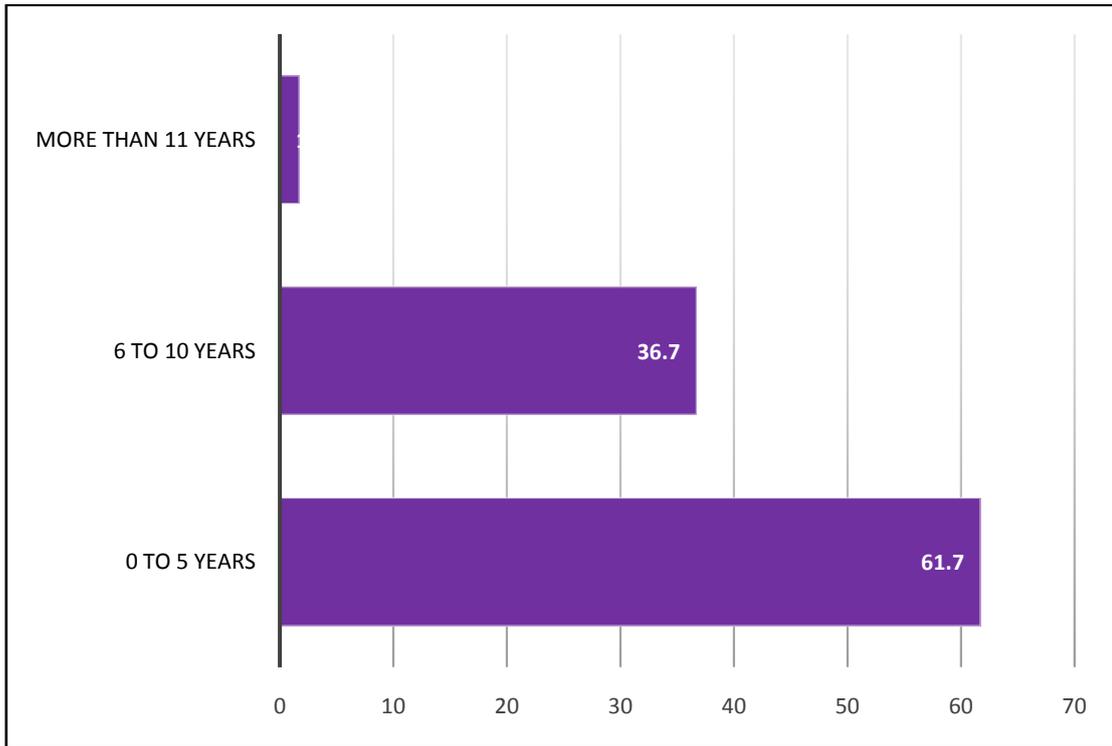
FIGURE 4

This chat shows that the how long did the respondents parents got separated. Most of the respondents were parents' divorce within 0 to 5 years (61.7). 36.7 % of parents were divorced more than 5 years to 10 years only 1.7 % of respondent's parents got divorce more than 11 years. Majority of the respondents parents are divorced with in 0-5 year. Now in modern days the adjustmental and ego problems become more in couples, so for the small issues also couples were demanding for divorce.

4.2.5 Worried about the separation of the parents.

VARIABLES	FREQUENCY	PERCENTAGE
YES	49	81.7
NO	11	18.3

TABLE 1

This table illustrates the how they seem or worries about the separation of the parents. 81.7 % of the respondents are worried about the separation of their parents 18.3 % of parents are not worried about the separation of their parents. Most of the respondents are worried about the separation of their parents. Most of the respondents are worried about the separation of the parents becase they need the care and support from the parents.

4.2.6 The lack of parental care affected the ability to trust others.
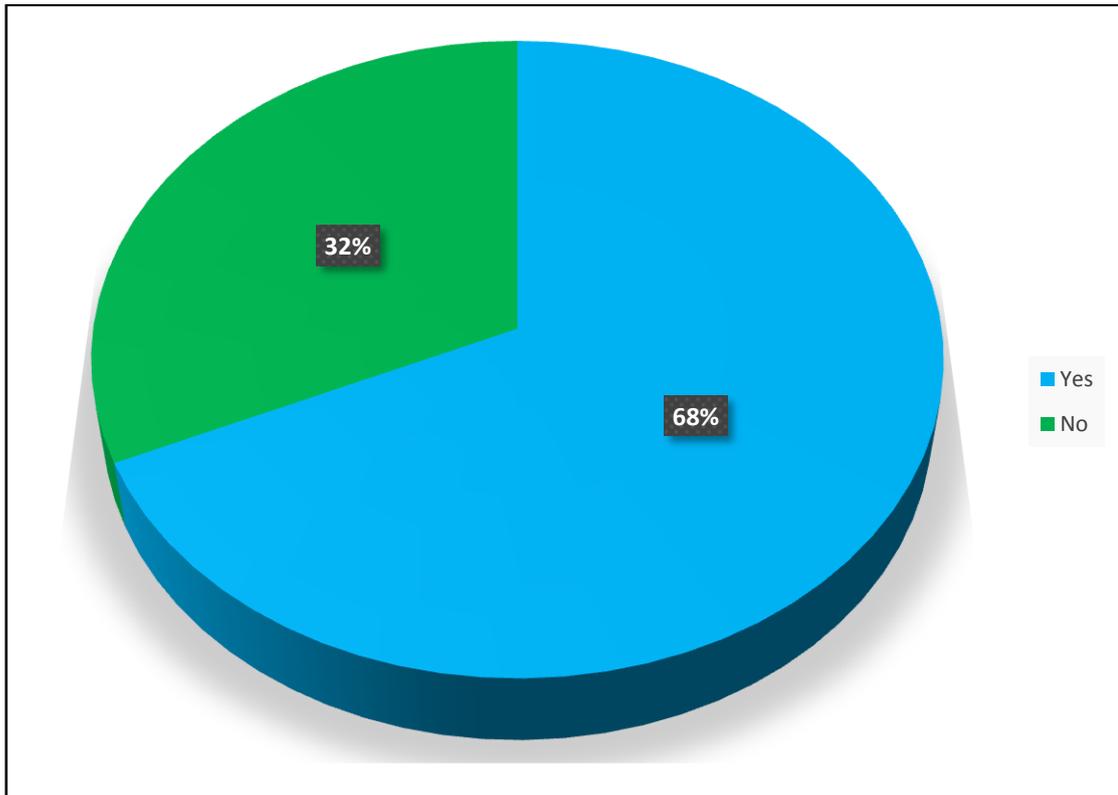
FIGURE 5

This graph and the finger show the lack of parental care affected the ability to trust others. 68% of respondents are experienced the lack of parental care affected the ability to trust others. 32 % of respondents says the lack of parental care do not affect the ability to trust others. Most of the respondents are experienced the lack of parental care affected their ability to trust others. The lack of parental care may leads to the trust issue with others.

4.2.7 Any experience of people treating you with sympathy.
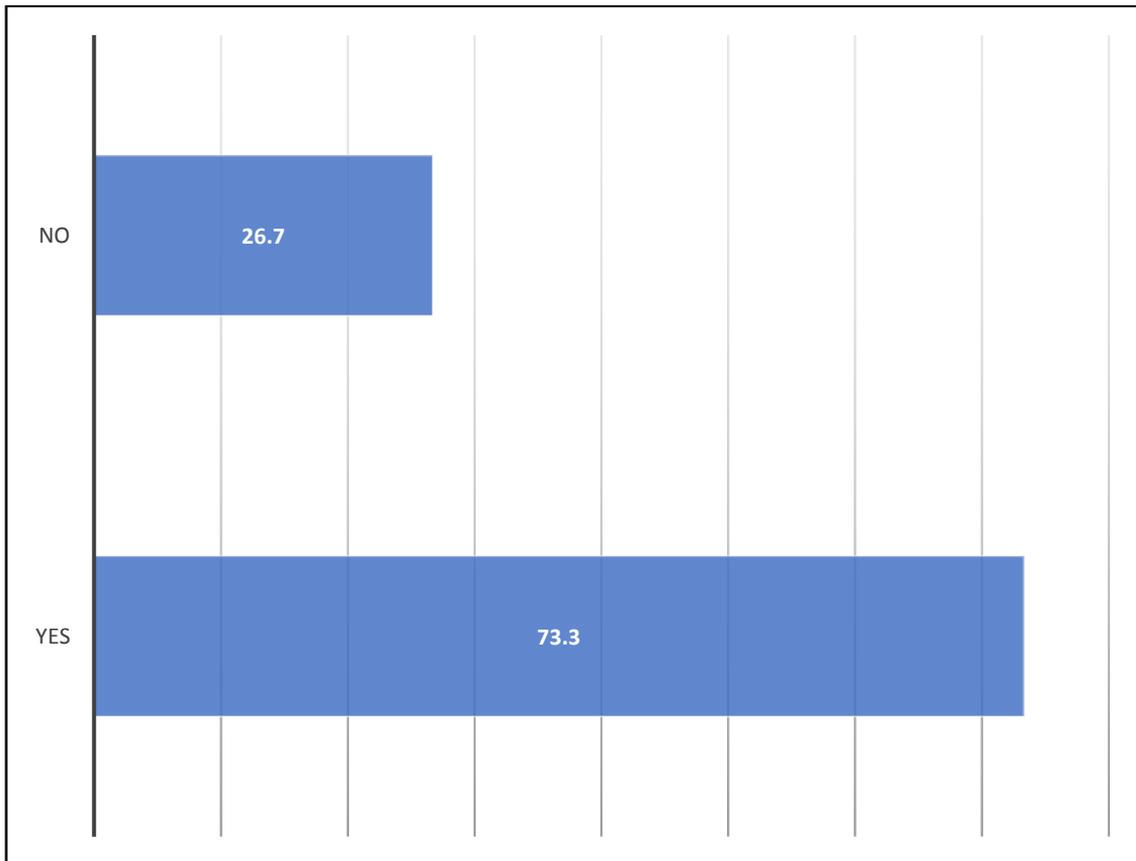
FIGURE 6

This finger illustrates that the respondents experience of people treating them with sympathy. 73.3% of people have experienced that they treated with sympathy. 26.7 % of don't have any experience of treating with sympathy. Most of the people are treated the respondent with sympathy it may be because they may felt that the respondent do not get proper care or support from the parents that should be the reason for people treating them with sympathy.

4.2.8 The concerns on how the society thinks about you.
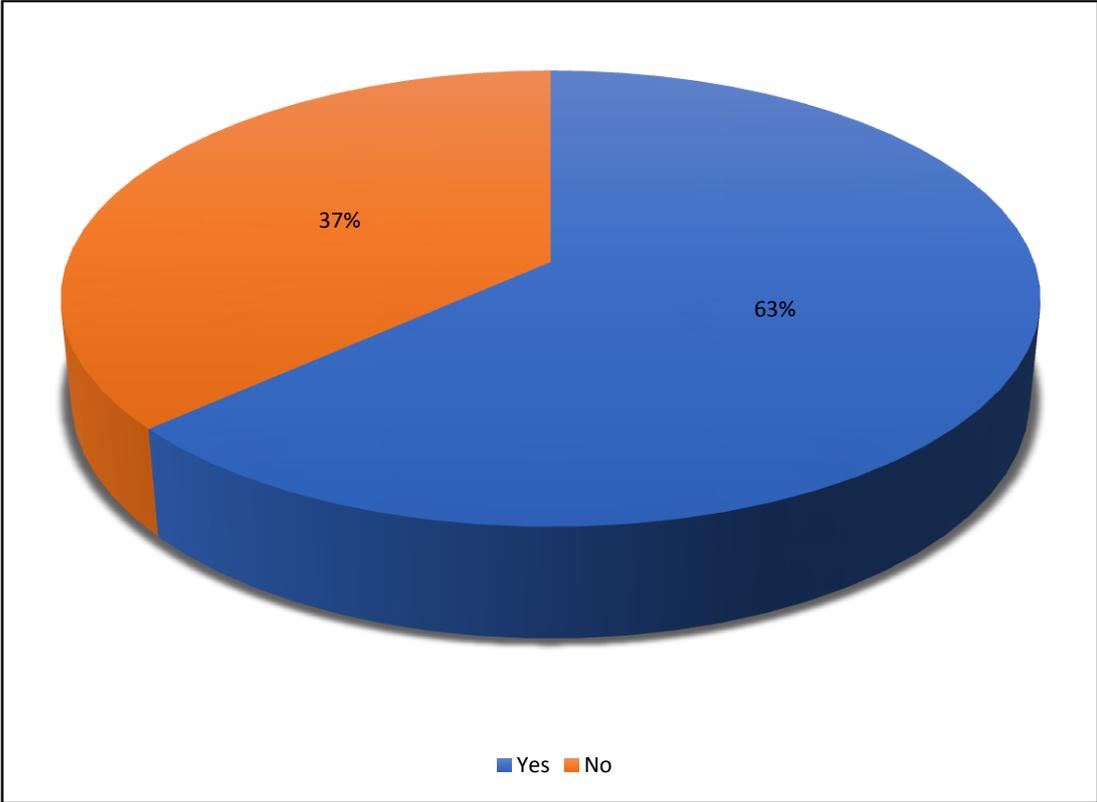
FIGURE 7

This table shows that the respondents concern about how the society think about the respondent.63% of the respondents are concerned about how the society think about them. 37% of respondents do not have any concerns about how the society think about. The respondent are concerned about the society because the respondent may felt the divorce of the parents may create a bad image Infront of the society.

4.2.9 Any kind of discrimination or abandonment from anyone.
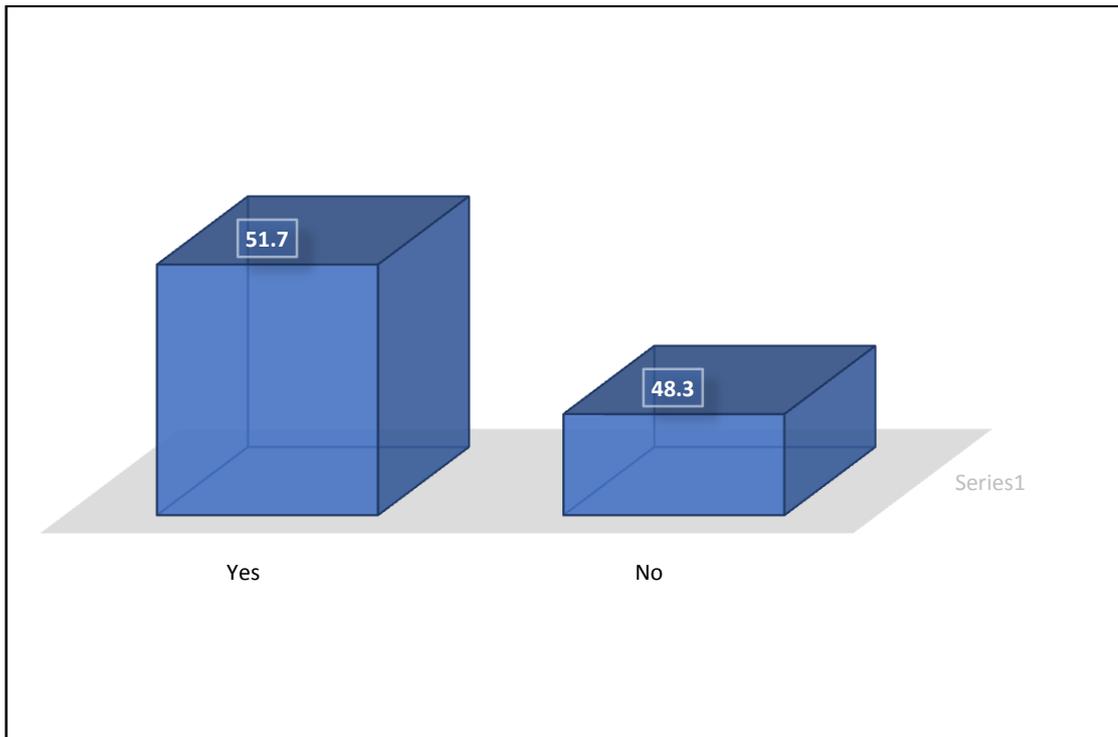
FIGURE 8

This finger shows that the respondents Feels any kind of discrimination or abandonment from anyone. 51.7 % of respondents felt some kind of discrimination or abandonment from someone. 48.3% of the respondents do not feel any kind of discrimination or abandonment from anyone. The society do not ready to accept the importance of divorce.

4.2.10 Any changes in your social life since your parents divorced.
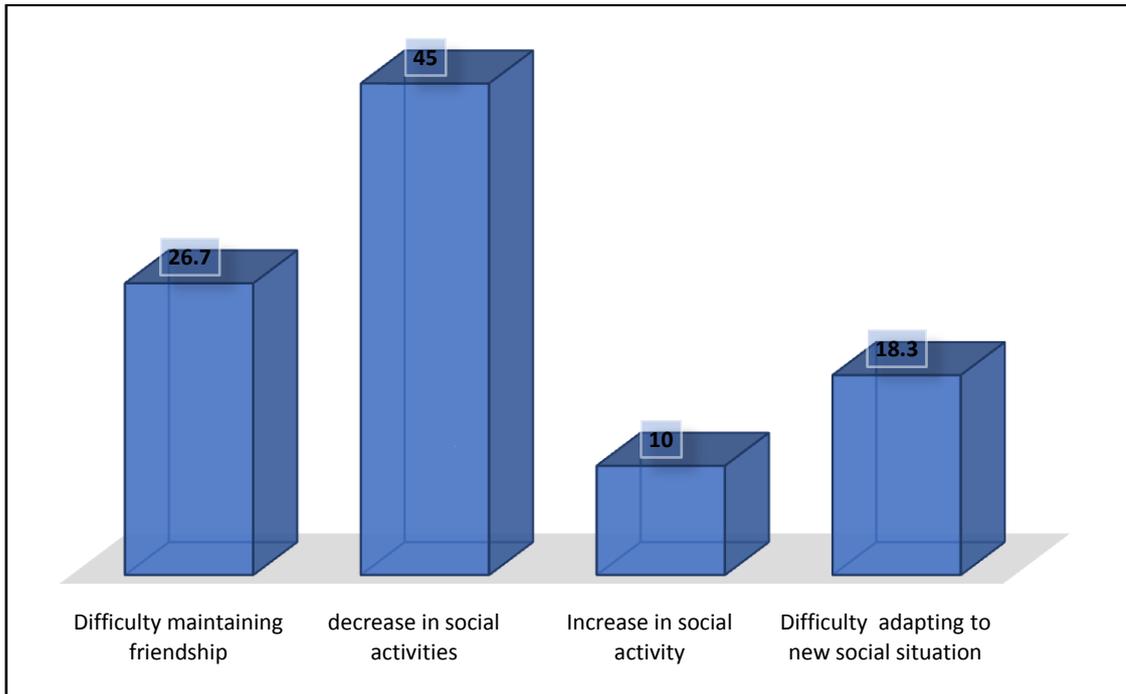
FIGURE 9

This finger shows that the respondents experienced any changes in social life after your parents divorced. 45% of respondents experienced decreased in social activity. 26.7 % of respondents experienced Difficulty in maintaining friendships. 18.3 % of respondents experienced Difficulty in adapting to new social situations. 10% of respondents experienced increase in social activity. Most of the respondents exactly 45% of respondents experienced decrease in social activities it may be because of the people may ask about the divorce of the parents.

4.2.11 Enough support in maintaining your social life since your parents divorced.
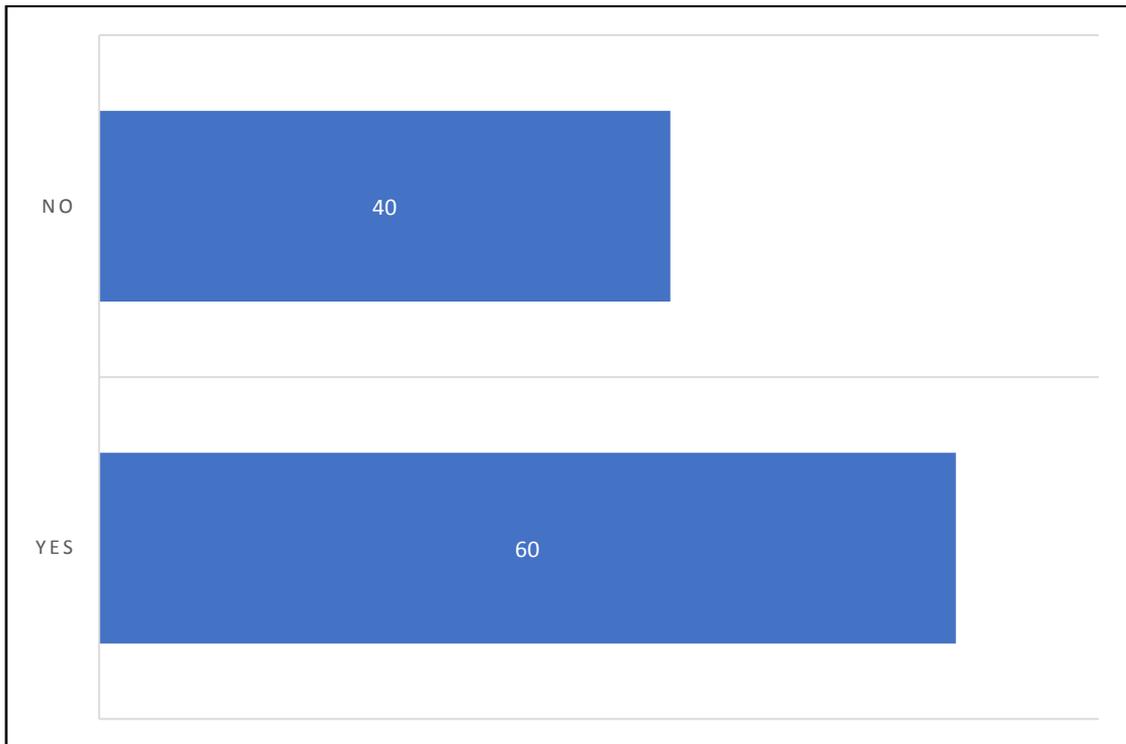
FIGURE 10

This figure shows that the respondents received enough support in maintaining respondents' social life after parents' divorce. 60% of the respondents felt like respondents received enough support in maintaining their social life since your parents' divorce. 40% of respondents felt they do not got enough support in maintaining their social life since your parents divorced because the respondents wants to move on with their life so the parents should be give enough support for them.

4.2.12 Any changes in your relationship with your friends since your parents divorced.
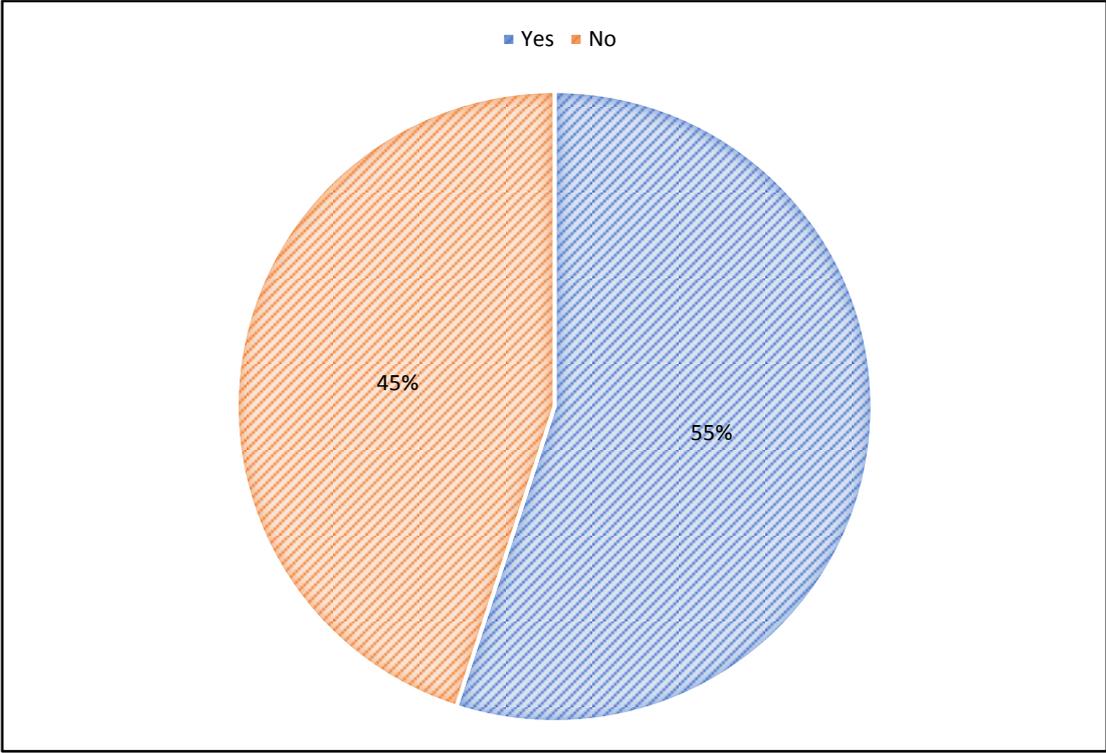
FIGURE 11

This table illustrates that the respondents noticed any changes in the relationship with their friends after their parents divorced .55% of the respondents noticed some kind of changes in their relationship with their friends since their parents divorced. 45 % of respondents do not notice any kind of changes in their relationship with their friends since their parents divorced. Most of the respondent notice changes in the behaviour some respondents may be become isolated or some of the respondents are take it in a positive way which means they be attach with the friends.

4.2.13 Any experience of bulling or social exclusion because of your parents divorce.
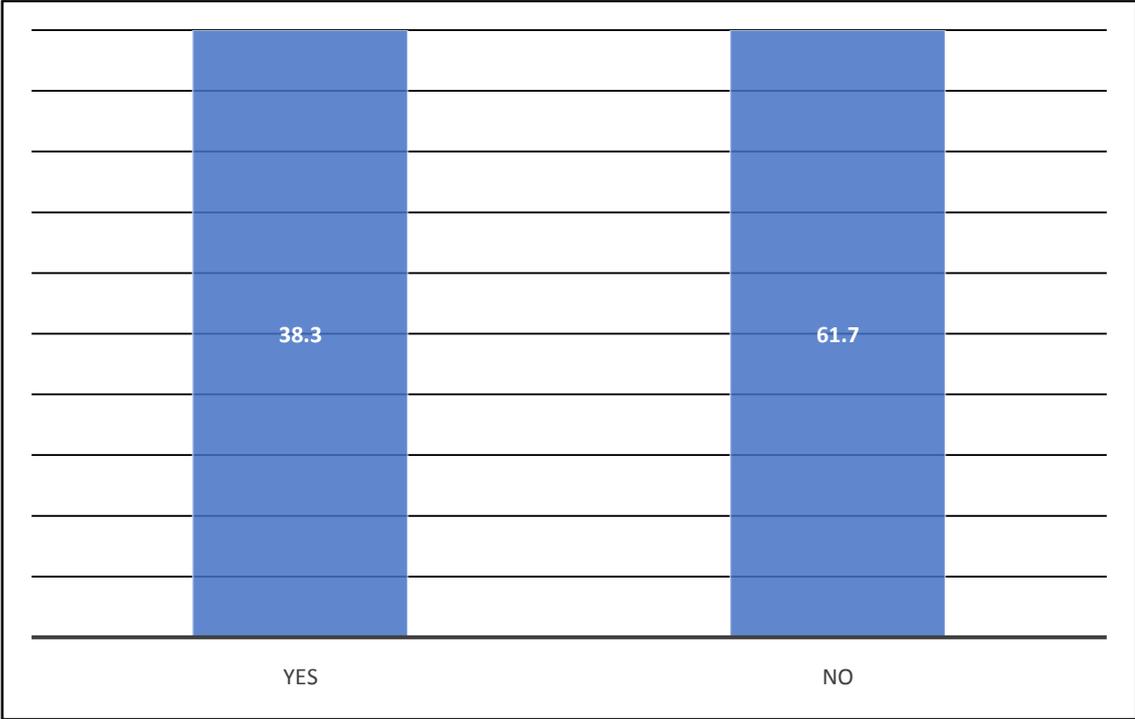
FIGURE 12

This finger shows that the respondents experienced any bullying or social exclusion because of their parents divorced. 61.7 % of respondents do not experience any bullying or social exclusion because of their parents divorced. 38.3 % of respondents experienced some kind of bullying or social exclusion because of their parents divorced. Most of the respondents are not faced any kind of bullying because the people considered the divorce is a common things.

4.2.14 Involvement of parents in your life after divorce.

VARIABLES	FREQUENCY	PERCENTAGE
WELL	12	15
NEUTRAL	39	65
NOT WELL	9	20

TABLE 2

This figure illustrates that the involvement of parents in their life after their divorce. 65% of respondents felt that involvement of parents in their life became Neutral after parents' divorce. 20 % of respondents felt that involvement of parents in their life became well after parents' divorce. 15% of the respondents felt that the involvement of parents in their life became not well after their parents' divorce. Most of parents involvement after divorce become neutral because may be the gap in the relationship in between the husband and wife.

4.2.15 Divorce has affected your socialization that you haven't talked about yet

43%

57%

■ Yes ■ No
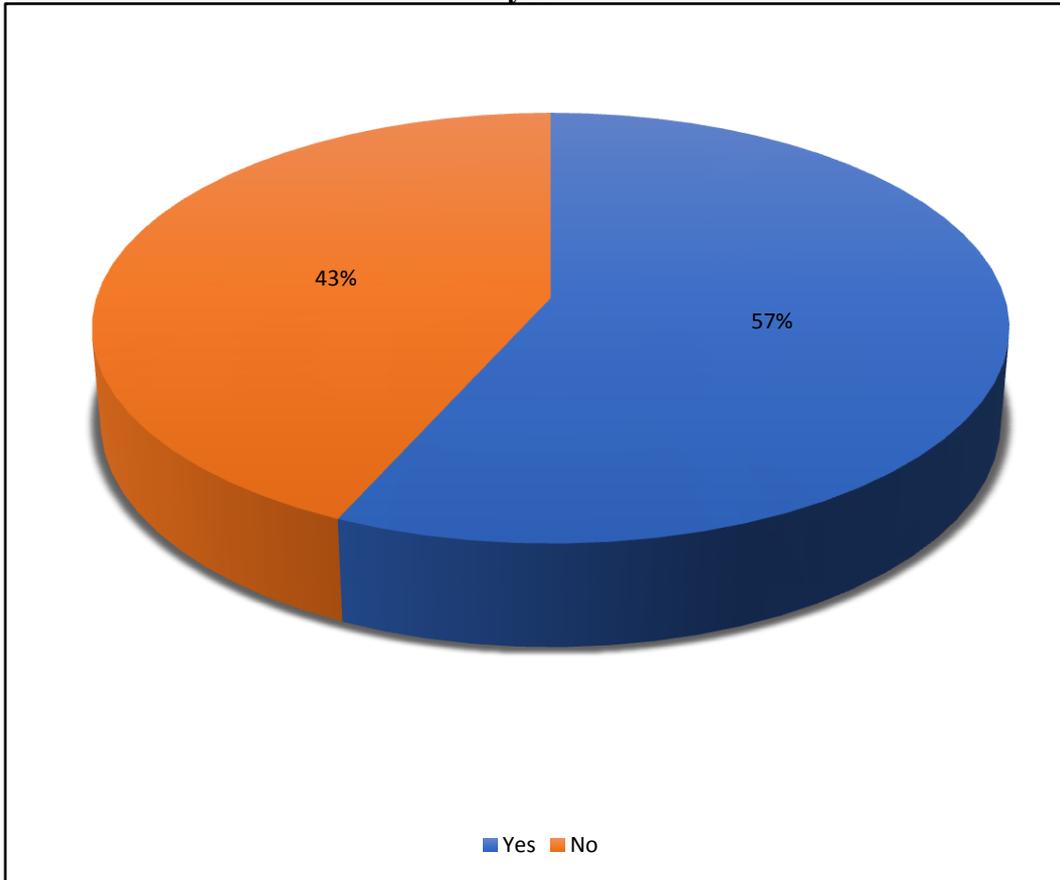
FIGURE 13

This figure shows that the other ways that the respondents parents' divorce has affected the socialization of respondent haven't talked about yet. 57 % of respondents have other ways that their parents' divorce has affected their socialization socialization. Most of the respondents reduce the socialisation may be because of the insecurity that faced by the respondents.

4.2.16 Any lack of the parental care after your parents divorced
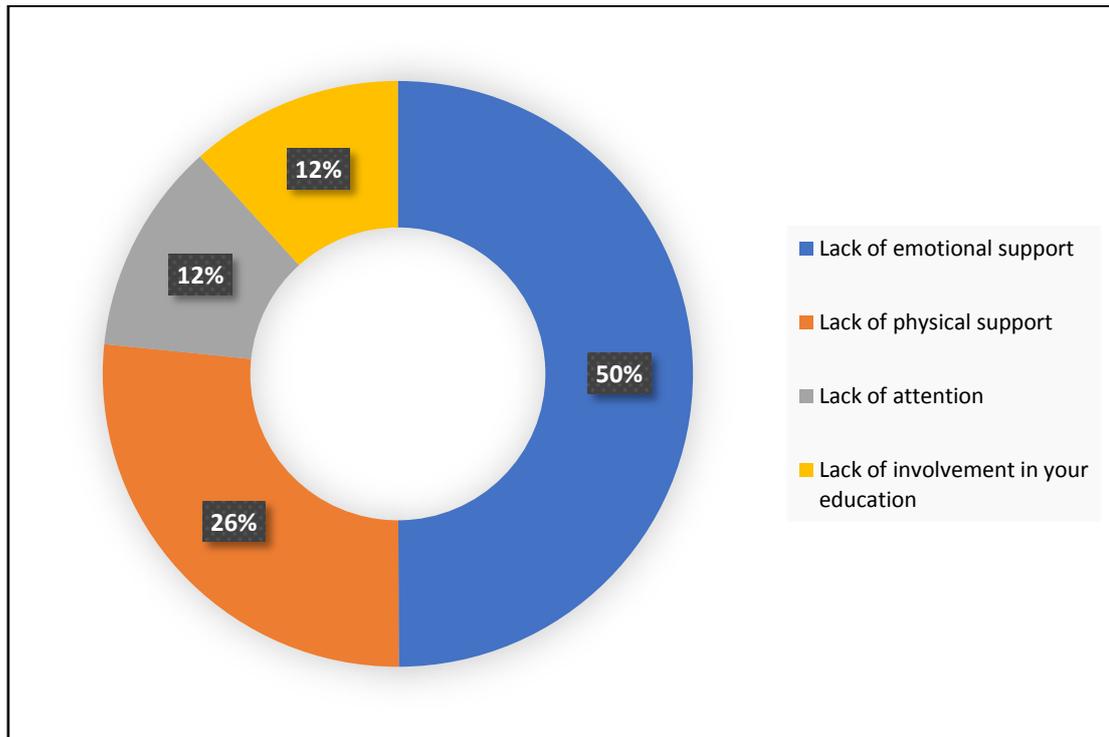
FIGURE 14

This figure shows that the respondent have experienced any kind of lack of parental care after parents' divorce.50% of respondent have experienced lack of emotional support from the divorced parents. 26% of respondents experienced have experience lack of physical support.12% of respondent have experienced both lack of attention and lack of involvement in respondent 's education. Most of the respondents are faced lack of emotional support from the divorced parents it may be the absences of parents.

4.2.17 Any changes in your relationship with each parent since their divorce
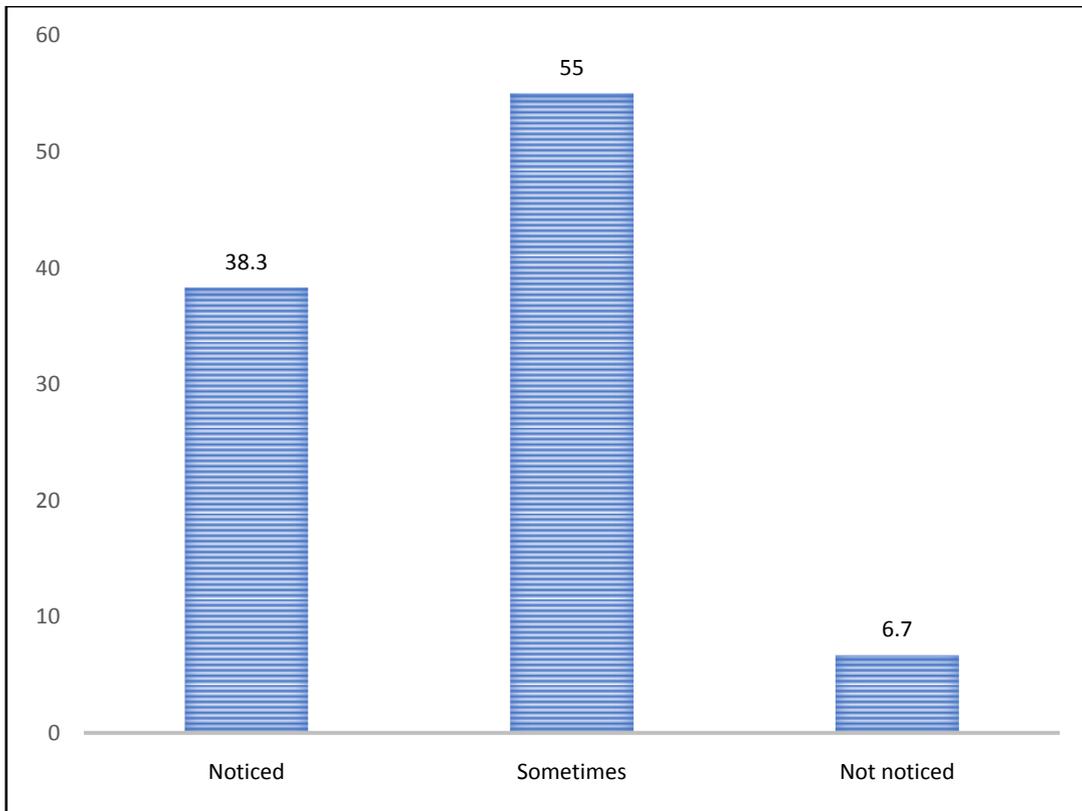
FIGURE 15

This figure shows the respondents noticed any kind of changes in respondents' relationship with each parent since their divorce. 55% of respondents have noticed the changes in respondents' relationship with each parent since their divorce. Because the child should be with one parent or with the grandparents that should be leads to some kind of changes in the relationship with parents.

4.2.18 Talked about concerns regarding their lack of care since their divorce.
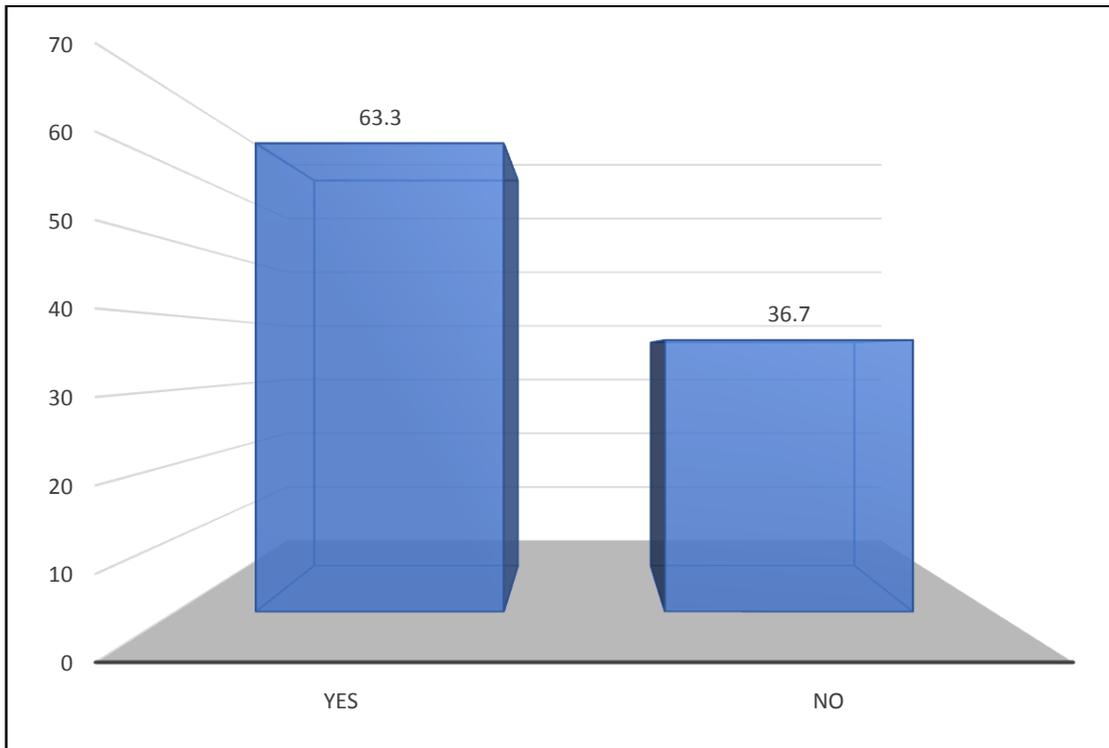
FIGURE 16

This figure shows that the respondent has talked to their parents about the children concern regarding the parent's lack of care since their divorce.63.3% of respondent have talked about the children concern regarding the parent's lack of care since their divorce.36.7% of respondent does not talk about the children concern regarding the parent's lack of care since their divorce. most of the respondents are share the concern to their parents may be the respondents need more care and support from them.

4.2.19 Parents respond to your concerns.

VARIABLES	FREQUENCY	PERCENTAGE
RESPOND	14	23.3
SOMETIMES	38	63.3
NOT RESPOND	8	13.3

TABLE 3

This table shows that how the respondents parents respond to the children concern. 63.3 % of parents responds to the respondent only in sometime. 23.3% of respondent's parents gave responds to the children concern. 13.3% of respondent does not get any proper respondents from their parent. Most of the respondents are share their concerns but the parent only responds in sometimes manner which may be they don't have the interest to take care of the children.

4.2.20 lack of parental care affected your overall well-being.
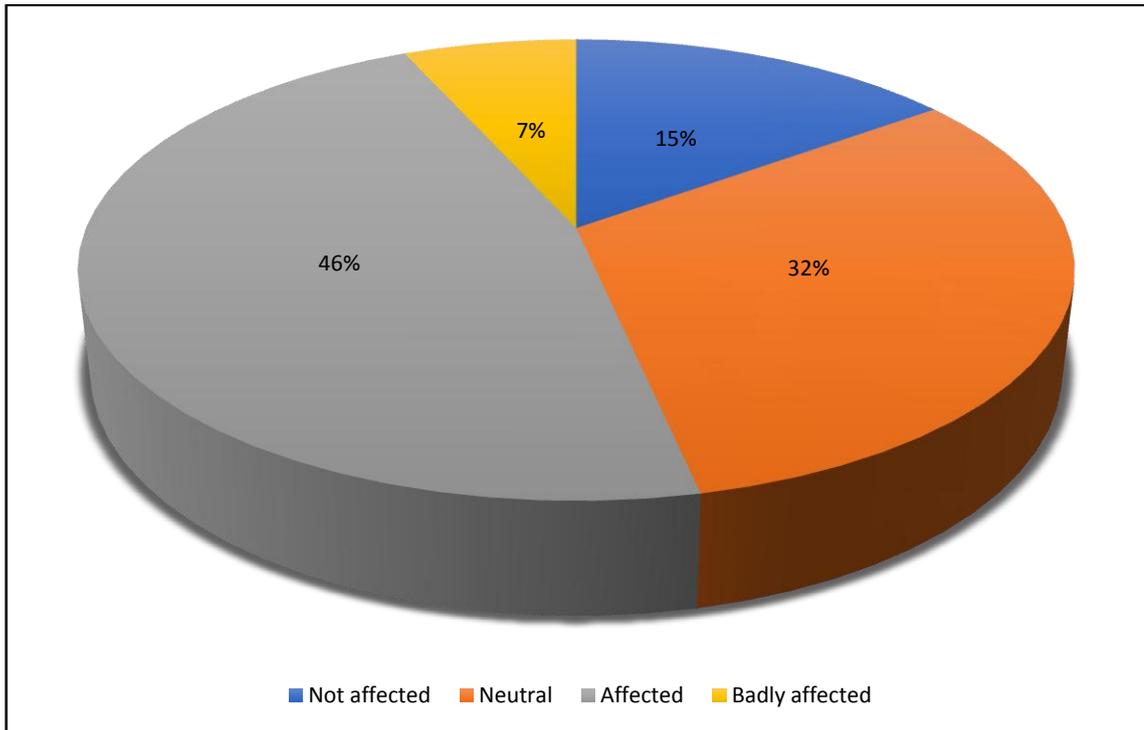
FIGURE 17

This figure shows that the lack of parental care that affect the overall well-being .46% of the respondent have experienced the lack of parental care affected the well-being of respondent. 32% of the respondent have experienced the lack of parental care neutrally affected the well-being of the respondent.15% of respondent do not experience the lack of parental care affected the overall well-being of the respondent. 7% of respondent felt that the lack of parental care badly affected the respondent overall well-being of the respondent. The lack of parental care shout affect the overall well-being some of them become introvert other are become extrovert.

4.2.21 The support or counselling to deal with the lack of parental care after your parents divorced.
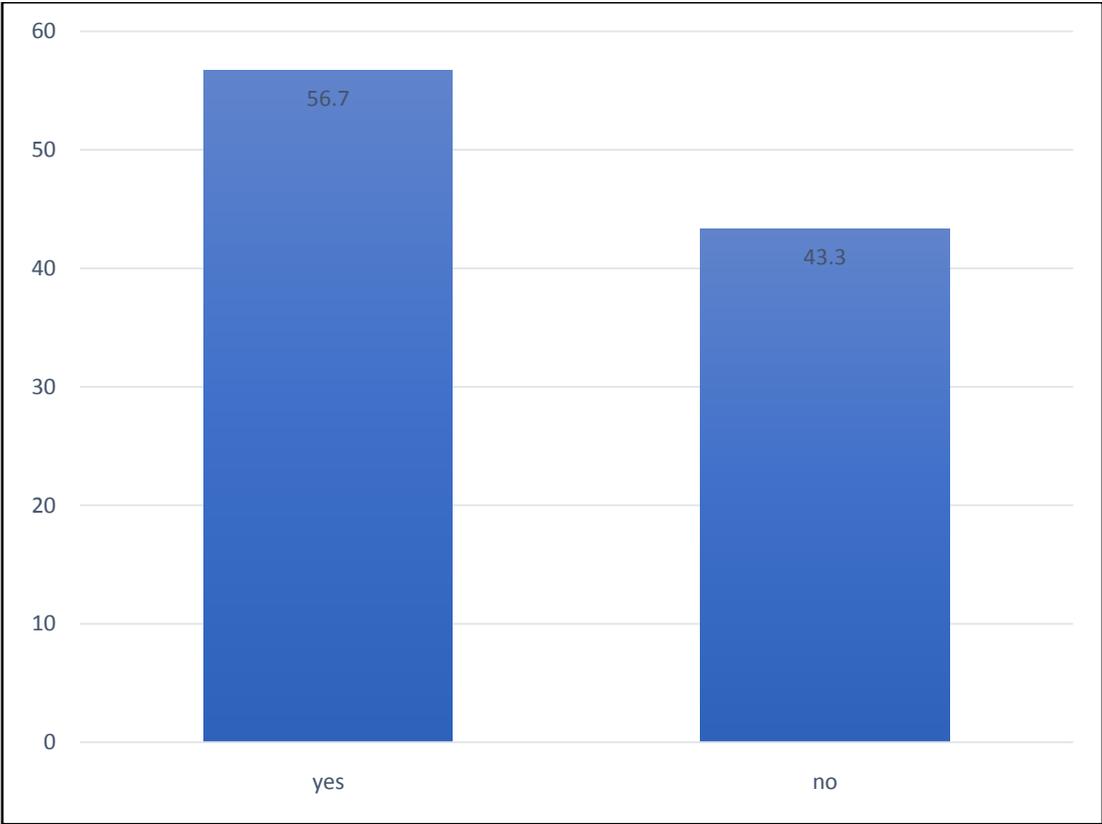
FIGURE 18

This figure shows that the respondent sought support or counselling to deal with the lack of parental care after your parents' divorce.56.7% of the respondent want sought support or counselling to deal with the lack of parental care after their parents' divorce. 43.3% of respondent do not want any sought support or counselling to deal with the lack of parental care after their parents' divorce. Sometimes the children cannotcope up with the situation by them self so they may be seeking help from others.

4.2.22 the parents have regrets about the decision that they made for their separation.

VARIABLES	FREQUENCY	PERCENTAGE
YES	31	51.7
NO	29	48.3

TABLE 4

This table shows that the parents have regrets about the decision that they made for their separation. 51.7% of the respondent felt that the parents have regrets about the decision for their separation.48.3% of respondent does not feel like their parents have any regrate about the separation. It may the respondents wants the parents together.

4.2.23 the decision for the separation was good.

no
42%

yes
58%
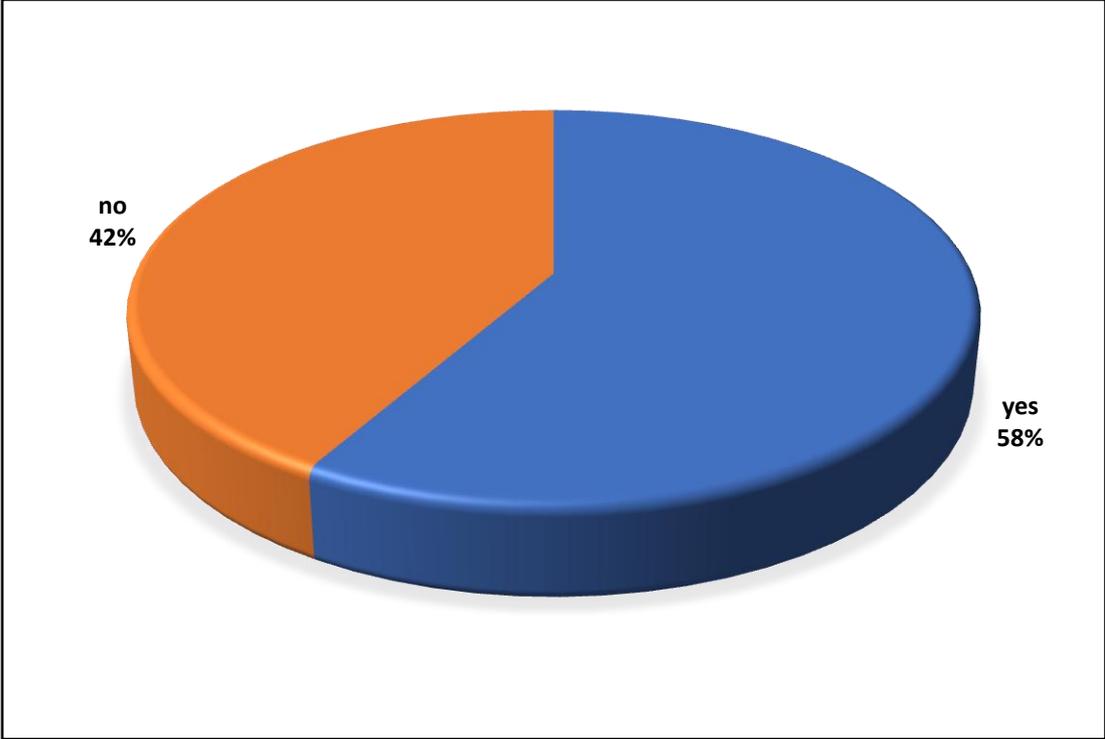
FIGURE 19

This chart illustrate that how the respondent felt that the decision for the separation was good.58% of respondent felt that the decision for the separation was good.42% of respondent felt that the decision for the separation was not good. May be the respondents know the reason so that they reach in that conclusion the decision was good.

4.2.24 Parents' divorce has affected your relationship with each parents.
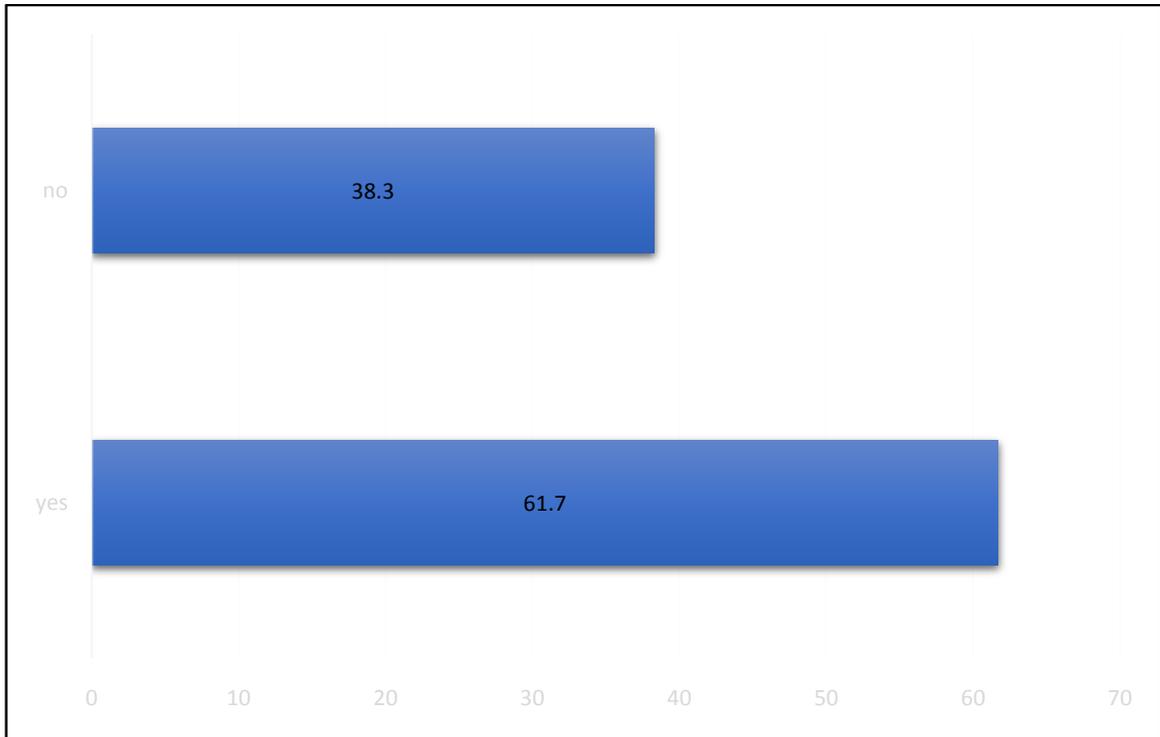
FIGURE 20

This figure shows that the divorce of the parents affect the respondents relationship with each parents.61.7% of respondents felt that the divorce has affected the respondent relationship with each parents.38.3% of the respondents felt that the divorce of parents do not affect the relationship with each parents'. The reason for affecting the relationship with each parents should be change may be they lost the trust in them.

4.2.25 Parents' divorce has affected your sense of security or stability.
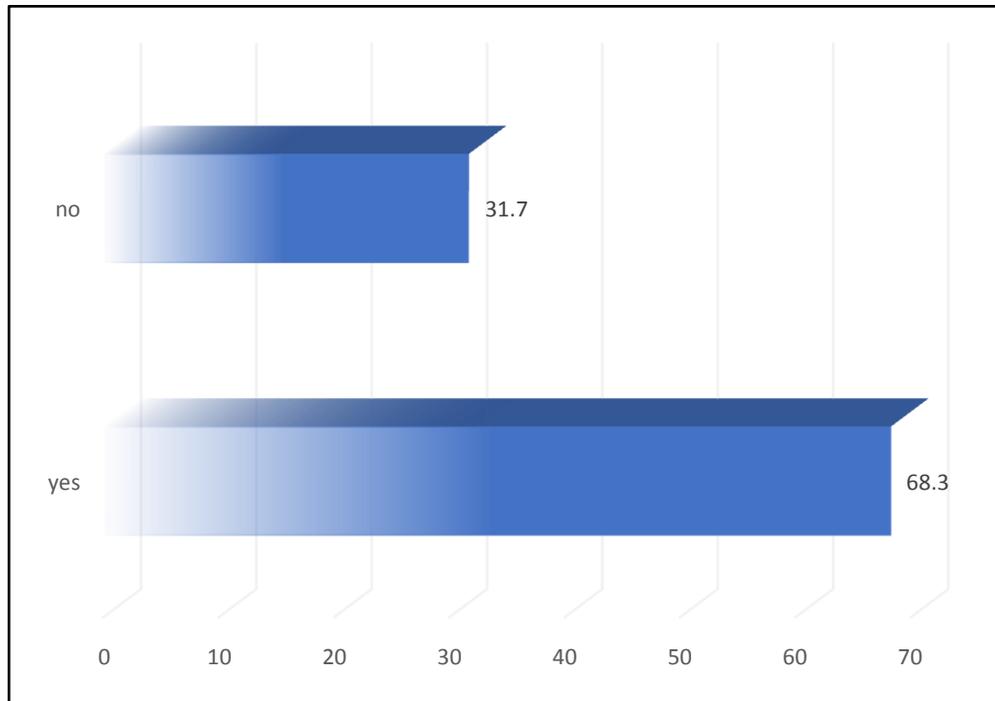
FIGURE 21

This figure shows that the how much the divorce of the parents has affect the sense of security or stability.68.3% of the respondent felt that the divorce of the parents that affect the sense of security and stability.31.7% of respondent do not felt that the divorce of the parents does not affect the sense of security and stability. The most happiest and secured place for a person is their home even that place become the most hated place that should be affect the security and also the stability.

4.2.26 single parenting has any kind of demerit.
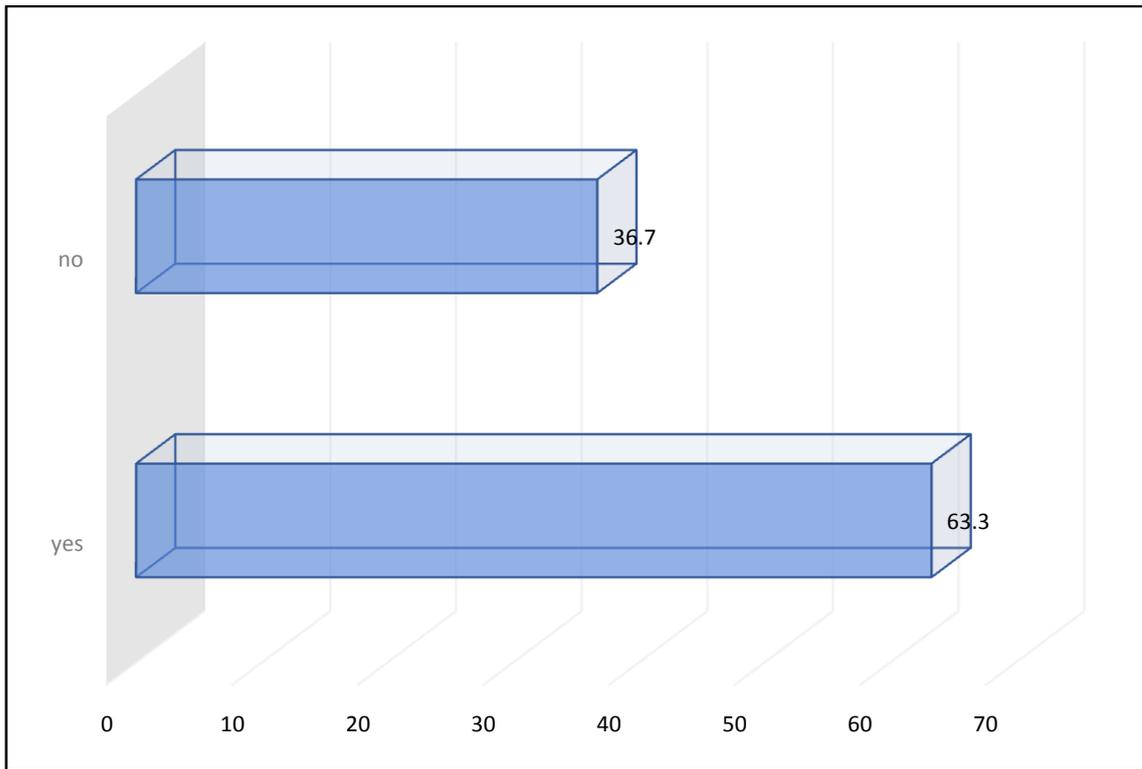
FIGURE 22

This figure shows that the single parenting have any kind of demerit. 63.3% of respondent felt that the single parenting have some kind of demerit.36.7% of respondent felt that the single parenting does not have any kind of demerit. most of the respondent felt the some kind of demerit in single parenting. The single parenting should have lots of problem sometimes it financial problems or physical problems or psychological problems.

4.2.27 parents' divorce affected your relationship with your siblings.

VARIABLES	FREQUENCY	PERCENTAGE
YES	33	55
NO	27	45

TABLE 5

This table shows that the divorce of the parents has affect the relationship with the siblings.55% respondents felt that the divorce of the parents affected the relationship with the siblings.45 % of the respondents do not feel that the divorce affected the relationship with the siblings. It may be the siblings also were separated that may made changes in the relationship with siblings.

4.2.28 relationship with your parents since their divorce.
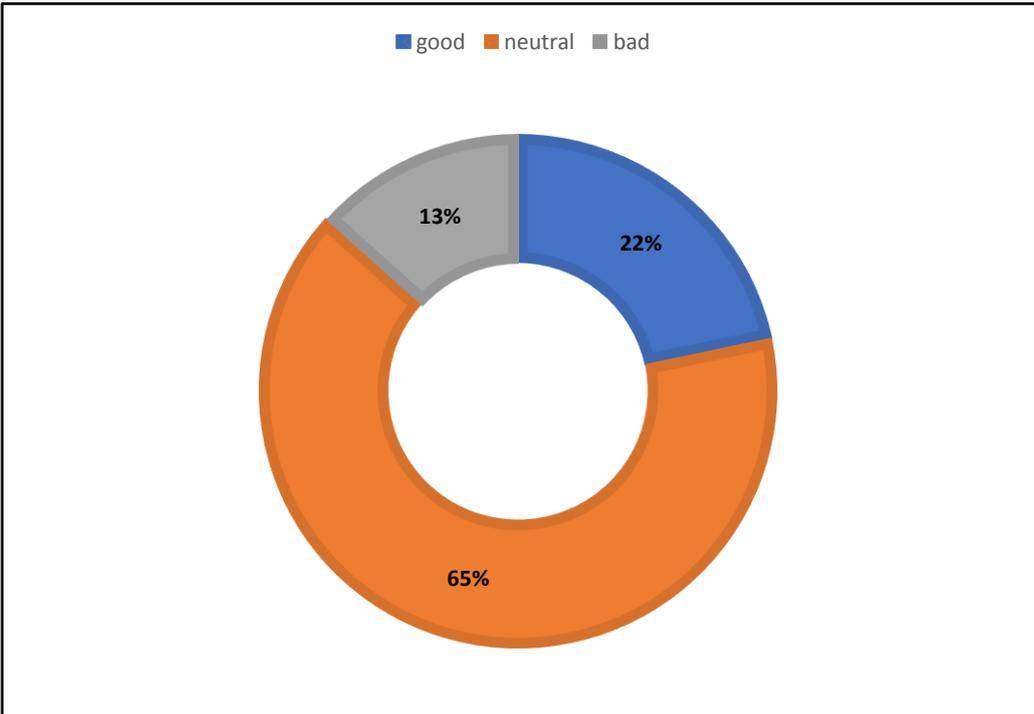
FIGURE 23

This figure shows that the how the respondent felt the relationship with their parents since divorce.65% of the respondents felt that the relationship with the parents after the divorce is neutral.22% of respondents felt that the relationship with the parents after their divorce is going good. 13% of the respondents felt that the relationship with the parents after their divorce not going well. Most of the respondentshave neutral relationship with parents that may be due to the lack of care and support from the parents.

4.2.29 you had to take on additional responsibilities since your parents' divorce.
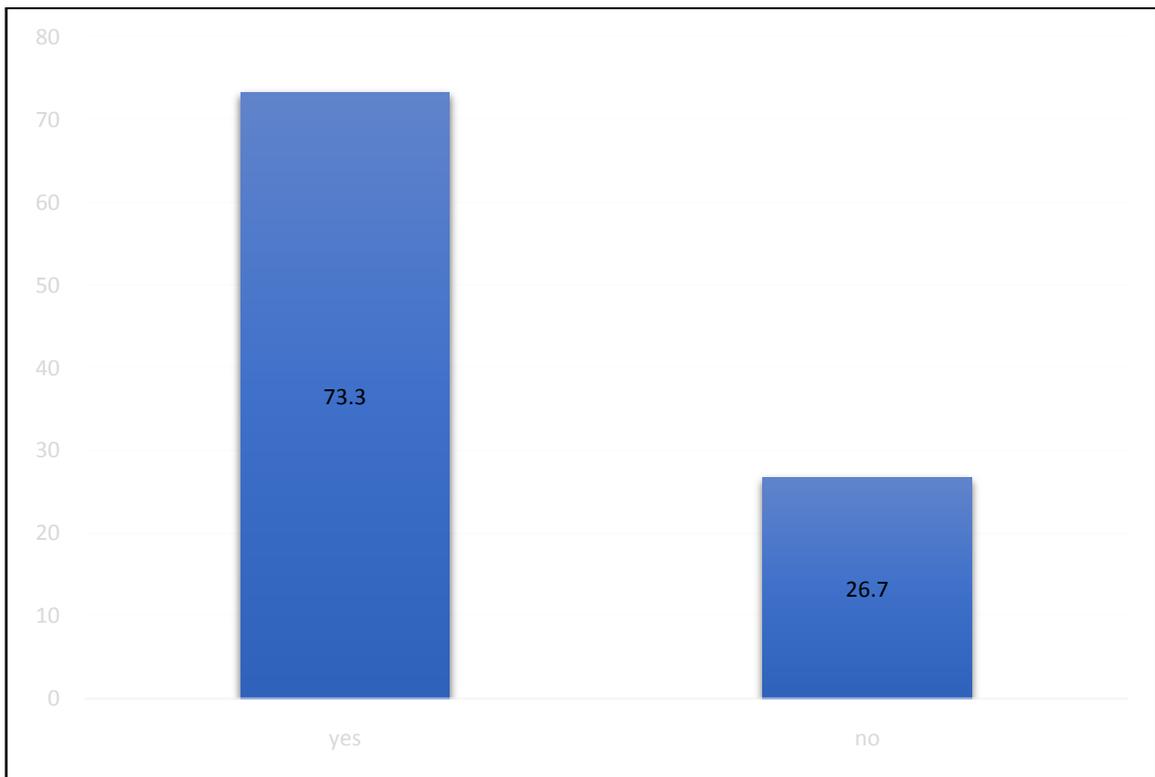
FIGURE 24

This figure shows that the respondent have had to take any additional responsibilities since parents divorce.73.3% of the respondent felt that the divorce of the parents made additional responsibility to the respondent.26.7% of respondent does not felt that the divorce of the parents made any additional responsibility to the respondent. The responsibilities of the respondents become high if the parents do not care about them the respondent should earn for them self.

4.2.30 separation of the parents affect your academic performance.
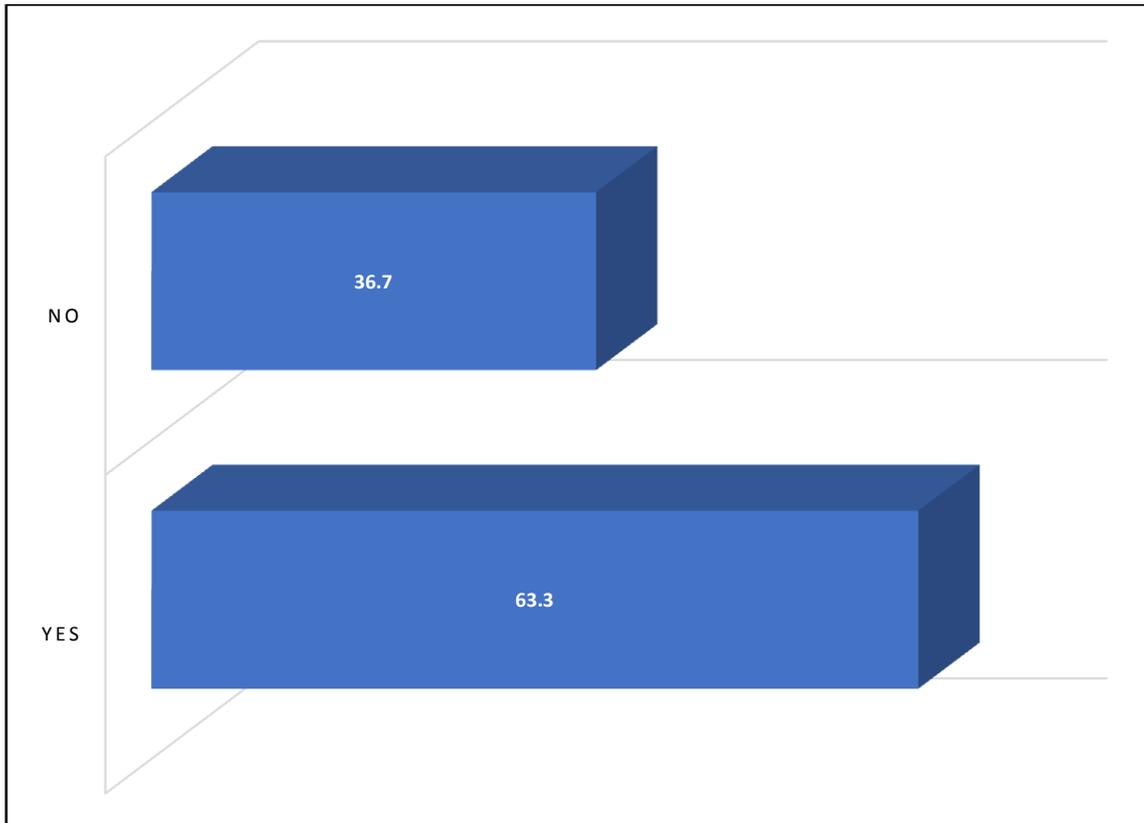
FIGURE 25

This figure shoes that the separation of the parents affect the academic performance of the respondent.63.3% of the respondent felt that the separation of the parents affect the academic performance of the respondent.36.7% of the respondent felt that the separation of the parents does not affect the academic performance of the respondent. The separation of the parents should be made some kind of stress and anxiety that may affect the academic performance of the respondent.

4.2.31 parents divorced has affected your ability to make friends.
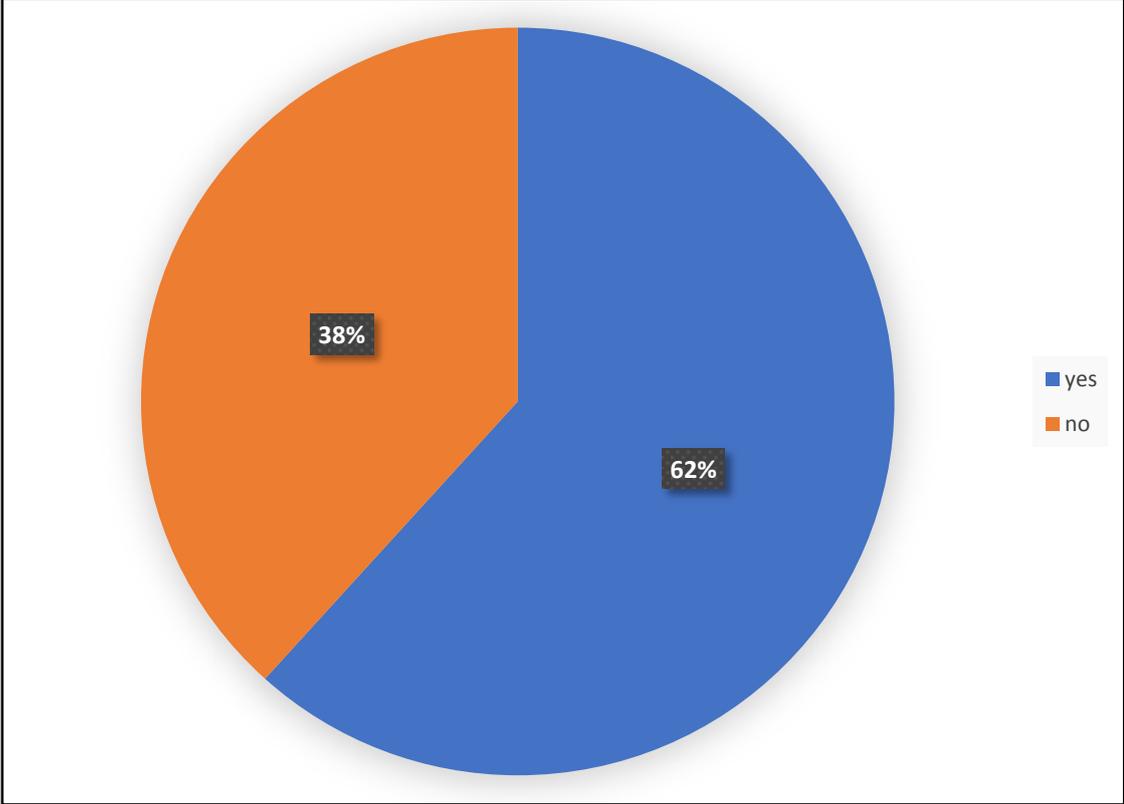
FIGURE 26

This figure shows that the divorce of the parents has affect the ability to make friends. 62% of the respondents felt that the divorce of the parents has affected the ability to make friends. 38% of the respondents felt that the divorce of the parents has affected the ability to make friends. Most of the respondent have trust issue may be that is the reason for the reduce the ability to make friends.

4.2.32 noticed any changes in your behaviour towards authority figures since your parents divorced.
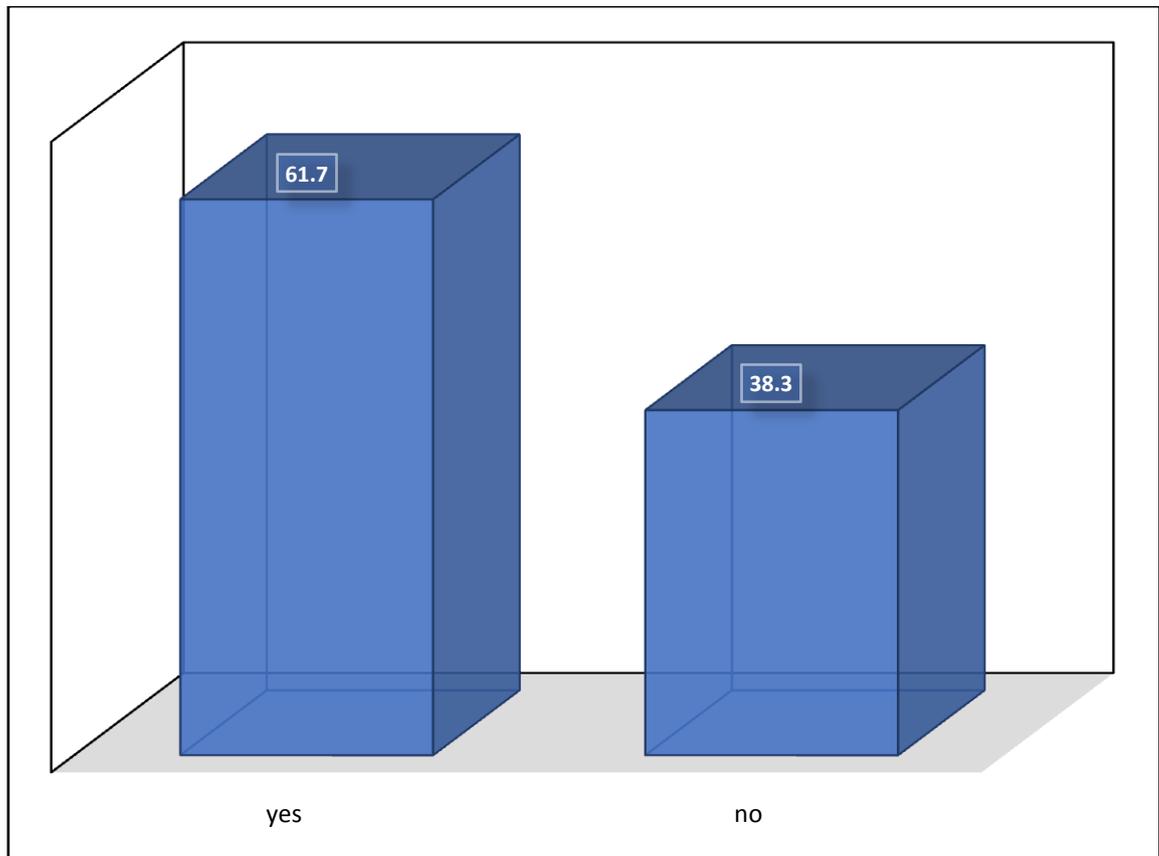
FIGURE 27

This figure shows that the respondent noticed any changes in respondent behaviour towards authority figures since parents' divorce. 61.7% of respondent noticed some kind of changes in their behaviour towards authority figures after the parents' divorce.38.3% of the respondent do not notice any kind of behavioural changes towards authority figures. That may be because of the change in their behaviour towards authority figures after experiencing significant events that may be psychologically affect the respondent that may be the reason.

4.2.33 Any of the changes in your behaviour since your parents divorce.
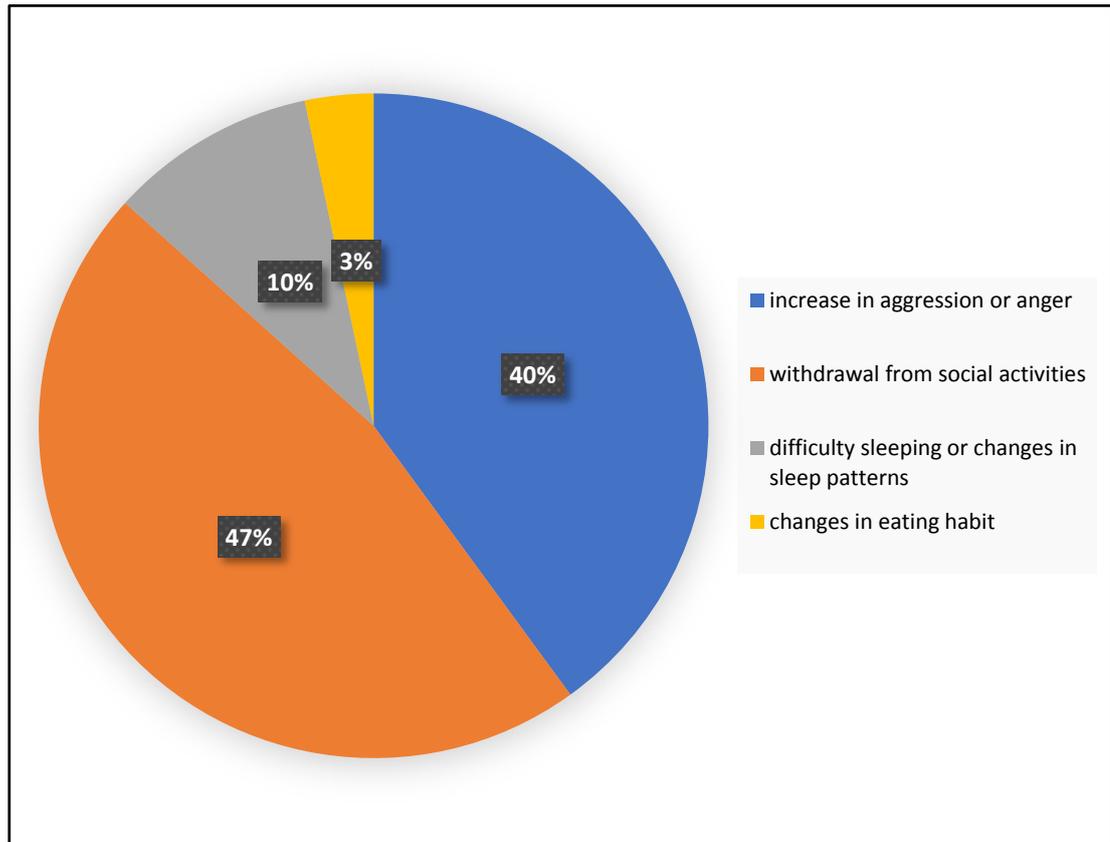
FIGURE 28

This diagram shows that the respondent noticed any changes in respondent behaviour since parents' divorce.47% of the respondent experience some kind of changes like withdrawal from social activity.40 % of the respondent experience increase aggression or anger in their behaviour.10% of the respondent felt that the difficulty sleeping or the changes in the sleeping pattern.3% of the respondents have changes in eating habit. The respondent my be become introvert that may be the reason for thet or the respondent do not want to face the society.

4.2.34 Talk to your parents or other trusted adults about these changes in your behaviour.

no   31.7

yes   68.3
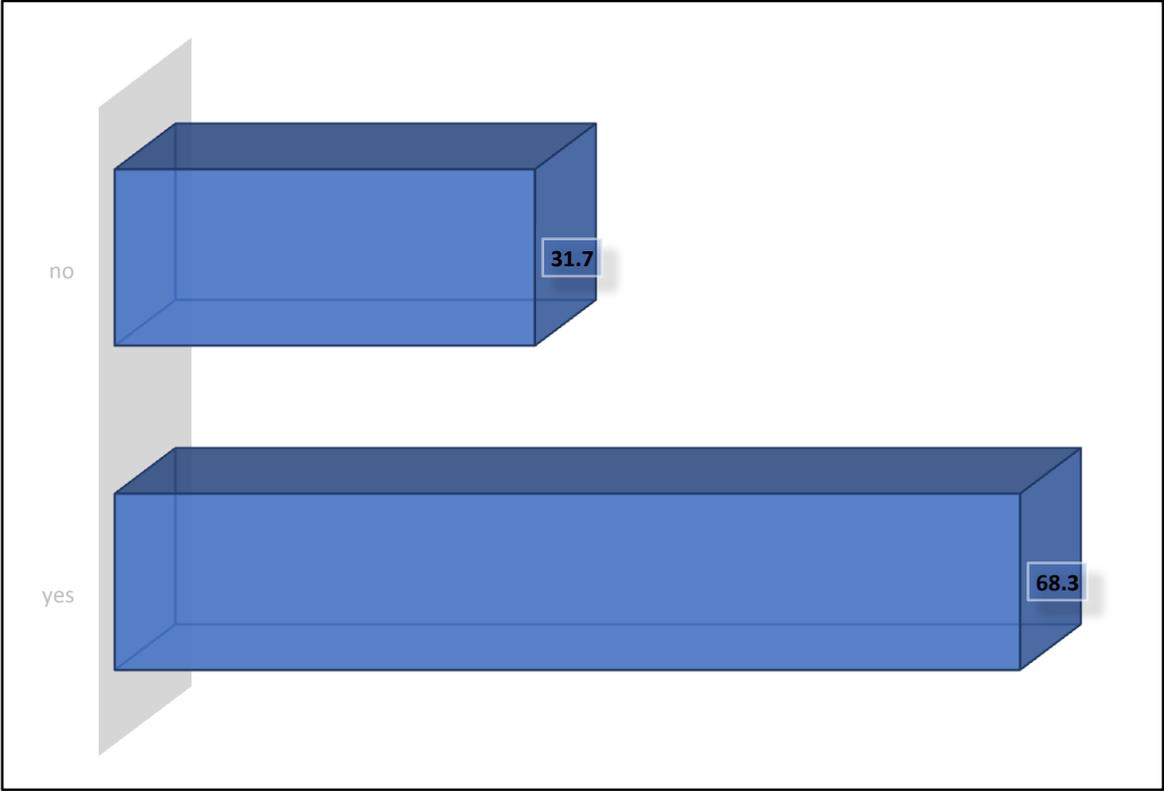
FIGURE 29

This figure shows that the respondent have talk to your parents or other trusted adults about these changes in the respondent behaviour.68.3% of the respondent talk about the behaviour changes to the parents or other trusted adult.31.7% of the respondent does not share the behaviour changes to the parents or other trusted adults. The respondents talked to the parents or the trusted one about the changes in their behaviour that may be because of the respondents can not handle that situation themself.

4.2.35 any changes in your attitude towards relationships or commitments since your parents divorce.
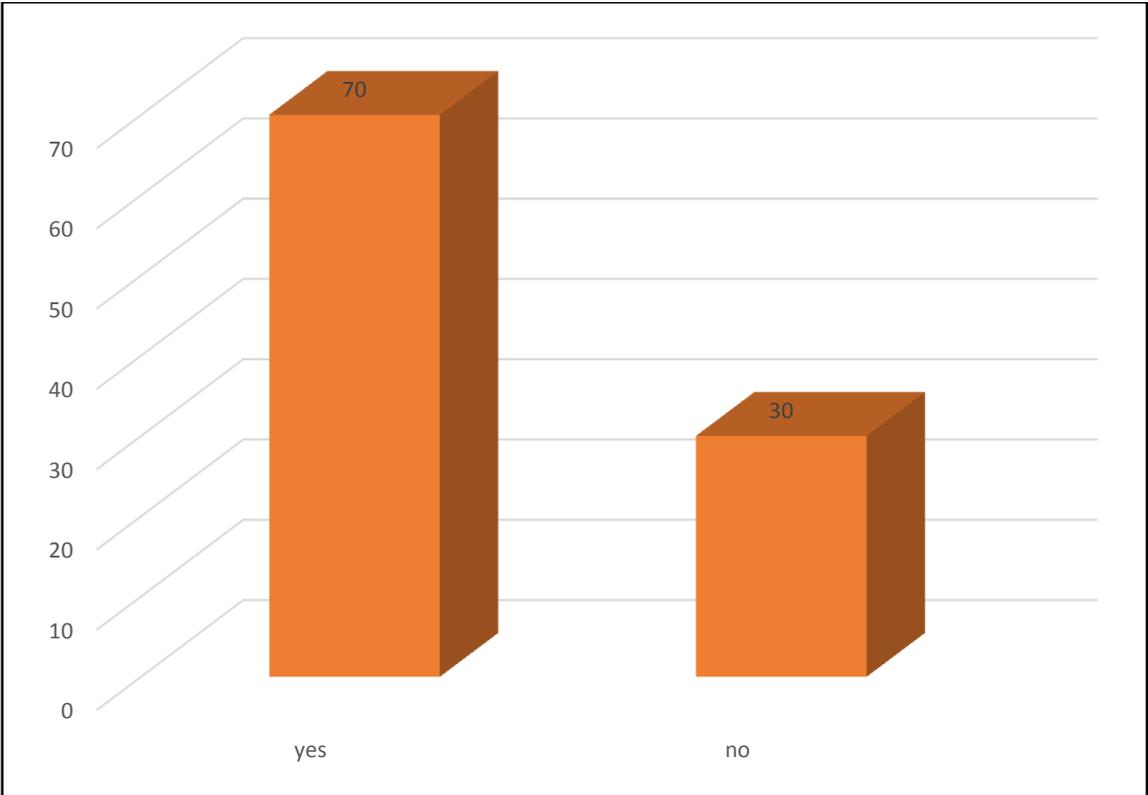
FIGURE 30

This figure shows that the respondent notices any kind of changes in attitude towards relationship or commitments since parents divorced.70% of the respondent felt some kind of changes in the attitudes towards relationship or commitments since parents' divorce.30% of the respondent does not felt any changes in the attitude towards the relationship or commitments since parents' divorce. The respondents should be lost the commitments to the parents because of the lack of parental care.

4.2.36 Any changes in your behaviour when spending time with each parent separately or together.
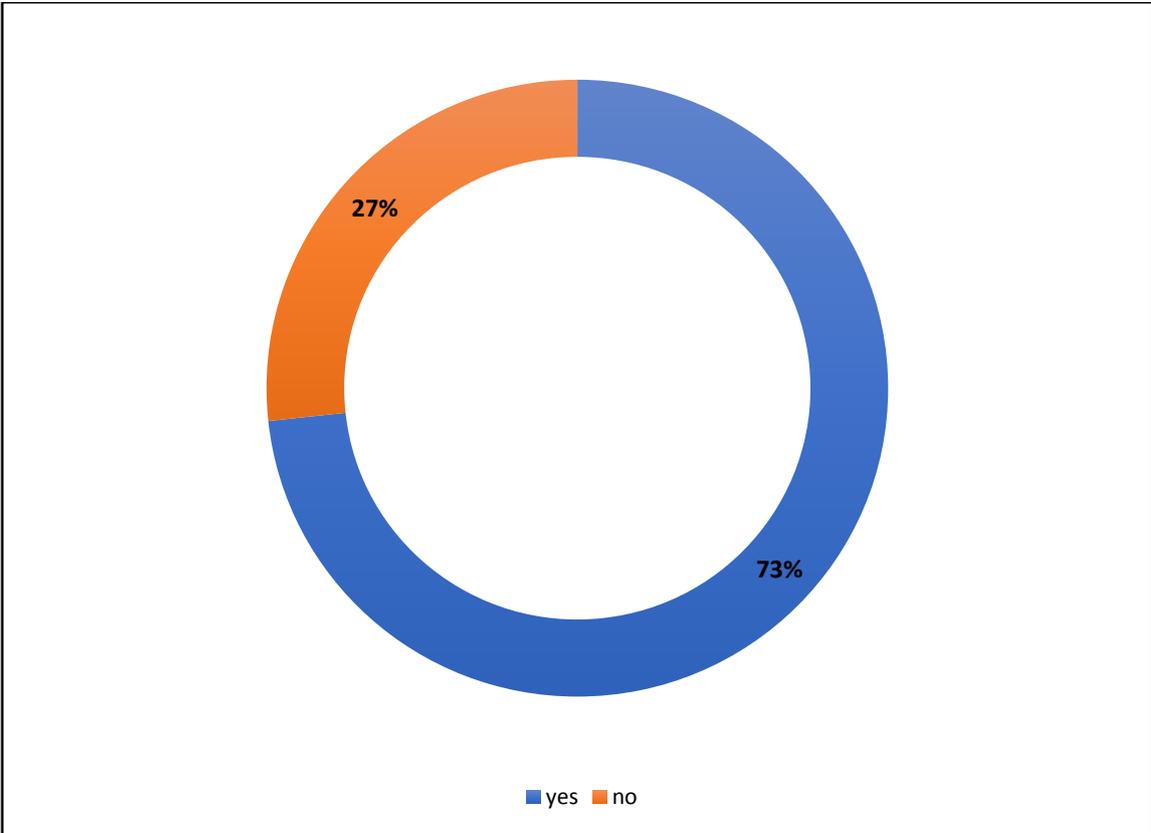
FIGURE 31

This diagram shows that the respondent noticed any changes in behaviour when spending time with each parent separately or together.73% of the respondent felt changes in the behaviour when spending time with each parent separately or together. 27 % of the respondent do not notice any changes in behaviour when spending time with each parent separately together. Some changes should be their in olden days they may get enough support from the parent but after divorce they do not get the care properly so it may affect the change.

4.2.37 any changes in your overall moods since your parents' divorce.
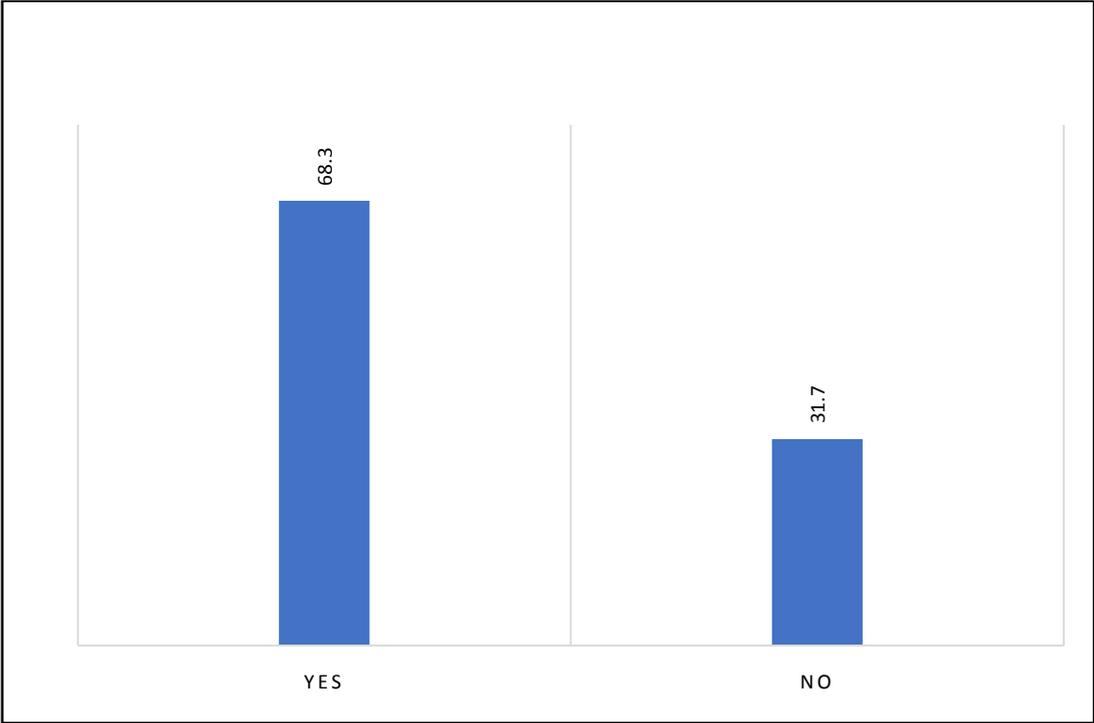
FIGURE 32

This figure shows that the respondent noticed any changes in overall mood since parents divorce.68.3% of the respondent felt some changes in overall moods since parents divorce.31.7% of the respondent does not felt any changes in overall moods since parents divorce. The divorce of the parents should be make lots of psychological problem to the respondent so the divorce should be affect the overall well-being of the respondent.

4.2.38 Felt any kind of discomfort.
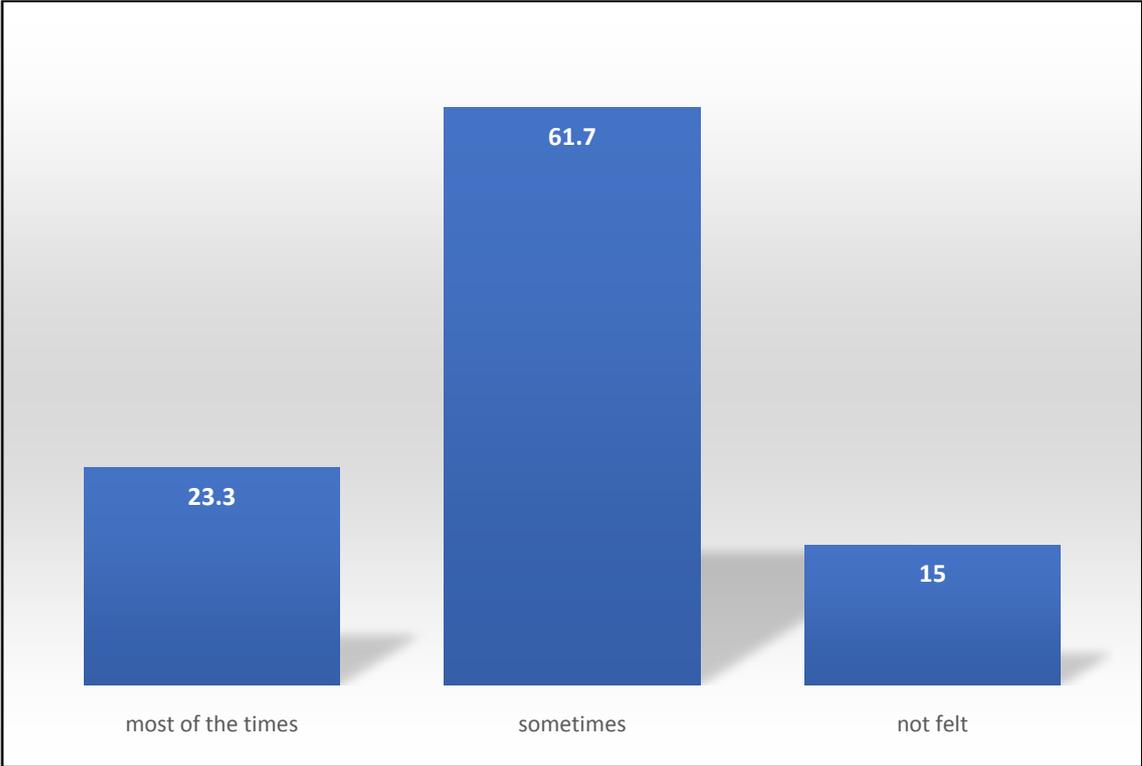
FIGURE 34

This figure shows that the divorce of the parents made any discomfort to the respondent.61.7% of the respondent felt some discomfort in sometimes.23.3% of the respondent felt some kind of discomfort in most of the time.15% of the respondent does not felt any kind of discomfort ever. The divorce of the parents should made some discomfort during the time of public function and also during the time of family gathering.

CHAPTER 5

FINDINGS, SUGGESTION AND CONCLUSION

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FINDINGS, SUGGESTION AND CONCLUSION

5.1 MAJOR FINDINGS

❖ Most of the respondents' parents are divorce within 0-5 year (61.7%).

❖ Most of the respondents felt that the lack of parental care affects the ability to trust others.

❖ Majority of the respondents felt the discrimination and abandonment from anyone.

❖ Most of the respondents get enough support in maintaining social life since parents' divorce.

❖ 57% of the respondents felt that the divorce has affected respondents socialization that haven't talked about yet.

❖ Most of the respondent's face lack of emotional support after divorce.

❖ 55% of the respondents felt changes in the relationship with each parent in sometimes.

❖ 56.7% of the respondents talked about the concerns regarding lack of parental care after divorce.

❖ 56.7% of the respondents want sought support or counselling to deal with the lack of parental care after divorce.

❖ 68.3% of the respondents felt that the divorce affected the relationship with each parent.

❖ Parents divorce has affected the sense of security and stability of respondents (63.3%).

❖ 55% of the respondents respond that single parenting has some kind of demerit.

❖ 63.3% of the respondents take   additional responsibility after divorce.

5.2 IMPLICATIONS OF THE STUDY

- To provide support and coping skills to enhance children's capacity to cope with family changes and promote better outcomes for children**.**
- important ways parents can reassure their children in these times of great uncertainty is to affirm their abiding love for them.
- effective parenting practices is establishing open communication in which parents listen respectfully, acknowledge their children's feelings
  and stay connected.

5.3 LIMITATIONS OF THE STUDY

- Some of the respondents are not willing to share their personal details.
- Some of the samples collecting through the telephone, during that time some technical issues are occurred.
- Limitation of time.

5.4 SUGGESTIONS FOR FUTHER RESEARCH

- If any possibility to collect all the data through face-to-face contact that is much better for the research.
- The researcher should take enough time to do the research.
- The school counsellor or the correspondent authority should provide counselling sessions or teach copying mechanisms for children's to adjust with their life after parents divorced..

5.5 CONCLUSION

The study has shown that children of divorced parents are at increased risk for a range of psycho-social problems, including anxiety, depression, academic difficulties, behavioral problems, and difficulties forming close relationships. These problems can manifest in different ways depending on the child's age and gender, as well as the nature of the divorce and the quality of the relationship between the parents.

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APPENDIX

QESTIONNAIRE

Hello everyone,

I am ANN MARIYA JOSEPH, 2 nd year MSW student from Don Bosco Arts and science

college Angadikadavu, Kannur. This is an academic study and the information

given will be kept confidential. I request you to fill this form sincerely.

 Any queries or concerns about this study, feel free to contact me at

 annmariyakalathil10@gmail.com

1.Name

2.Age

3.Gender

      Female   ☐

      Male   ☐

4.Place

5.Education

6.Type of Family

      Nuclear family ☐

      Joint family   ☐

7. How long ago did your parents get divorced?

      0 to 5 years   ☐

      5 to 10 years   ☐

      More than 11 years ☐

8.Are you worried about the separation of your parents?

Yes☐

No☐

9.Do you feel like your parents' lack of care has affected your ability to trust others?

Yes ☐

No☐

10.Do you have any experience of people treating you with sympathy?

Yes☐

No☐

11.Do you have any concerns on how the society thinks about you?

Yes☐

No☐

12.do you felt any kind of discrimination or abandonment from anyone?

Yes☐

No☐

13.Have you experienced any changes in your social life since your parents' divorce?

Difficulty maintaining friendships.☐

Decrease in social activities.☐

Increase in social activities.☐

Difficulty adapting to new social situations.☐

14.Do you feel like you have received enough support in maintaining your social life since your parents' divorce?

Yes☐

No☐

15.Have you noticed any changes in your relationship with your friends since your parents' divorce?

Yes☐

No☐

16.Have you experienced any bullying or social exclusion because of your parents divorce?

Yes☐

No☐

17.Are there any other ways that your parents' divorce has affected your socialization that we haven't talked about yet?

Yes ☐

No☐

18.How involved are your parents in your life after their divorce?

Well☐

Nuteral ☐

Not well☐

19.Have you experienced any of the lack of parental care after your parents' divorce?

Lack of emotional support☐

Lack of physical support☐

Lack of attention☐

Lack of involvement in your education☐

20.Have you noticed any changes in your relationship with each parent since their divorce?

Notice☐

Sometimes☐

Not noticed ☐

21.Have you talked to your parents about your concerns regarding their lack of care since their divorce?

Yes. ☐

 No☐

22.If you have talked to your parents, did they respond to your concerns?

 Respond ☐

 sometimes ☐

 not respond☐

23.How has the lack of parental care affected your overall well-being?

Not affected ☐

Affected ☐

Nuteral☐

Badly affected☐

24.Have you sought support or counseling to deal with the lack of parental care after your parents' divorce?

Yes ☐

No☐

25.do you think that the parents have regrets about the decision that they made for their separation?

Yes ☐

No ☐

26.do you felt that the decision for the separation was good or bad?

Yes ☐

No ☐

27.Do you feel like your parents' divorce has affected your relationship with each parent?

Yes ☐

No ☐

28.Do you feel like your parents' divorce has affected your sense of security or stability?

Yes ☐

No ☐

29.do you think the single parenting have any kind of demerit?

Yes ☐

No ☐

30.Do you feel like your parents divorce has affected your relationship with your siblings?

Yes ☐

No ☐

31.How do you feel about your relationship with your parents since their divorce?

Good☐

Nuteral☐

Bad☐

32.Do you feel like you have had to take on additional responsibilities since your parents divorce?

Yes☐

No☐

33.did the separation of the parents affect your academic performance?

Yes☐

No☐

34.Do you feel like your parents' divorce has affected your ability to make friends?

Yes☐

No☐

35.Have you noticed any changes in your behavior towards authority figures since your parents divorce?

Yes ☐

No☐

36.Have you noticed any of the changes in your behavior since your parents' divorce?

Increase in aggression or anger☐

Withdrawal from social activities☐

Difficulty sleeping or changes in sleep patterns☐

Changes in eating habits☐

37.Have you talked to your parents or other trusted adults about these changes in your behavior?

       Yes☐

       No☐

38.Have you noticed any changes in your attitude towards relationships or commitment since your parents' divorce?

       Yes☐

       No☐

39.Have you noticed any changes in your behavior when spending time with each parent separately or together?

       Yes☐

       No☐

40.Have you noticed any changes in your overall moods since your parents' divorce?

       Yes☐

       No☐

41.The divorce of the parents made any kind of discomfort to you?

       Most of the times☐

       some times☐

       Not felt☐

A STUDY ON THE RELATIONSHIP BETWEEN WORKING PATTERN AND FAMILY LIFE OF LOCO PILOTS IN SOUTHERN RAILWAY

VIRTUE & EXCELLENCE
DON BOSCO ARTS & SCIENCE COLLEGE
ANGADIKADAVU

BIJESH P S

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2021-2023

A STUDY ON THE RELATIONSHIP BETWEEN WORKING PATTERN AND FAMILY LIFE OF LOCO PILOTS IN SOUTHERN RAILWAY

DISSERTATION SUBMITTED TO THE KANNUR UNIVERSITY INPARTIAL FULFILMENT OF THE REQUIREMENT FOR THE AWARD OF THE DEGREE OF MASTER OF SOCIAL WORK

BY

BIJESH P S

Register Number: CIGMSW1004

UNDER THE GUIDENCE OF

MRS. SREEPARVATHI INDUCHUDAN

DEPARTMENT OF SOCIAL WORK

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DEPARTMENT OF SOCIAL WORK

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KANNUR

CERTIFICATE

This is to certify that the dissertation entitled **A STUDY ON THE RELATIONSHIP BETWEEN WORKING PATTERN AND FAMILY LIFE OF LOCO PILOTS IN SOUTHERN RAILWAY** is a bonafide record of work done by **BIJESH P S under** the guidance of Mrs Sreeparvathi Induchudan in partial fulfilment of the requirement for the award of the degree of Master of Social Work, during the period of his study (2021-2023) in the Department of Social Work, Don Bosco Arts and Science College, Angadikadavu, Kannur, affiliated to The Kannur University.

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CERTIFICATE

This is to certify that the dissertation entitled, **A STUDY ON THE RELATIONSHIP BETWEEN WORKING PATTERN AND FAMILY LIFE OF LOCO PILOTS IN SOUTHERN RAILWAY** submitted by **BIJESH P S** in partial fulfilment of the requirement for the award of the degree of Master of Social Work, is a bonafide record of work done under my guidance and supervision during the period of his study (2021-2023) in the Department of Social Work, Don Bosco Arts and Science College, Angadikadavu, Kannur, affiliated to The Kannur University.

MRS, SREEPARVATHI INDUCHUDAN

Assistant professor and Research Guide

Department of Social Work

Don Bosco Arts and Science College

DECLARATION

I, BIJESH P S, the undersigned, hereby declare that the dissertation entitled, **A STUDY ON THE RELATIONSHIP BETWEEN WORKING PATTERN AND FAMILY LIFE OF LOCO PILOTS IN SOUTHERN RAILWAY**, submitted to the Kannur University, in partial fulfilment of the requirement for the award of the degree of **Master of Social Work**, is a bona fide work done by me under the guidance of **Mrs, Sreeparvathi Induchudan,** Assistant professor, Department of Social Work, Don Bosco Arts And Science College, Angadikadavu. This work has not been placed by anybody in the University for the Award of any degree or diploma.

ANGADIKADAVU   BIJESH P S
MAY, 2023

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I also wish to express sincere thanks to my parents and friends who have always supported and encouraged me to finish the research work successfully.

BIJESH P S

ABSTRACT

The present study examines the working patterns and their impact on the family lives of loco pilots employed in the Southern Railway. Loco pilots play a critical role in ensuring the safe and efficient transportation of passengers and goods, but their work demands and irregular schedules often pose significant challenges to their personal lives and familial relationships. This research aims to shed light on the various aspects of their working patterns and the consequent effects on their family dynamics.

The research encompasses questions related to work schedules, hours of duty, leave patterns, and the perceived impact on family life. Additionally, structured questionnaire with a subset of participants provide narrations about the working pattern and family life.

The findings of this study are expected to contribute to the existing literature on work-family interface, providing empirical evidence on the unique circumstances of loco pilots in the Southern Railway. The research aims to identify specific stressors and factors influencing work-life balance among loco pilots, exploring potential areas for intervention and support. Furthermore, the study intends to generate recommendations for railway authorities, unions, and policymakers to develop policies and initiatives that can enhance the well-being and quality of life for loco pilots and their families.

By examining the working pattern and family life of loco pilots, this research endeavours to provide valuable insights into the challenges faced by this specific occupational group and the implications for their personal lives. It is hoped that the study's findings will inform future interventions and policies to improve the work-life balance and overall well-being of loco pilots in the Southern Railway and similar contexts.

BIJESH P S

CONTENTS

LIST OF FIGURES

LIST OF TABLES

CHAPTER 1
INTRODUCTION

CHAPTER 1

INTRODUCTION

1.1 Statement of the problem

Loco pilots are one of the most important persons in the Indian railway. They execute a huge task of transporting nearly 25 million passengers. The work of the loco pilots is highly demanding and full of responsibility. They are in charge of both safety and punctuality, and this job requires a high level of concentration and alertness. But when we look at the working conditions of loco pilots, it is considered an extremely stressful job. This is one of the professions which have a high status and salary in our society, and most of them are continuing the job only because of this. In the present job environment, they are suffering a lot to fulfill their duties. They are facing many problems due to the irregular working pattern and insufficient facilities in the locomotive cabin. Because of the irregular working pattern they need to work in an atmosphere that wrecks their schedules, sometimes they need to take over time and they don't even get permission to take leaves when they are sick. Most of the time, they need to compensate for their sleep and they are not able to have their food on time; this causes several health issues. Another problem is they have no leave provisions even during the national holidays and it disrupts their home life, they are not getting enough time to spend with their families and friends and also not getting time to engage in social activities. (Rajesh Ranjan, 2013)

The other main issue faced by loco-pilots is the insufficient facilities in the loco-motive cabins. There is no toilet in the loco-motive cabins so the loco-pilots need to control their nature calls until their shift ends. Recently in some trains, they have made toilets but now they are not usable because of lack of proper maintenance. And there is no Equipment provided to resist the high frequency (500 kHz) of sound. It is very difficult to stay in a loco-motive cabin because of the dust pollution and heat and there are no facilities given to resist it. There is an order from the government in 2010 to implement air-conditioners in electric and diesel locomotives but it's not been implemented yet except for a few of them. (Kumar, 16 MAY 2020). The extremely irregular working hours and insufficient facilities constitute an added workload for them and the physical and psychological work environment also gives rise to workload. Loco pilots are struggling to fulfill their duties and responsibilities.

1.2 Title of the study

A study on the relationship between working pattern and family life of loco pilots in southern railway

1.3 Objective

1.3.1General objective

To study the relationship between working pattern and family life of loco pilots in southern railway

1.3.2 Specific objectives

- To study the socio-demographic profile of the loco-pilots.

- To study the working pattern of loco-pilots

- To know about the facilities provided for the loco-pilots

- To examine the occupational stress and family life of Loco pilots

1.4 Significance of the study

In India, most people depend on the railway for their journey with a daily passenger count of 25 million. The safety of these people is in the hands of loco-pilots, the stressful working conditions will increase the risk of accidents and this accident will be a disaster. So, it is very important to give proper attention to addressing the problems of the loco-pilot and create a healthy working environment

This study focus to point out the problems faced by loco-pilots in their working environment. It mainly focuses on studying the working condition and how the irregular working pattern is affecting social and family life. Through the study, the researcher aims to describe that the job of loco-pilots is highly stressful and there is a need for changing the working pattern.

1.5 Chapterization

The whole report has been divided into 5 chapters. The 1st chapter introduces the topic and the study. The 2nd chapter presents a review of existing literature from various sources. The 3rd chapter describes the research methodology used for the

study. The 4th chapter is interpretation and analysis of the data. The 5th chapter provides the major findings, suggestions and conclusions.

1.6 Conclusion

The 1st chapter contains conceptual clarification which is meant for providing maximum information about the study and stating why this topic is so relevant. Scholar explained concept in a understandable manner and added title of the study, objectives, specific objectives and significance of the study.

CHAPTER 2

LITERATURE REVIEW

CHAPTER 2

LITERATURE REVIEW

2.1 INTRODUCTION

Review of literature assembles information and evaluates the knowledge available on a certain topic or issue of research. In essence, it identifies, evaluates and synthesizes the relevant literature within a particular field of research. It illuminates how knowledge has evolved within the field, highlighting what has already been done, what is generally accepted, what is emerging and what the current state of thinking on the topic is. In addition, within the research-based texts such as doctoral thesis, literature review identifies the research gap.

This chapter discusses and analyze various publications, books, and studies that are relevant to the area of the topic covered by the researcher. This particular chapter presents the major findings from different studies on the working pattern and family life of loco pilots.

2.2 REVIEWS

Sumit Prakash, Purushottam Khapre, Subrata K Laha, and Nishant Saran (2011) undertook a study to assess the level of stress and identification of significant stressors among railway engine pilots. To enhance the safety, effectiveness, and overall productivity of the railways and to suggest solutions, this study attempts to determine the specific stressors impacting the railway engine pilots and their level of occupational stress. A cross-sectional study was conducted at Central Hospital, SECR, Bilaspur, using a study sample of 100 healthy Loco Pilots and 100 controls who fit the same safety category and met the predetermined inclusion and exclusion criteria. They discovered that job stress significantly correlated with fatigue (P come to the following conclusion about their study: High demands, little supervision, and little support at work, combined with a challenging workplace and inadequate recreation at the interim rest location, all contribute to the development of stress and its negative effects on normal biological processes, which can either cause workers to avoid their duties or make them more prone to fatigue, drowsiness, neglect, injuries, and accidents.

Devesh Kumar, Jai Singh, and Poonam S. Kharwar (2012) conducted a study on ─Study of occupational stress among Railway Engine Pilots‖; This paper focused on the job of railway engine pilots was constantly threatened by acute stress, necessitating a vibrant study to trace elements causing occupational stress, identify organizational strategies, and ultimately very job satisfaction levels. The current study, which used an incidental methodology, included 185 office workers and railroad engine pilots who worked in various railway zones. The Occupational Stress Index (OCI) exam, which contains a variety of specific stressors, was utilized as a tool to assess the mental abilities of high-speed train pilots. On a scale evaluating the mean of OSI and 12 types of occupational stress, the results showed that railway engine pilots experienced higher levels of stress than office workers. When compared to fast-moving and passenger train drivers on the same scale, freight train drivers likewise displayed high levels of stress. The study found primary evidence of high job stress among Indian Railway engine drivers as a result of the presence of numerous acute factors that increase stress, and it recommended some stress-relieving interventions ways to promote enthused job conditions and maintain respondents' job satisfaction. This study proved that the duties of railway engine pilots involve a higher level of stress and occupational stresses than those of office clerks. The outcome is in line with the occupations Stress classification. The current study provides factual support for the hypothesis that railroad engine pilots experience higher occupational stress levels. These results are consistent with RDSO reports on occupational stress, necessitating immediate stress reduction.

T Srinivas and DR. M Vidyasagar Reddy (2012) conducted a study on working unusual hours and its impact on the health of loco pilots- A study of Kazipet dept in South Central Railway zone of Indian railway. Through the study, the researcher is attempting to investigate the effects of irregular working hours on loco pilots' health, the ergonomic issues pilots in the locomotive encounter, and an assessment of Indian Railways' human resource management procedures. 144 loco pilots employed by the south central railway's kazipet depot participated in the investigation. Research Method Chosen is Causal Research and the primary source of data was collected through a self administered questionnaire that was designed keeping in mind the objectives of the study, Various journals, magazines, and Transport industry websites of national and international were used as the secondary

sources of data.: Non-Probability sampling methods such as Convenience and Snowball Sampling are used in this study and the Sampling method for the pilot study: Convenience sampling For the study, the researcher uses a survey as a tool for data collection together with a practical snowball sampling strategy. They observed that there is a positive and significant correlation between atypical hours worked by pilots and their effects on loco pilots' health. The findings of this study also show that employees' health is substantially impacted by being restless and working odd hours. When combined with other work, family, or work-related stressors, stressful working conditions, such as working odd hours and irregular schedules, lead to strains that ultimately lower job satisfaction, which has a negative effect on the loco pilots' health. There is a chance that all of these elements psychological and physical pressures, in addition to working hours will act together to lessen safety and harm health. Workplace stressors, such as working odd hours and irregular schedules, lead to pressures that, when combined with other work, family, or environment-related issues, lead to a reduction in job satisfaction, which in turn affects the loco pilots' health.

Rajesh Ranjan, Dr. T. Prasad (2013) undertook a study titled ―An Analytical Study on Working Conditions of Loco-Pilots (Railway Drivers) in India Through this study, the researcher hopes to better understand the work-life of Indian railway drivers, including how they perceive stress, workload, time constraints, and work-life balance, as well as the experiences of loco-pilots relating to working conditions and their impact on safety. Based on past studies on the working conditions of train drivers, they conducted this investigation. Numerous papers from various nations that examined the illness were reviewed. In this study, the authors successfully drew attention to problems with working conditions, factors that affect work-life quality, and recommendations for how to raise it. In a conclusion, this study gave an in-depth examination of railway drivers' professional lives. To improve the quality of railway drivers' work-life balance, the Indian railway has to collaborate with researchers, labor organizations, policy officials, and the drivers themselves to develop programs that protect railway drivers from work stress. Even so, it is hoped that this study will provide useful insights, draw management's attention to the railroad drivers' deteriorating conditions, highlight their working conditions, and serve as a starting point for a deeper understanding of the current circumstances in which Indian railroad

drivers are performing their duties. This will hopefully result in an improvement for the same.

Rajesh Ranjan and Dr. T Prasad (2014) undertook research work on ―The relationship between work environment, occupational stress, job motivation, and job satisfaction: an analytical study among loco-pilots in India‖, and discovered that occupational stress contributes to organizational incompetence, high employee turnover, absenteeism due to illness, decreased quality and quantity of service, increased costs of health care, and subsequently diminished job satisfaction. Employees who are not satisfied with their jobs feel they receive little support from their managers and co-workers and are under constant pressure. This research study's objective is to explore the causal relationship between job work environment and levels of job happiness among Indian loco-pilots. The focus of this paper was the degree of job satisfaction of a railway driver. 60 loco-pilots employed by the north eastern railway's Varanasi division were the study's sample. Both married and single employees over the age of 20 who have been employed as train drivers for the Indian Railway for more than five years were sampled. They discover that the Loco Pilot has a demanding work environment that, among other things, has an impact on his or her physical and emotional health. The study's findings revealed that railway drivers frequently deal with stressful situations, which can lower job satisfaction and negatively impact both their personal and professional lives.

Dr. Molly Joy and Miss Akhila R Krishna (2016) conducted a study on the Family Environment, Emotional Regulation, and Job Stress among Loco Pilots of Indian Railway. The family environment, work stress, and emotional control of Loco pilots are all examined in this study. 70 Loco pilots from various parts of the nation were recruited for the study using an exponential non-discriminatory snowball sampling method. The study's main objectives are to determine the relative frequency of family environment, job stress, and emotional regulation in loco pilots, as well as the relationship between these factors. It also seeks to forecast how the family environment and emotional regulation will affect job stress in loco pilots. According to the study's findings, Loco pilots experienced high levels of job stress, low emotional regulation, and average amounts of family support. Family Environment, emotional control, and Job Stress all have important connections. The results of this study showed that family environment and emotional control are significant factors in

the occupational stress of loco pilots. Additionally, they made the recommendation that suitable training and intervention programs may be periodically offered to loco pilots to help them learn to control their emotions and to enhance awareness of work-family issues, both of which would likely help to reduce workplace stress.

Devasigamoney Jayakumar (2017) conducted a study on "Occupational Stress and Hypertension among Railway Loco Pilots and Section Controllers". This study was built on the findings of two prior investigations: a cross-sectional study on occupational stress conducted in 2008 among loco pilots and a comparative cross-sectional study in 2011 among section controllers. Analysis and comparison of occupational stress and hypertension in these two employments is the study's main goal. 82 section controllers and 230 loco pilots participated in the study. To analyze occupational stress and its causes, a closed-ended 24-item questionnaire was used. According to the VII Joint National Committee, hypertension is defined as systolic blood pressure of 140 mmHg or higher and diastolic blood pressure of 90 mmHg or higher. The study's findings show that section controllers and loco pilots both had mean stress scores of 8.56 and 7.32, respectively, and that both study groups had a higher prevalence's of hypertension in those who were older, had a family history of the condition, and had a body mass index greater than 25 kg/m2 and there was no relation between the occupational stress and hypertension. This led them to the conclusion that the group of loco pilots experienced more occupational stress, defined as having more than 12 stress variables.

After conducting a first cross-sectional study on loco pilots in 2008 to compare findings from a subsequent investigation on occupational stress and hypertension in loco pilots, a second cross-sectional study on section controllers was carried out in 2011. Similar to the previous study, the second study assessed the occupational stress of section controllers using the same occupational stress characteristics. The two investigations were carried out at distinct times with a 3-year gap between them, which served as a study constraint

Dharmendra Singh and Ujjwal Kumar Pathak (2017) conducted a Study on Occupational Stress among Loco Pilots on North Central Railway (NCR). The phenomena of stress are now common throughout all work settings. Due to the nature and importance of the work, there are some jobs where the stress level is quite high. One of the most difficult and demanding jobs in Indian Railways is that of a loco

pilot. The goal of these studies is to understand the causes of the high occupational stress levels among Indian Railways loco pilots and to suggest solutions to reduce that stress. Primary research in the form of surveys, interviews, and observations served as the foundation for this study, which also drew on secondary sources. They discover that the Loco Pilot has a demanding work environment that, among other things, has an impact on his or her physical and emotional health. Although stress cannot be eliminated, it can be reduced with the active assistance of co-workers, superiors, and other officials. Additionally, they offered various treatments for managing occupational stress as a result of their research

Arpit Saxena M S (2018) conducted a study on Noise-induced hearing loss in Indian railway loco-pilots. It is a cross-sectional study to assess noise-induced hearing loss in Indian loco pilots by pure tone audiometry (PTA). The train engine produces around 100 dB. of noise, the Loco pilots are continuously exposed to this loud noise because of this its causing hearing; loss among them. In this study, they included 30 loco pilots and 50 control subjects. All were between 40-50 years. The Hearing assessment of the study was done by PTA. As a result of the study, they identified that the loco pilot group was having a mild hearing impairment and there is a positive correlation between hearing loss and occupation. Due to their occupation, they are more likely to have hearing loss than the general population. In a conclusion, researchers concluded that Noise is dangerous industrial pollution that causes loco pilots to lose their hearing. According to our study, loco pilots with more than ten years of experience are mildly impaired. Hearing loss and occupation are positively correlated. Due to their employment, they are more likely to have hearing loss than the general population. In loco pilots, an audiometric notch is frequently observed at 4 and 6 kHz. It is difficult to protect their hearing ability.

Bokka Vikram, prof. P. Narendra Babu (2019) conducted a study on the motivational aspects of loco pilots in Indian railways- a study on the Secunderabad division. This study primarily focuses on the working circumstances of Indian railway drivers, as well as the causes of stress and exhaustion that increase the risk of accidents and motivational factors. The study's goals are to identify the motivational characteristics of loco pilots, explore the vital elements needed to inspire loco pilots, and look at the relationship between job satisfaction and job motivation among Indian loco pilots. 200 loco-pilots participated in the study, and data were gathered directly

from them through interviews and polling techniques. Through the study, the researcher tries to highlight the loco pilots working habits and how those aspects affect them. Through the study, they demonstrated that the loco pilots' level of job satisfaction is extremely low and that they require job motivation. They also offered some suggestions for how to boost that motivation. This study offers a thorough analysis of the motivational elements for train drivers. Railway drivers, legislators, researchers, and trade unions must work together with Indian Railways to create programs that safeguard drivers from job stress and enhance the nature of their working conditions. However, it is hoped that our analysis will not only provide pertinent information and call the board of Indian Railway's attention to the deteriorating state of railroad drivers and aspects of their work-life but will also serve as a preliminary step in developing a more thorough understanding of the context in which Indian rail line drivers are carrying out their duties to bring about improvement.

Rohini Chaurasiya, Ishrat Naaz(2022) conducted a comparative study of occupational stress of government and private secondary school teachers. Researchers are attempting to investigate the occupational stress of secondary school teachers through this study, as well as to compare the occupational stress of private and public secondary school teachers, male and female secondary school teachers, and secondary school teachers from rural and urban locales. This study is empirical and explanatory in nature. The simple random sampling approach was used to pick a sample of 50 secondary school teachers. Out of the 50 samples, 25 were teachers at private schools, and the remaining 25 were at public schools. The data is gathered using a scale designed for use by teachers. In-depth data on occupational stress among teachers in both public and private schools has been acquired by the study. The study's findings indicate that secondary school teachers are under a great deal of stress. The second finding of the study revealed that, depending on the type of school, private school teachers experience equal levels of stress as government school teachers. This could be due to increased workload because teachers have equal responsibilities due to the government's equal focus on and implementation of changes in all areas of education in both private and public schools The majority of secondary school teachers, according to the report, experience high levels of work stress. The levels of

occupational stress among secondary school teachers were shown to vary significantly by gender and location.

2.3 CONCLUSION

On the accounts of the available studies undertaken on the aspects of working pattern and family life and level of job satisfaction among loco-pilots, it is understandable that the job of loco-pilots is one of the most stressful jobs in India. The wrinkled and irregular working pattern and insufficient facilities in the working place are the contributing factors which make this job highly stressful. These researches have shown that loco-pilots have very poor levels of job satisfaction and they are facing many issues in family life.

CHAPTER III

RESEARCH METHODOLOGY

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RESEARCH METHODOLOGY

3.1 INTRODUCTION

Research methodology is a systematic way to study an issue / problem. It is a science of studying how research is to be carried out. Essentially, the procedures by which researchers go about their work of describing, explaining and predicting phenomena are called research methodology. In short methodology provides a blueprint for the researchers to follow, allowing them to conduct their own study to arrive at similar findings.

3.2 CONCEPTUAL CLARIFICATION

3.2.1 Theoretical Definitions

Loco-pilots: Loco-pilot is a designation of an employee who is given the job of operating a train for its complete journey or a part of it. (Quora, 2019)

Working pattern: The working pattern is how a particular job is performed. (Segen's Medical Dictionary, 2012)

Family life : Family life is the kind of life a person normally leads when one is married and has children (Webster dictionary)

3.2.2 operational definition

Loco- pilots: Loco-pilot is defined as a person who controls the locomotive of the train.

Working pattern: Working pattern means the nature of the work which includes how many hours a loco-pilot does and does not work in one shift, how many leaves can take in a month etc.

Family life: : The significant roles played by loco pilots in their family, as a son, brother, husband, father, grandfather etc.

3.3 VARIABLE

Dependent variable

The working pattern and family life of loco-pilots.

3.4 HYPOTHESIS

There is a strong relationship between the working pattern and family life of Loco-pilots

3.5 RESEARCH DESIGN

A research design is the set of methods and procedures used in collecting and analyzing measures of the variables specified in the problem research. The researcher has used descriptive research design for the research.

Descriptive research aims to accurately and systematically describe a population, situation or phenomenon. It can answer what, where, when and how questions, but not why questions. It is an appropriate choice when the research aim is to identify characteristics, frequencies, trends, and categories.

3.6 PILOT STUDY

The researcher conducted pilot study to understand the feasibility of the study. It gave an idea about the study and its nuances. The researcher consulted literature as well as experts. In order to the researcher had conducted pilot study among 7 loco pilots to get acquainted with the area of research.

3.7 UNIVERSE AND UNIT OF THE STUDY

Universe of the study

The universe of the study is the loco-pilots in the Southern Railway Zone.

Unit of the study

A loco-pilot is considered as the unit of the study.

3.8 SAMPLING

In this study the researcher had used purposive sampling method. Purposive sampling is a non-probability method for obtaining a sample where researchers use their expertise to choose specific participants that will help the study meet its goals. These subjects have particular characteristics that the researchers need to evaluate their research question.

3.9 SOURCES OF DATA (PRIMARY AND SECONDARY)

Researcher used the data from both primary and secondary sources

3.9.1 Primary data: The researcher collected primary data directly from the respondents through self made questionnaire.

3.9.2 Secondary data: The secondary data was collected from the review of literature. The researcher referred books, magazines, journals, periodicals and previous researches related to this topic for getting relevant information

3.10 TOOL OF DATA COLLECTION

The researcher used questionnaire as the tool for collecting the primary data. A questionnaire is a research instrument consisting of a series of questions for the purpose of gathering information from respondents. Questionnaires can be thought of as a kind of written interview. They can be carried out face to face, by telephone, computer or post. Questionnaires provide a relatively cheap, quick and efficient way of obtaining large amounts of information from a large sample of people.

3.11 PRE TEST

The researcher collected data from five respondents in order to test whether the tool developed for data collection is feasible enough to collect the required data and also to check the logicality of questions, to assess the questions are deduced by the respondent's in a proper way.

3.12 METHOD OF DATA COLLECTION

The tool of data was questionnaire which consisted of closed end questions. The researcher had collected data directly from the respondents. Questionnaire had been given to them and got the response marked in the questionnaire. Five of them were collected, with the help of online platform.

3.13 METHOD OF DATA ANALYSIS

The collected data were tabulated and coded in Microsoft Excel and analysed and interpreted through the statistical software SPSS (Statistical package of social science) . Descriptive statistics such as frequency and percentage tables, graphical plots, and charts were used to explain the distribution.

CHAPTER IV
ANALYSIS AND INTERPRETATION

CHAPTER IV
ANALYSIS AND INTERPRETATION

4.1 INTRODUCTION

Research analysis and interpretation is one of the crucial part of the research process. Its reviews the results and analysis of the quantitative data which was collected from the respondents for the purpose of the study. This chapter is trying to attribute meaning to the obtained data and determined the conclusion, significance and implication of the findings. The chapter deals with the interpretation and analysis of data regarding the working pattern and associated health impacts on loco-pilots in southern railway zone. It includes tables and statistics graphs to present and summarise the results of the study.

For understanding the findings of the study, the whole chapter is divided into four parts

Part 1-   Details the socio-demographic variable of the respondents.
Part 2-   Details the working pattern of Loco-pilots.
Part 3-   Details the Facilities provided for loco-pilots in the loco-motive cabin and in rest room and the physical health condition of loco-pilots.

Part 4-   Details the family life and occupational stress.

4.2 SOCIO-DEMOGRAPHIC VARIABLE OF THE RESPONDENTS

In this part researcher is attempting to study the socio-demographic details of the respondent which is always been considered as the significant part of a research study. It includes the details of respondents such as designation, age, religion, caste and educational status. The data are periodically representing using graphs and charts.

4.2.1 GENDER OF THE RESPONDENTS

Figure No. 4.1 gender
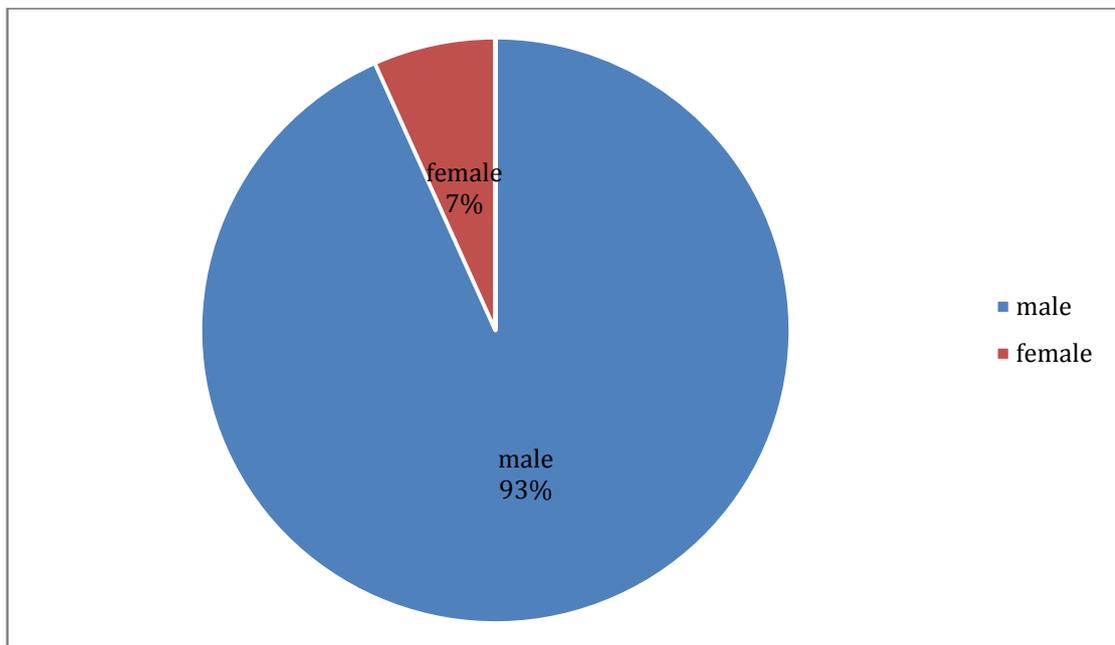
The above pie chart represent the gender of the respondents. In this chart we can see that 93% of the respondents are male and rest of 7% are female. Here we can conclude that most of the loco-pilots are male.

4.2.2 RELIGION OF THE RESPONDENT

The following figure shows the representation of religion, which is another socio-demographic variable. It represented using bar diagram as follow.

Figure No. 4.2 Religion
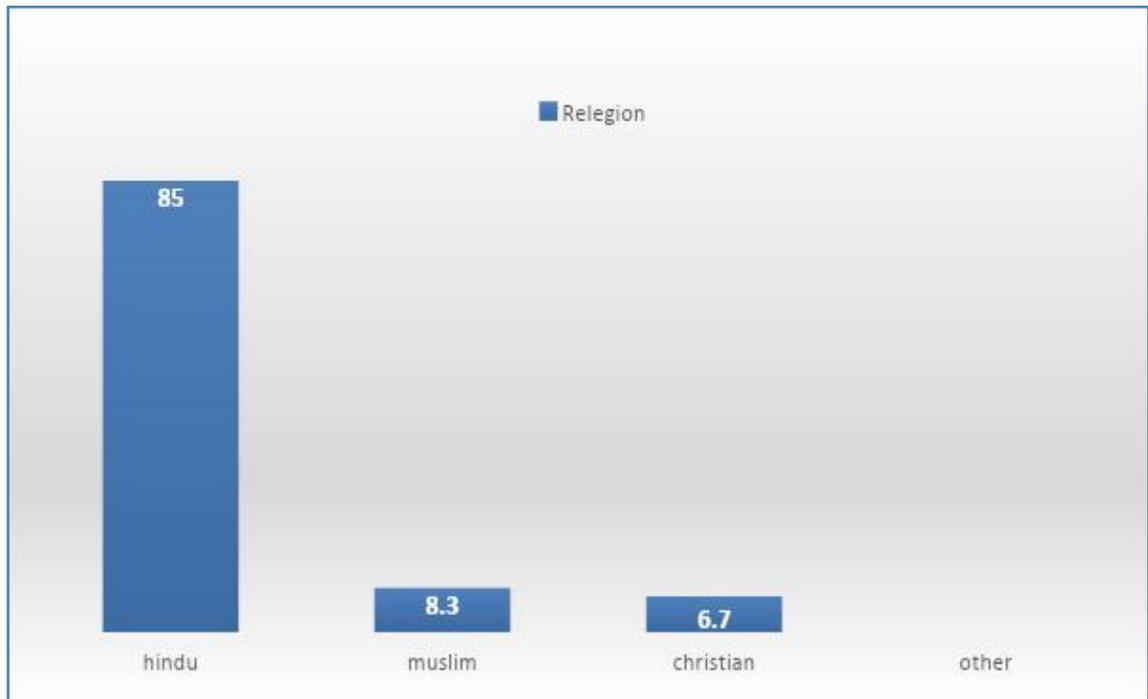
Figure 4.2 contains the distribution of religion among the respondents. Majority of the respondents are Hindu with 85%. Another 8.3% of the respondents are Muslim and 6.7 respondents from Christian community. Thus, majority of the respondents were Hindu.

4.2.3 CASTE OF THE RESPONDENT

The following diagram shows the distribution of representation based on caste.

Figure No. 4.3 caste
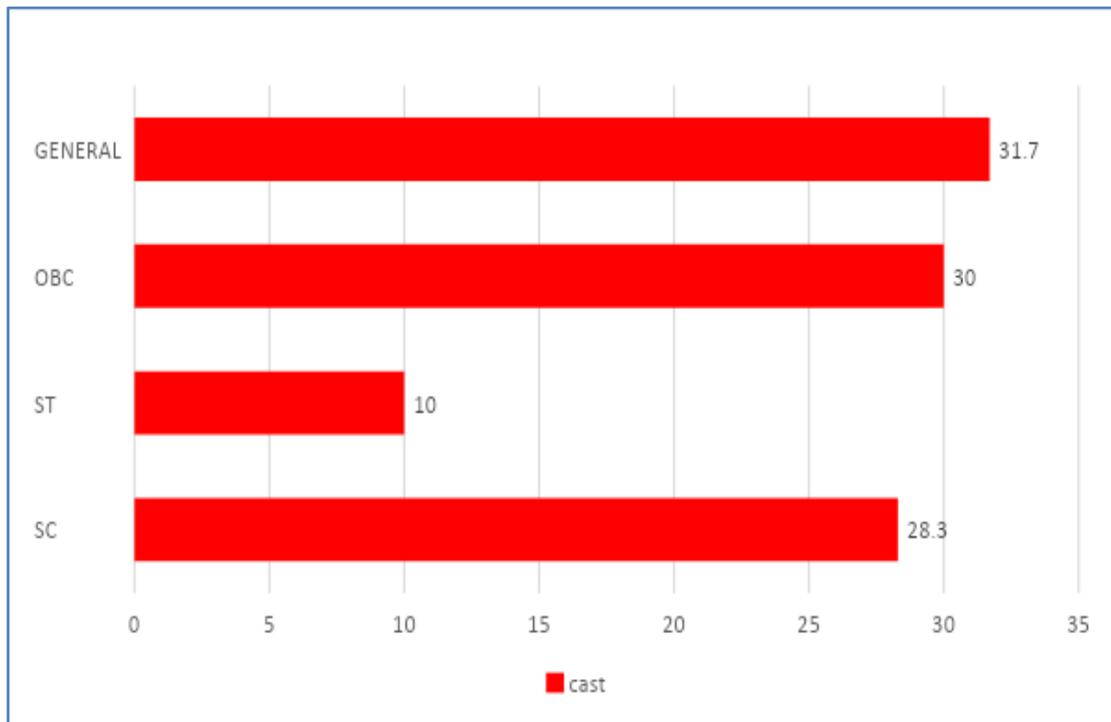
The bar diagram (figure 4.3) represents the caste distribution. It shows that majority of the respondent among the N=60 is from GENERAL category with 31.7%. Another 30% of them are from OBC category and 28.3% of them are from SC and least 10% of them are from ST category. Thus, majority of the respondents were from GENERAL category.

4.2.4 EDUCATIONAL QUALIFICATION

The distribution of respondents based on the educational qualification is given below and the descriptive statistics are explained.

Figure No. 4.4 Educational Qualification
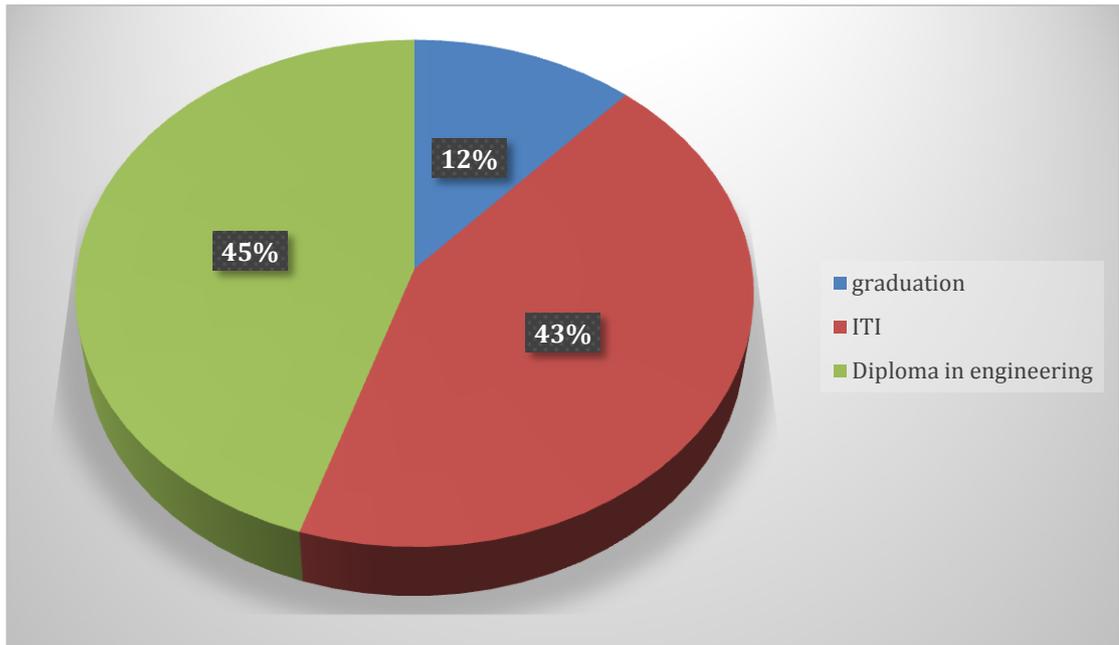
Figure 4.4 portraits the educational qualification of the respondents. The basic qualification prescribed by the railway recruitment board is ITI degree, Engineering degree or diploma from recognised institutions. From the diagram we can analyse that 45% of the respondent have diploma in engineering. Another 43% of the respondents were with ITI degree and 12% of them with graduation. Thus, majority of the respondents were with the qualification in diploma in engineering.

4.3 WORKING PATTERN OF LOCO-PILOTS

This part of study is focusing on the working pattern of loco-pilots. In this part researcher is trying to analyse the nature of work, working schedule, the problems and challengers they are facing due to the working pattern and how the working pattern is affecting their family and social life.

4.3.1 NATURE OF WORK

Nature of work is an important factor for analysing the working pattern of loco-pilots. There are mainly three types of trains are there, goods train, passenger train and mainline electric multiple unit (MEMU) and the working pattern is different in each train. So, for analyzing the effect of the working pattern, it's important to know the nature of work

Figure No. 4.5 Nature of work
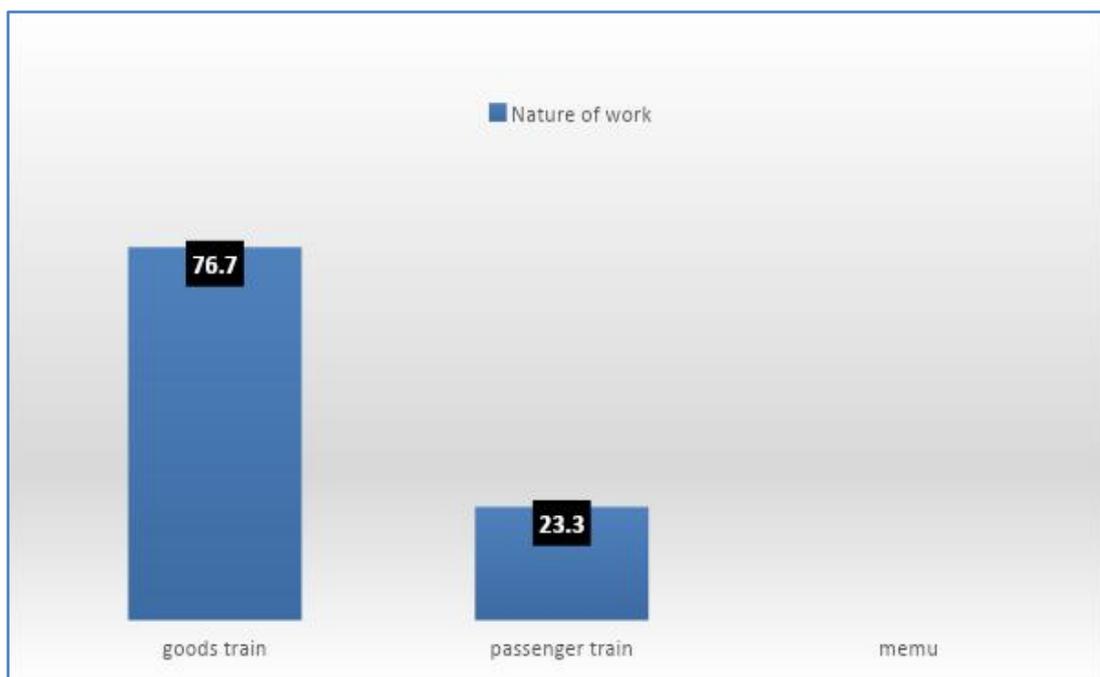
Figure 4.5 shows the nature of the work of respondents. From the diagram we can understand that 76.7% of the respondents are working in goods train and 23.3% of the respondents are passenger trains loco pilots. from the respondents there are no one working in MEMU train.

Thus, majority of the respondents were working in goods train.

4.3.2 WORKING HOURS

Working hour is a significant variable in working pattern. It helps us to analyse how many hours loco-pilot need to spend in loco-motive cabin. The working hour is depending on the type of train, so here we analysing the working hour of respondents

Figure No. 4.6 Hours spend in a locomotive
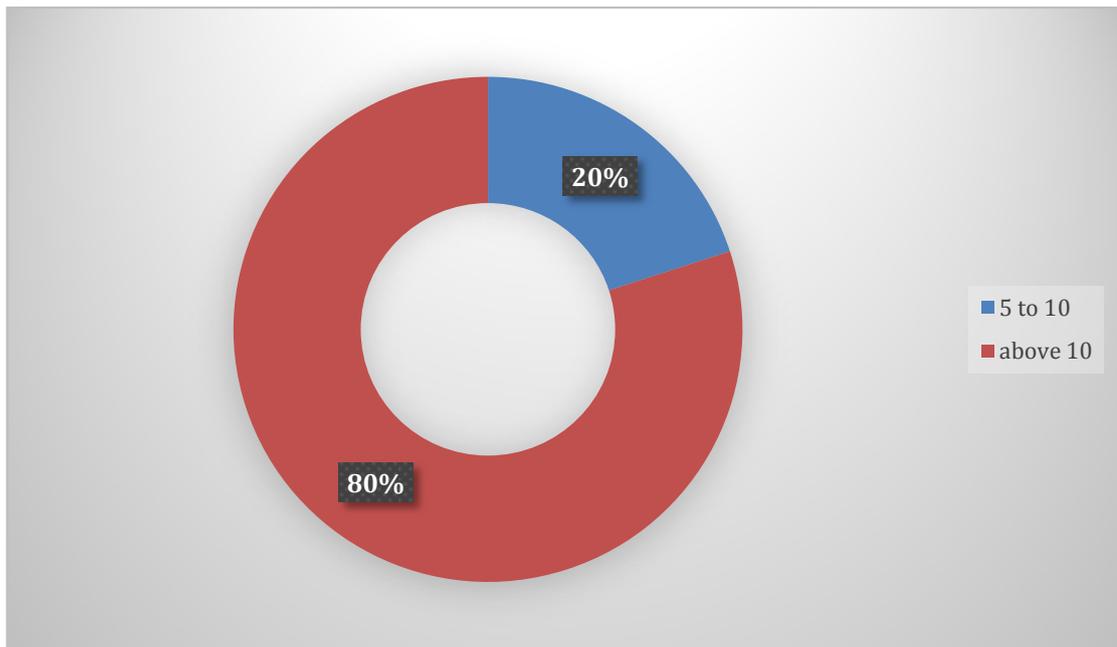
The working hours of the loco-pilots are depending up on the nature of the work; it does vary according to the type of the train. From the Figure 4.6, 20% of the respondents have to work 5 hrs to 10 hours, they are belonging to passenger train and about 80% of the respondents have to work more than 10 hrs. These respondents are working in goods train. Thus, we can understand that the working hours of the respondents are depending on the nature of the work. Respondents work in goods train needed to work continues 10hrs and more, in passenger train 5 to 10 hours.

4.3.3 RESTING HOUR

Resting hour is another variable which help to analyse the working pattern of loco-pilot. The resting time is different according to the place where their shift will end. Here we are trying to analyse how much time they get after a shift for resting.

Figure No. 4.7 Hours of rest
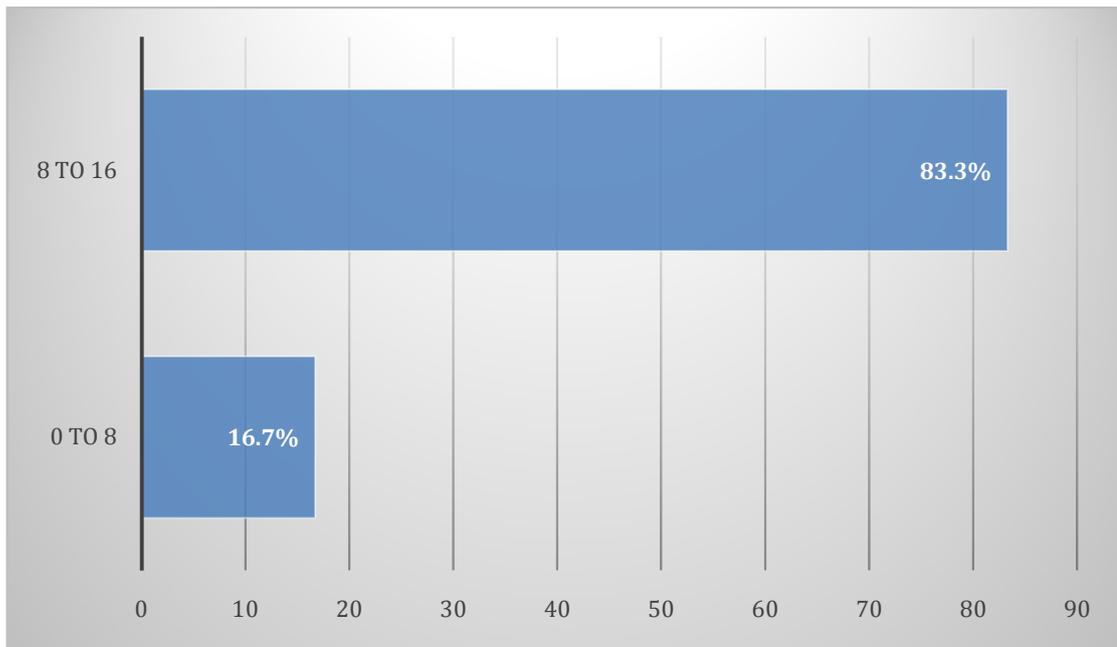
Figure 4.7 shows the resting hour distribution of loco-pilot. From the respondents 83.3% of them are responded that, if they are in home station, they get 8 to 16 hours of rest and 16.7% of the respondents get 0 to 8hrs of rest when they are in out station. Thus, we can understand that resting hour is different according to their destination.

4.3.4 COMPENSATING SLEEP FOR COMPLETING THE WORK

Through the study we are trying to analyse the working pattern of loco pilots and how it's affecting them. So, it is important to know whether they have to compensate their sleep to complete the work. The figure 4.2.5 indicates the distribution of respondent based on this.

Figure No. 4.8 compromise sleep to complete the work
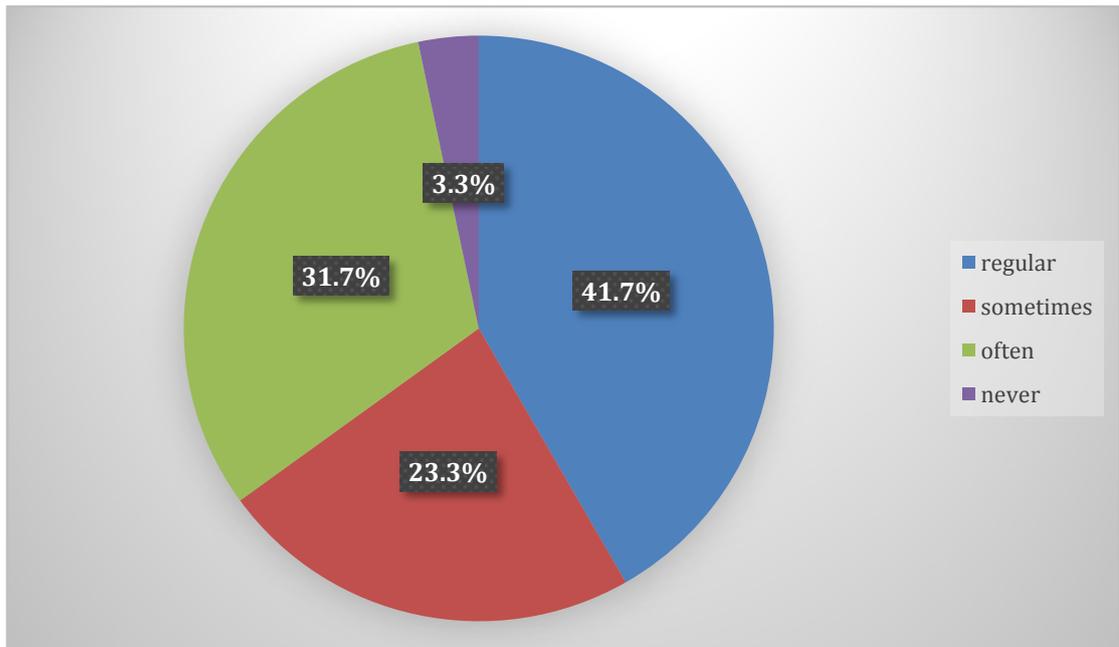
Figure 4.8 contains the distribution of responds based on whether the loco-pilots have to compensate their sleep for completing their work. The results show that 41.7% of the respondents said that they have to compensate their sleep regularly. 31.7 of the respondents state that often they have to compromise their sleep. 23.3% of them stated sometimes and only 3.3% of the respondent said that they never need to compromise sleep for completing their work.

Thus, we can understand that majority of the respondent regularly have to compensate their sleep for completing their work.

4.3.5 OVERTIME DUTY

Over time duty is a significant variable for analysing the working pattern because it is another factor which increase workload. Here researcher trying to analyse whether loco-pilots need to take extra duty than their fixed working pattern.

Figure No. 4.9 over time duty in last 3 months
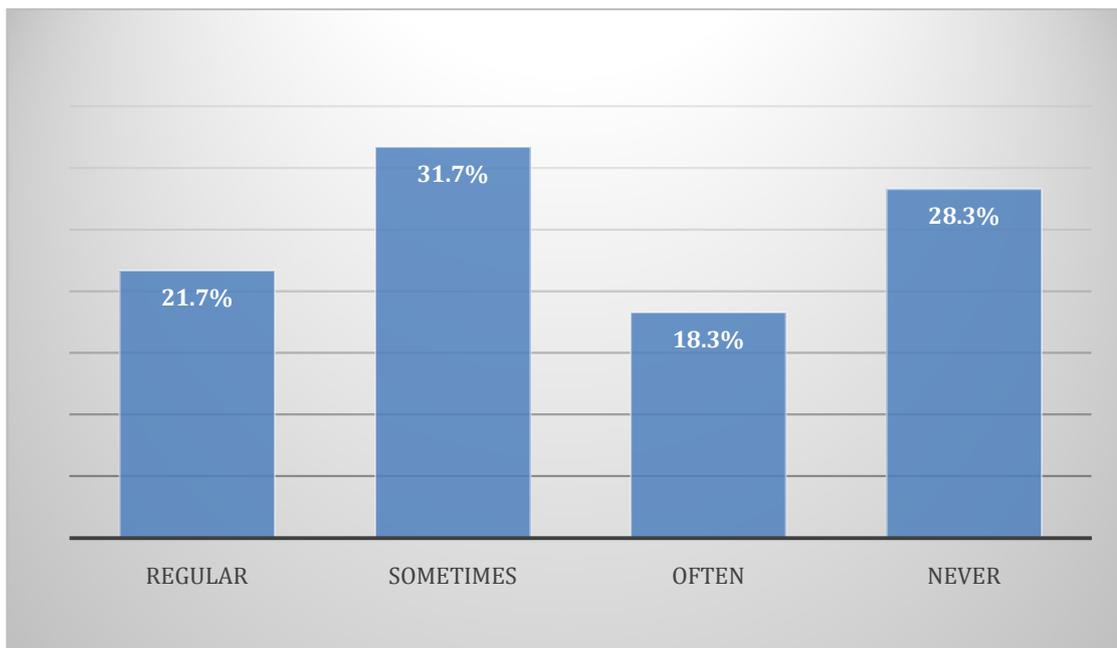
Figure 4.9 indicate the distribution of the respondent on the basis of, do they had to take over time duty in the last three month. About 21.7% of the respondents responded that regular they need to take, 31.7% of them responded sometimes, 18.3% of them responded often and 28.3% of them are responded never. Thus, majority of the respondent have to take over time duty in last three months unusually.

4.3.6 ABLE TO COMPLETE PERSONAL WORK ON AVAILABLE LEAVES

Figure 4.10 contains the distribution of respondents on do they able to complete their personal works on the available leaves. Here researcher is trying to analyse, whether the working pattern is affecting the personal and family life of loco-pilots.

Figure No. 4.10 complete personal works on leave
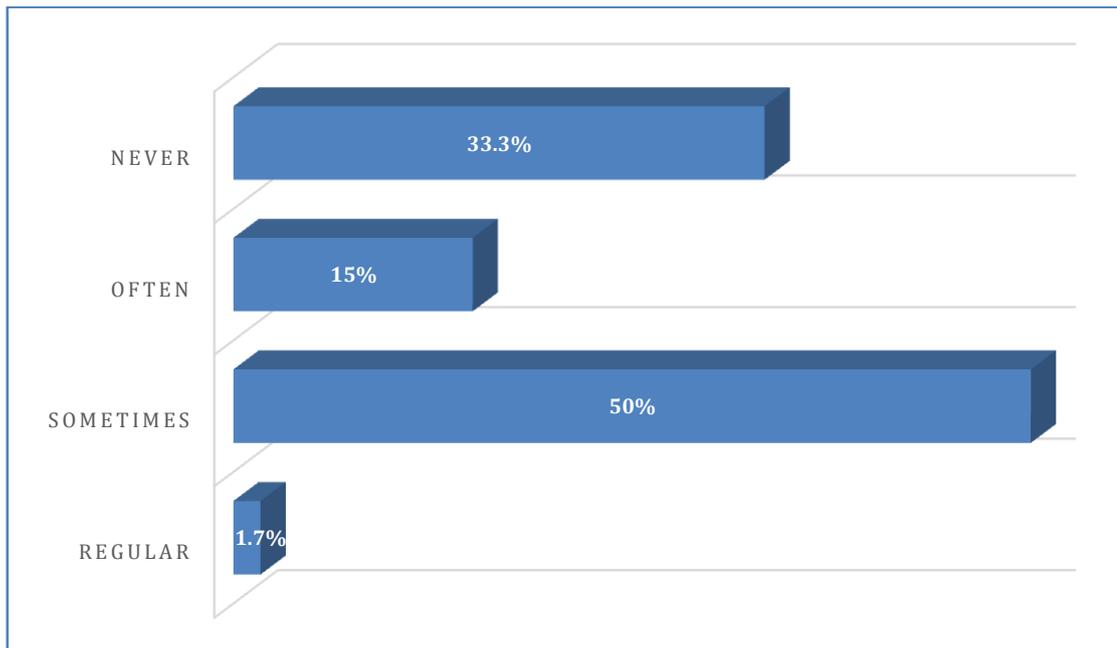
Figure 4.10 indicates the distribution of respondents based on the do they able to complete their personal work on available leaves. From N=60, 33.3% of them responded never, 15% of them responded often, 50% of them responded sometimes and only 1.7% of them responded regularly.

Thus, majority of the responded states that sometimes they have to complete their personal work on the available leaves.

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4.3.7 SICK LEAVE ON EMERGENCY

Figure 4.11 indicates the distribution of respondents on the sick leave availability on emergency.

Figure No. 4.11 sick leaves on emergency
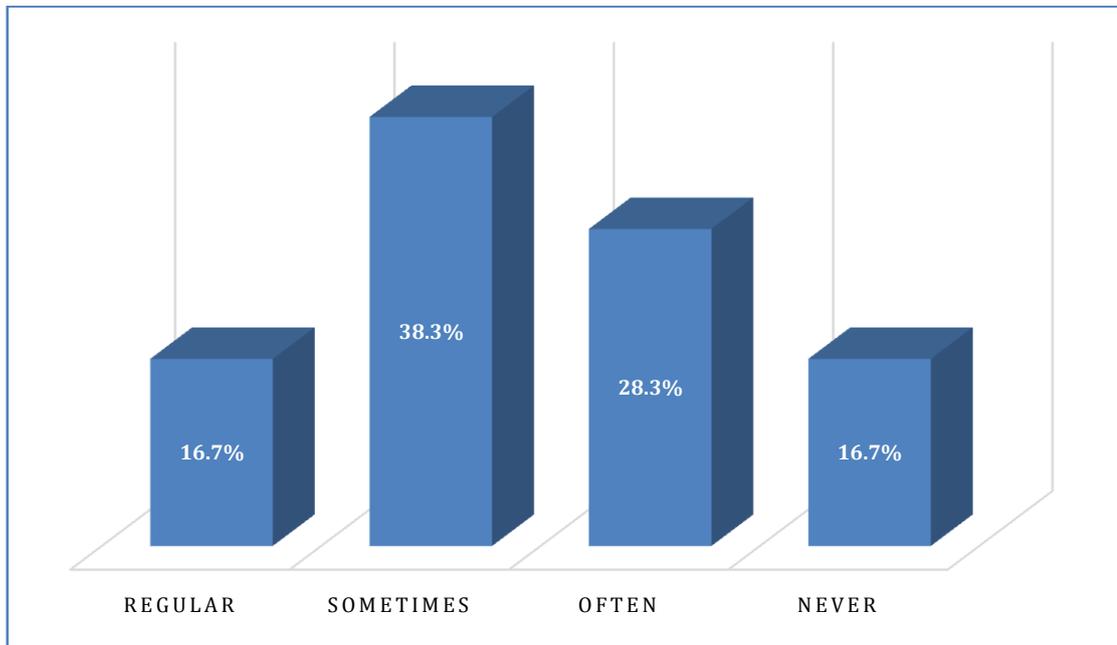
Figure 4.11 portrays the distribution of the respondent on availability of sick leave on emergency. Here 16.7% respondents marked that they get sick leaves regularly. About 38.3% of them marked sometimes and 28.3% of them marked often. And16.7% of respondent's marked that they never get sick leaves on emergencies.

Thus, majority of the respondents marked sometimes, that they get sick leaves unusually.

4.3.8 EFFECT OF WORKING PATTERN ON SOCIAL LIFE

Figure 4.12 consist the distribution of respondent on do the working pattern is affecting loco-pilots social life. The distribution is given below.

Figure No. 4.12 working pattern affect social life
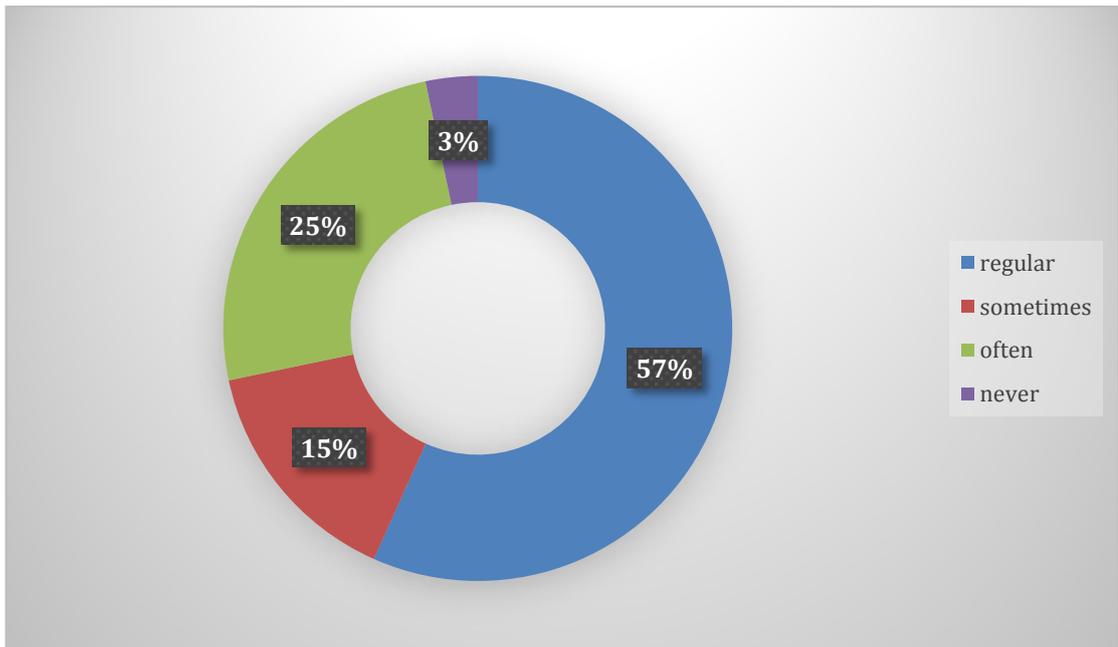
Figure 4.12 denotes that majority of the respondent (57%) states that the working pattern is regularly affecting their social life. about 15% of them responded sometimes and 25% responded often. Only one respondent (3%) responded that the working pattern is not affecting their social life.

Thus, majority of respondent stated that the working pattern is regularly affecting their social life.

4.3.9 TIME SPENT WITH FAMILY AND FRIENDS

Figure 4.13 is carrying the distribution of respondent on do the respondents get quality time to spend with their family and friends. This is to analyse how the current working pattern effecting the respondents.

Figure No. 4.13 time spent with family and friends
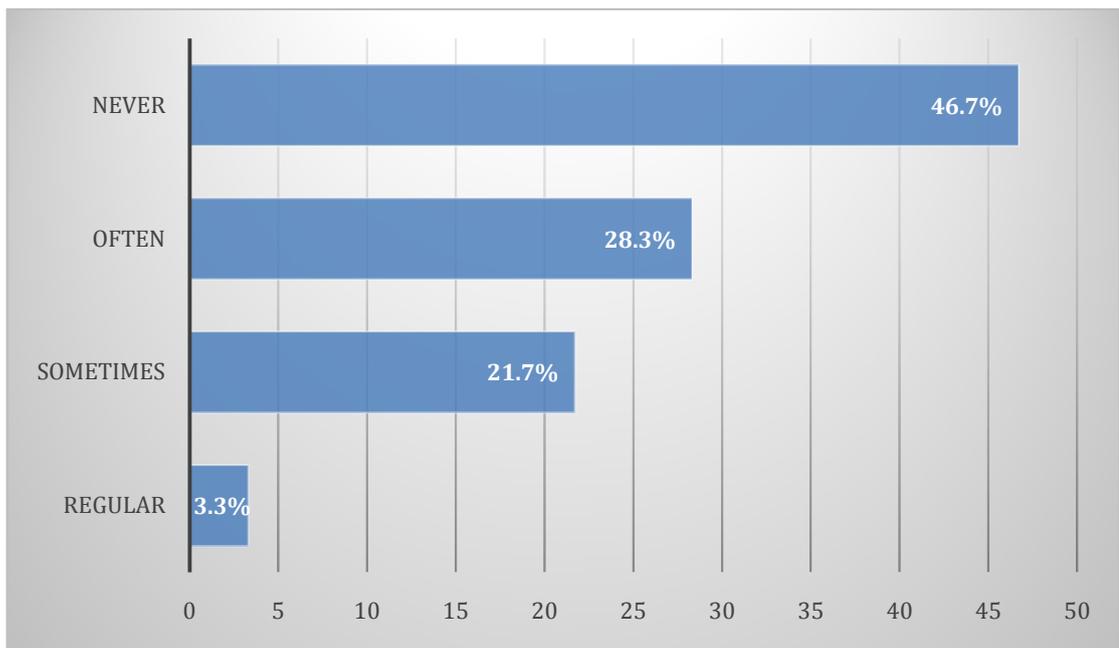
Figure 4.13 denotes the distribution of respondents from that, out of the total 60 respondents, 46.7% respondents marked never, 28.3% respondents marked often, 21.7% respondent marked sometimes and 3.3% respondents marked regular. Thus, majority of the respondent stated that never they get time to spend a quality time with their family and friends.

4.3.10 ABLE TO ATTEND FAMILY FUNCTIONS

Figure 4.14 contains the distribution of respondents based on do they able to attend family functions because of this working pattern. The frequency distribution is given below.

Figure No. 4.14 getting leave to attend family functions
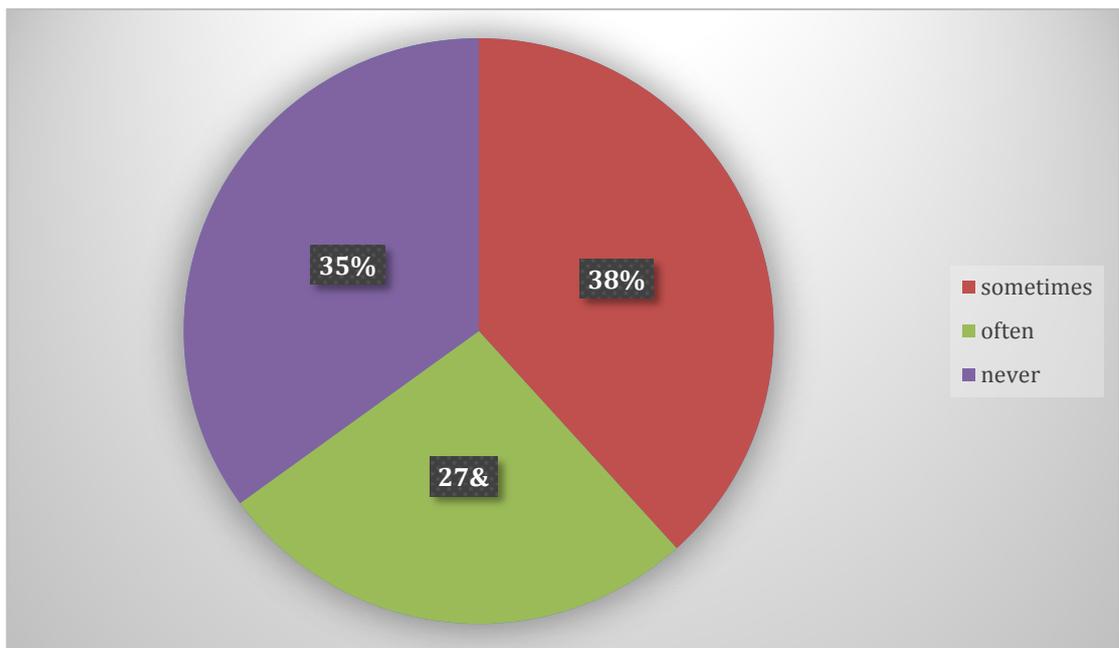
Figure 4.14 shows the results of distribution of respondents. Majority of the respondents (38%) responded they sometimes, 27% of them respondent often and remaining 35% of them respondent never.

Thus, we can understand that majority of the respondents marked sometime, so they able to attends family functions sometimes.

4.3.11 ABLE TO HAVE FOOD ON TIME

Figure 4.15 contains the distribution of respondents on do they able to have food on time because of this working pattern. The frequency of the respondents is given below.

Figure No. 4.15 food on time
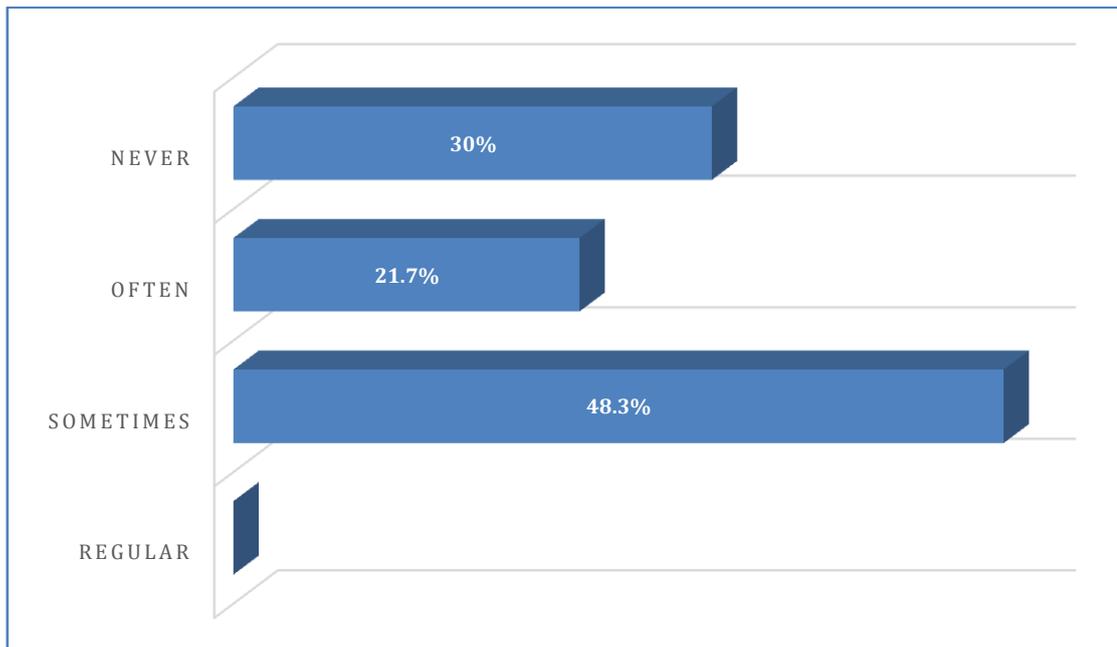
Figure 4.15 constitute the distribution of respondents from N=60, 48.3% responded sometime, 21.7% of them responded often and 30% of them responded never.

 Thus, majority of the respondent responded only sometimes they able to have food on time

4.3.12 WORKING PATTERN SHOULD CHANGE OR NOT

Figure 4.16 contains the distribution of respondents based on the opinion that the current working pattern should change or not.

Figure No. 4.16 current working pattern should change
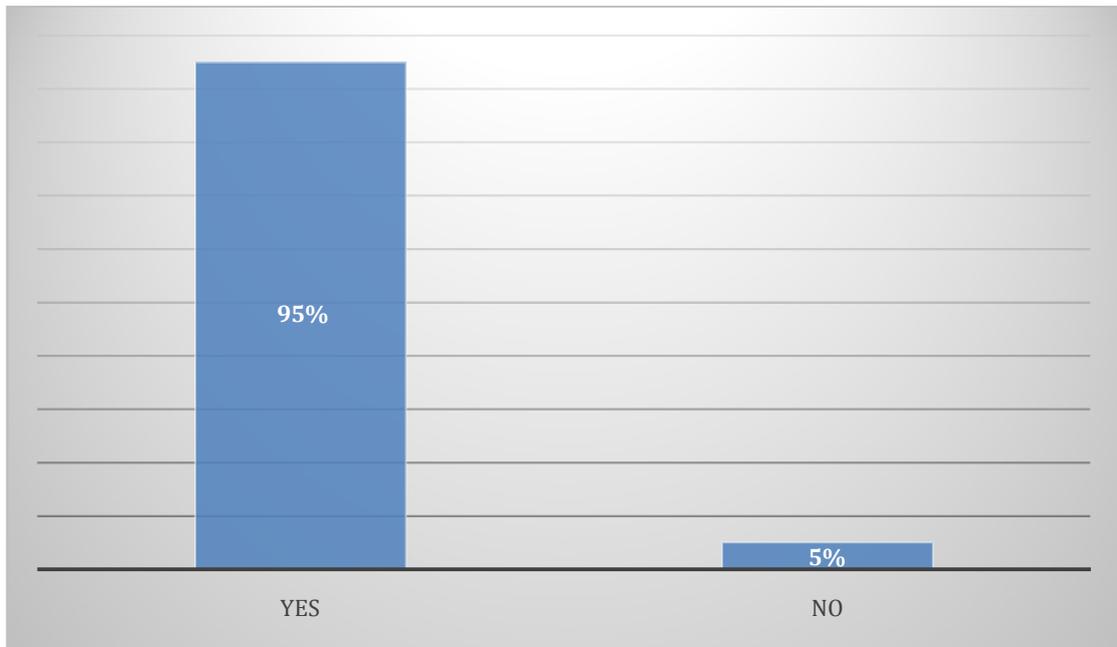
Figure 4.16 constitute the distribution of respondents based on their opinion that the current working pattern should change or not. The results says that 95% of the people wish that current working pattern should change and remaining 5% of the respondents don't want any change in the current working pattern.

Thus, from this it's clear that majority of the respondent wanted to change the current working pattern.

4.4 FACILITIES PROVIDED FOR LOCO-PILOTS IN THE LOCO-MOTIVE CABIN AND IN REST ROOM AND THE PHYSICAL HEALTH CONDITION OF LOCO-PILOTS.

Facilities provided for loco-pilots in the loco-motive cabin and in rest room and the physical health condition of loco-pilots. This part of the research is to analyse whether the authorities is providing sufficient facilities to loco-pilots in loco-motive cabin and in rest room. Insufficient facilities in the working space are an important factor for increasing workload and occupational stress among this group. In this part researcher is also trying to analyse the physical health condition of loco-pilots.

4.4.1 FACILITIES IN LOCOMOTIVE CABIN

Table 4.1 is trying to analyse the facilities available in locomotive cabin. Through this researcher is trying to analyse whether there is any equipment or facilities to reduce the high frequency of sound from engine, to resist dust pollution, hot etc. and also the availability of quality seat, toilet facilities etc.

Table No. 4.1 facilities in locomotive cabin

SL NO	Variables	YES		NO	
		Frequency	Percent	Frequency	Percent
1	Equipment to reduce high frequency of sound	4	6.7	56	93.3
2	Facility to prevent dust pollution	3	5	57	95
3	Air conditioner	9	15	51	85
4	Toilet facilities	3	5	57	95
5	Quality seat	7	11.7	53	88.3
6	Proper light facilities are available	30	50	30	50

Table 4.1 contains the distribution of respondents on the facilities availability in loco motive cabin. The first variable is about the availability of equipment to reduce high frequency of sound from the engine. From the table it is clearly visible that from N=60, 93.3% of the respondents responded No, and 6.7% of the respondents responded yes. Thus, it means there is no equipment in locomotive to resist the sound.

The second variable is about the facilities to prevent dust pollution inside the cabin. From N=60, 95% of the respondent responded No. and 5% of the respondents responded yes. Thus, it's clear that there are no facilities to prevent the dust pollution in the locomotive cabin.

The third variable is about the availability of air conditioner for reducing the heat in loco-motive cabin. It shows that the majority of the respondents (85%) responded No. In limited number of trains they had fixed air-conditioner that's why the reaming 12.5 % responded Yes. Thus, it means availability of A/C is not available in majority of the locomotive cabin.

The fourth variable is about the availability of toilet in locomotive cabin. From this one respondent (5%) responded Yes, because in some loco-motive they have toilets but from that most of them is not usable and not maintained well. The majority of the respondent 95% responded No. Thus, it means that there is no toilet facility in most of the locomotive cabin. . Now they are building toilets in the newly loco-motives but the majority of them still do not have the facilities and there is no alternative arrangements are done for this. and it had mentioned that in some locomotives they have toilets but it is not maintained well and among them some of them in not usable condition.

The fifth variable is about the availability of quality of seat in loco-motive cabin. From N=60, 88.3% of them responded No which means the quality of seat is very poor and they are not able to see when they are sitting in that seat and there is no back support for the seat and the reaming 11.7% of them responded Yes. Thus, the majority of the responded stated that the quality of seat is very poor.

The sixth variable is about the availability of proper light facility in locomotive at night. About 50% of the respondent responded Yes and the remaining 50% of them responded No.

4.4.2 FACILITIES IN RESTROOM

Table 4.2 is trying to analyse the facilities available in restroom. Through this researcher is trying to analyse the facilities such as availability of during water, toilet facilities, availability of bed and basic infrastructure like fan, light etc.

Table No. 4.2 facilities in restroom

SL NO	Variables	YES		NO	
		Frequency	Percent	Frequency	Percent
1	Drinking water	45	75	15	25
2	Toilet facilities	51	85	9	15
3	Availability of Bed	56	93.3	4	6.7
4	Basic infrastructure (Fan, light, etc)	56	93.3	4	6.7

Table 4.2 contains the distribution of respondents on the facilities availability in restrooms. The first variable is about the availability of drinking water in the restroom. From N=60 75% of the respondents responded Yes and the remaining 25% of them responded No. Thus, the majority of the respondent stated that in restroom's drinking water is available.

The second variable is trying to analyse the distribution of respondents based on the availability of toilet in the restroom. From the table it is clear that from N=60 85% of the responded marked YES and 15% responded NO. Thus, it means toilet facilities are available in most of the restroom in southern railway zone.

The third variable is about the availability of bed in the restrooms. From the table we can analyse that 93.3% of the respondent responded Yes and the remaining one person (6.7%) responded No. Thus, it denotes that majority of the responded stated in restroom beds are available.

The fourth variable is about the availability of basic infrastructure facilities in restrooms. From N=60, 93.3% of responded Yes and only 6.7% of them responded No. Thus, the majority of the responded yes, its means that in most of the restroom have proper infrastructure facilities.

4.4.3 PHYSICAL HEALTH CONDITION OF

LOCO-PILOTS.

Figure 4.3 is trying representing the response of loco-pilots on their physical health condition encounter in last 1 year. Here researcher is trying to analyse how the working pattern and insufficient facilities in the working palace affect the physical health condition of loco-pilot.

Table No. 4.3 physical health condition of loco-pilots

SL NO	Variables	YES		NO	
		Frequency	Percent	Frequency	Percent
1	Muscular skeletal problems	29	48.3	31	51.7
2	Headache and Hearing ach	40	66.7	20	33.3
3	Dehydration	36	60	24	40
4	Eye damage	22	36.7	38	63.3
5	Respiratory problem	27	45	33	55
6	Urinary tract abstraction and bacterial infection	24	40	36	60
7	Obesity and intestine disorder	28	46.7	32	53.3
8	Hypertension	34	56.7	26	43.3

Table 4.3 portrays the designation distribution of the respondents on the physical health condition. Mainly there are eight heath issues are causing to the respondent because of the unusual working pattern and insufficient facilities is the working and resting place.

The first health problem mentioned in the figure is muscular skeletal problems. From N=60, 48.3% of them responded Yes and the left 51.7% of them responded No. Thus, the majority of the respondents stated that they don't have Muscular skeletal problems due to the working pattern.

Headache and hearing ache is the other issues mentioned in the figure. For that 33.3% of them responded No and the remaining 66.7% of them responded Yes, thus the majority of the responded stated that the heavy frequency of sound from the engine is causing to head and here ache among them.

Another health problem faced by loco pilots is dehydration. From N=60, 60% of the respondents responded Yes and 40% of them responded No. Thus, majority of the respondent stated that they have dehydration due to the hot in the loco-motive cabin.

Eye damage is the next health issue mentioned in the figure. From N=60, 63.3% of the respondent responded No and rest of the 36.7% responded Yes. Thus, majority of the responded stated that they have no health issues related to eyes.

Another problem mentioned in the figure is respiratory issues. About 55 % of the respondents is marked as No and the reaming 45 % of the respondents marked as Yes. Thus, the majority of the respondents marked that they have no respiratory issues caused in that 1 year.

The 6th problem mentioned in the figure is urinary tract abstraction and bacterial infection. For this 40% of the respondents responded yes and the reaming 60% of them responded No. Thus, majority of the responded that they have no urinary tract abstraction and bacterial infection due to the insufficient facilities in locomotive cabin.

The second health issue mentioned in the figure is obesity and intestine disorder. It shows that the majority of the respondents (which means 53.3 %) among the N=60 responded NO and the reaming 46.7 % of them responded Yes. Thus, the majority of

the loco-pilots stated that they have no obesity and intestine disorder due to the disordered working pattern.

The last health issue mentioned in the figure is hypertension it shows that the majority of the respondents (which means 56.7%) among the N=60 responded Yes and the reaming 43.3% of them responded No. Thus, the majority of the loco-pilots stated that they have hypertension due to the unusual working hour.

4.5 FAMILY LIFE AND OCCUPATIONAL STRESS

In this part, researcher is attempting to analyse the family life and level of occupational stress among the respondent. based on the family support, involvement in family life, work life balance, stress factors while on job, stress management, pressure from authorities, and safety hazards are the main analysing factors.

4.5.1 SUPPORTIVE FAMILY

Figure 4.17 contains the distribution of respondents based on the opinion that how supportive their family on their job.

Figure No. 4.17 family support for work
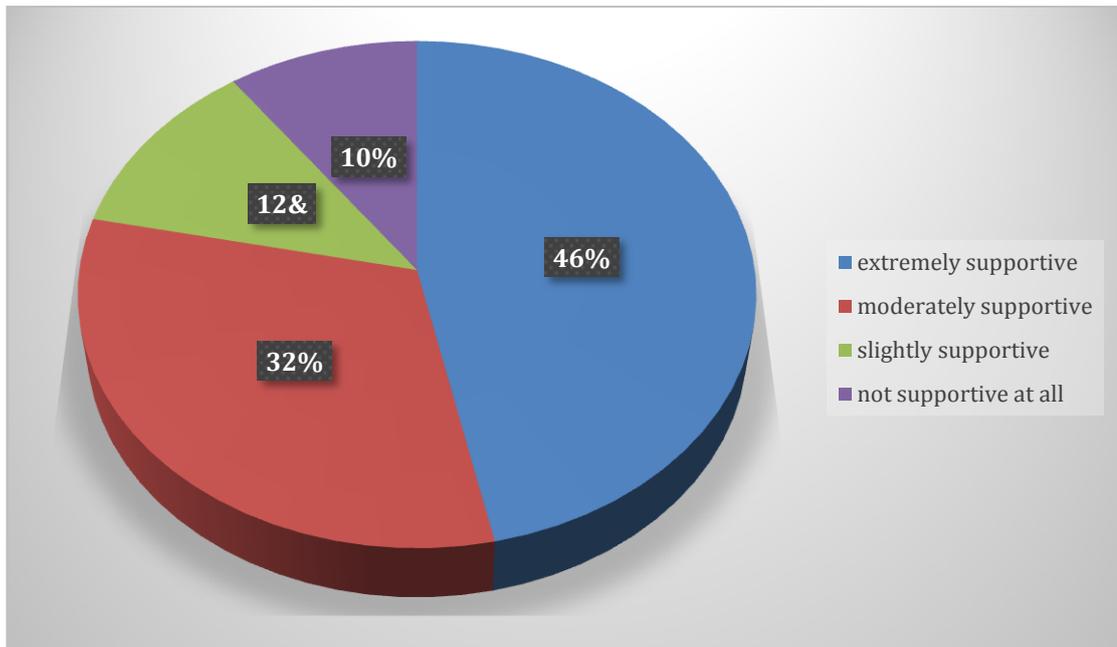
Figure 4.17 constitute the distribution of respondents based on their opinion that how supportive their family on their job. The results says that 46% of the people responded their families are extremely supportive. 32% of the respondents responded that moderately supportive family. 12% of the respondents responded that slightly supportive family. And remaining 10% of the respondents responded that not supportive at all.

Thus, from this it's clear that majority of the respondent responded that their family is extremely supportive.

4.5.2 MISSED FAMILY EVENT OR ACTIVITY

Figure 4.18 contains the distribution of respondents based on their missed opportunity in family event or function.

Figure No. 4.18 ever missed family event or activities
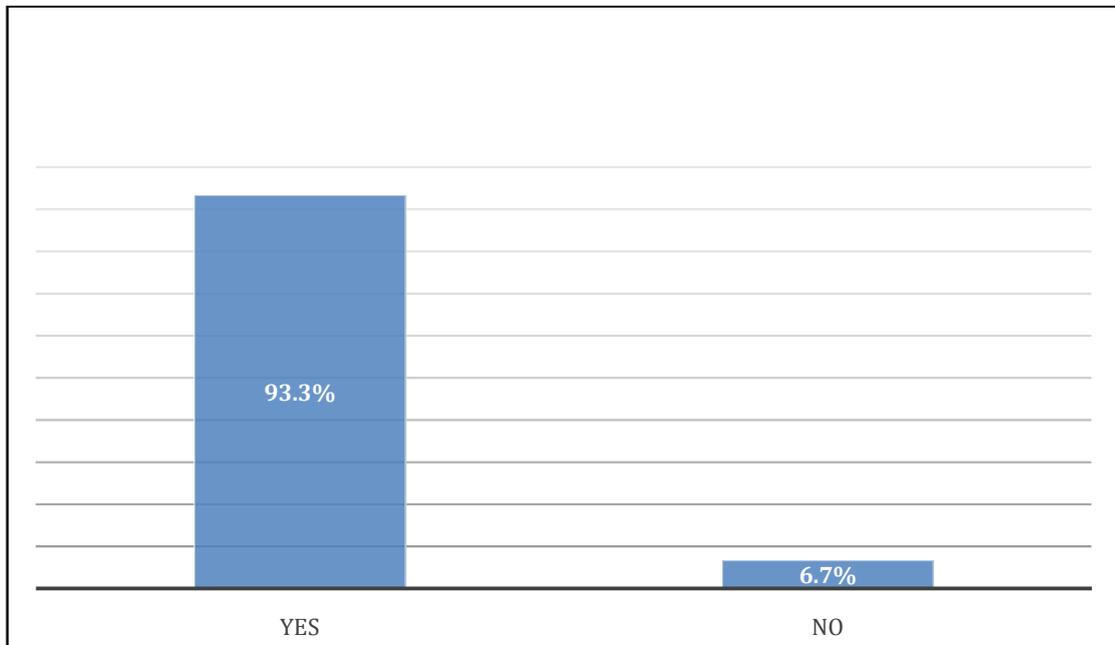
Based on the figure 4.18, the result says that 93.3% of the respondents responded Yes that means they are missed their family event or function due to working as a loco-pilot. And 6.7% of the respondents responded no.

Thus, from this it's clear that majority of the respondent responded that they missed their family event or function because of working as a loco-pilot.

4.5.3 PARTICIPATION IN FAMILY EVENTS

Figure 4.19 contains the distribution of respondents based on how often their missed opportunity in attending family event or function.

Figure No. 4.19 how often miss family event or activities
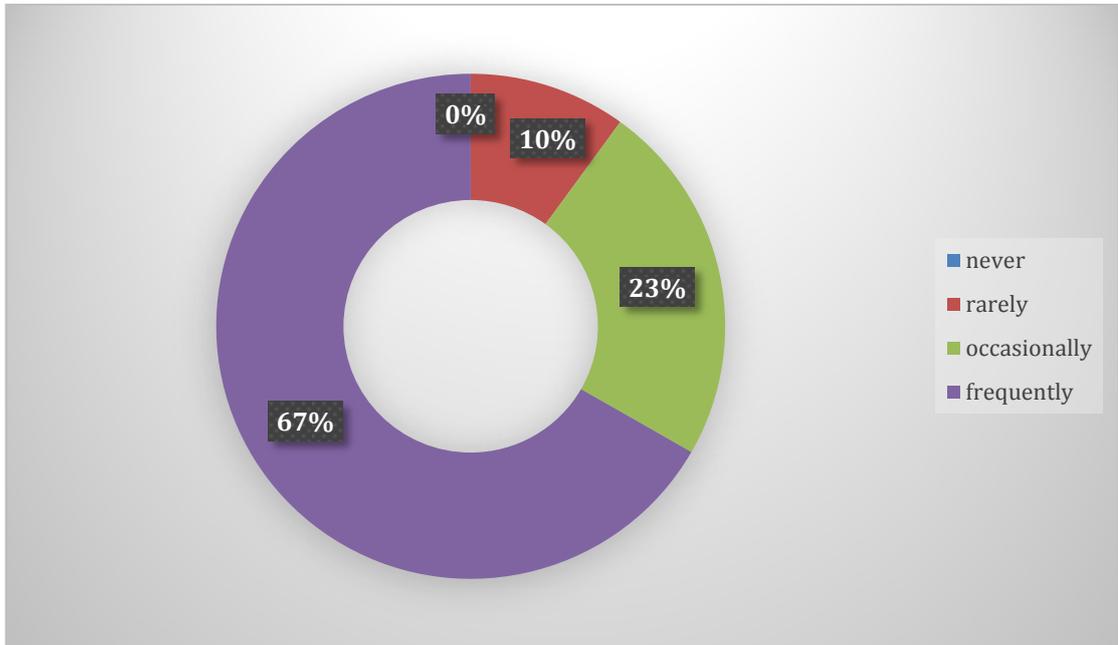
Based on the figure 4.19, 67% of the respondents responded that frequently they miss their family event or function. 23% of the respondents responded that occasionally they miss their family event or function. And 10% responded that rarely they miss their family event or function.

Thus, from this it's clear that majority of the respondent responded that they missed their family event or function frequently because of working as a loco-pilot.

4.5.4 COMMUNICATION WITH FAMILY DURING WORKING HOURS

Figure 4.20 contains the distribution of respondents based on how they communicate with their family while on the job.

Figure No. 4.20 communicate with family
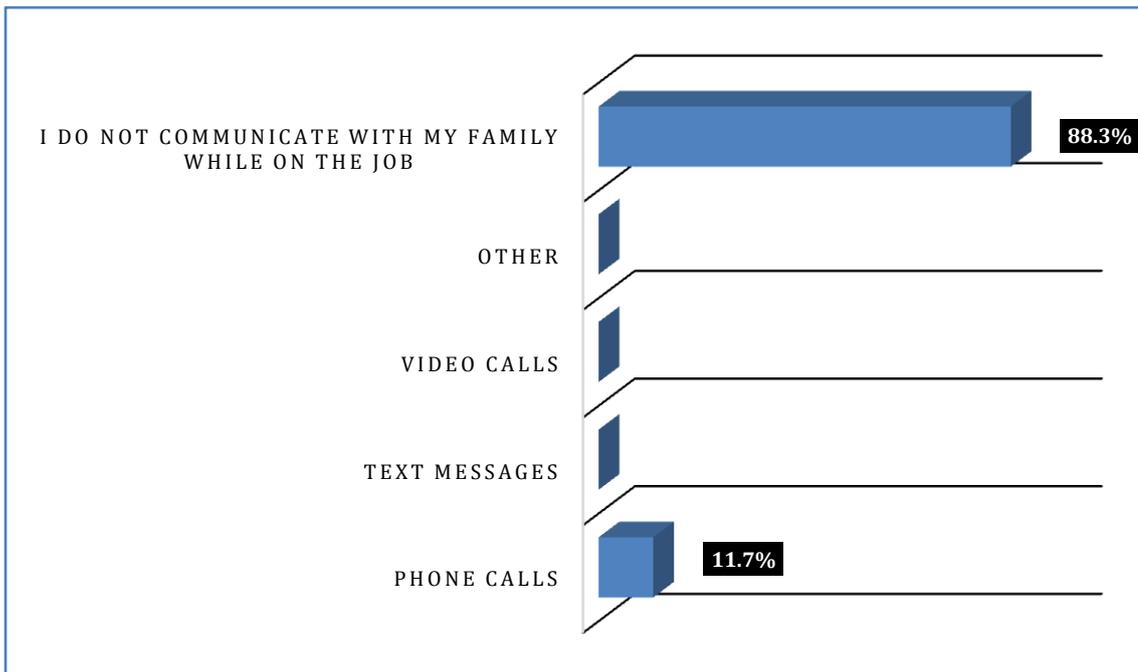
Based on the figure 4.20 11.7% of the respondents responded that they communicate with their family using phone calls while on job. Rest of the 88.3% of the respondents responded that they do not communicate with their family while on the job.

Thus, from this it's clear that majority of the respondent responded that they do not communicate their family while on the job.

4.5.5 WORK-LIFE BALANCE SATISFACTION

Figure 4.21 contains the distribution of respondents based on how they satisfied with their work-life balance.

Figure No. 4.21 work life balance
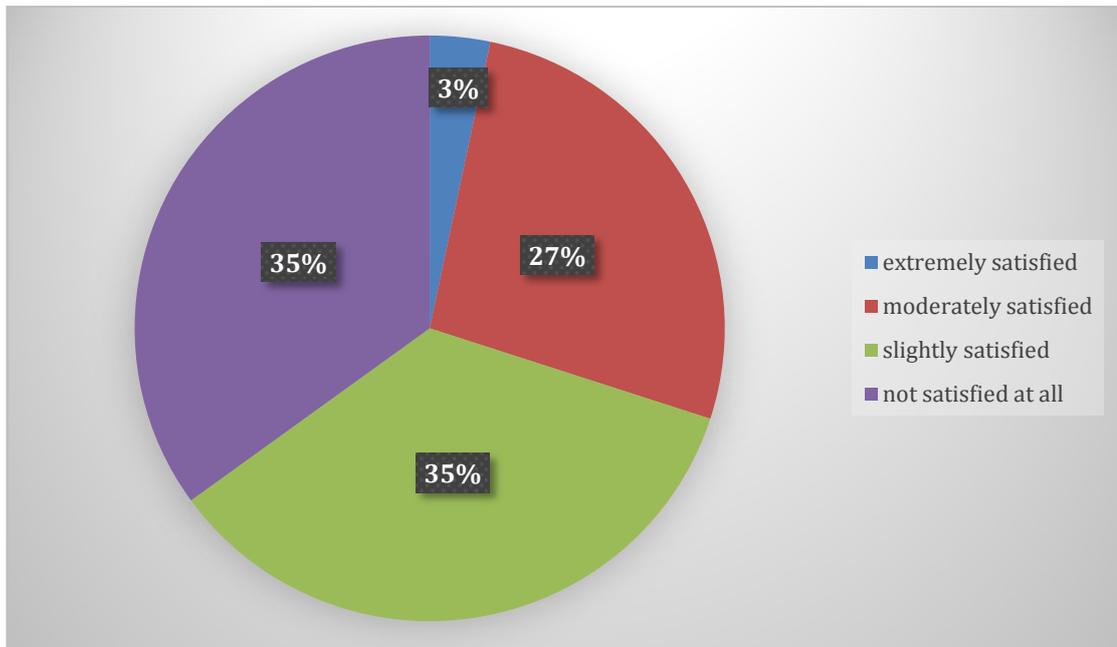
The above figure 4.21describes that 35% of the respondents are slightly satisfied, also 35% of the respondents are not satisfied, 27% of the respondents are moderately satisfied and only 3% of the respondents responded that they extremely satisfied.

Thus, from this it's clear that majority of the respondent responded that they slightly or not satisfied on their work-life balance.

4.5.6 NIGHT SHIFT AND IRREGULAR WORKING HOURS

Figure 4.22 contains the distribution of respondents based on their irregular working hours and night shifts.

Figure No. 4.22 night shifts and irregular working pattern
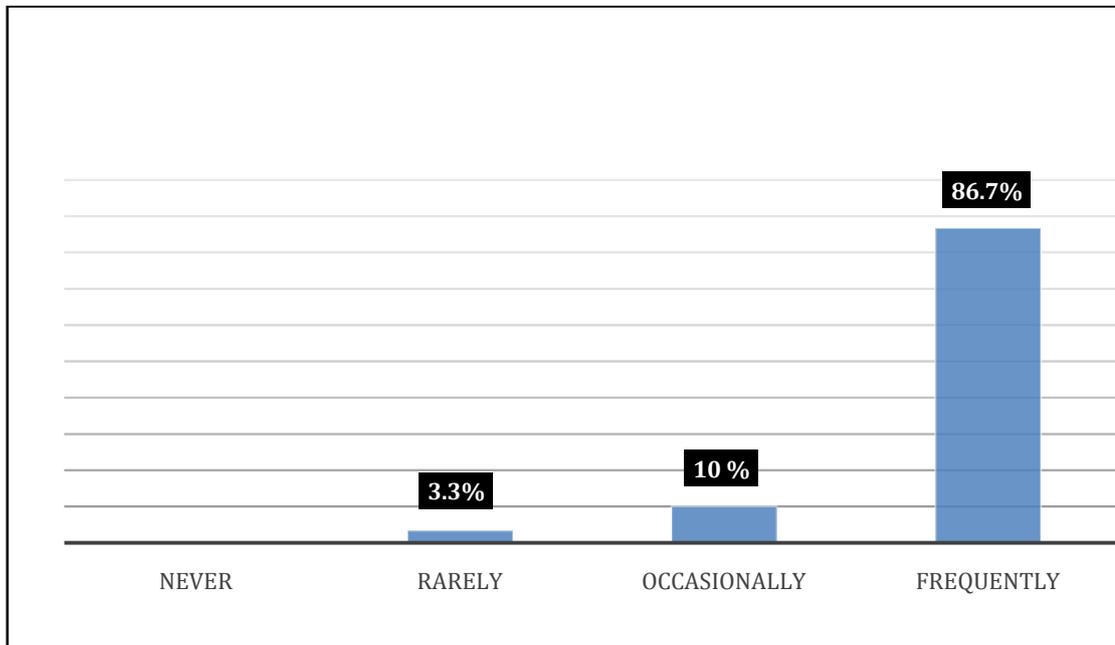
The above figure 4.22 describes that 86.7% of the respondents are responded frequently, 10% of the respondents responded occasionally, 3.3% of the respondents responded rarely and 0% of the respondents responded that never.

Thus, from this it's clear that majority of the respondent responded that they have frequently night shifts and irregular hours of working.

4.5.7 WORKING AS A LOCO-PILOT INTERFERES FAMILY LIFE

Figure 4.23 contains the distribution of respondents based on their working pattern interferes their family life.

Figure No. 4.23 work interferes family life
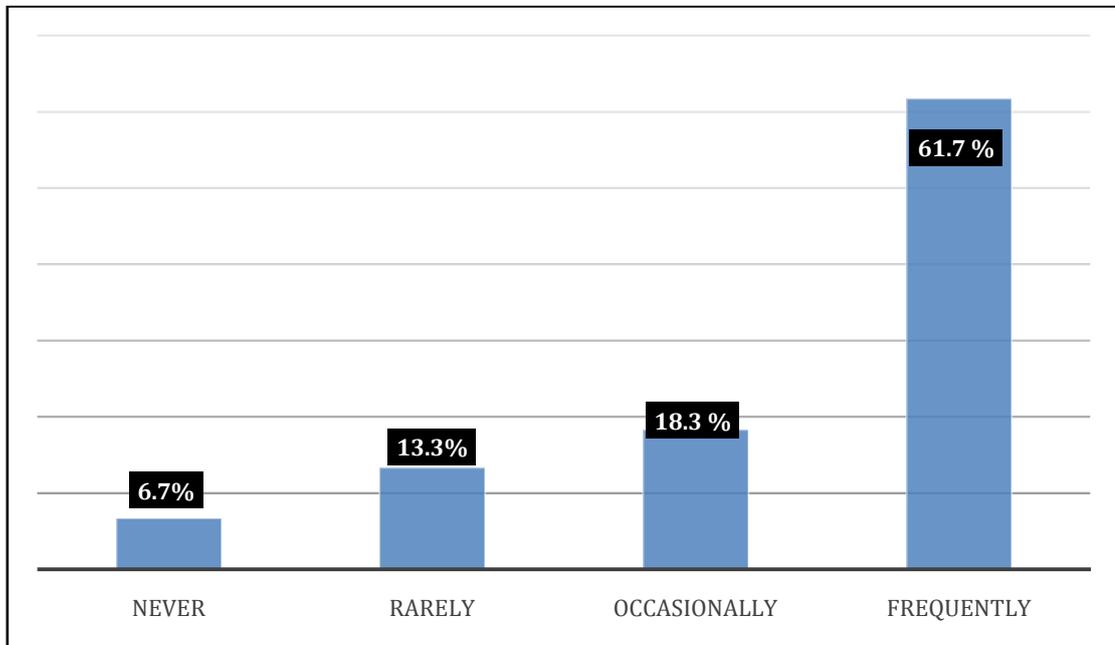
The above figure 4.23 describes that 61.7% of the respondents are responded frequently, 18.3% of the respondents responded occasionally, 13.3% of the respondents responded rarely and 6.7% of the respondents responded that never.

Thus, from this it's clear that majority of the respondent responded that their work interferes their family life.

4.5.8 PRIMARY SOURCES OF STRESS

Figure 4.24 contains the distribution of respondents based on their primary sources of stress.

Figure No. 4.24 primary sources of stress
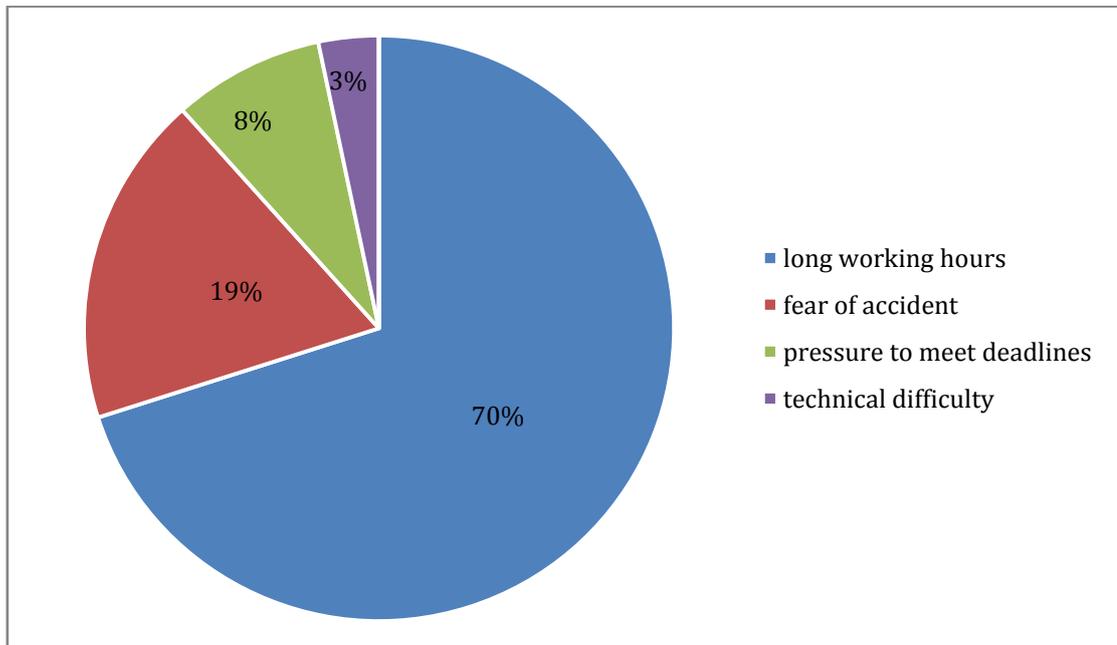
The above figure 4.24 describes that 70% of the respondents responded that long working hours is the primary source of stress. 19% of the respondents responded fear of accident, 8% of the respondents responded pressure to meet deadlines and only 3% of the respondents responded that technical difficulty.

Thus, from this it's clear that majority of the respondent responded that long working hours is the primary source of stress.

4.5.9 HOW OFTEN FEEL STRESSED WHILE WORKING

Figure 4.25 contains the distribution of respondents based on how often their stressed while on job.

Figure No. 4.25 feel stressed while working
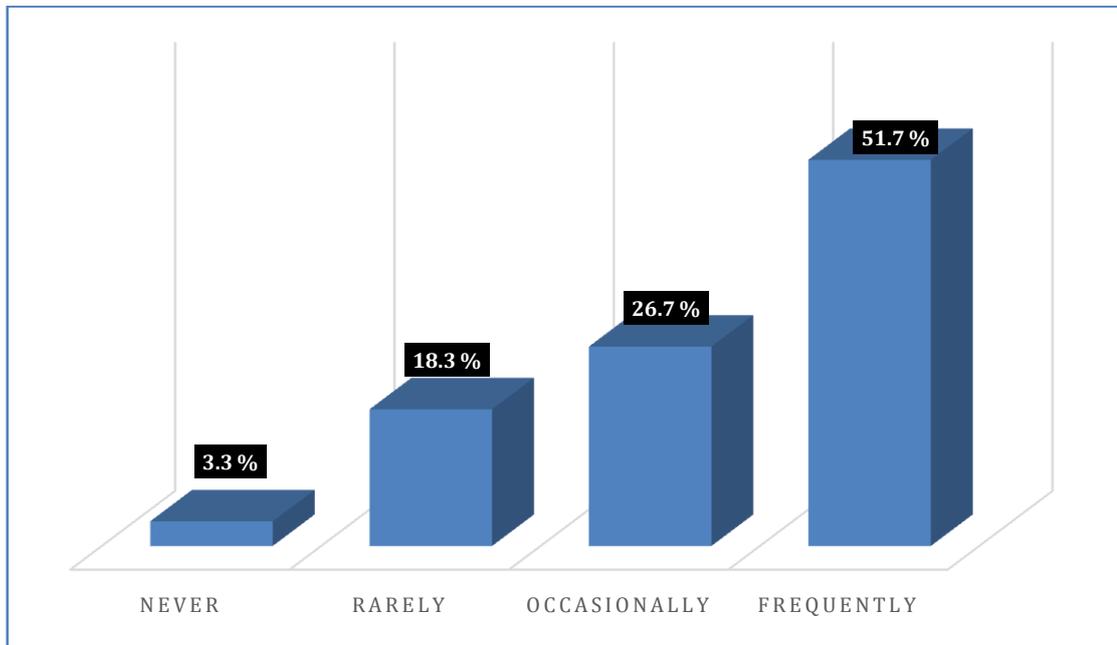
The above figure 4.25 describes that 51.7% of the respondents are responded frequently, 26.7% of the respondents responded occasionally, 18.3% of the respondents responded rarely and 3.3% of the respondents responded that never.

Thus, from this it's clear that majority of the respondent responded that they feel stressed frequently while on their job.

4.5.10 MANAGE OR MITIGATE SAFETY RISKS WHILE ON THE JOB

Figure 4.26 contains the distribution of respondents based on how they manage or mitigate safety risks.

Figure No. 4.26 manage or mitigate safety risk
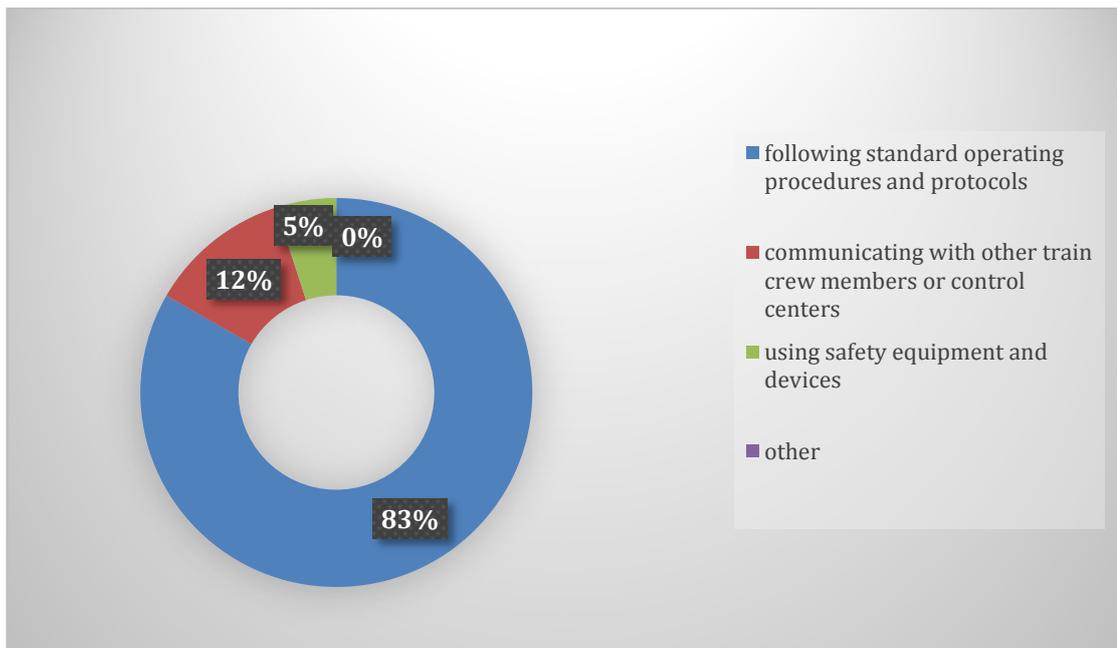
The above figure 4.26 describes that 83% of the respondents responded that they follow standard operating procedures and protocols. 12% of the respondents responded that they communicate with other train crew members or control centres, and 5% of the respondents responded that they use safety equipment and devices.

Thus, from this it's clear that majority of the respondent responded that they follow standard operating procedures and protocols.

4.5.11 MOST COMMON SAFETY HAZARDS WHILE ON THE JOB

Figure 4.27 contains the distribution of respondents based on most common safety hazards while on the job.

Figure No. 4.27 most common safety hazards
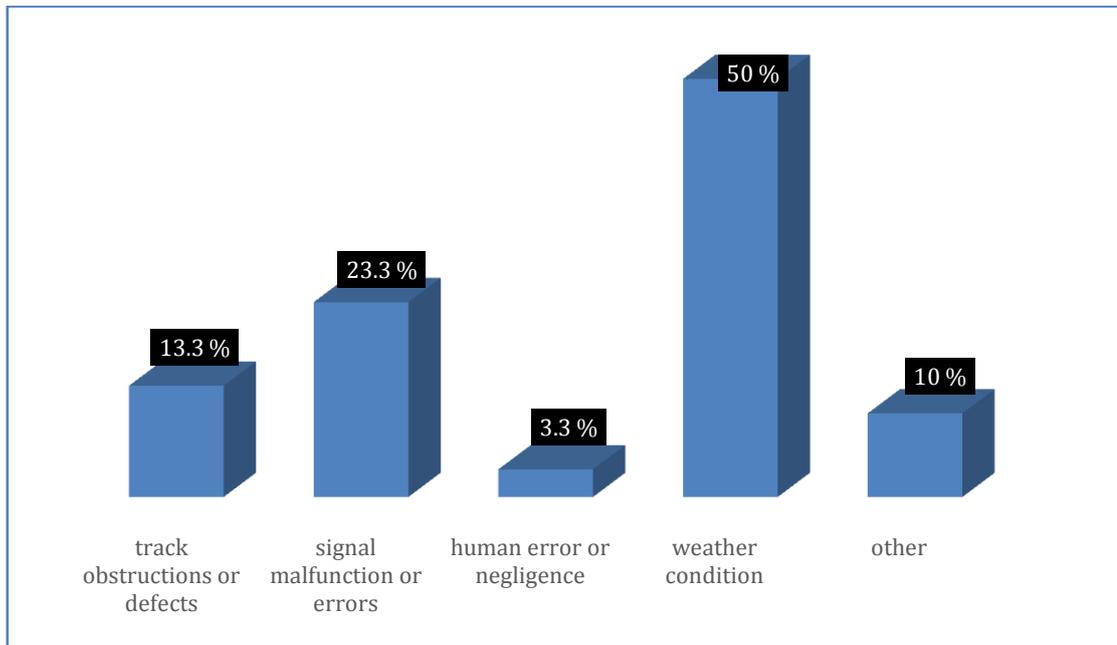
The above figure 4.27 describes that 50% of the respondents responded that weather condition is the most common safety hazard. 23.3% of the respondents responded signal malfunction or errors, 13.3% of the respondents responded that track obstructions or defects, 3.3% of the respondents responded human error or negligence, and 10% of the respondents responded other reasons.

Thus, from this it's clear that majority of the respondent responded that weather condition is the most common safety hazard while on their job.

4.6 CONCLUSION

The analysis of research work is a vital step in advancing knowledge and improving the quality of research in various fields. The chapter dealt with analysis and interpretation, which is the major part of the research study. The data collected from 60 samples of respondents are analysed and interpreted using tables and figures.

CHAPTER IV
FINDINGS, SUGGESTIONS AND CONCLUSIONS

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The chapter researcher communicates the major findings that are obtained from the data analysis and interpretation, suggestions as per the researcher's point of view and the review of the literature, and at last the conclusion of the research study.

5.1 FINDINGS

- The majority of the respondents are male based on gender distribution.

- Distribution of religion shows that majority of them are Hindu.

- Majority of the respondents were from the general category.

- Distribution based on education qualification results that majority of them with a diploma in engineering,

- Majority of them were working in goods train.

- The working hours of the respondents are depending on the nature of the work. Respondents who work in goods train needed to work continues above 10 hours, in passenger train 5 to 10 hours. The majority of them goods train drivers and they need to work more than 10hrs.

- Majority of them get 8 to 16 hours of rest while at the home station and 0 to 8 hrs of rest when they are in the outstation. But in between any emergency had happened they will call up for duty.

- Majority of them has to compensate their sleep and take overtime duty in the last three months on a regular basis for completing their work.

- Majority of them rarely get sick leaves on emergency.

- Majority of them have the opinion, that working pattern is regularly affecting their social life and they do not able to spend quality time with their family and friends.

- Many of them stated only sometime they are able to have food on time.

- Majority of them wants to change their current working pattern. This working Patten had created many impacts on the health and life of loco-pilots.

- Majority of them marked that facilities are not available in the loco-motive cabin to prevent dust pollution, no toilet facilities no equipment is available for resisting the high frequency of the sound produced from the engine and there are no proper light facilities available in the locomotive.

- Majority of the trains, the seat quality is very poor. Most of the seats are placed without backrest provision and the height is very low so they needed to perform their duty always in standing position otherwise track is not seen properly while seated.

- Majority of them facing health problem like hypertension, obesity and intestine disorders, urinary tract abstraction and bacterial infection, dehydration, headache and hearing ache, and muscular-skeletal problems due to the working pattern.

- Majority of them have extremely supportive family for their job as a loco-pilot..

- Majority of them are not communicating with their family while on the job.

- Majority of them are not satisfied with their work life balance.

- Majority of them stated that working as loco-pilots frequently interferes their family life.

- Majority of them facing long working hours is the primary source of stress.

- Majority of them follow standard operating procedures and protocols to manage or mitigate safety risk while on the job

- Majority of them facing weather condition is the most common safety hazards.
  From this, it's clear that the jobs of loco-pilots are highly stressful and their family life was not a satisfactory one so they need change in working pattern is required.

5.2 IMPLICATIONS OF THE STUDY

- To fulfil the vacant post it will help to maintain a proper working pattern and they get proper rest and better family life.

- To provide a better individual and family counselling for stress relief.

- To develop a proper leave policies like other government jobs and also allot the minimum CL (casual leave) and EL (earned leave).

- To ensure the proper working hours for the loco pilots in order to maintain a healthy lifestyle.

5.3 LIMITATION OF THE STUDY

- As the sample size is small, findings of the study can't be generalized.

- Respondents are not much willing to share information because of higher authority threats.
- Lack of scholarly work on this topic.

5.4 SUGGESTIONS

- Arrangement of fixed work schedules and while arranging the working schedule consider the psycho-physiological and health of loco-pilots.

- Reduce the number of consecutive night duty as much as possible and give proper rest after the night duty. The working hours at a stretch of Running Staff should be limited to 8 hrs and the Calendar day rest should be provided to them.

- Ensuring the Participation of the loco-pilots in decision-making appears to be necessary to increase perceived influence, motivation, job satisfaction, and performance efficiency, as well as to decrease stress and relative negative consequences.

- Appointing more loco-pilots can divide the shifts again and thereby it helps in reducing the workload.

- Provide proper facilities in the loco-motive cabin without further delay. Such as air conditioners, toilet facilities, equipment to reduce the high frequency of noise, quality seats, etc., and providing proper accommodation for them.

- Give proper attention to the health of loco-pilots and arrange regular check-up facilities for them.

5.5 CONCLUSIONS

Loco pilots are one of the most important persons in the Indian railway. They execute a huge task of transporting average daily ridership of 25 million passengers. Moreover, they have the responsibility to transfer goods from one place to another. The job of loco-pilots is considered as highly stress full job. The irregular working pattern and insufficient facilities are making the life of loco pilots miserable. Even though they have a fixed working schedule but most of the time the activities and work are not going according to that, moreover, sometimes they need to take over time duties. And this irregular working pattern is affecting the personal and social life of loco-pilots. And this is the one factor that is contributing to in increases their workload and stress. So it is necessary to establish a fixed working schedule and execute the task and duties according to that schedule only. This helps to reduce the workload and they will get time to do their personal work and spend quality time with their family and friends. The other factor that is creating an impact on the health of loco-pilots is the insufficient facilities in the working environment. Mostly the loco-pilot needs to spend their time in the loco-motive cabin and the running room. As per the responses its shows that in locomotive cabins they are not having any proper facilities, and in the case of running rooms it depends on the stations but in most places they are getting as many facilities in the running room. So the facilities in the loco-motive cabin should be arranged properly. This is helpful to decrease the stress level of loco-pilots.

As the researcher mentioned above the safety of the passengers are in the hand of loco-pilots, the stress of full working condition will increase the risk of accident, which will lead to loss of many lives. So it's important to consider all the problems

and take proper action for addressing this. As we know this job is really hard and most of them are satisfied with their job. They are just continuing this job only because of the status and the salary. Adding motivational aspects and reinforcement activities among them are impotent as providing the facilities and arranging fixed Woking schedules for them.

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APPENDIX

A study on the relationship between working pattern and family life of loco pilots in southern railway

QUESTIONNAIRE

1. SOCIO-DEMOGRAPHIC PROFILE

1. Name :

2. Designation:

3. Age:

4. Sex : male ☐   female ☐

5. Place:

6. Religion : Hindu ☐ Muslim ☐ Christian ☐ Other ☐

7. Cast : General ☐ ST ☐ SC ☐ OBC ☐ OTHERS ☐

8. Educational status: 10th ☐ 12th ☐ Graduation ☐ ITI certification ☐

   Diploma in engineering ☐

9. Experience: _____ no. of years.

10. Monthly Salary: _____-Rs.

2. WORKING PATTERN

1. Nature of work?

   Goods Train ☐ Passenger Train ☐ MEMU ☐

2. How many hours does a loco-pilot need to spend in a locomotive in one shift?

SL NO	TYPE	TIME(hrs)
1	Goods Train	
2	Passenger Train	
3	Others	

3. How many shifts do you have to work in a month?

4. How many hours of rest do you get in between two shifts?

   Goods train ☐ Passenger train ☐ other ☐

5. Because of the heavy workload do you have to compromise your sleep to complete the work?

Regular ☐   Sometimes ☐   Often ☐   Never ☐

6. Do you need to take overtime duty in the last 3 months?

Regular ☐   Sometimes ☐   Often ☐   Never ☐

7. How many days you can take leave in a year?

CL ☐   EL ☐

8. Do you able to complete your personal works on available leaves?

Regular ☐   Sometimes ☐   Often ☐   Never ☐

9. Did you get sick leaves on emergency?

Regular ☐   Sometimes ☐   Often ☐   Never ☐

10. Does the working pattern affect your social life?

Regular ☐   Sometimes ☐   Often ☐   Never ☐

11. Do you get enough time to spend with your family and friends?

Regular ☐   Sometimes ☐   Often ☐   Never ☐

12. Do you get leave to attend family functions?

Regular ☐   Sometimes ☐   Often ☐   Never ☐

13. Do you able to have food on time?

Regular ☐   Sometimes ☐   Often ☐   Never ☐

14. Do you think the current working pattern should change?

Yes ☐   No ☐

3. FACILITIES AND PHYSICAL HEALTH CONDITION

SL. NO	FACILITIES	Yes	No
1	Any equipment provided to reduce the high frequency of sound		
2	Any facilities to prevent dust pollution.		
3	Air conditioner		
4	Toilet facilities		
5	Quality seat		
6	Proper light facilities are available		

4. DO THE HIGHER AUTHORITIES IS PROVIDING SUFFICIENT FACILITIES IN   STAFF RESTROOMS?

SL. NO	FACILITIES	Yes	No
1	Drinking water		
2	Toilet facilities		
3	Availability of Bed		
4	Basic infrastructure (Fan, light, etc.)		

5. PHYSICAL HEALTH CONDITION ENCOUNTER IN LAST 1 YEAR?

SL.NO	PHYSICAL HEALTH CONDITION	YES	NO
1	Muscular skeletal problems		
2	Headache and Hearing ach		
3	Dehydration		
4	Eye damage		
5	Respiratory problems		
6	Urinary tract abstraction and bacterial infection		
7	Obesity and intestine disorder		
8	Hypertension		

6. FAMILY LIFE AND OCCUPATIONAL STRESS

1. How supportive is your family of your work as a loco-pilot?

                                Extremely supportive ☐

                                Moderately supportive ☐

                                Slightly supportive ☐

                                Not supportive at all ☐

2. Have you ever had to miss a family event or activity due to work as a loco-pilot?

                      Yes ☐

                      No ☐

3. How often do you miss family events or activities due to work as a loco-pilot?

                    Never ☐

                    Rarely (less than once a month) ☐

                    ccasionally (1-2 times a month) ☐

                    Frequently (more than 2 times a month) ☐

4. How do you communicate with your family while you are on the job?

                    Phone calls ☐

                    Text messages ☐

                    Video calls ☐

                    Other (please specify): ☐

                    I do not communicate with my family while on the job ☐

5. How satisfied are you with your work-life balance?

                    Extremely satisfied ☐

                    Moderately satisfied ☐

                    Slightly satisfied ☐

                    Not satisfied at all ☐

6. How often do you have to work night shifts or irregular hours as a loco-pilot?

                    Never ☐

                    Rarely (less than once a week) ☐

                    occasionally (1-2 times a week) ☐

                    Frequently (more than 2 times a week) ☐

7. How often do you feel that your work as a loco-pilot interferes with your family life?

          Never ☐

          Rarely (less than once a week) ☐

          Occasionally (1-2 times a week) ☐

          Frequently (more than 2 times a week) ☐

8. What are the primary sources of stress for you as a loco-pilot?

          Long working hours ☐

          Fear of accidents ☐

          Pressure to meet deadlines ☐

          Technical difficulties ☐

          Other (please specify) ☐

9. How often do you feel stressed while working as a loco-pilot?

          Never ☐

          Rarely (less than once a week) ☐

          Occasionally (1-2 times a week) ☐

          Frequently (more than 2 times a week) ☐

10. How do you manage or mitigate safety risks while working as a loco-pilot?

          Following standard operating procedures and protocols ☐

          Communicating with other train crew members or control centers ☐

          Using safety equipment and devices ☐

          Other (please specify) : ☐

11. What are the most common safety hazards that you encounter during your work as a loco-pilot?

          Track obstructions or defects ☐

          Signal malfunctions or errors ☐

          Human error or negligence ☐

          Weather conditions ☐

          Other (please specify): ☐

A STUDY ON UTILIZATION OF COUNSELLING SERVICES IN HIGHER SECONDARY SCHOOL

ALBIN VARGHESE

DON BOSCO ARTS & SCIENCE COLLEGE
ANGADIKADAVU
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2021-2023

A STUDY ON UTILIZATION OF COUNSELLING SERVICES IN HIGHER SECONDARY SCHOOL

DISSERTATION SUBMITTED TO THE KANNUR UNIVERSITY INPARTIAL FULFILMENT OF THE REQUIREMENT FOR THE AWARD OF THE DEGREE OF MASTER OF SOCIAL WORK

BY

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CERTIFICATE

This is to certify that the dissertation entitled **A Study on utilization of counselling services in higher secondary school** is a bonafide record of work done by **ALBIN VARGHESE** under the guidance of **Ms. Akshaya P** in partial fulfilment of the requirement for the award of the degree of Master of Social Work, during the period of his study (2021-2023) in the Department of Social Work, Don Bosco Arts and Science College, Angadikadavu, Kannur, affiliated to the Kannur University.

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CERTIFICATE

This is to certify that the dissertation entitled**, A Study on utilization of counselling services in higher secondary school** submitted by **ALBIN VARGHESE** in partial fulfilment of the requirement for the award of the degree of Master of Social Work, is a bonafide record of work done under my guidance and supervision during the period of his study (2021-2023) in the Department of Social Work, Don Bosco Arts and Science College, Angadikadavu, Kannur, affiliated to the Kannur University.

MS. AKSHAYA P

Assistant professor and Research Guide

Department of Social Work

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DECLARATION

I, **ALBIN VARGHESE**, the undersigned, hereby declare that the dissertation entitled, **A Study on utilization of counselling services in higher secondary school**, submitted to the Kannur University, in partial fulfilment of the requirement for the award of the degree of **Master of Social Work**, is a bona fide work done by me under the guidance of **Ms. Akshaya P,** Assistant professor, Department of Social Work, Don Bosco Arts And Science College, Angadikadavu. This work has not been placed by anybody in the University for the Award of any degree or diploma.

ANGADIKADAVU   ALBIN VARGHESE

MAY 2023

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ALBIN VARGHESE

ABSTRACT

The aim of this study was to investigate the utilization of counselling services in higher secondary schools and understand the factors that influence student engagement with these services. The research focused on examining the extent to which counseling services were being utilized, identifying the most common reasons for seeking counseling, and exploring any barriers or challenges that hindered students' access to and utilization of these services.

The findings revealed that while a significant proportion of students recognized the importance of counseling services, the overall utilization rate remained relatively low. The most common reasons for seeking counseling included academic stress, career guidance, mental health concerns, and personal issues. However, several factors were identified as barriers to students' utilization of counseling services, including stigma, lack of awareness, limited availability of counseling resources, and a perception that counseling was only for individuals with severe problems.

Furthermore, the study highlighted the importance of promoting awareness about counseling services through targeted information campaigns, integrating counselling into the school curriculum, and providing a supportive and non-judgmental environment. Recommendations were made to enhance the utilization of counselling services, such as training teachers and staff to identify and refer students in need, improving the accessibility of counseling facilities, and reducing the stigma associated with seeking help.

This study contributes to the growing body of research on the utilization of counseling services in educational settings, shedding light on the factors that influence student engagement and identifying strategies to enhance utilization rates. By understanding the barriers and challenges faced by students, schools can better tailor their counseling services to meet the needs of their student population, ultimately promoting overall well-being and academic success.

Keywords : counselling services, Higher secondary school, Students, Utilization

ALBIN VARGHESE

CONTENTS

LIST OF FIGURES

CHAPTER I

INTRODUCTION

CHAPTER 1

INTRODUCTION

1.1 Statement of the problem

The youth in the present scenario belongs to the age group of 15-18 are classified as higher secondary school students. That is an age period of curiosity, confusion and anxiety about the future. In addition to physical health, mental health is also integral to human being. So the effectiveness and proper utilization of school counsellors can reduce those mental conflicts and guide to right direction.

Nowadays school managements appoints a counseling staff for provide psychological assistance for students. The modern education culture demands lot of activity based learning which emphasize more importance to students in learning that importance is deviating to unbearable stress and anxiety. The school counseling is meant for demolishing this kind of academic and personal, stress among students. But most of the students are unaware about what is counseling and how it is help them to survive from psychological problems. That is why this study is analyzing whether students utilizing counseling services in higher secondary school to reduce stress and anxiety and also to maintain good psychological equilibrium.

1.2 Title of the study

A Study on utilization of counseling services in higher secondary school.

1.3 Objectives

1.3.1 General objectives

To Study the utilization of counseling services in higher secondary school.

1.3.2 Specific objectives

1) To understand the need of school counseling.
2) To identify the counseling facilities of school.
3) To assess the services provided by school counselors.
4) To study opinion of students about counseling services provided in school

1.4 Significance of the study

The study on "Utilization of counseling services in higher secondary school" is very relevant in current situation because nowadays youth especially the higher secondary school students are struggling with various psychological problems such as addiction to various materials, anxiety, depression, carrier confusion and other psychosocial problems. An effective counseling can maintain a good psychological equilibrium. The study helps to find out, whether school counseling makes a positive change in student's psychological problems.

This study helps to understand the effectiveness in utilization of counseling services and that leads to help to analyze what are the drawbacks in school counseling and also to improve counseling facilities this research helps school counselors in improving their carrier as a research-based study.

1.5 Chapterisation

This study consists of 5 chapters and the content of each chapter is given in brief below;

Chapter 1 – Introduction

The researcher has introduced the topic in this chapter. i.e., utilization of counseling services in higher secondary school. This chapter concludes by describing the level of utilization of counseling services.

Chapter 2 – literature Review

This chapter helps to analyze the previous studies which was conducted in the same field and understand research gap with regards to previous study conducted by many researchers.

Chapter 3 – Research Methodology

The researcher has cross checked the study by stating the sub clauses under methodology. The field of study, research design, sampling technique, different variables, tools of data collection, data collection and analyses, chapterization and limitations of study is explained under this chapter.

Chapter 4 – Analysis and Interpretation

The field of study, research design, sampling technique, different variables, tools of data collection, data collection and analyses, and limitations of study is explained under this chapter.

Chapter 5 – Findings, Suggestions and Conclusion

This is the final chapter in this study. Major findings of the study are presented in this chapter and the researcher provides possible suggestions to the counselor's techniques.

1.6 Conclusion

The Chapter 1 is focusing mainly on the relevance of the study and to identify what should be studied detail. Conceptual clarification is a integral part of social work research. It helps the scholar to get a clear direction on what to study and how to study it.

CHAPTER II

LITERATURE REVIEW

CHAPTER 2

LITERATURE REVIEW

2.1 Introduction

Review of literature assembles information and evaluates the knowledge available on a certain topic or issue of research. In essence, it identifies, evaluates and synthesizes the relevant literature within a particular field of research. It illuminates how knowledge has evolved within the field, highlighting what has already been done, what is generally accepted, what is emerging and what the current state of thinking on the topic is. Additionally, within research-based texts such as doctoral theses, literature reviews identify the research gap.

In this chapter, it deals with different definitions of utilization, counseling, service and also brief details of literature related to counseling services.

2.2 Review of literature

INTERNATIONAL STUDENTS' UTILIZATION OF COUNSELING SERVICES

Utilization rates of counseling services by international students continue to be low despite the growing presence of this population in American colleges and universities. There are a number of adjustment factors and stressors that can have a detrimental impact on the mental health and well-being of international students, as well as a variety of barriers to accessing supports. This study examined international student utilization of counseling services at a Midwestern University over a period of 5 years. Results indicated that international students underutilized counseling services in all but one year examined, more female international students used the service than males, the majority of international students who did access counseling services were Asian, and the majority of students who accessed services kept appointments after intake sessions. Limitations and implications of the study are discussed.

ROLES OF GUIDANCE AND COUNSELLING SERVICES IN THE SECURITY ADMINISTRATION OF SECONDARY SCHOOLS IN ENUGU STATE IN NIGERIA.

The findings of the study among others showed that the respondents were of the view that the roles of guidance and counselling services relating to organizing in-service courses in the security administration of secondary schools in Enugu State is to a low extent. One of the recommendations made was that, there should be constant and continuous staff training, retraining and development programmes in order to build the capacity of counselors. However, counselors should be exposed the latest technological means in order to aid effective utilization of guidance and counselling services in the school relating to organizing in-service courses.

ASSESSMENT OF UTILIZATION OF COUNSELING SERVICES BY STUDENTS IN KEREN SUBZONE SECONDARY SCHOOLS, ANSEBA REGION, ERITREA

The trend of discipline in Eritrean high schools is not different from the rest of the world. Despite counselling services being part of education policy and the curriculum, they are still underutilized in many schools in Eritrea. This is supported by the common indiscipline incidents reported in Eritrean schools such as assault, noise making, fighting, theft, vandalism, destruction of school property, cheating in exams, failure to do homework or refusal to take orders from teachers and administrators, unwarranted absenteeism, sneaking from class and in some rare cases smoking cigarettes and drinking alcohol. This study assessed the utilization of counselling services by students in Keren Subzone Secondary Schools, Anseba Region, Eritre

HIGH SCHOOL STUDENTS' PERCEPTIONS OF SCHOOL COUNSELING SERVICES: AWARENESS, USE, AND SATISFACTION

This article describes high school students' awareness, use, and satisfaction with academic, college preparation, career, and personal, social, or emotional school counseling services in a large urban school district. A questionnaire was administered to 701 students in Grades 9 through 12 in the spring of 2008. Results indicated that a high proportion of students reported awareness of school counseling services at their school. In addition who reported visiting the school counselor for specific services

were satisfied with services. However, less than 50% reported visiting the school counseling office at least once for college preparation, career, or personal, social, or emotional services.

SPOTLIGHTING STIGMA AND BARRIERS: EXAMINING SECONDARY STUDENTS' ATTITUDES TOWARD SCHOOL COUNSELING SERVICES

Student attitudes toward accessing school counseling services were the focus of a survey of 3,584 middle school and high school students. Respondents identified barriers to seeking help from school counselors, including stigma, a desire to manage problems themselves, a lack of a positive relationship with their school counselor, and a concern that the counselor would not keep disclosures confidential. This study also examined the impact of gender, age, and race/ethnicity on students' willingness to seek help from their school counselor. We present implications for practice and future research.

UNIVERSITY COUNSELING SERVICE UTILIZATION BY LOCAL AND INTERNATIONAL STUDENTS AND USER CHARACTERISTICS: A REVIEW

This paper reviews research on students' usage of university counselling services across countries and their demographic and psychological characteristics. In doing so, emphasis is given to reported distinctions between local and international university students. Utilization rates, encouraging factors and barriers to utilization, presenting problems, and methodological problems with existing studies are each examined. The findings suggest that only a minority of between 2% and 4% of university students access such services, with females being more likely to use them than males. International students in particular underutilize these services, and this is primarily due to such students' preference for seeking help from family or friends over outside sources. When students do seek assistance, their presenting issues most commonly involve symptoms of depression or anxiety, as well as academic and relationship difficulties.

SCHOOL COUNSELING IN INDIA

Despite the emergence of school counselling in India over a decade ago, the profession is still considered to be in its infancy on the sub-continent. Additionally, the theories and constructs of counselling are westernized and therefore not as culturally competent as they could be. This paper discusses the history and policy of school-based counselling in India and how it has shaped the perspectives of the counselling profession. Education policies, the impact of capacity building in schools, and crisis issues in India are covered taking into consideration the many diversity issues in India. A future outlook for school counselling and the general counselling profession is also provided.

SCHOOL COUNSELORS AND TEACHERS COLLABORATE TO IMPLEMENT EDUCATION REFORM IN AN URBAN HIGH SCHOOL

School counselor success at meeting student developmental goals rests significantly upon their abilities to collaborate with teachers. However, teacher time is being increasingly restricted to matters pertaining to local education reform agendas. Therefore, unless school counselors can design strategies to participate with teachers in education reform, counselors will be limited in their ability to influence student learning and development. In this article we share the progress of an ongoing field-based research study in which school counselors are helping teachers improve their capacities to implement education reform. The research is based on two conceptual areas: the school change feedback process (or SCFP; a framework for school counselors to provide leadership to teachers during education reform), and the concerns- based adoption model (CBAM) of education reform (which holds that three types of teacher concerns can emerge within the implementation of education reform initiatives, and that these concerns must be addressed for successful implementation of education reform). The general research questions were (1) Can school counselor feedback to teachers and principals lead to strategies that improve teachers' ability to implement education reform? and (2) Can this concept become integrated into the school counseling program? The research study is located in an urban high school in which the district is implementing smaller learning communities (SLCs). The school is divided into four SLCs, based upon the following themes: business and finance; health careers; law and public service; and art and technology. A team of teachers serves as the instruction unit for a cohort of students during all 4 years of high school.

The research employs both quantitative and qualitative analyses. First, we discuss of the two conceptual foundations of the research: school change feedback process, and the concerns-based adoption model of education reform. Next, we present a sequential account of our methods, our research to date.

COUNSELING PSYCHOLOGY AND SCHOOL COUNSELING: AN UNDERUTILIZED PARTNERSHIP.

Counseling psychology and school counseling have become quite removed from each other despite sharing a common history, having similar values, and the fact that many training programs for the two disciplines coexist in the same university department or college. This article argues for a stronger integration of the two specialties to advance their contributions to pre--K-12 education and the nation's youth. Counseling psychology, with its strong commitment to career psychology, counselor training and supervision, multiculturalism, prevention, and scientific inquiry, is well positioned among psychological specialties to exert major influence in the educational enterprise. Models of school counselor training and service delivery have been recently developed and offer numerous opportunities for collaboration between counseling psychologists and school counselors. A collaborative model that encompasses training curricula, research, service, and professional organization dimensions of the specialties is presented. Challenges that may impede a stronger partnership between counseling psychology and school counseling, as well as suggestions for addressing them, are also discussed. (PsycINFO Database Record (c) 2016 APA, all rights reserved)

MULTICULTURAL AND CONTEXTUAL RESEARCH AND PRACTICE IN SCHOOL COUNSELING

This reaction to the contribution by Romano and Kachgal includes the following: (a) a discussion of its strengths, (b) an expansion of their model of collaboration between school counseling and counseling psychology by underscoring the importance of multiculturalism and context in schools, and (c) some future directions and implications for research and practice

ROLE OF SCHOOL COUNSELORS AND THE FACTORS THAT AFFECT THEIR PRACTICE IN INDIA

This article summarizes the responses of the sample of Indian school-based counselors who contributed data to the international factor analysis that identified five dimensions of practice. Forty-five complete surveys (i.e., the International Survey of School Counselor's Activities) were obtained from Indian school-based counselors most of whom had a Master's degree in counseling psychology. Counseling Services, Advocacy and Systemic Improvement, Preventive Programs, and Educational and Career Planning were all considered important components of the role. Activities related to the Administrative Role were considered as inappropriate. Compared to the other countries, the scores from India suggest that the school based counselors gave relatively high importance to Counseling Services, Advocacy and Systemic Improvement, Preventive Programs, and Administrative Role. These results are interpreted with respect to important contextual factors operating in India which influence the work of counselors in schools.

THE ROLE OF GUIDANCE AND COUNSELING IN ENHANCING STUDENT DISCIPLINE IN SECONDARY SCHOOLS IN KOIBATEK DISTRICT

The purpose of the study was to examine the role of guidance and counseling in enhancing student discipline in secondary schools in Koibatek district. The study was guided by Alfred Adler (1998) theory of personality, and humanistic theory of Albert Bandura (1995) social learning model. The study adopted a descriptive survey research design. Population of the study was 2624 students in 23 schools, 23 principals, 23 school counselors and 227 teachers. Out of those a purpose sampling was used to select 8 schools, 8 principals and 8 school counselors. Simple random sampling and stratified Random sampling were used to select 24 teachers and 262 students. The instruments used to collect data for the study were questionnaires and an interview schedule. The study's reliability coefficient of 0.81 was obtained. The data was analyzed with descriptive statistics such as frequencies, percentages, mean scores, summary tables, and the Statistical Package for Social Science (SPSS) program version 16. Findings indicated that teachers employ dynamic interactions of a group of students approach. Further, computer facilities were inadequate in

guidance and counseling. From the findings, guidance and counseling has improved discipline and academic performance. There is enough proofing that lack of guidance and counseling to students leads to indiscipline in schools. However, there is lack of legal and policy framework, lack of trained teacher counselor and too much workload for teachers hence making it difficult for guidance and counseling to succeed in promoting student discipline. There is need to embrace dialogue in resolution of conflict. This can be enhanced through building a strong relationship between the students, counselors, teachers and administrators to an extent that they are free to speak out issueless the affect both parties

SCHOOL COUNSELING FROM A MULTICULTURAL AND AN ECOLOGICAL PERSPECTIVE: AN INTRODUCTION

Due to the increasing diversity of school-aged children and youth, schools offer a unique and critical context for understanding multiple aspects of student development including race, disability, sexual orientation, social class, and linguistic differences. Specifically, in the past few decades, immigrants are the fastest growing and most culturally diverse group of school-aged children and youth in the United States (Zhou, 1997). In terms of linguistic diversity, 31% of all American Indian/Alaska Native, Asian/Pacific Islander, and Latino/a students enrolled in U.S. public schools speak English as a second language (U.S. Department of Education, 1996). Moreover, the percent of students at the poverty level continues to remain high (Fix & Capps, 2002; National Center for Children in Poverty, 2002). Due to the high costs of individual counseling, cultural stigmas, and other cultural barriers to mental health services, school counselors are an optimal choice for addressing socio-emotional issues and fostering positive student development. Similarly, school counselors' daily contact with youth affords them opportunities to address many everyday issues facing students including academics, career development, literacy, interpersonal relationships, and sexual and physical health. Understanding and incorporating multiculturalism in school counseling requires an appreciation of the range of values, customs, behaviors, and lifestyles represented within a school context (Kim & Yeh, 2002) and in the surrounding communities. Culturally diverse children and youth must learn to negotiate multiple sets of norms and identities across numerous social systems. Students experience challenges when they are expected to function and

achieve according to the norms and goals of the "dominant culture" (Yeh, 2004). Helms (1990) defined the dominant culture as White European American with power and wealth. Because racialized interactions occur at multiple levels across various systems (Helms, 2003), school counselors with White privilege must explore and understand the influence of this power in the school setting and in their direct and indirect interactions with students.

COUNSELING IN THE SCHOOL: A HANDBOOK FOR TEACHERS

This book is an introduction to the practice of counseling pupils and students in school. The handbook: equips teachers and counselors with specific counseling skills illustrated with examples; contains details on how to set up guidance in the school counseling department and programme elaborates on the main components of the school guidance and counseling services; describes, in brief, the major counselling approaches; and, includes suggestions on a counseling code of conduct and a selection of worksheets to use in the school. Counselling in the School: A Handbook for Teachers is a practical guide to providing help and support to young people. It has been designed specifically for use by teachers and counselors who are engaged in, or wish to connect in counselling young people. The book is an invaluable resource for schools in that it provides useful information on the basics of counselling in the school setting.

2.3 CONCLUSION

Now days the modern lifestyle have huge impact on peoples behavior. This behavior changes is the after effect of level of stress we have. Youth also having internal conflict which may regard to carrier profession personal life to sort this out is an important task and the task manager is considered as school counselors in this study scholar studying about "utilization of counseling services in higher secondary school."

CHAPTER III

RESEARCH METHODOLOGY

CHAPTER 3

RESEARCH METHODOLOGY

3.1 INTRODUCTION

Research methodology is the specific procedure or techniques used to identify, select process and analysis information about the topic. In a research paper, the methodology section allows the reader to critically evaluate studies overall validity and reliability. It helps in studying how research is done systematically. It is a method that can be used to solve the research problem. The chapter includes definitions, variables, hypothesis, research design, pilot study, universe and unit of study, sampling, sources of data, tools of data collection, pre-test, method of data collection and method of data analysis.

3.2 CONCEPTUAL CLARIFICATION

3.2.1 THEORETICAL DEFINITIONS

UTILIZATION

a) According to oxford dictionary utilization is "the act of using something, especially for a practical purpose."

COUNSELLING

a) According to Webster's Dictionary "Counseling means consultation, mutual interchange of opinion, deliberating together".

SERVICE

a) According to Cambridge dictionary service is "the particular skill that someone has and can offer to others."

3.2.2 OPERATIONAL DEFINITION

UTILIZATION

Activity of using materials or non-materials to obtain certain goal or results.

COUNSELLING

Mental assistance given by professional to those who seeks help.

SERVICE

The action of helping or doing work for someone.

3.3 VARIABLES

3.3.1 INDEPENDENT VARIABLE

Higher secondary school students

3.3.2 DEPENDENT VARIABLE

Utilization of Counselling services

3.4 HYPOTHESIS

Most higher secondary school students are effectively utilising the counselling services provided in the school.

3.5 RESEARCH DESIGN

Research design is the framework of research methods and techniques chosen by a researcher to conduct a study. The design allows researchers to sharpen the research methods suitable for the subject matter and set up studies for success. The researcher has used descriptive research design for the research. Descriptive research is a fact-finding investigation with adequate interpretation. Here, the researcher studies and then describes what he had found.

3.6 PILOT STUDY

The aim of the pilot study is to test feasibility and validity of the study. The pilot study helped the researcher to have a clear direction in the selection of apt questions, detention of unwanted questions, mode of data collection, availability of samples, and the time span required for the completion of study in Iritty block.

3.7 UNIVERSE AND UNIT OF THE STUDY

3.7.1 UNIVERSE OF THE STUDY

Research is based on all higher secondary school students Iritty block.

3.7.2 UNIT OF THE STUDY

A single student from higher secondary school.

3.8 SAMPLING

A sample refer to the portion of people drawn from a large number of people. Scholar used Quota sampling method for collecting samples.

3.8.1 INCLUSION CRITERIA

The researcher included students from higher secondary schools in the Iritty block who have access to counselling services.

3.8.2 EXCLUSION CRITERIA

The researcher excluded students from higher secondary schools in the Iritty block who have no access to counselling services.

3.9 SOURCES OF DATA

Researcher used the data from both primary and secondary sources.

3.9.1 Primary data: Through the self-made questionnaire data was collected.

3.9.2 Secondary data: the secondary data was gathered from the available articles, journals, books and from internet.

3.10 TOOLS OF DATA COLLECTION

For the data collection scholar used self-made questionnaire as the primary tool. Questionnaire is popular research method because they offer fast, efficient and inexpensive means of gathering large amounts of information. Questionnaire is the most adaptive tool for this study. So, the researcher used questionnaire with 40 questions. It was subdivided on the basis of objective of the study.

3.11 PRE-TEST

The researcher sent the questionnaire to five respondents who were studying in schools under Iritty block to identify whether it was comprehensible, understandable and effective for them.

3.12 METHOD OF DATA COLLECTION

The researcher prepared self-made questionnaire. Researcher asked questions through Google forms and collected the data from the respondents. Researcher prepared 40 questions and collected data from 60 respondents.

3.13 METHOD OF DATA ANALYSIS

The collected data was coded and presented on various diagrams and charts. The research scholar was analysed the collected data by using SPSS software.

CHAPTER IV

ANALYSIS AND INTERPRETATION

CHAPTER 4

ANALYSIS AND INTERPRETATION

4.1 INTRODUCTION

This chapter presents the analysis and data interpretation collected by the researcher from the respondents. Data analysis is a process of assigning meaning to the collected information and determining the conclusion, significance and implication of the findings. This chapter tries to draw conclusion based on the result obtained the researcher has made use of pie diagrams and bar diagrams to present the data. The collected data was analyzed and interpreted on the basis of the objectives of the study.

4.2 ANAYLSIS AND INTERPRETATION
4.2.1 RESPONDENTS BASED ON AGE

FIGURE 1
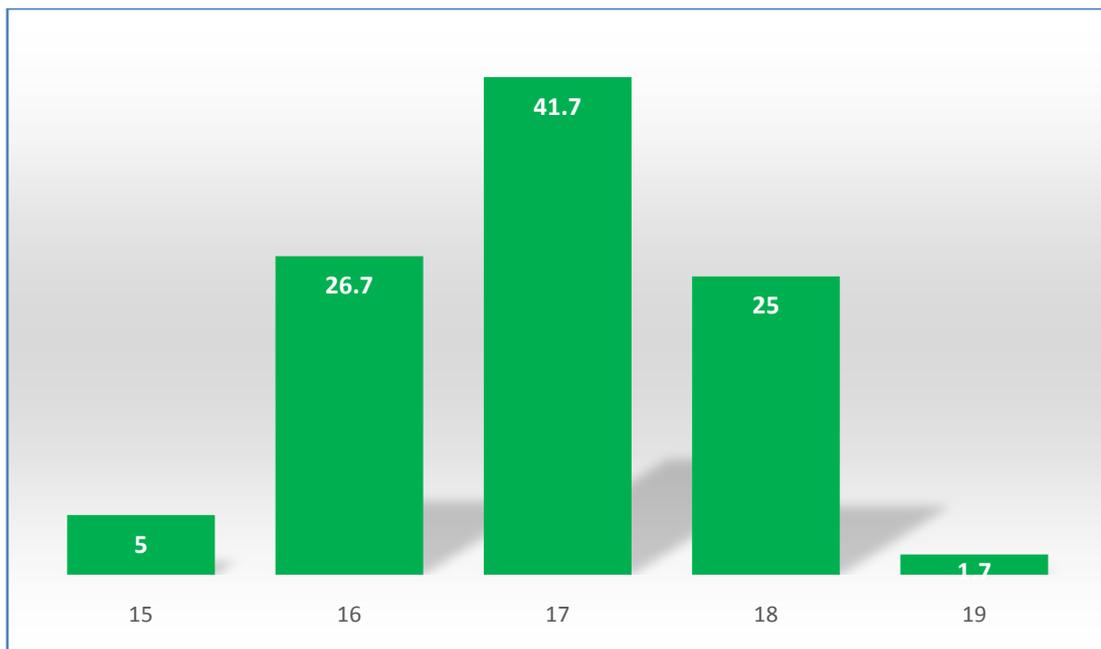
The above pie diagram shows the age classification of respondents in the study. There are 60 respondents and the age start from 15-19. Out of 60 respondents 41.7% of the respondents are under the age of 17. 26.7% are under the age of 16, 25% are under the age of 18, 5% of the respondents comes under the age of 15 and the remaining 1.7% of the respondents comes under the age of 19.

Hence the majority of the respondents who were responded are under the age of 17.

4.2.2 RESPONDENTS BASED ON GENDER

FIGURE 2
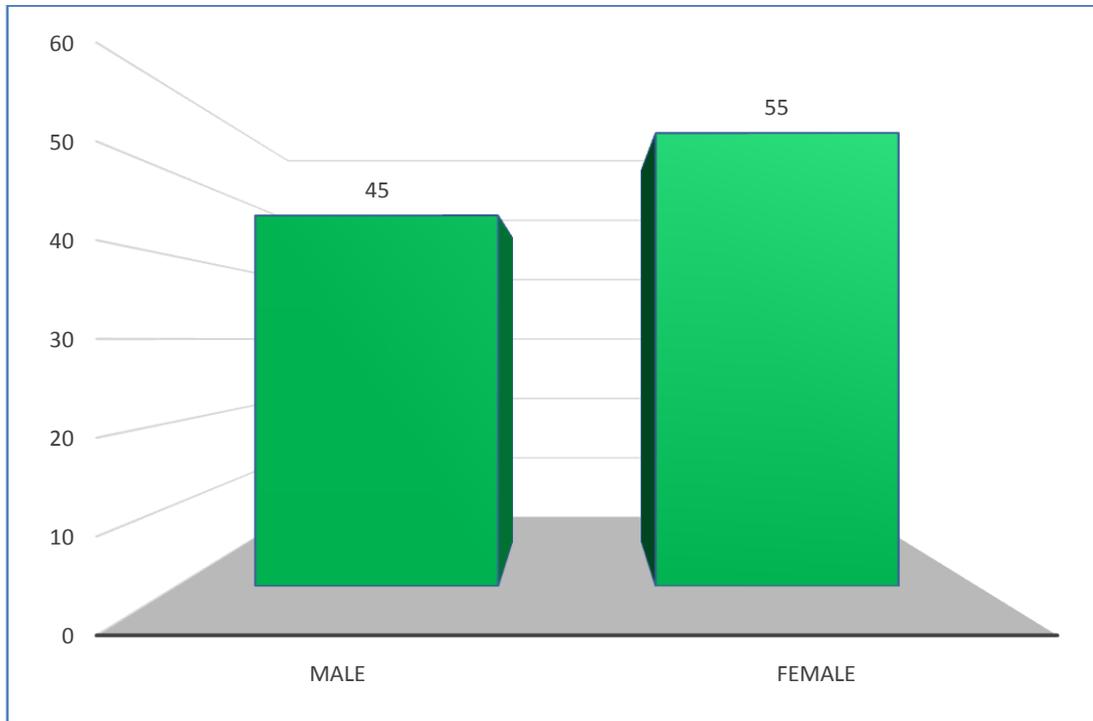
The above bar diagram shows the details of respondents based on gender. The majority of the respondents are female that is 55% and 45% of the respondents are male.

4.2.3 RESPONDENTS BASED ON CLASS

FIGURE 3
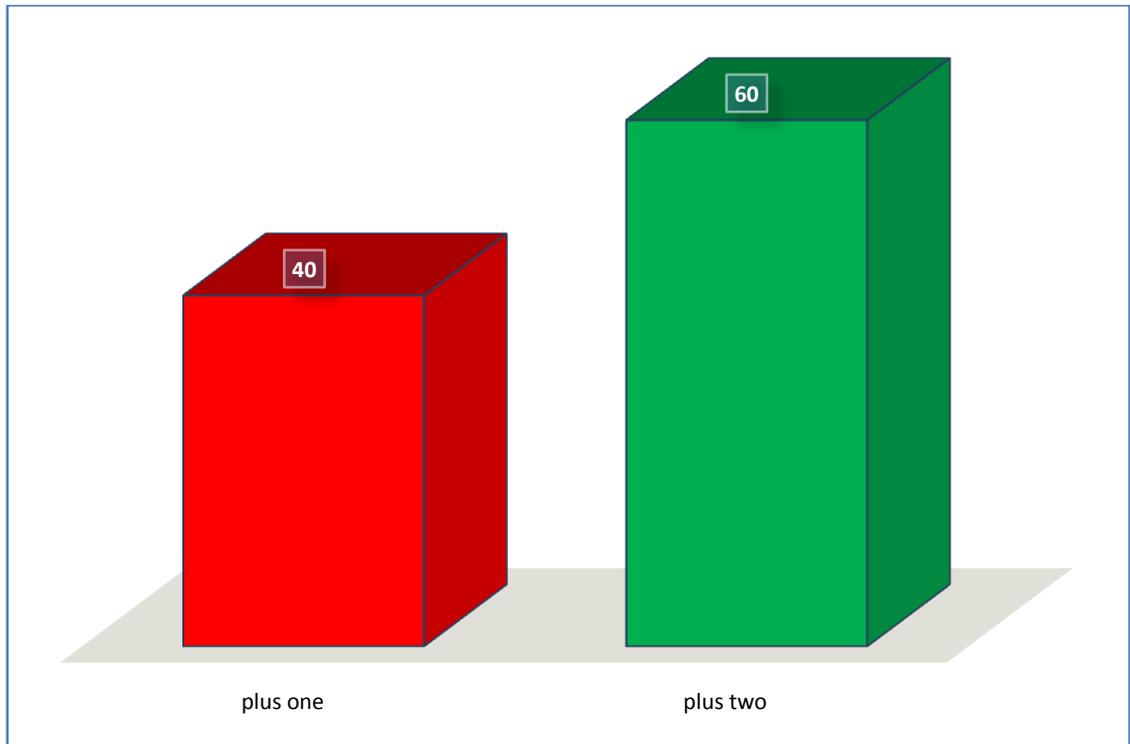
The bar diagram shows the details of respondents based on class, out of 60 respondents, 60% of the respondents are from higher secondary second year class (plus two) and the remaining 40% of the respondents are from higher secondary first year class (plus one) .

From this we can identify that majority of the respondents are from higher secondary second year class (plus two).

4.2.4 ATTITUDE OF RESPONDENTS TOWARDS COUNSELLING SERVICES

FIGURE 4
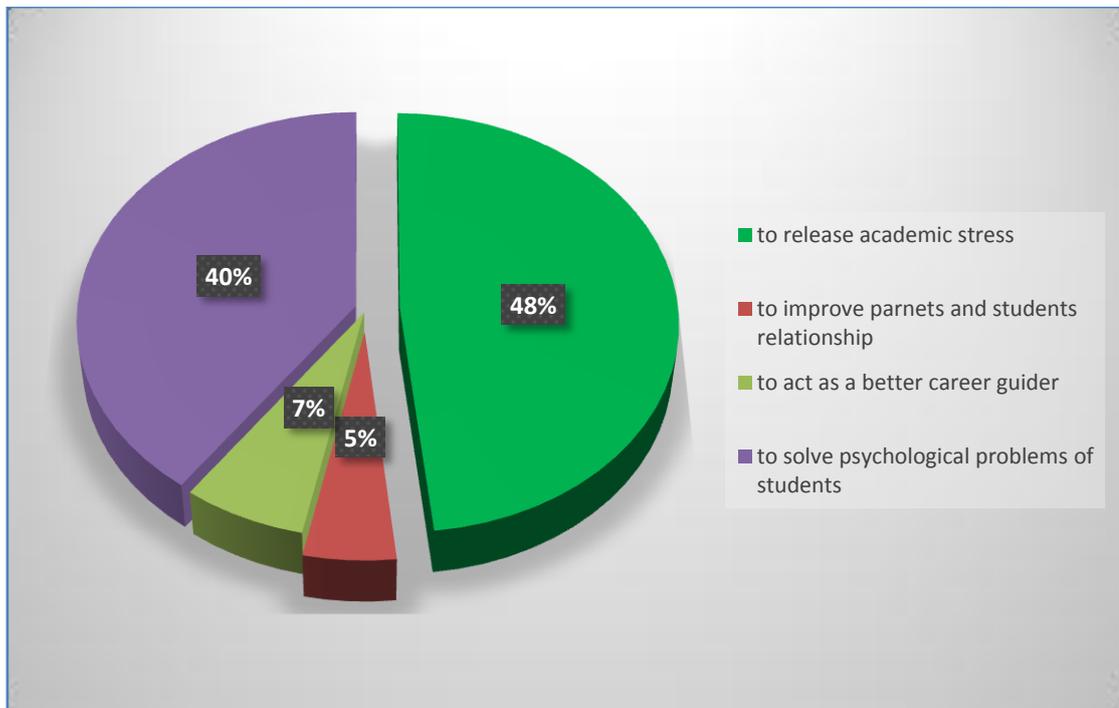
The given pie diagram depicts the attitude of respondents towards counselling services. Here 48% of the respondents responded that the purpose of counselling services is to release academic stress. 40% of the respondents responded that the purpose of counselling services is to solve psychological problems of students. 7% of the respondents have an opinion that the purpose of counselling services is to act as a better career guider, and the remaining 5% of the respondents responded that the purpose of counselling services is to improve parents and student's relationship.

So, majority of the respondents depend counselling services for releasing academic stress.

4.2.5 MAINTAINING RELATIONSHIP WITH COUNSELLOR

FIGURE 5
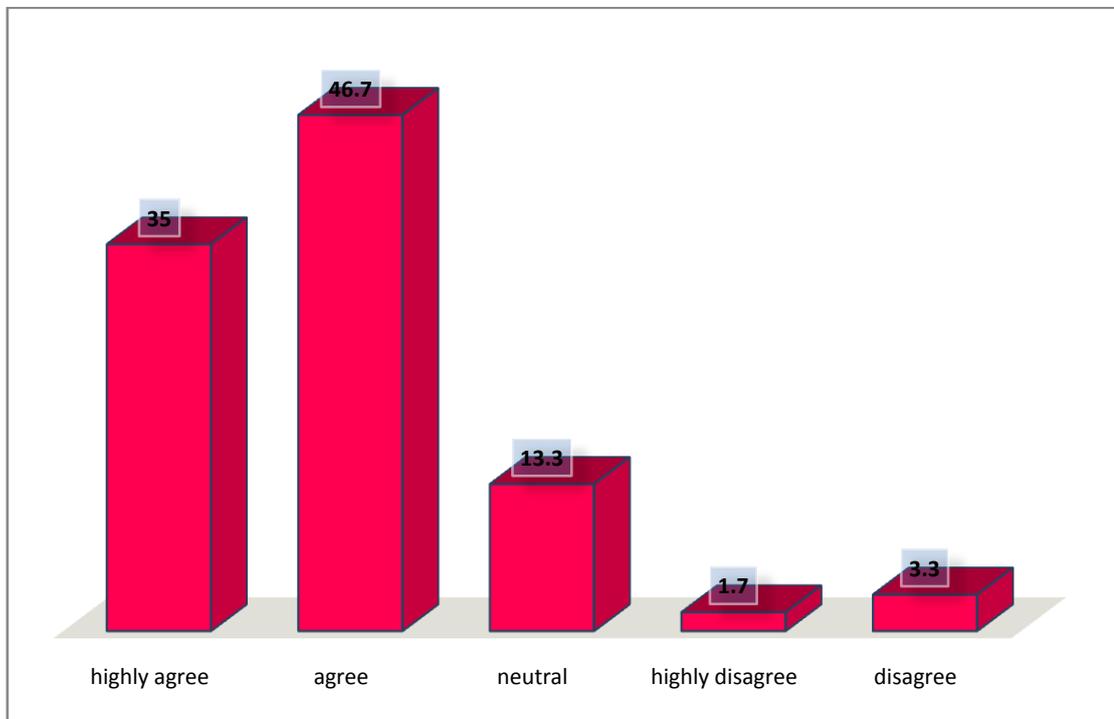
The above diagram represents if the counsellor is maintaining an effective relationship with the respondents. Here 46.7% agreed that the counsellor is maintaining an effective relationship with the respondents. 35% of the respondents highly agreed that the counsellor is maintaining an effective relationship with respondents. 13.3% of the respondents have a neutral opinion that the counsellor is maintaining an effective relationship with respondents. 3.3% of the respondents disagreed with the question that maintaining an effective relationship with counsellor, and the remaining 1.7% of the respondents highly disagreed that counsellor is maintaining an effective relationship with respondents.

From this we can understand that more than majority of the respondents agreed that the counsellor is maintaining an effective relationship with respondents.

4.2.6 COUNSELLING SERVICES IS MANDATORY

FIGURE 6
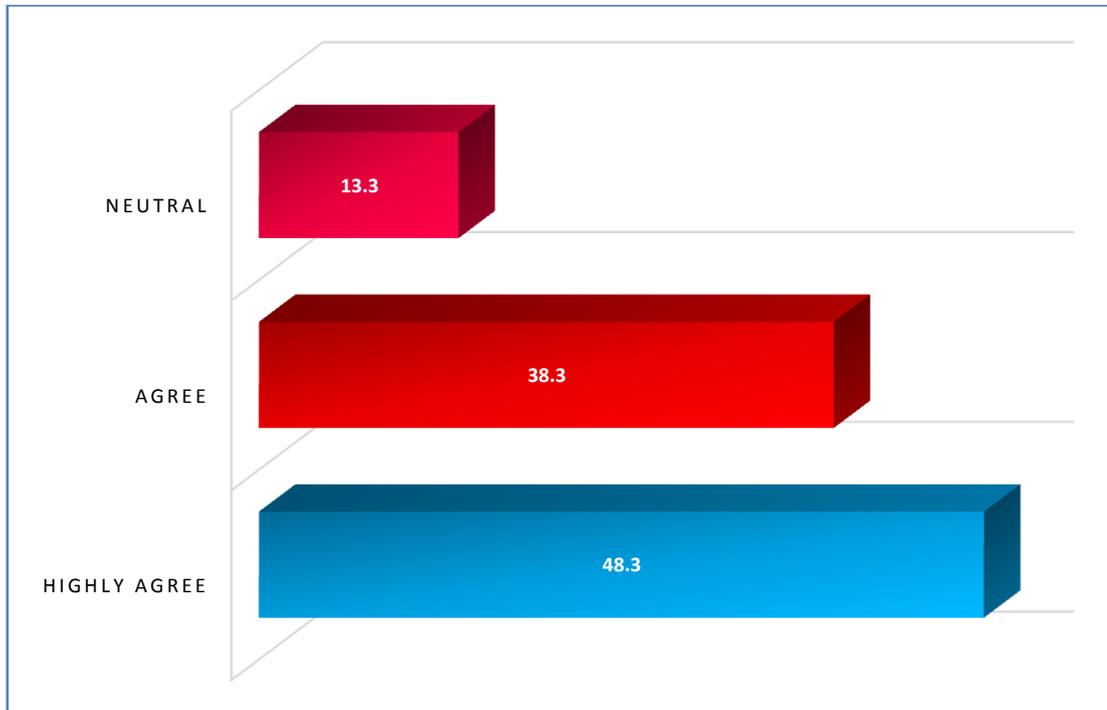
The diagram shows the respondents opinion on the statement "counselor/counseling services in schools is mandatory". Here we can see that 48.3% of the respondents highly agree that counselor/counseling services in schools is mandatory. 38.3% of the respondents agreed that counselor/counseling services in schools is mandatory, and the remaining 13.3% of the respondents have a neutral opinion that the counselor/counselling services is mandatory in schools.

Here more than majority of the respondents responded that counselor/counseling services in schools is mandatory.

4.2.7 AWARENESS OF STRESS AND ANXIETY PROBLEMS AMONG HIGHER SECONDARY STUDENTS

FIGURE 7
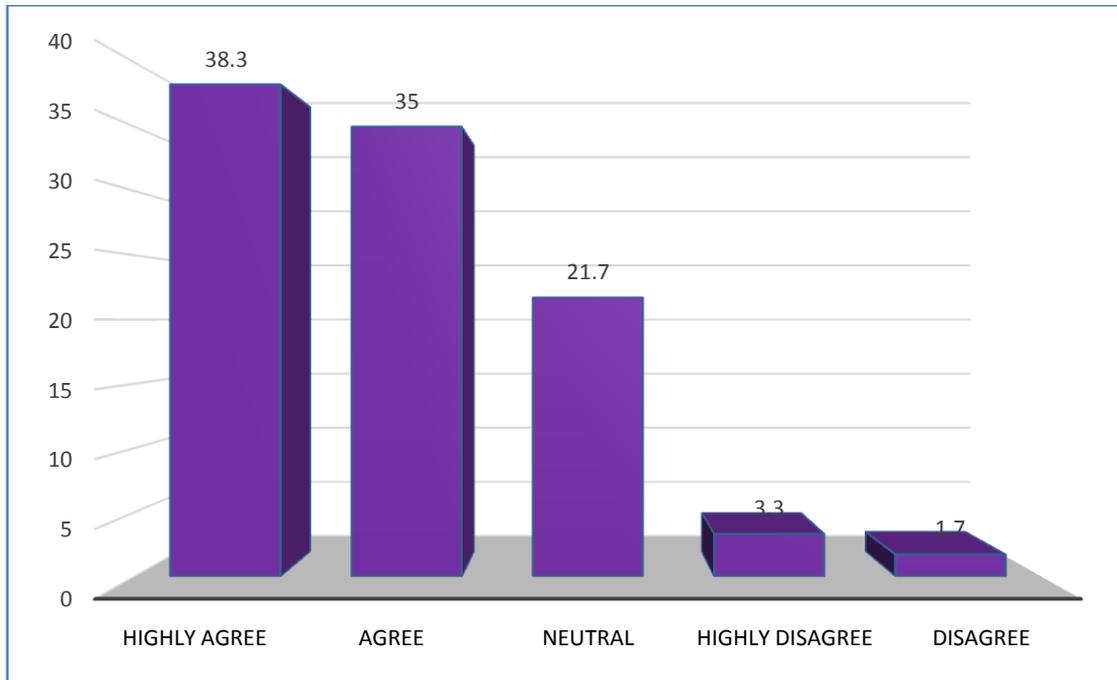
The given diagram represents if the respondents were aware of stress and anxiety problems among higher secondary students. From this we can identify that 38.3% highly agreed that they were aware of stress and anxiety problems among higher secondary students. 35% agreed that were aware of stress and anxiety problems among higher secondary students. 21.7% have a neutral opinion that they were were aware of stress and anxiety problems among higher secondary students. 3.3% highly disagreed that they were aware of stress and anxiety problems among higher secondary students and the remaining 1.7% disagreed that they were aware of stress and anxiety problems among higher secondary students.

Hence, we can understand that majority of the respondents were aware of stress and anxiety problems among higher secondary students.

4.2.8 NEED FOR COUNSELLOR

FIGURE 8
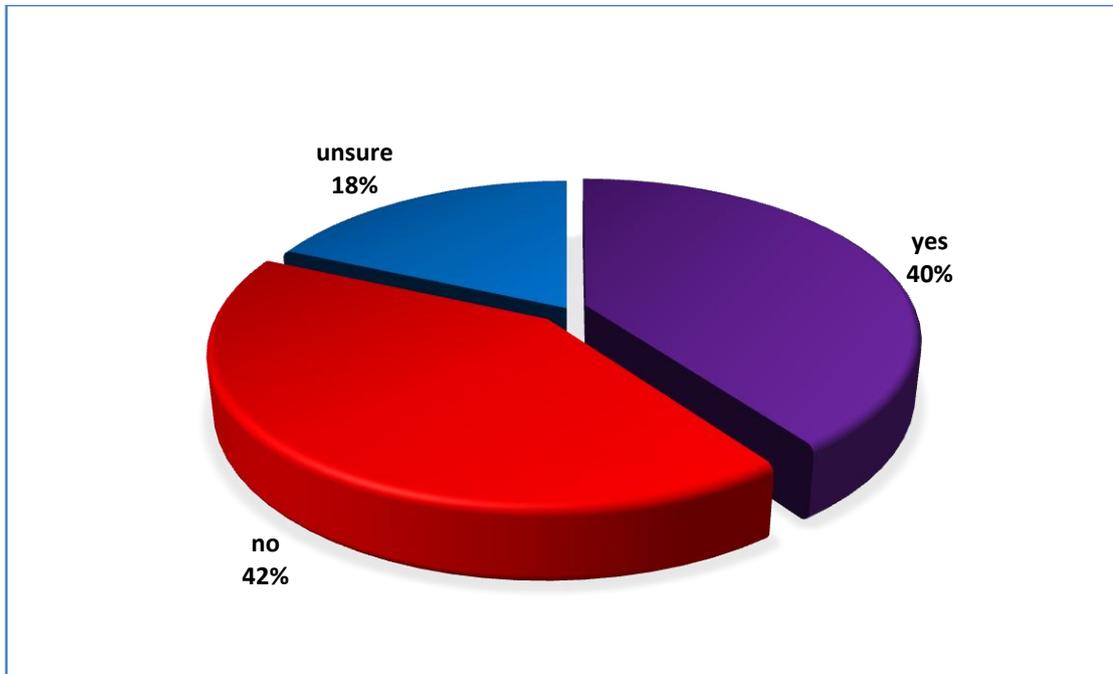
The pie diagram shows whether anyone explained about the need for counselling in schools. Here 42% of the respondents responded that they had not yet received any explanation about the need for counselling in school.40% of the respondents responded that they had received explanation about the need for counselling in school and the remaining 18.3% where unsure that they had received explanation about the need for counselling in school.

Hence, 42% of the respondents received an explanation about the need for counselling in schools.

4.2.9 KNOWLEDGE ON THE FUNCTIONS OF A SCHOOL COUNSELLOR

FIGURE 9
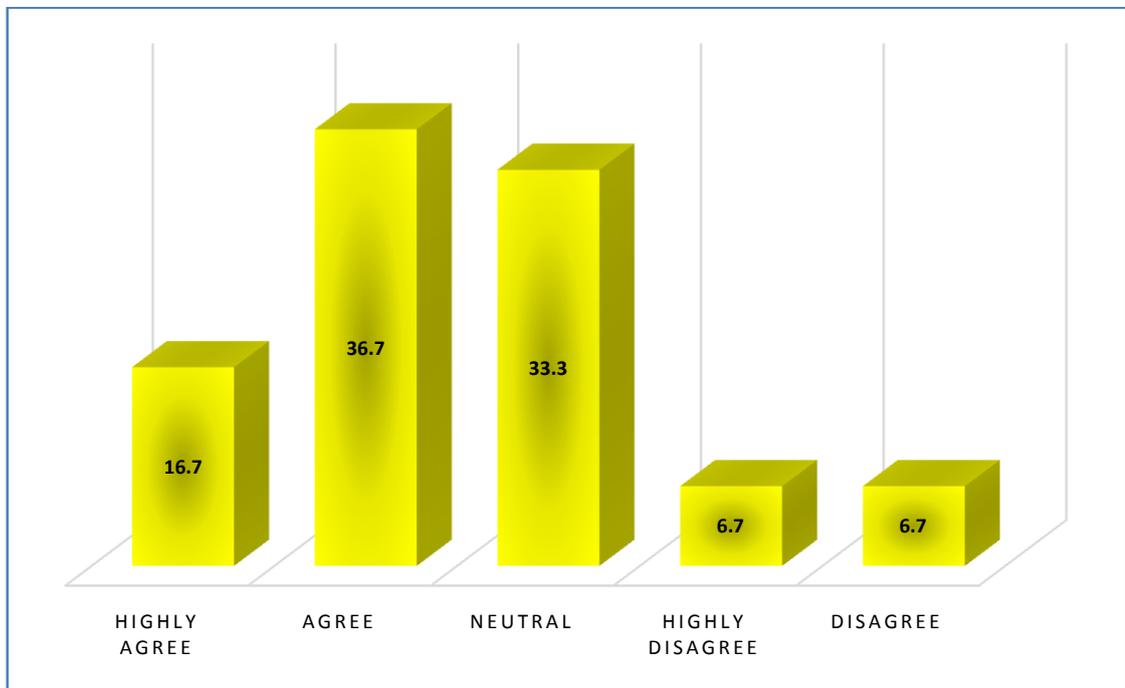
The diagram shows if the respondents have enough knowledge on the functions of a school counsellor. Here 36.7% of the respondents agreed that they have enough knowledge on the functions of a school counsellor. 33.3% of the respondents have a neutral opinion that they have enough knowledge on the functions of a school counsellor. 16.7% of the respondents highly agreed that they have enough knowledge on the functions of a school counsellor. 6.7% of the respondents highly disagreed that they have enough knowledge on the functions of a school counsellor, and the remaining 6.7% of the respondents responded that they have enough knowledge on the functions of a school counsellor.

So that most of the respondents have enough knowledge on the functions of a school counsellor.

4.2.10 PSYCHOLOGICAL PROBLEMS AMONG STUDENTS

FIGURE 10
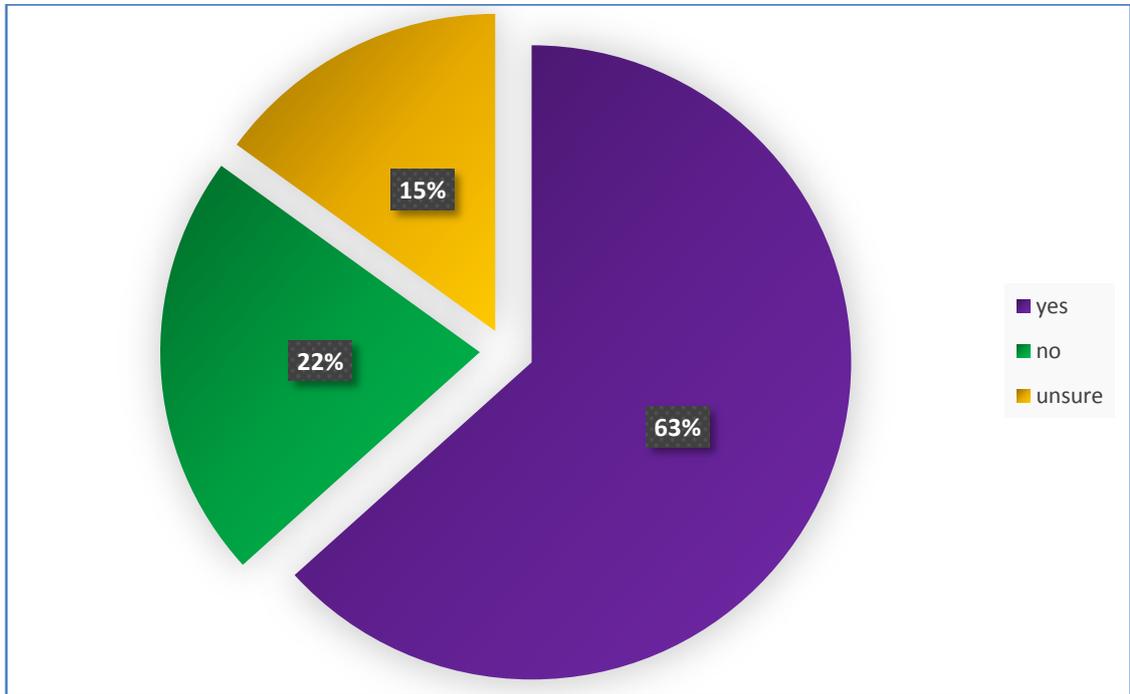
The above diagram depicts if respondents noticed any psychological problems among students. Here 63% of respondents noticed psychological problems among students. 22% of the respondents had not noticed psychological problems among students, and the remaining 15% were unsure that they had noticed psychological problems among students.

Hence, more than the majority of the respondents noticed psychological problems among students.

4.2.11 COUNSELLING IMPROVES MENTAL HEALTH

FIGURE 11
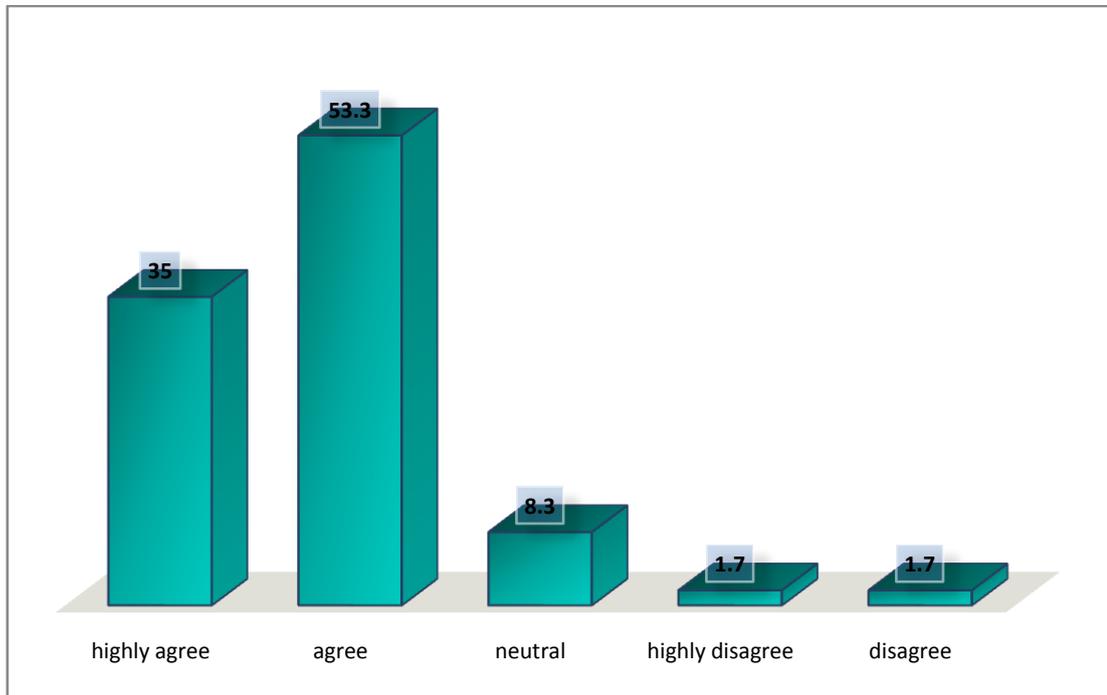
The diagram shows if the counselling can improve mental health. Here 53.3% of the respondents agreed that counselling can improve mental health. 35% of the respondents highly agreed that counselling can improve mental health. 8.3% of the respondents have a neutral opinion that counselling can improve mental health. 1.7% of the respondents highly disagreed that counselling can improve mental health and the remaining 1.7% of the respondents disagreed that counselling can improve mental health.

Hence more than majority of the respondents have an opinion that counselling can improve mental health.

4.2.12 CLASS TEACHER ENQUIRES ABOUT STUDENT'S HEALTH

FIGURE 13
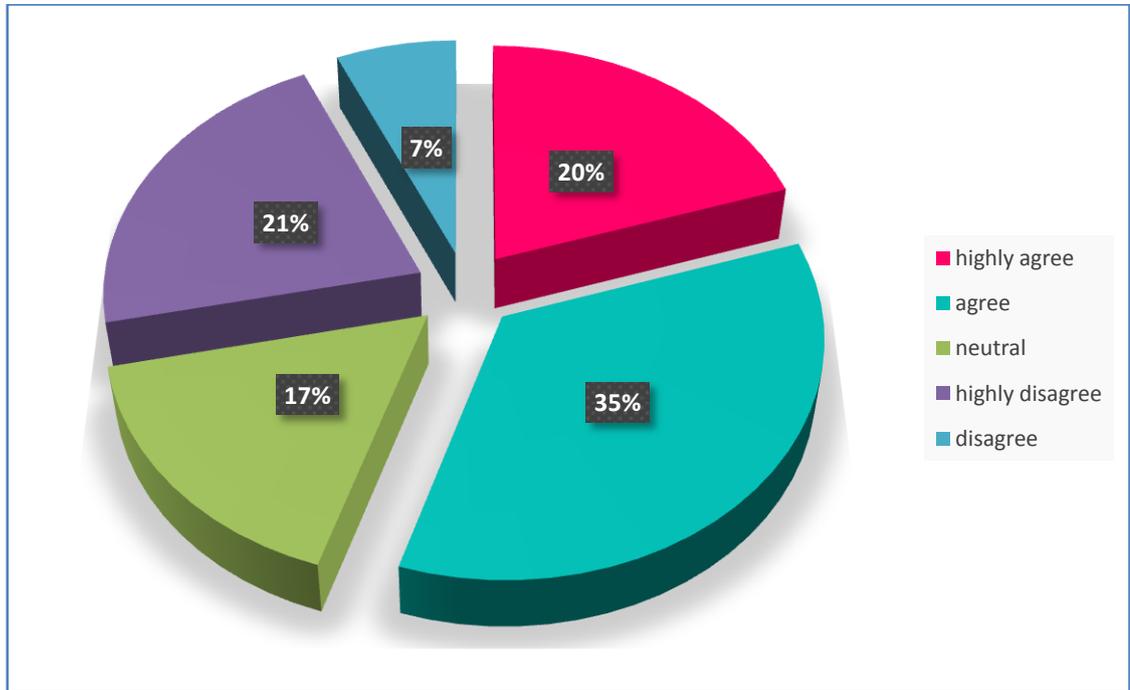
The diagram shows if the class teacher regularly enquires about student's health. Here we can see that 35% of the respondents agreed that class teacher regularly enquires about student's health. 20% of the respondents highly agreed that class teacher regularly enquires about student's health. 21% of the respondents highly disagreed that class teacher regularly enquires about student's health. 17% of the respondents have an neutral opinion that class teacher regularly enquires about student's health, and the remaining 6.7% of the respondents disagreed that class teacher regularly enquires about student's health.

Here we can see that majority of the respondents agreed that class teachers regularly enquires about student's health.

4.2.13 MET THE COUNSELLOR FOR ANY ASSISTANCE

FIGURE 13
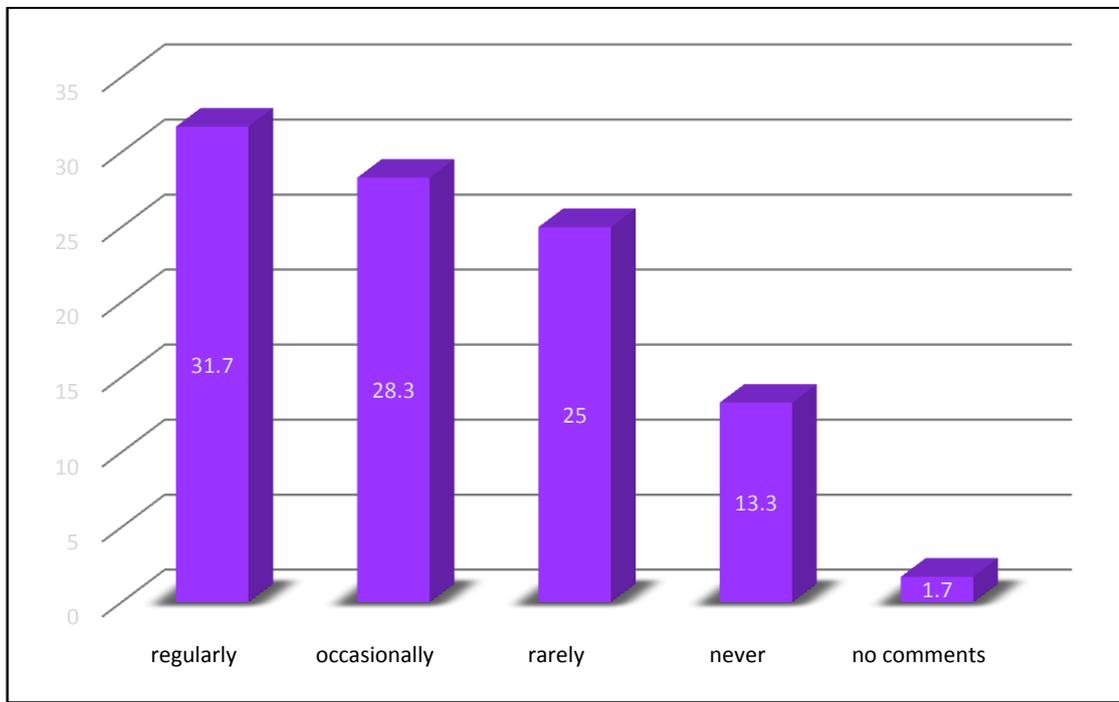
The given diagram represents if the respondents ever met the counsellor for any assistance. Here 31.7% of the respondents regularly met the counsellor for any assistance. 28.3% of the respondents occasionally met the counsellor for any assistance. 25% of the respondents rarely met the counsellor for any assistance. 13.3% of the respondents never met the counsellor for any assistance, and the remaining 1.7% have no comments on the question.

Here majority of the respondents met counsellorfor assistance.

4.2.14 COUNSELORS HAVE A SEPARATE ROOM WHICH PROVIDES CONFIDENTIALITY

FIGURE 14
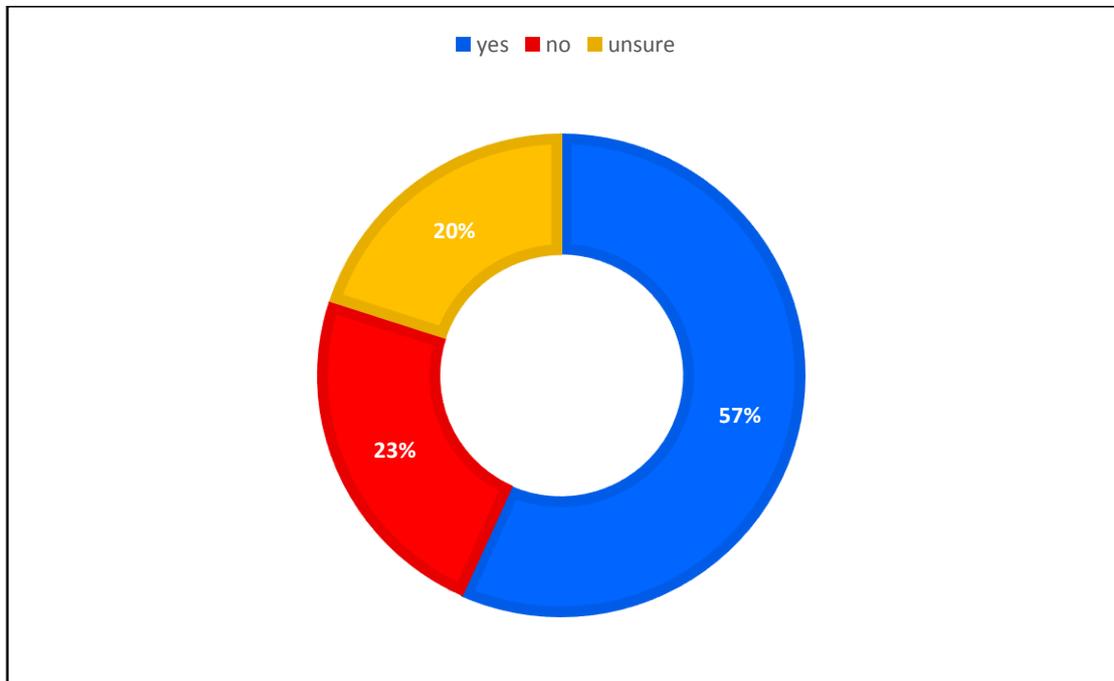
The given pie diagram shows whether counsellor have a separate room which provides confidentiality. From that we can see that 57% of the respondents responded that counsellor have a separate room which provides confidentiality. 23% of the respondents responded that there is no separate room for the counsellor which provides confidentiality, and the remaining 20% were unsure that counsellor have a separate room which provides confidentiality.

Hence majority of the respondents agreed that counsellor have a separate room for counselling which provides confidentiality.

4.2.15 TEACHERS ARE SUPPORTIVE FOR THE COUNSELOR

FIGURE 15
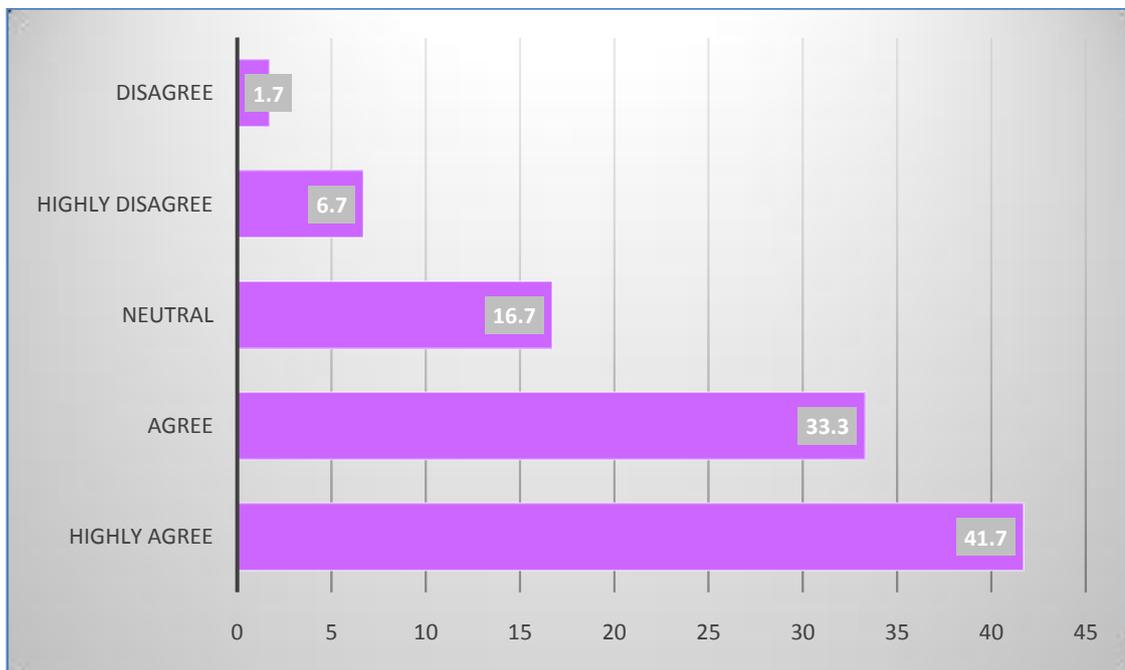
The given diagram illustrates whether the teachers are supportive for the counsellor. Here 41.7% of the respondents highly agreed that teachers are supportive for the counsellor. 33.3% of the respondents agreed that teachers are supportive for the counsellor. 16.7% of the respondents have a neutral opinion that teachers are supportive for the counsellor. 6.7% of the respondents highly disagreed that teachers are supportive for the counsellor, and the remaining 1.7% of the respondents disagreed that teachers are supportive for the counsellor.

Here majority of the respondents highly agreed that teachers are supportive for the counsellor.

4.2.16 PROVIDING ACCESSIBILITY BY SCHOOL MANAGEMENT TO THE COUNSELLOR

FIGURE 16
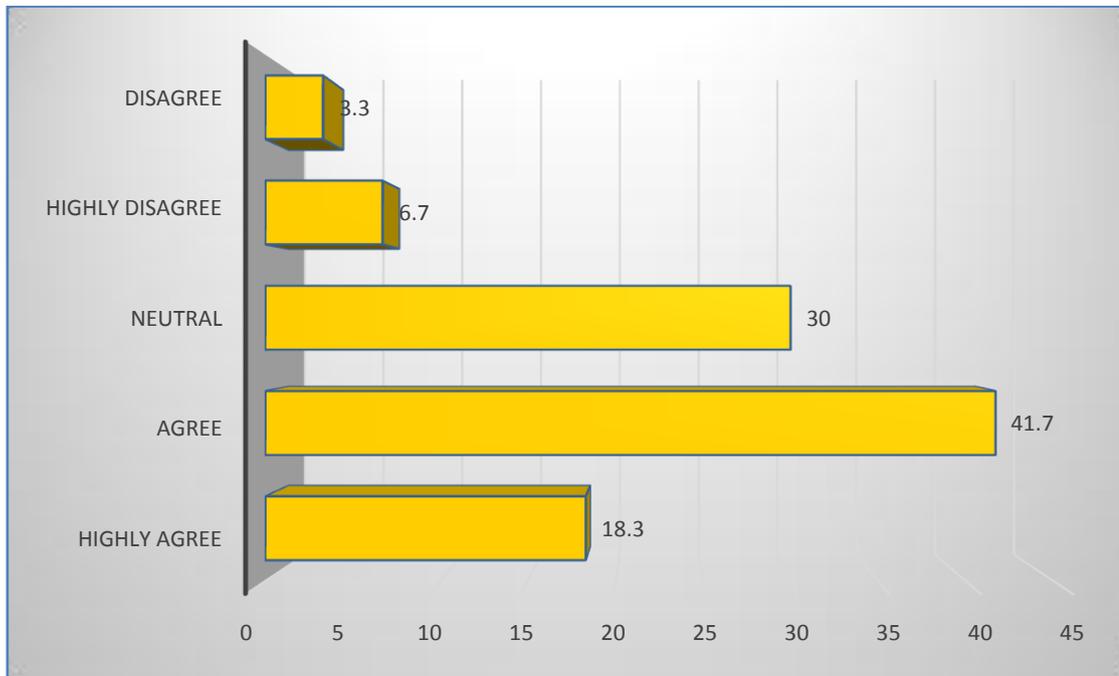
The bar diagram demonstrates whether the school management gives full access to counsellor in school. Here 41.7% of the respondents agreed that school management gives full access to counsellor in school. 30% of the respondents have a neutral opinion on that question. 183% of the respondents highly agreed that school management gives full access to counsellor in school. 6.7% of the respondents highly disagreed that school management gives full access to counsellor in school, and the remaining 3.3% of the respondents disagreed that school management gives full access to counsellor in school.

From this we can identify that majority of the respondents responded that school management gives full access to counsellor in school.

## 4.2.17 AVAILABILITY OF COUNSELING SERVICES

FIGURE 17
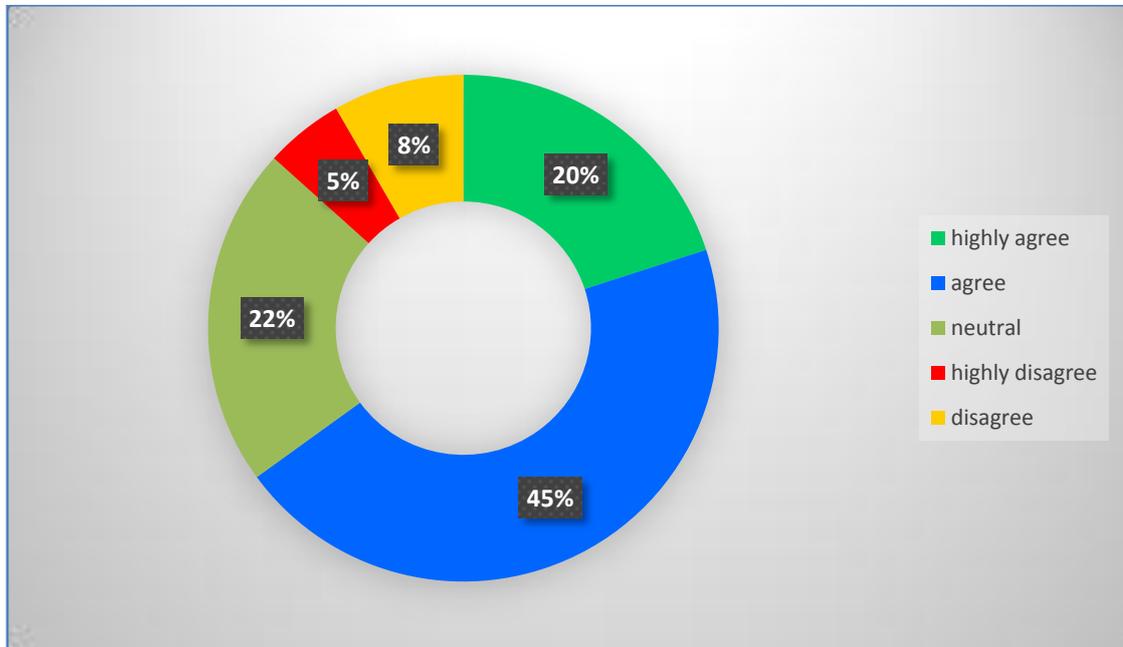
Above pie diagram shows whether the counselling services is always available for the students. Here 45% of the respondents agreed that counselling services is always available for the students. 22% of the respondents have a neutral opinion on that question. 20% of the respondents highly agreed that counselling services is always available for the students. 8.3% of the respondents disagreed that counselling services is always available for the students. 5% of the respondents highly disagreed that counselling services is always available for the students.

From this we can identify that majority of the respondents responded that counselling services is always available for the students.

**4.2.18 CLASS ROOM VISITS BY COUNSELOR**

FIGURE 18
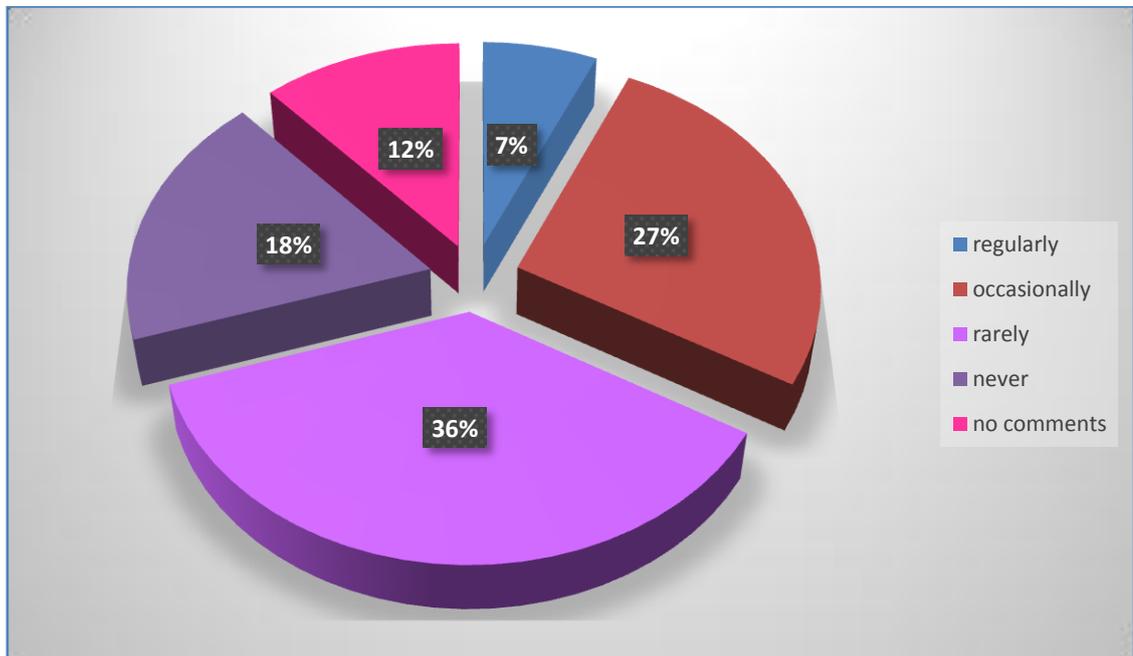
The above diagram depicts whether the counsellor visit the classroom. Here 36% of the respondents responded that the counsellor is rarely visiting the class room. 27% of the respondents responded that the counsellor occasionally visits the classroom. 18% of the respondents responded that counsellor have not visited the classroom. 12% of the respondents have no comments and the remaining 7% responded that the counsellor regularly visits the classroom.

From this we can see that 36% of the respondents responded that the counsellor rarely visit the classroom for counselling.

## 4.2.19 USEFULNESS OF COUNSELLING

FIGURE 19
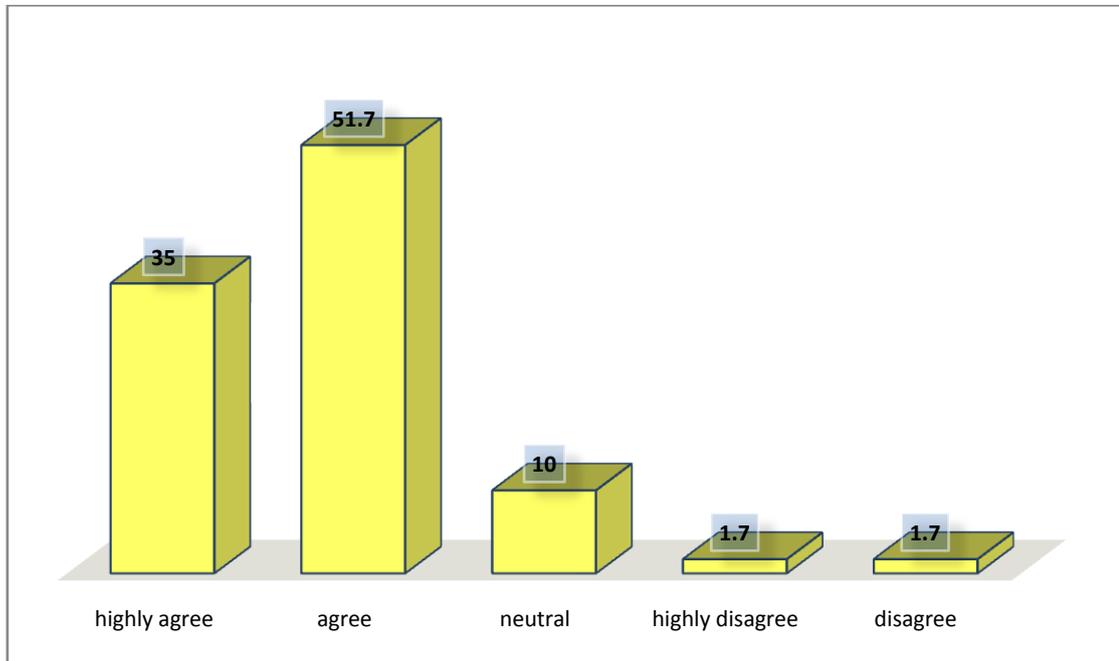
The above diagram illustrates whether the counsellor is useful for the respondents. Here 51.7% of the respondents agreed that counsellor is useful. 35% of the respondents highly agree that counsellor is useful. 10% of the respondents have a neutral opinion on that question. 1.7% of the respondents highly disagreed that counsellor is useful, and the remaining 1.7% of the respondents disagreed that counsellor is useful.

The majority of respondents indicated that counsellors are helpful to them, based on the data presented above.

4.2.20 COUNSELOR KNOW ALL THE STUDENTS PERSONALLY

FIGURE 20
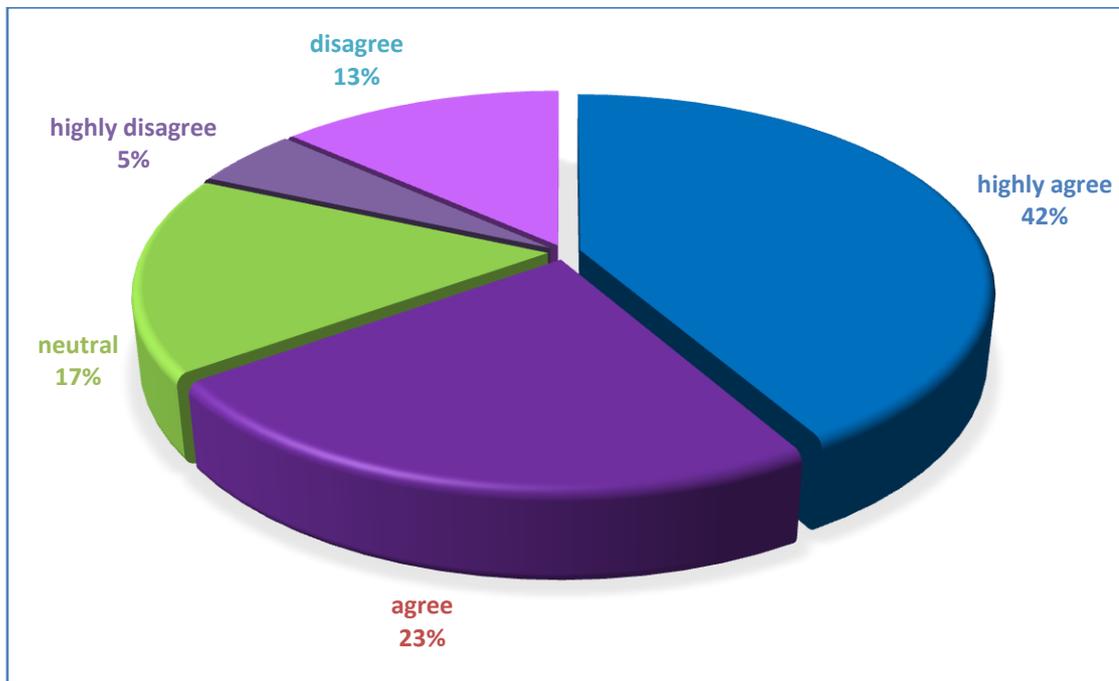
The given diagram depicts if the counsellor know all the students personally. Here we can see that majority of the respondents that is 42% highly agreed that counsellor know all the students personally. 23% of the respondents agreed that counsellor know all the students personally. 17% of the respondents have a neutral opinion on that question. 13% of the respondents disagreed that counsellor know all the students personally, and the remaining 5% highly disagreed that counsellor know all the students personally.

From the above diagram we can conclude that majority of the respondents agreed that counsellor know all the students personally.

**4.2.21 INITIATING REGULAR MENTORING FOR ALL STUDENTS**

FIGURE 21

The given diagram illustrates whether the counsellor initiating regular mentoring for all students. Here 35% of the respondents responded that the counsellor occasionally initiates regular mentoring for all students. 28.3% of the respondents responded that the counsellor rarely initiates regular mentoring for all students. 18.3% of the respondents responded that the counsellor regularly initiates regular mentoring for all students. 11.7% of the respondents responded that the counsellor have not initiated any regular mentoring for all students, and the remaining 6.7% have no comments.

From this we can se that majority of the respondents responded that counsellor initiates regular mentoring for all students.

## 4.2.22 CLASSROOM WISE AWARENESS OR SESSIONS

FIGURE 22
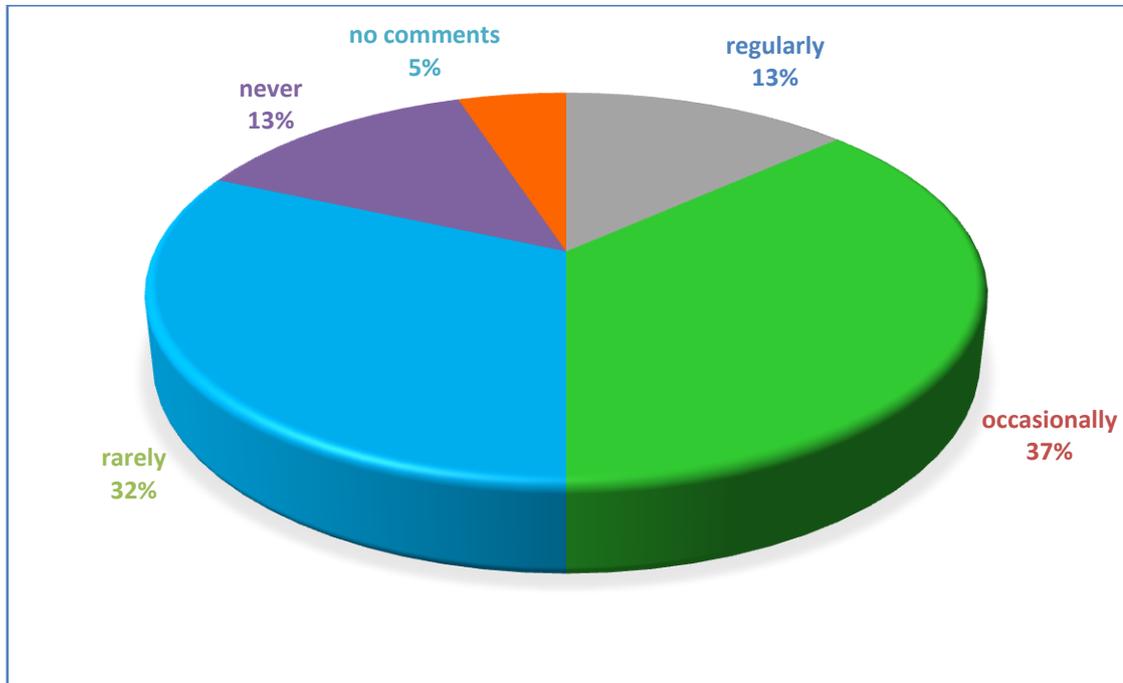
The above pie diagram depicts whether the counsellor initiated any classroom wise awareness or sessions. Here 37% of the respondents responded that the counsellor occasionally initiated classroom wise awareness or sessions. 32% of the respondents responded that the counsellor rarely initiated classroom wise awareness or sessions. 13% of the respondents responded that the counsellor regularly initiated classroom wise awareness or sessions. 13% of the respondents responded that the counsellor has not initiated classroom wise awareness or sessions, and the remaining 5% have no comments on this question.

From this we can clearly understand that majority of the respondents responded that counsellor-initiated classroom wise awareness or sessions.

## 4.2.23 NON-COUNSELING SERVICES FOR THE STUDENTS

FIGURE 23
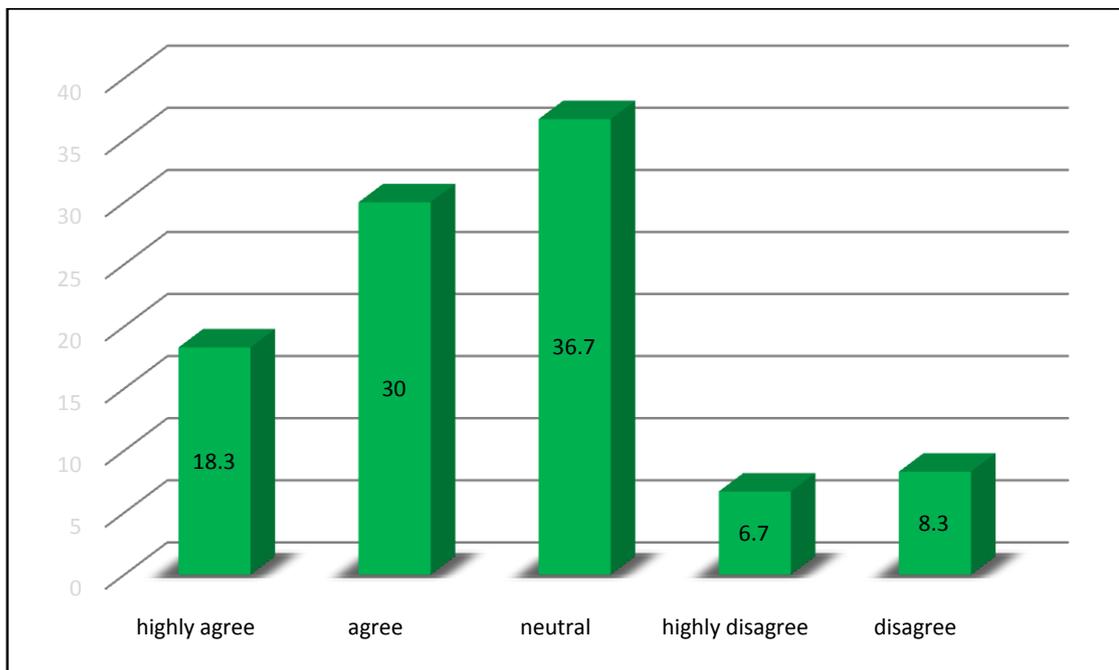
The given bar diagram illustrates whether the counsellor initiated non-counselling services for the students. Here 36.7% of the respondents have a neutral opinion on this question. 30% of the respondents agreed that counsellor initiated non-counselling services for the students. 18.3% of the respondents highly agreed that counsellor initiated non-counselling services for the students. 8.3% of the respondents disagreed that the counsellor initiated non-counselling services for the students, and the remaining 6.7% highly disagreed that the counsellor initiated non-counselling services for the students.

Therefore, majority of the respondents are neutral to this question.

## 4.2.24 COUNSELOR IS MAINTAINING A GENTLE GESTURE TO ALL

FIGURE 24
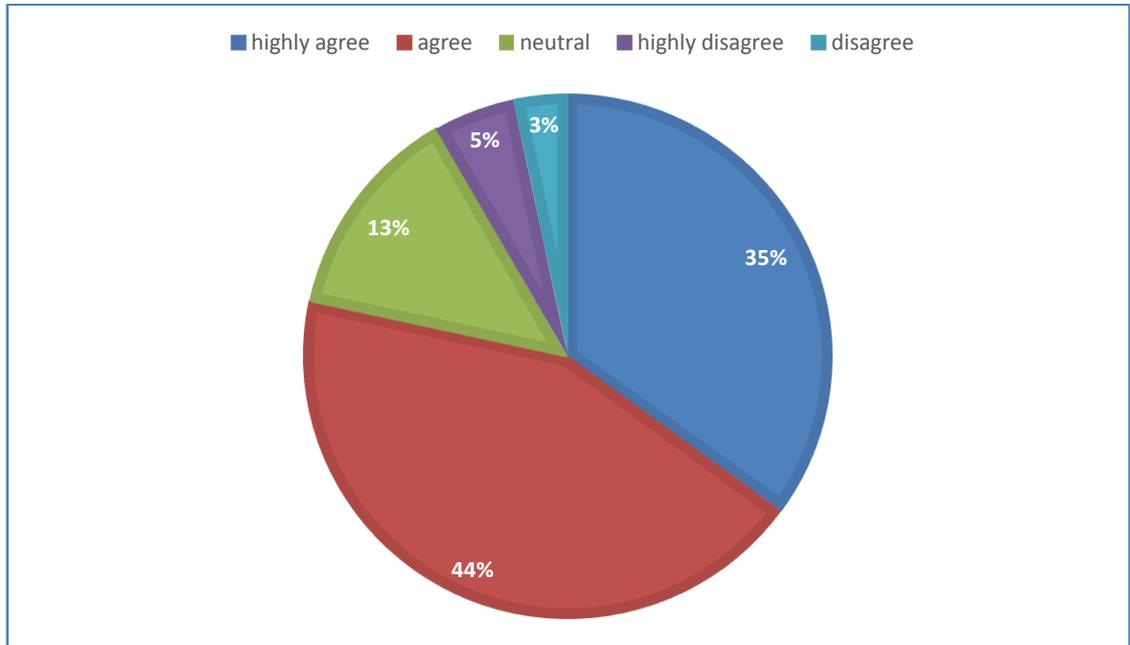
The above-mentioned pie diagram demonstrates if the counsellor is maintaining a gentle gesture to all. From this we can see that 44% of the respondents agreed that counsellor is maintaining a gentle gesture to all. 35% of the respondents highly agreed that counsellor is maintaining a gentle gesture to all. 13% of the respondents have a neutral opinion on this question. 5% of the respondents highly disagreed that counsellor is maintaining a gentle gesture to all, and the remaining 3% of the respondents disagreed that counsellor is maintaining a gentle gesture to all.

Therefore majority of the respondents responded that counsellor is maintaining a gentle gesture to all.

4.2.25 COMFORTABLE WITH THE COUNSELLOR

FIGURE 25
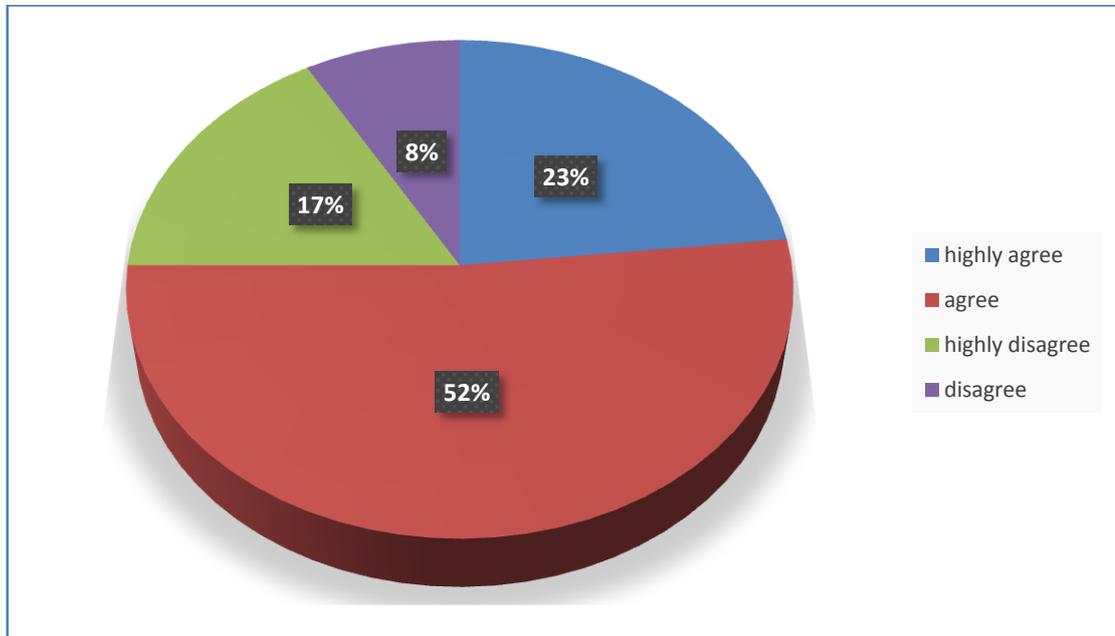
The given diagram shows whether the respondents are comfortable with the counsellor. Here 52% of respondents agreed that they were comfortable with the counsellor. 23% of respondents highly agreed that they were comfortable with the counsellor. 17% of the respondents highly disagreed that they were comfortable with the counsellor, and the remaining 8% of the respondents disagreed that they were comfortable with the counsellor.

Here we can see that more than the majority of respondents are comfortable with the counsellor during counselling.

**4.2.26 COUNSELOR INITIATED PROGRAM FOR THE TEACHERS**

FIGURE 26
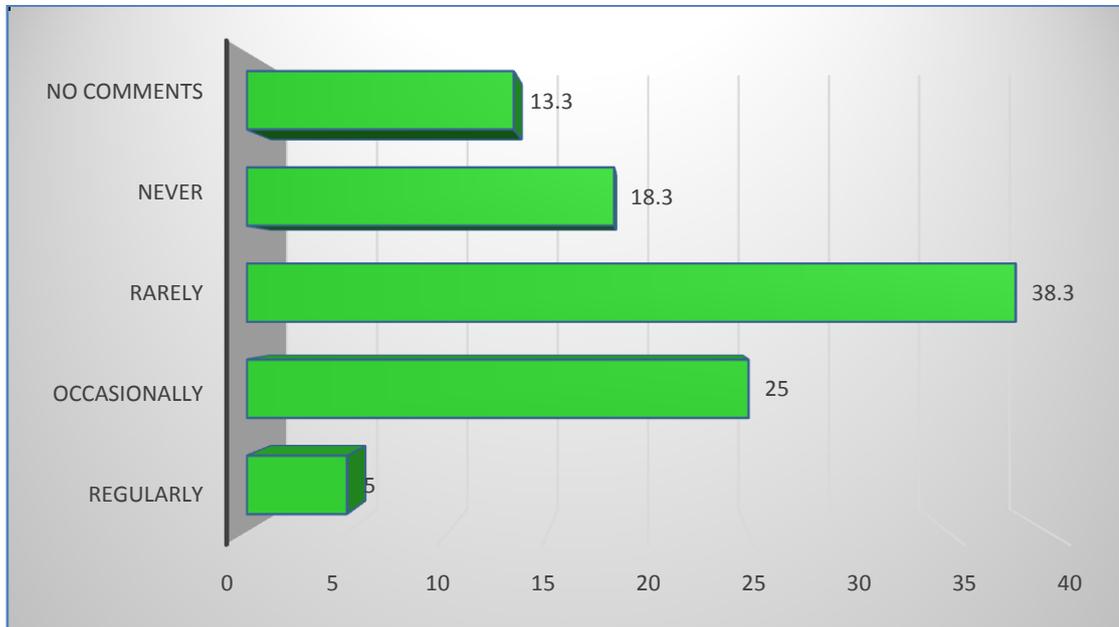
The given diagram demonstrates whether the counsellor initiated any programs for the teachers. Here 38.3% of the respondents responded that the counsellor rarely initiated programs for the teachers. 25% of the respondents responded that the counsellor occasionally initiated programs for the teachers. 18.3% of respondents responded that the counsellor has not initiated programs for the teachers. 13.3% of the respondents have no comments, and the remaining 5% responded that the counsellor regularly initiated programs for the teachers.

From this we can conclude that the counsellor rarely initiates program for the teachers.

4.2.27 HELP PROVIDED BY THE COUNSELLOR WHO ARE STRUGGLING WITH STUDIES

FIGURE 27
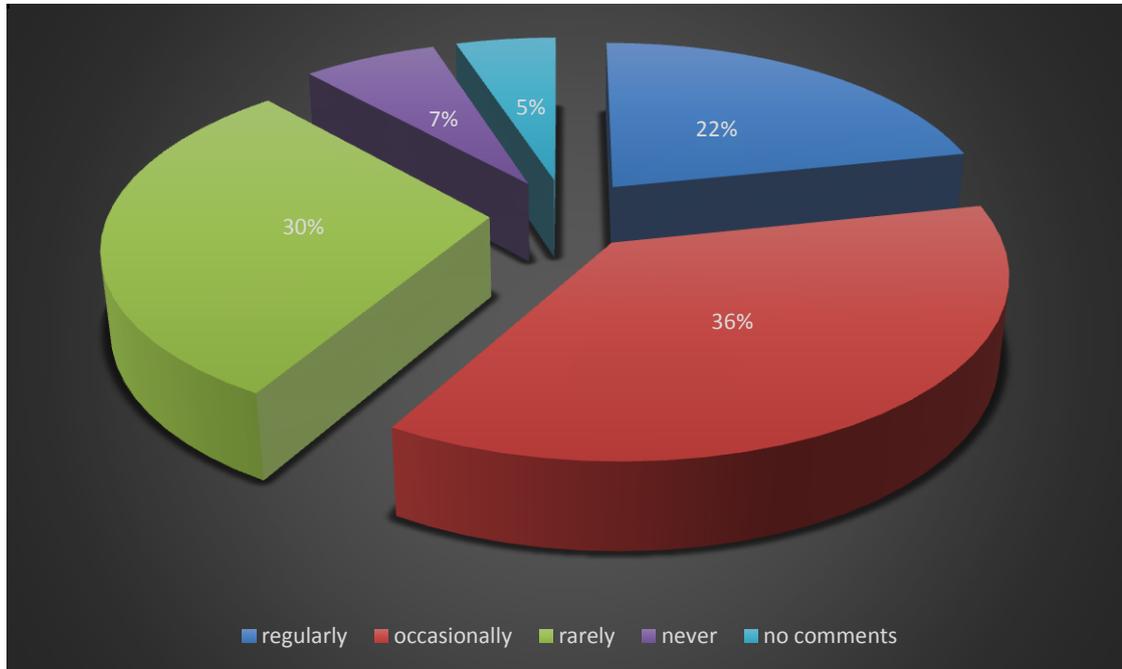
The above mentioned diagram depicts if the counsellor provided any help for the respondents who are struggling with studies. Here 36% of the respondents responded that the counsellor occasionally provided help to those who are struggling with studies. 30% of the respondents responded that the counsellor rarely provides help to those who are struggling with studies. 22% of the respondents responded that the counsellor provides help to those who are struggling with studies. 6.7% of the respondents responded that the counsellor have not provides help to those who are struggling with studies, and the remaining 5% of the respondents are no comments.

Therefore majority of the respondents responded that the counsellor occasionally provided help to those who are struggling with studies.

4.2.28 COUNSELLOR IS TRUST WORTHY

FIGURE 28
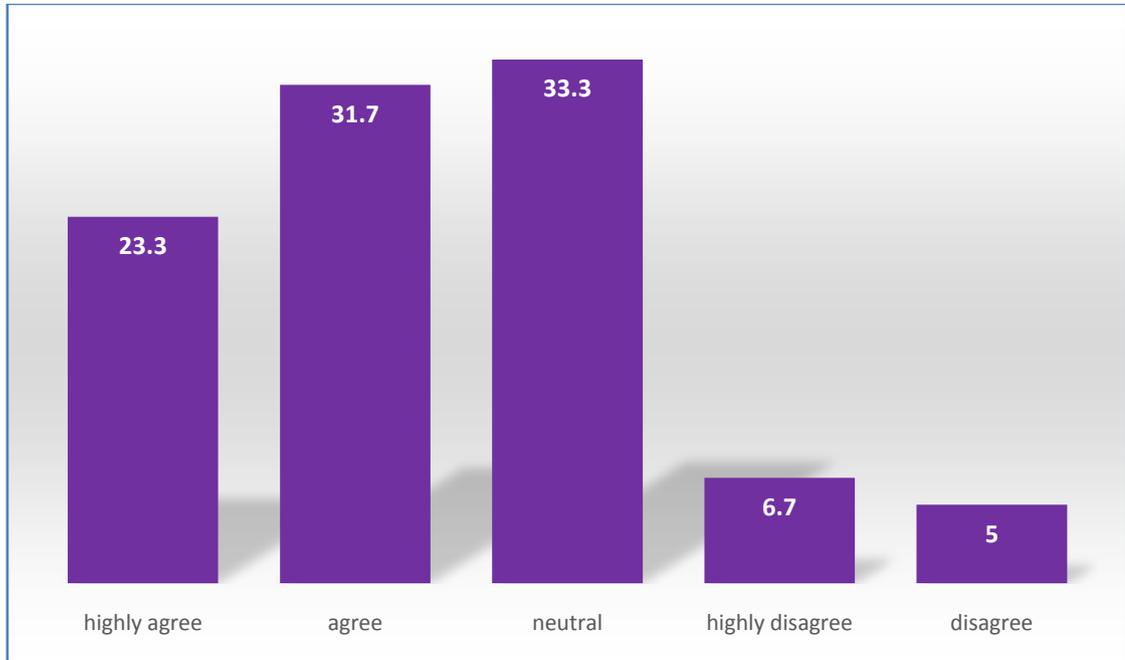
The given diagram demonstrates if the counsellor is trust worthy or not. Here 33.3% have a neutral opinion on this question. 31.7% agreed that the counsellor is trust worthy. 23.3% of the respondents responded that the counsellor is trust worthy. 6.7% highly disagreed that the counsellor is trust worthy, and remaining 5% disagreed that the counsellor is trust worthy.

Therefore more than majority of the respondents have an opinion that the counsellor is trust worthy.

4.2.29 BEST ADAPTIVE MEDICINE TO OVERCOME ACADEMIC STRESS

FIGURE 29
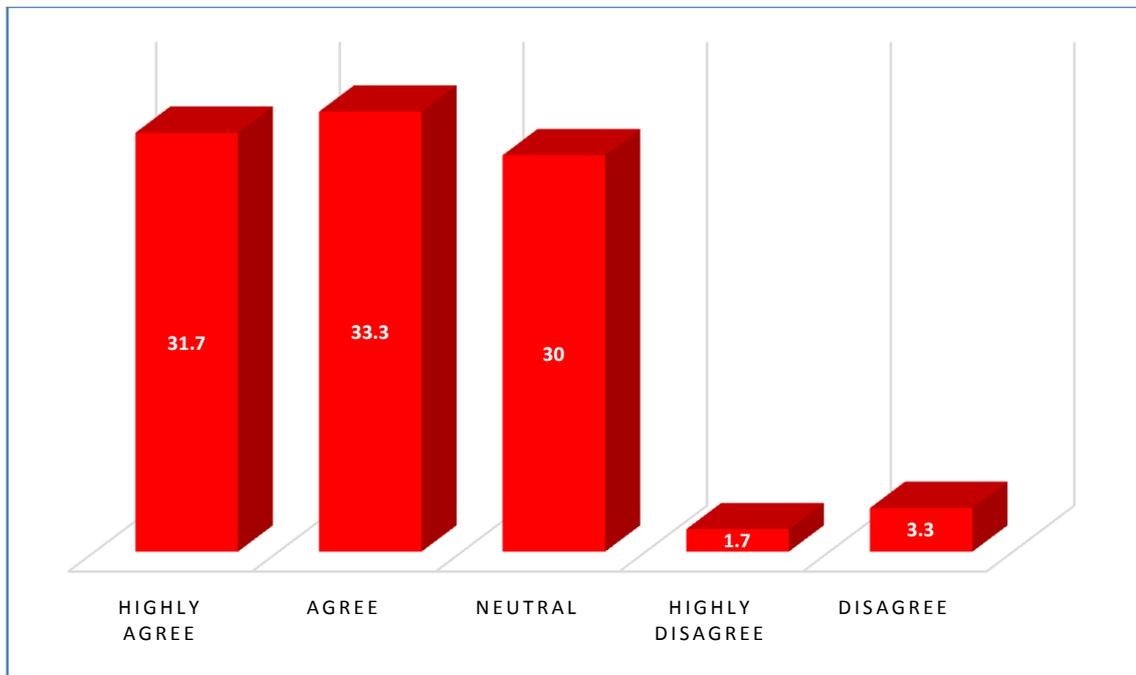
The above figure shows if the respondents agree that the counselling is the best adaptive medicine to overcome academic stress. Here we can see that 33.3% of the respondents agreed that counselling is the best adaptive medicine to overcome academic stress. 31.7% of the respondents highly agreed that counselling is the best adaptive medicine to overcome academic stress. 30% of the respondents have a neutral opinion on this question. 3.3 % disagreed counselling is the best adaptive medicine to overcome academic stress, and the remaining 1.7% highly disagreed counselling is the best adaptive medicine to overcome academic stress.

In this graph we can see that majority of the respondent that is 33.3% agreed counselling is the best adaptive medicine to overcome academic stress.

4.2.30 ACCESSIBILITY OF COUNSELING SERVICES IN SCHOOL

FIGURE 30
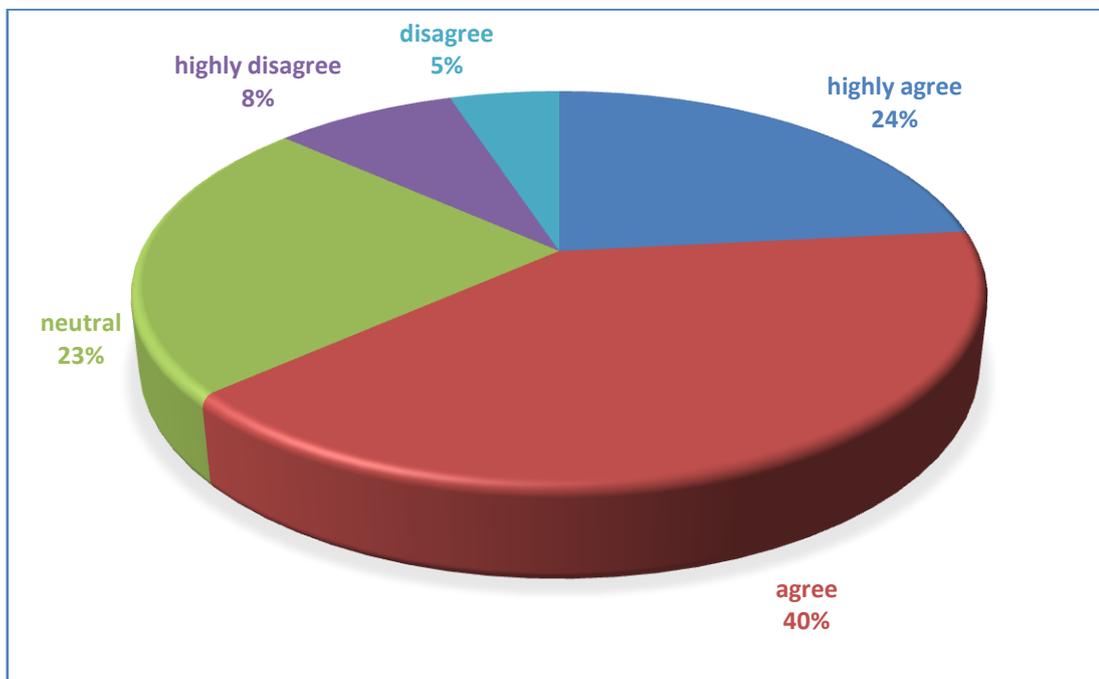
The above figure represents the respondent's opinion about the accessibility of counselling services in school. In the above figure we can see that 40% agreed that counselling services in school are always accessible to the students. 24% highly agreed that that counselling services in school are always accessible to the students. 23% have a neutral opinion pm this question. 8.3% of the respondents highly disagreed that counselling services in school are always accessible to the students, and the remaining 5% disagreed that counselling services in school are always accessible to the students.

The majority of the respondents responded that counselling services in their school is always accessible to all students.

4.2.31 SERVICES OF THE COUNSELLOR CAN MAKE A POSITIVE DIFFERENCE IN THE PROGRESS OF STUDENTS

FIGURE 31
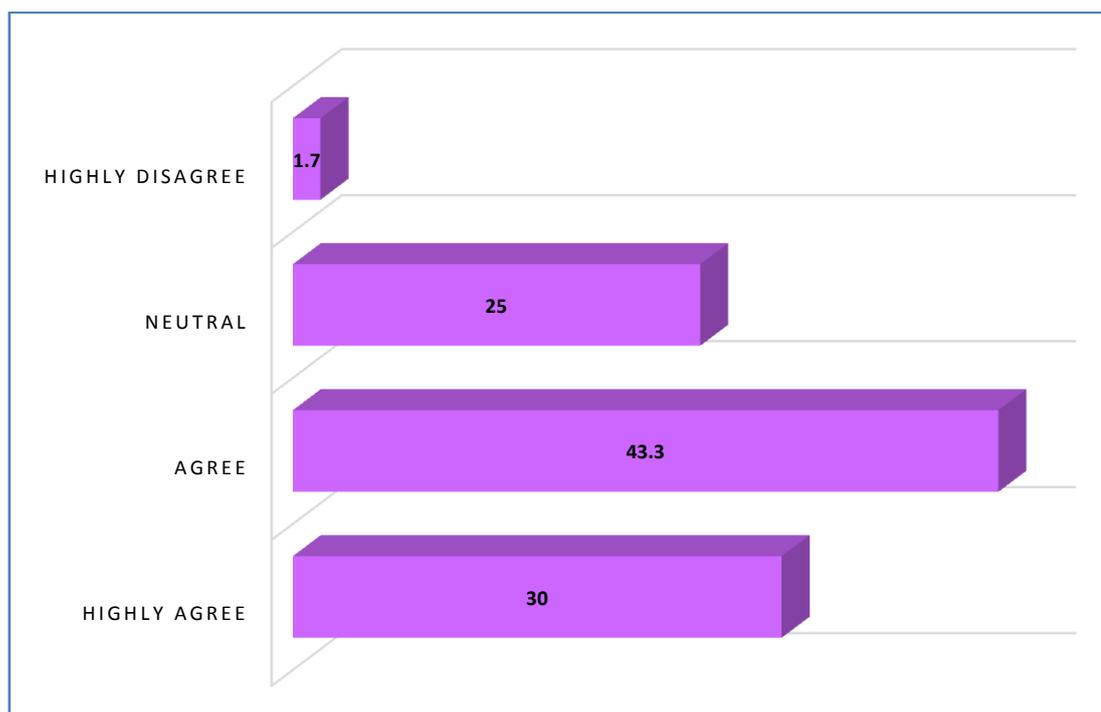
The above diagram shows whether the services of the counsellor can make a positive difference in the progress of students. Here majority of the respondents that is 43.3% agreed that the services of the counsellor can make a positive difference in the progress of students. 30% of the respondents highly agreed the services of the counsellor can make a positive difference in the progress of students. 25% have a neutral opinion on this question, and the remaining 1.7% highly disagreed that the services of the counsellor can make a positive difference in the progress of students.

Here we can conclude that majority of the respondents agreed that the services of the counsellor can make a positive difference in the progress of students.

4.2.32 NEEDED IMPROVEMENTS IN COUNSELING

FIGURE 32
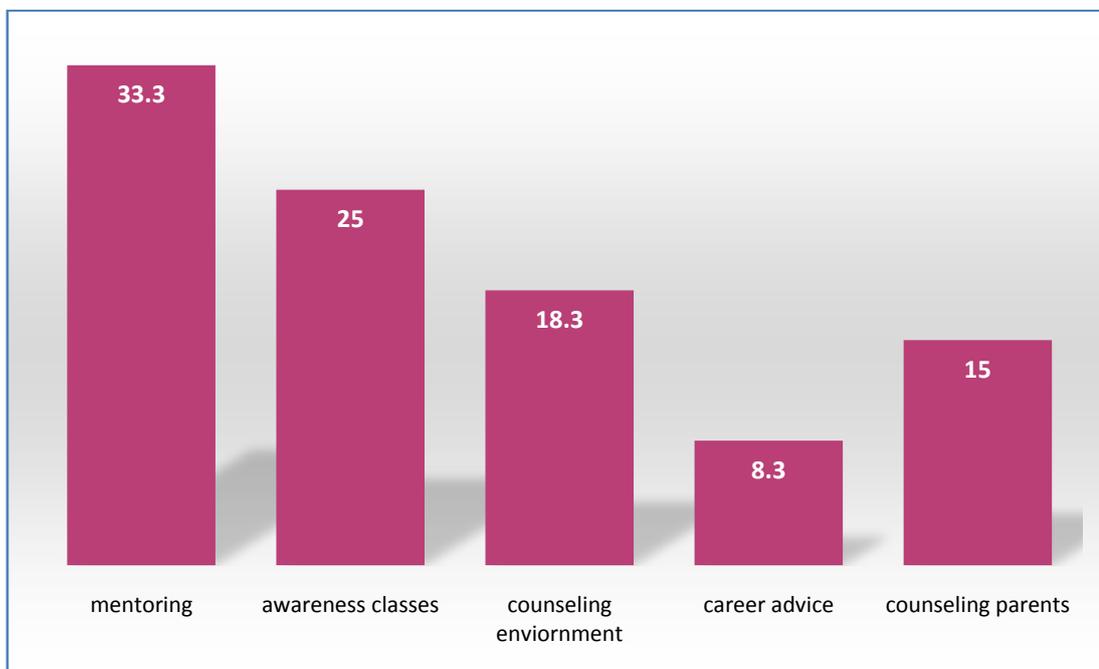
The above diagram depicts what should be improved in school counselling. Here 33.3% of the respondents want to improve mentoring in school counselling. 25% want to improve awareness classes in school counselling. 18.3% of the respondents want to improve the counselling environment. 15% of the respondents responded to improve counselling that is given to the parents and the remaining 8.3% responded that career advice has to improve in school counselling.

From this majority of respondents responded that mentoring should be improved in school counselling.

4.2.33 SATISFACTION WITH THE COUNSELING SERVICES

FIGURE 33

Chart Title

16.7	50	5	16.7	11.7
HIGHLY SATISFIED	SATISFIED	HIGHLY DISSATISFIED	DISSATISFIED	NO COMMENTS
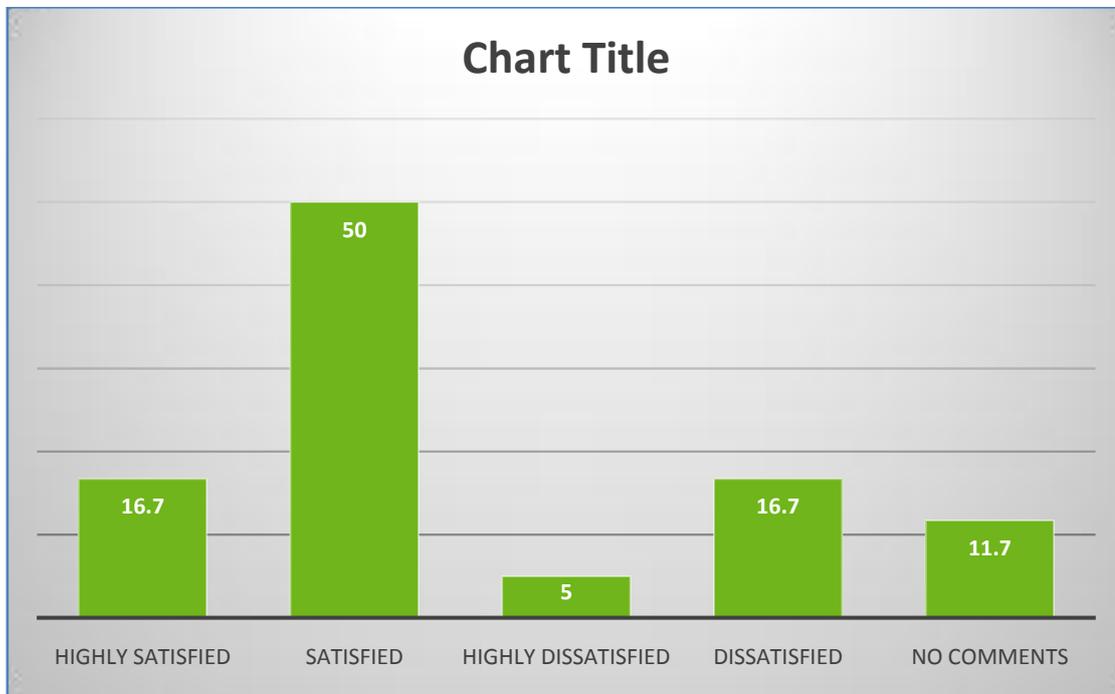
The given diagram illustrates whether the respondents are satisfied with the counselling services in their school. Here majority of the respondents that is 50% are satisfied with the counselling services in their school. 16.7% of the respondents are highly satisfied with the counselling services in their school. 16.7% are dissatisfied with the counselling services in their school. 11.7% have no comments and the remaining 5% are highly dissatisfied with the counselling services in their school.

From this we can clearly understand that more than majority of the respondents are satisfied with the counselling services in their school.

4.2.34 FRIEND'S OPINION ABOUT THE EFFECTIVENESS OF COUNSELING

FIGURE 34
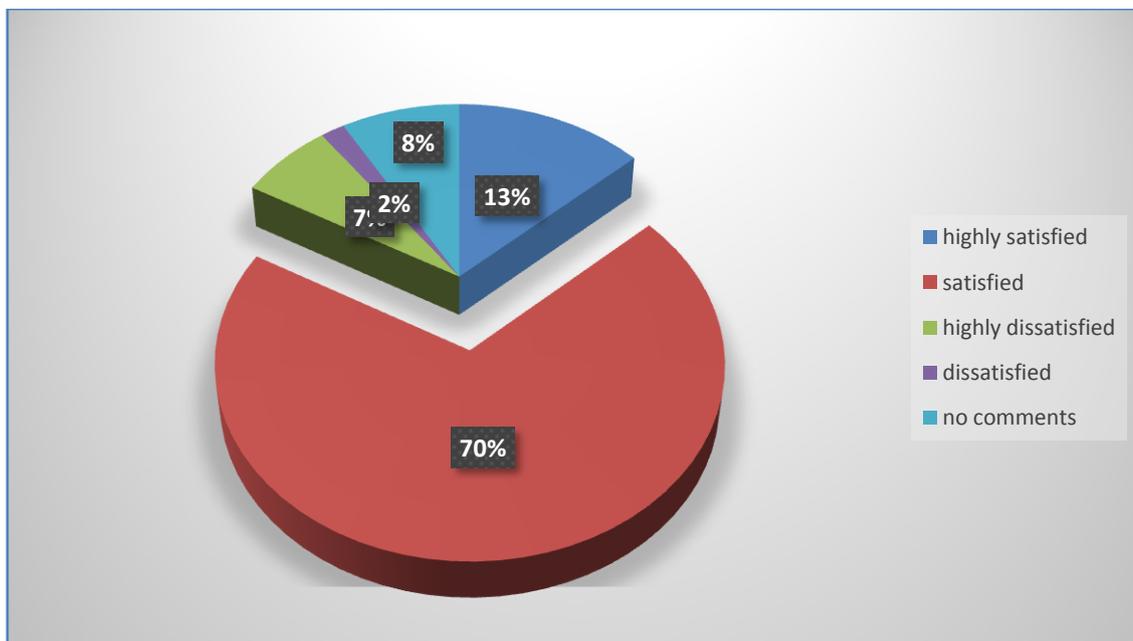
The above mentioned diagram shows the friend's opinion about the effectiveness of counselling in school. Here 70% are highly satisfied with the effectiveness of counselling. 13.3% of the respondents were highly satisfied with the effectiveness of counselling. 8.3% have no comments, 7% were highly dissatisfied with the effectiveness of counselling, and the remaining 2% were dissatisfied with the effectiveness of counselling.

Here we can understand that more than majority of the respondents are satisfied with the effectiveness of counselling.

4.2.35 KNOWLEDGE OF COUNSELLOR IN HIS PROFESSION

FIGURE 35
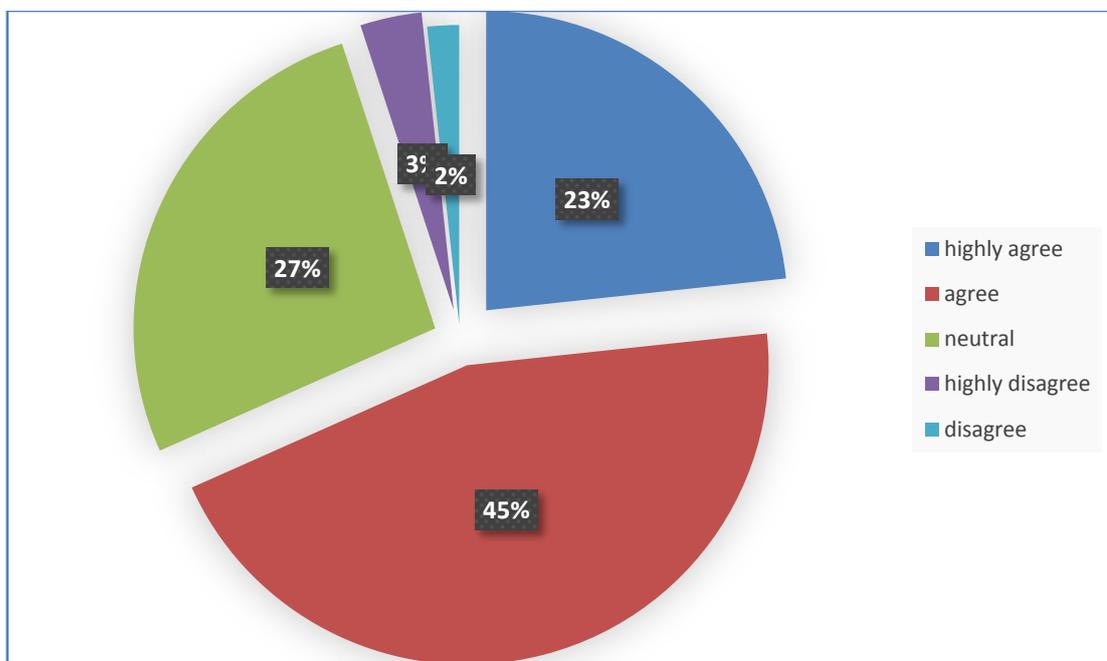
The given diagram shows whether the counsellor have knowledge in his profession. Here 45% of the respondents agreed that the counsellor have knowledge in his profession. 27% of the respondents have a neutral opinion on that question. 23% respondents highly agree that the counsellor have knowledge in his profession. 3% of the respondents highly disagreed that the counsellor have knowledge in his profession, and the remaining 2% disagreed that the counsellor have knowledge in his profession.

Therefore more than majority of respondents agreed that the counsellor have knowledge in his profession.

4.2.36 UTILIZATION OF COUNSELLING SERVICES

FIGURE 36
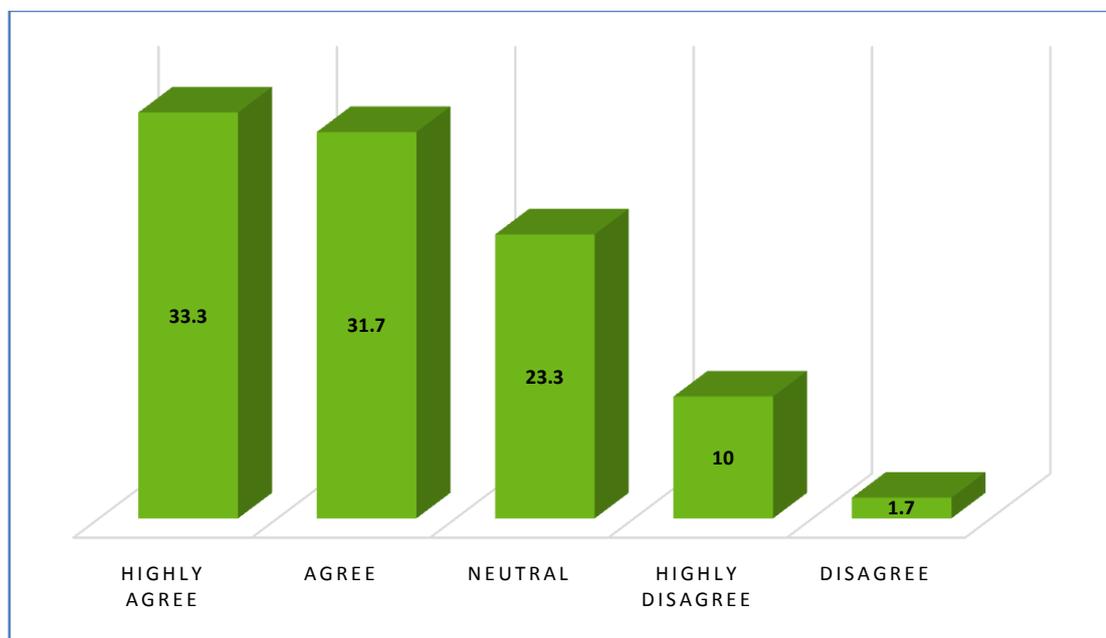
The above diagram shows whether the respondents are utilizing counselling services properly. Here 33.3% respondents highly agreed that they are using the counselling services properly. 31.7% of the respondents agreed that they are using the counselling services properly. 23.3% have a neutral opinion on this question. 10% of the respondents highly disagreed that they are using the counselling services properly, and the remaining 1.7% disagreed that they are using the counselling services properly.

Therefore we can see that the majority of students are utilizing the counselling services properly.

4.2.37 COMMUNICATION OF COUNSELLORS WITH PARENTS

FIGURE 37
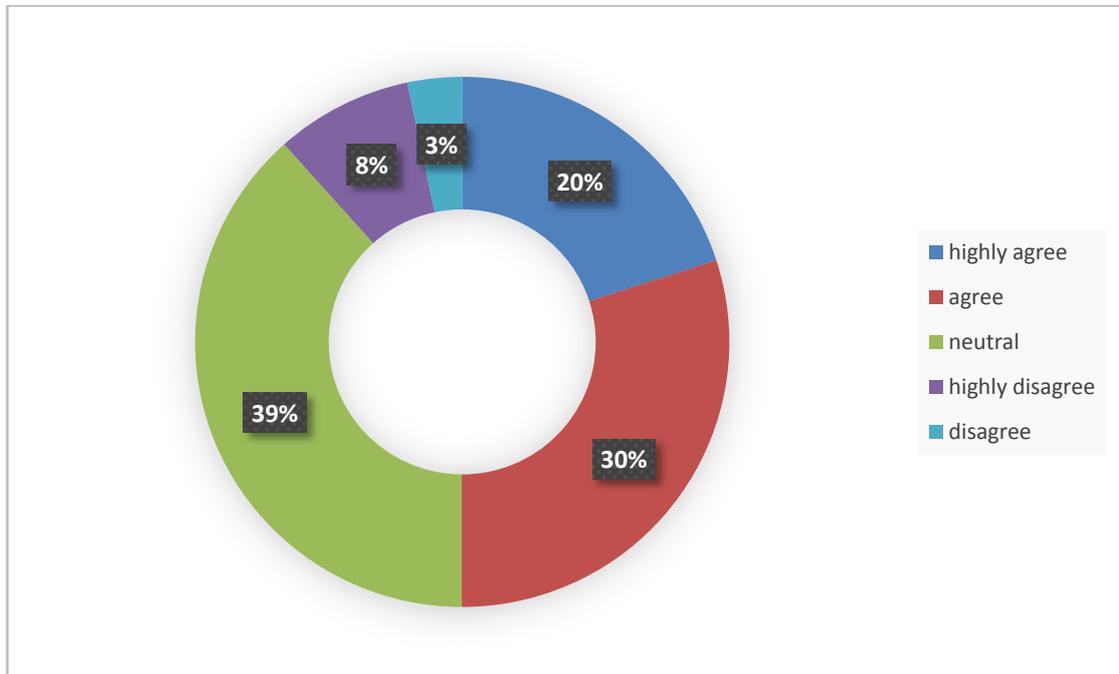
The above diagram shows whether the counsellors are communicating properly with parents. Here 39% of the respondents have a neutral opinion on that question. 30% of the respondents agreed that the counsellors are communicating with the parents properly. 20% of the respondents highly agreed that the counsellors are communicating with the parents properly. 8% highly disagreed that the counsellors are communicating with the parents properly, and the remaining 3% disagreed with the statement that counsellors are communicating with the parents properly.

As a result we can conclude that most counsellors maintain proper communication with parents.

4.3CONCLUSION

The analysis of research work is a vital step in advancing knowledge and improving the quality of research in various fields. The chapter dealt with analysis and interpretation, which is the major part of the research study. The data collected from 60 samples of respondents are analysed and interpreted using figures.

CHAPTER V

FINDINGS & SUGGESTIONS

CHAPTER 5

FINDINGS & SUGGESTIONS

5.1 MAJOR FINDINGS

- The study found that the majority of the respondents are in the age of 17.
- The study shows that majority of the respondents are female and rest are male.
- From the study more than half of the respondents are from higher secondary second year class (plus two).
- The study says that 48% of the respondents responded that the purpose of counselling services is to release academic stress and 40% of the respondents responded that the purpose of counselling services is to solve psychological problems of students.
- The study tells that majority of the respondents agreed that the counsellor is maintaining an effective relationship with the respondents.
- The study indicates that most of the respondents highly agreed that counselor/counseling services in schools is mandatory.
- From the study we can identify that 38.3% highly agreed that they were aware of stress and anxiety problems among higher secondary students, and 21.7% have a neutral opinion about that.
- The study tells that majority of the respondents responded that they have not yet received any explanation about the need for counselling in school. Remaining of the respondents had received explanation about the need for counselling in school.
- This study found that most of the respondents agreed that they have enough knowledge on the functions of a school counsellor. Remaining of the respondents have a neutral opinion about that.
- From this study we can understand that majority of respondents have noticed psychological problems among students.
- The study shows that more than half of the respondents agreed that counselling can improve mental health.
- The study clearly shows that majority of the respondents agreed that class teacher regularly enquires about student's health. Remaining of the

respondents highly disagreed that class teacher regularly enquires about student's health**.**

- The study depicts that 31.7% of the respondents regularly met the counsellor for any assistance. 28.3% of the respondents occasionally met the counsellor for any assistance. 13.3% of the respondents never met the counsellor for any assistance.

- From this study we can understand that more than majority of the respondents responded that counsellor have a separate room which provides confidentiality.

- This study finds that most of the respondents highly agreed that teachers are supportive for the counsellor.

- The study says that most of the respondents agreed that school management gives full access to counsellor in school.

- The study shows that majority of respondents agreed that counselling services is always available for the students.

- The study found that 36% of the respondents responded that the counsellor is rarely visiting the class room. 27% of the respondents responded that the counsellor occasionally visits the classroom. 18% of the respondents responded that counsellor have not visited the classroom.

- From the study we can identify that more than half of the respondents agreed that counselor is useful.

- The study shows that most of the respondents highly agreed that counsellor know all the students personally.

- The study says that 35% of the respondents responded that the counsellor occasionally initiates regular mentoring for all students. 28.3% of the respondents responded that the counsellor rarely initiates regular mentoring for all students. 11.7% of the respondents responded that the counsellor has not initiated any regular mentoring for all students.

- From this study most of the respondents responded that the counsellor occasionally initiated classroom wise awareness or sessions. Remaining of the respondents responded that the counsellor rarely initiated classroom wise awareness or sessions.

- The study depicts that most of the respondents have a neutral opinion that counsellor initiated non-counselling services for the students.
- The study clearly shows that most of the respondents agreed that counsellor is maintaining a gentle gesture to all.
- The study shows that more than half of the respondents agreed that they were comfortable with the counsellor.
- The study found that majority of the respondents responded that the counsellor rarely initiated programs for the teachers. Remaining of the respondents responded that the counsellor occasionally initiated programs for the teachers.
- The study indicates that majority of the respondents responded that the counsellor occasionally provided help to those who are struggling with studies. Remaining of the respondents responded that the counsellor rarely provides help to those who are struggling with studies.
- The study shows that 33.3% have a neutral opinion on this question. 31.7% agreed that the counsellor is trust worthy. 23.3% of the respondents responded that the counsellor is trust worthy.
- From this study we can understand that majority of the respondents agreed that counselling is the best adaptive medicine to overcome academic stress. Remaining of the respondents highly agreed that counselling is the best adaptive medicine to overcome academic stress.
- The study shows that majority of the respondents agreed that counseling services in school are always accessible to the students.
- From the study it is clear that majority of the respondents agreed that the services of the counselor can make a positive difference in the progress of students. Remaining of the respondents highly agreed the services of the counsellor can make a positive difference in the progress of students.
- The study shows that most respondents want better mentoring in school counseling. They also want to improve awareness classes and the counseling environment. A portion of the respondents also expressed a desire to enhance the counseling environment. Some respondents mentioned a need for better counseling for parents.
- From the study it is clear that half of the respondents are satisfied with the counselling services in their school.

- The study shows that more than half of the respondents are highly satisfied with the effectiveness of counselling.
- The study found that majority of the respondents agreed that the counsellor have knowledge in his profession. Remaining of the respondents have a neutral opinion on that.
- The study says that most of the respondents highly agreed that they are using the counselling services properly. Remaining of the respondents agreed that they are using the counselling services properly, and remaining few respondents disagreed that they are using counselling services properly.
- The study indicates that majority of the respondents have a neutral opinion that counsellors are communicating with the parents properly. Remaining of the respondents agreed that the counsellors are communicating with the parents.

5.2 IMPLICATION OF THE STUDY

➢ The students can learn healthy ways to cope up with stress, they can improve their self esteem and build strong relationships, they can pursue their future goals.

➢ It helps to learn what steps are needed to take action and regain control over behaviors in order to enhance more positive change.

➢ The study helps the students to enhance decision making skills and also helps to reduce academic stress with the help of counseling.

➢ The study shows that the counselling can be used as a career guider also.

5.3 LIMITATIONS OF THE STUDY

- There is a difficult for the availability of respondents because the respondents are going through their final examination.
- Initially faced some difficulties to identify higher secondary schools in Irrity block which provide counselling services for the students.
- Lack of scholarly work on this topic.

5.4 SUGGESTIONS

- A better career guide can beprovided in a counselling setting. In order for students to be able to choose their suitable career in the future without being confused.

- It's important that the counsellor is friendly with students so they can use the service effectively.

- School management should aware the students about the need and importance of counsellor/counselling services in school.

- It would be advisable for the counsellor to take the initiative in organizing awareness classes based on stress, anxiety and psychosocial issues among students.

- It is recommended that the class teacher engages in personal interactions with the students to inquire about their overall health, including their mental, physical, and psychological well-being.

- The school management should improve the counselling environment which provide counselling services is a place were students can approach easily.

- It is imperative that the school management provides opportunities for counsellors to conduct classroom visits.

- The school management should ensure that the counsellor is providing regular mentoring for students.

- The counsellor should initiate sessions for teachers.

- The counsellor should provide more assistance for the students who were struggling with studies.

- The counsellors ought to enhance the quality of their counselling services offered to parents.

- School management should ensure that the counsellors have a deep knowledge in their particular profession.

5.5 CONCLUSION

From the study the researcher was able to study the utilization of counselling services among higher secondary students. The study also reveals about the purpose of counselling services among teenagers. The study indicates that most of the students are utilizing the counselling services properly. The study clearly shows that the counsellor is maintaining an effective relationship with all. In conclusion overall study help to highlight the need for further studies and to bring an proper awareness about the need of counselling services among higher secondary students.

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APPENDIX

APPENDIX

1) Name:

2) Age:

3) Gender:

4) School:

5) Class

    Plus one ☐   Plus two   ☐

6) Place:

7) Counselor/counselling services is to.

    To release academic stress   ☐

    To improve parents and students relationship   ☐

    To act as a better career guider   ☐

    To solve psychological problems of students   ☐

8) Do you agree that the counsellor should maintain an effective relationship with you?

    Highly agree   ☐

    Agree   ☐

    Neutral   ☐

    Highly disagree   ☐

    Disagree   ☐

9) Counsellor/Counselling services in schools is Mandatory.

    Highly agree   ☐

    Agree   ☐

    Neutral   ☐

    Disagree   ☐

    Highly disagree   ☐

10) I am aware of stress and anxiety problems among higher secondary school students.

Highly agree ☐

Agree ☐

Neutral ☐

Disagree ☐

Highly disagree ☐

11) Does anyone explain about the need for counselling in School?

Yes ☐   No ☐   Unsure ☐

12) I have enough knowledge on the functions of a school Counsellor.

Highly agree ☐

Agree ☐

Neutral ☐

Disagree ☐

Highly disagree ☐

13) Have you noticed any psychological problems among students?

Yes ☐   No ☐ Unsure ☐

14) Counselling can improve our mental health.

Highly agree ☐

Agree ☐

Neutral ☐

Disagree ☐

Highly disagree ☐

15) Would you agree that the class teacher regularly enquires about the student's health?

Highly agree ☐

Agree ☐

Neutral ☐

Disagree ☐

Highly disagree ☐

16) Do you ever met the counsellor for any assistance?

Regularly ☐

Occasionally ☐

Rarely ☐

Never ☐

No comments ☐

17) Does counsellor have a separate room or space which provides confidentiality?

Yes ☐   No ☐ Unsure ☐

18) Teachers are supportive for the counsellor.

Highly agree ☐

Agree ☐

Neutral ☐

Disagree ☐

Highly disagree ☐

19) Do you agree that school management gives full access to counsellor in school?

Highly agree ☐

Agree ☐

Neutral ☐

Disagree ☐

Highly disagree ☐

20) Counsellor/Counselling services is always available for the students.

Highly agree ☐

Agree ☐

Neutral ☐

Disagree ☐

Highly disagree ☐

21) Does the counsellor visit the classrooms?

Regularly ☐

Occasionally ☐

Rarely ☐

Never ☐

No comments ☐

22) Do you agree that counsellor is useful?

Highly agree ☐

Agree ☐

Neutral ☐

Disagree ☐

Highly disagree ☐

23) Do you agree that the counsellor know all the Students personally?

Highly agree ☐

Agree ☐

Neutral ☐

Disagree ☐

Highly disagree ☐

24) Does the counsellor initiating regular mentoring for all students?

Regularly ☐

Occasionally ☐

Rarely ☐

Never ☐

No comments ☐

25) Does the counsellor initiated any class room wise awareness or sessions?

Regularly ☐

Occasionally ☐

Rarely ☐

Never ☐

No comments ☐

26) Counsellor initiated non counselling services for the Students.

Highly agree ☐

Agree ☐

Neutral ☐

Disagree ☐

Highly disagree ☐

27) Do you agree that counsellor is maintaining a gentle gesture to all?

Highly agree ☐

Agree ☐

Neutral ☐

Disagree ☐

Highly disagree ☐

28) I am comfortable with the counsellor.

Highly agree ☐

Agree ☐

Neutral ☐

Disagree ☐

Highly disagree ☐

29) Does the counsellor initiated any programs for the teachers?

Regularly ☐

Occasionally ☐

Rarely ☐

Never ☐

No comments ☐

30) Do you find any help provided by counsellor to those who are struggling with studies?

Regularly ☐

Occasionally ☐

Rarely ☐

Never ☐

No comments ☐

31) Do you agree counsellor is trustworthy?

Highly agree ☐

Agree ☐

Neutral ☐

Disagree ☐

Highly disagree ☐

32) Counselling is the best adaptive medicine to overcome academic stress.

       Highly agree ☐

       Agree ☐

       Neutral ☐

       Disagree ☐

       Highly disagree ☐

33) Counselling services in your school are accessible to all Students.

       Highly agree ☐

       Agree ☐

       Neutral ☐

       Disagree ☐

       Highly disagree ☐

34) Do you agree that the services of the counsellor can make a positive difference in the progress of students?

       Highly agree ☐

       Agree ☐

       Neutral ☐

       Disagree ☐

       Highly disagree ☐

35) What should be improved in school counselling?

       Mentoring ☐

       Awareness classes ☐

       Counselling environment ☐

       Career advice ☐

       Counselling for parents ☐

36) Are you satisfied with the counselling Services of your school?

Highly satisfied ☐

Satisfied ☐

Highly dissatisfied ☐

Dissatisfied ☐

No comments ☐

37) Friend's opinion about the effectiveness of the Counselling.

Highly satisfied ☐

Satisfied ☐

Highly dissatisfied ☐

Dissatisfied ☐

No comments ☐

38) Do you agree that the counsellor have deep knowledge in his profession?

Highly agree ☐

Agree ☐

Neutral ☐

Disagree ☐

Highly disagree ☐

39) Students are utilising counselling services properly.

Highly agree ☐

Agree ☐

Neutral ☐

Disagree ☐

Highly disagree ☐

40) Counsellors communicate properly with parents.

Highly agree ☐

Agree ☐

Neutral ☐

Disagree ☐

Highly disagree ☐