
FDI and Its Relationship with Macroeconomic Variables

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Abstract: *FDI refers to capital inflows from abroad that are invested to enhance the production capacity of the economy. FDI and economic growth has long been a subject of great interest in the field of international growth. In the era of volatile flows of global capital, the stability of FDI emerges as an effective channel to faster economic growth. In developing countries it plays an important role in the long-term development of a country as a source of capital and for enhancing competitiveness of the domestic economy through transfer of technology, strengthening infrastructure, raising productivity and generating new employment opportunities.*

Key Words: *FDI, Macroeconomic, GNP, GDP.*

1. Introduction

Investment is very important for the growth and prosperity of an economy. Domestic investment and foreign investment both are equally important. In India FDI is considered as a developmental tool, which helps in achieving self-reliance in various sectors and in overall development of the economy. India has emerged as a favourable destination of FDI. The inflow of FDI before 1990's was very slow. To fully utilize the country's immense economic potential, the government launched economic reforms in 1991, known as LPG. The new government policies are simple, transparent, and aimed to promote domestic and foreign investment. FDI equity inflow in India stood at US\$ 547.2 billion between April 2000 and June 2021[7]. FDI offers number of benefits like overture of new technology, innovative products and extension of new markets, opportunities of employment and introduction of new skills, which reflect in the growth of income of any nation.

In region wise analysis the highest amount of FDI inflows to India are from the countries of Africa (35%), followed by Asia (30.64%), Europe (26.19%),

and North America (7.86%), of which, the highest FDI inflows are from Singapore (60.02%) followed by Japan (25.51%). From different countries of Africa, the highest amount of FDI inflows are from Mauritius (99.29%), followed by South Africa (0.37%). The total amount of FDI flows from different countries of Australia to India, the highest amount of inflows is from Australia (90.05%) and New Zealand (6.25%). FDI flows from the different countries of South America region, the highest was from Chile (73.94%) followed by Brazil (12.95%) and Argentina (4.84%). FDI inflows from USA (79.79%), Netherlands (26.08%) followed by UK (25.64%), and Germany (11.68%).

FDI equity inflow in India stood at US\$ 17.56 billion between April 2021 and June 2021. Data between April 2021 and June 2021 indicates that the automobile sector attracted the highest FDI equity inflow of US\$ 4.66 billion, followed by computer software and hardware sector (US\$ 3.06 billion), services sector (US\$ 1.89 billion) and metallurgical industries (US\$ 1.26 billion). Between April 2021 and June 2021, India recorded the highest FDI equity inflow from Singapore (US\$ 3.31 billion), followed by Mauritius (US\$ 3.29 billion), the US (US\$ 1.95 billion), Cayman Islands (US\$ 1.32 billion), the Netherlands (US\$ 1.09 billion), Japan (US\$ 539 million) and the UK (US\$ 345 million). In state-wise analysis the total FDI equity inflow, Karnataka registered the highest FDI equity inflow of US\$ 8.45 billion, followed by Maharashtra (US\$ 4.09 billion), Delhi (US\$ 1.95 billion) and Gujarat (US\$ 765 million) [7].

1.1. Review of Literature: Bhanuben (2013), Karunakaran N (2020) and Nakula, Reddy A (2018) analysed the impact of flow of FDI on GDP of India. Rajalingam. P (2011) studied the impact of globalization on Indian economy, Rema R and Karunakaran N (2019), Singh Ranbir (2003), Soji M Sebastian and Karunakaran N (2020) also examined the trend and pattern of international capital flows in India. Syed (2012), and Thuhid (2016) pointed out the significance of FDI on economic growth.

1.2. Objectives: The main objectives are:

- (i) to study the country-wise FDI inflows to India and the FDI inflows in different sectors;
- (ii) to analyse the volume and composition of FDI, sector-wise and state-wise and
- (iii) to examine the relationship between FDI and its determinants like GDP, GNP and employment

2. Materials and Methods

The study used secondary data collected from various sources. Multiple regression and ANOVA were used for data analysis.

3. Results, Analysis and Discussion

3.1. Volume and Composition of FDI in India: The continent-wise FDI inflow to India is exhibited in figure 1.

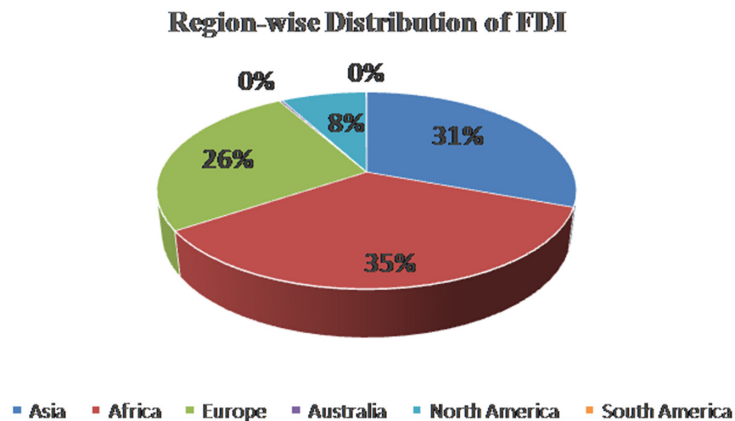


Figure 1: Region-wise Distribution of FDI

Source: https://dpiit.gov.in/sites/default/files/FDI_Factsheet_June2021.pdf

Table 1 shows the FDI inflows to India during 2000-01 to 2020-21, which was Rs. 10,733 crores in 2000-01 and that has gone upto Rs. 442,569 crores in 2020-21, a phenomenon growth of 4123.44 percentage. A close observation of the figure also shows that there are certain fluctuations in the FDI inflow in certain years.

Table 1: Year-wise Distribution of FDI Equity Inflows

Sl. No	Year	Amount of FDI Inflows (Rs in crore)	Growth
1	2000-01	10,733	100
2	2001-02	18,654	173.80
3	2002-03	12,871	119.92
4	2003-04	10,064	93.77
5	2004-05	14,653	136.52
6	2005-06	24,584	229.05
7	2006-07	56,390	525.39
8	2007-08	98,642	919.05
9	2008-09	142,829	1330.75
10	2009-10	123,120	1147.12
11	2010-11	97,320	906.74
12	2011-12	165,146	1538.68
13	2012-13	121,907	1135.81
14	2013-14	147,518	1374.43
15	2014-15	189,107	1761.92
16	2015-16	262,322	2444.07
17	2016-17	291,696	2717.75
18	2017-18	288,889	2691.59
19	2018-19	309,867	2887.05
20	2019-20	353,558	3294.12
21	2020-21	442,569	4123.44
Total		3,175,014	

Source: https://dpiit.gov.in/sites/default/files/FDI_Factsheet_March%2C21.pdf

Table 2 shows the state-wise distribution of FDI flow in India obtained on regional office basis. New Delhi Region stood in the first place, followed by Mumbai region, whereas, in the subsequent year, there was a turn around, Mumbai region stood in the first position compared to Delhi region.

Table 2: States/UTs Attracting Highest FDI Equity Inflows during 2020-21

State/UTs	Amount in Rupees (crores)
Gujarat	1,62,830
Maharashtra	1,19,734
Karnataka	56,884
Delhi	40,464
Tamil Nadu	17,208
Jharkhand	5,993
Haryana	12,559
Telangana	8,618
Punjab	4,719
Uttar Pradesh	3,123

Source: https://dpiit.gov.in/sites/default/files FDI_Factsheet_March%2C21.pdf

3.2. Sector-wise Distribution of FDI: In the different sectors, the highest FDI inflow was in computer, service sector and construction in 2020-21, as shown in table 3.

Table 3: Sectors Attracting Highest FDI Equity Inflows (2020-21)

Sector	Amount in Rs. Crores
Services Sector	37,542
Computer Software and Hardware	194,291
Telecommunications	2,884
Trading	19,349
Construction Development	3,117
Automobile Industry	12,115
Construction (Infrastructure) Activities	58,240
Chemicals (other than Fertilizers)	6,300
Drugs and Pharmaceuticals	11,015
Hotel and Tourism	2,761

Source: https://dpiit.gov.in/sites/default/files FDI_Factsheet_March%2C21.pdf

3.3. Determinants of FDI: There is a positive long run relationship between FDI and economic growth[10] and the relationship between FDI and macroeconomic variables such as GNP, GDP and employment is analysed. The determinant of FDI varies from one country to another due to their unique characteristics and opportunities for the potential investors. The determinants of FDI in India are stable policies, economic factors, cheap and skilled labour, basic infrastructure, unexplored markets and availability of natural resources [9].

Table 4: FDI and Macro Variables

Year	FDI (Rs in crore)	GDP (Rs in crore)	GNP (Rs in crore)	Employment (in %)
2000-01	10,733	2030711	2008283	56.46
2001-02	18,654	2136651	2116512	56.74
2002-03	12,871	2217133	2199266	56.98
2003-04	10,064	2402727	2383227	57.36
2004-05	14,653	2602065	2580980	57.64
2005-06	24,584	2844942	2824282	57.95
2006-07	56,390	3120031	3098767	56.98
2007-08	98,642	3402716	3387863	56.04
2008-09	142,829	3609425	7052191	55.00
2009-10	123,120	7651078	7606319	54.22
2010-11	97,320	8301235	8211816	53.36
2011-12	165,146	8736329	8659505	52.71
2012-13	121,907	9213017	9104662	52.01
2013-14	147,518	9801317	9679027	52.10
2014-15	189,107	10527674	10402987	52.12
2015-16	262,322	11369493	11234571	52.07
2016-17	291,696	12298327	12153754	52.04
2017-18	288,889	13144582	13000009	36.90
2018-19	309,867	14003316	13858743	37.50
2019-20	353,558	14569268	14424695	40.10
2020-21	442,569	13512740	13368167	40.90

Source: DIPP and Data Base, World Development Indicators, RBI Bulletin

The relationship between FDI and GNP, GDP and Employment, the linear equation model is:

$$F = \alpha_0 + \alpha_1 Y + \alpha_2 P + \alpha_3 E + \varepsilon$$

(Where, F is FDI, Y is GNP, P is GDP and E is Employment, α_0 is Intercept, α_1 is Coefficient of Y, α_2 is Coefficient of P, α_3 is Coefficient of E and ε is Error term). The result is given in chart 1.

Chart 1

<i>Regression Statistics</i>	
Multiple R	0.890765
R Square	0.793462
Adjusted R Square	0.745799
Standard Error	44578.88
Observations	21

ANOVA

	<i>Df</i>	<i>SS</i>	<i>MS</i>	<i>F</i>	<i>Significance F</i>
Regression	3	9.9E+10	3.31E+10	16.64746	9.71E-05
Residual	13	2.6E+10	1.99E+09		
Total	16	1.3E+11			

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	<i>Coefficients</i>	<i>Standard Error</i>	<i>t Stat</i>	<i>P-value</i>	<i>Lower 95%</i>	<i>Upper 95%</i>	<i>Lower 95.0%</i>	<i>Upper 95.0%</i>
Intercept	2705323	643539	4.2038	0.001	1315041	409560	1315041	4095604.
GDP	0.024702	0.01558	.585674	0.558	-0.00895	0.0583	-0.00895	0.058356
GNP	0.005016	0.01881	0.2666	0.793	-0.03562	0.0456	-0.03562	0.045653
EMPT	-48222.3	12237.5	3.9405	0.001	-74659.8	21784.	-74659.8	21784.71

Correlation

<i>fdi</i>	<i>GDP</i>	<i>GDP</i>	<i>GNP</i>
1		GDP	1
-		GNP	0.803772
0.63069	1		1

<i>fdi</i>	<i>GNP</i>	<i>fdi</i>	<i>EMPLOYMENT</i>
fdi	1	fdi	1
-		EMPLOYMENT	-0.8651
GNP	0.73657		1

79.34 percent of the variation of FDI is explained by the independent variables viz, GDP, GNP and Employment. The ANOVA result is significant. Here a positive association is found between GDP, GNP with FDI; relation between employment and FDI is negative.

4. Conclusion

FDI plays an important role in the long-term development of a country not only as a source of capital but also for enhancing competitiveness of the domestic economy through transfer of technology, strengthening infrastructure, raising productivity and generating new employment opportunities. The study observed that FDI is a significant factor influencing the level of economic growth in India. It provides a sound base for economic growth and development by enhancing the financial position of the country. Therefore, more attention to attract higher foreign capital in various sectors of the economy is essential. Few suggestions in this context are made:

- Flexible labour laws to attract more FDI
- Reducing geographical or regional disparities in the distribution of FDI
- Development of debt market to benefits significantly from FDI inflows
- Boost domestic investment as a supplement to FDI
- Options of increasing FDI in social overhead projects like education and health

Reference

Bhanuben (2013). An Article on Foreign Capital and Foreign Investment, *International Journal of Advanced Research in Computer Science and Management Studies*.

Karunakaran, N. (2020). Role and Challenge of Rural Banks in the Financial Inclusive Growth of India, *Journal of Management Research and Analysis*, 7(3): 104-106

Nakula Reddy, A. (2018). Impact of Flow of FDI on GDP of India, *Southern Economist*, 25-31

Rajalingam, P. (2011). *Impact of Globalization on Indian Economy*, Serial Publication, New Delhi.

Rema, R., Karunakaran, N. (2019). Trend and Determinants of Non-Performing Assets in India, *Journal of Management Research and Analysis*, 6(4):174-1177

Singh, R. (2003). Profitability management in Banks under deregulated environment, *IBA Bulletin*, XXV(7): 19-26
https://dpiit.gov.in/sites/default/files/FDI_Factsheet_June2021.pdf

Soji Sebastian, M., Karunakaran, N. (2020). Trend and Pattern of International Capital Flows in India, *Journal of Management Research and Analysis*, 7(4): 151-153.

Syed (2012). An Overview of FDI in India, *International Journal of Multidisciplinary Management Studies*, 202- 214.

Thuhid (2016). Significance of FDI on Economic Growth in Bangladesh, *International Journal of Scientific and Engineering Research*, 496 - 503

Uma Kapila (2016). *Indian Economy Performance and Policies*, Academic Foundation, New Delhi.

Psychosocial Problems of Pregnant Women: A Study with Special Reference to Kadaba Taluk

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Abstract: *Psychosocial factors influence a person psychologically or socially. Psychosocial problems include mood changes, anxiety, fatigue, sleepiness, depression, urinary infection, panic disorders and others. In this study researcher had taken 50 respondents from Kadaba taluk, Dakshina Kannada district, Karnataka State. Study used structured questionnaire among 5 to 9 months pregnant women. Researcher used both primary and secondary sources of data and this study shows that 98% of respondents are having back pain problem and were well treated by in-laws. This research revealed almost 80% respondents were economically poor. The study result showed that 82% of the pregnant women got sufficient care from the family.*

Key Words: *Pregnancy, Psychosocial Problems, Care and Support.*

Introduction

Pregnancy is a unique, exciting and often joyous time in a woman's life, as it highlights the woman's amazing creative and nurturing powers while providing a bridge to the future. Pregnancy comes with some cost, however for a pregnant woman needs also to be a responsible woman so as to best support the health of her future child. The growing fetus depends entirely on its mother's healthy body for all needs. Consequently, healthy and well-nourished as they possibly can. Pregnant women should take into account the many health care and lifestyle considerations. Pregnancy is the term used to describe the period in which a fetus develops inside a woman's womb or uterus. Pregnancy usually lasts about 40 weeks, or just over 9 months, as measured from the last menstrual period to delivery.

1. Physical Problems of Pregnancy

The following are some common maternal health conditions or problems a woman may experience during pregnancy-Urinary Tract Infections (UTF)

1.1 Hypertension (High Blood Pressure)

Chronic poorly – controlled high blood pressure before and during pregnancy puts a pregnant woman and her baby at risk of maternal complications such as preeclampsia, placental abruption and gestational diabetes. These women also face a higher risk for poor birth outcomes such as preterm delivery, having an infant small for his/her gestational age, and infant death. The most important to do is to discuss blood pressure problems with her provider before she becomes pregnant so that appropriate treatment and control of her blood pressure occurs before pregnancy. Getting treatment for high blood pressure is important before, during, and after pregnancy.

1.2 Infections

Pregnancy is a normal and healthy state that many women aspire to at some point in their lives. However, pregnancy can make women more susceptible to certain infections. Pregnancy may also make these infections more severe. Even mild infections can lead to serious illness in pregnant women. Some infections that occur during pregnancy primarily pose a risk to the mother. Other infections can be transmitted to the baby through the placenta or during birth. Some infections that develop during pregnancy can lead to miscarriage, or birth defects. They may even be life threatening for the mother. To complicate matters, the medications used to treat infections can cause serious side effects especially for the baby. It's important to try to prevent infections in pregnancy to minimize risks to both mother and baby. Infections, including some sexually transmitted infections (STIs), may occur during pregnancy and or delivery and may lead to complications for the pregnant woman, the pregnancy, and the baby after delivery.

1.3 Gestational Diabetes

Gestational diabetes occurs when blood sugar levels are found to be too high during pregnancy. The exact number of women affected by gestational diabetes is unknown because of different diagnostic criteria and risk profiles. Most often the condition is discovered using a two-step procedure: screening with the glucose challenge screening test around 20 to 28 weeks of pregnancy, followed by a diagnostic test called the oral glucose tolerance test. Treatment includes controlling blood sugar level through a healthy diet and exercise and through medication if blood sugar values remain high.

1.4 Skin and Hair Changes in Pregnancy

Hormonal changes taking place in pregnancy will make women's nipples and the area around them go darker. Her skin colour may become darker, either in patches or all over. Birthmarks, moles and freckles may also turn darkened. Some women develop a dark line down the middle of their stomach. These changes will gradually fade after the baby is born, although her nipples may remain a little darker. Hair growth can also increase in pregnancy, and hair may be greasier. After the baby is born, it may seem as if she is losing a lot of hair, but is just losing the extra hair she grew during pregnancy.

1.5 Backache

It is very common to get backache or back pain during pregnancy, especially in the early stages. During pregnancy, the ligaments in her body naturally become softer and stretch to prepare her for labour. This can put a strain on the joints of her lower back and pelvis, which can cause back pain.

1.6 Bleeding

Bleeding from the vagina in early pregnancy is very common. In fact, it is thought to happen in almost one in four pregnancies-many of which will result in a healthy baby. About a third to half of all women who have bleeding will go on to miscarry. Bleeding later in her pregnancy is less common and can be a sign of a serious problem, such as placenta previa (when the placental covers the cervix) or placental abruption (separation of the placenta)

2. Causes of Bleeding Problems

2.1 Miscarriage

A miscarriage is the loss of a pregnancy before the fetus (unborn baby) can survive outside the uterus (womb). Miscarriage usually occurs in the first 12 weeks of a pregnancy (first trimester). Vaginal bleeding is the most common sign of miscarriages. Some women may experience period-like cramping pain in the lower pelvis.

2.2 Ectopic Pregnancy

During first trimester, vaginal bleeding can be a sign of ectopic pregnancy. This is when the foetus starts to grow outside of uterus, often in one of the fallopian tubes. Symptoms of ectopic pregnancy can include cramping, vaginal

bleeding and abnormal pain might be caused by a ruptured fallopian tube. This is a medical emergency and needs immediate surgery.

2.3 Implantation Bleeding

One cause for bleeding in early pregnancy is ‘implantation bleeding’. This usually occurs as light bleeding or ‘spotting’ and happens when the foetus implants (buries) itself into the lining of her womb. This bleeding will often last a few days, and then stop.

2.4 Placenta Previa

Placenta previa occurs where the placenta is (either wholly or in part) inserted into the lower part of the uterus and covering the cervix. One of the signs of placenta previa is bleeding after 28 weeks.

2.5 Placental Abruption

This is one part or all of the placenta separates from the wall of the uterus before the birth of her baby. The amount of bleeding varies, as does the impact on her baby.

2.6 Psychological Changes during Pregnancy

Pregnancy is always associated with changes in psychological functioning of pregnant women. It is associated with ambivalence, frequent mood changes, varying from anxiety, fatigue, exhaustion, sleepiness, and depressive reactions to excitement. During pregnancy changes include body appearance, affectivity and sexuality whereas the position and role of women attains a new quality. Even thoughts of pregnancy can bring about numerous worries about its course and outcome, and especially of the delivery itself, which may be intense that they acquire features of phobia.

3. Psychological Problems of Pregnant Women

3.1 Depression

Depression is sadness or feeling down or irritable for weeks or months at a time.

3.2 Post-traumatic Stress Disorder

Some women experience post-traumatic stress disorder after pregnancy. This may be caused by having traumatic birthing experience, miscarriage or neonatal death.

3.3 Panic Attacks

Panic attacks during pregnancy can be a cause for concern because they can impact the fetus. Blood flow to the fetus is reduced when the mothers are experiencing high anxiety, which can lead to low birth weight.

3.4 Bipolar Disorder

Bipolar disorder episodes of low-energy depression and high-energy.

3.5 Obsessive Compulsive Disorder (OCD)

Obsessive Compulsive Disorder is a relatively common mental illness, anxious or negative thoughts about their pregnancy or their baby. They may find changes in their weight and shape, particularly they have an eating disorder. Depression leads the broken sleep, lack of energy etc.

4. Emotional Problems of Pregnant Women

4.1 Mood Swings

Mood changes during pregnancy can be caused by physical stresses, fatigue, changes in their metabolism, or by the hormone estrogen and progesterone.

4.2 Fear

Fear is another common emotion during pregnancy. In the first trimester, a woman may be afraid of having miscarriage or doing something that will affect her baby's health, in her second trimester she may start to question whether she will be a good mother and frightened by the enormous responsibilities of caring of new born.

4.3 Anxiety

Anxiety is a normal emotion and people have it for a reason. Adding that the fear of uncertainty that often comes with pregnancy can lead to anxious thoughts.

4.4 Forgetfulness

The mental forgetfulness and occasional memory lapses that could cause a woman to behaviours such as keys to be misplaced and her cell phone to go missing had been described as pregnancy brain or baby brain.

4.5 Weepiness

Some pregnant women may find themselves unexpectedly crying at a happy pet commercial or bursting into tears after throwing up in early pregnancy.

4.6 Body Image Issues

During the second and third trimesters, as a woman's baby bump becomes more visible and she gains more weight, she may feel dissatisfied with her baby and its appearance, and this may affect her self-esteem.

4.7 Nesting Instinct

Towards the end of her pregnancy the brain's reward system ramps up in preparation for the baby's arrival, and this helps make parenting a rewarding experience.

5. Common Cause of Psychosocial Problems in Pregnancy:

Psychosocial problem of pregnancy, defined as the imbalance that a pregnant women feel when she cannot cope with demand which is expressed both behaviourally and physiologically. Perinatal depression, postnatal psychosis or other disorders, example anxiety, bipolar disorder. Ambivalence towards the pregnancy, lack of social support, financial stress, problems with drug or alcohol, unplanned pregnancy, increased life stress, fear of single motherhood, morning sickness, heart burn is caused by hormonal and physical changes that their body undergoes during pregnancy. Most pregnant women become constipated due to the hormonal changes that makes their digestion much slower. Bleeding gums are caused by the same hormone that makes their mucus membrane swell up and makes their sinuses worse, insomnia during pregnancy, headache and migraine, vaginal discharge during pregnancy is white, thin and milky and it has a very mild smell, Urinary incontinence experienced by pregnant women is usually stress incontinence, stretch marks, leg cramps, high blood pressure or hypertension are serious problems for some women.

6. Change in Lifestyle during Pregnancy

Pregnancy is very complicated period in woman's life. Lifestyle can have a big impact on their pregnancy. Avoiding drugs and alcohol, exercising, and following a healthy diet helps her and her future baby stay healthy. In the starting of her pregnancy, she should accept end of her freedom, that she

was enjoying prior to pregnancy. She has to look after her baby in her womb. Bonding with her baby during pregnancy. Pregnant women experiences feelings and emotions for her fetus, interacts with her fetus and develops a maternal identity. These changes during pregnancy may alter a woman's desire for sex. In addition, physical discomfort or fear of harming the baby can affect a couple's sexual relationship.

In initial stages of pregnancy, many women have depression and feel like vomiting, stress, mood swings, etc. Nutrition requirements change during pregnancy. Pregnant women should eat energy-giving foods. The importance of health care throughout pregnancy is emphasized, because proper health care increases the likelihood of a healthy pregnancy, a healthy baby.

7. The Importance of Psychosocial Care during Pregnancy

Psychosocial morbidity is not given enough recognition, it is not thought to be self-limiting as it is the care that is attributed to normal emotionality of pregnancy, and it is less frequently identified, especially if there is no continuity of care by the same midwife or clinician.

Historically and contemporarily much of what constitutes antenatal care throughout the world remains strongly rooted in the medical model within which it developed. Widespread, institutionalised routine antenatal care began around 80 years ago, focusing on mass screening with the aim of reducing maternal and parental morbidity and mortality under medical supervision. What is concern within the context of antenatal care are the belief and assumptions that continue to underpin the structure and content of antenatal care. Traditionally, antenatal care consists of a prescribed set of acts with a focus on the clinical physiological monitoring and screening of pregnant women.

Psychosocial stress in pregnancy, defined as “the imbalance that a pregnant woman feels when she cannot cope with demands which is expressed both behaviourally and physiologically has not routinely been measured in everyday obstetric practice.

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.

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).

8. Coping Strategies of Physical, Psychological and Social Stress

Avoiding drugs and alcohol. Eating a good nutrient food important for a healthy pregnancy and baby. And change their diet so they can have the healthiest pregnancy possible. She should avoid sleeping on her back after 16 weeks of pregnancy. Sleeping on her side can reduce the risk of stillbirth. Always wash her hands after she has been contacting with animals,even pets. Exercise is important to stay active during pregnancy to control weight gain, relieve stress and reduce muscle tension. Writing down whatever comes the mind. Should not worry too much about what she writes. Talk to someone,

share with feelings for a trusted friend or others. Not to let people treat her badly. Talking one-on-one with a therapist can be great way to manage stress, deal with depression and ease anxiety during pregnancy. Finding a support group where she can share her concerns with other mothers who know, they are going through also can help.

9. Counseling during Pregnancy

Counseling is a two-way confidential communication process that helps pregnant women to examine their personal issue, make decisions, and make plans for taking action if they develop danger symptoms.

Pregnancy options counselors educate women about the different options that are available and help guide them to a decision on how to proceed with their pregnancy. The options include abortion, adoption or parenting.

Nutrition education and counseling may support optimal gestational weight gain, reduce the risk of anemia in late pregnancy, increase birth weight, and lower the risk preterm delivery.

In the pregnant woman, the general purpose of counseling is to provide her with essential information for improving or maintaining her health and the health of her baby before and after birth. In addition, counseling will be an entry point to the family, in particular to her husband or partner, so they also know the potential risks encountered during pregnancy and get prepared for them both psychologically and economically.

10. Review of Literature

Concept of Motherhood

Motherhood is defined as the condition of ‘a female parent’ or ‘one who shows mother qualities’ (Oxford, 1997). Motherhood is nothing new for many groups of working class, migrant and minority women, while far from perceiving tensions between motherhood and work, may assume work as an arena through which competence as a mother and a provider is demonstrate (Duncan et al.2013).

10.1 Stress during Pregnancy

Elevated levels of depression and anxiety were found to be associated with obstetric outcome and had implications for fetal and neonatal well-being and behavior. However, prediction of the impact of mood and anxiety disorders during pregnancy is very limited due to methodological problems. Most notably

pregnant women with elevated symptoms of depressed mood and anxiety and did diagnose mood and anxiety disorders. Also, potentially confounding and protecting factors as well as biological mechanisms with a possible role in adverse outcome in pregnant women with depression and anxiety disorders have received little attention (J Alder, N Fink et al.2007).

10.2 Psychosocial Study

A psychosocial problem may occur in response to an exposure to a stressful life event. The psychosocial risk response will, however determine by the effect it has on an individual (Glazier et al. September 2004).

The relationship between psychosocial factors and pregnancy outcome should employ a prospective design with due attention to chronic stressor, should include appropriate biochemical assessments and multivariate techniques are applied. (K. Marieke et al. 1995).

10.3 Prenatal Health Behaviors

Maxican-American women has generally more undesirable prenatal behaviors and risk factors than Maxican-immigrant women. Although higher acculturation was significantly associated with behavioral risk factors than, there were no direct effects of acculturation on infant gestational age or birth weight. (R.E. Zambran et al.1997).

Prenatal care is unique and in that, the objective is primarily preventative. The focus of prenatal care is to educate pregnant women,inform them of risk factors, and discuss any of their concerns. Prenatal appointments provide an opportunity for physicians to identify high-risk patients and alleviate the risk for negative birth outcomes associated with substance - exposed pregnancies, high blood pressure, or other preventable maternal and fetal screening, diagnosis, and treatment of complications that may be discovered. (White et al., 2006).

11. Methodology

The methodology is quantitative with descriptive method. The aim of the study is to explore the psychosocial burden of pregnant women and objects of the study is to explore the physical, psychological and social problems of pregnant women.

The universe of the present study consists of the pregnant women belonging to the age group of 20 to 40 from Kadaba Taluk.

Major Findings

Researcher has analysed the collected data and has been able to arrive at the following significant findings and suggestions.

The majority of respondents belong to 20-24 years age group.

The majority (80%) of respondents having 10,000 income per month.

The majority (82%) of the respondents belong to Hindu religion.

The majority (68%) of the respondents belong to joint family.

The majority (64%) of the respondents are never having different kind of pain.

The 70% of the respondents never had vomiting sensation, because researcher has taken only 5 months to 9-month pregnancy.

The 58% of the respondents never had problem in sexual activities.

The majority 86% of the respondents never had problem in urination.

The majority 80% of the respondents are able to do their work themselves during pregnancy.

The large number, 98% of the respondents had faced back pain health problems during pregnancy.

The 72% of the respondents never were uncomfortable wearing dresses.

The 76% of the respondents never were having emotional problems after the pregnancy.

This study reveals that 58% of the respondents didnot feel angry for silly matters.

The 70% of the respondents were never getting into any kind of bad dreams.

The 92% of the respondents did not feel anxiety about delivery.

The majority of the respondents never had mood swings.

Majority, 90% of the respondents never got hesitation when going outside.

During pregnancy majority (90%) of the respondents never had any conflict with their partner.

Majority, 82% of the respondents were always getting sufficient care from their family.

The large number (98%) of the respondents in-laws were treating them well.

The 78% of the respondents were getting love and care from the neighbours.

The majority (98%) of the in-laws were happy that respondents had conceived.

13. Suggestions

- Giving counselling for pregnant women, her husband and their family for the purpose of reducing psychosocial problems of pregnant women.
- Provide education regarding psycho-social problems of pregnant women to the family.
- To provide information about pregnancy in every hospital. Nurses should visit every house and give awareness about pregnancy complications.

14. Conclusion

Pregnancy may bring about physical and psychological changes, as well as changes in lifestyle. Pregnant woman's life is combined with feelings of joy and stress. Lack of support and care by a family member may lead to a more of emotional and psychological upset.

Social support was more strongly associated with health and wellbeing in women who experienced the highest levels of stressful life events. Pregnancy, 6 months after conception can be a unique stressful and emotional time especially at their first pregnancy. Social environment plays an integral role in women's perception of stress. Most of the pregnant women facing back pain health problems. Family support is more important to reduce the psychosocial problem of pregnant women.

If the pregnant women are facing psychosocial problem, it may affect the health of mother and the baby. Social environment plays an integral role in women's perception of stress. Physical discomfort experienced by mothers during pregnancy can affect postpartum maternal psychosocial condition.

The researcher hopes to see pregnant women to get sufficient care from their family members and should never experience any anxiety of delivery.

Reference

- Johanna Mmabojalw Mathibe-Neke and Seipati Suzan Masitenyane February (2018). *Psychosocial Antenatal Care: A Midwifery Context*.
- Divyashree (2012), A Study on Psycho Social Problems of Pregnant Women.
- Nancy Reichman, E., Julien Teitler, O. (2003). Effects of Psychosocial Risk Factors and Prenatal Interventions on Birth Weight, *Perspective on Sexual and Reproductive Health*, 35: 130-37
- Collins, N. L., Dunkel-Schetter, C., Lobel, M., & Scrimshaw, S. C. (1993), Social Support in Pregnancy: Psychosocial Correlates of Birth Outcomes and Postpartum Depression, *Journal of Personality and Social Psychology*,65(6): 1243-58
- Sharma, J.B., Rinchen Zangmo (2017). Psychosocial Aspects of Diabetes in Pregnancy, *Journal of Social Health and Diabetes*, 5(1): 9
- Zambrana, R.E., Scrimshaw, S.C., Collins, N., Dunkel-Schetter, C. (1997). Health Behaviours and Psychosocial Risk Factors in Pregnant Women of Mexian Origin: The Role Acculturation, *American Journal of Public Health*, 87(6): 1022-26
- Shubhada Neel, Narendra Malhotra, et al.(2018), Study on Integrated Approach of Antenatal Care to Improve the Gestational Age of Birth, *World Journal of Anemia*, 2(1):1-10
- Shabnam Omidvar, Mahbobeh Faramarzi, Karimollah Hajian-Tilaki, Fatemeh Nasiri Amiri (2018), Associations of Psychological Factors with Pregnancy Healthy Lifestyle, <https://doi.org/10.1371/journal.pone.0191723>
- Hammarberg, K., Fisher, J.R.W., Wynter, K.H. (2008), Psychological and Social Aspects of Pregnancy, Childbirth and Early Parenting After Assisted Conception: A Systematic Review, *Human Reproduction Update*, 14(5): 395–414
- Eva Loomans, M., et al., (2012). Psychosocial Stress During Pregnancy is Related to Adverse Birth Outcomes: Results from a Large Multi-ethnic Community-based Birth Cohort, *European Journal of Public Health*, 23(3):485-491

Websites

- <https://www.ncbi.nlm.nih.gov/pubmed/8378453>
- <https://journals.plos.org/plosone/article?id=10.1371/journal>
- <https://www.intechopen.com/books/selected-topic-in-midwifery-care>
- <https://www.hsj.gr/medicine/psychosocial-risk-factors-of-depression-in-pregnancy-survey-study.php?aid=3803>
- <https://www.cambridge.org/core/journals/the-british-journal-of-psychiatry/article/psychosocial-study-of-depression-in-early-pregnancy/9251322687>
- <https://www.aafp.org/afp/2000/1215/p2701.html>
- <http://www.sciencedirect.com/science/article/abs/pii/S0022399995000186>
- http://www.tandfonline.com/doi/abs/10.3109/016748285090716?journal_code=ipob20
- <https://www.liebertpub.com/doi/10.1089/heq.2017.0017>

Spinal Cord Injury and Employment: Lived Experiences of Individuals with Paraplegia

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Abstract: *Spinal cord injury that damages the spinal cord causes loss of muscle function, sensation, or autonomic function in the body parts of a person with paraplegia. The injury affects their life physically, mentally, socially and economically. As time progresses, they should make adjustments for survival. A steady income and employment which provides self-identity are of utmost importance in this situation. But acquiring a job and maintaining it, is very difficult now, as there is competition in every field. This study explores the experiences in employment of persons with paraplegia. The study tries to explore the influencing factors that helped the individuals to continue their employment, their perceived advantages of working after becoming paraplegic and major challenges of work. The study adopted a qualitative framework. Five case studies are conducted. The findings of the study reveal that apart from financial independence, employment helps spinal cord injured persons to gain confidence, self-esteem and create a good identity for them. This improves their quality of life and increases social interactions. The study suggests that it is high time to improve the vocational rehabilitation facilities for spinal cord injury in the state and to consider their participation with improved societal and environmental development.*

Key Words: *Spinal Cord Injury, Employment for Spinal Cord Injured Persons, Paraplegia.*

1. Introduction

The term 'Spinal Cord Injury' (SCI) refers to damage to the spinal cord on account of trauma or from disease or degeneration that blocks communication between the brain and the body. After a spinal cord injury, a person's sensory, motor and reflex messages are affected and not be able to get past, the damage within the spinal cord. Every year 250000-500000 people suffer

from SCI globally (WHO, 2013). SCI commonly results from a sudden, traumatic impact on the spine that fractures or dislocates vertebrae (Alizadeh, A., Dyck, S. M., and Karimi-Abdolrezaee, S., 2019). SCI can be classified as either complete or incomplete. In complete SCI, neurological assessments show no motor or sensory function below the level of injury. Incomplete spinal cord injuries are more usual than complete injuries. Over 60% of all injuries to the spinal cord are incomplete. (Sonarspine, 2016). There are three types of spinal cord injuries. They are Tetraplegia, Paraplegia and Triplegia. Higher the level of injury, greater is the paralysis and loss of body functions. About 78% of Spinal line injury patients are men (WHO, 2013). Majority of these cases are due to avoidable causes such as road traffic accidents, falls, and violence. SCI resulting into paralysis has devastating physical, mental, social, sexual and vocational consequences for the injured. However, inadequate precautions during transportation can cause further injury to the already compromised spinal cord in spinal injured patients (Burney, R. E., Waggoner, R., and Maynard, F. M. 1989).

Quality of life after a spinal cord injury depends on the way a patient learns to adapt to the fundamental changes in his life. Active involvement in activities found to be strongly related to health and wellbeing. Employment has been associated with a productive lifestyle that brings both intrinsic and extrinsic impacts. In addition to the financial burden that accompanies unemployment, life satisfaction and sense of well-being have been closely linked to occupational status (James Middleton, 2007).

2. Employment and Spinal Cord Injury

Differently abled people are a minority within the active population; intrinsically, they need organize themselves to fight for and defend their rights, including employment. Employment is viewed as among the primary indications of successful rehabilitation and the pinnacle of community integration. Considering the approximate count of 1.5 million people living with spinal cord injury in India it is very important to explore about their views on employment. Employment has psychological, social, financial, and political implications. Psychologically, employment is positively related to life satisfaction and quality of life. From a social point of view, return to figure is considered one among the foremost important outcomes of reintegration in society. With regard to overall health, those employed have been found to be behaviourally more

active, to require fewer medical treatments, to complete more years of education, to perceive themselves as having fewer problems, to report being more satisfied with their lives, and to rate their overall adjustment above those that were unemployed. Financially, employment provides a means of supporting one's self and family, facilitates access to health care services, and serves as a basis for relationships and personal identity (Meade, M. A., Lewis, A., Jackson, M. N., and Hess, D. W., 2004).

People with disabilities face non-accommodating environments, lack of opportunities and inadequate income support. Early positive expectations and motivation of the individual person with a SCI are an important indicator of successful reintegration. The rehabilitation team can have an active role in drawing up a vocational reintegration plan to prepare the patient into job reintegration (Schönherr, M. C., Groothoff, J. W., Mulder, G. A., Schoppen, T., and Eisma, W. H., 2004). Gaining employment, economic self-sufficiency and community reintegration after SCI are important to all the victims. Unorganised sectors may prove to be the most appropriate avenue of employment for individuals with disability. Unorganised sectors include self-employment or homework and organised sectors include sheltered workshops, transitory employment centres and on the job training sectors. (Mohapatra, 2004).

According to the reports of spinal cord society (1995), 68% of victims of spinal cord injuries fall in the most productive age group in India. Work after the injury is a challenging situation for these persons. Several Non-Governmental Organisations and government policies are trying to support the population with various vocational rehabilitation programs. There is extensive literature available regarding employment after SCI in most of the areas in the world but there is scant literature on India especially in the population of Kerala. Thus, this study ascertains the employment after paraplegia in five cases who are residing in Thiruvananthapuram, Kerala.

3. Methodology

The study is qualitative in nature. It was carried with five members of All Kerala Wheelchair Rights Federation (AKWRF). AKWRF is a community formed by wheel chair users to achieve the needs and rights of bedridden and wheelchair users. The Five members selected for this study are paraplegic

SCI persons who are employed in Thiruvananthapuram district. A semi structured interview guide was prepared and the participants were subjected to in-depth interview to elicit stories regarding their journey of empowerment.

4. Case Presentation

Cases (Spinal cord injured employee)	Age	Sex	Marital Status	Education	Occupation	Monthly Income in Rupees	Duration of being SCI
Case 1	38yrs	Male	Married	12 th Standard	Catering Business	30000 - 50000	15yrs
Case 2	37yrs	Male	Engaged	BA Literature	Travel agency Business	5000 – 25,000	16yrs
Case 3	40yrs	Female	Unmarried	SSLC	Handmade Jewellery Maker	3000 - 5000	26yrs
Case 4	39yrs	Female	Unmarried	Master of Computer application	IT Professional and Volunteer in NGO	30,000	11yrs
Case 5	37yrs	Male	Unmarried	SSLC	Poultry Farm	3000- 5000	17yrs

5. Discussion and Findings

The profile of the cases gives an idea about the individuals who are affected with spinal cord injury and are working. Each case has different employment and economic status. Factors like age of injury, education, family background etc. plays major roles.

5.1 Return to Work after the Injury

The ability to return to work after injury not only depends on the physical and emotional well-being but also on non-health related factors such as age, education, previous work experiences and support from close friends and

family (Kemp, B. J., and Vash, C. L., 1971). Out of the five participants only one participant returned to her former employment. Other four participants developed a new career according to their situations. The spinal cord injured persons have to pay high cost for their treatments. The treatment cost will lead to high debts in their family. Hence, they are required to find some ways of income to deal with the debts and financial needs. That plays a push factor to find creative and alternative options to find a job that can be done within their parameters. Also, employment is considered as a mark of self-respect and confidence being financially independent.

All the participants were middle aged adults. They have old aged parents and a family to support. The loss of income among people who do not return to work after a disability is a significant stress factor to the economic well-being of individuals and their families. (Krause, J. S., and Anson, C. A., 1997). They feel responsible to support their family as any able-bodied persons. Hence the responsibility to support family is a major factor to return to work.

Peer motivation and family support plays a prominent role in return to work after the injury. Connecting with new people and maintaining contacts is considered as a good motivation and development of their respective jobs. Case 3 stated *“At my difficult times my friends motivated me a lot. They scolded me for sitting idle.”* Case 2 says *“Society and family have a major role in my career. In my situation, it would be very difficult to do my business without the support of my family and friends”*. All the participants accept that family is the major supporting system in their life. All of the participants are living with their parents.

Rehabilitation is a major important part in a patient to get back into a better life after the injury. Rehabilitation helps them physically, mentally, socially and economically. All of the patients have received halfway home rehabilitation where the physical, functional, psycho-social, sexual and spiritual rehabilitation of these patients will be done. That includes psychotherapy, vocational rehabilitation, bowel and bladder control trainings etc. Here the patients will be trained so as to help them lead improved quality of life, with very less dependence on family and community (Pallium India, 2020). Case 4 said *“Rehabilitation Centre helped me a lot in gaining motivation and confidence.”*

During the rehabilitation process they talk with other persons who are suffering from SCI and they are getting more accepted into the reality. All the participants agree that rehabilitation did remarkable positive changes in them. It gave them confidence to work thus improving their quality of life. The earlier the SCI persons receive the rehabilitation, the earlier they can start building their career.

5.2 Perceived Advantages of Working after Paraplegia

Work is a core element of our physical, social, and psychological survival. It is especially important for them to attain satisfactory employment status, because their basic living costs are increased and because self-esteem and life-satisfaction may already be significantly lowered by other factors such as a negatively altered body image, a lack of mobility to perform routine tasks, and alienation from family and friends. Employment after disability marks a return to a productive rewarding lifestyle (Masry, A.T. Al-Khodairy and W.S. El, 2006). One of the participants took 18 years to get back into employment after the injury. All the participants agree that there are remarkable positive changes reflected in their lives after starting to work.

Employment results in improved quality of life. Quality-of-life is associated with meeting individual needs, controlling one's environment, and having opportunities to make choices. Employment had strong association with quality-of-life post-injury (Yasuda, S., Wehman, P., Targett, P., Cifu, D. X., and West, M., 2002). Case 2 said *"I strongly believe that the job gained me better acceptance in society and because of it I am confident to run a family of my own."* The job gave them confidence to take better decisions for themselves. All participants shared that they feel happy while working and identifying themselves as employed. They associated work with independence and saw work and the income it produced as enabling them to develop better lifestyle and support their family. Through the work the participant states that they have less economic dependency on others and are able to meet their own needs through employment.

5.3 Challenges Faced by SCI Persons in Employment

Mobility is one of the most fundamental and important characteristics of human activities as it satisfies the basic need of going from one location to the other. All of the cases reported that transportation is the one major challenge they face. Only one participant had his own private vehicle and all

the others had to depend on rented vehicle or public transportation for travelling.

Case 2 mentioned *“Trains are very difficult to travel for wheel chair persons. Flights are wheel chair friendly, but not always affordable. While travelling in train, even in AC compartments, the pathway is very narrowed and it’s very difficult to move between them. And it requires high man power to enter and exit out of the train. This makes persons in wheel chair very difficult to travel even with support of other people. In case of bus, low floored busses are available these days, but in Kerala, the number of buses is very less and are not always dependable.”*

Public transportation facilities in Kerala are mostly not wheel chair friendly. They need other’s support to travel. This is affecting their freedom to move freely without the support of other people. Travelling alone is a very difficult task for SCI in this scenario.

Case 3 added *“Here the services of low floor buses are very limited. Hence, we cannot always depend on public transportation system. Hence every time I want to hire an auto. Majority of my earnings are now spending for transportation”*. Case 1 stated *“If public transportation and accessibility is made easier in public places, people like us can be more independent.”*

Also, there is lack of ramp facilities in public areas. Case 2 said *“In many of the buildings, the ramp facilities are just shown in initial phases just to get their sanction of license. But after sometime, they are simply removed. Hence the law system must be tightened regarding this issue”*. Case 5 added *“I wish the shops had ramps so that I could go inside the shop to select necessary materials. Now mostly I am standing out of the shop to buy materials.”*

Successful reintegration, which includes return to work, is influenced by the ability of the individual to exercise control of their environment and make personal choices. Participation in community events and activities decreased post-injury, due to lack of support and assistance with transportation, finances and overcoming architectural barriers. As a result of decreased mobility and independence, social integration was negatively affected (Wehman, P., Wilson, K., Targett, P., West, M., Bricout, J., and McKinley, W., 1999).

Irrespective of qualification or company size, being disabled is a major obstacle to passing the first hurdle in being employed: i.e. selection on the basis of one's resume (Ravaljd, Madiot, and Isabelle, 1992). This study support this finding when case 4 told *“while conducting telephonic interviews, employers will be happy with our performance because it mainly evaluates about our knowledge. But while they know that we are facing some disability they tend to feel less confident in recruiting.”* This difficulty is faced when SCI job seekers go for a fresh start in new organization. Hence four of the participants chose self-earned jobs rather than working under any organization.

In many of the companies, fresher face high difficulty in convincing their employers that they are capable of their work even in Information technology field where software skills are the major job requirement. Case 1 also reported that *“At the initial period of my catering business people were doubtful if I can complete the work according to their expectations. While the conversation in telephone, they were fine to give the order. But when they find I am a wheel chair person, they were very less confident to give the work. Some of the orders were even cancelled.”*

Out of the five participants only one returned to her former job and others are self-employed. Being self-employed, the outcome varies and the income is not always stable. Case 3 reported *“the monthly income varies within Rs 3,000 to Rs 5,000 a month and sometimes there will be no income”*. There is a very high likelihood that persons with SCI are being disadvantaged at competitive paid employment, possibly leaving no option but to be self-employed with unsatisfactory income levels (Ramakrishnan, K., Loh, S. Y., and Omar, Z., 2011).

5.4 Insecurities as a SCI Woman

Both the women participants agreed that disability in women is more difficult while comparing to disability in man in the contest of societal interaction.

Case 4 added *“Being differently abled is always difficult as a woman. When we want to go out for any of our personal reason, we have to ask permission and support from others.”* This shows that dependency is more for women than men with SCI. She added that *“Even though I am financially independent I cannot make decisions of my own”*.

Due to unavailability of ramp facility and non-wheel chair friendly places, they are often required to lift and move. *“Sometimes it’s very awkward and feel insecure when strange men come and lift us. For men it may not be a problem for someone to lift and help, but for a woman it is very difficult.”*- Case 3

Back pain and other physical challenges affect their work on daily basis. Case 4 is an IT Professional. Her shift may last from 6 to 8 hours. She told *“I develop body pain while using laptop for long hours. I have to lay down occasionally hence I take breaks. For moving from chair to bed and other needs I take help from others.”* Case 3 said *“While sitting for long hours for any work, we usually develop back pain.”*

5.6 Working after Spinal Cord Injury

Only two of the participants received vocational rehabilitation after the injury. The vocational rehabilitation services used by the employed include home modification, sales opportunities, initial investment financial support, etc. Vocational counsellors involve the SCI treatment team in providing employment supports including activities such as worksite evaluations and accommodations (Ottomanelli, L., Barnett, S. D., Goetz, L. L., and Toscano, R., 2015). Hence the treatment centre has a large role in facilitating employment to the patient. Even better outcomes might be achieved with Vocational rehabilitation if it were offered sooner after injury, before social disenfranchisement and reliance on disability benefits become more ingrained.

Individual level of education has been identified previously as prognostic factor for successful RTW after SCI (Ramakrishnan, K., Mazlan, M., Julia, P. E., and Abdul Latif, L., 2011). Out of the five participants only one participant had completed education till post-graduation at the time of injury. Case 4 who is an IT employee who completed Master of Computer application said *“I strongly believe that I got to continue my job mainly because it’s a computer-based work and my education was completed. Hence education and work experience are the main positive factors for me to get back to work and for having a stable income in life.”*

This finding corresponds with previous investigations. Education is significantly related to both obtaining and sustaining employment. The high is the educational level, the more likely that individuals obtained employment, and

having secured employment they were more likely to continue working (Ghatit, A.Z., and Hanson, R.W., 1978).

Case 4 said” *I got back my job easily because I had experience for four years in the same company which I am working now. Without that experience, it must have been difficult to get a new job after the injury*”. Work experience is an important factor to have a better job after the injury. Returning to former employment is easier than seeking a new job. Experience in employment is an advantage to find job after the injury. Those participants who did not had working experience took longer years to return back to employment.

All of the participants were injured in their age between 20 and 30. Injury at their early period of life made them easier to plan their career adapting to their injury. Older age at injury is negatively correlated with post-injury employment with the 16-30 age group having the highest employment rate and the 51 to 60-year group having the lowest (Masry, 2006).

Technical knowledge and proper use of social media is helping them to find more opportunities in their work. Case 1 said *“The Facebook page and WhatsApp status provide lot of reach to my small business”*. Case 2 added, *“I can manage work independently since everything is available through internet facilities.”* Internet payment facility and online customer interaction helps them in managing most of their works independently. Knowledge of software skills and the use of social media in marketing plays a major role in career advancement.

Those living in Urban areas found it easier to do their work rather than those living in rural areas. Case 3 added that her area of residence is in a rural location and the transportation is very difficult. Case 2 is living in the middle of Thiruvananthapuram city and vehicles can reach his home without any difficulty. He considers living in city as an added advantage for the ease of his profession to reach out to his customers.

6. Suggestions

There is a need to have a barrier free environment with better public transportation facilities and ramp facilities for wheel chair persons in the state of Kerala. Strict norms and checkups need to be made for public accessed building for ramp facilities. Government should expand outreach

services for the poor and less educated SCI persons. There is a need to take measures to reduce traffic related accidents, falls and monitor safety norms in work place. Increased awareness among public regarding the first aid and emergency action to be followed soon after the accident causing the SCI. So that the effect of the injury can be reduced. Better skill training and educational programs needs to be designed and must be made easily accessible to SCI persons. In vocational rehabilitation programs and while a person tries to seek job after the injury, more emphasis can be given to community reintegration and economic self-sufficiency of the individual. Rehabilitation professionals need to find creative and practical means to remove barriers to employment considering their self-determination. There is a need to raise awareness, among employers, the public and disabled people alike, of the services and rights available to the disabled. The individual's sensory abilities and verbal interaction skill, in addition to the individual's physical abilities, can be properly utilized to identifying suitable jobs after SCI. More intervention-based studies may be undertaken to understand various interventions that can be effectively used to bring down the problems faced by SCI persons in the scenario of Kerala state.

7. Conclusion

The study explored the experience of employment in paraplegic persons. Various positive and negative experiences are explored in the study and it gives a broader and deeper knowledge about various perspectives of challenges and advantages that are experienced by employed paraplegic persons. The study concludes that employment has high impact on building self-confidence and dignity in them. It improves the social interaction and quality of lives of SCI persons. Still, they face various challenges like discrimination in work and barriers including transportation difficulties and lack of wheel chair friendly public places. The perception of society towards employment and independence for SCI persons need to be inclusive and motivating. To ensure better employment opportunities better ideas and policies need to be developed. Vocational rehabilitation facilities and its reach need to be improved in the state. Their individual interests and talents must be appreciated and supported. Building the confidence and integrating back into society must be made easier with good community participation.

References

- Alizadeh, A., Dyck, S. M., and Karimi-Abdolrezaee, S. (2019). Traumatic Spinal Cord Injury: An Overview of Pathophysiology, Models and Acute Injury Mechanisms, *Frontiers in neurology*, 10, 282. <https://doi.org/10.3389/fneur.2019.00282>.
- Burney, R. E., Waggoner, R., and Maynard, F. M. (1989). Stabilization of Spinal Injury for Early Transfer, *The Journal of trauma*, 29(11): 1497–1499. <https://doi.org/10.1097/00005373-198911000-00008>.
- Ghatit, A.Z., and Hanson, R.W. (1978). Variables Associated with Obtaining and Sustaining Employment among Spinal Cord Injured Males: A Follow-up of 760 Veterans, *Journal of Chronic Diseases*, 31, 363-369.
- James Middleton, Y. T. (2007). Relationship Between Quality of Life and Self-Efficacy in Persons with Spinal Cord Injury. *Archives of Physical Medicine and Rehabilitation*, 88(12), 1643-1648. Retrieved from: <https://doi.org/10.1016/j.apmr.2007.09.001>.
- Kemp, B. J., and Vash, C. L. (1971). Productivity after Injury in a Sample of Spinal Cord Injured Persons: A Pilot Study, *Journal of chronic diseases*, 24(4), 259–275. [https://doi.org/10.1016/0021-9681\(71\)90078-6](https://doi.org/10.1016/0021-9681(71)90078-6).
- Krause, J. S., and Anson, C. A. (1997). Adjustment after Spinal Cord Injury: Relationship to Participation in Employment or Educational Activities. *Rehabilitation Counseling Bulletin*, 40(3), 202–214.
- K Ramakrishnan, M. M. (2011). Return to Work after Spinal Cord Injury: Factors Related to Time to First Job. Retrieved from: <https://www.nature.com/articles/sc201116>.
- Masry, A.T. Al-Khodairy and W.S. El (2006). *Vocational Rehabilitation and Spinal Cord Injuries*. Collection de L'Académie Européenne de Médecine de Réadaptation.
- Meade, M. A., Lewis, A., Jackson, M. N., and Hess, D. W. (2004). Race, Employment, and Spinal Cord Injury. *Archives of physical medicine and rehabilitation*, 85(11), 1782–1792. <https://doi.org/10.1016/j.apmr.2004.05.001>

Ottomanelli, L., Barnett, S. D., Goetz, L. L., and Toscano, R. (2015). Vocational Rehabilitation in Spinal Cord Injury: What Vocational Service Activities are Associated with Employment Program Outcome?. *Topics in spinal cord injury rehabilitation*, 21(1), 31–39. <https://doi.org/10.1310/sci2101-31>.

Pallium India. (2020). *Half-way Home for Paraplegic Patients*. Retrieved from <https://palliumindia.org/2015/03/half-way-home-for-paraplegic-patients>.

Ramakrishnan, K., Loh, S. Y., and Omar, Z. (2011). Earnings among People with Spinal Cord Injury. *Spinal cord*, 49(9), 986–989. <https://doi.org/10.1038/sc.2011.47>.

Ramakrishnan, K., Mazlan, M., Julia, P. E., and Abdul Latif, L. (2011). Return to Work after Spinal Cord Injury: Factors Related to Time to First Job, *Spinal cord*, 49(8), 924–927. <https://doi.org/10.1038/sc.2011.16>.

Ravaljd, J. F., Madiot, B., and Isabelle (1992). Discrimination Towards Disabled People Seeking Employment, *Social Science and Medicine*, 951-958.

Schönherr, M. C., Groothoff, J. W., Mulder, G. A., Schoppen, T., and Eisma, W. H. (2004). Vocational Reintegration Following Spinal Cord Injury: Expectations, Participation and Interventions. *Spinal cord*, 42(3), 177–184. <https://doi.org/10.1038/sj.sc.3101581>.

Sonarspine(2016). *Types of Spine Injuries*. Retrieved from <https://www.sonoranspine.com/blog/item/types-of-spine-injuries>.

Wehman, P., Wilson, K., Targett, P., West, M., Bricout, J., and McKinley, W. (1999). Removing Transportation Barriers for Persons with Spinal Cord Injuries: An Ongoing Challenge to Community Reintegration. *Journal of Vocational Rehabilitation*, 13(1), 21-30.

Yasuda, S., Wehman, P., Targett, P., Cifu, D. X., and West, M. (2002). Return to Work after Spinal Cord Injury: A Review of Recent Research, *Neuro Rehabilitation*, 17(3), 177–186.

WHO(2013, November 19). *Spinal cord injury*. Retrieved from World Health Organization: <https://www.who.int/news-room/fact-sheets/detail/spinal-cord-injury>.

Sunrise from the Debris: Mansarovar Model of Slum People's Participatory Emancipation

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Abstract: *Urbanization and fleeing from villages to cities are very high in India. Urban population and economy are mixed one where we meet richest and poorest, people highly accessed to all the facilities and people extremely neglected even for their primary needs, some living in luxuries and others striving for the survival. Urban slums are also in some extent neglected face of urban life. There are around 6.5 crore people living in urban slums in India. If we look at the top ten states having high rate of slum population Maharashtra comes first and Delhi comes at 10th rank. This research study is based on the works done by an NGO in a slum called Mansarovar Park, Delhi. This paper is dealing with the issues and problems that slum people had undergone in relation to their health and hygiene, education transportation etc and how the NGO could intervene on the issues and problems. This is a qualitative study based on the focused group discussion conducted on 14th November 2021 at Mansarovar Park Slum, Dilshad Garden, Delhi. There were seven participants in the focused group discussion among them four were representing the slum, then social worker and two researchers. The data recorded and it presented in verbatim form and it is analyzed and presented here thematically. The major findings of the study are that: There were health and hygienic issues which led to malaria and other diseases; people were aware of the need of awakening from the current situation to build up a healthy environment for their survival and this particular NGO played a vital role for the empowerment and sensitization of the people and enhancing people participation in the slum by supportive systems.*

Key Words: *People Participation, Slum Development, Empowerment, Sensitization*

1. Introduction

This paper is focusing on the influence of a NGO's work in a slum called Mansarovar Park, Delhi. It brings out issues and problems that may lead to

malaria and dengue in this slum and constructive efforts under the leadership of *Sunshine Project* by *Prachodana Social Service Society Gurgaon and New Delhi*, a NGO, working for the empowerment of the slum dwellers in Delhi and other 12 States in India. There are around 2500 to 3000 people living in this slum. They are living in tents like domicile. The study by Abhijit Banerjee, Rohini Pande and Michael Walton states that slum-dwellers face a wide range of problems in their daily lives, notably with water and sanitation, drainage, garbage collection, rations and, to a lesser extent, electricity (where almost all are connected, but suffer outages in some cases). Health problems are very common: most respondents go to private clinics or doctors for small problems and to government hospitals for major concerns (Banerjee et al, 2012). Here also we find the same issues and problems that are mostly common in every slum in India. *Prachodana* is doing an excellent work to empower people in dealing with the above-mentioned issues and problems.

This paper aims to percolate the awareness among the people regarding cleanliness and need for keeping surroundings clean to prevent from epidemics like malaria and dengue and also to safeguard themselves from other illness and to keep more hygiene and healthy practices for the sustainable development in the slum. This study also evaluates the works done by the social workers in this area and how it influenced in their thoughts, daily life and practices. Social workers started their work with meeting the basic needs of the slum dwellers such as food and education. They are providing mid day meal and education for the children in a center which constructed inside the slum. There were four people from the slum participated in the focused group discussion. One among them was the leader of the slum and one young person who supports leader in all the matters. These four people were the leaders in the slum. The younger one was totally dependent on the elder one.

2. Review of Literature

Slums are mostly neglected parts of city where housing and living conditions are appallingly poor. These may differ in origin and nature in the developed and developing countries but the broad patterns of slum life are common all over the world. The increasing migration from rural areas has led to growth of slums in every city, not only in India, but elsewhere in the world (Kumar, 2014).

Analytical study done by Jitendra Kumar (2014) briefs the idea that slumming in metropolitan cities reveals that the slum proportion decreases with the decrease in population size as well as industrial status of a city. Highly industrialized cities have highest area of slum localities. Neither slums can be removed or shifted completely from the cities. However, full utilization of the meager efforts and state welfare policies can give them some relief or make their living condition slightly better if honestly implanted. There is an urgent need to tackle this situation for long term sustainable development as well as for city prosperity (Kumar, 2014).

The lives of hundreds of millions of slum dwellers are threatened by the lack of access to the most basic human requirements: water, sanitation, shelter, health, and education. The nature and extent of the daily challenges posed by existing slums are not just daunting; they are life threatening (Mehta and Dastur, 2008).

There is no need to underscore the magnitude of the challenge or the dire implications of ignoring it. Ironically, the solutions to slums are well known and are not difficult. What is required is political will and ongoing commitment. Slums themselves are the physical manifestation of several overlapping forces. On the one hand, they are the manifestation of deep poverty, unrealistic regulatory frameworks, ill-conceived policies, inadequate urban planning, weak institutional capacity, and larger macroeconomic factors. But on the other hand, slums are a manifestation of the ingenuity and resilience with which extremely disadvantaged populations have organized them in the face of these very challenges. What slum dwellers really need is a chance to improve their own lives, and to make a positive contribution to the city. Plenty of evidence shows that resources spent on improving the lives of the poor are investments that will yield global economic and social returns. Affordable and successful adaptive measures for existing slums have, and can, increase the well-being of millions of slum dwellers. These measures also further unlock the productivity of the urban poor, creating a powerful upward spiral that strengthens both urban and national economies (Mehta et al, 2008).

The study by Abhijit Banerjee, Rohini Pande and Michael Walton brings the analysis that problems which are facing by slum dwellers are mostly common in nature and it is common to everyone who lives in the same slum and is not necessarily escaped with an increase in wealth. The study also finds the variation in private wealth and incomes which exist in slums itself. The

majority of the variation was within, rather than between, slums (Banerjee et al, 2012). The problems are common and it needs collective steps to resolve. The NGOs are working here as a motivational factor to take up collective responsibilities. People in the slum should feel the need of cleanliness and healthy environment. Then only they will come up to take these collective responsibilities. Slums are heterogeneous in certain dimensions like personal incomes, beliefs and certain practices but they are mostly homogenous to the availability of public services (Banerjee et al, 2012). The NSSO defines slums as declared and undeclared slums. The declared slums are those which have been formally declared as slums by the respective governing bodies and the undeclared slums is defined as “an aerial part having twenty-five or more kutchra houses mostly of temporary nature, or inhabited by persons with practically no private latrine and inadequate public latrine and safe water supply.

Slums themselves are the physical manifestation of several overlapping forces. On the one hand, they are the manifestation of deep poverty, unrealistic regulatory frameworks, ill-conceived policies, inadequate urban planning, weak institutional capacity, and larger macroeconomic factors. But on the other hand, slums are a manifestation of the ingenuity and resilience with which extremely disadvantaged populations have organized them in the face of these very challenges. The list of challenges faced by slum dwellers is long, and many of these disadvantages reinforce each other in a vicious cycle. Still, the resourcefulness often demonstrated by slum dwellers in the face of such adverse circumstances is remarkable. Evidence demonstrates that slum dwellers collectively make a substantial contribution to urban and national economies, and that many towns and cities would cease to function effectively without the people who live in slums. What slum dwellers really need is a chance to improve their own lives, and to make a positive contribution to the city. Plenty of evidence shows that resources spent on improving the lives of the poor are investments that will yield global economic and social returns (Mehta et al, 2008).

Affordable and successful adaptive measures for existing slums have, and can, increase the well-being of millions of slum dwellers. These measures also further unlock the productivity of the urban poor, creating a powerful upward spiral that strengthens both urban and national economies. At the same time, effective proactive measures—measures that create conditions

that allow the future urban poor to find affordable housing and not be forced to settle in slums - have proved extremely beneficial to cities, national governments, and the urban poor. These measures are cost-effective, affordable, and implementable (Mehta et al, 2008).

3. Methodology and Research Design

The researchers conducted a focused group discussion at the center in the slum to collect the data. There were seven participants in the focused group discussion among them four people were from the slum itself who were the leaders and representatives from different parts of the slum; the chief social worker who are in the field for people's approach; and also, the people who conducted this study. At first the group leader introduced the relevance, objectives and methods of this group discussion and then all the participants introduced each one. The researchers were asking certain questions to start the discussions and based on those questions representatives of the slum responded. The social workers who are engaged with them all the times were translating the questions when some clarifications required. The proceedings of the discussions are captured as audio clips. The entire section is captured in audio clip. It was around half an hour discussion. All the discussions were in Hindi and social worker was the mediator for wherever translation required. The entire voice clip went to verbatim translation in English. The study used percolate theory model which looks at the knowledge and awareness among the people about the need and current situations of cleanliness and healthy environment. Exploratory research design is used in this study.

4. Data Analysis

The data collected through focused group discussion are analyzed here. The data is analyzed thematically. The themes are developed based on the important discussions happened in focused group discussion.

4.1 Major Reasons for Malaria and Dengue in the Slums

The first question in the focused group discussion was *to eradicate Malaria Virus, what activities have been done or what has been achieved by the community?* Members of the slum responded that Vinod sir had come to their place and taught the slum dwellers the following: 1) Slum should keep its area very clean 2) Nala or sewage has too much of overflowing with

dirty water. It is because of the dirty stagnant water there is lot of mosquitoes and other insects which penetrate to the water. This is the one major reason which spread malaria and dengue. People in the slum became aware of the major cause of malaria and dengue. Social workers could create awareness about the need of cleanliness and hygiene. Here the social worker plays the role of a motivator (Participants, 2021).

Another person in the group responded that there are very limited toilets, most of the people defecate in the open space and that is also one of the reasons why there are so many illness issues and so that closed toilets can be made. If there is access to clean water, a lot of the problems will be solved, and there will be limited health issues and limited chance to malaria and dengue. This is one of the major issues to cause malaria and dengue.

4.2 Various Steps to Keep Healthy Atmosphere

In continuation to the first question the researcher asked the group: What are the actions that has been decided to be taken? Leader of the group responded to that question. Then Vinod sir told him to do the following that the community has to assure that they are keeping their area and their respective area clean that would keep them healthy and happy. Second is the source of sewage water, dirty water and also the toilet water. Toilet water is also stagnant at different areas. They will be cleaning all the dirt and would be taken away to the sewage and dirty water would be washed off. Third point is that medicine to be used to clear mosquitoes that is spreading across this area just to ensure that there is no breeding of mosquitoes in this area. These were the major steps that social worker has proposed to them and recommended by the leader of the group to create a healthy atmosphere. The leader of the community expresses the feeling that if these things would be done, then the entire community will remain happy and the atmosphere will be healthy.

4.3 Leadership and Sharing of Responsibility

Harindar Ji, the leader of the group, contributed to the major part of the discussion. He was in the *Party Karya Kartha* which means that he will be the person who gets all the work done. So as per the slum dwellers, Harindar ji would be ensuring that all the sewages and all the dirty water to be cleared, medicines would be spread and also medicinal smog will lead out in this area just to ensure that there are no instances of infestations or

mosquito infestation and would be cleared off. He also requested other slum dwellers to listen to the request and ensure that their area is kept clean and he added that whatever they do is for their own children, that was not a mandate or compulsion for the party workers. It is just a responsibility for party workers but whereas for all the slum dwellers the responsibility is to ensure that nobody in the slum fall sick because of all these problems. Harindar ji as a leader took collective responsibility in all the activities and he demanded personal responsibility to maintain this cleanliness and hygiene from all the slum dwellers.

4.5 Need for Regularity in Keeping Cleanliness

The first speaker, leader of the community said that he will see that it is important for the entire slum to keep their dwellings clean because if cleaning is not done regularly then dirt and garbage will accumulate over time and when the cleaning vehicle arrives it will end up in destroying the slums because the slums are built not in good structure. It is of light weight, and not necessarily strong. So he was insisting that it is important to keep the slum regularly clean so that the slums also remain safe.

The second representative narrated how cleaning is important, only then their lives will be saved. He sounded more distressed on account of lack of faith because he believes that everything is possible if everybody joins hands together. The community, including all the slum dwellers who should carry out the activities together, and it makes a difference in the very slum culture. Are only two of you or everybody comes for the activity? The question was asked to the respondents. Then the speaker responded that this is not in our hand and it can be done only by Prathan, the Slum leader. If the leader says only then 100 or 150 people will come otherwise ten or twelve people will turn out. That is why Prathan's involvement is very important and if he says everybody will come together and work together. Until everyone works together the problem will not be resolved. So, the responsibility is highly held on the leader and it will work out if all slum dwellers consider responsibility as personal matter and a practice in their daily life.

4.6 Requirement for One Time Action

Have you made some small groups to ensure that cleaning happens time to time? The researcher enquired among the respondents. At this point the second speaker said that once a proper cleaning is done and all the garbage

taken away, and medicine spraying is done and then everyday maintenance would be easy and everybody will follow it. Right now, there is so much garbage accumulated over there and nobody wants to take the responsibility. There the researcher added that it is not necessary that everybody would want to maintain because within one month everything can go back into the same situation, the waste and garbage will be accumulated in the same way.

Then both speakers, speaker one and two ensured that once a total cleaning happens, then only the members will see the difference. Right then, everybody was falling sick. There are major problems and major cleaning issues and health issues in the slum that nobody has the faith that it can change or it can make a difference. Both the speakers really felt that if a major cleaning is done once and for all that will restore the faith of the community, and they will ensure that the cleanliness is maintained. They also wished maximum participation to generate an impact among people.

4.7 Education of Children - a Major Task being Achieved

Researcher asked the respondents about how do the education programs bring difference in the lives of the of children. The first speaker answered that it is massive change that non-formal education has brought to this community. Earlier all the children had to go very far away to go to the school now he opened nonformal education center inside the slum. And mid-day meal was a problem when they were going to government school because of the irregularity of providing mid-day meal. Now this center has arranged very good mid-day meals, activity books, resource of different nature are also provided. The security given to kids is also very good. Another responded added to the previous comments that: all these initiatives were helpful in bringing together most of the children and made them to give up some of the bad habits like pick pocketing and begging.

The second speaker member added that there are many centers in different slums; this is the one of the best centers because all facilities are very well taken care. The first speaker also added that the thought process among slum dwellers is finally changing most of them now to believe that education is the only way forward. If they do not educate the children then their current status will barely change. He was making very realistic aspiration, not making any unrealistic ambition to make the children doctor, or engineer but to look at people around them that there are individuals who had become

house guards, home nurses, and got job as police in their nearby vicinity. These are very inspirational and realistic roles for slum dwellers. It was his understanding and his personal experience. They are not talking things for the sake of it but are very realistic. These professions also need basic education, basic literacy and it is attainable from this center and this is the thought that is finally changing and finally the mindset of the slum dwellers and he is hopeful that these facilities would take advantages at all cost.

4.8 Higher Education, Influence of Education and Future Aspirations

Is there any slum child who completed 12th? The researcher asked and speaker no. 2 from the slum said that at present community center is only till 8th, there is no 11th or 12th, B.A or above. Only education that students completed is 8th and not beyond. Can the children of the slum take the responsibility of keeping their slum clean? Can they ensure that no health hazards are there because of cleanliness or dengue malaria? They replied in a philosophical way not exactly to the point. He paused a while and whispered, *'we believe that education is very important; education can make or lead change in children'*. Then he demonstrated the example of Narendra Modi and Kejariwal. He said, *'they were also from poor background. Achievement through education, can ensure behavioral change in our children and only then they become leaders. More access to education will make them more good citizens of our country and who knows, why not a Prime Minister could come from this slum?'*. The sigh of hope and determination was expressive in their glittering eyes.

4.9 A Point of Appraisal to the Social Worker

The local leader appreciated Prachodana social worker and said that he is very good resource who identified himself personally attached to the slum, many people may not even want to come to slums but he personally comes to the slum and finds out what are the needs and requirements to make necessary changes, necessary contributions to ensure the slum is taken care. He also added that there are few slum dwellers who feel that all of that he does is for his personal vested interests like vote but at majority slum dwellers have the opinion that they are in right direction and beneficial to the slum.

Another speaker said that if an individual does good only then he will get good. This is that God wish that we should do good for everybody, only then

the good will come back. He said that the leader is the God sent person and he would get good from all of us and then he continued his expression that if child from the slum becomes employable, reached high position in life, that is the best remuneration our leader can claim. The entire slum would enjoy blessing with the very presence and contribution of this man.

4.10 Sustainability of Healthy Practices and Hygiene

Researcher asked a question: How they can practice the health and hygiene which are taught in the class rooms, at their home and personal life? Will they be able to follow this hygiene pattern at their houses and make them healthier? For example, use of common toilets, keeping wastes in the dustbins, avoid throwing culture etc. Leader of the group responded, *'we fathers go for work to earn livelihood and others stay back home and it's their responsibility to look after the children like exhorting "dear son, it's not hygiene, and you will be ill or don't play in the rain; don't beg or wander in the streets, wearing dirty clothes or wander in the market places to beg etc. Send them to school, educate them; tell them to go to the school and acquire knowledge and job and stand on your own in front of the parents; we repeat it again and again'*. Then the researcher put forward the idea to form Self Help Groups (SHGs) comprising 5 or 6 families. They were asked to make life style changes with those SHGs and NGO assured its support. It was decided to conduct meeting of SHG once in a week. If they make a group of 5 or 6 families and it would help in discussions and deliberations to examine their activities and to be a witness to others in all good works they initiate. The respondents welcomed the challenge to create a slum with difference.

5. Discussions

There were health issues in the slum because of the unhygienic practices, carelessness of the people and unavailability of resources. Social worker could sensitize them the need of healthy atmosphere for a healthy life and sustainable development. Ritesh Dwivedi (2015) had done a study at Tughlakabad slum in Delhi and he found that many diseases and illnesses are prevalent here due to gross unhygienic practices. Awareness programs or mere activities may not be effective to bring the change (Dwivedi, 2015). There needs to be strong conviction for the people to change their life style and behavior and they need to be educated for the same to keep good habits

and practices. Here the social worker could win in his attempt to certain extent.

Ritesh Dwivedi (2015) study narrates that: Most of the people defecate in the open or use unsanitary facilities, with a serious risk of exposure to sanitation-related diseases. India's performance on providing proper sanitation facilities, one of the major goals of Millennium Development Goals, has been very weak and if the MDG sanitation target is to be achieved, innovative approaches need to be developed to reduce the time span from policy making to services delivery (Dwivedi, 2015). They could establish mobile toilets there in the slum and in that way, they could bring change in their certain behaviors and practices even though there are people who needs to be changed a lot even in open defecation and other healthy practices.

Gulnawaz Usmani and Nighat Ahmad (2018) mention in their study that: the existing health infrastructure in urban areas is insufficient to meet the basic needs of growing urban population. The municipalities, state government, and the central government have tried to build up urban healthcare infrastructure. Thus, in many urban areas the primary health care facilities are not available; some of them are underutilized while there are over crowding in secondary and tertiary care services (Usmani et al, 2018). Multi-specialty hospitals which are mushrooming in urban areas are keeping aloof the slum poor. They are not affordable for the slum people and there is some fear in the mind of the slum people to go to Multi-specialty hospitals because of the organ kidnapping. Education and personal convictions only can bring changes in their life style, behavior and practices. Governmental intervention is through municipal or corporation is highly required to provide sanitation facilities to the people in the slum. They should not be exploited because of their lack of knowledge and their powerlessness by the multi-business corporate. Here NGO comes in picture to stand for their rights and to educate them the needs of healthy environment.

The NGOs intervention is exemplary. First, they were supporting to fulfill primary needs with mid day meal and still it continues there. They also provided uniform dress to school children. We remember the slogan 'roti, kapada, makan' is the primary need of everyone. So, people will be thinking of their primary needs before health and hygiene. People may prioritize their needs according to Maslow's hierarchy of needs. Once their primary needs are met with the intervention of NGO, they were ready to move for achieving

higher goals. The attitudinal change and behavioral changes happen when people are being educated. The sustainability of the project is in the hands of the people and it will be continuing through SHGs. It is important that having a formal system to maintain the sustainability and SHGs can perform this role. NGO works as a mediator and motivator to stand for them.

6. Conclusion

This study is summarizing the issues and challenges that people faced in a particular slum and how an NGO could intervene to their problems and how it succeeded. We can replicate it as a model of NGOs work in the slum area. The people are sensitized and they have taken the responsibility to keep healthy atmosphere and they were ready to join hands for the common good. The awareness among the leadership is spreading to the community and it supports the members to work together for improving their life standards and facilities. The study also brings models of good social worker. A good social worker is living in the heart of the people and he/she will be the hero for them. A good social worker is one who is always with the people to motivate them, guide them, support them, correct them empower them and stand for them.

References

- Banerjee, A., Pande, R., Walton, M. (2012). *Delhi's Slum-Dwellers: Deprivation, Preferences and Political Engagement among the Urban Poor*. London: International Growth Center (IGC).
- Dwivedi, R. (2015). *Prevailing Condition of Sanitation in Slum (A Study of Tughlakabad Slum, Delhi)*. Retrieved December 12, 2021, from ResearchGate: <https://www.researchgate.net/publication/277906064>
- Kumar, J. (2014). A Slums in India: A Focus on Metropolitan Cities, *International Journal of Development Research (IJDR)*, 388-393.
- Mehta, B., Dastur, A. (2008). *Approaches to Urban Slums - A Multimedia Sourcebook on Adaptive and Proactive Strategies*. Washington: World Bank.
- Usmani, G., Ahmad, N. (2018). Health Status in India: A Study of Urban Slum and Non-slum Population. *J Nurs Res Pract*, 9-14.