DEPARTMENT OF PSYCHOLOGY

KALEIDOSCOPE

Volume XIII

2020-2021

STAY HOME, STAY Safe

Covid-19 Crisis: Ringside View of Human Psychology

Progressive Education Society's

MODERN COLLEGE OF ARTS, SCIENCE AND COMMERCE

Ganeshkhind, Pune, 16.

DEPARTMENT OF PSYCHOLOGY

KALEIDOSCOPE

Volume XIII

COVID 19 CRISIS: RINGSIDE VIEW OF HUMAN PSYCHOLOGY

2020-2021

ACKNOWLEDGEMENTS

Student members of Disha, who have written articles and thematic pieces, have contributed in making this issue of Kaleidoscope during COVID times see fruition with the same enthusiasm and diligence as always! Shubham Jadhav MA part I has designed the Cover page suitable to the theme. Thanks Shubham! Several students have contributed artwork as colorful additions to the Magazine, a big thank you to all of them. Tanseem Khanjade and Vaibhav Mane helped with typing the articles in Marathi, we are grateful to them.

This is a digital issue and technology has allowed us to reach many more readers than usual and that is a blessing in disguise. I am really glad that we continue our consistent tradition, by placing the **Thirteenth Volume of KALEIDOSCOPE** before all of you, our readers.

Dr. Sadhana Natu

Associate Professor and Head

Department of Psychology.

P. E. Society's Modern College of

Arts, Science and Commerce, Ganeshkhind, Pune 16

January 2021

From the Principal's Desk…

The year 2020 began with challenges in all sectors of life and the education sector had its own share of difficulties. However the resilience and hardiness of students never fails to impress me and I am extremely proud of the students who have written around the theme of COVID 19 and shared their views and experiences. The Department of Psychology through the medium of the magazine Kaleidoscope has always addressed themes relevant to students and the theme chosen for this issue is proof of the same.

I would like to congratulate all the students who have written for Kaleidoscope and I also extend my wishes to Dr. Sadhana Natu and her colleagues for putting together another successful volume of the Psychology Magazine.

Dr.Sanjay Kharat,
Principal.
P. E. Society's Modern College of
Arts, Science and Commerce, Ganeshkhind, Pune 16

Vice Principal Speaks…

On the occasion of the release of the Thirteenth Volume of Kaleidoscope, I wish to congratulate all the members of Disha who have worked extremely hard in putting up this brilliant magazine. The theme is important and the students have written about the impact of COVID 19 in various sectors which makes the Magazine very interesting to read.

The students have contributed through articles, posters and poems to be a part of Kaleidoscope and to all of them many congratulations.

I commend the Head of the Department, Dr. Sadhana Natu and faculty of the Department of Psychology who work tirelessly to make Disha and Kaleidoscope a successful endeavor.

All my best wishes to them and the Disha members.

Dr. Jyoti Gagangras,
Vice Principal, Arts
P. E. Society's Modern College of Arts, Science and Commerce, Ganeshkhind, Pune 16

EDITORIAL

What started as a modest effort in 2009 as an attempt to train students in thematic writing in Psychology has grown and flourished in the last 13 years! KALEIDOSCOPE is thirteen in 2021. The name of the journal refers to the ' **myriad aspects of the human mind' which remains an 'enigma, unfathomed**'! Like a Kaleidoscope, t**he human mind is multi hued, as the direction changes,so does the perspective**'.   A fitting title/name for a journal of Psychology.

Over the years we added many forms: academic ,thematic writing, art work, poems, calligraphy and more, all related to psychological themes. My colleagues and I are justifiably proud of both our 'first time' writers who are taking baby steps as well those who have now honed their skills and are getting better each year. Getting students to write, hand holding so that they write well, is a task that needs empathy, dialogue, discussion and follow up! This time too, the entire process lasted for three months.We have managed to do that for a long time with a small

group of faculty members. I am happy that we have sustained the momentum, without a break for thirteen years, with goals set higher each year, in terms of achieving perfection.

This year's theme is befitting the trials and tribulations of the last one year: COVID 19 Crisis: Ringside View of Human Psychology. The different sections entitled : social media, education, clinical, feminist, work etc. give you the COVID experience, both positive and negative, with different branches of Psychology as prisms. The poems and artwork reflect the various types of creativity that the students possess and which needs to be harnessed. Our Annual Report will give the readers an idea about the vision behind our activities aimed at cognitive, affective and behavioural progress of our students. The photographs encompass glimpses of the activities of last year.

It is my experience that students who start with KALEIDOSCOPE, later move on to research writing and conduct research, present their papers at National Conferences and we publish them in our research compendium 'Mindscape'. This year however, due to the perils of COVID 19 , conferences in physical space have been cancelled. Realising this beforehand, we are training our students through KHOJ, our research learning activity and aim to conduct

a virtual conference and later publish their papers in Mindscape.

Our students and alumni from the last thirteen years who have contributed to Kaleidoscope, have enriched their CV through this writing and are admired when they move on to further education and later into work domains. In fact, thanks to students who moved elsewhere in the country or abroad for further studies, the journal has really gone places! In appreciation of this consistent and high-quality writing for the last ten years, our Respected Principal, has given the journal an ISBN, since Volume 10 and we are thankful to him.

Thematic, academic writing is a difficult art and science. Learning the language of Psychology is also an uphill task, I am really happy that so many of our students have tried to master this in the last 13 years.

Dr Sadhana Natu
Associate Professor and Head
Department of Psychology,
P. E. Society's Modern College of
Arts, Science and Commerce, Ganeshkhind, Pune 16

INDEX

2019-2020 at the Department of Psychology

~~*

SOCIAL   MEDIA

SOCIAL MEDIA AND COVID 19.

Pratik Dhote
Aditya Sangamule
TYBA

Introduction

Does social media bring social change? If it does, is it good? In little more than a decade, the impact of social media has gone from being an entertaining extra to a fully essential part of nearly every aspect of daily life for many. In today's world, it is undeniable that social media plays an important role in impacting our culture, our economy and our overall view of the world.

Social media is a new forum that brings people to exchange ideas, connect with, relate to, and mobilize for a cause, seek advice, and offer guidance. Social media has insinuated itself into politics, the workplace, home life and elsewhere and it continues to evolve at lightning speed.

This article gathers a variety of perspectives around the challenge that is social media and tries to emphasize on the things that are essential for society in relevance to how social media works and affects us.

Social media has become really fundamental to the way that billions of people get information about the world and connect with each other, which raises the stakes enormously.

The Impact of Social Media.

Since the start of this year people all around the world are going through a pandemic that is unsettling and still has no cure, CO-

VID has affected a lot of people around the world, be it the elites or the poor, social media has been used to spread information, humor in the form of memes and other materials.

Our need for validation

It is a human tendency to validate our choices, decisions and other things. And it is alright to an extent. It gives you confidence and reassurance in some cases. Which makes you stick to your decisions longer. However, it is a problem when it becomes your need.The chances of a new restaurant turning out to be a good one will remain the same. But you'll be more confident about your decision if your friend validates.

Social media as a tool

 "Social media isn't a utility. It's not like power or water where all people care about is whether it works. Young people care about what using one platform or another says about them." –Jonah Berger. Due to the increasing connectedness of the world, we're not only starving for recognition in person, but our biggest happiness and satisfaction now lie in how many followers we have and how many "likes" we get — even when these come from total strangers.

Social media has become more passive in nature, with users using it to increasingly consume content rather than to actively interact or share.

Social media allows users to express their personalities in unique ways. But the ability to create multiple accounts and to shape the content on their profiles has given users a bizarre opportunity to develop new personae. These new digital identities can align with, or conflict with users' real personalities.

The researchers warned, however, that social media tools should be used by older, more mature people because, when "it's used in an irresponsible way by people who are too young, they can cause problems and difficulties that in some cases even time cannot erase."

How teens are using social media, technology to stomach social distancing.

Just like we have seen with other crises, people all over the world reach out to each other through social media to make sense of what is happening. Many people have been restricted from doing their usual day-to-day activities such as seeing loved ones or their coworkers. This has left a significant gap in our lives; as humans, we thrive off meaningful relationships and social interactions.

According to a recent report based on youth making excessive use of social media, researchers found that with or without physical separation (social-distancing) due to COVID-19, youth are using social media to connect and support each other.

For teens who are in an unhealthy or unsafe environment, social media may offer a critical lifeline to a supportive community and resources for understanding and coping with COVID.

Today, the majority of teens use social media to access news and health information. Short, steady streams of information are readily available on most social media sites, which can enhance access to accurate information. Many social media platforms have adopted strategies for promoting health information, including a COVID-19 Information Center available at the top of the screen on Facebook-owned apps.

Further, when individuals search or hashtag "covid", social media apps feature reputable health organizations, such as the World Health Organization (WHO) or CDC, promoting access to accurate and reliable information.

Celebrities and influencers who are popular among teens have also shared their experiences with COVID-19, including demonstrating safe physical distancing practices and sharing their own positive diagnoses of COVID—showing that it can happen to anyone. If a social influencer delivers the message, attitudes around the importance of social distancing may change.

People are commenting and praising the affected person which encourages other people to come out and talk about it, people are connecting on social media and uplifting each other via Facebook, Instagram, and twitter. Youth are experiencing positive social support in many online settings, which may reduce their feelings of social isolation and social anxiety and also increase their social skills, and augment their offline friendships

Facebook saw a 70% increase in usage of all of its apps in the month of March. People are turning to these apps to keep them entertained, connected, and informed while they're spending more time at home. To fill the void, users have turned more toward online forms of connection.

Social Media and Covid: Boon or curse?

Teens and social media during the COVID-19 pandemic: Staying socially connected while physically distant.

Human beings are a social species and social isolation has both physical and mental health consequences. Although individuals of all ages are experiencing the social and emotional challenges of

social distancing, adolescents may be particularly affected by the unexpected and prolonged disruption in their social lives. Teens may be equipped with the tools and skills to stay socially connected while remaining physically distant due to the widespread use of social media in this age group.

However, a growing body of research also indicates that social media can have negative consequences for teens depending on how and when they use it. The pandemic has magnified this societal dilemma about whether social media is helpful or harmful for teens. Given that some form of social distancing practices may be necessary for an extended period of time, it is essential for parents, educators, and teens to better understand social media in the context of the COVID-19 pandemic.

Utility or Misleading?

The effects of social media use depend on a number of factors specific to individual teens, such as their age, gender, personalities, and pre-existing emotional or mental health difficulties. Teens may also benefit more from the positive aspects of social media use, including social connection (if anxiety or depression interferes with a person's socializing) and online support groups for coping with COVID-19 or with access to online mental health resources.

Further, many people may themselves test positive for coronavirus, experience symptoms of COVID, or have loved ones who fall ill from the disease. Social media may provide coping resources and support for teens in understanding the complex emotions of grief, loss, and trauma.

At the same time, however, certain people, such as those already experiencing low self-esteem, a tendency toward impulsive or risky decision-making, or symptoms of a mental illness, may be particularly vulnerable to the negative effects of social media.

Thus, as people spend more time on social media, those who are predisposed to seek out and react negatively to problematic content may encounter more of that content, thereby worsening mental health symptoms. These people may be even more socially isolated and anxious about COVID, and may find references to the virus on social media to be particularly overwhelming, scary, or frustrating.

While social media may be beneficial for many teens during COVID-19, it may be a "lifeline" for teens who are now isolated in unsafe or unhealthy environments and are in need of social support. For example, a large body of work documents that lesbian, gay, bisexual, transgender, and queer (LGBTQ) youth are at heightened risk for mental health concerns, especially if they are rejected by their families or experience abuse. These concerns may aggravate during the COVID-19 pandemic, when some LGBTQ teens are living with families in high-conflict situations, and with no natural escape to school, work, or time with peers. In these challenging times, it is possible that social media offers teens an opportunity to seek social support from online communities.

Finally, it is important to note that the potential social, psychological, and financial challenges associated with COVID-19 as well as people's access to and use of social media during this time, are largely affected by families' socioeconomic status. Adolescents from economically disadvantaged households are

more likely to experience negative effects from social media. At the same time, social distancing measures may be more burdensome for families with fewer resources, who may live in smaller spaces, unsafe neighborhoods, or crowded conditions.

The pandemic of social media panic travels faster than the COVID-19 outbreak.

Any piece of information can now get attention, whether it is true or false. Before, only media companies had reach, so it was harder for false information to spread. It could happen, but it was slow. Now anyone can share anything, and because people tend to believe what they see, false information can spread just as, if not more easily, than the truth. This spreading of panic and misinformation about Covid is termed as "Misinfodemics."

Within weeks of the emergence of the novel coronavirus disease 2019 in China, misleading rumours and conspiracy theories about the origin circulated the globe paired with fear mongering, racism and mass purchase of face masks, crazy theories get circulated and spread through social media like fire. There is no moderation about which information is right and which is false which leads to people speculating.

Misinformation causes confusion and spreads fear, which In turn leads to panic in public as to which information to trust, misinformation on the coronavirus might be the most contagious thing about it.

Given recent controversy around "fake news" in other high-stakes situations (e.g., elections, national crises), social media platforms are aware of this problem and attempting to tackle it by providing fact checking links, sites, and/or people to verify potential rumors

and report them. However, this requires the user to initially question the accuracy of this information. Unfortunately, teens struggle to differentiate between "fake news" and accurate information. Thus, people may be vulnerable to believing and spreading misinformation related to COVID-19. For example, if someone is spreading fake news that lockdown has ended in a certain area and people turn out in public places in mass the probability of contraction of the virus increases which can be a grievous situation to control.

We are living not just in a pandemic, but also in an "infodemic" where fake news is becoming more common. These messages and texts always start the same way: they feature a physician, nurse, surgeon, or other authority figure who shares advice such as holding your breath as a COVID-19 confirmation test, or taking vitamins to decrease the possibility of infection. It is understandable that we all want to protect our families and friends and that the lack of answers regarding this new disease increases the level of anxiety in society. It seems as though evidence of the highest level is not as important as social media experts' texts that are broadly shared on the Internet.

In addition, memes or posts that make light of COVID-19 may reduce teens' adherence to the guidelines, with risks for teens, their families, and the general public.

Governments and healthcare authorities should use social media to spread updates, news, and scientific discoveries about COVID-19. Information to be spread can include who should be tested, when they should be tested, and where they would go to get medical care.

Conclusion.

The COVID-19 pandemic presents unique challenges for people worldwide. Social media can be both good and bad, depending on the user. If everybody takes a calculated humanistic approach towards it, it could become a powerful utility. Misinformation should be properly monitored and every social media platform should have a department setup just for verifying the Information that is being shared. There should be strict laws made to avoid sharing of misinformation.

Social media is extremely important to fight this contagious disease, not only to get information and be updated about it but also to understand how it spreads, how people interact, and how we can respond to it. We didn't have this tool a hundred years ago, but now we must use it wisely in every way we can to overcome this pandemic.

References:

https://www.researchgate.net/publication/341038149_Teens_and_social_media_during_the_COVID-19_pandemic_Staying_socially_connected_while_physically_distant

https://knowledge.wharton.upenn.edu/article/impact-of-social-media/

https://www.hindustantimes.com/sex-and-relationships/covid-19-here-s-how-teens-are-using-social-media-technology-to-support-each-other-amid-social-distancing/story-PBLDaifg8wX9VgtdD6B9aI.html

https://www.scielo.br/scielo.php?script=sci_arttext&pid=S1807-59322020000100503

https://academic.oup.com/jtm/article/27/3/taaa057/5822107?itm_content=jtm&itm_source=trendmd-widget&itm_campaign=trendmd-pilot&itm_medium=sidebar

https://en.wikipedia.org/wiki/Social_media

https://academic.oup.com/jtm/article/27/3/taaa031/5775501?searchresult=1

https://blog.globalwebindex.com/trends/social-media-covid-19/

~~*

SOCIAL MEDIA IS A DRUG

**Anisha Nankani,
SYBA**

"OMG!!! You're not on Social Media???? Kya PANDU hai re tu!!" How boring a person you are!! You don't live life! You don't know what you are missing on! This is what today youth think of.

Instagram, Facebook, Twitter, Whatsapp etc are some of the most popular social media apps without which life is incomplete and it has become a part of our daily lives. 99% of youth are engaged on these apps and invest in their maximum time and energy with these apps.

"SOCIAL MEDIA COMPANY" has designed the apps in such a way that it stimulates us, drags our attention, keeps us engaged in the app and plays with the psychology of the human mind for their own business. Social media starts to dig deeper and deeper down into the brain stem for their own means of pursuing goals by using psychology of humans. And we Youth being stupid get

pulled by their notifications, stimulants, popups that excites us and take over all our senses. It has made us believe that it is capable of providing new content every time we scroll our feed.

How social media platforms used are pretty different from how you expect. We all rush for a number of likes, views, comments, subscribers, followers. We care about what 1000 other people think of us and we start acting according to what our followers expect us to be and not what we want to be. We lose our sense of self worth and identity. Our self esteem is highly affected by too much of Social media.

Investing a lot of time on gadgets leads to sedentary lifestyle, making our body lethargic and weak. At the same time, it also impacts highly on our mental and emotional health. Our mood swings depend on social media, in case we don't get what we expect from it. I remember one of my friends who was too upset for her post not reaching out to many people on social media. Increase in screen time leads to anxiety, depression and emotional turmoils. So don't get into peer pressure of Social Media.

As we wake up in the morning, we first pick up our phones and look for notifications. We have forgotten that there's life to focus on our breath every morning, stretch your body while you are in bed, have a smile for a new day and get out of bed with vigour and energy. Look at our grandparents, how healthy they are compared to youth.

Social media when used smartly can be a virtue and not a sin. Social media is not bad, only the way we use it , it has become a vice.

~~*

IMPACTS OF SOCIAL MEDIA DURING THE PANDEMIC: COVID-19 INFODEMIC

CHARU BHADALE
SYBA

What is Infodemic?
As stated by the WHO, the covid-19 outbreak and response has been accompanied by a massive: "an overabundance of information – some accurate and some not-that makes it hard for people to find trustworthy sources and reliable guidance when they need it "

Till a few months ago when people thought about curing diseases like HIV/AIDS, through tuberculosis access to medicines and public health interventions. Today a disease from a new pathogen, Covid-19 has challenged humanity's ability to intervene and the crisis it has caused. Today social media like Twitter, Facebook, Instagram have become primary sources of information. They are also up against the contagion of misinformation which is spreading panic, anxiety and inaccurate perceptions of risk during the crisis of Covid-19 pandemic.

Considering the novelty of the risk and the lack of information and its tremendous impact on health, we often attend to contradictory information circulating on various social media platforms.

WE CAN'T TRUST GOVERNMENT TO GIVE US STRAIGHT ANSWERS.SO WE TURN OUT TO BE INDEPENDENT SCIENTIST INSTEAD.

This is where we need to warn for the dark side of social media and its role in spreading fake news. Platforms lack in acknowledging their responsibility in helping the users to

distinguish between fake news and facts. Some platforms like Instagram announced to include covid-19 related posts and stories in their recommendation section that are published by official health organizations. We also have a role play by not further spreading information through our social media accounts.

Misinformation is information not based on facts that is inadvertently sent to influence public opinion or obscure the truth. Its effects are far reaching and carry serious implications.

5 ways of preventing misinformation:

1) Educating oneself about covid-19 to be able to dismiss any untrue information.
2) Pausing and verifying before sharing or forwarding by tracing the source.
3) Maintaining a healthy dose of scepticism by not forwarding/spreading messages that provoke fear and tolerance.
4) Accepting a level of prevailing uncertainty as researchers are still learning about the virus and avoid filling the gap with misinformation.
5) To stay informed by checking credible and reliable sources of information.

IMPACT OF SOCIAL MEDIA ON COMMUNICATION:
As lockdown have been imposed around the globe in response to the Covid-19 pandemic, people have turned in huge numbers to social media platforms for education, information, and to stay in touch with family and friends.it has also been linked to higher level of loneliness, envy, anxiety, depression, narcissism and decreased social skills. The narratives that we portray on social

media are all positive and celebratory. Meaning for some, sometimes it appears everyone you know are in great relationships, where the reality is exactly opposite of that, people post their old vacations pictures saying reminiscing good old days where they try to portray that they are living their best life. However what is shared across our social networks only broadcasts the positive aspects of our lives the highlight reels. Since we're only getting people's highlight reels and comparing it to ourselves, 28 to 73 active social media found out that:

- 60% of people using social media reported that it has impacted their self-esteem in a negative way
- 50%reported social media having negative effects on their relationships
- 80% reported that it is easier to be deceived by others through their sharing on social media

People couldn't meet in person so they were having virtual dates on social media which really do lack the skills to communicate effectively in person. This lack of security and communication skills most definitely increases anxiety and depression. The one you portray on your networks and the true you for some creates a double consciousness. Many people convey all the positive pictures and updates, etc.

QUARANTINE TRENDS ON SOCIAL MEDIA:

Quarantine trends on social media are easy and replicable what sets them apart is that they are easily achievable at home, extremely shareable online, and highly participatory

THE DALGONA COFFEE TREND

A whipped coffee drink named for a type of Korean candy, was one of the viral food trends to take over Instagram and Twitter. The trend was first popularized in South Korea, spreading across the world as more countries started recommending the people engage in social distancing. #Dalgonacoffee hashtag on TikTok had 3.4 million views on March 20. Also there were 100 million different attempts to make the drink, with results ranging from comedic to aesthetically pleasing.

INSTAGRAM TEMPLATE CHALLENGES:
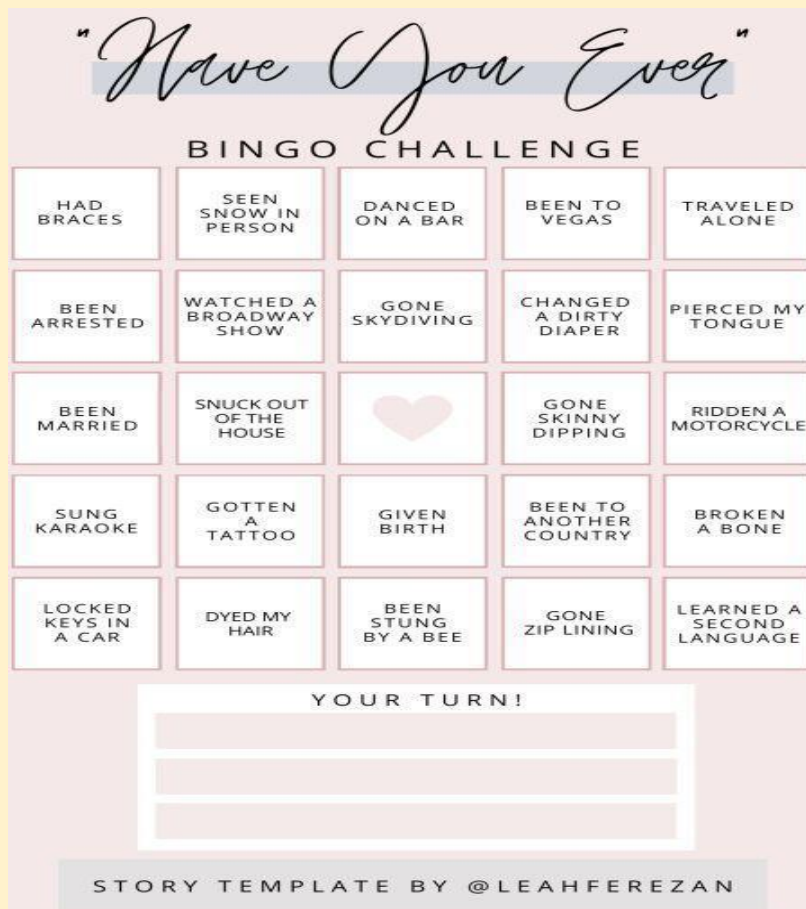
This trend consists of an Instagram story questionnaire template, more often made by influencers, that can be filled in using text or GIF's. These templates are used by the participants to compare life events that can be marked off (things they have done or not done) amongst

many options. Following this they can nominate their friends so that the chain continues different template challenges including bingo challenges, bucket list challenges and this or that challenge.

~~*

THE CURSED YEAR

SHREEYAA KALE
TYBA

"Remember my favourite keychain? I lost it"
"Damn bro, 2020"

If you haven't had at least one such conversation then are you even a millennial? 2020 or as they call it, 'The Cursed Year' descended upon us out of nowhere and as some of us have accepted our new fate, others are having a tough time wrapping their heads around it. We all tried to find solace in social media during this tough time and yet only a few were able to navigate their way through the web of fake news and an increasing number of covid patients which was plastered everywhere.

Everyone deals with crisis differently. While some have taken up new hobbies to pass time, others are tackling even more workload than usual. Staying at home has made people rely on social media over other forms of entertainment and communication. Social media includes websites and applications that enable users to create and share content or participate in social networking. Millennials have always turned to social media

to express themselves through posts, videos and more than anything else, memes. Memes are images, videos, pieces of texts, etc., typically humorous in nature, that is copied and spread rapidly by internet users, often with slight variations. Anything that trends is a meme and anything that is a meme will trend.

The increasing popularity of Instagram has resulted in people being more active on Instagram as compared to its counterparts. People are not only sharing their personal content but have also started voicing their opinions. The difference between Instagram and Facebook is mainly that the picture sharing quality of Instagram is better while Facebook is preferred for written content sharing. In spite of which, people haven't stopped from sharing their views about the world in text over image format on Instagram. For a generation that excels in caffeine addictions and unsolicited opinions, there's a lot of talk which might not always be true.

Birth of a trend can happen from something as famous as news anchor's 'Nation wants to know' to as infamous or unnoticed as 'Binod' (you should really google the origin of that one to understand what I'm talking about). While we are actively sharing and popularising these trends, why is this generation so inclined towards talking through memes? Why are we out here making jokes about death and depression? And at what point did that actually become acceptable?

Meme culture has started a conversation about things which weren't spoken about previously. This has made people more aware about not just happenings in the world but also about

mental health and its importance. The anonymity that social media provides is helping people become more open and express their feelings and problems. Even though there are many positive effects, there is always a downside to most things. People are more woke these days but due to the knowledge that is available so freely, people tend to self-diagnose. It is seen today that a lot of jokes and memes are on topics which are unhealthy and messed up. In Charles P. Silet's publication entitled "The films of Woody Allen: Critical essays", he notes, "Freud defines humour in general as a socially accepted outlet for repressed ideas". Though humour helps cope with triggering situations, most psychologists believe that making jokes about morbid or serious topics is a defence mechanism.

During this pandemic, more and more people have started creating content on social media. While some have got inspired to do something too, others are having a tough time coping with the situation. Some people are wanting to do different activities, other than their regular schedule. Whereas others are made to feel a little inferior due to lacking in certain skills. Looking at people doing various different things on a daily basis has some thinking that they are not utilising their time in a proper way, thinking that they are not doing anything productive. This has led to an increase in depression and anxiety, especially in the youth. Initially, during the early stages of pandemic everyone thought that it would all be over within a couple of months. The lockdown, precautions, were taken seriously. But as the time has progressed, people have accepted the situation and stopped caring as much as they did before. One of the reasons could be social media and its famous memes. With the months passing,

memes have evolved from being about serious topics such as covid being a biowarfare to conveniently blaming the year 2020 for anything bad that happens. 4 months into the pandemic and the posts drastically evolved to 'it is what it is' attitude. This could either be considered as acceptance or ignorance.

In conclusion, social media is here for us to stay connected with the people we love and care about. But if it starts getting to you then remember, it's 2020, it doesn't count.

~~*

INFODEMIC

OMKAR SOLANKI
SYBA

Today social media has become an important part of our life and it has taken our life by storm we cannot even think of living without it. Today 3.8 million people use social media which is more than half of the world's population.The social media which are most liked by people are: Facebook: 2,603 million. Twitter: 326 million. WhatsApp: 2,000 million. Instagram: 1082 million YouTube: 2,000 million. Snapchat :1398 million.

In today's world Social Network penetration is constantly increasing worldwide. In this time of COVID-19 pandemic social media played an important role in spreading awareness about pandemic.It has helped the local authorities like Municipal Corporation ,police ,etc to give instruction to common people.

This pandemic has also given rise to Infodemic through social media. Infodemic: Infodemic is a blend of epidemic and information that typically refers to rapid and far reaching spread of both accurate and inaccurate information about something such as a disease. Let's see how social media is using Infodemic: WhatsApp WhatsApp is tightening its limits on message forwarding even further, in a bid to stem the spread of misinformation amid the COVID-19 pandemic.

The company has now reduced the amount of chats to which users can share frequently forwarded co

ntent to just one at a time. Facebook: Facebook is working closely with the World Health Organisation(WHO),UNICEF and national ministries of health to connect people with accurate information and help limit the spread of misinformation.

Instagram: Instagram has made 'Rt' an up-to-date tracker of how fast COVID-19 is spreading in each state. YouTube: To tackle the COVID-19 pandemic, YouTube is doing fact checking so that right facts or news about the pandemic reaches people. Twitter: Twitter direct users to national health organisations when they search for coronavirus related terms. Instagram: Like Twitter, Instagram is blocking and restricting corona virus hashtags by rerouting users to public health organisations.

Snapchat: To avoid some of the worst criticisms of the Infodemic The app has partnered with the WHO and CDC (centre for disease control and prevention)with the latest information publishing updates from verified accounts as well as working with the organisations to develop custom answers about to questions related to the virus from Snapchat users.Along side guidelines and updates ,the WHO collaborated with Snapchat to create a filter promoting tips and guidelines.

So,Dear Readers, Don't use Social Media to spread rumors or fake news. Use Social Media to spread awareness.

~~*

EDUCATIONAL PSYCHOLOGY

EDUCATION

ANMOL KAMBLE, TYBA

Education is the most powerful weapon anyone can carry with. To collect knowledge millennials have to go to places like: Schools, colleges, universities, etc. Teacher comes-teach-give notes- and leave. But did every student understand what she taught? Did the teacher confirm that every single student picked up what she taught? Does the teacher even know every learner's name? Do they know which student's face what problem regularly in what kind of topics? Do they? How are the students, what do they have in common and what they don't, the classes , the behaviors etc.

1. PATTERN/FORMAT/WAY: Every teacher has his/her own format to teach, behave, interact, ask. But as I said, are the students really catching up with what the teacher is teaching in the class? If students are clearing the exams by reading notes, memorizing the printed answers then is it right? Of course they will score good percentages. But what after that? There are also students who score less or they fail in exams. Do teachers/parents ask the reason to fail or score less or do they just come to a conclusion that the kid did not study that's why he/she failed?! Yes every student is different and their reason to fail is different from one another, some understand the teaching but don't know the way to write answers on exam paper, some get frighten to write their own made answers thinking that teacher will read and laugh on his self made written answer, and

some actually don't study that's why they fail. I think that every failure has a solution if proper attention is paid towards every particular student, teachers should teach the students but they should study a student and that is how the things will start changing.

2. Environment: I'm not going to complain about things in the whole article, let me be clear about this. The environment of educational institutions is not the same for everyone. Some face fear, some have fun, some are so motivated, some get anxious as soon as they reach the college gate. Let me talk about the last one. "Some get anxious as soon as they reach college". Yes, they do get anxious, anxious when they see other kids in big groups hanging out, seeing students chilling out, eating in the canteen, such students just want to leave the college as soon as they enter. They get chills while reaching towards classrooms, they feel left out when no one sits next to them on the bench etc. This disorder is named as "OCD" (Obsessive compulsive disorder), in this disorder a person feels like he is not worthy. Worth to give company, worth sitting next to someone on a bench, person fears of getting insulted or made fun of, what will happen if I don't do the homework and the teacher will throw me out of the class to kneel down - other students gonna see me and tease... So this is how I explain the college/school environment is not the same for every student. There are students who face such disorders, some accept and start treating it and some just ignore and keep living in pain.

3. Discrimination: the three main discriminations according to me are: 1) Racial discrimination. 2) Caste discrimination. 3) Class discrimination.

1) Racial discrimination: call him a kallu (black guy) if his shade is brown. Call him an Angrez (foreigner with fair skin tone) if he is too fair or is facing some skin problem. C'mon we all have done this thing/keep doing. Calling someone black is considered funny in some countries, it is one of the topics for laughing. It's been taking place since ages and hasn't stopped till now. No matter how much a student has scored or has talents in him, people will tease him by his skin color and having such talents he will find his skin tone a disappointment or will think his skin tone is stopping him from impressing, he feels like having fair skin is an achievement.

2. Caste discrimination: A person belonging to oppressed class gets to experience the real discrimination in his college years (poor kids who live in villages get to see it since they are 5-6) These children had hear the word caste discrimination or read about it before getting into college but they experience it by themselves after getting into colleges. Not every upper caste discriminates lower caste but if they don't they at least never miss a chance to complain about oppressed class's fee deduction, or they at least don't miss a chance to taunt them by telling why do you have to study you will get a job even if you go and write your name on the answer sheet, your father owns a Mercedes why do you need reservation? According to them owning a Mercedes is a sign of being privileged but according to lower castes getting equally treated is considered as rich.

3. Class discrimination: Hey dude, have you seen priyanka's phone's cracked screen?*laughter*The fashion is to wear torn jeans but Varun wears a torn shirt instead. These are the kinds of comments/gossip rich kids pass between each other. It is not

their fault to be honest, because they haven't gone through any of such phases or haven't seen any of their relative poor, these rich kids don't know what is wrong and what is right. The problem is with the students who know that the other person is not as rich as him/her but still they choose to make fun of them, there we see a problem. Such sinisters make fun of the Poor intentionally and they know exactly what are the teasing by which they can hurt the opposite. Poor people have to go through a lot of troubles everyday, dealing with other groups, when their parents cannot afford them good clothes, electronic devices, bikes and all, they are ok with it but it depresses them when others start judging them on the basis of owning a lack of accessories.

Exams: Exam is what every student has in common no matter if he's fair, dark, rich , poor, short, tall or whatever... Students experience palpitation as soon as someone shares the time timetable in their group, they keep aside what they were doing and look at that timetable... sustain everything, they count how many holidays they have in between after every exam, if you notice one thing students knit their eyebrows while they go through the timetable. Then they continue to watch that movie which they were watching before the schedule arrived but now they don't enjoy that movie like they were before. After days they start studying while keeping in mind if they fail society will name them, compare them with someone from their cousins, compare with his/her father.

~~*

THE IMPACT OF COVID-19 ON CHILDREN

SOWMYA JALANILA
MA PART II

The coronavirus pandemic had exacerbated the pre- existing education inequalities in the country the lockdown had kept the students and faculty away from the campus and the number of students going to school and college in India is 300 million but they are unable to attend school due to the coronavirus situation. Most people are using social media to stay connected with the world but this is affecting the people and children and now because of online education we are getting more addicted to phone screens .

In childhood we have heard many stories about how our previous generation people strive hard to get educated and still now we hear some stories from our parents and grandparents how they struggle to get educated and the current situation has changed everything but many children are still struggling for education and mostly the poor children and the lower middle class children.

 Earlier people struggled to reach school and now the present generation is striving for online education and now schools are closed amid coronavirus scare and there is no hope when will they open, therefore, schools are teaching students online but according to some survey 27 or there can be many more children who don't have access to laptops or smartphones and 28 percent of children are not able to study properly due to frequent power outages and students studying in government schools have no proper facilities for online education . Due to financial constraints students are not able to access the internet and are devoid of

electronic gadgets and phones or computers, laptops and even television ,radio .

In India there are already many people or children uneducated and now because of pandemic there will be more increasing in un education .There are also social barriers such as discrimination against girls as they are expected to do household chores instead of attending online classes in the mornings. In rural areas, boys are often expected to work on the family farmlands. In homes where TV and radio are available, the question of who has control over these gadgets is important. Most of the time, girls are not allowed to watch educational programmes. The coronavirus crisis is already affecting the lives of children , but perhaps more concerning are these hidden ways in which they will be affected in the months and years ahead and a crisis is a time of great uncertainty and anxiety , depression are a great risk of mental health problems in children and the pandemic has taken our freedom of moving from one place to other and some people and children might be suffering from stress or other mental health issues and they can't share there problem with anyone because of afraid of parents ,cousins or peers and this can leads to a serious problem in future.

The COVID 19 pandemic has put the spotlight on the ever-increasing structural imbalances in school education in terms of rural-urban, rich and poor and gender dividend and as their students have either dropped out from the school or have migrated to their native places due to joblessness and subsequent poverty of their parents. Children are suffering from many problems at home like mental health has been the biggest casualty during the lockdown because they are attending the longer duration of classes and followed by homework and they

are more spending time on electric screens which affect them physically or mentally and according to the UNICEF (The United Nations Children's Fund), more than 1.5 billion children and young people are impacted due to the closing of schools . The irritability and anxiousness is bound to rub off on each other leading to tension and stress in the household. It can also lead to a rise in domestic violence and abuse cases as families are largely restricted to their homes. children may already be at the risk of gender-based violence, exploitation and even abuse the most vulnerable section of the society and this can lead to stress and depression and other issues.

This leaves children and youth who are already at risk such as those living in challenging home environments or children who are lacking social support or whose families are already facing poverty especially vulnerable. Research shows that feelings of helplessness, loneliness and fear of being socially excluded, stigmatised or separated from loved ones are common in any epidemic, while prolonged stress, boredom and social isolation, as well as a lack of outdoor play, can lead to a higher number of mental health conditions in children, such as anxiety and even depression. Nearly half (49 per cent) of interviewed children in the United States said they were worried, while just over one third (34 per cent) reported feeling scared, and one quarter (27 per cent) felt anxious and some children said they were worried they would not be able to finish their school year. The lower-income families, over a quarter of them reported higher levels of distress than normal, and many households reported their children were struggling with fear, anguish and concern about their family's situation. This phenomenon has led to short term as well as long

term psychosocial and mental health implications for children and adolescents.

 The quality and magnitude of impact on minors is determined by many vulnerability factors like developmental age, educational status, pre-existing mental health condition, being economically underprivileged or being quarantined due to infection or fear of infection. Living in a more at-risk area, the quality of the home environment, or the relation they have with the pandemic consequences, do not have an effect on families' well-being. Dealing with quarantine is a particularly stressful experience for parents who must balance personal life, work, and raising children, being left alone without other resources.

This situation puts parents at a higher risk of experiencing distress, potentially impairing their ability to be supportive caregivers. The coronavirus and lockdown brought both positive and negative effects on children and parents.

The above are mentioned some negative or problems of coronavirus. Here some positive things about lockdown. Most parents say lockdown has brought them closer to their children and Many families have created perfect memories by doing new activities together, such as playing board games, baking, walking and cycling. The lockdown has made it feel like things have slowed down and it was mostly beneficial for children and even parents for a shorter duration.

Overall there are positive and negative effects of covid-19 on children and adults and even on parents that differ on situations.

~~*

THE IMPACT OF COVID-19 ON EDUCATION SYSTEM

SANJH DUBEY
SHIFA MEHERALLY
TYBA

Introduction

As the world becomes increasingly interconnected, so do the risks we face. The COVID-19 pandemic has not stopped at nation borders. It has affected people regardless of nationality, level of educational, income or gender. But the same has not been true for its consequences, which have hit the most vulnerable hardest.

Education is no exception. The impact of COVID 19 has immensely affected the education system. Most governments around the world have temporarily closed educational institutions in an attempt to reduce the spread of COVID-19. The life of every person who is connected to the education system, in some way or another, was impacted.

The educational institutes are facing financial crisis as parents can't pay the fees because of the unemployment. In response to school closure, UNESCO recommended the use of distance learning programmes and open educational applications and platforms that schools and teachers can use to reach learners remotely and limit the disruption of education. Now that classes are conducted online, only the students who have technological resources can benefit from them. Teachers on the other hand are burdened with much more work. Institutions are upskilling their teachers, so they can teach online.

COVID-19 and its effect on students

Since mid-march authorities in different countries began to impose severe restrictions due to the pandemic due to which schools and colleges were also shut down, directly impacting the students. Classes are being conducted online now, the adaptation rate is around 50-60% whereas in the classroom the adoption was around 80-90%, online classes affect the eyes of the students due to long hours in front of the blue screen, small children like the playschool and the primary grades must not have this type of class because they have low concentration power, and these small kids do not have the ability to sit for a long time in front of the screen. Perhaps the most important issue that has been lost in the pages is that of mental health. With increasing social restriction and financial burden humans have only felt a sense of estrangement during the pandemic. A study was conducted to explore the impact of COVID-19 on student education and wellbeing. Approx. 25% of the sample reported positively correlated with increased concern about academic delays, economic effects and the impact on daily life.

When the pandemic started some of the students were in the middle of their exams or the exams were soon to be conducted. The uncertainty about the exams caused a lot of stress and anxiety for students specially who were preparing to give board exams. The admission process was also a big task for students as it shifted from physical to online. A student from west Bengal who had to apply for college after 12th board exam said the admission process was a little uncertain. They were aspiring to get into a number of government colleges that they would have gotten if they were given a chance through entrance exams.

Furthermore, among the many students' surveys administered worldwide, one survey by the young minds reported that 83% of

young respondents agreed that the pandemic has worsened pre-existing mental health conditions mainly due to closure of schools, loss of routine, and restricted social connections. Stress at home has a significant effect of the relationship with

student's academic performance, it is implied that when students are burdened with homework assignments both from family and school, it makes them experience stress, that also affects their academic performance. Stress accumulation can cause depression, frustration, anxiety, antisocial behaviour and even violence.

Pandemic stressors add to this pressure for example – the pressure to move up the class, length of study, anxiety in facing exams, social distancing, the bigger the concern the more it affects the minds. Recent graduates in India also have a fear related to jobs and job withdrawal. In early April the urban unemployment rate was 30-40%.

Impact on Teachers

90 million school teacher's worldwide and 6 million in India have been at the frontlines of damage-control of Covid-19 pandemic by ensuring that learning reaches their learners seamlessly during lockdown. When schools switched to online learning mode, it fell upon teachers, stranded at home under lockdown conditions, to pick up technical skills without the benefit of any formal training. Pitted against all odds such as lack of – technical knowhow, digital skills, virtual learning resources and cyber safety protocols, the teachers emerged victorious when they managed to proudly sit before a laptop to teach their remote learner in online class.

The teacher utilizes non-paid applications such as Google Classroom, Zoom and other facilities. Low and irregular attendance, lack of attention by students; the fear of technology (especially among older teachers), poor internet connectivity, and in most cases, the added pressure of household chores, have made online teaching a dreaded activity for many teachers. For Ella Joshi, a teacher at a private school in Delhi, a typical day during the lockdown includes recording video lectures, cleaning the house, taking live classes with students, cooking, getting back to the next class and attending calls from anxious students and parents.

"We are all under pressure to do our best. But we do not know what that best is. We are neither paid nor equipped to do it," said a teacher in Lucknow who has seen a 25 per cent reduction in her salary in April.

The online classes come with a host of psychological baggage of Covid-19 pandemic which normal classes do not have. The stress of being under constant observation while teaching through an unfamiliar medium with totally new tools is least to say challenging and stressful. Several cases have also been reported in the media about unwanted comments by parents and the teacher's appearance and pronunciation which is shocking and disgraceful to say the least and interference which is unacceptable as teachers are trained professionals.

EMOTIONALLY TURBULENT

I saw one video on social media of an incident of a zoom bombing in a class and I was observing how the teacher was left totally shaken up and shattered by the emotional violence and indignity of experiencing a cyber- attack which is usually in the form of

sexually explicit language. No one can really come to another's rescue in the situation and one needs a whole lot of courage and presence of mind to come out of a cyber-attack confidently with your learners watching and observing you keenly. Such incidents can be nerve-wrecking and take immense toll on one's mental health.

Rachit Manas, chairman of a chain of schools in Lucknow, with a student strength of 2,300, says that teachers have faced challenges, not because free online platforms are unsafe, but because teachers do not know how to use safety features.

Additionally, teachers are also responsible for taking care of their learner's mental well-being who are struggling under the impact of social distancing, lack of routine, absence of friends during the lockdown. It's not easy to teach a classful of dejected, distracted and disinterested adolescents through a computer screen, who would prefer to connect with you socially and emotionally and share their feelings rather than learn from textbooks. Counselling learners and their parents too is emotionally demanding on teachers who are themselves struggling with similar issues. But they have been doing so irrespective of their own stresses and anxieties.

TEACHER SELF-CARE

'Self-care' includes taking care of our mental, physical and emotional health and wellbeing for a harmonious balance in life. Self-care begins with self-awareness.

- Rejuvenate- Take good care of your mind and body by following a physical fitness routine. Cut down on calories and pile up proteins, fruits, salads and leafy vegetables in your

diet. The entire meal-plan should be reworked to be suitable for the current life-style.

- Reconnect- with your far-flung family, cousins and old friends and enjoy catching up with them. Consciously steer away from unhappy and negative conversations. Instead talk of happy memories that give you peace and joy. Create a support-group for each other.

- Renewal of self will need some me-time to do that one thing that makes you truly happy. To do this you will have to learn to 'prioritise' and 'say no' which is less stressful than promising but not being able to deliver.

- Resolve to Make 'self-care' a habit. Remember during turbulence you should first put on your 'oxygen mask', so that you are in a position to help others. When you find oxygen supply to your soul becoming low – take a break and rejoin with your energies recharged.

- Repurpose by looking at your work from a totally new perspective. Think of new ways to engage with learners who have so far not responded to your efforts. Read about inspirational experiences of the teacher's world over. Believe that you can make a difference and meet your learners with new optimism and energy.

CARING FOR THE TEACHERS

The nation and the civil society always look at the teachers as implementers of social change. Teacher's role extends much beyond teaching- to nurture, prepare and guide the learners to usher in a better tomorrow. Now is the time for all stakeholders to stand by the teachers and openly and publicly acknowledge the contribution of teachers and take some tangible steps to ensure mental and physical wellbeing of teachers.

Schools must strive to pay teachers their full salary instead of deducting huge chunks to meet the deficit due to non-payment of fees by the parents during the Covid-19 pandemic.

Parents should thank teachers for keeping their children busy, focussed and creatively engaged during tough corona times and pay the school-fee of past few months with the understanding that it is going to be used to pay salaries to the teachers.

The screen time is a real concern for the health of learners as well as teachers in the online classes. There should be a limit of no more than three online classes to be taken daily by a teacher.

Schools must also proactively address the stress and anxieties of the teachers through panel discussions, counselling sessions and occasionally organise some recreational sessions too.

Students should give their sincerity, hard work and respectful behaviour to their teachers, which will mean much more to them than anything else.

The Educational institute's problems

The effect of the coronavirus on higher education has been profound. Students are taking their courses totally online. Hostels have shuttered and due to financial problems students had to move back home. And the admission process has been disrupted. All of this along with the economic downtown has left colleges across the country on shaky financial footing. It might even get worse.

The shift to online instruction might seem easy to some, but it's less than simple. For many schools without a large online presence, that means spending money with a vendor to build out the needed infrastructure to have all courses online because most

students and faculty aren't on campus anymore, some schools have had to purchase laptops and other technology to help them in this transition (if that was an option). Upskilling and motivating teachers, organising counselling sessions for stakeholders such as teachers, parents and students are some of the important measures taken by the administration in the recent past. Making a continuous effort to provide customised teaching-learning material suitable for online classes is another way of facilitating the schooling of children. In the time of crisis, a well-rounded and effective educational practice is what is needed for the capacity-building of young minds.

There are reports in the media about teachers and principals of low free private schools from across all over the country who are forced to change their job to survive and support their families as most of the schools have their shutters down due to plummeting revenues. The schools which have managed to sail through such difficult situations are finding it difficult to acquire resources and upskilling their teachers to teach online. Some insights emerging from this scenario are the gaps in addressing the needs of students as well as teachers belonging to the marginalised sections of society. Still, while addressing the issues arising out of this pandemic, the marginalised section of the society are being neglected.

From politicians to bureaucrats to private companies, all are concerned with completing the syllabus, assessing students and conducting entrance tests for medical and engineering courses through online mode in a haste, ignoring the issues and concerns of the marginalised section of the society. It should be noted here that missing from all the narratives of online education is the question of equity and equality, the cornerstone of the

Constitution of India. Envisioned in the Constitution of India is the aim of providing equality of education opportunities to all citizens irrespective of caste, class, gender and religion.

The difference between rural and urban schools

The Indian educational system is characterised by a huge rural-urban gab when it comes to literacy, expenses incurred at household level, and accessibility to technology. When it comes to technology, only 15% rural households had access to the internet as compared to 42% of urban households. While calculating the availability of a computer, smartphones were not considered. In terms of operating a system – amongst people aged 15-29 years – around 24% in rural areas and 56% in urban areas were able to operate a computer. And, 25% of people aged between 15-29 years were able to use the internet 30-days prior to the survey in rural areas against 58% in urban areas.

With regard to receiving free education, 62% students were receiving it at the primary level – around 72% in rural areas and 31% in urban areas. And, 77% of students are receiving free education in government institutions – around 62% in urban areas and 81% in rural areas. From these trends, it becomes clear that access to the internet needs to be accompanied by access to computer devices in order to arrest the educational divide in a covid-world where online classes are becoming the new normal.

The structure of schooling and learning, including teaching and assessment methodologies, was the first to be affected by these closures. Only a handful of private schools could adopt online teaching methods. Their low-income private and government school counterparts, on the other hand, have completely shut down for not having access to e-learning solutions. The students,

in addition to the missed opportunities for learning, no longer have access to healthy meals during this time and are subject to economic and social stress.

Those students who have facilities to attend to online classes face barriers in terms of unavailability of physical space, which is equally applicable to teachers who are supposed to conduct online classes from their home. There are also social barriers such as discrimination against girls as they expected to do household chores instead of attending online classes in the morning. In rural areas, boys are often expected to work on the family farmlands. In homes where TV and radio are available, the question of who has control over these gadgets is important. Most of the time, girls are not allowed to watch educational programmes. Moreover, the COVID 19 pandemic has put the spotlight on the ever-increasing structural imbalance in school education in terms of rural-urban, rich and poor and gender divide.

In a newly acquired daily ritual, students in Haryana's Jhamri village open their textbooks at the sight of the cart that arrives near their homes, filling the vacuum left by closure of schools due to the lockdown and lack of digital infrastructure such as feeble internet connectivity.

To maintain social distancing, the students take notes from their homes as a teacher imparts lessons using the loudspeaker attached to the cart.

Ghanshyambhai, a teacher in Janan village, Gujrat, has started using the public announcement system of the village panchayat to share stories, songs guidelines for parents on how to deal with

children during the lockdown period, important for exercising much more.

"During these challenging times, we can't expect students to just grab their parents' smartphones and start attending classes," he told PTI. He said while it is not possible to explain complex subjects like mathematical problems through loudspeakers, the method is at least ensuring that learning is not totally disrupted.

The lockdown induced by COVID-19 in march prompted schools and colleges to move to the virtual world for teaching and learning activities. But weak internet penetration has turned e-education into a distant dream for many children in the rural areas. Experts say digital divide in the country may turn online classes into an operational nightmare.

This alternative medium has also brought to the fore some stark persistent realities of Indian society characterised by social inequalities in terms of availability of resources. These digital initiatives are perpetuating the hegemony of elite schools over the education system, resulting in the digital divide between rural and urban and rich and poor.

This digital divide is also affecting the work and role of the government as well as non-government organisations across states as they are facing challenges due to the recent migration of millions of labourers to their native places. Both the central as well as state governments will have to make a road map not only for labourers' employment but for the education of their children too. Given the great difference in the infrastructure across states in terms of internet and allied facilities it appears to be a huge task. In addition, the non-government organisations that support the marginalised sections of the society in terms of health, education

and livelihood and also collaborate with governments are facing financial crunch as most of the funds are being diverted to tackle the pandemic.

Conclusion

COVID-19 has impacted immensely to the education sector of India. Though it has created many challenges, various opportunities are also evolved. The Indian government and differently stakeholders of education have explored the possibility of open and distance learning (ODL) by adopting different digital technologies to open up with the present crisis of COVID-19. Indian is not fully equipped to make education reach all corners of the nation via digital platforms. The students who aren't privileged like others will suffer due to the present choice of digital platforms. But universities and the government of India are relentlessly trying to come up with a solution to resolve this problem. The priority should be to utilize digital technology to create an advantageous position for millions of young students in India. In the need of hour for the educational institutes to strengthen their knowledge and information technology infrastructure to be ready for facing COVID-19 like situation.

Even if the COVID-19 crisis stretches longer, there is an urgent need to take efforts on maximum utilisation of online platforms so that students not only complete their degree in this academic year but also to get ready for the future digital oriented environment. The concept of "work from home" or online studies has greater relevance in such pandemic situations to reduce spread of COVID-19. As online platforms are benefitting students immensely, it should be continued, further detailed statistics may

be undertaken to explore the impact of COVID-19 on the education system of India.

~~*

EDUCATION AND COVID-19

ANU YESUDOSS
TYBA

The pandemic of Corona Virus has drastically changed our lives , one of the major changes it has created is in the Educational system. All of a sudden ,we have to adapt this new educational system to virtual education. Now-a-days classroom is replaced with zoom and google meet and chalkboard is replaced with Powerpoint presentations.

Schools and colleges had to make lots of preparations and experiments to conduct online lectures. They had to Search for a convenient platform for students and teachers and train them to adapt to this new method. On the other hand teachers and students had to gel with this new mode of education.

Through this virtual platform Teachers can make use of PPTs,Slides ,videos conduct quizzes and make learning more effective. Which was not much used in the traditional teaching method.

Earlier students have to get up early in the morning, get ready and travel to their school. But now there is no need for the teachers and the students to step out of the house. No uniforms ,no Id cards and no late remarks. They can stay safe at their homes and attend online lectures.

But teachers have to ensure that students are attentive and participate in the class. They can do this by giving assignments, asking questions and conducting quizzes and games. But prolonged online classes may have ill-effects on their health. Exposure to mobile screen and laptop screen for long hours can cause strain in the eyes. Using headphones can also cause irritation , headache, stress and sleeping disorders.

The most hated part by students is doing homework because of these online lectures every day teachers are giving assignments to students and students have to complete the assignment, click a picture of it and send it to teachers. But sometimes students send unclear pictures of the assignment, they don't understand the instructions properly or they may miss out some messages. Students and teachers may face problems with connectivity. Sometimes they may lose connectivity in the middle of the lecture, power cut is also a major problem for online lectures.

Teachers who are not used to the new technology are the ones who face most difficulties in managing the online class. Parents had to provide their children mobile, laptop, tablet, etc along with Good internet connection. Now it is the responsibility of parents to ensure their children are attending lectures and keep a check on their assignment, tests ,etc.

 In the initial days of this Pandemic due to lockdown students were promoted to the next class without examinations and along with it they enjoyed a long vacation. Earlier the final year students were also passed with a degree but the government announced that colleges should conduct online examinations. This created great anxiety and fear among the students. Teachers

also have to take special lectures and train the students for online examinations. Which is totally a new concept for many of the students. However in this dreadful situation we have to continue with our education and exams are the most important part which cannot be neglected . As time goes we have to adjust with this situation and continue with our Academic year though it may be an unavoidable part of our life. We have to cope with our stress and deal with this issue with patience and a good state of mind. We have to cooperate with our teachers for better learning experience for only that will benefit us.

We all are missing our school and college campus, Canteen food and fun in the break time with friends. Though we are not able to meet our friends and teachers, we are at least connected to each other through the virtual mode . That one thing consoles us. We must never lose our hope and wait until the situation gets normal and the good old days are returned. Till then we have to continue with this kind of education. We must not be stagnant but keep on moving.

And we must also not forget to follow all the rules and regulations given by our government like social-distancing, maintaining self hygiene,thus protecting ourselves from this virus. At the end we can conclude that there is no limit for education and nothing can be a barrier for this, even this pandemic.

~~*

IMPACT ON STUDENTS DURING THE PANDEMIC

CHANDNI KATELA
SYBA

The COVID-19 pandemic has created the largest disruption of education systems in history, affecting nearly 1.6 billion learners in more than 190 countries and all continents. Closures of schools and other learning spaces have impacted 94 per cent of the world's student population. Around 32 crore learners stopped to move schools/colleges, all educational activities halted in India. The outbreak of COVID-19 has advised us that change is inevitable. It has worked as a catalyst for the educational institutions to grow and opt for platforms and techniques, which have not been used before.

Meanwhile, teachers are scrambling to adapt content for an online platform and parents are juggling work responsibilities with caring for and educating their own children. Students themselves are faced with isolation, anxiety about a deadly virus, and uncertainty about the future. In so many ways, the current situation is unprecedented for most people alive today. As many students have limited or no internet access and many students may not be able to afford a computer, laptop or supporting mobile phones in their homes, online teaching-learning may create a digital divide among students. Due to continuity in lockdown, students suffered a loss of nearly 3 months of the full academic year of 2020-21 which is going to further deteriorate the situation of continuity in education and the students would face much difficulty in resuming schooling again after a huge gap. Impact on employment: Most of the recruitment got postponed due to The lockdown has hit the poor students very hard in India as most of them are unable to explore online learning according to various reports. Thus the online teaching-learning method

during pandemic COVID-19 may enhance the gap between rich/poor and urban/rural.

Though the outbreak of COVID-19 has created many negative impacts on education, educational institutions of India have accepted the challenges and are trying their best to provide seamless support services to the students during the pandemic. Indian education system got the opportunity for transformation from a traditional system to a new era. COVID-19 has accelerated adoption of digital technologies to deliver education. Educational institutions moved towards a blended mode of learning. It encouraged all teachers and students to become more technology savvy. New ways of delivery and assessments of learning opened immense opportunities for a major transformation in the area of curriculum development and pedagogy.

CONCLUSION

At current times, access to technology and the internet is an urgent requirement. So, the digital capabilities and the required infrastructure must reach the remotest and poorest communities to facilitate the students to continue their education during the pandemics. There is a need to deploy public funds to fix the internet gap and ensure that students continue to learn digitally. The state governments/private organisations should come up with ideas to address this issue of digital education. Some significant issues associated with distance learning strategies like the availability and access to digital devices with internet connectivity, the need for safe learning spaces, creating capabilities for teachers, families and students to operate and navigate digital devices, and engaging lesson plans for disabled students and other

marginalised groups should be addressed by Govt. and the stakeholders.

<div align="center">*~*~*</div>

PSYCHOLOGY

OF

WORK

INDUSTRIAL AND ORGANIZATIONAL PSYCHOLOGY

POOJA DAVANGAVE
TYBA

ECONOMIC AND SOCIAL PSYCHOLOGY IMPACT:- A number of organizations and industries have developed internal assistance for their workers. Assessing the impacts to the COVID-19 crisis no societies ,economics and vulnerable group is fundamental to inform and trailer the responses of government .The outbreak of COVID-19 pandemic came as a rare, unprecedented event and governments around the globe scrambled with emergency action including social measures, public awareness programs, testing , and quarantining policies, and income support packages. Covid-19 social isolation measures have added a profound impact on the psychological and mental well- being of individuals across society. With this call for reinvention and change, scholars have begun to examine organization development from an emotion-based standpoint.

ORGANIZATION   DEVELOPMENT:-   **Organization development** is the study of successful organizational change and performance. Social-economic response to the covide19 crisis warns that " the covid-19 pandemic is far more than a health crisis, its affecting societies and economies at their core society. Every organization is trying to adapt and learn through experiences and trials. As we learn through to deal with situations in the short term and prepare our organization. Technological change will have an impact on all organizations. There will be a need for new types of managerial, diplomatic, and social skills. In recent years, serious questioning has emerged about the relevance of Covid-19 managing change in modern

organizations. As businesses make their way through Covid-19, we at Denison Consulting are seeing remarkable things happen. Organizations are adapting, and they are adapting at a rapid pace. Thus, the opportunity to learn and grow is also unprecedented.

Organizations that excel at organizational learning believe it is critical to share information . They understand for people to make better decisions, they need information. People are recognized for creating awareness and contributing ideas. These organizations are transparent with respect to successes and failure.

EMERGENT CHANGE IN WORKPLACE/ PRACTICES

What would happen if we told everyone to work from home tomorrow? (and did this prior to any stay-at-home orders). In the analysis we present here, we focus on the relevance of COVID-19-related risks and changes for workers, workplaces, and work practices – and do not differentiate between the direct health's risks associated with COVID-19 and the economic fallout. Our broad survey of topics allows us to identify a variety of Organizations that excel at organizational learning and believe it is critical to share information. In high- performing cultures information is not used as a source of power or shared only on a "need-to-know" basis. It is the ability to share, discuss and make collective sense of that information that separates the high performers from others. They use a variety of communication channels including a combination of technology and face-to-face interactions to distribute and discuss information.

To sum up, this pandemic has presented unprecedented challenges, as well as opportunities, for EHS managers. EHS

managers play a pivotal role in positioning their companies to productively harness coming changes while minimizing risk.

SOCIAL DISTANCES AND LONELINESS: The covid-19 the novel coronavirus changed everything overnight , the lockdown was enforced, and social distancing became the new norm. People are staying connected with the family through video calls and organizations have started giving online meetings on the video conferencing app. With the lockdown in place , more people excluding the essential workers like defence and healthcare, have been pushed to work from home. It by practicing social distancing and keeping our immunity strong. Corporation and authorities around the world have no other option than flexible working condition including work from home

The organizations that fully embrace organizational learning believe that you must create a safe environment in which vulnerabilities do not result in blame or embarrassment. During the COVID-19 crisis, we are all feeling vulnerable. Our willingness to offer ideas and propose solutions to the challenges we face is dependent on how we believe those ideas will be received. They recognize that innovations are rarely perfect. They emerge through creativity, action, and adjustment. Those who are not. Without it, you cannot create a safe environment for your people to be creative, innovative or to learn. Organizations that have psychologically safe environments. Without psychological safety, curiosity is stifled, and sharing is equated with personal exposure. Organizations that have psychologically safe environments. It is heartening to note that companies have shown remarkable resilience in the face of nearly devastating circumstances. Industries and workforces have made remarkable adjustments in

work patterns.   Of course, turnarounds do cost and present added risk—contract workers, their training, protocols for work and response to emergency, added equipment, and many other factors. Strategically, though, it might merit your consideration if you can meet your organization and industry demands and can manage safety/environmental risk.

STRESS AND BURNOUT

Emerging changes in work practices (e.g., working from home, virtual teams) and (ii) economic and social psychological impacts of unemployment, mental well-being. In addition, we examine the potential moderating factors of age, race and ethnicity, gender, family status, personality, and cultural differences to generate disparate effects. Illustrating the benefits of team science, our broad-scope overview provides an integrative approach for considering the implications of COVID-19 for work and organizations while also identifying issues for future research and insights to inform solutions. Keywords: COVID-19; Employees; Work; Work From Home (WFH); Pandemics COVID-19 and the Workplace COVID-19 is both a global health crisis and an international economic threat. The worldwide lockdown of businesses and industries that were implemented and mandated to curb the spread of the virus generated a wide array of unique and fundamental challenges for both employees and employers across the globe. At the individual level, populations of shutdown affected employees were turned overnight into (a) "work from home" employees, (b) "essential" or "life-sustaining" workers (e.g., emergency room medical personnel and supermarket staff), or (c) furloughed or laid-off employees seeking the nation-specific equivalent of unemployment benefits.

HEALTH AND SAFETY

Psychological perspective on occupational health and safety focuses on factors in the work environment that may limit of employee strain reaction, the quality of working life. The ongoing pandemic crisis impacts occupational health and safety in many respects , although the degree of impact differs largely between occupational groups. Although empirical evidence on the occupation health consequences of the covid-19 pandemic crisis is still limited.

~~*

WORK FROM HOME AND LOSS OF JOB IN COVID-19

PREETI PARAB
SHREEYA GOSAVI
TYBA

INTRODUCTION

COVID-19 is the official name for the coronavirus disease 2019. It is caused by the SARS-CoV-2 coronavirus, which had not previously been identified in humans. Over 59 million cases have been confirmed, and the disease has now claimed more than 1.3 million lives worldwide. Countries have relaxed lockdown restrictions but are being urged to continue widespread testing. The pandemic has put health systems under severe strain, and there have been shortages of critical supplies. Pharmaceutical companies and research teams around the world are racing to develop a safe and effective vaccine.

It is not hidden that how Covid-19 incapacitated the global job market and governments all over the globe. However, it is pretty clear that they don't think through how they are going to outfit such mass unemployment. There is an enormous economic pain ahead, both the policy and politics have to work all together to take the edge off it.

This article intends to highlight the existential loss, anxiety, and terror that is evoked by the massive unemployment brought on by the COVID-19 pandemic.

Growing inequality and marginalization in the workforce prior to the dawn of this health crisis is taken as a major antecedent that set the stage for the unemployment crisis that now defines this era of mishappenings and misfortune.

An overview of the nature of the needs that working optimally can fulfill is presented, which include survival, social connection/contribution, and self-determination. The loss of work is then connected to the notion of existential terror, which captures the emotional imperative to survive as well as the need to manage the psychological consequences of threats that undermine existence. Suggestions for mitigating the impact of job loss and its attendant sense of terror are then presented, which include systemic interventions, relational and psychotherapeutic support, and individual coping strategies.

IMPACT OF CORONA ON THE WORLD

The International Labor Organization (ILO) estimates that more than 25 million jobs have been threatened due to the spread of novel coronavirus globally. It is shown that four out of five that is around 81% of the 3.3 billion people worldwide have been affected by either partial or full workplace closure. The UK, US, Canada, and various European and Asian countries have registered a huge loss in jobs which increases their rate of unemployment.

There are various controversial approaches adopted by countries such as the US. The United States allowed the companies to fire their employees, however, they have decided to protect these employees by providing them traditional unemployment benefits with special grants.

Other countries have taken different approaches, such as countries from Germany and France, to Italy and the UK who released a scheme where unemployed workers will be given subsidies for the hours they are not employed. Somehow, these approaches will help to protect the surge of unemployment and

falling demand. And once the economy restarts, the businesses won't have to work through the long cost-intensive rehiring process.

The International Labor Organization (ILO) estimates that more than 25 million jobs have been threatened due to the spread of novel coronavirus globally. It is shown that four out of five that is around 81% of the 3.3 billion people worldwide have been affected by either partial or full workplace closure. The UK, US, Canada, and various European and Asian countries have registered a huge loss in jobs which increases their rate of unemployment.

There are various controversial approaches adopted by countries such as the US. The United States allowed the companies to fire their employees, however, they have decided to protect these employees by providing them traditional unemployment benefits with special grants.

Other countries have taken different approaches, such as countries from Germany and France, to Italy and the UK who released a scheme where unemployed workers will be given subsidies for the hours they are not employed. Somehow, these approaches will help to protect the surge of unemployment and falling demand. And once the economy restarts, the businesses won't have to work through the long cost-intensive rehiring process.

There are major concerns for low-paid and low-skilled informal workers in low and middle-skilled countries, these people account for 61% of the global workforce or 2 billion million with the lack of social protection. This sudden job loss which affects their livelihood must be so horrifying for them! A survey said that within a two weeks period of informal lockdown 119 million informal workers have lost their jobs.

UNEMPLOYMENT IN INDIA

When India's growth was blooming in 2016-17, it earned the tag of the fastest-growing major economy in the world. Even as the country kept clocking impressive growth numbers for successive quarters, economists were worried about one anomaly — jobless growth.

India's rate of jobless growth had emerged as a top concern among economists who had repeatedly questioned how jobs were not growing as fast as the country's GDP.

They warned that the rate of jobless growth could severely impact India's economy which depends heavily on the middle-class population, engaged primarily in salaried jobs and entrepreneurship. The coronavirus shock in 2020 had an overwhelming impact on India's economy and jobs.

Unemployment and health in the time of covid-19

Decades of accumulated evidence show a strong and consistent association between unemployment and a range of adverse health outcomes, including all cause mortality, death from cardiovascular disease and suicide, and higher rates of mental distress, substance abuse, depression, and anxiety. Job insecurity is similarly associated with poorer self-assessed health status, mental distress, depression, and anxiety. Unemployment and economic adversity are intimately related with despair and lack of hope, which have increasingly been linked with mortality and the rise and severity of the US opioid epidemic. Whether recessions and mass unemployment increase aggregate mortality is less clear; historical studies indicated improvements in mortality

during the Great Depression in the 1930s, but more recent US research found that older workers (aged 45-66) who lose their jobs in a recession have higher mortality than those who lose their jobs in boom times. Insecurity, precariousness, and austerity harmed both unemployed and employed people during the protracted economic crisis in Greece after 2008-09. Meanwhile, differing welfare state institutions and unemployment insurance arrangements directly limit or amplify health inequalities in a society.

These factors could adversely affect the health of growing numbers of unemployed workers after covid-19.1516 Governments, business lobbyists, and civil society advocates around the world are debating how economies might best recover from the covid recession. Although governments currently acknowledge the need to spend freely during the crisis, experience suggests that pressure to pursue misguided austerity policies might grow, threatening subsequent recovery. Options on the table range from "green new deal" programmes to build a post-carbon economy and national industrial strategies to bring globalised manufacturing back onshore through to calls for reducing wages and labour protections to "free up" labour markets. Yet these are all indirect approaches to the effects of unemployment. Proposals for a job guarantee or a universal basic income seek to act more directly to support individual citizens.

COVID-19 and Division Of Classes in INDIA.

It would indeed be revealing, as well as quite embarrassing, particularly for the privileged middle and upper classes, if a survey is undertaken to locate and spot the residential blocks in the

different cities of India where the instances of COVID-19 cases have occurred. That will also show how and from where the infection is spreading to other people and other localities. It is not at all difficult to do that; mapping through GIS is an easy exercise.

Needless to say, almost all of these cases surely are in the neighbourhoods inhabited by the richer and privileged sections of the society, and most of them are those who have a travel history of having been abroad. After their return they have infected those who have come in contact with them.

Though it is worth mentioning that many of them have been isolated or quarantined, if not actually hospitalised, and as a consequence of the lockdown, the extravagance of 'work from home' is prominent. (It is another matter that post-lockdown the TV viewership has increased sharply). Many of them also have the advantage of drawing their regular, guaranteed salary at the end of the month.

At the other polar opposite of the class edifice, at the bottom of the societal pyramid, are the multitude of hapless groups of people, sections of our own society, the 'others', who for absolutely no fault of theirs, with an absolute absence of crime in their lives, have overnight been thrown out of everything — jobs, wages, shelters, source of income, and the like.   This   was because a nation-wide lockdown was imposed as a result of the overseas excursions of those at the upper end of the class hierarchy.

Besides the urban homeless and the needy, those who have been made to bear the brunt of this lockdown are the migrant labourers who have become, during the last few years, a given in most of our cities and towns. These migrant workers (aka 'guest' workers) are reluctantly accepted in many places; mainly because they come cheap and the 'locals' mostly refrain from doing certain

kinds of jobs in the vicinity of their own habitations and locales so as to uphold their image in front of their peers and the society. These 'guests' are now being thrown to the wolves and the weather.

As the State had no contingent plan for these migrant labourers, an institution-created famine-like situation has arisen due to the starvation that they have been facing. After five days of lockdown the central government woke up to the misery of these souls and directed the state governments and the union territories to provide shelter and food to them. In the interim these people had a choice; either starve to death or risk breaking the physical distance barrier and get susceptible to the virus. Hopefully, now that their plight has been highlighted, things will get better for these "guests" of ours.

The luxury of the so-called social distance does not operate in their ambit as lower class habitations as well as other allied spaces that pertain to them are extremely dense by definition. Almost all seem to have chosen the option of reaching their respective homes going by the thronging witnessed at bus stops and highway halting points for buses and trucks. However, to no avail as the states in their wisdom have shut all borders for them by suspending all forms of transport.

During Partition in 1947, people moved due to issues between the two countries. Now the mass movement of people is also because of a partition; a partition between the rich and the poor, within the national borders, across state borders wherein each state is guarding its territory with vehemence.

The State has failed utterly on two counts; one, in not anticipating such an event, and second, in not being able to either prevent or combat the movement.

It is really poignant that the choice is between death by hunger and death by the virus. Given such a choice, the poor feel it is better to die in their native place than miles away from home. Also, if they do beat starvation death and live, the chances of recovery and survival from the virus appear to be higher even if they are infected. It is death by starvation that is most galling for them as evidenced by empirical responses that are obtained by sources that are interacting with them.

It is unfortunate that all crises always impact the poor in the worst way possible leaving them helpless and caught in a crossroad. Floods, droughts, hurricanes, earthquakes, and of course, pandemics target the less privileged the most. It is utterly ironic that the present crisis that has emerged among the upper echelons in India due to COVID-19 too does so.

It is also pertinent to point out as to how the ilk of the original carriers of the virus, the upper classes, are planning their strategies in combating the absence of their domestics, cooks, drivers as can be 'seen' from the debates and dialogue of the resident welfare associations and similar bodies on social media. The dominant narrative is 'no work, no pay'.

Those who say they will pay, are making it sound as if they are the biggest philanthropists of all time.

GENDER BIASED UNEMPLOYMENT-

Occupational gender separation generates uncertainty risk and emotional exposure for women in relation to Covid-19. Worldwide, two-thirds of the social and health caretakers are women. Including occupations that are poorly paid and undervalued despite of being essential in the pandemic. The evidence suggests there are more likely job losses for women compared to men. The differential job losses in covid-19 take place because

women are more likely to be employed as frontline workers by putting them in sectors of higher risk and also because women are more likely to be employed part time or in temporary or casual arrangements. Such employment arrangements are often precarious with fewer legal protections, meaning that women are particularly vulnerable to job loss during this pandemic, placing them at increased risk of the adverse health outcomes associated with unemployment.

Mental Health Risks - Job Loss and Income Insecurity

The COVID-19 pandemic has led to millions of job losses across the country, and the U.S. officially entered an economic recession in February 2020.

Although the unemployment rate in July (10.2%) was down from the pandemic's peak unemployment rate of 14.7% in April, job gains have slowed.

Research also shows that job loss is associated with increased depression, anxiety, distress, and low self-esteem; and may lead to higher rates of substance use disorder.

Additionally, suicides may increase; during the Great Recession, the U.S. unemployment rate rose to 10% and was associated with increases in suicide rates.

Data from recent KFF Tracking Polls found that a higher share of households that lost income or employment reported negative mental health impacts from worry or stress over the coronavirus than households that have not lost income or employment: 46% vs. 32%, respectively, in the poll conducted in mid-May; and 58% vs. 50%, respectively, in the poll conducted in mid-July .Separately, the KFF Tracking Poll conducted in mid-July, found that a significantly higher share of households experiencing income or job loss reported that worry or stress over the

coronavirus outbreak caused them to experience at least one adverse effect, such as difficulty sleeping or eating, increases in alcohol consumption or substance use, and worsening chronic conditions, on their mental health and wellbeing compared to households with no lost income or employment (59% vs. 46%, respectively).

Similarly, data from the Household Pulse Survey found that adults reporting job loss during the pandemic were more likely to report symptoms of anxiety or depressive disorder compared to adults not reporting job loss.

People with low incomes have generally been more likely to report major negative mental health impacts from worry or stress over coronavirus. KFF polling conducted in mid-July found that 35% of those making less than $40,000 reported experiencing a major negative mental health impact, compared to 22% of those with incomes between $40,000 to $89,999 and 20% of those making $90,000 or more (Figure 6).

Mental Health Risks Associated with Poor Physical Health

According to the Centers for Disease Controls and Prevention , people who have chronic illnesses such as chronic lung disease, asthma, serious heart conditions and diabetes are among those with a high risk of severe illness from COVID-19.

Research shows that mental health disorders are common among patients, they state having multiple medical conditions at the same time along with other chronic illnesses.

KFF Tracking Polls conducted since April found that adults with fair or poor health status were more likely to report negative mental health impacts due to worrying or stress related to the coronavirus compared to adults with at most excellent, very good, or good health status. About 62% of adults with fair or poor health

status reported negative mental health impacts compared to 51% of adults with at most excellent, very good, or good health status. A large share of those with fair or poor health status reported major negative health impacts (38%).

Burnout and Strain Among Frontline Health Care Workers

Many hospitals across the country are overwhelmed with the increasing number of hospitalizations due to COVID-19. This has rapidly increased the demands on frontline health care workers, some of whom are also overwhelmed by supply shortages.

A recent study examined the mental health outcomes of health care providers working in China during the coronavirus outbreak, finding that providers reported feelings of depression, anxiety, and overall psychological burden.

This experience was particularly acute among nurses, women, and providers directly involved in diagnosing and treating patients with COVID-19.

Research indicates that burnout in hospitals is particularly high for young registered nurses and nurses in hospitals with lower nurse-to-patient densities. Physicians are also prone to experiencing burnout and can consequently suffer from mental health issues, including depression and substance use. The risk of suicide is also high among physicians.

The KFF Tracking Poll conducted in mid-April found that 64% of households with a healthcare worker said worry and stress over the coronavirus caused them to experience at least one adverse effect, such as difficulty sleeping or eating, increases in alcohol

consumption or substance use, and worsening chronic conditions, on their mental health and wellbeing, compared to 56% of the total population.

KFF Tracking Polls conducted during the pandemic have not found a significant difference in negative mental health impacts for households with a healthcare worker compared to households without a health care wo

CONCLUSION:

The COVID-19 crisis has sparked existential anxiety and terror across a large spectrum of the global population.

At its core, the COVID-19 pandemic is generating a deep sense of loss and terror, which isn't a stranger to us considering our evolutionary history of trying to survive in hostile and often unforgiving environments.

This article has placed the sense of loss evoked by the sudden and overwhelming elevation of unemployment into a clear perspective, which underscores the centrality of work in human life.

Rebuilding societies after this crisis will take a great deal of effort, but also sensitivity to the complex array of losses that people are facing. Reconstructing life in the wake of this pandemic will need to include a humane and empathic perspective of work as a core value in expanding decent and dignified work, which has been so painfully ruptured by this tragic COVID-19 crisis.

REFERENCES:

https://www.researchgate.net/publication/342246071_Work_and_ Unemployment_in_the_Time_of_COVID-19_The_Existential_Experience_of_Loss_and_Fear

https://www.moneycontrol.com/news/india/covid-19-coronavirus-highlights-the-class-divide-in-india-5098401.html

https://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(20)31418-5.pdf

https://www.kff.org/coronavirus-covid-19/issue-brief/the-implications-of-covid-19-for-mental-health-and-substance-use/

https://www.kff.org/coronavirus-covid-19/issue-brief/the-implications-of-covid-19-for-mental-health-and-substance-use/

https://www.kff.org/coronavirus-covid-19/issue-brief/the-implications-of-covid-19-for-mental-health-and-substance-use/

https://www.researchgate.net/publication/342246071_Work_and_ Unemployment_in_the_Time_of_COVID-19_The_Existential_Experience_of_Loss_and_Fear

Unemployment, suicide and COVID-19: using the evidence to plan for prevention. Med J Aust (Preprint).pmid:32729145

The impact of unemployment on health: a review of the evidence. CMAJ1995;153:529-40.pmid:7641151

~~*

WORK FROM HOME

RAVI KUMAR
MA PART II

The COVID-19 pandemic is considered as the most crucial global health calamity of the century and the greatest challenge that humankind faced since the 2nd World War. It has rapidly spread around the world, posing enormous health, economic, environmental and social challenges to the entire human population. The coronavirus outbreak is severely disrupting the global economy.

The COVID-19 pandemic has brought many new challenges to our professional and personal lives. Employees around the world are in a crisis, as businesses are suddenly distant. Since the majority of the global workforce is not used to working from home, this sudden change has led to many problems. They are adjusting their seats to meet their organisational needs amidst everything that is happening around the world. Until now, remote working was seen more as a perk or luxury that companies provided to meet the needs of the employees and vice versa. But now, it has taken centre stage in our work culture. Some people have adapted to this situation but there are many of them who are still struggling to cope with it.

MENTAL HEALTH AND WELLBEING

The sudden shift in work culture took a toll on overall employee health and wellbeing. Stress, anxiety, and other mental health issues have always been there, and it is no new story. Organizations have always been initiating wellness programs and providing employees with security, health benefits, and flexibility to help them overcome their health issues. But the sudden

COVID-19 outbreak has brought the employees' mental problems in the front seat.

When you have your workers working in an office work environment, you at least understand their pulse and sensitivity, and that helps you immensely to tackle the issues. But employees going remote, communication routes have been significantly compromised, leaving the managers clueless or at least less conscious. In a recent COVID-19 pulse survey, HR professionals across the globe responded health and wellbeing of the workers to be a major concern.

CORPORATE CULTURE

Corporate culture is the secret ingredient that builds loyalty and aligns teams together to achieve the ultimate company goal or mission. Not too long ago, culture was built within the four walls of the office. However, post-pandemic, this could very well be a watershed moment in history for corporate culture as cultivating it won't be easy, especially when employees work remotely and lack the ability to meet face-to-face or gather in a conference room. One HR association survey highlighted that almost one-third of all employers face difficulties with sustaining culture. At a micro level, existing management practices and workplaces have to be re-engineered to foster a digitally-enabled corporate culture.

COMMUNICATION

When you work from home, transparency is compromised. You no longer have the freedom to go and check with your co-workers, discuss a project, or have in-person or group meetings. Communication is one of the most critical aspects of a work

culture. It keeps every team member updated and helps maintain a healthy workflow. Though tools like Zoom or Slack are commonly used to meet the needs of the workforce, it certainly is not enough to get everyone on the same page. It is pretty challenging to put everything together when communication is compromised.

DISTRACTIONS AT WORK

Although it provides flexibility, work from home can bring with it a lot of distractions the hustle and bustle of a household, a television playing in the background or kids sneaking around. Even constant notifications on your phone can distract you and affect your work from home productivity. It becomes difficult to work efficiently in a personal setting. Your household chores keep calling you, and you need to set a mental alarm to put everything in place.

LACK OF MOTIVATION

Working in isolation is challenging. The office work environment gives acknowledgment, which is rewarding and motivating. When you work from home, you have to function on your intrinsic motivation. The engagement level, thus, can degrade if employees' needs are not taken care of. Lack of motivation not only affects work but also has a detrimental impact on mental health.

TECHNOLOGY HICCUPS

You do not have your office administrator to fix your systems or internet connection when you are working from home. That becomes an added responsibility. Many public WiFi hotspots can also be spotty. It is painful when you do not have a fast and stable

connection. Also, video conferencing tools are not always reliable and can often leave you frustrated in a meeting.

WORK-LIFE BALANCE

Working from home removes the traditional method of functioning; you no longer make the commute for work or finish your daily task at a definite period. You become more aware of the needs and duties that you have at your home. Managing kids or doing household chores also adds to your priority list. To balance everything effectively can be a tricky job and a time-consuming one.

CORPORATE CULTURE

Corporate culture is the secret ingredient that builds loyalty and aligns teams together to achieve the ultimate company goal or mission. Not too long ago, culture was built within the four walls of the office. However, post-pandemic, this could very well be a watershed moment in history for corporate culture as cultivating it won't be easy, especially when employees work remotely and lack the ability to meet face-to-face or gather in a conference room. One HR association survey highlighted that almost one-third of all employers face difficulties with sustaining culture. At a micro level, existing management practices and workplaces have to be re-engineered to foster a digitally-enabled corporate culture.

LACK OF AGILITY

One of the major reasons why HR teams are struggling is due to the lack of agility. Many HR teams are not designed for agility. And this affects the HR professional big time. In this crisis, it is critical to respond fast and move quickly. But there are many approvals to take before taking action. This slows down the

process of collecting data and takes immediate measures that a crisis demands. To become more agile in their approach and re-prioritizing company goals and to have the right communication and alignment among middle management and executives is the need of the hour now.

~~*

CLINICAL PSYCHOLOGY

THE REALITY OF OCD DURING THE COVID-19 PANDEMIC

MARIYAM MITHAIWALA (SYBA)
ESHA CHAKRANARAYAN (TYBA

INTRODUCTION:

Obsessive Compulsive Disorder is a very common thing that can be chronic and long lasting. It is characterized by unreasonable thoughts and fears (obsessions) that lead to compulsive behaviors. OCD isn't liking things neat and clean, it's obsessively doing embarrassing rituals to give a slight relief to overwhelming anxiety.

OBSESSION- The recurring thoughts, which make you feel anxious all the time and affect your daily life in the process.

COMPULSION- People with OCD experience severe anxiety and distress. To relieve this anxiety, they perform some repetitive acts.

Obsessions can vary; some people are obsessed with cleanliness and may worry that their hands are germ-infested even if they washed them less than a minute ago. Compulsions offer temporary relief to people suffering from OCD. In severe cases, the urge to perform such actions repeatedly can severely hamper a person's daily life activities. When this cyclical occurrence of obsessions followed by the compulsive behavior begins to hamper a person's ability to cope with daily life, it may be a case of OCD.

WHAT CAUSES OCD?

There are three main risk factors that can cause OCD

- **Genetics:** People with 1st degree relatives who developed OCD as a child or as a teen, have significantly higher risk of developing OCD.
- **Brain Structure:** Research suggests that specific areas of the brain can be identified as being affected.
- **Environment:** Experiencing sexual or emotional abuse at a young age.

TYPES OF OCD:

OCD can manifest in numerous ways, but during the COVID-19 pandemic, a person may find that some obsessions are more common than others.

1. **Germophobia:** is one of the most common fears among people with OCD. It is the fear of contamination and germs. This can be difficult for someone to cope with under normal circumstances, but during the COVID-19 pandemic, it may become even more challenging. The real possibility of illness may cause people with OCD to take extreme measures to keep themselves and their families safe. This could include repetitive hand-washing, cleaning, or being afraid to leave the home.
2. **Harming others:** Worrying about harming others, either by accident or on purpose, is another common feature of OCD. During a pandemic, people with OCD may worry that they will transmit an illness to another person, or they may go to extremes to try to avoid doing so.
3. **Hoarding:** People with a hoarding disorder collect things that are not useful. However, during a pandemic, they may also hoard items such as medications, alcohol-based hand sanitizers, and toilet paper.

OCD TRIGGERS DURING A PANDEMIC:

There are several aspects that might trigger OCD-related fears and behaviors. These are as follows-

- Advice to wash the hands more often
- emphasis on proper hand-washing techniques
- need to clean the hands every time a person returns home
- the advice to only leave the home only for basic necessities

These triggers may contribute to the following behaviors-

- widespread panic-shopping, which could trigger hoarding
- frequently reminding family members to wash their hands
- searching for information about how long the virus stays active on a certain surface.

MYTHS AND FACTS ABOUT OCD:

MYTHS	FACTS
It is about cleaning, hand washing and being a "germaphobe".	OCD is a psychiatric disorder accepted and classified by the psychiatric community.
People with OCD are weak-willed and just to relax and it's not a big deal.	Studies indicate that a chemical in the brain, serotonin is associated with OCD.
It's obvious because they love keeping things neat and organized.	Seeking reassurance is a part of the OCD for some kids that doesn't mean they are attention seekers.
They are just "weird" and	Although doing some things

"neurotic" and there is no hope for them to ever lead happy, functional lives.	which are similar to OCD symptoms doesn't mean that you have it, you may just have a bad habit.
OCD isn't treatable.	Hiding symptoms due to embarrassment and stigma.

WHAT A PERSON WITH OCD IS GOING THROUGH? EFFECTS OF PANDEMIC:

This virus has become a nightmare for people suffering from OCD. The irony is their routine of hyper cleanliness has suddenly become everyone's reality. Although this might seem helpful in the midst of the outbreak, it is actually much more complicated. People with OCD who have a history of excessive hand washing, cleaning and avoiding contamination may be triggered by the news. The compulsion to wash and clean is likely to intensify; they may find it difficult to stop washing after 20 seconds and may repeat the washing cycle a number of times.

 Some people may go to excessive lengths such as using bleach and other abrasive material, which is counter productive as it will break the skin, making it more prone to infection. People with OCD may also fear getting someone else sick, even if they are not showing symptoms. People are not able to decide what is more dangerous for them – getting infected with the virus or an OCD relapse.

Dr Ali Mahdi Naqvi, assistant professor at Lucknow's Unity Degree College, said, "It's now my daily routine to practice hand washing more than 3-4 times per hour and I sanitize everything

that comes to my house." He is of the view that it's better to be over cautious.

"*Panic strikes when one always thinks the worst.*

BIBLIOGRAPHY:

Aardema F., Wong S.F., Audet J.S., Melli G., Baraby L.P.Reduced fear-of-self is associated with improvement in concerns related to repugnant obsessions in obsessive-compulsive disorder. British Journal of Clinical Psychology. 2019;58(3):327–341. doi: 10.1111/bjc.12214. [PubMed] [CrossRef] [Google Scholar].

Collie M. Global News; 2020, April 11. For people with OCD and illness anxiety, the coronavirus outbreak is a 'worst-case scenario'https://globalnews.ca/news/6788114/coronavirus-ocd-illness-anxiety/ [Google Scholar]

Kingkade T. ABC News; 2020. March 20). Coronavirus is a 'personal nightmare' for people with OCD and anxiety disorders.https://www.nbcnews.com/news/us-news/coronavirus-personal-nightmare-people-ocd-anxiety-disorders-n1164066

~~*

Mental health issues during COVID 19

Manas Joshi
Vaishnavi Dhume
TYBA

Introduction :

COVID-19 pandemic and country-wide lockdown were likely to increase the new onset of Illness Anxiety Disorder and to cause bad symptoms in diagnosed cases. Any simple flu like symptom increases anxiety and under present circumstances, COVID-19 was expected to have a more severe impact. For Recurrent Depressive Disorder patients, lockdown is a major stress jeopardizing normal daily routine, social rhythm and thereby increasing stress levels, which would further escalate the cortisol level, resulting in a vicious exacerbation of depressive symptoms. This is same for generalized anxiety disorder, chronic insomnia and even suicide . Moreover, pandemics are not only a medical phenomenon. Inability to join work, dwindling finances and the long term impact on the economy will have its effect on new and pre-existing common mental health disorders.

From the psychological perspective, we don't find a single human being who is not feeling some degree of stress or anxiety due to coronavirus.

Depression :

Depression is a mood disorder that causes a persistent feeling of sadness and loss of interest. Also called major depressive disorder or clinical depression, it affects how you feel, think and behave and can lead to a variety of emotional and physical problems.

Panic created due to coronavirus.

Quarantine led to different kinds of problems. The unexpected feelings of fear, anger, anxiety and panic about the worst possible outcome, boredom and loneliness and guilt about not being there for family. In a person with a previous psychiatric disorder, all these problems have surfaced with renewed severity and have led to PTSD or even suicidal thoughts and attempts. Anxiety can be so overwhelming, that it can cause paranoia and nihilistic delusions. Patients with bipolar disorder and schizophrenia were likely to have relapses due to jeopardy in both the availability of regular medication and medication compliance

People with pre-existing mental health conditions were affected.

Psychological conditions, depression, and post-traumatic stress disorder were more common in people who already had mental disorders. Those individuals whose conditions were conscious to have become more serious because of the pandemic were more likely to be psychologically disturbed, overall, to be infected, and to have a psychiatric relapse, as well as to have suicidal ideas.

i. **Schizophrenia** :

Schizophrenia is a long term mental disorder involving a breakdown in the relation between thought, emotion , and behavior leading to inappropriate actions and feelings , withdrawal from reality and personal relationships into fantasy and delusion .

Schizophrenia is a chronic disease so drug compliance has to be regular. But due to lockdown restrictions, several patients could not purchase their drugs due to unavailability in their area. It is another reason to create a problem for the affected person.

Though the patients take medicines in time, sometimes their symptoms of illness fluctuate over time and they need to visit a psychiatrist. Many patients could not visit their doctors due to lockdown. They started tele psychiatry consultation for the patients.

ii.   Bipolar disorder :

People with bipolar disorder were at high risk of serious complications during the COVID-19 pandemic. Limited access to care, lifestyle, health condition and other clinical characteristics increase the risk of contracting the new coronavirus disease, with more risk of developing severe forms, as well as that of bipolar relapse. Maintaining a daily schedule with relaxing and pleasing activities, getting enough sleep, keeping contact with mental health professionals and continuing prescribed medication, are important measures to prevent relapse. Family and friends, have also a key role in accompanying and supporting patients in these crisis times.

iii.   Obsessive Compulsive Disorder (OCD)

The pandemic has heightened anxieties of infection, even more so for people with obsessive compulsive disorder
The people with obsessive compulsive disorder wash their hands every 20 minutes. They just couldn't relax in the

pandemic situation. There was the prevalent fear of germs and contamination which is why the pandemic has been particularly stressful.

iv.   Dementia :

Dementia is a general term for loss of memory, language, problem-solving and other thinking abilities that are severe enough to interfere with daily life. Alzheimer's is the most common cause of dementia.

It was particularly difficult in procuring medications during the initial phases of the lockdown, leading to worsening of his mental health.

Example 1 : The daughter of an 82 year-old man with dementia says that it was particularly difficult in procuring medication for him during the initial phases of the lockdown, leading to worsening of his mental health. People with dementia are dying not just from the virus but from the very strategy of isolation that's supposed to protect them.

People had suicidal thoughts :

Stress-related psychiatric conditions including mood and substance use disorders are associated with suicidal behavior. COVID-19 survivors may also be at elevated suicide risk. The COVID-19 crisis may increase suicide rates during and after the pandemic. Mental health consequences of the COVID-19 crisis including suicidal behavior are likely to be present for a long time and peak later than the actual pandemic. To reduce suicides

during the COVID-19 crisis, it is imperative to decrease stress, anxiety, fears and loneliness in the general population. There should be traditional and social media campaigns to promote mental health and reduce distress.

Domestic violence/ Sexual violence:

243 million girls and women globally between the ages of 15 and 49 experience sexual/or physical violence by an intimate partner. This number has significantly increased due to the global lockdown.

The lockdown has proven to be a terrible time for the females as their already tough and miserable life has only leveled up to another realm. With the closing down of the economy, everyone is home, be it the kids, husbands, in-laws, and relatives, leading to the increased burden, ranging from extra household activities to additional childcare, education, and at the same time, maintaining professional life as well. Not to forget the additional discrimination of women at the workplace, along with the fear of losing the job due to cost-cutting in these times. Females have been discriminated across the workplaces and treated unjustly because of their gender. Women now live in continuous anxiety and fear of losing their jobs and falling into poverty. Furthermore, the fear of single mothers and female-headed households are facing this issue on a higher level. During the times of COVID 19, while everyone was at home, the cases of domestic violence have increased on an alarming level. The National Commission of Women received over 315 reports of domestic violence in the month of April alone. This is the count when the majority of the female population is scared to report such incidences, or even

unaware that it should be reported. The disconnect from the outside world has taken away the temporary refuge and solace from women, keeping them in continued stress. And if this condition is not handled, women trapped in such conditions will experience mental health concerns, anger, helplessness and unfortunately, the rate of suicides will increase gradually.

Financial stresses:

The impact of economic problems related to the COVID-19 crisis on mental health is severe. Millions of people around the world lost their jobs. The unemployment rate were associated with higher prevalence of depression, alcohol and other substance use disorders and suicide deaths. COVID-19 pandemic will probably have a powerful and harmful effect on mental health and result in an increase in the prevalence of psychiatric disorders and suicidal behavior.

Family Conflicts:

During the global quarantines required by COVID-19, family quarrels and domestic violence have increased. It seems natural to hypothesize these increases in domestic conflict may lead to increasing self-immolation rates among women, especially given the concurrent emotional, economic and mental health challenges they may be facing. One factor leading to these women's suicides is family conflict, which arises largely out of traditional cultural practices whereby newly-married young women move to live with their husband and his extended family.

People started watching porn:

As Covid-19 kept people at home, Indians increasingly went online in pursuit of gratification. Porn searches are up, because a lot of people are at home with more time on their hands than usual. However, they may also be up because some people are using sex as a coping mechanism for dealing with their fear of disease and death. Addiction to pornography was also found to be higher among sexual minorities. Qualitative findings suggested that sexual minorities likely used pornography and masturbation to cope with the lockdown, given the limited physical access to sexual partners in a society that stigmatizes homosexuality.

Sleep disorders due to major lifestyle changes:

Increasing stress, anxiety, and worry. You may be worried about your own or your loved ones' health, stressed about money and the economy, or anxious about what the future holds. Whatever the cause, when your body produces more of the stress hormone cortisol it can keep your body aroused, your mind turning, and lead to fragmented sleep and insomnia. Creating feelings of isolation. Quarantine and social distancing can cut you off from family and friends and trigger symptoms of depression and a variety of sleep problems. Prompting you to spend more time on screens. Whether you're working on a computer at home, video chatting with friends, or bingeing on Netflix shows, you're likely spending more time in front of a screen than ever before. The blue light emitted by your phone, tablet, computer, or TV disrupts the body's production of melatonin at night, a hormone that helps regulate your sleep-wake cycle.

Experiences of Introverts and Extroverts:

Introverts tend to be energized by time alone, while extroverts draw their energy from the outside world, the people, places and things around them.

Extroverts

Extroverts are people who get energized by being around other people. They may be uncomfortable being alone for any length of time. In the time of COVID-19, extroverts are deprived of the physical presence of their colleagues. There are no cubicles or offices to visit, informal chats in the coffee areas or regular meetings in a conference room. They are missing the interactions big and small that really get them going. Being deprived of those built-in connections with others is a real loss for extroverts. They will probably prefer video meetings over phone calls, which they prefer to text (e-mail, chat or Slack) for that dose of connection. Video chats and phone calls are unlikely to provide the same energy lift.

Introverts

Introverts are energized by being alone. That's how they recharge. In the workplace, they seek out quiet places to work alone: the empty conference room, a quiet office. Interacting with people all day, as in a typical workplace, can be exhausting. In the time of COVID-19, introverts may initially find that working from home is a relief. However, working from home has new challenges for introverts. Video calls can feel intrusive; there's too much eye contact. If they have large screens or laptops, other people are simply too big, or there are too many of them. It can feel overwhelming. Introverts enjoy some limited types of social interaction, but once they've had enough social time, they're

ready to leave .For introverts, phone calls may be preferred to video calls, and communicating via text may be preferred to phone calls . Introverts may want to turn off their cameras on video calls.

Anxiety :

People were anxious about gaining weight :

Risk factors for weight gain during self-quarantine are inadequate sleep, snacking after dinner, lack of dietary restraint, eating in response to stress, and reduced physical activity.

Increased unstructured time, the push to stay indoors, and heightened stress associated with the COVID-19 virus, have led to widespread concern that adults may gain weight during the current pandemic.

Some were anxious because of their health issues such as

PCOS:

Polycystic ovary syndrome (PCOS) is a condition that affects a woman's hormone levels. This hormone imbalance causes them to skip menstrual periods and makes it harder for them to get pregnant. Stress, lack of exercise, not eating right and unhealthy sleep patterns are cited as reasons for PCOS. Women who already had PCOS are also facing challenges. Those who had managed to bring the symptoms under control say that the lockdown made it worse. Their mental health has been affected which, in turn, affects their periods too. They are having heavy periods, experiencing acne and excessive hair fall .

<u>Positive Effects :</u>

This pandemic enforced the cancellation or postponement of various sports, cultural, political and religious events, which resulted in the reduction of travelling. Subsequently, there were fewer vehicles on the road . The cities which used to have a poor quality of air have reported cleaner air. Not only air but also water quality of rivers had also become improved. The vice-chairman of the Delhi Jal Board, said that cessation of industrial waste has caused a positive impact on the water quality of Yamuna River .Citizens of Jalander, a city in Punjab state of India have been posted photographs of the Himalaya from more than 120 miles away, which is visible for the first time in last 30 years. People spent much more quality time with their loved one. Many people felt relaxed and enjoyed their family time. Many of us realized the importance of sanitation and hand hygiene once again. Social distancing proved that the Indian tradition of greeting "Namaste" is the best. Many people started yoga as their daily regimen, and they managed to improve themselves by learning many new skills and overcome their weaknesses. People learnt to adjust to limited goods and stopped the unnecessary shopping and travelling. In these lockdown days, all family members came closer to each other as they might have spent this much time together since the last many years. School going children who were craving for the love of their parents have spent happy times once again. People managed to take care of their old parents. Human beings understood the importance of life and showed gratitude that they are safe. Individuals again admitted that the pure air, healthy food and shelter are the prime need for living and other things are optional. They understood the necessity of conservation of mother

earth. Many people fulfilled their hobbies and interests by writing poetry and articles, painting, cooking, gardening etc.

References :

https://www.news-medical.net/news/20200527/How-Indias-lockdown-has-affected-mental-health.aspx

https://www.newindianexpress.com/states/tamil-nadu/2020/sep/07/lockdown-linked-to-rise-in-pcos-cases-2193585.html

https://m.timesofindia.com/city/bhubaneswar/problems-of-schizophrenia-patients-may-increase-due-to-lockdown/amp_articleshow/75967263.cm

https://spoindia.org/sexual-abuse-and-domestic-violence-during-lockdown/#:~:text=The%20lockdown%20has%20also%20seen,reproductive%2C%20and%20maternal%20health%20services

https://www.inventiva.co.in/stories/priyadharshini/sexual-abuse-and-heinous-crimes-are-on-a-surge-since-the-lockdown/

https://www.google.com/url?q=https://pharmascope.org/ijrps/article/view/2712&usg=AFQjCNH_xkHEb8-I5KHFWwwuPsNVptpjLA

https://www.google.com/search?q=some+of+the+positive+effects

+of+covid+19+pandemic+worldwide

~~*

DEPRESSION DURING LOCKDOWN

SHIVANI MISTRY
TYBA

We all might have experienced this lockdown in a million different ways. For some it might have been calm to the storm but for others it might have been like a leech that's sucking everything out of them. As the novel coronavirus gushed into the world, everything went upside down. People, the places, the economy and anything that you can point on has had some of the major changes it hasn't had in the past 21 years.

Most importantly the effect that this virus has had on our lives is impeccable. While some of us had the best time of our lives in the house lockdown the others were dealing with their own issues. A major effect of this lockdown has been on the teenagers and the working class people. With the onset of the pandemic we could see mental health warning signs throughout the population. The pandemic had an adverse effect on our mental health issues, fear of isolation and the fear of being caught by the virus. Researchers compared the studies of the past pandemic and disaster and the result shows that 50% of people may experience anxiety, depression and a few may also experience post- traumatic stress disorder (PTSD).People already trying to cope with their mental health issues like anxiety, mood disorders, abuse, phobias had an exacerbation of symptoms due to this pandemic.

People all over the world were worried and a sense of fear was spread across all. Studies have shown that Frontline healthcare workers and people in communities with high infection rates were feared a lot more than others. A lot of us were worried about our jobs, fear of getting the virus and nearly every situation. This situation could also revive memories of old traumas in some people. The use of porn and the Internet to cope with the dullness and anxiety of the days could turn to addiction, leaving behind a permanent adverse impact even after the lockdown is over.

Such stress and anxiety not only affect our mental health but also reduces our lifestyle quality and have a major risk on our health. Depression on the other hand has its own risk factor that is sleep disorders and eating disorders. Depression is nothing but a mood disorder that causes persistent feelings of sadness and a loss of interests in our day to day activities. The main reason to be upset or depressed during the pandemic is loss of jobs, effects on studies and the major one could be the battle of survival. People who have been living away from home have been feeling a wave of loneliness and homesickness. As they did not have anyone to talk to and spend time with, they felt lonely and felt the need to have someone besides them. Losing a loved one in the pandemic was the worst part of it. People couldn't even see their loved ones faces before being cremated. It's not that people have only been suffering but there's also been some ways they are trying to cope with everything.

There's different ways people try to cope with their mental health issues during the lockdown some of which is spending quality time with family, taking naps, cooking your favourite food or just simply doing something that makes you happy. People have had their own coping mechanism and it all seemed to work a little for

them. Mental health issues all over the world during this pandemic had spiked. In all of this there's one major issue that was rising was the availability of professionals who help us with our mental health issues. Apart from this entire situation, have we thought about the post effects of Pandemic? While most of us would lead a normal life like before some of other's will deal with issues such as fear of being touched, consuming too much alcohol, fear of losing their jobs and much more. Studies have shown that people who survived the COVID, may suffer from mental health issues such as depression, anxiety, PTSD or paranoia.

Apart from the problems mentioned above people who have survived the virus may also face discrimination and people may fear to be around them even after they have recovered from the virus long back. Some people might also deal with OCD-obsessive compulsive disorder, and would keep sanitizing their hands and cleaning themselves often even after the pandemic is over. There will be vast differences in the behaviour of people, their mental health and their way to look at life would change. Well the worst part about having mental health issues is that you're seemingly required to have a breakdown in order to understand how hard you were trying to hold yourself together.

<div align="center">*~*~*</div>

CATASTROPHE

SARTHAK DESHMUKH

SYBA

Mental Disorders as defined by American Psychiatric Association are health conditions involving changes in emotion, thinking or behaviour (or a combination of these). Mental illnesses are associated with distress and/or problems functioning in social, work or family activities. The changes in emotion, thinking and/or behaviour must affect the social, work or family life and must be a hindrance to your functioning as a human being. Health, as defined by WHO is "Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity." Absence of disease or physical fitness contributes as a part of HEALTH but mental well-being is a major and crucial part of it. Mental health is the ability to function in different situations and daily activities as a human being.

Although mental illnesses are common, they vary in severity. About one in 25 adults experience a serious mental illness (SMI) each year. A SMI can significantly reduce your ability to carry out daily life. Different groups of people experience SMIs at different rates. A report from WHO stated that nearly 7.5% of Indian population suffers from some form of mental health problem. India Accounts for 15% of the global mental, neurological and substance abuse disorder burden. The statistics show that mental health is a serious, forthcoming, problem all around the globe, which, we haven't experienced at its fullest. Gaining and sharing information on mental disorders and how the pandemic has implemented itself as useful as well as harmful in different situations can help different people in various ways.

Some common Mental Disorders are as follows:-

Depression – This refers to a wide range of mental health problems characterised by absence of positive state of being (a loss of interest and enjoyment in ordinary things and experiences) feeling blue with a range of negative emotions. Behavioural and physical symptoms typically include tearfulness, irritability, social withdrawal, an exacerbation of pre-existing pains, and pains secondary to increased muscle tension. A lack of libido, fatigue and diminished activity are also common, although agitation and marked anxiety can frequently occur. Typically there is reduced sleep and lowered appetite (sometimes leading to significant weight loss), but some people sleep more than usual and have an increase in appetite. A loss of interest and enjoyment in everyday life, and feelings of guilt, worthlessness and deserved punishment are common, as are lowered self-esteem, loss of confidence, feelings of helplessness, suicidal ideation and attempts at self-harm or suicide. Cognitive changes include poor concentration and reduced attention, pessimistic and recurrently negative thoughts about oneself, one's past and the future, mental slowing and rumination.

Generalised Anxiety Disorder – The basic aspect of this disorder is anxiety, worry and apprehensive expectation/anticipation about various activities happening for a time period, no less than 6 months. Person finds it difficult to control anxiety, worry, restlessness which further leads to decrease in attention span, fatigue and disturbed sleep. The anxiety experienced in this disorder is not confined to social anxiety or having panic attacks (Panic Disorder). The person often anticipates catastrophic outcome for a mild injury or physical health issue. Being excessively apprehensive about day to day activities is characterised by people having GAD. This results in low self

esteem, demoralisation and the person becomes unhappy in normal routines.

Obsessive-compulsive Disorder – People experience recurring, unwanted thoughts, ideas or sensations (obsession) which drives them to do something repetitively (compulsion). Obsessions are recurrent and persistent thoughts, impulses, or images that cause distressing emotions such as anxiety or disgust. Compulsions are repetitive behaviours or mental acts that a person feels driven to perform in response to an obsession. Some people experience repetitive thoughts but they do not disturb daily life and may be useful for planning and organising. People with OCD experience persistent and unwanted thoughts which leads to great distress. Examples of OCD are; cleaning hands for hours as a result of fear and knowing that germs, dirt or chemicals will contaminate them.

Post-traumatic Stress disorder – This is a condition in which people who experience extremely catastrophic events, once in their life, re-experience the traumatic event vividly in a distressful way. This leads to avoidance in the stimuli which may trigger the memory of the event. People experience nightmares and repetitive sensory impressions of the event. People also experience emotional numbness. Deliberate acts of interpersonal violence, severe accidents, disasters or military action are some examples of the events which lead to PTSD.

The whole world already was probably on its most crucial juncture (the pollution of various resources, poverty, unemployment etc.) while a new challenge emerged as the respiratory syndrome coronavirus. After the spread of this virus (January 2020,February 2020) in the international lands, the global authorities levied governments to impose nationwide lockdowns. Wide fragment of

the population is primarily in their homes, this infectious, fast spreading disease is causing universal distress and anxiety, which according to WHO is a natural response to the situation. An increase in psychosomatic behaviours in common people is being observed due to the superfast flow of information through the internet. Therefore it is important to advocate the different situations and outcomes of the situations especially for the mentally ill. Some case studies by Ministry of Health and family welfare are:-

1) Mr. X. is a 35 year old clerk in a bank. He comes in contact with many people in a day. After the report of the first few cases of COVID-19 he was worried about him being infected as he comes in contact with a number of people in a day. His employer has provided mask gloves and is quite comfortable to carry out his work throughout the day. He changes clothes and washes his as soon as he enters his house as prescribed. When listening to the news and T.V channels he worries about his 90 years old mother living with him. These thoughts last for 15-20 minutes and he carries his work and daily routine.

Mr. X. Has occasional thoughts with NO EFFECT ON HIS DAILY FUNCTIONING. He cares about himself and his family but the anxiety doesn't disturb his day to day activities. He needs support and reassurance that his concerns are justified and the precautions which he has been taking are fine enough.

2) Mr. Y. is a 45 year old colleague of Mr. X. He gets worried about being infected by the virus. He has been provided by the mask, gloves and finds it sufficient. But he feels anxious about the situation and is anxious most of the time. He feels irritated, he blows up his anger for trivial reasons, sleep is disturbed and

complains that food is tasteless. Constantly checks for new information on WhatsApp and news channels about the COVID-19 situation. He manages to work but often goes only because of his wife's insistence.

This is a common scenario that occurs in an infectious outbreak. People experience heightened anxiety with mild depression but are still managing to go through daily activities. Sadness of mood, anxiety or worry, fear of contracting an infection (or a combination of all these). Persistent preoccupation with illness worry. Inability to cope (giving up) and some degree of dysfunction. Sleep and Appetite disturbances. In adolescents, these symptoms might be associated with oppositional behaviour or truancy.

3) Mrs. N is a housemaid. Her husband lost his job in the textile shop as it closed down, after which she became sad and withdrawn. She has reduced interaction with others including her neighbours to whom she was close to. She has become very slow in her work and feels tired almost all the time. She has made a lot of mistakes in her cooking and reports that she cannot remember things. When asked, she reports that she has become very sad and worried after her husband's job loss; now she is the only earning member. There are debts and she feels that she will not be able to repay. Her husband has also become more irritable and is drinking more. She feels hopeless and thinks of dying but feels she needs to go on at least because of her two young kids.

This report suggests depression. Depressive disorder can be independent of the COVID-19 situation or an aftermath of the pandemic. The major stressor that Mrs. N is facing is how to solve her financial problems in the wake of COVID-19.When subjects have most symptoms and are severely dysfunctional or have

persistent thoughts of death, self-harm, and suicide, immediate referral to a mental health specialist has to be initiated.

Other than the scenarios presented there are much more negative sides to the COVID-19 pandemic. Women who are beaten in their house by their spouse are living that environment for the whole day. Substance abuse amongst adolescents has increased as a result of boredom. Children are fearful about the unknown virus, they are cut away from their various social groups. Adolescents at one hand are getting extremely fearful about the situation and on the other, they feel themselves as invincible. People who work in health care services and combatting the pandemic are working for long hours, report fatigue, exhausted by the work completely and also most importantly anxious about spreading the disease to their cared ones. Women and girls are facing problems with 'feminine hygiene' as a result of scarce supply of the hygiene products. The number of rape cases has gone up as the quarantine centres are not guarded with proper security for women and others in need.

In my experience, the shortage of supply of goods has helped a friend to overcome his addiction of cigarettes. People around me, and including me, are getting to know the value of getting out of the house and actually seeing friends and family. People are getting to know themselves better, they talk about their feelings and how their mind takes them away even when sitting in one place. They are finding solutions to a bad relationship as they are getting time to contemplate and think in a peaceful manner. Although there are many negative effects of COVID-19 we should acknowledge the fact that at the end, we are going to learn from the catastrophe, and this learning, in turn, will remind us of the

miss-happening and help us prevent such kind of incident to present itself ever again.
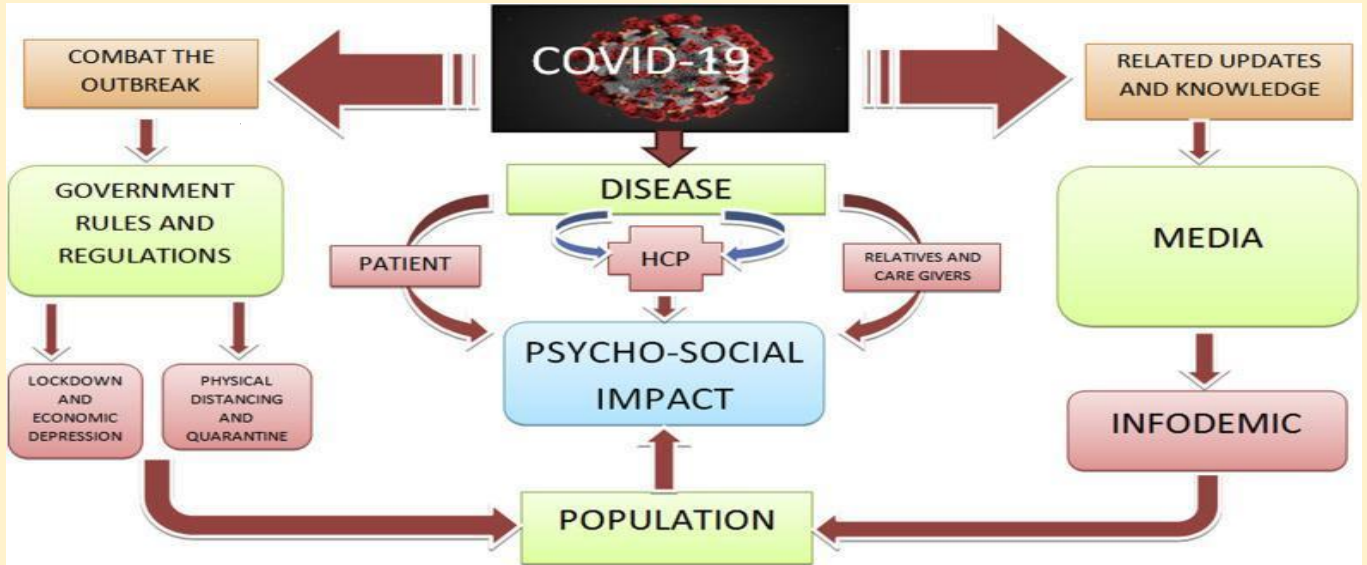
HOW IS EXERCISE A COPING MECHANISM?

ANAGHA BHANGALE

SYBA

Given the current scenario of a pandemic, the understanding of coping mechanisms and its importance has become increasingly relevant as the days pass. A lot of us have tried our hand at different ways to cope with this "new way of life" in our own way; it has also led a few of us to compulsively clean. But what is the meaning of coping mechanisms? Why are they important? What kind of situations call for it?

Let's begin with the last part first.

Usually when someone says ' deal with it and move on', they usually mean use your resilience and get back up on your feet. Resilience is the ability of an individual to bounce back to normalcy from a stressful, traumatic or draining situation without emotionally distressing themselves.

Situations like a Pandemic, where one is restricted to their own homes, or an accident altering their life, or a simple thing as moving from one place to another may call upon the use of a coping mechanism.

Why and what is the coping mechanism? Why is it important? Why can't one simply face the situation all at once and move on?

In my understanding, the coping mechanism is what helps you face the thing in little bits until you are ready to take on it as a whole and deal with it in a rational and positive manner. I used the word resilience before. Resilience is a person's ability to cope with living in spite of stresses. It's about coping with problems, and building strengths that protect and promote wellbeing.

The coping behavior has been defined by Lazarous and

colleagues as the process of managing stressors that have been appraised as taxing or exceeding a person's resources and as the 'efforts to manage the environmental and internal demands.' It is an attempt made by the individual to return to some sort of normalcy and this is either done knowingly or unknowingly.

My focus for this article is going to be on how some people use exercise as a coping mechanism.

Let's first see what exercise is. Exercise is physical activity that is planned, structured and repetitive for the purpose of conditioning any part of the body used to improve health and maintain fitness. Generally you work up a sweat, breath heavy and increase your heart rate during exercise. It means exerting your body physically to achieve overall bodily wellbeing.

Why is this helpful when coping with something?

Scientific study has proven that regular act of exerting your body physically has shown reduced level of tension, ellivate and stabilize mood, and have anti-anxiety effects on you. Regular exercise also helps one sleep better, relieve stress, increase mental alertness and increases endurance. Apart from the countless physical benefits, it also helps emotional wellbeing. Out of the many chemicals released during exercise, endorphins is one of them. These endorphins include Dopamine - the hormone associated with happiness; serotonin- the mood regulator. Norepinephrine is one of the chemicals also released during exercise. It is released when the body feels any kind of stress. Hence it is responsible for both positive and negative effects like panic attacks and catharsis.

The above mentioned points pretty much prove that how much ever you may hate exercise, it is still extremely beneficial for you.

But still, there are few people who do hate exercise. It is in human nature to avoid anything that makes us feel distressed or have an overflow of negative emotions. Such people usually tend to seek binge eating, or binge watching or binge shopping as their coping mechanisms with stress. They do anything to avoid feeling the overwhelming negative feelings come out as an outburst. Being one of them, I can say it is a terrible thing to do to yourself and we should simply release all that emotion.

As humans we are drawn to things that make us happy or eustress. Exercise is one of those things. After the first difficult part of emotional release and extreme physical tiredness, people have reported being drawn towards more exercise. This is because when one is exercising, you have to focus on what you are doing and in those minutes nothing stressful can distract you or you are at a risk to physically harm yourself.

In this pandemic, exercise and its innumerable positive physical and mental benefits have increasingly gained popularity. CATHARSIS is one of them. What is catharsis you may ask? It is the purgation- release-of bottled up emotions(particularly fear and pity) through an extreme act or art. One may even hang on a limb and call it an outburst of emotions.

Catharsis is important because after that many have said to experience feelings of renewal and restoration. When you feel the feeling as such it becomes easier to restore and gain back the control in your life.

In such a condition, regaining control and releasing emotions, can prove to be an excellent coping mechanism as fear and anxiety caused due to the infodemic can literally destroy one's emotional wellbeing.

My personal experience has been that it is difficult to find a safe

space to release the emotions verbally and exercise is one way to do that. Physically stressing

yourself out can take a lot of energy and mental preparedness; but know this, it is all worth it in the end. And it is definitely a lot easier than bottling up the unwanted emotions.

Exercise to people around me has proven to be a great coping mechanism. I have been told that in those minutes all they have(get) to do is focus on themselves and not worry about the next few minutes,hours, days or years. It helps them take their mind off the current terrible situation and also ensures them to stay healthy.

Exercise has been widely promoted especially right now as it increases one's lung capacity and builds immunity. It helps you maintain a healthy body and emotional state. Instead of binge-ing something that is eventually going to harm you, exercise is one positive way to face the emotions all at once and release them without emotionally distressing yourself.

As I previously said that exercise has a lot of emotional benefits, using it as a coping mechanism is one of them. Getting a good night's sleep without worrying about what is happening in the outside world is caring for yourself. Being mentally stable, in the most stressful situations will help you make rational and positive decisions. Not having to carry the emotional baggage will help you face the situations to come with a stronger and resilient front and rock hard back! In conclusion, I would like to say, whatever coping mechanism you may choose to trail, it is always healthier to face them all at once and release them rather than holding them in, waiting for the "right moment". Exercise is a healthier way to express pent up emotions and prepare space for many new to come.

Keep feeling every emotion there is; exercise; catharsis & REPEAT!

~~*

FEMINIST PSYCHOLOGY

THE COVID CRISIS BLURRING THE LINES OF GENDER ROLES OR REINFORCING THEM

SEJAL PANCHPOR
SYBA

The pandemic has brought with it difficult times for the entirety of humanity. It's as if the forces of nature have united to test us, test our worth, our human nature and our innate ability to overcome adversities and to fix our predecessors' mistakes. This crisis is akin to a wake-up call for all of us to understand how we need to change, not just for the betterment of society, but for our very survival.

For many of us, the pandemic has brought about major changes in our routines. One of the prominent ones is the lack of our usual domestic help. These workers, who are primarily women and many a times the sole earners of their households, have been rendered essentially jobless. The implications of this are dire as it has affected an entire community of these minimum wage workers and their families. Of course, it has also affected the employers of these domestic help workers as all their workload has fallen on them.

The household chores have always been predominantly the responsibility of the women in the family. The dominant patriarchs dare not help their female counterparts, else their value will be reduced to the same as that of a woman and his manhood, stripped. This school of thought, as primitive and orthodox as it may seem, still prevails perhaps more surreptitiously than before – and is the foundation of our society. Anyone who will challenge this or try to topple the pillars upholding patriarchal hierarchy are deemed the enemy. They're lesser humans, not qualified to exist

in the intricate web of solidified social norms and rigid gender roles weaved through years and years of oppression and suppression of entire chunks of characteristics of both the sexes.

However, during this time when we have been locked in, many have been forced to see the reality of the inequality of the distribution of responsibility of house management. Husbands see their wives juggle household responsibilities, tending to the children and the elders of the house along with their jobs in some cases. Now, one of two things is likely to happen – the husband understands the amount of pressure and workload that has been on his wife's shoulders' and will either (consciously or subconsciously) begin to try to contribute towards changing that or be too comfortable in the status quo to question the synthetic nature of the fabric of our society. Or, he may feel a sense of power, something he has lost the freedom of having, and exert it on his wife. He will reinforce that he is the man of the house and how everyone there depends on him. Such classic yet toxic situations may even lead to accounts of domestic violence that conveniently go unnoticed and unattended.

 The husband realizes that he, too, should be doing something not only to contribute to helping around the house, but also relieving some of his wife's stress. This is, of course, a very positive change and will undoubtedly help in rendering the pre-existing gender roles impractical, and thus ineffective. I have seen examples of both of these situations unfold during the lockdown. I felt hope when I saw the positive changes and felt absolute rage and helplessness when I heard about the latter situation.

This pandemic can be described as many things, a blessing is the last among them. However, I truly believe that we have been

given an opportunity, while the world has come to a standstill, to propel the cogs of change - for all of us to work together to fight the patriarchy and create a safer, more inclusive space for everyone.

~~*

Pandemic Vs. Women

SEJAL PANCHPOR
SYBA

The covid crisis has left everyone feeling terrified, anxious, confused and angry. The lack of adequate enough countermeasures as well as facilities has resulted in chaos in the middle of the stillness of lockdown. during this time, everyone has had to face challenges, some worse than others. Although struggles cannot be compared, many have had the privilege of being able to stay in their own homes while some have walked across borders even still to barely survive.

Not only our nation, but the entire world is caught in this war against covid 19. there have been far too many casualties. we have not only lost many to covid itself but also to its resulting arsenal like starvation, depression and unemployment. and even as this war rages around us, we have enough time to spare for prejudices and injustices especially against the marginalised communities.

Every single marginalised community that was already suffering has only had to face the harshest of consequences of covid along with the constant reminder of the rarity of their accessibility. This crisis has left everyone hopeful for a better future while the current state of affairs continues to deteriorate.

Women, notably, from all backgrounds and communities have suffered the utmost effects of this situation. Few have been confined in their abusive households, others have had a significant increase in the amount of workload - be it a working woman or a homemaker - which is scarcely shared by their partner. Studies show that the mortality rate of male cases is higher even though the prevalence between the binary genders is observed to be similar. That being said, women are at a higher risk of having to withstand financial impediments as a result of unemployment, which has incidentally been higher for women than men, according to research.

Lockdown has been one of the biggest countermeasures enforced throughout our country. But on a personal level, what steps have been taken consciously by people to ensure prevention of the widespread disease? The pandemic has affected men and women differently in many aspects such as biologically as well as mentally. The efforts for prevention of covid 19, too, have been different for men and women.

Masks have been at the front lines, but there is an issue of accessibility for many commodities and essential goods - including masks - that has amplified during these trying times. I've seen women wear their daily scarves as a substitute for masks while men wear handkerchiefs. Both of these devices fail to serve the purpose of masks – filtering the air for the disease. Also observed, is that men, more predominantly, wear masks rather than women – who, like mentioned before, continue to wear scarves.

Perhaps this is a reflection of how women's needs are considered secondary to those of men or perhaps it just goes to show that not

enough investment or efforts are endeavoured for the cause of protecting women, as is the case for many socio-political scenarios. However, it is not just men who have deemed the needs of women secondary; I see women insisting on not spending money on themselves for a mask while they gladly buy them for their family members. Women, too, have been indoctrinated to think that they are the secondary sex.

Despite the magnitude of the covid 19 pandemic, we continue to see disparity in the basic rights and treatment of women which spans across intersectional communities in various forms. We must come together as a populace of this earth and fight this battle, not only against covid, but also against the prevailing injustices that have plagued us pre discursive.

~~*

THE INDIRECT IMPACT OF COVID-19   ON WOMEN

AYESHA SHAIKH

TYBA

The coronavirus(covid -19) pandemic is the most challenging crisis the world faces since the second world war. The pandemic is not just a public health challenge but it has also disrupted the social system and institutions and fragile immunity against social inequalities. In this article I have tried to focus on understanding the impact of the ongoing crisis on girls, women's education, early marriage, unwanted pregnancies and their career.

 The women and girls among the most affected group during the pandemic lock down.   Except says, shutting down of schools due to the covid-19 pandemic comes with a warning of potential for increased dropout rates which will disproportionately affect adolescent girls further entering gender gaps in education, and also girls are missing out on education. This happens for a variety of reasons. As we all know during a pandemic,

the entire school system shifted to digital mode and

 only some of households in the poorest country like

 India have internet at

home and access to (mobile) personal devices is very low for girls than for their male peers.   The girls are the first to be pulled out of schools. Put to work and care for (family

)younger siblings when families face economic hardship. This clearly means that girls don't have time for school work and may not return once school reopen. I mean school has long been a safe haven for vulnerable girls. Those who were in boarding schools received support and protection from the government but now they are confined to their homes what will happen? Your

guess is as good as mine. Most girls have no food, no basic supplies like sanitary towels, nor the resource to study from home .

I just want to Say that, how many girls will get the opportunity to get back to school,college ,After this pandemic? Here I'm speaking the need for every girl child to report back to school or college once this pandemic ends so they can build their future.There is a strong correlation between covid-19 and child marriage, with school closed and weddings taking place, means nobody knows when this covid-19 crisis will be over.(a girl's) guardian may think of marriage about their girls instead of waiting for schools to reopen. Due to government restrictions on social gathering, only a few family members in the same remote village (place) will come together and many young girls will be forced into early marriage . Adolescent girls are now at a higher risk of child marriage, and if they got married being forced to move to their marital home earlier, than planned with resulting sexual exploitation, early pregnancies, unsafe Abortion In short all these limit their future.

Managing finances during this crisis is changing. I recently read in newspaper incidences and reports of violence against women within the household have also risen. This points to male psychological distress due to short term loss of work and earning or confinement at home with abusive partners during lock down. In the long term women's psychological well being might be affected even more adversely than men's from financial and emotional stress combined with physical violence.

A temporary ban on family planning services at government

facilities and poor access to over the counter contraceptives such as oral pills and condoms during the nation hood lock down. Will result in lakhs of   unwanted pregnancies. And experts have warned already that, unwanted pregnancies leading to a spurt in unsafe Abortions and maternal deaths.

This is true that coronavirus damage to women's career, there could be real long term damage to women's career, if offices open before child care and schools fully restart ,because they continue to cite child care at a much higher rate than men do as a reason that they are not able to work. Lastly I want to say that ..

प्रत्येक देश के दो पंख होते हैं!   एक स्त्री और दसू

रा पुरुष!

देश की उन्नतत एक पंख से,   उडान भरने पर नई हो सकती!

~~*

BIRTH CONTROL: A CONSTRAINT ON CHOICE.

PREETHI NAIDU TYBA
SHEEL SAINI TYBSC

One of the largest and complex issues that India as a rapidly progressing country is facing is overpopulation. Overpopulation is one of the reasons behind unemployment, pollution, increasing levels of competition and gradually declining quality of life.

A simple solution to overpopulation would be to increase access and awareness to various methods of birth control. But to access birth control for women in India is just an active source of stress and stigma especially for those unmarried or under the age of 35.

History of contraceptive discourse in India

History makes us rethink and revise something we have always considered to be true. It tells us that what we believe to be the truth must be accompanied by a 'conditions apply' disclaimer. In her book Reproductive Restraints: Birth Control in India, , historian Sanjam Ahluwalia, of Northern Arizona University, explains the evolution of her views .Hoping to document how Indian women wrestled for control of their own bodies and fertility in a patriarchal world. She ended up discovering how birth control has been part of an elitist agenda that actually restrained (mainly poor and working-class) women from exercising control over their own reproductive rights.

Mainstream discussions on birth control in India i.e., those engaged in by elite 'middle-class' persons do not incorporate- to quote Ahluwalia- the ideals of "justice, choice, freedom, sexual autonomy, or reproductive rights" , equally for everyone. Put

simply, birth control first began to be talked about in our country as a national necessity by elite Indians, and not voluntarily expressed or demanded as a personal necessity by ordinary Indians. This asymmetry has left a lasting impact on how we think about family planning and the so-called population problem.

An important aspect of this history is its dominance by men. In fact, the earliest advocates of birth control in India were elite, educated men who expressed ideas and opinions in their writings. For many of them, the most important obstacle in the way of India's progress was its overpopulation, which they blamed on working-class poor Indians. To quote one of them, Gopaljee Ahluwalia, a professor of biology, considered "irresponsible breeding, particularly among the middle and poor classes" as the main reason for India's poverty in a 1923 article. The title of his paper, "Indian Population Problem: Selective lower birth rate, a sure remedy of Indian extreme poverty," clearly shows that specific groups of Indians alone were blamed for India's problems, while political failures and broader social and economic inequalities were ignored. Eugenic attitudes, too, were common such as that of A.P. Pillay, editor of the journal Marriage Hygiene, who said that philanthropic efforts to assist the poor were helping the "unfit" to survive and leave behind "tainted descendants."

Thus, birth control began in India not as a free choice by individuals to control their fertility, but as an attempt by elites to manage the nation's fertility rates. There was little in the writings of these men that looked to empower and improve the socioeconomic conditions of the underprivileged women (and men) that they blamed. Instead, the emphasis was on

reprimanding India's poor and imposing on them what the elites considered was 'good' for them and for the nation.

By the time Indian women could begin contributing meaningfully to this subject, its nuances had already been set. Importantly, for a variety of reasons — including the patriarchal nature of the Indian freedom struggle and its dominance by conservative-minded men like Mohandas Gandhi — many women activists and feminists found it difficult to freely express all their thoughts on birth control and female sexuality. It was feared that a strong emphasis on feminist politics might divert attention from nationalist/ independence politics and might come across as a gender-based confrontation in India.

Some women also upheld the eugenic or selective contraception positions taken by their male counterparts. Lakshmi Menon, a regular commentator, believed that overpopulation per se was not a problem, but the rising numbers of working class and other marginalized groups were. Begum Hamid Ali, a member of the 1939 National Planning Committee, advocated the need to sterilize the "unfit" for the "larger social interest" of the nation.

Overall, this is a surprising and disappointing history. While it is easy to use it to demonize people from the past and blame current problems on their failures, it would be better to think how we can be different.

Our disproportionate focus on the two-child policy, especially the belief that implementing it rigorously would solve many of India's major problems, is one we need to get rid of. British colonial officers first used the argument of India being 'overpopulated,' and famines being a result of that, to escape blame for their own

administrative inefficiencies and negligence. They were also heavily influenced by Thomas Malthus's flawed predictions about population growth. This colonial line of thinking has been repeated and formalized so much that it is now 'common sense' for even the Indian elites, and continues to influence our thinking to this day.

Methods of birth control available in India

Methods of contraception for women include tubal ligation, oral contraceptives and IUDS.

❖ **Female sterilisation**

Tubal ligation is a surgical procedure for female sterilization in which the fallopian tubes are permanently blocked or removed. This prevents the fertilization of eggs by sperm and thus the implantation of a fertilized egg. Tubal ligation is considered a permanent and irreversible method of sterilization and birth control.

Legal requirements for the procedure in India currently include the following:

(Self-declaration by the client will be the basis for compiling this information.)

- Clients should be married
- Female clients should be below the age of 49 years and above the age of 22 years.
- The couple should have at least one child whose age is above one year unless the sterilization is medically indicated.

- ▪ Clients or their spouses/partners must not have undergone sterilization in the past (not applicable in cases of failure of previous sterilization).
- ▪ Clients must be in a sound state of mind so as to understand the full implications of sterilization.
- ▪ Mentally ill clients must be certified by a psychiatrist, and a statement should be given by the legal guardian/spouse regarding the soundness of the client's state of mind.

Standards for female sterilization: basic qualification requirements of providers are Trained MBBS doctor Laparoscopic sterilization DGO, MD (Obst. & Gynae.), MS (Surgery) (trained in laparoscopic sterilization)

Clinical Processes Preparation for surgery includes counselling, preoperative assessment, preoperative instructions, review of the surgical procedure, and post-operative care. Preoperative assessments also provide an opportunity for overall health screening and treatment of RTIs/STIs.

1. Counselling: Counselling is the process of helping clients make informed and voluntary decisions about fertility. General counselling should be done whenever a client has a doubt or is unable to take a decision regarding the type of contraceptive method to be used. However, in all cases, method-specific counselling must be done. The following steps must be taken before clients sign the consent form.
2. Clients must be informed of all the available methods of family planning and should be made aware that for all practical purposes this operation is a permanent one

3. Clients should be made to understand what will happen before, during, and after the surgery, its side effects, and potential complications.

4. Clients must be told that a reversal of this surgery is possible, but that the reversal involves major surgery and that its success cannot be guaranteed.

5. Clients must be encouraged to ask questions to clarify their doubts, if any and must be told that they have the option of deciding against the procedure at any time without being denied their rights to other reproductive health services.

❖ Oral contraceptives

Oral contraceptive pills (OCP) are one of the most common methods to prevent unwanted pregnancy. The widespread use of contraceptive pills in India is also alarming as most women using these pills are unaware of their mechanism, side-effects, and safety precautions.

- What are oral contraceptive pills?

Also known as birth control pills, oral contraceptives are hormonal pills which are available over the counter. These pills are considered to be an effective option to prevent unwanted pregnancy in a sexually active woman.

- What are the types of contraceptive pills?

There are two types of oral contraceptive pills available in the market:

1. Combination pills or combination oral contraceptive (COC) pills which contain the hormone oestrogen and progesterone.

2. Progesterone-only pills (POP) or mini-pills which contain the hormone progesterone.

- Available brands of oral contraceptive:

Saheli

Manufactured by HLL Lifecare Limited, these oral contraceptive pills are non-steroidal and do not have any negative effects. It contains 30 mg of ormeloxifene and is said to be free from steroids and hormones. These pills are recommended once a week for effective results. This birth control pill also has a presence of Centchroman, which stabilizes side effects such as vomiting, nausea and weight gain.
Dosage: Saheli can be taken 2 times a week for the first 3 months.
Price: Rs. 250 for a pack of 80 pills

Unwanted 21 Days

Unwanted 21 Day is a product of Mankind Pharma, which is formulated with Levonorgestrel and Ethinyl Estradiol hormones. It is completely safe and can also treat PCOS, hormone disturbances, and pimples.
Dosage: The pills should be taken once a day from the 1st day of the menstrual cycle until the 21st day. 2 tablets can be taken together in case you missed the previous day.
Price: Rs. 60 for 21 pills per pack.

Yasmin

This oral contraceptive pill contains Drospirenone and Ethinyl Estradiol. It helps to balance the oestrogen levels and prevents the release of the egg from the ovary. Ovarian cysts and periods uneven cycles are also treated with these pills.
Dosage: Consult your doctor before usage.

Price: Rs. 434 for 21 pills pack

 Centron

Manufactured and marketed by Torrent Pharma LTD., Centron is a selective combination of oestrogen receptors that help to avoid pregnancy. It is a non-hormonal, non-steroidal pill with minimum or no side effects. Ormeloxifene being an active ingredient, the pill is also claimed to treat uterine bleeding dysfunction.
Dosage: Take 1 a week. Consult a medical professional before taking.
Price: Rs. 40 for a pack of 10 tablets

Bandhan

This contraceptive pill is the most effective. Levonorgestrel and Ethinyl Estradiol are the active ingredients present in the pill. Estrogen and progestin hormones are also present to restore the hormone levels and prevent the inhibition of egg to the uterus. It is a product of German Remedies Limited and contains .15 MG of Levonorgestrel and .03 MG of Ethinyl Estradiol.
Dosage: You should consult a gynaecologist before taking the pill as women suffering from diabetes; migraine, undiagnosed vaginal bleeding hypertension and mental illness should not take it.
Price: Rs. 21 for a pack of 10 tablets

The five oral contraceptive pills listed above are all available in most of the medical pharmacies in India and should only be taken after consulting a doctor.

Methods of contraception available for men include vasectomy, condoms and traditional methods such as external ejaculation

❖ Male sterilisation

Legal obligations for men to get the procedure are the same as women in India which includes that the male must be married, over the age of 22 and raising a child over the age of one year. They must be of sound mind and aware of the decisions. The procedure is reversible with surgery and does not affect sexual performance.

❖ Oral contraceptive

The male birth control pill could offer a more flexible option for men while also reinforcing two important facts: that men and women are both responsible for contraception, and that men could take a more active and satisfying role in their reproductive health

How does the male birth control pill work?

Dimethandrolone undecanoate (DMAU) is a once-daily pill that suppresses two types of male hormones – follicle-stimulating hormone (FSH) and luteinizing hormone (LH) – to simultaneously decrease production of testosterone and sperm without causing symptoms of low-testosterone (low-T).

Data from a study published in The Journal of Clinical Endocrinology and Metabolism suggests DMAU, the current oral contraception evaluated, has the potential to do just that. The long-term effects of a male birth control pill are still being studied.

The next steps in studying DMAU will be to determine whether it actually suppresses sperm production. Initial data indicate that it's possible. However, the body needs up to 90 days to produce sperm, and longer trials are necessary to confirm whether sperm production can be stopped completely.

Additionally, we'll need to discover its long-term effects on the body. For example, we don't know yet whether DMAU can cause depression issues or increase the risk of blood clots like the female birth control pill, or whether it might damage the liver, kidneys, or other organs that help break down the drug.

The biased reality of contraception.

Interestingly, if you look at the world as a whole, female sterilisation is the most popular form of contraception. While the pill tends to be more common in Western Europe, Canada or Australia for example, sterilisation remains the main choice for women everywhere else including much of Asia and Latin America. According to a 2015 UN survey, the most recent available, an average of 19% of married or in-union women relied on female sterilisation globally– the next most popular method, the IUD, is less than 14%, while the pill is just 9%.

And sterilisation is more popular in India than it is anywhere else. In India, the figure for female sterilisation is 39%, almost twice as much as the worldwide number.

History and information – Sterilised.

Government sterilisation programmes began in the United States. In 1907, the state of Indiana passed a law requiring

institutionalised persons to be sterilised – the world's first eugenics law.

Many other US states passed similar laws. Nazis would later use California's racist eugenic programme as precedent for sterilising Jewish people. Eugenics laws in the US would mostly be overturned by the 1970s, but they overlapped with the rise of the pill, feminism and the sexual revolution. And it was during this time that governments of recently colonised countries, including the Philippines and Bangladesh as well as India, would also begin to sterilise their populations, with international support. Peru and China also received foreign aid for their sterilisation programmes.

But today, India is the country where the most sterilisations are performed in the world, in terms of both absolute numbers and percentage of the population.

These high numbers might be explained to some extent by the fact that India was the world's first country to have a department devoted to family planning. The Indian government began aggressively promoting sterilisation in the 1970s, and a number of international organisations and governments were happy to provide support, including the World Bank, the US government and the Ford Foundation.

After a forcible male sterilisation campaign when more than six million low-income men were sterilised and 2,000 died, the Indian government began to change its official approach to family planning. Indian officials moved away from setting 'targets' for the number of people to be sterilised and began investing more in reversible methods of contraception, like the pill. Over the last two years the Indian government rolled out **Mission Parivar Vikas**,

which offers three new hormonal methods of contraception, including progestin-only contraceptive pills.

Still, sterilisation isn't only popular in India – it's on the rise. According to UN Statistics, globally the proportion of married or in-union women who have been sterilised has decreased from 20.5% to 19% over a decade – but in India it has risen from 34% to 39%. Government sterilisation camps, meanwhile, continued until 2016.

For women around the world who know they don't want children or for mothers who have reached their desired number of children, sterilisation is often a safe and effective option. In the US, for example, many new mothers opt for sterilisation right after childbirth. The upside is that these women never have to think about contraceptive methods again. They're also unlikely to have side effects once they've recovered from the procedure.

But sometimes, as in Chhattisgarh, women received the sterilisation procedure without fully understanding its significance – and in unsafe conditions. In an investigation of the sterilisation camp deaths in Chhattisgarh, the Population Foundation of India (PFI) found that the state government spent about 20 times the amount in promoting the procedure as they spent on the procedure itself – and women were only paid between 600 and 1400 rupees each to get sterilised. What happened in Bilaspur "was a tragedy waiting to happen", says Yogesh Jain, director of Jan Swasthya Sahyog hospital in Ganiyari. He considers the deaths a result of policy choices that devalue poor women, adding that the women were treated as no more valuable than "a uterus and a pair of hands".

But because of the 2014 tragedy, the national government realised the lack of care in such institutions and accepted PFI's recommendation that the 'camp' approach to sterilisation be banned.The government has shifted the focus instead to 'fixed day' services, meaning that women must come to particular facilities on particular days of the week if they want to be sterilised –which allows better monitoring and regulation of operating room conditions. But in some places, the more limited hours are not proportionate to the demand for the procedure.

If sterilisation remains in such high demand even among women in Chhattisgarh despite its history, many women must still see it as their best option.

Even when performed correctly and in hygienic circumstances, tubal ligation remains more risky and invasive than vasectomy. Even so, in the majority of countries, female sterilisation is more popular than male sterilisation.

Tubal ligation is also concerning because it is easy to implement without a woman's full consent or understanding. A woman must follow instructions to use methods like the condom or the pill. But once a woman is sterilised, her participation in controlling her fertility is over. Governments have abused this. In Peru in the late 1990s, for example, public medics would sterilise poor women without telling them, instead claiming to be performing a different procedure like injecting vitamins intravenously.

One other difficulty is that the emphasis on, and popularity of sterilisation can discourage women from using other methods. Most women who get sterilised in India use only this contraceptive method in their lifetime. In other words, they never use something

like an intrauterine device (IUD), patch or pill first to help space out pregnancies. This also comes with health risks. This combined with the fact that other contraceptive methods like the pill or IUD are less available in the country, as are trained professionals who can insert IUDs. And across social classes, women tend to lack knowledge about other methods has led to the popularity of sterilisation.

For more than two decades now research has shown that positively influencing social and economic conditions of communities, rather than negatively manipulating the reproductive organs of individuals is a far more productive and compassionate approach.

This point can be seen in an extract from a lecture given by economist Amartya Sen in 1995: "while Kerala and Tamil Nadu have radically reduced fertility rates, other states in the so called northern heartland such as Uttar Pradesh, Bihar, Madhya Pradesh and Rajasthan that have much lower levels of education . These states have a high rate of fertility despite the tendency to use heavy handed methods of family planning, in contrast to voluntary and collaborative approaches used in Kerala and Tamil Nadu."

Lack of support for work in the field of male contraceptive methods.

Sujoy Guha who is over 78 years old, has spent decades working on a reversible, injectable male contraceptive. When he began this project, he wanted to create a method that was reversible, less invasive than a vasectomy, and less likely to cause side effects than the contraceptive methods available to women.

RISUG—an acronym for "reversible inhibition of sperm under guidance"— is a gel that is injected into a male patient's vas deferens, reversing the charge of the sperm and rendering it immobile. If the patient wants to stop RISUG's contraceptive effects, another injection can break down the gel and make him fertile once again. Guha says that he was able to think of such a unique contraceptive solution because he wasn't part of the medical community, to begin with: when he invented RISUG, he had a degree in engineering from Indian Institute of Technology, Kharagpur, one of India's oldest institutes of technology, as well as a PhD in medical physiology from the University of Illinois His background in biomedical engineering helped him think about the body in terms of positive and negative charges, rather than hormones

Guha saw a lack of good contraceptive options as one of the major problems with Indian society, and he thought that by discovering the first reversible male contraceptive he would be able to make a name for himself.

Instead, Guha struggled to get the medical community to take his idea seriously, partly because of his unconventional educational background. In India, he says, people thought that the fact he had degrees in two different specialities showed that he didn't have a "balanced mind"; he eventually removed references to his PhD from his résumé in order to get a job. Even after he invented RISUG and began the first animal trials, the medical community dismissed him. "They tried to brush me off," he says because he didn't have an MD. He went back to earn a third degree, in medicine, just so he could proceed with his invention.

As Nelly Oudshoorn notes, the idea that men are reproductive beings has long been scorned in the medical community. "Even in the 1990s male contraceptive research had a negative image," she writes. In 1994, the UN-coordinated International Conference on Population and Development declared that contraceptive education and choices were essential for women to be able to move upward in society. But major international gestures and resolutions like this one have completely failed to include the possibility that male contraceptives could also alleviate the contraceptive burden on women.

Large international pharmaceutical corporations have shown no interest in funding research for male contraceptives, either. Experts have speculated that these companies fear that such contraceptives could disrupt the demand for female contraceptives already on the market, which they can continue to sell without having to pay for research costs.

Like the contraceptive vaccine created by biomedical scientist Gursaran Talwar, RISUG seems close to being made available - but is still encountering hurdles. Phase III clinical trials on human subjects were successfully completed in the summer of 2017 — the drug proved over 99% effective—but Guha is still awaiting clearance from the Indian Drug Controller General for the next round of research. He is now planning a phase IIIb trial, which would involve testing the viability of the drug in rural health centres. "At present, all the injections have been given by doctors in hospitals in major cities," he tells me. The tests planned for IIIb would ascertain whether RISUG fits the needs of a specific community.

Guha is fatalistic about whether he'll see RISUG become widely available in his lifetime. "In life, one cannot do a lot of planning," he says. "There are so many uncertainties…One has to accept this stream of life…things move within the whole system, and when some things move very fast over here, some things move very slowly."

Among health researchers, Guha and Talwar are relatively unique in their desire to design contraceptives that fit the needs of specific groups of people. Going against the grain has meant that their projects have progressed enormously slowly; both men are well past the age that most people stop working. While both claim to have "retired," they both go to a lab nearly every day.

And though both came of age as scientists many decades ago, and are largely unaware of the modern jargon that permeates the world of technology development, they've hit on concepts that organisations are exploring as a new approach to contraceptive technology—"human-centred design." FHI 360's Contraceptive Technology Innovation Initiative takes into account the fact that different technologies are going to have different health impacts on different women, and the fact that women have different contraceptive needs during different periods of their lives.

RISUG has limitations as well: it won't be enough to protect women who aren't in committed relationships. Other reproductive health advocates are looking for ways to resolve the issues with currently available contraceptives. Injectable contraceptives that women can administer themselves, for example, would address the concerns of some women's groups that inject able methods lend themselves too easily to coercion and deception. But to get closer to a reality in which every person who wants contraceptive

protection can get it, we need more new methods, not just reworked versions of older ones.

Globally, men have limited contraceptive options, as do people seeking non-hormonal birth control. Drug companies are invested in maintaining the contraceptive status quo, but that could change with a wider range of contraceptives that appeal to different populations. While RISUG and the hCG vaccine were both designed with Indians in mind, they could improve the lives of men and women in other parts of the world, too. If one or both of these innovations become available in India and are distributed to people who actively want them and are fully aware of how the methods work, we'll be able to see how outcomes change when people willingly—and without coercion or institutional pressure—use contraceptives that are specifically designed for them.

Across the world, contraceptive technologies have been stuck in a sort of stasis for decades, and even as existing methods have improved over the years; their fundamental flaws have not gone away. In India, researchers are trying to develop new technologies that would work for more Indians, but they are grappling with a domestic and international climate that is resistant to devoting resources to new ideas.

Modern stigma:

As female sterilisation has become the go-to method in India, people have come to view it as the only socially acceptable contraceptive method, thus ensuring its continued popularity. But female sterilisation doesn't allow women to space their pregnancies—often women are encouraged to have as many children as possible before undergoing the procedure, which can

put stress on their bodies as well as on families that must raise large numbers of young children.

Other female contraceptive methods face their own challenges in India. Health care workers aren't always trained when it comes to promoting contraceptive pills, which require consistent correct usage, and access to a regular supply is a challenge in some rural areas. Intrauterine devices, or IUDs, do not always stay in place—another problem in places where health care centres are difficult to reach. And some members of the Indian women's movement oppose inject able, long-acting contraceptives because they are difficult to reverse and could even be administered without the patient's knowledge.

The only medical contraceptive methods available to men (in India or anywhere else) are condoms and male sterilisation, both of which Indians generally reject. Four decades after millions of men received vasectomies—sometimes against their will—during the period of Indian history referred to as the Emergency, today only 0.3% of Indian men choose to undergo the procedure. Men might refuse these methods because they believe that condoms reduce pleasure, or that sterilisation could compromise their sense of manhood. But other family members might discourage condom use as well, sometimes because they consider them "dirty" and multiple experts I spoke with said that women were often unwilling to allow their husbands to get a voluntary surgical procedure, and would prefer to get sterilised themselves.

Personal experience and research -

For women under 35 the only viable method of birth control are pills which include side effects such as nausea, weight gain,

hormonal changes, acne and for extreme cases even bouts of depressions. Not only that but taking pills for a long time is just not financially acceptable for most Indian women. And even if they were willing to pay for the pills visiting a gynaecologist who would support them is even less likely.

According to the research more than half of women that visited a gynaecologist were faced with invasive testing and sexist remarks going so far as to denying birth control without a guardian's consent.

Currently, it is a requirement for women to be married to a man and give birth at least once before getting a tubal ligation so how would a couple or a single woman gain access to it. Morally, women over the age of 22 shouldn't have to get married nor must she have to give birth to gain rights to decide which birth control to use. Feminists all over India have been trying to change this prerequisite but the reason why they wouldn't be supported is due to the fact that by adding legal conditions and due to the lack of specialised experts for implanting IUDs, women can only rely on pills to provide birth control.

As it stands, women's decisions regarding their control over reproductive organs are being capitalised by large industries and Indian societal standards have made it easy to do so.

Case study: After asking a woman in her early thirties and the struggles she faced after her decision to remain childless in an urban society just further deepened my mistrust in Indian societal pressures and it's not just us. Women for years all over the world face the same struggles of not being treated professionally.

The woman we asked told us that the first time she had visited a doctor for a UTI had performed vaginal insertion testing using fingers which is an invasive testing that is medicinally not used and she also didn't believe her replies in regards to her medical history. The next time she visited a male gynaecologist was after her marriage at an army hospital. The doctor not only kept pressuring her to have children but also lied to her saying that her PCOD would get cured after pregnancy. And the latest doctor she visited from 3 years ago kept trying to convince her that motherhood was amazing and that the couple would regret not having children. She told us that clinics were greedy and that 'helping' childless couples have children increases their status and it is something they use to boast their numbers.

Survey: We asked 20 women with varying backgrounds aged 20-40 whether they would consider using various contraceptive methods in the future and whether they thought it was accessible in India for them. We also asked if they felt apprehensive about visiting a gynaecologist.

Results: Over half the women we asked said that they would definitely consider using contraception in the future, but all 20 had the same response to accessibility of those methods – contraception is inaccessible overall in India. Whether due to stigma, lack of awareness or unaffordability, the consensus was that it is only available in urban areas to some extent. About 40% of the responses also indicated that there are negatives associated with gynaecologists in India due to fear of stigmatization or misconduct (in case of male gynaecologists) on part of the doctors themselves.

Concluding remarks: I had now come to the conclusion that I could only rely on our own efforts to change the situation as every feminist would have to. The government did not have our backs and nor did most of the medical community. We at least have the privilege to get easy access to pills living in urban areas. The conditions set by the government are flawed and only consider married heterosexuals with a child. A woman who is sexually active and has decided to remain childless cannot get the surgery, a woman who is married without the support of her spouse also cannot get the surgery and a woman who is not in a heterosexual relationship also has no access to get the surgery. People and not just doctors would question their decisions. There have been cases going as far as getting the person deemed mentally unfit just to get the surgery. This just reminds me of the Alabama abortion law that in Alabama the court can deem a minor mentally immature to have an abortion (but the minor is mature enough to raise another human being?). Birth control has become a thin line between control over population and control over women. Instead of being treated as a medical necessity and choice the government and sexist societies are using it to push their ideals and propaganda over women.

Contraception in times of covid 19 – a grim scenario.

The COVID-19 pandemic and the subsequent nationwide lockdown measures have affected all aspects of our social and economic lives. Public health responses and policies are yet to adequately address the specific needs of vulnerable populations. The effects of the pandemic also threaten to reverse the limited progress made on gender equality and women's sexual and reproductive health. Evidence from past epidemics as well as the

existing body of evidence around the impact of COVID-19 suggests that the disruption of essential health services, including family planning put women and girls at risk of decreased access to services as resources are diverted from routine health services including pre- and post-natal health care, family planning and contraceptive supply, menstrual health and other reproductive health services.

The limited availability of essential health services, including sexual and reproductive health services will be detrimental in the long run. According to estimates by UNICEF, India would have the highest number of forecast births, at 20 million, in the nine months period dating from when COVID-19 was first declared a pandemic. The Guttmacher institute has projected that a 10% decline in use of reversible contraceptive methods in low -and-middle-income countries due to reduced access would result in an additional 49 million women with an unmet need for modern contraceptives and an additional 15 million unintended pregnancies over the course of a year.

Recently released projections by the UNFPA suggest that 47 million women in 114 low- and middle income countries may not be able to access modern contraceptives and 7 million unintended pregnancies are expected to occur if the lockdown carries on for six months and there are major disruptions to health services. For every three months the lockdown continues, up to an additional two million women may be unable to use modern contraceptives

• According to projections by United Nations Children's Fund's (UNICEF), released on May 6th 2020, India is set to record the

highest number of births in the 9 months since COVID-19 was declared a pandemic on March 11, with more than 20 million babies expected to be born in the country between March and December

• An estimate by Foundation for Reproductive Health Services, (FRSHI) India suggests that due to the interruption in provision of reproductive health services resulting from the lockdown, an estimated 25.63 million couples will be unable to access contraceptives in India.

• As per NFHS-4, 13% of currently married women have an unmet need for family planning, Unmet need for family planning among currently married women ranges from a low of 3% among women age 45-49 to a high of 22% among women age 15-24. Less than 1/4th of the currently married women in India want another child.

Conclusion

Given the evidence we must apply a gender lens – using gender separated data and evidence to address programmes and policies around COVID19.

A positive that the pandemic has brought about is the online delivery of medication for hundreds of individuals who have access to the internet. As a rapidly progressing country, India has the ability to move forward. With joint efforts by organizations and government along with people we can change.

• Increase investments in family planning as the most cost-effective public health measures

. • Invest in the 3.3 million female frontline health workers who are the face of the Indian public health system and in many parts of the country the only health-care support

. • Use social and behaviour change communication (SBCC) campaigns to spread information and awareness on COVID-19 and address myths and misconceptions.

• Extra efforts are required to strengthen the public health system and increase health budgets to optimize service delivery and health facilities as well as maintain supply chains.

REFERENCES:

Ahluwalia, Sanjam. *Reproductive Restraints: Birth Control in India, 1877-1947*. University of Illinois Press, 2008. *JSTOR*, www.jstor.org/stable/10.5406/j.ctt1xcmgw.

https://nhm.gov.in/images/pdf/guidelines/nrhm-guidelines/family-planning/std-for-sterilization-services.pdf

https://privacyinternational.org/long-read/3863/country-case-study-sexual-and-reproductive-rights-india
https://www.thehansindia.com/life-style/health/population-foundation-of-india-assesses-impact-of-covid-19-on-women-and-girls-632997

If you' d like to know more about contraception in regards to rural vicinity in India and statistics please refer to-

Aalok Ranjan Chaurasia, "Contraceptive Use in India: A Data Mining Approach", *International Journal of Population Research*, vol. 2014, Article
ID 821436, 11 pages, 2014. https://doi.org/10.1155/2014/821436

ESCALATING DOMESTIC VIOLENCE DURING COVID

ARYA NAIR
TYBA

Before exploring the topic on the outburst of domestic violence during the lockdown period, one must understand the meaning and its dimensions of domestic violence which is already an epidemic across the world.

Domestic violence or intimate partner violence is a term used to describe offences committed against an intimate partner, family member, or other individuals within the household. Such offences may include physical, sexual, psychological, economic, or emotional attacks against a domestic partner.

As the coronavirus pandemic is accelerating, the cases of domestic violence have been increasing. Prior to the pandemic, it was estimated that one in three women will experience violence during their lifetime. Domestic violence encompasses violence against both men and women and includes violence amongst gay and lesbian.

 Globally, women tend to experience more violence than men. As per the data, The National Commission of Women (NCW) received 310 grievances of domestic violence between the beginning of March and April 5th and 885 complaints for other forms of violence against women such as bigamy, polygamy, dowry deaths and, harassment for dowry.

Due to lockdown the intensity of violence has increased this is because people are being trapped in a space with violence or

manipulative individuals. The World Health Organization (WHO) has said that the risk of intimate partner violence is likely to increase, as distancing measures are put in place and people are encouraged to stay at home. The number of domestic violence cases reported at a police station in Jinzhou, a city in the Hubei province of China, the region where COVID-19 was first detected, tripled in February 2020, compared with the same period the previous year.

Activists believe that the statistics may not reveal the real extent of the problem, as women need space and time to reach out to helplines or authorities. They also point to the fact that the complaints received by NCW are through the emails and Whatsapp, to which a majority of Indian women who face trouble do not have any access. Also, the NCW has not received any complaint through post during the lockdown.

 Sometimes, domestic violence also increases by spending more time with family members so ultimately, no lockdown for domestic violence in this COVID.

THE CYCLE OF ABUSE

The cycle of abuse is a social cycle theory developed in 1979 by Lenore E. Walker (psychologist best known for her work on domestic violence) to explain patterns of behavior in an abusive relationship.

It is used generally to describe any set of conditions which perpetuate an abusive relationship or codependent relationship, such as in poor parenting practices which are likely to pass on one generation to another.

The psychologist Lenore E. Walker interviewed 1,500 who experienced domestic violence and she found out that there was a similar pattern of abuse, called the "cycle of abuse". At first, Walker proposed the cycle by describing the controlling patriarchal behavior of men who felt empowered to abuse their wives to dominate over them.

Her terms "the battering cycle" and "battered women syndrome" has since been obscured by "the cycle of abuse" and "battered person syndrome", respectively for many reasons: to maintain objectivity; because the cycle of abuse may not be always physical abuse but the symptoms of the syndrome have been seen in both men and women which is not limited to marriage and dating.

The concept of the cycle of abuse has been used largely in domestic violence programs, specifically in the United States.

Basically, the phases of the cycle follow an order and it will go on repeating the same until the conflict comes to an end. Usually by the survivor completely relinquishing the relationship or some form of arbitration.

The cycle can happen hundreds of times in an abusive relationship. Even so, the length of the cycle usually shrinks over a period of time through which the "reconciliation" and "calm" stages may disappear. That's why in some cases violence becomes fierce and the cycle starts appearing frequently.
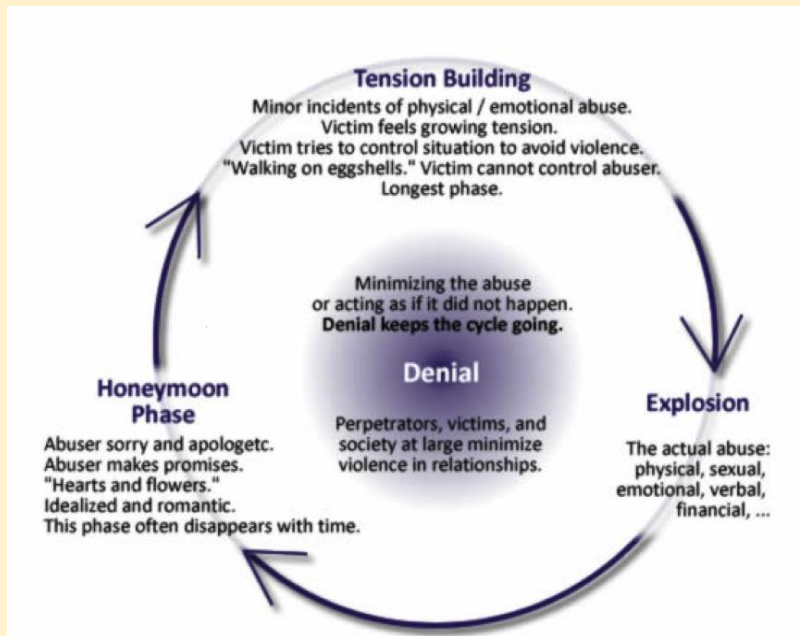
1: TENSION BUILDING

The first phase of the cycle is called Tension Building. In this cycle stress builds up from the pressure of daily life issues like conflict over children, marital issues, misunderstandings, or the other family conflict. It also builds as the result of illness, legal or financial problems, unemployment or catastrophic events, like floods, rape or war.

The abuser starts to feel ignored, threatened, annoyed or wronged during this period and it can last from minutes to hours or even for several months.

To put a stop to this violence, the victim tries to reduce the tension by becoming compliant and nurturing. On the other hand, the victim may provoke the abuser to get the abuse over with, prepare for the violence or lessen the degree of injury but the abuser never accepts his actions of engaging in violence or abusive behavior.

2: ACUTE VIOLENCE

This is a second phase Acute Violence where the abuser endeavors to dominate over their partner. Outburst of violence or abuse that happens which include both verbal as well as psychological abuse.

Generally, in domestic violence the children are negatively affected by having witnessed the violence.

3: RECONCILIATION/HONEYMOON

I would call this third Reconciliation phase as dormant stage in which the abuser's feeling of anger or violent remains inactive for a period of time instead; the abuser may begin to feel guilty or fear that their partner will leave the relationship or call the police and victim continues to feel the pain, fear, humiliation which was already happening to the victim during all these phases.

This phase marks an apparent end of violence, with assurance that it will never happen again. Some abusers claim to feel sadness or some abusers walk away from the situation but most of them shower the survivor with love and affection and some abusers tries to gain sympathy they use self-harm or threats of suicide, that survivor decides to stay in relationship confused by the behavior of the abuser.

4: CALM

Here comes the last phase of the cycle which is considered as an element of the honeymoon/reconciliation.

During this phase, the abuser maintains a calm and peaceful relationship with the partner by asking for forgiveness and may some agree to engage in counseling to create a normal atmosphere.

Gradually, the abuser's apologies and request for forgiveness becomes less sincere and are generally stated to prevent separation which leads again back to the first phase Tension Building. Effects of this continuous cycle are loss of love, complaint, distress and/or physical disability. Intimate partners may separate, divorce, or at the extreme someone maybe killed.

BREAK THE CYCLE: Break the cycle and come out from an abusive relationship by seeking help. Many online support services are available as some of them mentioned below:-Chat with a counselor on an online counseling chat helpline for women.

Dial 100(police helpline) if you're afraid of contacting the police to lodge a domestic violence complaint then there is an app called SHEROES APP for women.

SHAKTI SHALINI WOMEN'S SHELTER – (011)24373736/ 24373737.

NARI RAKSHA SAMITI- (011)23973949.

RAHI (RECOVERING AND HEALING FROM INCEST) A SUPPORT CENTRE FPR WOMEN SURVIVORS OF CHILD SEXUAL ABUSE – **(011)26238466/26224042, 26227647**

~~*

SEX WORKERS AND THE IMPACT OF COVID 19 ON THEM

SAKSHI JADHAV
SYBA

What is the first thing that comes to your mind when I say a 'sex worker'? The answers to this question could be really diversified. People may feel many different things about them. For example, illegitimacy, anger, curiosity, helplessness, disguise, pity or even empathy. There are a lot of controversies about the 'prostitution' and also many of our thoughts and beliefs get manipulated by the society. Our society is filled with hypocrisy. For example, prostitution itself is not illegal in India but public prostitution like owning and managing brothels is illegal. But the places like GB road and Kamathipura are some of the famous brothels in India about which everyone knows. If government announces prostitution as illegal then they will have to provide rehabilitation to all the sex workers. On the other hand if they announce public prostitution as legal then many biased people will say that it's a violation of our culture which is really ironic because if we look back, there was one of this customs called 'Devdasi' in Hindu culture. According to this custom people used to dedicate the young girls to the temples as if they are "married" to the main deity of the temple. These girls often served as "objects" of sexual pleasure for temple priests and pilgrims. This is why it is important to not get manipulated by societal views because society speaks according to its convenience and self-interests.

The people who earn money through the labor of their

bodies are known as laborers. Sex workers belong to the laborers community as they earn money through the labor of their bodies. In India, the laborers are constantly ostracized by mainstream society. But the problem is even more challenging for the sex workers because their profession is often looked as "indecent" by the privileged society. According to the National AIDS Control organization, there are about 6,37,500 sex workers in India. The unofficial number is even higher. The sex workers are one of the huge part of our society. The areas where sex workers live are known as Red light areas or Red light districts. Brothels are the places where they engage their sexual activities. Sonagachi in Kolkata, Kamathipura in Mumbai, GB road in Delhi are some of the largest red light areas across India.

Now, you may think that why women and transgender women happen to choose sex work as a profession. Many women get into this profession because of the economic issues and start sex work to raise money for them and their families. Even though child prostitution is illegal in India, many sex workers have entered this profession before 18. The women who are refused by their husbands as well as the women who are widowed, often enter into this profession. Many poor and village girls get tricked into this profession with the promises of other kinds of jobs and good money. On the top of that, women and girls get kidnapped and then trafficked into this profession by strangers and even by their relatives. Sometimes women get sold by their own families. Now imagine, how hard life can get of these people with the dark past and the present and what is the future of these sex workers in the Indian society where their very existence is under the threat.

According to the Immortal Trafficking Prevention Act (ITPA), the government is obligated to provide rescue and rehabilitation in a 'protective home' for any sex worker who is requesting assistance. Many NGOs who intend to rehabilitate sex workers to abolish sex work, lodge a complaints against different brothels to rescue minors and trafficked sex workers. But the problem with this rescue in which police along with the NGO workers raid the red light areas is that they do not differentiate between minors and consenting adults. Sex work can be a realistic choice to sell sex and it should be respected but this human rights violation happens during these raids. There is a lack of justice for these sex workers. People in position of authority routinely demands sexual favors from sex workers. Also, abuse by the police in the form of abusive language, beating, hair pulling, threatening, forcing to bribe happens during and after these "rescue" raids. I personally feel that if you are really interested in "rescuing" a person from anything, you ask that person if she or he really wants to be rescued and if the person says no then respecting their choice is our duty. I also feel that there could be more humane way to rescue sex workers who do not want to be in that profession anymore.

Many people have this misconception that the sex workers earn a lot of money and that the money is not an issue for them but that's not totally true. The economic issue has even got worse during this Covid pandemic for them. The whole world is fighting against the Covid 19. People are maintaining physical distancing to protect themselves and others from getting infected. The lockdown was announced in India by the government from March 25 2020. Because of these conditions sex workers stopped working as their work cannot be done without a physical contact.

The survival for them was possible for the first few months after the lockdown had been started but it became harder and harder for them as the lockdown kept on extending. This situation created an economic crisis for them. Some of the sex workers are being harassed by their landlords as they are unable to pay their rents. In India, many sex workers are the only breadwinners of their families and many of them are not able to complete the needs of their families. For example, paying fees for the education of their children and siblings. There are some sex workers who cannot even return to their native places during these hard times. Either they haven't told their families about their profession or they have lied to them about it because of the existing social stigma. So, either way they cannot go home but many of them have to send money to their families regularly. One more reason why some sex workers cannot go home is that they don't have any home as they were trafficked at a very young age. Indian government has been providing the dry rations and other food supplies to the laborers but just people with ration cards can have access to these rations. About 50% of Indian female sex workers do not have ration cards as they cannot provide the proof of residence, because the Indian Penal Code makes it a criminal offense for anyone who rent their premises for the purpose of sex work.

There is a huge toll on physical and mental health of the sex workers during this pandemic. Many of them are more vulnerable to Covid because of the pre-existing diseases. According to the 2018 study by United Nations program on HIV and AIDS, nearly 1.6% of the sex workers had HIV/AIDS in 2017. The government hospitals are already overcrowded with Covid cases and very few of them are offering any other medical services, medication and

treatments. Because of this, the sex workers who are suffering from HIV/AIDS, diabetes, blood pressure are facing problems with getting their regular medications. The brothels are generally very overcrowded. For example, nearly 25,000 sex workers and their children live in Kamathipura, Mumbai with 8 to 6 people living in 10 by 12 feet rooms and 50 people share a bathroom. So, if Covid breakage happens, it will be really hard to control. Because of all this, there is a major toll on their mental health. Many of them are suffering from anxiety issues and they need more counseling. Covid pandemic has impacted every strata of our society but the people like sex workers who are economically, socially and culturally marginalized have to suffer the most. Many sex workers don't have any social networks to get support from, because of the people's mentality towards their profession. Sex workers are the people who belong to our society and yet they don't belong. Because of the poverty, social stigma and the nature of their work these people suffer the most.

Apart from all these negative impacts of the pandemic there are a lot of positive impacts too. Sex workers who are educated are seeking other jobs and don't want to return in this profession even after Covid. Many of them have started their own little businesses like tea stalls. Some of them are making and selling masks and sanitizers. Many sex workers have adopted the new norms during Covid like doing temperature checks on clients, sanitizing the room after every visit. Most importantly, many sex workers have turned to technology like e-sex through video calls using the apps like zoom, telegram, etc.

The social organizations are the big help to the sex workers during these hard times. Many social organizations are providing

food supplies and daily meals to the sex workers. Social organizations are trying to get these sex workers other jobs as well as helping them to start their own little businesses. They are also helping them to learn about technology like how to use e-wallets, etc. This adaptation is really a great progress but there are some issues like not everyone is tech savvy and some can't even afford it. Sometimes their clients are not comfortable with an online interaction. Also privacy is the biggest issue. Sex workers who are living with their families cannot indulge in e-sex. The collection of funds to help sex workers is hard for social organizations. The people who think of these sex workers as bad people doing something really bad, tend not to give money for them. But sex workers are people just like us doing their work to earn money. What they do is not against humanity and I don't think that there is any religion greater than humanity. So, let's accept these people by showing some humanity and if possible try to help them!

~~*

WE ARE ALL GUILTY

SAKSHI JADHAV
SYBA

We are all guilty. . .
For scolding our daughters for being friends with the boys.
For not teaching our sons that girls are not some toys.
For trading her in return of some money under the name of "dowry".
For making him ashamed of himself just because he likes fairy.
For teaching her to always act like a coward.
For telling him that he is not man enough if he isn't powered.
For telling her that wearing shorts makes her slut.
For not teaching him that even a little bit of misogyny makes a very deep cut.
For making her feel like she belongs to nowhere and calling her "paraya-dhan".
For treating him like he will be our saviour to the way of heaven.
For telling her to grow some breasts because without them she will not be able to hold their breaths.
For not letting him cook because men are not supposed to be chefs.
For telling her that the kitchen is her only territory.
For not teaching him that it's not good to be discriminatory.
For not letting her go to another city to study because of the "safety-issues".
For being so busy making him strong that when he cries we forget to give him tissues.
For telling her to cover that wound from last night's slap.
For not teaching him that abuse is wrong but instead we clap.

For telling her not to be so loud, she shouldn't be the highlight of the crowd.
For telling him that he should always be work-vowed, otherwise he will not make us so proud.
For not teaching her how to say No, because her opinion is always below.
For not teaching him to stop when she says No, because how to feed his demons is the only thing he knows.
We are all guilty
For hiding the victims in our homes.
And we are all guilty
For hiding the rapists in our homes.

<div align="center">*~*~*</div>

SOCIAL PSYCHOLOGY

UNDERMINING THE FOUNDATION OF OUR BEING HUMAN OBLIGING US TO KEEP PHYSICALLY APART FROM ONE ANOTHER

MARIYAM MITHAIWALA (SYBA)
ESHA CHAKRANARAYAN (TYBA)

What makes us different from other creatures?

There are many traits, behaviors that make humans exceptional. Some of these traits and behaviors are easy to identify. Over the last fifty years or so, however, researchers have developed models, experimental paradigms and tests that provide greater and greater insight into what makes human beings exceptional however we seem to overlook one such quality and that is HUMAN TOUCH OR EMOTION.

The complexity and differentiation of human behavior is qualitatively different. The human brain is a wonderful mirror to other humans. We have mirror neurons in our heads that help us share emotions with other humans. That's a very good thing, because it means empathy is real, sharing is profound, and we are not alone. Emotions, feelings, empathy, sympathy are all traits that we share with each other as humans. What we currently are experiencing with the covid-19 pandemic is strange and fearful in recent memory. Undoubtedly, we have lost many precious things during this situation. **Imagine waking up one day with no feelings or emotions at all, what will it be like?** During this tough time in pandemic one thing that is getting overlooked by us is compassion, expression of our emotions towards others are being sealed. During these hard times when our thoughts are

constantly being attacked by negativity we need others as much as we need ourself.

HAS SOCIAL DISTANCING DISTANCED US FROM ONE ANOTHER?

Social distancing or physical distancing are the words that we have been listening to quite regularly from the past few months. Most of us are facing stress or loneliness during this tough time of pandemic. However, these steps of practicing social distancing is a very essential part as it has been helping us to keep ourselves as well as others protected.

FROM TECHNOLOGICAL TO REAL SELF- QUARANTINE -lest we forget, long before the onset of the coronavirus, we created something that I would call technological "self -quarantine". We sit at our game consoles, but only virtually, play with others all over the globe. We use our laptops or phones and communicate via snapchat, Instagram or facebook. But many of us do so all alone in our apartment or house, disconnected from real social contact. We don't visit others any longer. We don't call much anymore either. We don't email any longer and, for now, send text messages instead.

LONELINESS KILLS OVER TIME-among seniors, the close correlation between loneliness and premature death has long been established. According to the Health Resources and Services Administration [HRSA], 43% of seniors feel lonely on a regular basis and there is a 45% risk increased mortality in seniors who feel that way. According to the HRSA, loneliness may have the same damning health effects as smoking 15 cigarettes a day. Among younger adults, self-isolation leads to higher

dependencies on video games and the overuse of recreational drugs.

As we are practicing this essential thing, one thing that has also distanced is the connection we have with each other. We know that man is a social animal and this important part has been skipped out of us during these times. The current pandemic has brought new words into our vocabulary. But if we think about it they are not just mere words, as they also carry with them an associated adaptation to a new lifestyle: work from home, school from home, no travel as it is banned.

THE TWO WORDS 'SOCIAL' AND 'DISTANCING'

Social means companionship, friendship. Humans are social beings and we exist in communities. To understand the basics of it, distancing means to be separate. Simply put, social distancing is to maintain a distance between ourselves and others, whether affected by the disease or not. But is it social distancing that we are being asked to do? Not really. Physical distancing, certainly, but does that mean that our social structure needs to fall apart? While maintaining our physical distance we have also distanced ourselves emotionally. Somehow we have to be able to disentangle the two things. If we think about it we have always lived in physical distances, spouses working in different states or countries, and families have been spread around the world. Today, we stay connected socially and emotionally through technology, and our lifestyle has been like this for quite some time.

Then what makes the current situation so different? Perhaps it is because we are just so worried about ourselves that we have forgotten to show compassion towards someone else too.

SO HOW CAN WE STAY CONNECTED WITH OURSELVES AND WITH OTHERS WITHOUT BREAKING PHYSICAL DISTANCING?

This is the time when we can strengthen our bond with yourself and others.

Connections happen when you get:

- Concrete help, such as having a friend pick her groceries.
- Emotional support, like saying you can share your worries with me, I am there for you.
- Perspective, like being reminded that even this shall pass on.
- Advice, such as what can do when you feel down.
- Validation, like learning that other folks do have the same habits as you do.

Ask Yourself If You Have At Least A Few Friends Or Family Members Who:

- Feel comfortable to be with
- Make you feel valued
- Take your concerns seriously
- Can trust you and they can tell you anything

"Fear of disease can change the way we behave in more ways we realize"

ARE WE LOOKING AT EACH OTHER AS THREAT AND WILL WE BE CONTINUING TO LOOK EACH OTHER THE SAME EVEN AFTER THE PANDEMIC?

The threat of contagion can twist our psychological responses to ordinary interactions, leading us to behave in unexpected ways.

Rarely has the threat of disease occupied so much of our thinking. For weeks, almost every newspaper has stories about the coronavirus pandemic on its front page; radio and tv programs have back to back coverage on the latest death tolls; and depending on who you follow, social media platforms are filled with frightening statistics, practical advice or gallows humour. But the constant feeling of threat may have other more insidious effects on our psychology. Due to some deeply evolved responses to diseases, fears of contagion lead us to become more conformist and tribalistic, and less accepting of eccentricity. Our moral judgements become harsher and our social attitudes more conservative when considering issues such as immigration or sexual freedom and equality.

FEAR OF OUTSIDERS

Besides making us harsher judges of the people within our social group, the threat of disease can also lead us to be more distrustful of strangers. That's bad news if you're dating. In both online profiles and face to face meetings, natsumi sawada at McGill university in Canada has found that we form worse first impressions of other people if we feel vulnerable to infection. Further research has shown that conventionally less-attractive people are judged especially harshly-perhaps because we mistake their homely features for a sign of ill health.

Our heightened distrust and suspicion will also shape our responses to people of different cultural backgrounds. Earlier in the past, people outside our group may have been less likely to observe the specific perspective norms that were meant to protect the population from infection, and so we feared that they would

unwillingly (or deliberately) spread disease but today, it can result in prejudice and xenophobia.

HOW HAS TECHNOLOGY TRULY AFFECTED OUR LIVES?

There is no denying that the advancements of technology over the last fifty years have been incredible. Communication technology has brought us closer than ever before and information has never been so accessible thanks to the power of the internet.

However, despite the countless ways that technology has improved the daily lives of the masses, it has also had its drawbacks. Too much screen time is happening around you in terms of having a face to face conversation with someone. Catfishing and other online deceptions have less people feeling violated and foolish or even in danger.

- online shopping and robot deliveries
- digital and contactless payments
- remote work (work from home)
- Distance learning
- online entertainment

COMMUNICATION-in times like these when the world faces the trials and tribulations of a pandemic, being able to video call family members and friends from all over the globe has never been so greatly appreciated. Even those who may have been camera shy before are now happy to be able to see the faces of the ones they miss. The improvement in communication technology has been incredible and there is no doubt that this has certainly been a benefit to everyone. Even before this current global crisis, the ability to contact those who are on the other side of the world has helped individuals nurture their relationships.

BIBLIOGRAPHY:

- Bangee M., Harris R. A., Bridges N., Rotenberg K. J., Qualter P. (2014). Loneliness and attention to social threat in young adults: findings from an eyetrack study. Pers. Individ. Dif. 63 16–23. 10.1016/j.paid.2014.01.039
- Cacioppo J. T., Patrick W. (2008). Loneliness: Human Nature and the Need for Social Connection. New York, NY: Norton.
- Cameron C. D., Harris L. T., Payne B. K. (2016). The emotional cost of humanity: anticipated exhaustion motivates dehumanization of stigmatized targets. Soc. Psychol. Pers. Sci. 7 105–112. 10.1177/1948550615604453
- Cameron D., Hutcherson C., Ferguson A., Scheffer J. A., Hadjiandreou E., Inzlicht M. (2019). Empathy is hard work: people choose to avoid empathy because of its cognitive costs. J. Exp. Psychol. 148 962–976. 10.1037/xge0000595.

~~*

THE UNSUNG HEROES OF THE WAR

MADHAVI MENON

SYBA

When the pandemic struck the world in March of 2020, it became deafeningly silent. People were left baffled; a large number lost their jobs and everybody was trying to scurry back to their hometowns haphazardly. There was extreme commotion and confusion. People who were affected the most were our migrant workers, daily wagers, domestic help, and many more.

Armed in shoe covers, a gown, protective goggles, gloves, and an N-95 mask, doctors and nurses are working around the clock, breaking over-time records. Most of them don't even get to tuck their children in bed because of their long (sometimes 24-hour) shifts. A lot of them have given up going home and are living in solitary confinements, video-calls being their only form of solace. They are under immense pressure from the fact that there is no definitive cure for this infection along with calming the alarmed nerves of the families of patients. Many of them don battle scars: deep cuts from wearing masks, long hair being chopped so that it doesn't come in the way of the PPE gown, sore feet, and blistered hands. Due to scarcity of resources, a lot of medical officials are forced to reuse masks and kits which is an extremely risky thing to do. But I suppose in times of crisis, one has to weigh what is riskier.

There are millions out there who are rising above these dangers and going beyond the call of duty and fighting to keep the wheels of normalcy running. While doctors and nurses are manning (and wommaning if I may) the frontline, most of us forget to look beyond that. We have the policemen holding the fort down.

Countless times they have to go to the houses of quarantined patients and make reports along with at times, asking them to get admitted into hospitals. We see them on the roads, the scorching sun beating down on their capped heads or at times taking shade in small make-shift shelters to save themselves from the pouring rain. They've pleaded with us all with folded hands to not make their jobs tougher than it already is. But what do we give in return? Getting upset and annoyed at them and provoking them to use force. None of us realize that what they're doing is BESIDES their normal work.

We then have our online delivery executives who are making sure that we get our orders delivered in the stipulated time. The world might have come to a standstill, e-commerce hasn't. If nothing, it's boomed. They are taking extra measures to make sure our products are contact-less deliveries and sanitized at every step. The Zomato and Swiggy delivery boys, who go from house to house serving warm food to people while trying to maintain self-hygiene. Would it hurt us to tip off an amount as small as rupees 10 or 20? We have our milk and newspaper delivery guys, who are ensuring that we have our daily cup of *chai* and coffee while reading the headlines. The garbage pickers who pick up the waste from houses and separate them every single day. The floors in our buildings don't magically clean themselves. From the safety of our homes, we read the perplexing news of the COVID-19 situation. Do we pause and think about the news reporters and camera-men who are making this possible? The telecom staff who are putting up towers everywhere to ensure that there are no network issues for people working from home. The power company technicians are making frequent rounds around town to ensure the reduction of power cuts on the drowned power grids.

While we walk down to our local *kirana* stores to buy household supplies, the shopkeeper greets us with a smile and a bottle of sanitizer. Although they look cheerful on the outside, they are terrified of being in contact with such a large number of people. Along with the safety of their families, they're also worried about their dwindling business.

On the side-lines, we have security van drivers who are going from ATM to ATM, ensuring the availability of cash everywhere. The vigilant security guards who are diligently taking temperatures and maintaining a log of everyone who's coming into the society. These people are working double, sometimes triple shifts just to make ends meet. With the introduction of online classes, I'm sure their children would require a device with the internet. Along with this are our cab drivers. They have suffered a heavy blow during this locked-down. They are doing their best to pay off EMI's and school fees with their meager income. We have petrol pump workers, filling cars all day long. They stand for over 7 hours a day! We have public bus drivers and conductors still functioning because they cannot afford to lose their jobs. Have we finally started respecting our domestic help and car cleaners for the work they do? What seems so effortless for them is backbreaking for us! The dusty cars were a constant reminder of how our society would be without them.

Amidst this, we also have people who are fighting to keep the society up with the 'new normal': the railway team brainstorming how to convert train compartments into emergency beds; the government officials working relentlessly to release orders for the administration to abide by, bank staff who work hard to keep the recessive economy active and insurance professionals ensuring our protection and medical costs to be covered. This also includes

a 5-year-old teaching her grandmother to press the lift button with her elbow and pushing lobby doors with her feet.

As individuals, can we modify our attitudes towards these unsung heroes and treat them with the dignity and respect they deserve? Can we give them the pride and place that they have earned through their relentless and diligent work? We owe our 'new normal' to these people. Once complete normalcy is restored and we are back to bustling to our workplaces, the pandemic becomes a thing of the past. If we fail to pass along this story to our future generation, it will be an unjust action against humanity.

Bibliography:

https://www.thehindubusinessline.com/opinion/salute-the-unsung-heroes-of-the-covid-fight/article31527505.ece.

~~*

CORONAVIRUS A RACIAL SLUR
PRIYANKA WANGKHEIMAYUM
TYBA

Corona virus pandemic has made the world more racist than before.The fear caused by the virus is leading to discrimination and xenophobia.This wave has been a spike in racist terms,memes and news articles targeting Asian or mongoloid communities and also named as Asian flu world wide.

In the UK, people are asking not to be treated by doctors or nurses of Asian ethnicity.Rumours are circulating that Chinese people are spreading the coronavirus in America. School Children are bullied for being of Chinese origin. Racial slurs are hurled at people who "look Chinese".In the most egregious hate crime thus far,an Asian American family, including a two year-old girl,was stabbed at a Sam's Club Store in Midland, Texas. A Singaporean man was assaulted, kicked and punched by a man who said,"I don't want your coronavirus in my country". Many different incidents are happening across the world.

In India,the pandemic has reinforce racism against North East Indians,during the pandemic the fight by North East Indians was with the mindset of the rest of Indians as much as the virus itself.It was a fight not only against the presumption of being '*Non Indian'* with negative affiliation or worse '*Unwanted Indian*' but also to get due recognition and acceptance as equal Indians.

Many North East Indians living in other parts of the country have been racially attacked, giving names like coronavirus, corona,

corona go corona go, coronavirus aa gaya and find it hard to even buy essentials like groceries at the time of pandemic.

Till March 11 2020,THE HINDU,PUNE received at least 10 reports of racism incidents from Northeast people because of their features.

I'll like to share only 3 incidents which I personally know.

Mizoram woman,a working professional in Pune was subjected to humiliation in Reliance Mart a shopper in the same aisle created a ruckus, saying she could be a carrier of COVID_19and also one woman covered her face each time she passed by her and when she asked her what the matters was,the woman began to scream and shout gesticulating that she had been infected.

Two students from Nagaland were refused entry into a supermarket in Karnataka Mysore and allegedly told that they were not Indianthey even showed their Aadhaar card but the security person told them "we don't accept foreigners". Manipuri woman in Delhi stepped out to buy groceries, a middle man on a scooter spat *paan* on her and called her *'corona'.*
These pandemic has reinforced racism against North East Indians, which the country has been grappling with this social problems in the last one decade or so.One of the reason of non recognition or misrecognition of North East Indians is because the rich history of region is not included in Indian textbooks or in any curriculum.

India must include the rich history, culture, politics of the people of North East India in the curriculum so that every child knows,learns and appreciates that India is a land of diversity.

Everyone will have to be together, physically, mentally or in the virtual space,to resist and fight the shadow pandemic.Rethinking and researching about first before believing the rumour and spreading again will also help in fighting against racism.

Reference:

- Al-Jazeera.com
- www.weforum.org.
- feminism India.com

~~*

QUARANTINE WITH FAMILY

PRATIKSHA JORE
SYBA

Family - A basic social unit consisting of parents and their children, considered as a group , whether dwelling together or not. While there are happy & bonding families , there are also argumental & dysfunctional families who do not get well together.But because of this covid-19 pandemic we all family members are stranded together either willingly or not.

Some people are really enjoying this time that they've finally got to spend with their loved ones which they could never make in their busy lifestyles. Family members are getting to know each other well closely, are bonding more than ever. The kids who wanted their working parents to play with them for a bit longer have them to themselves completely now. An analysis by The Economist conducted in 11 countries found that the average mother spent 104 minutes a day with their children while fathers spent an average of 59 minutes. The survey had pointed to 34% of respondents feeling guilty at not having enough time to dedicate to their children, citing their successful careers as a reason. However, staying-in at home has helped them refocus and indulge in a number of activities along with their children.Also, some adults who were far away from their old parents for jobs are home and are spending quality time with their families.

Families are working out together, watching movies and shows together, doing creative activities together,cooking,etc. Inshort, these families are definitely going to come out of this pandemic stronger.And this enforced togetherness can deepen relationships for years to come.In the 'Make Space for Life' survey conducted

by Godrej Interio, it was found that 56.7% of the respondents rated their work-life balance as terrible. But, the lockdown has slowly changed that, with more and more people making use of the time to improve their relationships with not just immediate family, but also re-establishing bonds with other relatives. The lockdown is also helping in breaking down the gender roles; the roles have now been reversed in households - men are now venturing to the kitchen to make meals for their kids.

While this may not be the case with everyone.There is always a other side to the coin. There is no denying that we are in a stressful time. From working from home, homeschooling and the worry and anxiety this time is causing, we are stressed. This is a hard time for every member of the family.

Parents are understandably stressed and anxious, but so are children and teens. The disappointment of not being able to see friends or enjoy the end of school year festivities is weighing on our youth. It is important for parents to keep that in mind while navigating this time. In some cases, families are running off the rails. There is stress,misunderstandings, arguments, fights and in some cases violence too. While some families have never spent so much time together and therefore don't know what to do out of it .On the other hand, some families already had strained relationships and now because of the lockdown are forced to quarantine together. While some families seem to have developed their relationships , others also seem to have deteriorated than before. In such cases, going to school/college/work, hanging out with friends used to be a kind of getaway for both parents and kids but because of the pandemic that is too prohibited. Throughout the pandemic, family conflicts have been

brief, but frequent. The irritability and boredom caused by self-isolation have caused us to be quick to insult or side-eye each other. Which then escalates into a fiery argument that surfaces feelings that have long been repressed. And this goes on an everyday basis,which can be really stressful.

Since there is no clear timeline about when we will go back to our normal routines, it is important to learn how to manage our emotions and navigate friction at home.

Before you communicate your anger, either through your voice or your facial expressions, take a moment to reflect. You can also write down whatever you are feeling so that the initial rage and frustration subsides. After you have calmed down a bit, you can engage in a more fruitful conversation.

Lashing out at a loved one will not provide any fruitful result and will only result in more fights. Hence, instead of giving in to the anger and frustration, try and communicate what you want your family members to do, in order to make things easier for everyone in the house. If you want your parents to take better care of themselves during the lockdown, you again need to clearly communicate your needs. Getting irritated at your loved ones isn't going to serve any purpose, especially if you are managing a lot of things at once.

It is common knowledge that we all need some time during the day solely for ourselves. At such times, binge watching a show, reading a book , cleaning your room, drawing ,meditation, watering plants , taking a nap,etc can release some of your stress and make you feel calm.

No matter how much bonding or how many arguments we are having with our families right now, let's all not forget that these are difficult times and there is so much that is out of our control. So,

let's be mindful and try to understand each other and stay safe which is the utmost need of the hour.

~~*

WHEN WILL THIS GET OVER?

SHREEYA PANDA
SYBA

When will this be over? When will we regain our actual freedom? How much longer do I need to keep washing the dishes or sweeping the floor? Is this just a nightmare that I can't wake up from?

Aren't we all thinking this?

I think we have more questions like this that keep on piling up on us, more and more everyday. We feel that there is a need to regain the old normal, our freedom, to roam around without having to be cautious to catch a disease that might actually kill us. Beginning and up until now, 2020 is unlike any year. The most unpredictable. Unpredictable in a way that was like none of the years that passed us by. It affected everyone and everything on this planet. In such a circumstance, of many changes, keeping up with our mental health has been difficult as we go through many moods through the entire day , both liking the time at hand and cursing it as well. Our "normal" is what we want to return to.

As one of my favorite writer's quotes, "Human beings are the most afraid of change, yet most adaptable to it". Isn't this true? Even though we have mixed feelings about the whole situation , we have adapted to it in many ways like : Always wearing a mask while going out, keeping distance while grocery shopping, not being able to try the clothes on in shopping malls, etc.

Why? Why are we afraid of changes? If you want an answer to this, do read on.

Whenever we complained or vented about things being bad in our lives to our friends or our parents , we often heard the following : "everything will be alright" or "it is going to be okay" or different forms of these exact sentences. People, thus, do not know how to access their feelings because they were always talked out of it.

"Feelings are a way of making sense of our lives" said Lori Gottlieb, a psychotherapist.

Yet, why do we run away from it? Why were generation after generations taught to chase the "positive" feelings and run away from the "negative" feelings. Life will not always go one way. It is then only viable to accept our feelings as they are without labeling any of them and trying to run away from a few of them. Compassion and acceptance towards all feelings will be the only way of self liberation and key to maintaining your mental health.

"Feel your feelings". Feel all of them. Don't treat your emotional pain as a weakness. Avoiding, being afraid of feeling your feelings is a shortcoming which affects many. Ask for help. Talk to someone. Understand. Be Understood. Do things that bring you joy in small ways. journal your feelings. Be kind to yourself. Feel all your feelings without trying to escape it. Avoid people who drain your energy. Go towards understanding yourself more than having others understand you. Try to take a step back from helping others all the time. Spend some time with yourself. Appreciate yourself, you deserve it.

 And most importantly, REST.

 You are a whole world within yourself, Go explore.

<div align="center">*~*~*</div>

HOW TO BE HAPPY DURING THE PANDEMIC? AND HOW TO FINISH THE QUEST FOR IT?

RITIKA V SARNOT
SYBA

We need to understand that HAPPINESS is a temporary thing. most of us probably don't believe that we need a formal definition of happiness. It is a state of mind in which people feel satisfied, appreciated, and peaceful. Most of the people feel happy when they don't feel about anything else and just enjoy the moment.

We know it when we feel it and often we use the term to describe a range of positive emotions, including joy, pride, contentment, and gratitude.

psychologist Seligman states that happiness is a mental & emotional state of well-being characterized by positive or pleasant emotion ranging from contentment to intense joy.

Positive psychology often defines a happy person as someone who experiences positive emotion. Happiness can be achieved by positive emotions, a better engagement, a healthy relationship, a meaningful life, and having a sense of accomplishment.

SO, HOW TO BE HAPPY?

Scientists Meike Bartels have identified a happiness gene by which people are likely to feel satisfied with lives. happiness is partly determined by personality traits that are largely hereditary, along with your situation in life. Psychologist Sonja Lyubomirsky suggests that 35-50 percent of happiness is genetically predetermined, while 10% is due to life circumstances, and 40 percent is the result of your own personal outlook.

Also, hormones and neurotransmitters play a greater role in happiness. Hormones and neurotransmitters can regulate our feelings.

Here are the main happiness hormones, plus ways to boost them:
DOPAMINE:
It is known as the happiness hormone; the brain releases it when we eat food that we crave or while we have sex, contributing to a feeling of pleasure and satisfaction as part of a reward system. Consumption of coffee, cheese, chocolate, beans, nuts, eggs, fish, chicken can help you to increase the dopamine levels in your body.

SEROTONIN:
Also called a mood-boosting neurotransmitter. The most effective and natural way to boost serotonin level is by exercising daily. Banana also helps to increase serotonin.

OXYTOCIN:
It is often called 'love hormone'. Linking oxytocin release to life satisfaction levels. Spending time with loved ones, being kind to others, cuddling, and a relaxing massage stimulates oxytocin.

ESTROGEN:
This hormone helps you to protect you from irritability, anxiety and keeps your mood steady. Smoking and extreme workout can lower the level of estrogen. Flex seed, soy, fruits, nuts, dry fruits, red wine assist to increase estrogen.

PROGESTERONE:
This helps you to sleep well and prevent mood swings also maintains healthy body weight and reduces stress. Beans, cabbage, nuts may help to stimulate the body's production of progesterone.

POSITIVE EMOTIONS:
According to the science of happiness basically, there are two truths about positive emotion; which help us to be happy easily. First positive emotions increase our awareness and they increase the expanse of our peripheral vision and we see more possibilities. Whenever people are happy they come up with more ideas and the widening of awareness is directly linked to greater creativity. Martin Seligman says   that if you induce positive emotions people are more trusting and they come up with win-win situations. Second positive emotions transform us for the better. It helps to build people's mindfulness, their ability to stay in the present moment, and also helps their close and trusting warm relationships.
If we increase our daily diet of positive emotion we come out later being the better, stronger, more resilient and more social version of ourselves which eventually gives us happiness.

HAPPINESS MANTRAS:
- Practice mindfulness (state of being conscious or aware of something)
- Smile: smiling activates positive memories
- Spend time with loved ones
- Go for a run (if possible): helps to release the hormone
- Perform an act of kindness

- Gratitude: it is linked to boosting positive emotions and optimism
- Think of happy times:
- Find joy in little things
- Do what you are most passionate about
- Call an old Friend
- Look at your old photos
- Talk to your parents about your childhood memories
- Keep the happiest photos (hard Copies) of your loved ones where you spend most of the time
- Listen to your favorite music and dance
- Get to know yourself

~~*

INVISIBLE ENEMY!

SWARANGI GADGIL
TYBA

2020 is the year where the whole world is grappling with an invisible, deadly enemy, trying to understand how to live with the threat posed by a virus. Each and every country announced a lockdown. So as happened with India. India is a demographically diverse large country with high population density. The nationwide lockdown was the only strategy in the fight against COVID-19 pandemic, which started on 24^h March 2020.

In this lockdown many changes took place to the usual ways of life. First time in history we were told to save the human race by sitting at home, lying in front of the TV and doing nothing. Every individual was a free bird who had no routine and was away from work.

We enjoyed our actual and official 6 months holiday which was just a hallucination before, which came true. But along with this the Mental Health from different age groups was affected. Terms like loneliness, anxiety, helplessness, stress, lazy, nervousness, uneasiness, desperately came up which ultimately lead towards depression of an individual.

During a shutdown, the things that mark our days – commuting to work, having a drink with friends, writing for weekends are all vanished; only because of that invisible deadly enemy. As pollution decreased in these couple of months, the air has become fresh and vibrant with dazzling sun, and blue sky. Such a perfect blissful morning. And surprisingly we are only allowed to enjoy this beautiful day from our balconies.

Though the air is fresh and pure, we are supposed to put on masks, maintain social distancing, use of sanitizers and stay at home. After all this is the only way by which we can tackle the virus and enjoy our busy routine once again.

~~*

WE ARE TOGETHER!

SWARANGI GADGIL
TYBA

As the coronavirus pandemic has stretched around the world, it's sparked a crop of diary entries and essays that show how life has changed. Mental Health is affected very badly, from each and every age group. Novelists, critics, artists and journalists have already put their words to the feelings that many are experiencing.

Schools are shut, and students are stranded at home, with extremely limited contact with friends and virtually no physical activity. Due to this academic year students got badly affected. Exams, practicals, vivas are all halted. Not only school exams but even competitive exams like UPSC, JEE, NEET, CET are parked. Before Covid-19 I used to think that, "What if Exams are/got cancelled?", was the topic only for essay writing. But this deadly, invisible enemy made my illusion come true; which was just a hallucination. I'm damn sure each and every child was happy as exams, homework, projects, assignments, submissions were replaced with sleep, play, eat and repeat. The concept of a 6 months holiday twice a year came true, fortunately or unfortunately.

Gradually this bought a lot of access towards mobile phones and more electronic gadgets. There was a sudden increase in Cyber Crime. Hackers got activated intensely. On the other side many people were getting familiar with e-learning and in view of Virtual Classrooms. On this note teachers, especially female teachers

should be appreciated. Like a wizard, women from every house got engaged in numerous types of duties.

In this pandemic, the secret of change is to focus all of your energy, not on fighting the old, but on building the new. Along with this fact that e-learning requires strong motivation and time management skills can't be ignored. Even there is a lack of communication, skill development in online students. And online is inaccessible to the computer illiterate population. But this is what we are supposed to learn in this pandemic. We should overcome our all demons and go hand in hand and face the situation. In short everybody has got plenty of time to improve one's Self – Discipline.

Sometimes even I crave to go in my school classroom and sit on those wooden benches surrounded by other classmates. The teacher holds white chalk and duster, standing near the blackboard. Waiting for proxy lectures, chit chatting with friends in the parking area, rushing towards the canteen in the breaks. Even the small journey from college to home and college to home, was also full of adventures and fun.

Though online lectures have started this all fun is missed by each one of us. Before these Covid days I used to wait for my Saturday's and Sunday's. But now I'm willing to get back to those old golden days again and sit on those benches and enjoy the normal daily routine again. Life without school feels like a child's compass-box without pencil and eraser. Ultimately, the greatest lesson that Covid-19 can teach humanity is that we are all in this together!

~~*

Being An Artist During Pandemic

**Sanjh Dubey,
TYBA**

Every person has had a different experience during this pandemic good or bad and this is my experience. Being an introvert, it wasn't really difficult for me to stay at home but there were some days that I really wanted to go out and hang out with some of my favorite people though I controlled myself. As I saw many people on social media being productive and working on themselves, I decided to do the same. I started working on my skills. I picked up some books that I never thought I would have read during my pre-pandemic days. I started working on my own songs. I definitely felt good about myself, I even started exercising.

And of course, as good things never last forever, my excitement and motivation started to fade away. I again started scrolling my Instagram feed and watching other people's lives. After spending hours on social media, I observed something, all the artists I was following were really being productive and creating content almost every day. A lot of artists started doing live streams to increase engagement with their fans. They were working really hard on their social media presence. All the small artists were using social media to promote their music. During this lockdown period a lot of people started learning some instruments, especially ukulele. I personally attended online concerts that were organized by local music groups and there I witnessed many newbies learning to play ukulele. There is one ukulele teacher I know from Pune who had a busy schedule for 6 months during this COVID time.

As most of the citizens on this planet were on social media scrolling their feed every second because there wasn't much things to do and that really benefited small artists.

Social media is a very crucial place for musicians if they know how to use it. People from all around the world can see your work. Artists who normally had 500 streams on spotify started getting 1000 streams in a day. Collaborating with people far away from you became so easy. Not everyone knew about these benefits so only some of the artists could really take the advantage of it. Some of the people didn't have the mental capacity to do all that work as this quarantine situation took a toll on everyone's mental health.

Getting inspired from all those artists I also started making some content for my followers and as a result, I gained some followers and also made some new friends. Having all this free time made me think of what I really wanted and how it can be achieved. I think this is the vacation we all needed to work on ourselves and pick up the work that we couldn't do in our normal hectic days.

~~*

GET UP AT IT

SHIFA MEHERALLY, TYBA

How is everyone doing during quarantine? It really is still hard to believe the unprecedented times that we are living in. At the start of the quarantine I thought, what am I going to do with all this time at home? Initially it was a little dull, but I made a plan to make sure that I stay active and use this time wisely.

I know that not being able to go out, see friends, go for movies, the gym, socialising can be really daunting. It really affects your mood and productivity and leads you to spending your days on your couch watching Netflix.

Hey! There is nothing wrong with that, but in the longer run and after this period is done, you may regret you didn't use your time in a productive way.

Think of three things that you've been wanting to do or learn, but because of the lack of time or motivation its left aside. Maybe you have been waiting to start writing or learn a new skill or maybe just trying out a new recipe. Whatever it is, this is your chance to make it happen, so here are a few tips to help you make the most out of your time at home. Let's go!

1. **Get a morning schedule**: Create a morning ritual, it can be as simple as making a cup of tea or reading a book, a few stretches of anything that can help you to set the tone of the day and practice it regularly. Avoid the snooze button and try to wake up everyday at the same time. Avoid looking at your phone first thing in the morning, take a few minutes to check in with yourself.

2. **Clean your space/Declutter:** Have a clean, clutter free workspace at home. This will instantly calm you down and reduce distractions. Make your home and your surroundings the place that gives you energy.

3. **Make a plan**: Schedule your day and your weeks ahead, start by making a list of the things that you want to achieve in the following weeks. Now that you have a general overview of things, get something specific done. Sort your tasks as per your relevance. Make sure you scratch those completed to do's, feels good! However, for the long-term perspective, it also makes sense to work on your professional capabilities and skills that you can offer.

4. **Take a break**: Make sure you have time to rest, take a walk or a simple coffee break. You will come back with fresh energy to complete your activities.

5. **Reduce Social Media Consumption**: It is good to be updated and informed, however over consumption can make you feel upset or overwhelmed. Stay away from comparing yourself and the things that you want to achieve. Use technology in your favour and turn off all those unnecessary notifications from social media and news feeds.

6. **Eat Healthy**: Getting the right nutrition is extremely important for your body, know your food and your diet well. Fruits, nuts, vegetables help, pay special attention to your processed food, and refined sugar.

7. **Meditate**: Learning how to master the art of being calm is very important. Meditating helps us to clear the mind off negative thoughts, worries, staying calm, it also helps with anxiety. It has great benefits in terms of productivity and improves well-being. Find a quiet space, light some candles and clear your mind with some therapeutic meditation.

8. **Learn a New Skill**: Building up your skills by enrolling in courses can also be accompanied by learning new skills, this could be as simple as the rules of a game or learning how to plan an instrument or anything at all that takes some time to

get a grip of. These can be fun, and is also an innovative way to keep yourself entertained and constantly learning.

9. **Get Artistic**: Gardening and DIY's yes! But art is a great way to express yourself, understand your feelings better and see ordinary things in a whole new way and channel your creativity. Canvas, doodling or drawing also helps. Knitting, candle making and jewellery making are some wonderful options as well.

10. **Keep a blog/Journal**: Keeping track of your thoughts, activities, and learnings is always a good idea, and a highly productive one. You might look back at this time and process your memories or even your feelings and accomplishments. Considering this as a daily activity you can also turn them into a monthly and a yearly one. Sitting down with a pen and a paper for fifteen minutes, with your feelings can do wonders. Rome was not built in one day, so if you are struggling that is completely fine, realise that you are not alone. If you are struggling through this pandemic, mentally, physically, or even trying to make two ends meet, it is fine. It is never too late to work on yourself and seek help.

Bibliography:

Thecollegepost.com, www.cnn.com

~~*
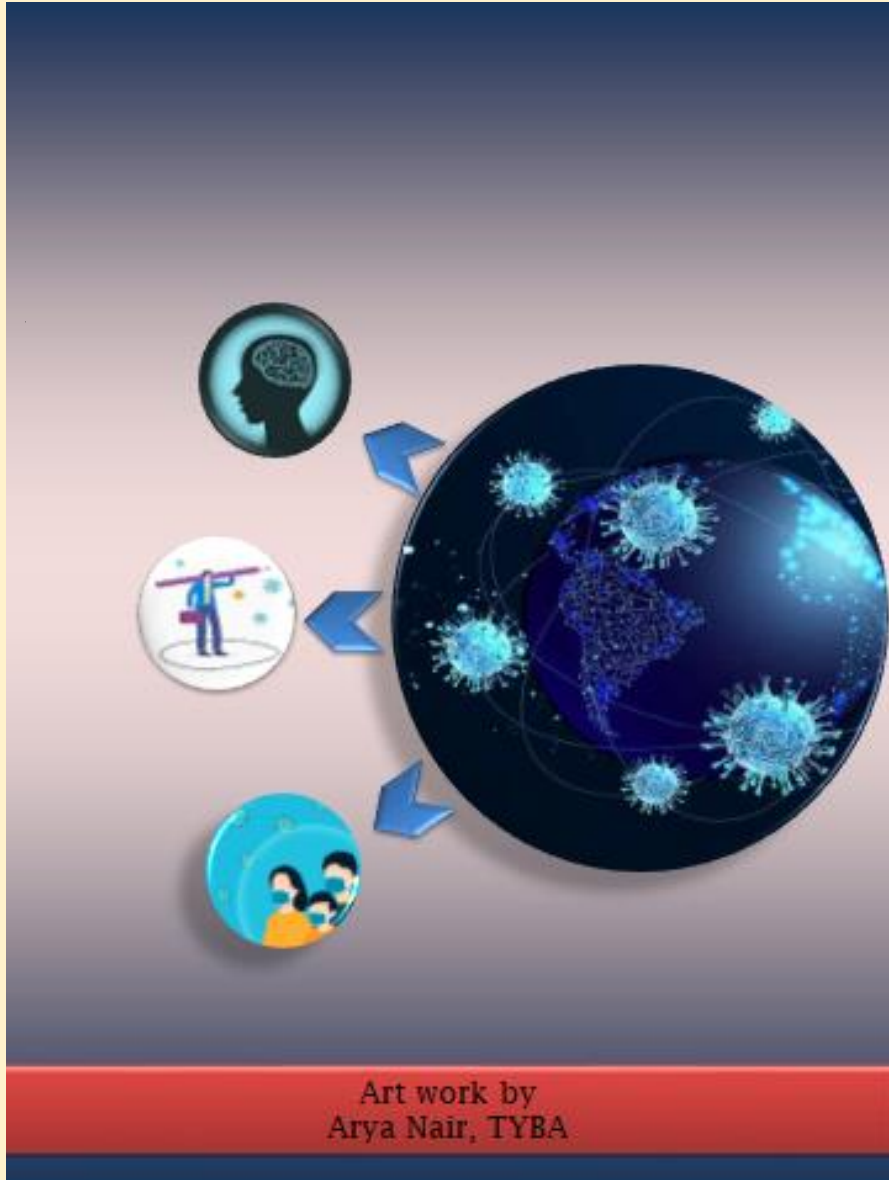
Art work by
Arya Nair, TYBA

Corona

Omkar Solanki
SYBA

Corona ke ane se hai duniya dari

Nahi hai yeh itni badi bimaari

Bas rakhna hoga thoda dhyaan

Aur share karna hoga yeh gyaan:

20 second tak dhona hai saabun se haath.

Rakho logo se do gaj ki doori

Hai yeh sab ki majboori

Khatam ho jaayega corona ka yeh kaal tab tak rakhna
hoga apna khayal

Police, Doctors aur sanitation worker ki karo respect

Namaste ko banao apna aspect

Karo Desh ke in sipahi ko salute

Ho rahi hai poori duniya COVID-19 ke khilaf ek jut

Jald hi aayegi aasha ki ek kiran lekar naya savera

Tab tak lo sanitizer ka shara. "

Thoda rakho sabar jadhi lenge CORONA ki khabar.

•Covid-19 आणि आपण •

-अवंती अनंत होशिंग

M.A. 2 (Psychology)

हा व्हायरस की बॅक्टेरिया रोज नवा वाद आहे
वादातून घडणारा हा हितकारी संवाद आहे,

ऑनलाइन झाल्यात आता साऱ्याच गोष्टी
त्यासोबतच वाढणारं इंटरनेटचं बिल ही आहे,

शिक्षण, परीक्षा , अभ्यास, बदललं गेलंय सारंच
पण घरातूनच संधी शोधण्याचा हाच सारा घाट आहे,

चॅलेंजेस्, नखरे, कितीतरी गोष्टी घडत आहेत रोज
फार काही नाही, आपल्याच करमणुकीचे हे साधन आहे,

घराबाहेरचं जग घरातूनच पाहतोय आपण
स्वतःला जगवण्याचा हाच एक उपाय आहे .

~~*

कोविड १९ च्या लॉकडाउन मधील माझा अनुभव

आकाश चेके.

नमस्कार मित्रांनो माझ नाव आकाश चेके आहे. मी तुम्हाला लॉकडाउन मधील माझ्या अनुभवाबद्दल सांगणार आहे.

मित्रांनो, लॉकडाउन होण्यापूर्वी मी माझ्या गावाला गेलो होतो. काही कामासाठी आणि तिथे गेल्यावर ८ दिवसांनी लॉकडाउनच झाले, गावी मी फक्त ३,४ दिवसासाठी गेलो होतो. पण या लॉकडाउनमुळे मी दोन महिन्यासाठी तिथेच अडकलो. आणि मग काय सांगू तुम्हाला माझी वाटच लागली.

अरे हो माझ्या गावाचं नाव सांगायचं राहिल तर माझ गावं यवतमाळ जिल्ह्यातील पुसद. तर मित्रांनो लॉकडाउन झाले. पण मला काही नाही वाटलं कारण १५ दिवसच लॉकडाउन होते. पण तेथील उन्हाळ्यामुळे खूप कंटाळलो होतो. विदर्भातील उन्हाळा तर तुम्हाला माहीतच असेल. पण त्यात एक गोष्ट खूप चांगली झाली ती म्हणजे मी माझ्या आजीला, आत्याला आणि भावाला भेटलो. एका वर्षानंतर मी त्यांना भेटलो होतो. मला त्यांना भेटून खूप आनंद झाला. ते पण माझ्या बहिणीला आणि आईला बघून खूप आनंदी झाले. मग आम्ही मस्त दुपारी जेवण झाल्यावर सगळे जण गप्पा मारायचो. आणि रात्री जेवणानंतर आम्ही सगळे लुडो खेळायचो.

आता लॉकडाउन संपण्याची वेळ आली होती. मी खूप खुश होतो परत पुण्यात येण्यासाठी पण परत १५ दिवसाचे लॉकडाउन झाले. असे करत करत दीड महिना झाला मी आता खूप कंटाळलो होतो, घरात बसून पण लॉकडाउन काही उघडेना मग आम्ही ठरवलं की, आता special car करून पुण्याला यायचे आणि मग मी पास काढले car book केली आणि पुण्यात आलो.

~~*

कोरोना

रणजित इंद्रजित धेंडे

T.Y. BA

कोरोना संक्रमण महाराष्ट्रात सुरु असताना मी पुण्यात होतो. पुण्यात जेंव्हा कोरोना पेशंट सापडायला सुरुवात झाली त्या दिवसापासुन घरुन फोन चालु झाले कि तु लवकर गावाकडे- घरी ये. तो कसला तरी रोग आलाय त्यामुळे खुप लोक मरायला लागलीत. घरच्यांची काळजी वाढत होती त्यात आणखी भर म्हणजे न्युज ला दाखवल्या जाणाऱ्या कोरोना विषयी बातम्या या सगळ्यामुळे.

आई वडिल खुप काळजी करत होते. मी त्यांना समजावत होतो कि, मी काळजी घेईन. कारण परिक्षा जवळ आली होती. त्यामुळे पटकन गावाकडे जाता येत नव्हते. तरी घरच्याना ऐवढी काळजी वाटत होती कि ते म्हणाले तु पुढच्या वर्षी परिक्षा दे पण गावाकडे लगेच निघुन ये अशा

परिस्थितीत कळत नव्हते काय करु, तेवढ्यात रुग्णांची संख्या ही वाढत होती आणि परिक्षा जवळ आली होती तेवढ्यात महाराष्ट्र सरकारने लॉकडाऊन घोषीत केला पण त्या पहिल्या लॉकडाऊन मध्ये काही दिवसच बंद होता, त्यानंतर सगळ चालु झाल्यावर, परिक्षा सुरू होतील, घरचे तर गावाकडे बोलवत आहेत हे विचार मनात येत होते मनात चल-बिचल होती तरी काही दिवस तर गावाकडे जावे हे ठरवल, आई वडिलांच्या काळजी पोटी मी गावाकड गेलो. मला वाटलं थोड्या दिवसांनी परत जावे पण लॉकडाऊनचा काळ वाढत गेला तेवढ्यात परिक्षा ही रद्द झाल्या, त्यामुळे परिक्षेचा ताण कमी झाला, पण सगळ्यात महत्वाच, लॉकडाऊन मुळ गावाकडे जास्त त्रास झाला नाही, पण शेतातील काम पदरी पडली लॉकडाऊन चा काळ कसा संपला कळला नाही,   गावाकडे कोरोनाचा जास्त प्रादुर्भाव झाला नाही. ही आनंदाची बाब होती आता हळु हळु अनलॉक चा काळ सुरु झाला आहे मी आशा करतो कि कोरोनाचा प्रादुर्भाव कमी होऊन सर्व काही पुर्वपदावर येईल   आणि सगळ्यांना मिळुन मिसळुन आनंदाने जगता येईल   ...

धन्यवाद.....!

~~*

कोरोनाशी गाठभेट

तनजिमनफिसा फिरोज,

एस.वाय.बी.ए.

प्रस्तावना

या लेखात मी कोविड १९ च्या दिवसांमध्ये आलेल्या व्यक्तिगत अनुभवाबद्द्दल लिहीत आहे. त्या काळात मला सलग दोन दिवस खूप ताप आला, आणि मला कोरोनाचा संसर्ग झाला असावा अशी शंका आली म्हणून मी टेस्ट करून घेतली पण ती टेस्ट निगेटिव्ह आली. या काळात माझ्या मनात काय घडलं? माझे जवळचे, सहकारी आणि घरचे लोक कसे वागले ? त्यांच्या मनात काय विचार आले याचा मानसशास्त्राच्या दृष्टीने मागोवा घेण्याचा प्रयत्न मी करणार आहे. तो काळ निघून गेल्या नंतर या सर्वाशी झालेल्या बोलण्यामधून आणि त्यांच्याशी मुद्दामहून केलेल्या संवादातून हा लेख लिहित आहे.

घटना

माझे नाव तनजिम. मी आता मॉडर्न कॉलेज एस्.वाय.बी.ए च्या वर्गात शिकत आहे. मी आलोचना, स्त्री विषयक संशोधन व संग्रहण केंद्र या संस्थेत लायब्ररी असिस्टंटचे काम करते. मी अभ्यासासाठी नेहमी अर्चनाताईच्या घरी येते. अर्चना ताई २ वर्षापूर्वी माझ्याच ऑफिसमध्ये जॉब करत होत्या. तेव्हा त्यांची आणि माझी ओळख झाली. १२ वी पर्यंत

माझे शिक्षण मराठी माध्यमातून झाले आहे, आणि आता पदवीचे शिक्षण मी इंग्रजीमाध्यमातून करत आहे. त्यामुळे इंग्रजीचा अभ्यास करण्यासाठी मी अर्चनाताईकडे येते. ते माझे दुसरे घरच आहे. इंग्रजीचा अभ्यास अर्चनाताई आणि बाबा घेतात. बाबा म्हणजे अर्चना ताईचे मिस्टर त्यांना मी माझे बाबा मानते.

पहिला लॉकडाऊन संपून पंधरा दिवस झाले होते. ऑफिसला सुट्टी होती. मी नेहमी प्रमाणे शनिवारी अर्चना ताईच्या घरी होते. माझं डोकं सकाळपासून दुखत होतं, आणि दुपारी ताप आला. तेंव्हा चेक केले तर अडीच ताप होता. मग मी थोडा आराम केला. आम्हाला वाटलं संध्याकाळपर्यंत ताप जाईल, पण ताप कमी झाला नाही. संध्याकाळी ताप ३ पर्यंत वाढला होता. कोरोनाचा हा काळ असल्यामुळे आणि ही लक्षणे कोरोनाची असल्यामुळे अर्चना ताई आणि बाबा घाबरलेले होते. घरातली चिक्कू (डॉग) ही माझ्याजवळ येत नव्हती. तिला मी आजारी असल्याचे कळले होते. बाबांनी मग त्यांच्या ओळखीच्या तांदळे डॉक्टरांना फोन केला. त्यांना सर्व हकीकत सांगितली. डॉक्टर म्हणाले, उद्या या आणि औषधे घेऊन जा. बाबांनी विचारलं, उद्या तिला पण घेऊन येऊ का ? डॉक्टर म्हणाले, तिला आणण्याची आवश्कता नाहीये. तुम्ही या मी औषधे देतो. या औषधाने ही ताप गेला नाही तर कोरोनाची टेस्ट करावी लागेल.

डॉक्टर तांदळेचा दवाखाना नारायण पेठ मध्ये आहे. मी आजारी पडण्याच्या दोन दिवस आधी बाबांच्या मैत्रिणीचा फोन आला त्या म्हणाल्या की पेठभागात येऊ नका. आमच्या शेजारील एका व्यक्तीचे निधन झाले आहे. आणि निधन झालेली व्यक्ती बाबांच्या परीचित असलेले होते. कोरोना रुग्णांची संख्या ही वाढत होती. मला ही कोरोना होण्याची लक्षणे असल्यामुळे अर्चना ताई आणि बाबांनी याचं दडपण घेतलेल होते. कसबा -पेठ मधील कोरोना रुग्ण वाढत असल्यामुळे आणि माझ्यासाठी बाबांना पेठेत जावं लागत असल्यामुळे मला या विचारांचा ताण आला होता. पेठेत जाऊन बाबांना करोनाची लागण होईल, अशी भिती मला वाटत होती. तरीही बाबांनी कसबापेठेत जाऊन औषधे घेऊन आले. ते घरी आल्यानंतर मी जेवण करून औषधे घेतली आणि झोपी गेले. संध्याकाळी परत तापाचे तापमान चेक केलं, ताप गेलेला नव्हता. बाबा आणि अर्चना ताई घाबरलेले होते. पण त्यांनी मला धीर दिला, ते म्हणाले, हा ताप साधा असेल, उद्या संध्याकाळपर्यंत ताप जाईल.

मी आजारी असल्याचे आईवडिलांना मी सांगितलेले नव्हते. बाबा आणि अर्चना ताई यांनी विचारले, काय करतेस घरी सांगतेस का तू आजारी आहे ते, किंवा आता नकोच सांगू घरचे काळजी करत बसतील. आजच तू औषधे घेतलेली आहेस, उद्या पर्यंत जाईल ताप. जर ताप गेला नाही तर आपण उद्या सांगू. त्यानुसार आम्ही घरी सांगितलेले नव्हते. पण त्यादिवशी माझ्या आईने जेव्हा मला फोन केला तेव्हा, तिने मी आजारी

असल्याचे ओळखलेले होते. पण, मी आईला म्हणाले, मी बरी आहे, माझे फक्त डोकं दुखत आहे. दुसऱ्या दिवशी ही सकाळी ताप कमी झाला नव्हता, आणि माझ्या घश्यातही दुखत होते. संध्याकाळी ही ताप कमी झाला नसल्यामुळे बाबांनी डॉक्टरांना विचारलं. डॉक्टर म्हणाले परत रात्री १ वाजता (१Am) ला डोस द्या, मी झोपले. पण अर्चना ताई आणि बाबा माझ्यासाठी १ वाजेपर्यंत जागे होते. मी रात्री १ वाजता डोस घेऊन झोपी गेले.

कोरोनाची लक्षणे असल्यामुळे मला भीती वाटत होती. पहिला लॉकडाऊन संपल्यावर मी ऑफिसला जायला लागले होते. मी जर कोरोना पॉझिटिव्ह असेल तर ऑफिसमधले सगळे, अर्चनाताईंच्या घरी ताई आणि बाबा, आमच्या घरचे सर्वजण यासर्व लोकांच्या संपर्कात मी आल्यामुळे त्यांना ही कोरोना होईल, आणि मी पॉझिटिव्ह निघाले तर या सर्वांना कोरोनाची टेस्ट करावी लागेल. अशा सर्व विचारांचा मला ताण आला होता.

माझ्या ऑफिसमधल्या सुवर्णा ताईंना सांगितलेले मी होते. त्या दररोज तब्येत कशी आहे याविषयी चौकशी करत होत्या. तिसऱ्या दिवशीही ताप २.५ च्या वर होता. परत सकाळी औषधे घेतली. पण अशक्तपणा असल्यामुळे सतत चक्कर आल्यासारखे व्हायचे. अखेर त्यादिवशी आईला फोन करून मी आजारी असल्याचे सांगितले. बाबांनी औषधे आणली आहेत हे पण सांगितले. त्यावर माझी आई म्हणाली, औषधे घेतली

आहेस तर उद्या पर्यंत जाईल ताप काळजी घे. आईने पप्पांना माझ्या आजारपणाविषयी सांगितले, त्यादिवशी माझे पप्पा अर्चनाताईच्या घरी आले होते. ते अर्चना ताई आणि बाबांना म्हणाले, जातो मी हिला घरी घेऊन. त्यावर बाबा म्हणाले, तिला स्कूटरवर थंडी वाजेल, मी तिला कारमधून घरी सोडतो   संध्याकाळी ही ताप कमी झाला नसल्यामुळे बाबांनी डॉक्टरांना फोन केला ताप कमी होत नसल्याचे सांगितले. डॉक्टर म्हणाले उद्या कोरोनाची टेस्ट करून घ्या. मग बाबांनी त्यांच्या मित्राला फोन केला. त्यांचे मित्र म्हणाले उद्या कोरोनाची टेस्ट करा. माझ्या मुलीनेही आज कोरोनाची टेस्ट केली आहे. फक्त तपासणी केंद्रावर गेल्यावर तिला असं सांगायला सांगा की, ती कॉलेजचे ॲडमिशन करायला परवाच गावाहून आलेली आहे, पण ताप आल्यामुळे कोरोनाची टेस्ट करायची आहे.

त्याच मध्यरात्रीपासून दुसरा लॉकडाऊन सुरु होणार होता. कोरोनाची टेस्ट करायला बाबा माझ्यासोबत आले असते पण कोरोना टेस्ट करताना मी गावाहून आलेली आहे हे सांगायचे असल्याने बाबा म्हणाले, की तुला उद्या पप्पांना घेऊन जावे लागेल. दवाखान्यात तू दोन्ही घरातल्या लोकांच्या संपर्कात आलेली आहे कळालं तर आपल्या सगळ्यांनाच क्वारंटाइन करतील. बाबा आणि अर्चना ताईना क्वारंटाइन केले तर त्यांची डॉग चिक्कूला सांभाळण्याचा प्रश्न होता. त्यामुळे वेळ पडल्यास घरीच क्वारंटाइन होण्याचा निर्णय त्यांनी घेतला, आणि मला घरी

सोडायचं ठरलं, तेंव्हा रात्रीचे ११:३० वाजले होते. आणि १२ ला लॉकडाऊन सुरु होणार होता. बाबा आणि अर्चना ताई याचे अजून जेवण ही झाले नव्हते. तरीही त्यांनी मला घरी सोडले.

घरी गेल्यावर मी कोणालाही माझ्याजवळ येऊ देत नव्हते. त्यादिवशी मी सगळ्यांना हॉलमध्ये झोपायला सांगितले मी एकटीच बेडरूम मध्ये झोपले. घरचे म्हणाले तुला नाही झालेला कोरोना, साधा ताप आहे. दुसऱ्या दिवशी कोरोना टेस्ट करायला जायचे होते.

पप्पा म्हणाले की, आपण कोरोनाची टेस्ट करायला नको. आपण दुसऱ्या डॉक्टरांकडे जाऊया, तिथली औषधे घेऊन ताप जातोय का बघू? जर तू कोरोनाची टेस्ट करायला गेली तर ते आपल्याला सर्वांना क्वारंटाइन करतील, त्या रात्रीसारखं ते हेच बोलत होते. मला राग आला आणि वाईटही वाटले. कोविड सारख्या जीवघेण्या आजारामध्ये त्यांच्या मदतीची गरज मला होती. आणि अशा वेळी ते कच खात होते. मला राग आला आणि मी म्हणाले, जाऊदे तुम्हाला माझ्यासोबत येण्याची गरज नाहीये मी जाते एकटी.

आई पप्पांना सांगत होती की, टेस्ट करून घेतल्यामुळे आपल्याला कळेल तरी ती पॉझिटिव्ह आहे का निगेटीव्ह. ती मला म्हणाली की, मी तुझ्यासोबत येते. त्यादिवशी आईला कामावरतीही जायचे होते, त्यामुळे मी तिला म्हणाले.   मी जाते पप्पांना घेऊन माझ्याबरोबर मग आई कामाला गेली. पप्पांना भीती होती टेस्ट केल्यावर सर्वांना क्वारंटाइन

करतील. त्यामुळे मी त्यांना म्हणाले तुम्ही माझ्यासोबत यायची गरज नाहीये मी एकटी जाते,   मी जेवण केलं, औषधे घेतली. पण मला विकनेसमुळे चक्कर येत होती.

माझी छोटी बहिण आशिया म्हणाली, मी येते तुझ्याबरोबर, माझी दोन नंबरची बहिण म्हणाली, एकटी जाऊ नकोस आशियाला घेऊन जा. मग आम्ही खाली आलो, पार्किंग मधून   मी गाडी बाहेर काढली पण मला सतत चक्कर आल्यासारखं होतं होते आशिया म्हणाली, तू थोडा वेळ बस नंतर आपण जाऊ, त्यामुळे मग आम्ही खाली १५ मिनिटे बसलो. तरीपण मला चक्कर आल्या सारखे होतच होते. मी म्हणाले किती वेळ आपण अस बसणार चल आपण जाऊया,   आशिया ही घाबरली होती मला गाडी चालवताना चक्कर आली तर त्यामुळे ती मला म्हणाली. मी चालवते गाडी तू मागे बस आशिया ही १५ वर्षाची आहे. मी म्हणाले, मी चालवते गाडी नाही येणार मला चक्कर, बाबांनी मला दवाखान्याचा पत्ता आणि नंबर पाठवला होता. आधी वडगाव मध्ये जावून कोरोना टेस्टचे फॉर्म भरायचा होता. अजून फॉर्म भरण्यासाठी मॅडम नव्हत्या. मग मी तिथे काम करणाऱ्या एका व्यक्तीला विचारले तर ते म्हणाले, बसा तुम्ही. मॅडम अर्ध्या तासात येतील. बसायचे तर तिथे बसायला जागा नव्हती. आणि मला सतत चक्कर आल्यासारखे होत होते मग मी आणि उभेच राहिलो १० मिनिटे झाली होती मला उभं राहवत नव्हतं. मी आशिया म्हणाले तू इथेच थांब मी वरच्या मजल्यावर जावून

बसते. आम्ही वर गेलो तर तेथे पण बसायला जागा नव्हती. मग मी जिन्यावरच बसले ५ मिनिटानंतर मला उलटी झाली.

थोड्याच वेळात बाबांचा फोन आला. मला फोन करण्यापूर्वी बाबांनी घरी फोन केला होता त्यामुळे त्यांना मी एकटी आल्याचे कळले ते म्हणाले, फॉर्म भरलास का तू ? मी सांगितले, अजून फॉर्म देणाऱ्या मॅडम नाही आल्या आहेत. बाबा म्हणाले, तू थांब तेथे मी येतो. मग मी आशियाला घेऊन बाहेर बसले. बाबा आल्यावर ते म्हणाले, तुम्ही गाडीत बसा मग त्यांनी जाऊन फॉर्म विषयी चौकशी केली. तर त्या दिवशीचा फॉर्मचा कोटा संपलेला होता मग बाबांनी खटपट करून दुसऱ्या हॉस्पिटलमध्ये टेस्टची सोय केली. त्यानंतर मग आम्ही नांदेडच्या लायगुडे हॉस्पिटल मध्ये गेलो. कोरोनाची टेस्ट केली. कोरोना टेस्टचा रेपोर्ट फोनवर येणार होता. टेस्ट झाल्यावर बाबांनी आम्हाला घरी सोडले. तिसऱ्या दिवशी टेस्टचा रेपोर्ट निगेटिव्ह आला. आणि आम्हा सगळ्यांचा जीव भांड्यात पडला.

हा सर्व प्रसंग उलटून गेल्यानंतर आज त्याकडे मागे वळून वाहताना आम्हा सर्वांच्या मनात नेमके काय काय घडत होते हे नीट जाणून घेण्यासाठी मी काही प्रश्न तयार केले, आणि त्याची उत्तरे मिळवण्याचा पर्यंत केला.

प्रश्न

1.   कोरोनाच्या काळात मी आजारी असल्यामुळे मला कोरोना होऊ शकतो अस तुम्हाला वाटले   का?

2. कोरोना होईल असे तुम्हाला का वाटले?

3. त्यावेळेस तुम्ही घाबरला होता का ? किंवा तुम्हाला कोणत्या गोष्टीची भीती वाटली   होती?

4. मी आजारी असल्याचे तुम्हाला तिसऱ्या दिवशी सांगितल्यामुळे तुम्हाला काय वाटले?

5. तुम्हाला पण कोरोना टेस्ट करावी लागेल यांची भीती वाटली का?

मी -

मला स्वतःला ही असे वाटले होते की मला कोरोना होण्याची शक्यता आहे;कारण सर्व लक्षणे कोरोनाची होती. मी खूप घाबरलेले होते. कारण कोरोनाही महामारी एकामुळे इतरांना होणारी असल्याने मला भीती वाटत होती,की माझ्यामुळे इतरांना कोरोना होऊ शकतो.मला घरी सांगायचे होते, पण घरचे काळजी करत बसतील म्हणून मी घरी नाही सांगितले. कोरोना टेस्ट करायची भीती नव्हती वाटत पण कोरोना टेस्ट नंतर रेपोर्ट पॉझिटिव्ह असेल तर काय काय होईल या विचारांचा मला ताण आला होता.

माझी आई -

हो, कोरोनाचा हा काळ असल्यामुळे आणि तुझ्यामध्ये कोरोनाची लक्षणे असल्यामुळे तुला कोरोना होण्याची शक्यता आहे, असे वाटले होते. तू आजारी असल्याचे लवकर सांगितले नव्हतेस अर्चना ताई आणि बाबांनी काळजी घेतली होती. त्यांनी तुला औषधे दिली होती. ते दोघे तुला व्यवस्थित सांभाळतात, त्यामुळे एवढी भीती नव्हती वाटली. बदलत्या वातावरणामुळे आला असेल ताप; असे मला वाटले होते. पण तुझा ताप कमी होत नसल्यामुळे टेन्शन आले होते. कोरोना टेस्टची आधी भीती वाटली होती. कारण कोरोना झाल्यावर १५ दिवस दवाखान्यात ठेवतात. पण नंतर असे वाटले कि टेस्ट करणे गरजेचे आहे. कोरोनाची टेस्ट करायला जाताना पप्पांनी तुझ्यासोबत यायला हवे होते. कारण तू अशक्त होतीस, तुला चक्कर येत होती, त्यात तुलाच गाडी चालवावी लागणार असल्यामुळे त्यांनी तुझ्यासोबत यायला हवे होते. अशा वेळेस आजारी माणसांसोबत कोणी तरी जाणे गरजेचे आहे.

माझे पप्पा -

हो, कोरोनाचा काळ असल्यामुळे आणि कोरोनाची लक्षणे असल्यामुळे तुला संसर्ग झाला असेल असे मला वाटले होते. त्यावेळेस मला जास्त भीती या गोष्टीची वाटत होती कारण टी.व्ही.च्या माध्यमातून आणि बातम्याच्या माध्यमातून असे कळत होते की घरी एखाद्याला कोरोना झाला. व कोरोना संसर्गजन्य रोग असल्यामुळे घरातील सर्वांना दवाखान्यात क्वारंटाइन करत होते. त्यामुळे हातावरचे

पोट असल्यामुळे मला असे वाटायला लागेल कि सर्वांनाच क्वारंटाइन केले तर घर कसे चालणार, या गोष्टीमुळे टेन्शन आले होते. कोरोनाची टेस्ट करण्याची भीती वाटली होती कारण घरामधील सर्वांनाच टेस्ट करावी लागेल तुझी कोरोनाची टेस्ट करायला मी तयार नव्हतो. कारण बाबांनी सांगितले होते कि तू पाऊसात भिजली आहेस. आणि बदलत्या वातावरणामुळे पण ताप येऊ शकतो असे वाटत होते. त्यावेळेस मला असे वाटले परत दुसऱ्या दवाखान्यात तुला दाखवावे, त्या औषधामुळे ताप जातोय का ते बघूया अशा हिशोबात जरा थांबावे असे मला त्यावेळेस वाटत होते. पण ती माझी चूक होती कारण थांबण्यामुळे ही कोरोना अधिक जणांपर्यंत पसरला असता. आणि तुलाही त्याचे त्रास झाले असते.

माझी आजी -

तुला कोरोना होण्याची लक्षणे होती त्यामुळे तुला कोरोना होईल असे मला वाटले. ताप, सर्दी असल्यामुळे तुला कोरोना होईल असे वाटले. मी माझ्या आयुष्यात अशी महामारी पहिली नाही. ह्याच वर्षी पहिल्यादा असा आजार झाल्याचे अनुभवत आहे. हा आजार माणसाचे जीवच घेत असल्यामुळे भीती वाटत होती.

माझी धाकटी बहिण -

नाही,मला असे नाही वाटले की तुला कोरोना होईल. पण तुचत्याच्याकडे निगेटिव्ह दुष्टीने पाहत होतीस असे मला वाटते. कारण

जेव्हा तुला अर्चना ताई आणि बाबांनी घरी सोडले तेव्हा मी तुला खाली घ्यायला आले. तेव्हातू मला तुझ्याजवळ येऊ देत नव्हतीस.मग मला असे वाटत होते कि हिला कोरोना झाले तर काय करायचे. कारण घाबरूनचं कोरोना जास्त वाढण्याची शक्यता होती. तर काय करायचे. आणि त्यात तुला कोरोना झाला तर तू अजून घाबरेल तु आधीच खूप घाबरलेली होतीस. कारण तू हा विचार करत होतीस कि मला कोरोना झाला तर काय होईल सर्वांना टेस्ट करावी लागेल. त्यामुळे मला या सर्व गोष्टीची चिंता वाटत होती. तुझ्यामध्ये कोरोना होण्याची लक्षणे होती तुझा ताप वाढतचं होता,तू अशक्त पण वाटत होतीस त्यामुळे तुला कोरोना होण्याची शक्यता आहे असे मला वाटत होते. कोरोनाची टेस्ट करावी लागेल यांची मला भीती वाटत नव्हती कारण कोरोना होण्याची लक्षणे असल्यावर टेस्ट करायलाच पाहिजे. त्यामुळेच इतर लोक सुरक्षित राहतील.पप्पांनी तुझ्यासोबत यायला हवे होते. त्यांची जबाबदारी होती. हे अत्यंत चुकीचे आहे त्यांनी असे करायला नको हवे होते. तूला गाडी चालवायची होती मला ही गाडी चालवता येत नसल्यामुळे मी ही तुझ्यासोबत येऊ नाही शकले. पण बाबा तुझ्यासाठी दवाखान्यात आले त्यामुळे तुला टेस्ट करता आली त्याबद्दल मला खूप चांगले वाटले.

माझी सर्वात धाकटी बहिण -

हो, मला असे वाटले होते. आणि भीती पण वाटत होती कारण तुझ्यात कोरोना होण्याची लक्षणे होती. तुझा ताप कमी होत नसल्यामुळे मी

घाबरलेले होते. कोरोनाची टेस्ट करावी लागेल यांची मला भीती वाटली नव्हती. कारण तुझ्या कोरोना टेस्टच्या रेपोर्टवरून आम्हाला टेस्ट करावी लागते का नाही हे कळणार असल्यामुळे व कोरोना टेस्ट करणे गरजेचे असल्यामुळे मला भीती वाटली नव्हती.पप्पांनी दवाखान्यात तुझ्याबरोबर यायला हवे. ते मोठे आहेत, त्यात तुला चक्कर येत होती ते तुझ्याबरोबर असते तर त्यांनी गाडी पण चालवली असती मी होते तुझ्याबरोबर मी छोटी असल्यामुळे तू गाडी चालवू दिली नाहीस. पण मला भीती वाटत होती तू पडली असती तर मला तुला हँडेल पण करता आले नसते. त्यामुळे त्यांनी तुझ्यासोबत यायला हवे होते.

माझा सर्वात धाकटा भाऊ-

तुला ताप, सर्दी, आणि घश्यातही दुखत असल्यामुळे मला असे वाटले की तुला कोरोना होऊ शकतो. त्यामुळे मला भीती वाटत होती, कारण तुला कोरोना व्हायला नको असे मला वाटत होते आणि तु बाबांच्या घरी असल्यामुळे तु आम्हाला भेटीली नव्हतीस, आपण फोन वर बोललो त्यावेळेस मला रडायला आले. तू घरी आलीस तेव्हा ही तु मला आणि इतरांना तुझ्याजवळ येऊ देत नव्हतीस. तिसऱ्या दिवशी कोरोना टेस्टचा रेपोर्ट निगेटिव्ह आला तेव्हा माझे टेन्शन गेले.पप्पांनी तुझ्यासोबत यायला हवे होते कारण तु आजारी होतीस आणि तुला चक्कर येत होती. तुलाच गाडी चालवायची होती. आणि ते मोठे असल्यामुळे त्यांनी तुझ्यासोबत यायला हवे होते असे मला वाटते.

बाबा आणि अर्चना ताई

दोन-तीन दिवस ताप उतरला नाही त्यामुळे शंका वाटू लागली होती. त्यात घशातही दुखु लागल्यामुळे शंका अधिक वाढली. तनजिमची प्रकृती मुळात अशक्त असल्यामुळे जर कोरोनाची लागण झाली तर तनजिम त्याचा मुकाबला करू शकणार नाही, आणिखूप त्रास होईल असे वाटत होते, त्याचे दडपण आले होते,अशी भीती वाटत होती. जरक्वारंटाइन व्हावे लागले तर आम्ही घरात क्वारंटाइन होऊ शकत होतो. त्यामुळे त्यागोष्टीची चिंता वाटली नाही.पण आमची पेट चिक्कू हिला सकाळ संध्याकाळ शी-शू साठी बाहेर कोण नेहणार असा प्रश्न पडला होता. त्यावर वेळ आल्यावर बघू असे आम्ही ठरवले. तनजिम पॉसिटीव्ह झाली असती तर तिच्या घरातील सर्वांना त्यांच्या राहत्या घरात (घर लहान आणि जास्त व्यक्ती यामुळे) क्वारंटाइन होण्याची परवानगी मिळाली नसती त्या प्रसंगी एकीकडे तनजिम हॉस्पिटलला आणि घरचे क्वारंटाइन सेंटरला आणि आम्ही घरात क्वारंटाइन अशी परस्थिती निर्माण झाली असती या परिस्थितीत तनजिमला औषधे कोण आणू देणार असा मोठा पेच निर्माण झाला होता. त्याचे ही दडपण आले होते.

वरीलसर्व घटनाक्रमातून एक गोष्ट लक्षात आली ती अशी प्रत्येक्ष करोना होण्याची भीती कमी आणि कोरोना झाल्यामुळे अखे कुटुंब क्वारंटाइन व्हावे लागले तर काय करायचे याचे दडपण जास्त होते. त्या काळात

बातम्यामधून सतत कोरोनाची चर्चा सुरु असल्यामुळे सगळीकडे एक भीती आणि अनिश्चिततेचे वातावरण होते. या काळातली निरीक्षणे येणाऱ्या काळात अभ्यासावी लागतील.

~~*

कोरोना व शिक्षण

वैभव माने

TYBA

कोरोनाच्या महामारीत वेगवेगळ्या क्षेत्रात खूप बदल झाले. ते पुढीलप्रमाणे बघू, पहिली गोष्ट म्हणजे कोरोनाच्या फैलावामुळे मानवजातीवच संपूर्ण जीवनचक्र अचानकपणे बदलले, त्यामध्ये ना जात, ना धर्म, ना पंथ,ना भाषा कोणताच भेदभाव नाही, सगळं काही बदललं, या महामारीतीली महत्वाच्या गोष्टिंपैकी एक महत्वाची म्हणजे विद्यार्थ्यांनच्या शिक्षणावर झालेला परिणाम त्यामध्ये अगदी गावात पहिलीत शिकणाऱ्या विद्यार्थ्यांपासून ते उच्चशिक्षणासाठी परदेशात शिकणाऱ्या विद्यार्थ्यांच्या शैक्षणिक आयुष्यावर खूप मोठा आघात झाला, कित्येकांना यातले बदल स्वीकारणे कठीण झाले,तरीही काही विद्यार्थ्यांनी बदल स्वीकारले पण त्यांच्या पालकांनी काही बदल नाकारले,जस की लेक्चर पाच तास असतील तर मुलही पाच तास करणारच ना, पण

पालकांचा असा समज झाला की मुलं पाच तास मोबाईलवर वेळ घालवतात,

या सगळ्या गोंधळात एक भर पडली ती म्हणजे आमच्या परीक्षा होणार की नाही. यातच महिने गेले, हरकत नाही पण जर काही विद्यार्थ्यांनी अभ्यासाची खूप मेहनत घेतली असेल तर परीक्षा रद्द होणं म्हणजे धक्कादायकचं ना, यामुळे मुला - मुलींच्या मानसिकतेवर खूप मोठा परिणाम झाला ,पण एकदाचा निर्णय झाला की प्रथम वर्षाच्या आणि द्वितीय वर्षाच्या परीक्षा रद्द झाल्या, उरला प्रश्न तृतीय वर्षाच्या मुलांचा एकदा बातमी दिसायची की परीक्षा होतील तर एकदा दिसायची की परीक्षा रद्द करण्याचा विचार चालू आहे, राज्यसरकार परीक्षा रद्द करा म्हणतंय आणि UGC म्हणतेय की परीक्षा होतीलच यातुन विद्यार्थ्यांची द्विधा मनःस्थिती निर्माण झाली. मग साहाजिक आहे की अभ्यासावरच लक्ष कमी होणे, यामुळे तणावात आणखी भर पडली, एकंदरीतच विचार केला तर आपल्या लक्षात येईल की निर्णय घेत असताना विद्यार्थ्यांची मनःस्थिती किती चिंगळली असेल. बर एकदाचा निर्णय झाला पण उत्सुकता लागली की लॉकडाऊन असताना परीक्षा महाविद्यालयात होणार की ऑनलाईन घेतील? बर तेही एकदाच ठरलं असे अनेक प्रश्न विद्यार्थ्यांच्या मनात होते. सगळ्या गोष्टी शैक्षणिक मानसशास्त्राशी संबंधित आहेत, पण मला वाटत की आपण सतत सकारात्मक विचार करणे   पर्याय आहे. मनःस्थिती छान

ठेवण्यासाठी.काही मित्र म्हणतील सकारात्मक विचार करणं म्हणजे नेमकं काय ? तेही स्पष्ट करतो एखादा माणूस दारू पित असेल ते नकारात्मक आहे किंवा वाईट आहे परंतु दारू पिणारा माणूस कधीही खोटं नाही बोलत ही एक सकारात्मक

बाजू आहे ही सकारात्मक गोष्ट आपण रोजच्या जगण्यात समजून घेतली पाहिजे तसा दृष्टीकोन ठेवला पाहिजे एवढीच विनंती आहे..

धन्यवाद.

~~*

लढा कोरोनाशी माणुसकीचा

शिवानी जवणे

आज खरंतर केवळ आपला भारत देशाचं नव्हे तर सबंध विश्व ' कोरोना ' नावाच्या विषाणूशी दोन हात करत आहे. ही लढाई दोन माणसांमधली नाही ही लढाई दोन जाती - धर्मांमधली नाही ही लढाई दोन देशांमधली नाही ही लढाई आहे माणुसकीची एका विषाणूशी.

तसं पाहायला गेलं तर २०१९ - २०२० हे वर्ष अजूनही आपल्याला बरंच काही शिकवायलाचं आलेलं आहे. पावसाने आम्हाला निसर्गाची किंमत सांगितली तर या कोरोनाने ' माणुसकीची. ' किती गजब आहे ना ही सृष्टी कुणाला - कुणाकडून कधी काय शिकायला भेटेलं याचा नेम नाही असो आज कोरोनाच्या पाश्वभूमीवर काही ठिकाणी माणूस माणसासाठी लढतोय तर काही ठिकाणी माणूस माणसाशीच कुणी अन्न मिळवण्यासाठी पळतयं तर कुणी तेचं अन्न पचविण्यासाठी साम्य फक्त

एकच जो तो आपल्या बाजूने एकीकडे संघर्षचं करतोय कारण मात्र फक्त एकच ' कोविड - १९' 'इंडिया लॉकडाऊन'!

खऱ्या अर्थी आज आम्हाला त्या गोष्टीतल्या मुलाच्या शेवटच्या वाक्याची किंमत कळाली की पोटापेक्षा मोठा देव आणि भुके पेक्षा मोठा धर्म अद्याप तरी या जगात नाही आणि हा देवधर्म म्हणजे माणुसकी आणि याचा उपासक म्हणजेच माणूस खरतर वैयक्तिक अनुभव म्हटलं तर या कोविड काळामध्ये मलातरी अनुभवाचं जणूकाही भांडारचं मिळालं असं म्हणायला काहीच हरकत नाही या काळातली ३७ पुस्तकांशी झालेली माझी मैत्री आणि काही नव्या - जुन्या माणसांशी झालेली सलगी मला नक्कीच पुरून उरली. बरंचकाही शिकवून गेली आणि पुढेही उरेलचं यात काय वाद नाही आणि सगळ्यात महत्वाची गोष्ट म्हणजे हाच तो कालावधी ठरला ज्याने माझी आणि मानसशास्त्राची एक नाळ जोडली. ' मनात' अच्युत गोडबोलेंच्या पुस्तकामुळे या विषयात रुची निर्माण झाली. आणि पुढील शैक्षणिक प्रवासात मी आवर्जून या विषयाचा समावेश केला खरतरं मला हे सांगताना फार समाधान वाटते की या पुस्तकातील आणि मानसशास्त्रातील बऱ्याचशा गोष्टीद्वारे मी स्वत: स्वत:ला घडवण्याचा पुरेपूर प्रयत्न केला तो ह्याचं काळात.

खरतरं पुस्तकांमुळेचं कळालं की, माणसाच्या आयुष्यातली माणसासाठीच असणारी सर्वात अवघड गोष्ट म्हणजे स्वत:च स्वत:ला सुखी, आनंदी, समाधानी ठेवणं त्यामुळे माणसाने तरी या गोष्टींची अपेक्षा इतर कोणाकडून न ठेवता स्वतच अगदी छोट्या - छोट्या गोष्टींमधून तो शोधला पाहिजे. जीवनाचा मनमुराद आनंद लुटला पाहिजे कारण हे जीवन पुन्हा नाही. आणि बस्सं, या काळात इतकाचं प्रयत्न करत गेले. आणि या निमित्ताने निसर्गाशी एक अतुट नातं झालं रात्रीच्या

आकाशाशी चंद्र - चांदण्या यांच्याशी मान - मोकळेपणाने बोलत गेले. मन मोकळे करत गेले. नक्षत्र जाणून घेतलं आणि त्याचा थोडाफार अभ्यासही केला.

थोडक्यात सांगायचं झालं तर या कोविडच्या काळामुळे माझा स्वता:चा स्वत:च्या जीवनाकडे पाहण्याचा जणूकाही दृष्टीकोनचं बदलला आणि हा काळ माझ्यासाठी माझ्याचं आत्मपरिक्षणाचा काळ ठरला.

शेवटी एक गोष्ट तर खरी आणि मला पटली ही की,
माणसाचं मन बदललं तरचं अवघ जग बदलेलं.

~~*

कोरोना आणि मनाची अवस्था

वैष्णवी

भारतात कोरोनाचा पहिला रुग्ण 30 जानेवारीला केरळमध्ये आढळला. त्यानंतर थोड्या कालखंडानंतर महाराष्ट्रा मधील पुणे येथे 9 मार्च रोजी सापडला. या रोगाने खूप मोठ्या प्रमाणात थैमान घातले. त्यामुळे मार्चच्या अखेरीस टाळेबंदी सरकारने सुनावली. याचबरोबर कोराना - व्हायरस मुळे देशातील नागरिकांचे आरोग्य विषयक, आर्थिक व मानसिक आरोग्य धोक्यात आले आहे. कोरोनामुळे लोकांचं मानसिक संतुलन बिघडतं आहे. असा मानसोपचार तज्ञांनी सुद्धा खुलासा केला आहे.

सध्या कोरोना - व्हायरस मुळे संपूर्ण विश्वामध्ये भीतीचं वातावरण झालं आहे. साधा सर्दी ताप आला तरी माणसांची मानसिक स्थिती खालवते. व त्याचा परिणाम मानसिक आरोग्यावर होतो. कोरोनाच्या भीतीने माणसांमध्ये ताण व नैराश्य असे अनेक परिणाम दिसून येतात. डॉक्टर

वपरिचारिक यांना सतत कामाचा भार असल्यामुळे त्यांच्या मध्ये सुद्धा तणावाचे वातावरण निर्माण झाले आहे. या महामारीमुळे माणसांचे व्यवसाय, नोकरी, रोजगारी इत्यादी ही सर्व ठप्प झाले आहे. त्यामुळे बरेच जण नैराश्यमध्ये गेले आहेत. ज्यांना व्यसन करण्याची सवय आहे. त्यांची खूप मोठया प्रमाणात गोची झालेली आहे. या कालखंडात आत्महत्येचे प्रमाण सुद्धा तितकेच वाढले आहे.

एबीपी माझा या वाहिनीवर डॉ. आनंद नाडकर्णी यांच्या मुलाखतीत पद्मश्री पोपटराव पवार यांनी त्यांच्यासमोर ग्रामीण भागातील लोकांना कोरोना या महामारीमुळे सतत घरी बसावे लागते. शहरामध्ये करमणुकीचे बरेच साधने उपलब्धअसतात. तसे ग्रामीण भागांमध्ये फक्त शेती करण्यासाठी शेतात जावे लागते. त्याच प्रमाणे बऱ्याच वेळा टीव्हीवर बातम्या पाहणे मराठी मालिका यांच्याविषयी दुसरे काहीच करमणुकीसाठी साधन नाही. सतत बातम्या पाहून मनामध्ये भीती व मानसिक तणाव निर्माण झाला आहे. तर तुम्ही या ग्रामस्थांना काय संदेश द्याल. असा फारच वेगळा आणि छान प्रश्न त्यांनी मांडला. डॉ. आनंद नाडकर्णी यांनी सांगितले तुम्ही गावातील मंदिरात भजन-कीर्तन सुरू ठेवून ते लाऊड स्पीकर वर लावा. म्हणजे सर्व ग्रामस्थांना घरच्या दारात बसले की ऐकू येईल म्हणजे सामाजिक अंतर पाळले जाईलक आणि खेड्यामध्ये अशाप्रकारे लाईव्ह कार्यक्रम सुद्धा घेता येतील.

मानसिक आरोग्याला कारणीभूत असणारे अनेक घटक आहेत. सर्वांत महत्वाचा घटक म्हणजे आपण पाहत असलेल्या टीव्हीवरच्या बातम्या, इंटरनेटचा अतिवापर, व्यसने, ज्यांना व्यसनाची सवय आहे. त्यांना व्यसन करण्यास मिळत नाही. खरेतर ही खूप मोठी संधी आहे. की व्यसनमुक्तीसाठी त्यांनी सोने केले पाहिजे. या सर्व गोष्टीला सोशल

मिडिया ही तेवढीच कारणीभूत आहे. सतत येणाऱ्या फॉरवर्ड मेसेजमुळे तेचतेच मनात विचार येत असतात. सर्व वाहिनीवर याच विषयांवर सातत्याने बोलले जाते. फोन वरून कुणाशी संवाद साधला की या विषयावर चर्चा होत असते. फेसबुक, इंस्टाग्राम, ट्विटर यावर सातत्याने पडणाऱ्या पोस्टमुळे सुद्धा मानसिक अवस्थेवर खूप मोठा परिणाम होतो.

खरेतर आपणय या सर्व अडचणींना सामोरे जायला हवे आणि उपक्रम सुरू केले सुचवायला हवेत. बऱ्याच मानसोपचारतज्ञांनी सोशल मिडियाद्वारे आणि उपक्रम सुरू केले आहेत. वर्तमानपत्राद्वारे अनेक लेख प्रसिद्ध केले आहेत. बरेच जण कोरोनाच्या भीतीपोटी आत्महत्या करतात. ही त्यांनी टोकाची भूमिका स्वीकारण्यापेक्षा त्यांनी स्वत:ला थोडा वेळ दिला पहिजे. वास्तव पचवणे आणि वेगवेगळ्या पर्यायांचा शोध घेणे अशा प्रकारे उत्तम मार्ग सूचवला पाहिजे. सर्वांना स्वत:लाही इजा होऊ नये व माझ्यामुळे इतरांना सुद्धा त्रास होऊ नये. म्हणून असं कृत्य टाळाले पाहिजे. अशा प्रकारच्या त्रासवर उपाय शोधावेत. नाशिकमधील रोकडा वाडीतील तेवीस वर्षाच्या मुलाने आईला कोरोना झाला म्हणून भीतीपोटी मुलांनी आत्महत्या केली. युरोपमधील जर्मन मधील अर्थमंत्र्यांनी सुद्धा या टाळेबंदीच्या काळात आत्म्हत्या केली. अशा प्रकारच्या बातम्यांनी मानसिक खच्चीकरण होते तर ते टाळले पाहिजे.

सर्वांनी या महामारीच्या काळात स्वत:साठभ् जगा व दिवसाला काही तरी नियमावली घाला. शारिरीक दृष्टया सक्षम व्हा. तसेच मानसिकदृष्टया सक्षम होण्यासाठी ध्यान, योगासने करायला हवीत. डॉ. आंनद नाडकर्णी म्हणतात. की आपण या सुट्टीकडे विराम म्हणून पहिले पाहिजे.

कोरोना या विषाणूमुळे सर्वत्र टाळेबंदी झाली. याच कालावधीत बरेच डिस्ट्रेसमध्ये गेले आहेत. त्यांना धीर मिळावा म्हणून महाराष्ट्र सरकारने जनतेच्या मदतीसाठी परिवर्तन संस्था, महाराष्ट्र अंधश्रद्धा निर्मूलन समिती आणि इतर संस्थेच्या मदतीने मानसोपचार तज्ञ डॉक्टर हमीद दाभोळकर यांच्या मार्गदर्शना खाली मनोबल नावाची हेल्पलाइन सुरू केली आहे. जेणे करून लोकांच्या मनामधील कोरोना विषयक भीती तसेच त्या संदर्भातील अनेक प्रश्नांवर उत्तरे मिळावीत.

भय इथले जावे संपून
सुखकर व्हावे जीवन.

~~*

कोरोना काळातील 'ते अनुभव…..'

कोरोना हे नाव घेताच तयार होते ते भीतीदायक वातावरण! हो आणि का नाही होणार? 'कोरोनाने' उद्रेकच तेवढा केलाय. अख्ख्या मानव जातीला धडकी भरवणारा म्हणजे कोरोना काळ, तो आठवताच भल्या भल्यांना घाम फुटतो तोच तो कोरोना काळ... काय एवढा लहानसा तो वायरस जो डोळ्यांना दिसतही नाही पण त्याने मात्र सगळ्यांच्या डोक्यात पाणी आणले हो!! असे म्हणतात की चायनाच्या गोष्टी जास्त दिवस टिकत नाहीत पण बाबा हाच कसा काय एवढे दिवस टिकला हेच कळेना? आणि मलाच काय हे तर जगभरातल्या शास्त्रज्ञांनाही कळाले नाही अजून.

हा काळ सगळ्यांनाच वेगवेगळे अनुभव देऊन गेला. मग ते लहानांपासून, तुमच्या माझ्यासारख्या तरुणांपासून ते वयोवृद्धांपर्यंत सगळ्यांनाच. आणि प्रत्येकाला आलेले हे अनुभव वेगळे होते. काहींना

ह्याकडे सकारात्मक दृष्टिकोन ठेवला तर काहींना नकारात्मक. पण खर पहायला गेले तर ह्याने प्रत्येकाला काही ना काही शिकवले. आणि असे म्हणतायत की निसर्गाने मानवाला दिलेली ही शिक्षाच होय. ती फार महागातच पडली की हो आपल्याला!!

संपूर्ण देशभरात कोरोनाचे रुग्ण वाढू लागलेले आणि मग हे थांबविण्यासाठी लागू करण्यात आले ते लॉकडाऊन! मग सगळ्या शाळा, कॉलेज, दुकाने, हॉटेल, जिम, मंदिरे सगळं बंद. अत्यावश्यक गोष्टी वगळता इतर कशासाठीही बाहेर जायचे नाही. आणि आपण मुलांचा ह्या गोष्टींकरीता बाहेर जाण्याचाही विषय नाही. हे तर सगळे घरातील मोठी माणसं करायची. मग आपण कुठे जायचे नाही ना आपल्याकडे कोणी यायचे. फक्त आपल्या चार भिंतींच्या आतच आपण अडकलेली.

मग ह्या काळात जो सर्वात जवळचा वाटायला लागलेला तो म्हणजे मोबाईल. मग त्यानंतर काहीसा राहिलेले वेळ असायचा तो टिव्हीला द्यावासा वाटायचा. आणि रोज तेच व्हायचे सकाळी उठायचे फोन चाळायला, खायचं प्यायचं, टिव्ही बघायचा, थोडा व्यायाम करायचा, कोरोनाच्या १०० बातम्या ऐकून राहिलेली थोडीफार पॉझिटीव्हिटी ही घालवायाची बस! एवढ्या चौकटीत बसलेले त्या चार-पाच महिन्यातले आयुष्य. कधी विचारही केला नव्हता की मला मिळालेली ही चार-पाच महिन्यांची सुट्टी मी घरात बसून घालवले. पहिल्यांदा असे वाटू लागले होते की कॉलेज कधी चालू होतय. सुट्ट्या नकोशा झाल्या होत्या.

ह्या काळात मानसिक बदल झाले ते वेगळेच. घरी राहून चिडचिड होऊ लागली. मग आपल्या काळजीपोटी बाहेर न सोडणारे पालकही शत्रू वाटू लागले. मग बाबांना काही बोलता यायचे नाही सगळा राग झेलायला लागायचा तो बिचाऱ्या आईला. आणि न्युज चॅनेल वाल्यांनी तर ठेकाच

घेतलेला आपल्याला घाबरवायचा. म्हणजे प्रत्यक्ष कोरोनाचा अनुभव घेतलेले लोक पॉझिटीव्हिटी गोष्टी सांगायचे आणि हे मिडियावाले लोक एवढ्याशा गोष्टींचा एवढा मोठा वाव करून सांगायचे की माणूस आता कोरोनाने नाही तर भितीनेच जीव सोडेल. हा काळ असा की आपल्या आजुबाजुला आपली घरातील माणसं असुनही एकटेपणा देणारा होता. आपल्याला नेहमीच आपले घर आवडते पण ह्या काळात हे घरही जेल वाटू लागलेले. पिंजऱ्यात अडकलेल्या एका पक्षीसारखे वाटत होते. त्याला पिंजऱ्यात सगळ्या सुखसोयी दिल्या जातात. पण पिंजऱ्याच्या बाहेर जाण्यास मनाई असते. आपलीही अशीच गत झाली होती की!

पण आता ह्या पिंजऱ्याचे दरवाजे हळूहळू उघडत आहे. लॉकडाऊनमध्ये शिथिलता येत आहे. आणि किती दिवस हो माणसाला घरात ठेवणार. तो पिंजऱ्यातला पक्षी असतो मुका तो सहन करतो हो सगळं तो माणसापुढे होते असाह्य. पण आपण माणूस ना आपल्याला पिंजऱ्यात राहणे मान्यच नाही!

कोरोना आणि लिंगभेद

योगिता सचिन कोकाटे

टी.वाय. बी. ए.

आता आपण पहात आहोत की कोरोना विषाणू हा सर्व जगाला गिळंकृत करु पहात आहे. या ओढवलेल्या मोठ्या आपत्ती मुळे मोठी उलथापालथ झाली आहे. आजूबाजूला पाहता सकारात्मक व नकारात्मक हे दोन्ही बदल झालेले आहेत असे माझ्या व तुमच्या निदर्शनास आलेच आहे. मी माझ्या बुद्धीला थोडी चालना देऊन निरीक्षण, गुगल व वृतपत्रातील लेखयातून थोडी माहिती मिळवण्याचा प्रयत्न केला. या

covid-19 चा परिणाम म्हणा किंवा फटका म्हणा तो पुरुषां पेक्षा जास्त महिलांवर झाला आहे.   असे निदर्शनास आले. त्यात भर म्हणजे पुरुषप्रधान मानसिकतेचा विषाणू डोकेवर काढू लागला आहे. हे त्या ही पेक्षा घातक आहे. तिच्या शैक्षणिक, आर्थिक, आरोग्य, सामाजिक घटकातील अडचणींमध्ये वाढ झालेली आहे. घरगुती हिंसाचार वाढला आहे.

शाळा, नोकरी, व्यवसाय बंद पडल्याने घरामध्ये पुरुष बसून राहिले आहेत. त्यांच्या कुरकुरी, त्रास, मानसिक व शारीरिक अत्याचारात वाढ झाली आहे. दिवसभर पुरुष घरात बसलेले असतात. त्यांना आलेले वैफल्य ते घरातल्या महिलांवर काढत असतात याचे अधिक परिणाम उत्तरप्रदेश, पंजाब या राज्यांत जास्त दिसून येतात. राष्ट्रीय महिला आयोगाच्या अध्यक्षा रेखा शर्मा यांच्या निदर्शनास या समस्या आल्या आहेत. कोरोना विषाणूची लागण महिलां पेक्षापुरुषांना अधिक झाल्याचे आकडेवारीनुसार कळत आहे. पण साक्षी चेमानसिकवरण महिलांवर अधिकपडत आहे हे नाकारता येत नाही. हा प्रश्न किती गंभीर आहे. याची जाणीव होऊन जागतिक संघटना UN ने याची दखल घेऊन टिवट केले आहे की, या Quarataine दिवसात कदाचित घरगुती हिंसाचाराला बळी पडणाऱ्या महिलांना मदतीची गरज आहे. त्यासाठी आपण प्रयत्न करणे आवश्यक आहे आणि ही मदत अत्यावश्यक सेवांमध्ये ग्राह्य होईल. महाराष्ट्राच्या महिला आणि बालकल्याणमंत्री यशोमती ठाकूर यांनी उपाययोजना व मदतीची आवश्यक ती पाऊले उचलण्यास सांगितले आहे.

डॉनियलस्नाईडर-अमेरिकेत1930 च्या दशकात आर्थिक महामंदीच्या काळात महिलांवर अत्याचाराच्या घटना वाढल्या. हा अत्याचार नजीकच्या पुरुषांकडून केला जात आहे. बेरोजगारी व आर्थिक अरिष्टही अशा त्याच्या

मागील महत्वाची कारणे आहेत दारूचे व्यसन व वैफल्य या गोष्टींमुळे पुरुष आपल्या घरातील महिलांवर लैंगिक अत्याचार आधिक करतात. काही सर्वेनुसार महिलांवर अत्याचार करणारे त्यांच्या घरचेच असतात. 31% विवाहित महिलांना त्यांच्या नवऱ्याकडून शारीरिक, मानसिक, भावनिक अत्याचार सहन करावा लागतो. 27 टक्के महिलांना शारिरीक अत्याचाराला सामोरं जाव लागतं, १३ टक्के महिलांना भावनिक अत्याचाराला सामोरं जावं लागतं.या कोरोनाच्या परिस्थितीत महिला त्याच घरात अडकल्यात ज्या घरात त्यांच्यावर अत्याचार करणारे राहतात आणि सध्या तेही २४ तास घरातच आहेत.

कोविड-१९ मुळे पुरुष आणि महिला यांच्या आर्थिक असमतोलाची समस्या निर्माण झाली आहे. जर्मनीतील माईन हाईन युनिव्हर्सिटीतील अर्थशास्त्रज्ञ मिशेल टेर टिल्ट यांनी अभ्यासून असे वर्तविले आहे. की महिला आणि पुरुषांवर कोरोनाच्या जागतिक संकटामुळे आर्थिक दृष्टया खूप मोठ्या आव्हानांना सामोरे जावे लागेल. त्यात कोट्यावधी लोक बेरोजगार होतील परंतु महिलांवर त्याचा जास्त परिणाम होणार आहे. एरवी मंदीचा फटका महिलांपेक्षा पुरुषांना जास्त बसतो कारण पुरुष बांधकाम, मॅन्युफॅक्चरिंग अशा अर्थव्यवस्थेला तो लणाऱ्या इंडस्ट्रीजमध्ये काम करत असतात. मंदीच परिणाम पहिल्यांदा या इंडस्ट्री जवर होतो. महिला मात्र शेती, शिक्षण, आरोग्य, घरकाम, स्वयंरोजगार, हॉस्पिटल आणि सेवा क्षेत्रात काम करत असतात. त्यामुळे त्यांना झळ कमी बसत होती परंतु कोरोनाच्या प्रादुर्भावाचा फटका या व्यवसायांना जास्त बसला आहे. त्यामुळे महिलांची नोकरी जाण्याची शक्यता जास्त आहे.याचा सरळ सरळ परिणाम जेंडर पे गॅप वर होणार आहे. म्हणजेच आजही महिलांना समान कामासाठी समान वेतन अजूनही मान्य झाले नाही. त्यांना

पुरुषांपेक्षा कमी पगार मिळतो. अमेरिकेत पुरुष एक रुपया कमवत असेल तर महिलेला ८२ पैसे ऑस्टेलियात ८६ पैसे तर भारतात फक्त ७५ पैसे. घरातून काम करणाऱ्या स्त्रिया स्वयंरोजगार करतात म्हणजेच त्यांना इतर कंपन्या आपल्या कर्मचाऱ्यांना महामारी मुळे इतर फायदे देऊ शकतात तसेच फायदे स्त्रियांना मिळत नाही. भारतात शक्यतो महिलांना काम करण्याची बंदी असते परंतु त्यातून सुद्धा घरकाम करणाऱ्या महिलांची कोविड-१९ ने ती संधी हिरावून घेतली आहे. कंत्राटी पद्धतीने दिल्या जाणाऱ्या पगारी रजांच्या धोरणाचा लाभ मिळणार नाही. जगभरात महिला कुटूंबासाठी संगोपन, सेवा. सुश्रुषा करतात त्याला किंमत दिली जात नाही.भारतात तर लिंगभेद याचे प्रमाण जास्त आहे.त्यात कोविड-१९ मुळे आणखी भर पडली आहे.रोजगार मिळेनासा झाला आहे.पगार थकले, घरातील खर्च भागविण्यासाठी अडचणी निर्माण होत आहेत. आता तर पाळणाघर बंद आहेत वर्क फ्रॉम होम दोघही करत आहे.परंतु बाळाच्या संगोपनाची जबाबदारी महिला घेत आहेत.

कोविड-१९ मुळे नोकरीवरून कमी करण्याचे प्रमाण वाढले त्यात स्त्रियांना प्राधान्य दिले आहे ही खेदजनक बाब आहे. कोरोना संकटामुळे महिलांचा दारिद्रयाचा दर २.७ टक्क्यांनी वाढण्याची भीती आहे. भारतासारख्या देशात महिलांच्या नावावर ठेवी असण्याचे प्रमाण देखील कमी आहे. कोरोना मुळे महिलांच्या आर्थिक सबलीकरणाचा लढ्याला मोठा फटका बसणार आहे महिला आणि पुरुषांमध्ये आर्थिक दरी आणखीनच वाढत आहे.

कोविड-१९ च्या प्रसारामुळे कदाचित पुढील शिक्षणातील लिंगभेद आधिक वाढू लागला आहे.शाळा बंद असल्याने सर्वात तीव्र दुष्परिणाम हे

मुलींच्या शिक्षणा संदर्भात दिसून येत आहे.आपण पुन्हा एक पाऊल मागे जातो की काय अशी भीती निर्माण होत आहे.

स्त्रियांच्या महत्वाच्या गरजांना नेहमीच दुय्यम स्थान दिले आहे. Ebola साथीच्या काळात माता मृत्यूदर ७५ टक्के वाढला होता.त्यात आता भर हा कोरोनाचा वाढता प्रसार. त्यामुळे अत्यावश्यक असणारी लैंगिक व प्रजनन आरोग्य सेवेचा अभाव वाढू लागला आहे. या महा साथीत गर्भवती महिलांवर आजार बळावने व मृत्यूचा धोका संभवतो.जन्मनारी पुढची पिढी सुद्धा धोक्यात येते. जगभरात पुरवठा साखळीत व्यत्यय निर्माण झाला आहे. त्यामुळे वैद्यकीय सेवा औषधे मिळण्यास अडचणी येत आहेत. पुरुषांपेक्षा स्त्रियांना कोरोनाची कमी लागण झाली.त्याचे एक कारण स्त्रियांच्या शरीरातील क्रोमा झोम. आणि जीवनशैलीचाही परिणाम आहे. आकडेवारी नुसार भारतात धुम्रपान करणाऱ्या एकूण लोकापैंकी ७० टक्के पुरुष आहेत.

महासाथीत हजारो-लाखोंचा मृत्यू होतो. परंतु साथ टळून गेल्यावर त्याचे सामाजिक परिणाम संपूर्ण समाजाला भोगावे लागतात. आर्थिक मंदी येते त्याचा फटका महिलांना जात बसतो. आता या कोरोनाच्या काळात महिलांच्या अर्थार्जनाच्या संधी वाया गेल्या आहेत. नोकरीवर पाणी सोडावे लागले आहे.सध्या लॉकडाउन च्या काळात मुलांच्या शाळांना सुट्टया त्यामुळे आणखी जबाबदारी पडली आहे.घरात वयोवृद्धांची जास्त सेवा करावी लागत आहे. महिलांवर पुरुषांच्या तुलनेत घरातल्यांची काळजी करण्याची तीन पट जबाबदारी असते याचे त्यांना पैसेही मिळत नाही. भारतात हे प्रमाण ९.८ आहे. मंदीचा सर्वधिक फटका शिक्षित महिलांना अधिक भोगावा लागतो.उच्चशिक्षित महिलांच्या ३५ टक्के नोकऱ्या गेल्या परंतु पुरुषांच्या १० टक्के नोकऱ्या गेल्या.किती हा

असमानता यावर काय उपाययोजना करता येईल तर या असमानते वर एक उपाय म्हणजे नोकरी किंवा घर कामाची स्त्री-पुरुष अशी झाली श्रमविभागणी पूर्णपणे बदलेली पाहिजे.

टेर टिल्ट यांच्या मते आता जगातले हजारो बिझनेस वर्क फ्रॉम होम च्या वेगवेगळ्या सिस्टिम्स स्वीकारत आहेत. येत्या काळात या व्यवस्था काम करण्याचे मुख्य साधन बनतील. यामुळे महिलांना घर आणि काम यांच्यात समतोल साधणे शक्य होईल. मुलांकडे लक्ष देण्यासाठी हजारो महिला आपली नोकरीडे सोडतात. पण जर त्यांना घरातून काम करणं शक्य झालं तर त्यांना आपल्या करिअरचा बळी द्यावा लागणार नाही.

दुसरा महत्वाचा बदल म्हणजे पुरुषांनी घरकामाची जबाबदारी स्वीकारण्यास सुरुवात केली आहे. लॉकडाउन मध्ये सतत घरात असणाऱ्या पुरुषांनाही घर कामाचं महत्व कळू लागले आहे. समानतेच्या दृष्टीने हे महत्वाचे पाऊल आहे.

ह्या कोरोनाच्या पार्श्वभूमीवर मला माझ्या अनुभवातून व इतर महिलांशी साधलेल्या संवादातून काही सकारात्मक व नकारात्मक मुद्दे मिळाले आहे.

सकारात्मक

- स्त्रिया नवीन टेक्नॉलॉजी आत्मसात करत आहेत.

- त्यांचा वेळ वाचत आहे.

- जोडीदार व मुलांना वेळ देता येत आहे.

- खाद्यसंस्कृती ला चालना मिळत आहेत.

- स्वत:चे मनन चिंतन करत आहेत.

- योगा व व्यायामाकडे लक्ष देत आहेत.

- नवीन ऑनलाईन क्लास जॉईन करत आहेत.

- टाकाऊतून नवीन निर्मिती करत आहेत.

- बागेची निर्मिती गच्चीवर करत आहेत.

- घरकाम करणाऱ्या महिलांचे महत्व कळत आहे.

- ठरवलेल्या गोष्टींसाठी वेळ मिळत आहे.

- झोपेला वेळ देता येत आहे.

- आपलं घर अनुभवायला मिळत आहे.

- अधिक स्वच्छता सांभाळायला लागल्या आहेत.

- काहींना कोबी एनजॉय म्हणून स्वीकारला.

- कुटुंबाची किंमत समजली.

- जोडीदारात जवळीक निर्माण झाली.

- एकमेकांना समजून घेता आले.

- जुन्या आठवणींची देवाण-घेवाण झाली.

नकारात्मक

- कामाचा व्याप वाढला

- वजन वाढले, आळशीपणा वाढला

- लैंगिक शोषणाला सामोरे जावे लागत आहे

- मुलांची मानसिकता सांभाळणे एक आव्हान आहे

- मानसिक तणाव वाढला आहे

- चिडचिडपणा वाढला आहे

- कौटुंबिक कलह निर्माण झाले आहेत

- नेहमीच्या दिवसात उलट पुलट झाली आहे

- वेळेचे महत्व कमी झाले आहे

- घरचे फुल टाइम करियर झाले आहे

- उत्साहात थंड पडला आहे

- पब्जी चे व्यसन ही मोठी समस्या निर्माण झाली आहे

- मित्र - मैत्रिणींशी संपर्क तुटला

- निसर्गाशी नाळ तुटली

- मनात विचित्र भीती व दडपण निर्माण झाले

- वृत्तपत्र इत्यादी प्रिंट मिडियाच्या आनंदात मुकणे

- मुलांना प्रेमाने जवळ घेता येत नाही

- स्पर्शास मुकणे

- बाहेरची कामे तुंबली आहेत

- जबाबदारीत वाढ झाली

- आर्थिक बचत, इतर अडथळे निर्माण झाले

समाजात यातील काही ताण तणाव कमी करण्यासाठी मानसशास्त्रज्ञ व समाज शास्त्रज्ञांची मदत सुद्धा मोलाचा वाटा ठरत आहे.अशा संकटाच्या काळात जे संकट ग्रस्त आहेत. त्यांनी यांची मदत घ्यावी त्यामुळे त्यांचे बरेचसे प्रश्न सुटतील. आत्महत्येचे प्रमाण कमी होईल. स्त्रियांनी आवश्यक असल्यास मदत घ्यावी.

या कोरोना च्या संकटाना जी कोणी स्त्री शिकलेली आहे. सक्षम आहे, तिने किंवा तिच्यासारख्या स्त्रियांनी पुढे यावे व आपल्या भगिनींना पुढे येण्यास हात द्यावा. हिंसाचारास बलात्काराला बळी पडणाऱ्या महिलांना व मुलांना आधार द्या अन्याय सहन करणे गुन्हा आहे. समाजातील विकृती संपत नाही. तोपर्यंत आपण बंदिस्त राहायचे का ? समाजाने स्त्रियांविषयी आण त्यांनी कामाविषयी आदरभाव व्यक्त करण्याची नितांत गरज आहे.स्त्रियांच्या ज्ञानाचा आणि त्यांच्या अभिव्यक्तीचा समावेश केल्यास संकटांना तोंड देण्याची तयारी अधिक सामर्थ्यशाली होईल. कोरोना काळातील मंदीवर सुद्धा महिला मात करत आहेत. घरबसल्या महिलांना उद्योग मिळू लागेल आहेत. मास्क बनविणे, जवेणाचे डबे पुरविणे, ग्लोव्हज बनविणे हा एक आशेचा किरण आहे. या एक आशेचा किरण आहे. या संकटामुळे महिला आणि पुरुषांमध्ये असमतोल अधिक वाढू नये. याचे भान ठेवले पाहिजे. स्त्रियांना पुढे आपण्यास प्रत्येकाने स्वत:पासून सुरुवात केली पाहिजे. म्हणजे लिंगभेदाचे प्रमाण कमी होईल. कोरोना महामारी सारखी संकटे येतच राहणार फक्त त्यात स्त्रीचं जास्त भरडली जाऊ नये किंवा तिला बसणाऱ्या झळा कशा कमी होतील यासाठी प्रयत्न करण्यासाठी आवश्यकता आहे. विचार बदला म्हणजे दृष्टिकोन बदलेल.

~~*

ऑनलाइन अध्ययन हे परिणामकारकच हवे.....

पायल गणेश चांदेरे,

एस.वाय.बी.ए

कोविड - १९ मुळे उद्भवलेल्या सद्यपरिस्थितीत शाळा बंद असल्या तरी शिक्षण चालू ठेवायचे असल्यामुळे बहुसंख्य शाळांनी, ऑनलाइन अध्यापनाचा अवलंब केला आहे. इंटरनेटद्वारे जे शिक्षण घेतले जाते ते ऑनलाइन शिक्षण.... जिथे इंटरनेटची सोय आहे अशा कुठल्याही ठिकाणी हे शिक्षण होऊ शकते. त्यामुळे शाळेत न जाता घरी सुरक्षित राहून विद्यार्थी शिक्षण घेऊ शकतात सध्याच्या काळात हे वरदानच, नाही का? परंतू, असे ऑनलाइन अध्यापन करण्यासाठी आधी शिक्षकांना प्रशिक्षित करणे गरजेचे आहे. पालक आणि विद्यार्थांचेही ऑनलाइन शिक्षणाबद्दल प्रबोधन करायला हवे. प्रत्यक्ष शाळेतील वर्गात शिकवण्याची पद्धत ही वेगळीच हवी. नाही तर, अध्ययन / अध्यापन विद्यार्थ्यांना गुंतवून ठेवू शकणार नाही आणि ते परिणामकारक ठरणार नाही.

ऑनलाइन शिक्षण अतुल्यकालिन (Asynchronous) आणि समकालिन (synchronous) असे संमिश्र हवे. अतुल्यकालिन ऑनलाइन अध्यापन प्रत्यक्षदर्शी नसते. ते पूर्वध्वनीमुद्रित (prerecorded) असते. या पद्धतीत, शिक्षक स्वतः पॉवर पॉइंट प्रेझेंटेशन किंवा व्हिडीओ बनवून वाचन, साहित्य, ऑनिमेशन, चित्र, तक्ते वापरून तसेच इंटरनेटवर उपलब्ध काही निवडक, उपयुक्त व्हिडीओच्या लिंक्स देऊन एखादी संकल्पना समजावून देऊ शकतात.

समकालिन पद्धतीत थेट प्रक्षेपण असते, परंतू अशा एकपाठोपाठ एक तासिका शाळेत असतात. तशा घेणे अजिबात योग्य नाही.

विद्यार्थांबरोबर चर्चा घडवून आणण्यास, त्यांचे शंका-निरसन करण्यास किंवा त्यांचे मनोबल वाढवण्यासाठी, अधूनमधून त्यांच्या बरोबर संवाद साधण्यासाठी समकालिन पद्धतीचा योग्य प्रमाणात वापर करून, आठवड्यातून मर्यादित वेळेसाठी ऑनलाइन अध्यापन करायला हवे. अतुल्यकालिन ऑनलाइन अध्यापनाचे बरेच फायदे आहेत. एक म्हणजे विदयार्थी आपल्या गतीने अध्ययन करू शकतात. त्यामुळे अध्ययन जास्त चांगले होते व ते लक्षातही राहते.

एखादी शिकलेली संकल्पना दैंनदिन जीवनात कशी वापरली जाते. हे कळण्यासाठी विविध रंजक उपक्रम किंवा ॲक्टीव्हीटीज विद्यार्थांना करायला दिल्यास आणि शिक्षकांकडून त्यांना वेळेत प्रतिसाद मिळाल्यास, विद्यार्थांचा सक्रीय सहभाग निश्चित घडवून आणता येईल.. अजून एक मोठा फायदा म्हणजे याला वेळेचे बंधन नाही. साधारण सर्व शाळेमध्ये विविध आर्थिक स्तरातील विदयार्थी असतात. सर्वांच्याच घरी कॉम्पुटर किंवा लॅपटॉप असतोच असे नाही. स्मार्टफोन देखील कुटुंबामध्ये एखादाच असू शकतो. अशा स्थितीत अतुल्यकालिन अध्यापन असल्यास, पालक आपल्या सोयीने पाल्यांना स्मार्टफोन किंवा लॅपटॉप कुठल्या वेळेला अध्यायनासाठी देणे शक्य आहे ते ठरवू शकतात. ज्या घरात भावंडे असतात तिथेही असे अध्यापन सोयीचे होते. याउलट प्रत्यक्षदर्शी किंवा थेट प्रेक्षपण केल्यास, इंटरनेट कनेक्टीव्हिटी समस्या येऊ शकतात. ऑनलाइन अध्यापन करण्यासाठी शिक्षकांना खूप मेहनत घ्यावी लागते. नेहमीच्या प्रत्यक्ष वर्गात शिकवण्यापेक्षा या तयारीला किती तरी जास्त वेळ द्यावा लागतो. दर्जेदार अध्यापन साहित्य बनवण्यासाठी स्वत: ची कल्पकता, इंटरनेटवर काम करण्याचा सराव व थोडेफार प्रभुत्व असायला हवे. मुख्य म्हणजे नवीन अध्यापन सुरु करण्याची मानसिकता हवी. गुरु

किंवा आचार्याची भूमिका सोडून विद्यार्थांना पाठबळ देणारा सहाय्यक ही भूमिका हवी. वर्गात उभे राहू लेक्चर देतो. तसे कॅमेरासमोर उभे राहून विद्यार्थांना लेक्चर न देता, नवनव्या कृती कार्यातून विद्यार्थ्यांना आनंदाने खिळवून ठेऊ शकेल असे शैक्षणिक साहित्य बनवून, विद्यार्थांच्या सक्रीय सहभागातून अध्यापन - अध्ययन व्हायला हवे. असे साहित्य एखादे लर्निंग मॅनेजमेंट सिस्टीम जसे की, मायक्रोसॉफ्ट टीम्स, गुगल क्लासरूम इत्यादी वापरून अपलोड करून विद्यार्थांपर्यंत पोहचू शकते. याच माध्यमातून विदयार्थी ते डाउनलोड करू शकतात आणि स्वाध्याय करून शिक्षकांपर्यंत पोहचवू शकतात.

स्वाध्याय विचार करायला लावणारा, बुद्धीला चालना देणारा हवा. त्याच्यात विविधता असायला हवी. कधी वेबपेज डिझाईन करून कधी पॉवरपॉइंट प्रेझेंटेशन तर कधी दीर्घ उत्तर किंवा निबंध लिहून विदयार्थी इंटरनेटद्वारेच स्वाध्याय शिक्षकांच्या अभिप्रायासाठी पाठवू शकतात. शिक्षक त्याचे मूल्यमापन करू शकतात. अशाने विद्यार्थांचे विविध क्षमतांचा आणि अध्ययनाचा निरनिराळ्या तऱ्हांचा आदर राखता येईल. कधी विद्यार्थांचे गट बनवून त्यांना एकत्रितपणे प्रकल्प करायला सांगता येईल, योग्य देवाणघेवाणीतून शिक्षक व विदयार्थी आपापसातील सहयोगातून अध्ययन प्रक्रियेची निर्मिती करू शकतात.

लहान गावातून किंवा खेड्यातून, जिथे इंटरनेटची सुविधा नाही तिथे रेडीओ आणि दूरदर्शनासारख्या माध्यमांतून शैक्षणिक कार्यक्रमांचा उपयोग करता येईल. राज्य सरकारने दिक्षा ॲप शैक्षणिक दिनदर्शिका यांसारख्या शैक्षणिक ॲप्सची निर्मिती केली आहे. स्मार्टफोनवर हे ॲप डाउनलोड करून विदयार्थी त्याचा लाभ घेऊ शकतात. शिवाय विद्यार्थांमधील इच्छा व घरातील सदस्यांना आणि स्वतः विद्यार्थाला

स्मार्टफोन लॅपटॉप सारखी साधने योग्य रितीने हाताळण्याचे तंत्र अवगत असायला हवे. त्यामुळे विशेषतः शालेय शिक्षणाच्या बाबतीत ऑनलाइन अध्यापनाकडे पूर्णपणे प्रत्यक्ष अध्यापनाला पर्याय म्हणून न बघता, प्रत्यक्ष अध्यापनाच्या जोडीला पूरक म्हणून वापर करणे जास्त चांगले !

˜˜*

कोरोना काळातील मानसिक परिस्थिती

साक्षी जगताप

माझ्या प्रमाणेच अनेकांना कोरोनाच्या काळात अस्वस्थता चिडचिडेपणा जाणवत असेल.

कित्येक लोकांना या आजाराशी संघर्ष करून आपला जीव वाचवण्याचा प्रयत्न करावा लागत असे त्याचबरोबर घरच्यांची काळजी घ्यावी लागते या अवस्थेत घरातील कोणताही सदस्य असो त्याची काळजी पूर्ण घराला असते.

या कारणामुळे कोणासोबत संवाद साधता येत नाही, त्यामुळे आपले मन कोणासोबत व्यक्त होत नाही. म्हणून आपले मन प्रसन्न न राहता आपल्या आजाराचा विचार करून आपले मन एकटे घुसमटते. त्यामुळे आपण आणखी या आजाराच्या विळख्यात अडकतो.

असे न होण्यासाठी आपण सदैव आनंदी राहील पाहिजे. म्हणून जे व्यक्ती या आजाराशी संघर्ष करीत आहे. त्यांच्याशी आपण उपलब्ध असेल त्या उपकरणाद्वारे संपर्कात राहावे.

उदा

मोबाईल फोन ने, आपण त्यांच्या सोबत आहोत हे त्या लोकांना जाणवेल आणि आपला आधार त्यांना वाटेल,

हा विचार सोडला तर जे लोक लॉकडाऊन मुळे घरातच आहे. त्यांची मानसिक स्थिती ही स्थिर नसते. सतत होणारी चिडचिड, राग या गोष्टी मुळे घरात वाद होतात. त्यामुळे घरात तणावाचे वातावरण निर्माण होते.

किंवा जे कुटूंबापासून लांब राहतात त्यांना एकटे राहून अस्वस्थ वाटते. यामुळे मनात वाईट विचार येतात काही लोक तर डिप्रेशन मध्ये जातात. त्यांची मानसिक स्थिती ढासळते. याउलट जेकुटूंबासोबत राहतात. त्यांचे कारण थोडे वेगळे आहेत.

कुटूंबामधली रोजच्या कामात गुंतलेली महिला तिच्यावर पूर्ण कूटूंबाचा भार येतो. दररोज च्या नियोजनापेक्षा तिला अधिक श्रम करावे लागते. त्यामुळे तिची शारिरीक व मानसिक परिस्थिती ढासळते.

तेसच कोरोना च्या काळातील स्थिती चा विरूद्ध् दिशेने विचार केला. तर असे समजते की जे लोक आपल्या कुटूंबापासून भरपूर काळ दूर राहत होते. त्यांना या कोरोना च्या काळात आपल्या कुटूंबाला आपल्या लोकांना वेळ देता आला.

आणखी जे लोक सतत मोबईल व कामामुळे व्यस्त राहत होते त्यांना देखील आपल्याजवळच्या माणसांना वेळ देता आला. व जे लोक काही काराणामुळे आपले छंद, आवड, गोष्टींना वेळ देता आला नाही. किंवा आपल्या कलागुणांना आत्मसात करता आले नाही. त्यांनी या लॉकडाऊन च्या काळात छंद जोपासण्याची संधी प्राप्त केली.

अशाप्रकारे अनेक लोकांना आपआपल्या परिस्थितीशी तोंड देता आले काही लोकांना याकाळात त्रास झाला मात्र लोकांना हा काळ थोडा चांगला गेला.

~~*

DEPARTMENTAL

ACTIVITIES

Department of Psychology
Annual Report 2019-2020

Koshish: The academic year began with a meeting to Review the Internship of May 2019 where 25 students from the Department were part of a month-long Internship Program at 5 different Community Based Organisations. The students' feedback was that they had an enriched experience from working on the field. These organizations were: Bapu Trust for Mind and Discourse, Doorstep School, Streemukti Sanghatana, Alochana and Sathi Haath Badhana.

Bridge Course for FY: As a continuation of the Induction program a foundation course to evaluate the students' level of the subject and get everyone to the same level of subject matter a bridge course was designed and implemented.

MINDSCAPE VOLUME IV: The fourth volume of the Research Compendium was released which included all the papers students had presented in the AY 2018-19.

DISHA: There were three Group Discussions held on the topics 'Impact of Social Media and Youth', 'Addiction' and 'Psycho Socio Inclusion of North Eastern Students'.

WORLD SUICIDE PREVENTION DAY: 10th September, Students made Posters and went around the campus spreading the message that Suicide is Preventable. The campaign included Modern Law College as well.

Personality Testing: For the second time the Department conducted Personality tests for TY BCom students. A Debriefing session to explain the results was also conducted.

PSY WORLD V: The theme of the Fest conducted by the Department was 'Cognitive Psychology', students presented

various concepts of Cognitive Psychology like Attention, Memory, Language, Perception, Problem Solving in the form of interactive games, presentations and activities. The response was tremendous.

KHOJ: The Inaugural session of the ongoing research workshops conducted by Dr. Sadhana Natu was on the topic 'Art and Science of Writing an Abstract'. This was followed by many more sessions where Dr. Natu guided the students in all the stages of writing research papers for various conferences. Such as data collection, analysis, research writing, tips on preparing posters and PPTs as well mock presentations.

INHOUSE WORKSHOPS: Dr. Sadhana Natu conducted a workshop on 'Goal Setting and SWOC analysis'. Another workshop titled 'Moving Ahead in Psychology' was conducted with the following Resource Persons: Dr Sadhana Natu, Nashome Crasto, Adwaita Deshmukh, Nandini Thatte, Ketaki Joshi and Dhwani Giri.   They spoke about different fields of Psychology such as Community, Palliative, Psychometry, Geriatric, DMT, School Counselling Psychology. An Orientation was conducted for the SY students preparing them for TY and Practical conduction in TY. There was an interaction with Prayag Joshi from Imlee Mahua who spoke about Non formal Education and his experience of working with Adivasis.

National Academy of Psychology Conference: Around 28 students presented posters and oral presentations at the National conference held between 20th - 22nd December 2019 in Puducherry University. The students also held a poster display and presentation in the college where the students and staff could experience the efforts put in, under the theme 'Making Psychology Deliverable to Society'.

Release of Kaleidoscope: The 12th Volume of Kaleidoscope was released on 12th December 2019. The theme was Addiction. The Resource Person was Dr Sanjyot Deshpande, Psychotherapist.

Alumni Meet: Few past students visited the Department during Yuva Saptaha.

Master Mind Quiz: An annual quiz organised by the Department to test psychological concepts was met with enthusiasm as 20 teams participated.

Euphoria: The platform which encourages presenting psychological concepts in a creative way chose Fantasy as its theme. Many students presented their interpretation of Fantasy in the form of dance, song, and poetry.

Kavita Katta: Encouraged by Dr Natu, students gather to either present original poems or recite a favorite poem. The students presented a wide variety of themes and styles of poetry.

Study Tour: The TY students visited LightHouse in Aundh as a part of their study tour and got an insight into the functioning of an organisation working at a community level.

Collaborative Research: Dr Sadhana Natu, Akash Wasil, a student Department of Psychology at Harvard and Pennsylvania State University and Dr Sachin Shinde(alumni) collaborated on a research project. Dr Natu and Dr Shinde mentored Akash Wasil for pilot testing and protocols for designing a digital mental health tool. Students of the department participated in the process and Aishwarya Bhojkar and Bhoomi Anant assisted in data collection and FGDs. The outcome was a co-authored paper (Dr Natu and Dr Shinde with Akash and others) and a great learning experience and exposure for the students.

Research on COVID 19 Dr Sadhana Natu assisted by Nashome Crasto and Adwaita Deshmukh prepared a Screening and Extensive Tool to measure COVID 19 related distress. The three with MA students Ishitta Shinde and Apurva Sapkal completed online data collection and analysed the data of 500 respondents and gave feedback. The study is being written up and will be sent for publication to a reputed journal.

Individual Reports:

Dr Sadhana Natu (Associate Professor and Head of the Department)

Resource Person:

1. Topic: Queering Mental Health at Samvad Setu Conference, Pune May 2019.
2. Topic: Qualitative Research Methodology for Course work in Psychology for M.Phil. and PhD students at the Department of Psychology, SPPU, June 2019
3. Topic: Rohith Vemula to Dr. Payal Tadvi- Suicides or murders: Mental Health aspects organized by Yuva Bharat Sanstha, Pune, July 2019
4. Topic: Feminist Ethics in Research for Course work in Women's Studies for M.Phil. and PhD students at the Women's Studies Centre, SPPU, July 2019
5. Topic: How to work as Internal committee members for Leadership For Equity, NGO, Pune, August 2019
6. Topic: Mental health first aid at HRDC, SPPU December 2019
7. Topic: Mental Health Facebook Live session for Ashramshala hostel wardens on 23 April 2020

8. Topic: Why should women work for SNDT University and Tech Mahindra initiative 11 May,2020

9. Topic: Psychology for Managers 101 for COEP Mechanical Engineering Alumni Group 1990 Online workshop, May 2020

10. Topics: What is Mental Health, Feminist Psychology, Social psychology and behaviour for activists and researchers organized by Yuva Bharat Sanstha Online workshops, May 2020

11. Topics: Careers after BA and careers after BA Psychology for students organized by SNDT University Online workshops June 2020

12. Topic: Awareness about Gender spectrum and Pride month for Senior managers of VMware Software, Pvt Ltd Online workshop, June 2020

Consultancy:

External Expert in Internal Committee of Leadership for Equity, NGO, Pune

Conferences:

Leading a Symposium on "Making Psychology deliverable to society: On and off campus endeavours" at the 29th Annual Conference of National Academy of Psychology and International Conference held in December 2019 in Puducherry University.

Editorial and Peer Review

Peer reviewed National Academy of Psychology Conference Abstracts and also for National Journal Psychological Studies and 'Confluence' Journal of Symbiosis School of Liberal Arts Edited In-house journal Kaleidoscope.

Research Work and Guidance

Supervising 3 PhD students as Guide and 1 as Co Guide.
Referee for D.Phil. Thesis in Psychology of University of Allahabad
Prepared COVID 19 related Distress screening and extensive tool and research conducted through online data collection. Data analysis is done and currently writing up the results for submission to a reputed research journal.

Expert

Member of Committee on Counselling and Mentoring FDP of HRDC, SPPU
Member of Research Advisory Committee of Women's Studies Centre, SPPU
Pre submission Viva Expert at Women's Studies Centre, SPPU M.Phil. and PhD.
Fellowship interviews at SARATHI, Govt. of Maharashtra, Pune
Staff Interviews at SARATHI, Govt. of Maharashtra, Pune

Publications

1.Ajun barach palla gathaycha ahe…. Purushspandan, Nov 2019, Men against Violence and abuse, Mumbai Nov 2019

2. Mental Health and Development: Modelling Community Mental Health Program to influence National Policy Evaluation Report U. Vindhya, Kishore Kumar & Sadhana Natu
February 2020, Bapu Trust for Research on Mind and Discourse, Pune
ISBN: 978-81-944995-0-3

3 Viewing Death from the Front Row: Exploring Doctors' View of Death in the Age of Chronic Conditions, Terminal Illnesses and Varied Mortal Fears. Nandini Thatte, Dr Sadhana Natu, *IOSR Journal of Humanities and Social Science (IOSR-JHSS) Volume 25, Issue 3, Series. 8 (March. 2020) 56-60 e-ISSN: 2279-0837, p-ISSN: 2279-0845. www.iosrjournals.org*
4. Life of Indian Women with Rheumatoid Arthritis: A Qualitative Study Sumita Chavare, Dr Sadhana Natu *IOSR Journal of Humanities and Social Science (IOSR-JHSS) Volume 25, Issue 3, Series. 5 (March. 2020) 01-12 e-ISSN: 2279-0837, p-ISSN: 2279-0845. www.iosrjournals.org* DOI: 10.9790/0837-2503050112 www.iosrjournals.org
5. Harnessing single-session interventions to improve adolescent mental health and well-being in India: Development, adaptation, and pilot testing of online single-session interventions in Indian secondary schools Akash R. Wasil,, Suh Jung Park, Sarah Gillespie, Rebecca Shingleton, Sachin Shinde, Sadhana Natu, John R. Weiszc, Steven D. Hollonf, Robert J. DeRubeis Asian Journal of Psychiatry, 50(2020) 101980 Feb 2020, Elsevier

Mentor for Akash Wasil, a student Department of Psychology at Harvard and Pennsylvania State University for pilot testing of online interventions for mental health. Mentored him for FGDs, data collection and analysis and supervised research writing.

Extension
Free Online Counselling for COVID related distress on Manobal group and State level helpline from 5 March 2020 to 15 June 2020

Coordinator and initiator of the UG Certificate Course in Women's Studies.

Staff Members:

Nashome Crasto- Presented Paper at National Academy of Psychology Conference 'Making Psychology Deliverable to Societies' held at Pondicherry University. Coordinated Undergraduate Women's Studies Course conducted in the college.

Swati Jagtap- Attended State Level Conference 'Contemporary Issues in Maintaining Physical and Mental Health by Sharadchandraji Pawar College, Jejuri. Coordinated Undergraduate Women's Studies Course conducted in the college.

Shreyas Thade- Attended a Syllabus Revision Workshop for MA at DY Patil College, Akurdi, Pune.

~~*

Congratulations to Toppers of 2019-2020

THIRD YEAR PSYCHOLOGY SPECIAL

Aishwarya Bhojkar	90%
Suveni Kaul	88.08%
Aasawari Kulkarni	86%
Gayatri Lokhande	85.83%
Bhoomi Anupama Anant	85.08%

SECOND YEAR PSYCHOLOGY SPECIAL

Pratik Dhote	83.33%
Sanjh Dubey	82.5%
Tanaya Pisal	82.5%
Shreya Kale	81.67%

FIRST YEAR PSYCHOLOGY

Nishan Nirpan Roy	90%
Sheik Sohel Munair	90%
Aarti Vikram Tathe	90%
Sunil Mankar	90%
Shreeya Panda	89%
Madhuri Darekar	89%

WELL DONE

CONGRATULATIONS

FOR

QUALIFYING IN ALL INDIA ENTRANCE EXAMS FOR VARIOUS COURSES

IIT GANDHINAGAR- MASTERS IN COGNITIVE AND BRAIN SCIENCE

ANANYA SANKARAMBADI

TATA INSTITIUE OF SOCIAL SCIENCES

*MASTERS IN PSYCHOLOGY

AISHWARYA BHOJKAR

SUVENI KAUL

*MASTERS IS SOCIAL WORK IN PUBLIC HEALTH

REMA ANJALI DSOUZA

FILM AND TELEVISION INSTITUTE OF INDIA

SHREYAS BHOPI

SAVITRIBAI PHULE PUNE UNIVERSITY

LALIT KALA ACADEMY, MA THEATRE - ISHA VETAL

MASTERS IN COMMUNICATION

ABHINAY KAMBLE

DHEERAJ SANGHAI

MERITIOUS RANK HOLDERS

Hemant Rughoonauth

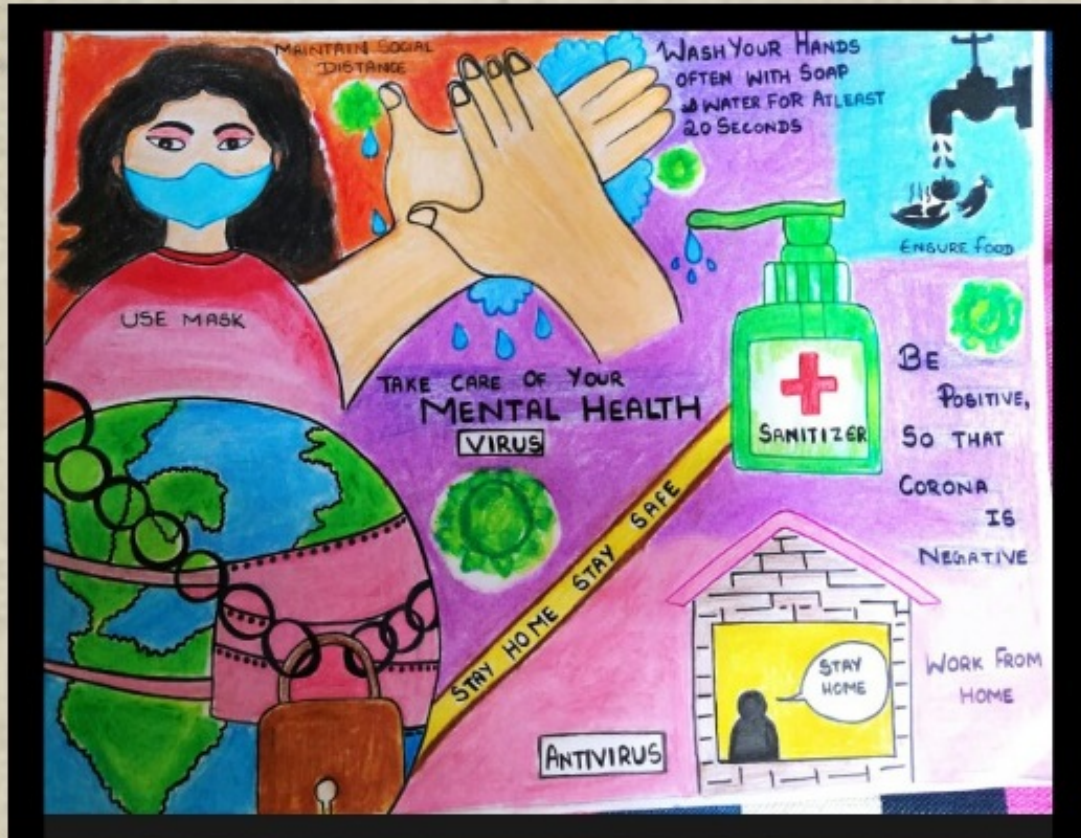Achieved 4th Rank in the University Merit list batch 2014–2017

Vasudha Parkhi

Achieved 9th Rank in the University Merit list batch 2015–2018.

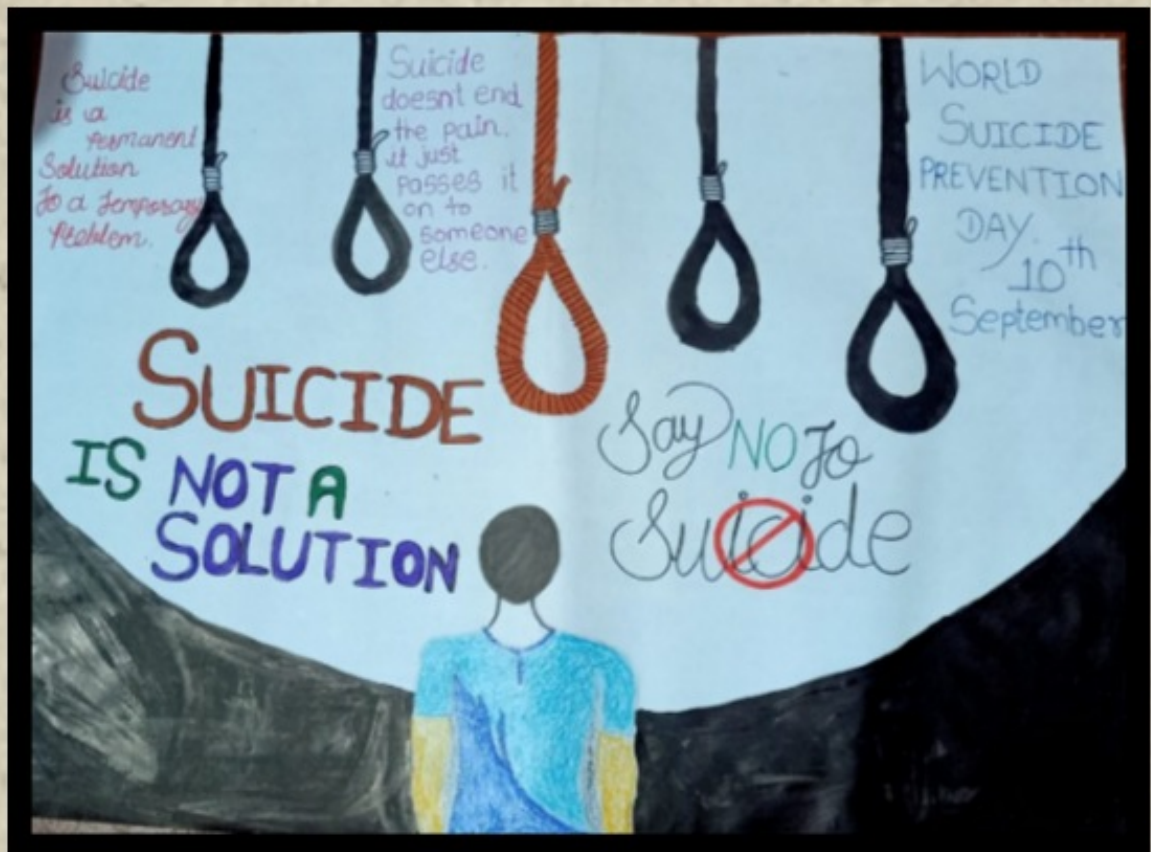SAIVIBHUTI PATIL FROM MA PSYCHOLOGY WON
THE TITLE OF PRIDE OF MODERN

Artwork
by
Preeti
Singh

Artwork
by
Pallavi
Jadhav

Dear Class Of 2020

This year might have left you hanging...
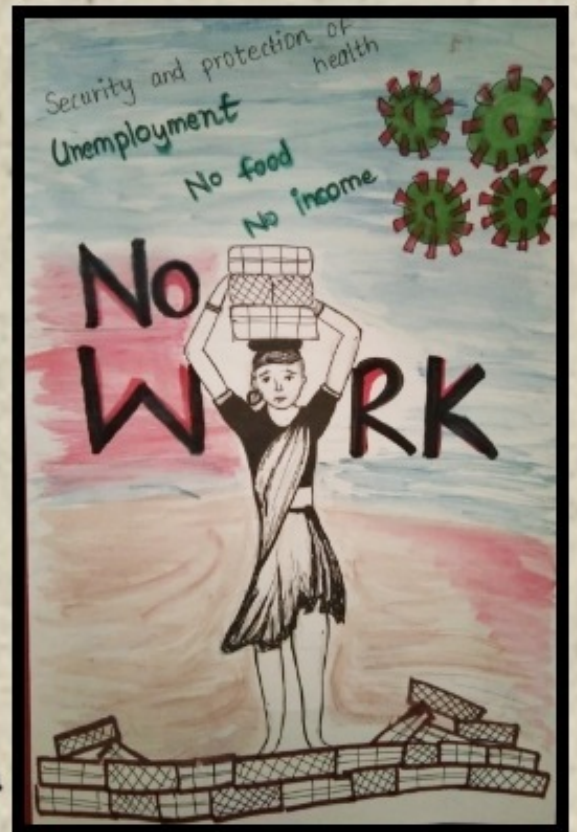But, you are not alone
We stand together with you.

Samruddhi Kamble

STAY HOME SAVE LIVES

Name :- Shreeya Panda
Class :- SYBA

Artwork
by
Samruddhi
Kamble

Artwork
by
Harshada
Howal

Principal Dr. Sanjay Kharat playing a game based on Attention Shift at Psy World 2019

The Enthusiastic Team of participants of Psy World 2019!

Staff and Students work consistently for more than 2 months to put up an event of this magnitude to showcase their skills and knowledge.

Awareness Campaign for 10th September, World Suicide Prevention Day 2019

Students participate by making posters to spread the message that Suicide is Preventable.

No corner of the Campus is left out by students on their campaign to spread awareness about 10th September, World Suicide Prevention Day 2019.

The feedback received by staff and students is validating and encouraging.

Students with Peons conducting a session on Self Care as a part of Ummeed-College Community Mental Health.

Students with Clerical Staff conducting a session on Self Care as a part of Ummeed-College Community Mental Health

A Disha Group Discussion underway. Students were discussing on the topic:
Inclusion of Students from North East: Challenges and Opportunities.

Prayag Joshi from Emlee Mahua having a discussion with the students about Non Formal Educational Spaces and about his work at Emlee Mahua

Dr Natu conducting a discussion with students to commemorate the Birth Anniversary of Savitribai Phule, 2nd January, 2019.

Batch of 2020

Dr. Sadhana Natu and students at the Annual Conference of the National Academy of Psychology held at Pondicherry University, December 2020.

Dr. Sachin Shinde with Principal Dr. Sanjay kharat, Vice Principal Dr. Jyoti Gagangas and Head, Department of Psychology Dr. Sadhana Natu.

Release of Kaleidoscope Volume XII by Dr. Sanjyot Deshpande, Psychotherapist, Principal, Dr. Sanjay Kharat, Vice Principal Arts, Dr. Jyoti Gagangras and Head, Department of Psychology, Dr. Sadhana Natu.

The enthusiastic team of those who contributed to Kaleidoscope Volume XII