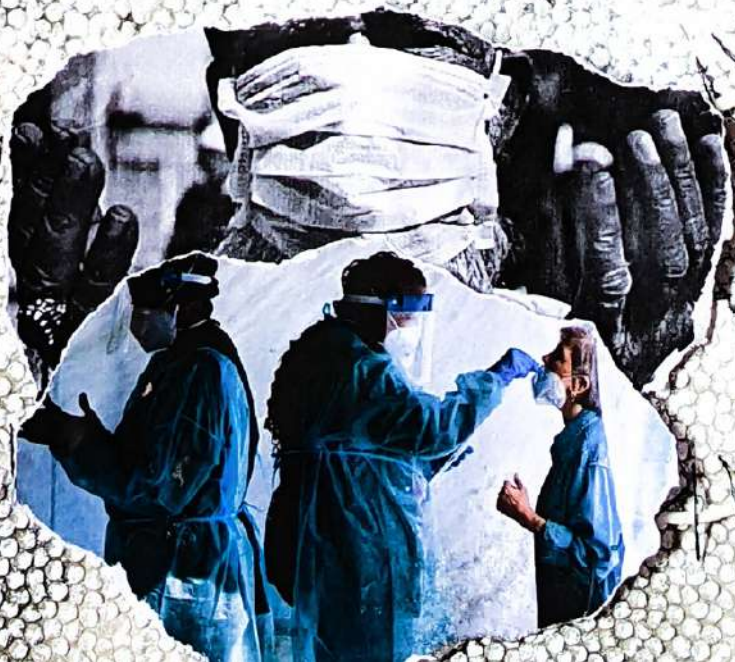


AMANA

Volume 14, Issue 1, March 2022

With COVID

Stories of Struggle and Resilience
From Around the World



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Volume 14, Issue 1, March 2022
Special Issue

With COVID

Stories of Struggle and Resilience from Around the World

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'Novel Strain' - Painting
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Preface

By Sumit Dutta* & Zineb Naini**

A pandemic is more than just a medical phenomenon; it affects individuals and society, causing disruption, anxiety, stress, stigma, and xenophobia; and an individual's behaviour as a unit of society or a community has significant effects on the dynamics of a pandemic, including the level of severity, degree of flow, and aftereffects. The rapid spread of COVID-19 around the world prompted the implementation of regional lockdowns to prevent the disease from spreading further. Isolation, social distancing, and closure of educational institutes, workplaces, and entertainment venues consigned people to long periods of confinement. These restrictive measures have had a significant impact on the social and mental health of individuals across the board.



Because of the historic significance of the COVID-19 pandemic and its widespread impact on the lives of billions, it was decided to issue a very special edition of AMANA Magazine entirely dedicated to the pandemic's various effects on us. The issue, titled "*With COVID: Stories of Struggle and Resilience from Around the World*", contains an unprecedented number of articles written between 2020 and 2022, by authors from diverse backgrounds such as health workers, psychologists, faith leaders, social workers, teachers, and students, maintaining the issue's inclusive spirit. The contribution of articles from young scholars and students has been significant in encouraging them to realize their potential. The inclusion of two poems that mirror the COVID crisis adds a unique flavour to this very special edition, which also includes articles on the psychological aspects of the COVID-19 crisis as well as the impact of the pandemic on specific populations such as children, women, at-risk health workers, and so on.

This special issue is comprised of two sections. The first, dedicated to the struggles and resilience stories of individuals who were and continue to be greatly impacted by the pandemic, includes articles that focus on various aspects and areas that were affected over the course of the pandemic's two-year duration. From the role of religious communities in responding to the pandemic, such as faith-based organizations in Indonesia and churches in Rwanda, to the rise of hate speech and discrimination against Muslims in India, as well as the sharp increase in domestic violence fuelled by confinement and isolation; this chapter also includes stories about

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ordinary people's journeys to coping with the pandemic's challenges, such as a teacher's effort to involve his students in online learning in a rural village of India, a student from Bangladesh fighting against dark thoughts through social engagement, a Rabbi in the United Kingdom rising above all challenges by engaging his community in innovative ways despite lockdown, and an artist's painting dedicated to health providers.

Because all efforts have been directed toward understanding the epidemiology, clinical features, transmission patterns, and management of the COVID outbreak, there has been little concern expressed about the effects on one's mental health and strategies to prevent stigmatization. The current situation necessitates public awareness, which can aid in dealing with this disaster. To that end, the second section of this special issue of AMANA is entirely devoted to the silent pandemic known as mental health, particularly from the perspectives of Indian psychologists, counsellors, students, social workers, and activists.

Our heartfelt gratitude goes to all the authors who contributed with articles to this very special edition and to Indrani Acharya for creating a painting exclusively for the cover of the magazine.

We hope the readers will find this edition of AMANA Magazine meaningful and a source of inspiration towards the continuation of prevention of further spread of the virus and care of those impacted by the pandemic.

PART I

Struggle and Resilience: People's Fight Against COVID

COVID-19

By Dr. Vinod Kumar Yadav*



Have you ever seen COVID-19?

I have neither seen COVID-19,
Nor I have ever met COVID-19,
Still I am scared of COVID-19.

Have you ever met COVID-19?

I have never met COVID-19,
But I know a lot about COVID-19
Still I feel quite unfamiliar with COVID-19.

Have you ever talked to COVID-19?

I have never talked to COVID-19,
But people often talk so much about COVID-19,
Still no one can identify COVID-19.

Have you ever heard about COVID-19?

I have heard so much about COVID-19,
But I do not know who exactly COVID-19 is,
Still I carry lots of information about COVID-19.

Have you ever read about COVID-19?

I have read a lot about COVID-19 in newspapers,
But I do not have exact idea about COVID-19,
Still I can discuss a lot about COVID-19.

Have you ever experienced COVID-19?

Perhaps I have never experienced COVID-19,
But countless peoples die of COVID-19,
Still today no one cares about COVID-19.

*Dr. Vinod Kumar Yadav is Assistant Professor at the Department of Commerce, Rajiv Gandhi University, Papum Pare, Arunachal Pradesh.

COVID-19 Struggle and Resilience From Around the World

By Dr. Shaveta Thakur*



COVID-19 has flipped around the world. Everything has been impacted such as our lives, association with each other, communication and travel. Each and every part of our lives has been affected. During lockdown, legislators, epidemiologists, school administrators, entrepreneurs and families all over the planet were arranging the subsequent steps: how to safely reopen schools and businesses, commute and travel without transmitting infection, support those who have been generally impacted by the crisis like the thousands who have lost their livelihoods or their jobs, friends, families and how to guarantee that the already serious imbalances don't deteriorate further. The pandemic has caused unusual and unsure effects that can represent a threat to the wellbeing of the families. It has also caused psychological wellness issues like nervousness, stress and depression. The pandemic has likenesses with catastrophic events, which fundamentally upset social and authoritative practices and call for resilience in society.

Resilience refers to the capacity of a social framework to proactively adapt to and recuperate from aggravations that are perceived within the framework to fall outside the scope of typical and expected disturbance. Resilience is also a learning cycle that connects a bunch of versatile abilities to a positive direction of working and adaption after a disturbance. Health framework resilience is essential to learn lessons from country reactions to emergencies such as COVID-19. Coronavirus has fundamentally challenged health frameworks and networks. The impact of significant shock represented by the pandemic is to manifest the points where the framework is fragile and to exhibit the interdependencies of scope of health, and social and financial structures.

While the proof of system disappointments has come at an enormous expense in human and financial terms, it has also highlighted what needs to change. With over 3 million worldwide deaths and unavoidable social and monetary expenses, the pandemic must serve as a call for change and speculation towards resilience and individual centeredness, beginning with health frameworks.

*Dr. Shaveta Thakur is a Head of Department of Physics, RRMK Arya Mahila Mahavidyalaya, Pathankot, India

Coronavirus provides a renewed prospect for solidarity, both within and between nations. The outcomes of tension, stress and savage openness might be driving issues to meet in psychiatric and psychological pandemics care. The manner in which children and their parents respond to pandemic stressors plays an elementary role in their change, therefore there is a need of improving the strength of kids and their parents, decrease negative adapting methodologies and rehearse compelling methods for adapting to pressure to secure their emotional well-being presently and later on.

The pandemic is hurting the social and material success and prosperity of children around the world, with helpless homeless and other helpless children hit hardest. School closures, social distancing and restrictions increase the risk of poor nutrition among children, their exposure to aggressive behaviour increases their nervousness and stress and reduce access to vital family and care services. Extensive digitalization mitigates the education loss caused by school closures, but poor children are least likely to live in good home-learning environments with internet connections. Besides, increased unaided online use of the web has amplified issues around cyber-bullying and sexual exploitation. Exposure to shocks such as pandemics and financial crises has long term consequences for the access to good jobs of today's young and future generations. Therefore, reinforcing the strength and anti-fragility of public organizations and governments against future shocks is critical to guarantee the well-being of today's young and future generations.

Before the COVID-19 pandemic, youngsters have been at the cutting edge of calls for a longer-term perspective in policymaking and in building more comprehensive and feasible social orders such as through governance, money and coordinated efforts across different areas.

The pandemic's effects can be especially hard for older people who might be encountering cognitive decline or dementia. Some older people may already be socially detached and encounter depression which can worsen mental health. On the positive side, there are numerous things that older people can start themselves or with the help of a carer, if needed, to protect their mental well-being. These incorporate a large number of techniques that we are advocating across the entire population, such as endeavour active work, keeping to schedules or creating new ones, and engaging in activities that give a sense of achievement. Maintaining social connections is also important. Some older individuals might be acquainted with advanced techniques but they might require direction on how to utilize them. The psychological well-being and psychosocial support administrations pertinent to this population must stay accessible.

COVID-19 responses saw wellbeing strategy moving beyond the remit of Ministries of Health. Nations adopted whole-of-government strategies to enforce health systems in response to Coronavirus, particularly those with experience of other wellbeing related disasters.

In many countries, these decisions were made by making an interpretation of proof-based investigation into strategies that safeguard wellbeing framework limit, while securing both public prosperity and livelihoods. Most countries established temporary advisory groups to inform government decisions. The Coronavirus response requires testing, treatment and vaccines to be financed with either a portion or all of these costs coming from public assets and relies on workforce, healthcare infrastructures and supplies to provide and give truly necessary surge capacity inside prosperity system.

Moreover, monetary help measures targeting assisting organizations businesses to stay viable, ensure occupations or give a monetary guide to low pay families and the jobless have been taken by many countries. These strategies support individuals to adhere to public health guidance, determined for preventing infections, thus mitigating the strain on the health system resulting from the need to convey high-intensity consideration. To further enhance the reach of health services, numerous countries made explicit actions to alleviate potential, financial and physical barriers to care, such as covering part or all of the expenses of COVID-19 care and subsidizing the foundation of testing and treatment centres in communities

It is elemental to have extraordinary and sound correspondence and to find specific activities to do together among relatives who can collect sensations of partnership, attachment, trust and satisfaction. A strong relationship, correspondence, religious practices, an inspirational perspective and building social assistance are flexible adjusting to respond to the crisis and setback together.

When COVID-19 Pandemic Meet Institutional and Socio-Economic Havoc

Capitalizing on the role of churches and faith-based congregations in reshaping the relationships between the State and the public as a crisis response

By Muhire Jean Claude*



Introduction

COVID19 has fundamentally changed the world we live in as the pandemic continues to disrupt businesses and threaten people's health and livelihoods. The Rwandan government reported the country's first case of COVID-19 on 14th March 2020.

The government was quick to respond with preventive measures for its residents.

For instance, it has issued a nationwide lockdown as one of the prevention measures against the spread of the virus and, it is important to note, the promulgation of a nationwide lockdown order and social distancing laws have been the most significant interventions, as these measures imposed unprecedented restrictions on the basic right to freedom of movement[1].

The price Rwandan citizens have paid during this period of compliance with lockdown rules revealed countless stories of love, resilience, and collective acts of social solidarity. Especially in the context of Rwanda and other sub-Saharan countries, where there is no or less robust social security system as, for decades if not longer, this role is principally provided by churches and religious congregations.

As the need to enforce physical distance became central to public health, maintaining a social and spiritual connection in the midst of COVID-19 wasn't the only challenge facing our communities, especially where the poorest among us can't afford to take time off from work. Therefore churches and faith congregations have played a critical role in Rwanda's COVID-19 response, as they provided welfare and social services within communities. For example, food assistance is one of the most common ways with which faith-based organizations support their communities, but also through their physical infrastructure and access to their wide and complex social networks in low-income communities, such as women, the elderly and other marginalized groups, as they provide food, healthcare and informal support.

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[1] The article was written in November 2020

These networks are important, especially in the context of this pandemic, since they can be leveraged for a wide range of tasks such as limiting religious gatherings, but also an opportunity for public health authorities and religious leaders to actively work together on an effective response to the pandemic.

The Role of Churches in Building Trust and Cohesion in the Fight Against COVID-19

There are three similar layers that are clearly emerging in Rwanda and other East African countries as this pandemic rages on. The first is the fact that this public health emergency is likely to last for two years; this means that the virus will remain a threat until the vaccine is developed. Then we have the pandemic's second order which affects, as we have already seen, how rapidly infectious diseases can devastate the economy. Lastly, there are the slow-burning social inequalities that will build over the coming years against which these countries' leaderships are not prepared. Today, in the era of the COVID-19 pandemic, the new front lines of social inequalities are entrenched between those who can't afford food supplies and those who struggle to get toilet rolls on lavish mall shelves.

Governing through a pandemic presents extraordinary challenges; as it requires a complex blend of power, resources, expertise, leadership and cooperation across society.

So what's the way forward?

Leadership and Coordination

Three tasks of particular importance for good leadership and coordination are: devising a set of containment measures, continually gathering and assessing information about the impact of those measures and the needs and welfare of the citizens over time.

Without a doubt, some national and local religious leaders, such as the Rwanda Catholic Church and the Association of Pentecostal Churches of Rwanda (mostly known as ADEPR) leadership, have high levels of influence and community-organizing capabilities. Therefore they can help frame approaches that will make them more likely to succeed. In this regard, the government must integrate them into planning, decision making and implementation at every level of their COVID-19 response.

Sensitizing their communities, churches and faith-based congregations can assist in the implementation of government policies in a way that reflects an understanding of sensitivity to religious practices. This is because the most intense efforts are happening at the grassroots level, within communities, as people rally to, care for and support the people they live close to. This also takes into account the fact that contact tracing is historically undertaken through human labour, volunteers or public health workers, who personally contact the associates of an infected person.

By making places of worship and other privately owned facilities available for public response, including training, storage and distribution of essential supplies, faith-based congregations and churches are essential in the fight against the spread of COVID-19.

Public Health Messages

Religious leaders can lend their reputation and communications in order to reach their communities to support behavior-change and compliance with social distancing and other mitigating measures. During this pandemic, we have observed that religious leaders and faith organizations have the potential to amplify and influence health education, health promotion and positive outcomes amongst their faith community.

Counter Misinformation

The fear, uncertainty and economic dislocation that has accompanied the pandemic, in this current context disinformation and misinformation, also shape the public health response.

We can observe that emergencies are the perfect storm form for exploitation through misinformation, especially those that serve personal and political ends; those discourses and narratives fluctuate between the novel Coronavirus being just a harmless flu and the theory that this outbreak is a government made narrative designed to get more funds from western development partners.

Furthermore, there are floods of social media manipulated news about the supposed low efficacy of quarantine and social distancing measures or betting on the yet-unproven efficacy of hydroxychloroquine and chloroquine as a permanent cure for COVID-19.

Therefore, in this context, to curb the spread of misinformation faith-based organizations and religious institutions needs to be on the frontline mitigating the impacts of COVID-19 and providing communities with much-needed guidance, such as countering misinformation and other conspiracy theories about the pandemic, particularly those that are religiously motivated, by proactive counter religiously grounded narratives that are in the public domain.

Collaborate for Mutual Benefit

Religious leaders are able to represent the interests of minorities, such as the youth and women, by integrating them into crisis management structures. This creates a conducive situation where religious leaders, private players and the government have a plethora of options for using and adjusting their crisis response, such as sharing experiences of local solidarity, disseminating strategies to guide residents to stay at home and, lastly, liaising with media outlets and public authorities in order to give visibility to the problems faced by these minorities. Much of this contributes to increasing the public reliance and trust in public authorities.

Conclusion

The COVID-19 outbreak has brought huge changes to humanity's ways of life, with no country completely untouched by disruption. This outbreak has presented many governments around the world with hard choices to make between the life and the well-being of their populations. However, in this disruption, there are many themes that present continuity with pre-existing problems, such as social inequalities. Furthermore, there is a pervasive sense that the negative effects of the pandemic will only deepen as the disease spreads further into lower-income communities, exacerbating hunger and social inequalities in ways we have not seen in several decades.

The pandemic has tested not only our crisis management ability and our health care systems but is also exacerbating existing structural inequalities. In fact, this crisis has underlined how divided a number of sub-Saharan African societies are and the necessity of improving the efficiency and quality of public services.

Make no mistake, there are complex problems at play in this pandemic, but most of them are a product of government failures, which are reflected by a legacy of structural and infrastructural effects of long-dominant neoliberal ideologies and policies introduced around the African Continent in the early 1990s by the International Monetary Fund (IMF) and the World Bank group in the early nineties.

Above all the issues, the emergence of problems in terms of food access, as the cost of food is rising up. The virus is beginning to create problems for the production of fruits and vegetables in the country, and this clearly puts in light that there is an urgent need to establish and implement social welfare. And given our context, religious congregations play a critical role in the COVID-19 response as they provide food assistance and healthcare. Especially in this setting, food assistance is the most common way in which faith-based organizations support their communities. Furthermore, many households in the country are also facing declines in remittance income from family members who live abroad and can no longer work due to lockdowns in western and wealthier countries, which greatly affects these households and constrains their food budgets.

This is the right time to move beyond mere rhetoric as we are observing that the legacy of COVID-19 might be the new visibility that it gives to these socio-economic inequalities and that our national leaders and politicians may decide to shake up the situation in the years to come, with consequences that remain to anticipate.

Overall, as a result of this crisis, we may see greater scrutiny of governance systems and much better effectiveness of the public administration, so will churches and faith-based congregations be part of solving the problem? I hope for the latter.

Responses From Faith-Based and Civil Society Organizations in Indonesia to COVID-19

By Rr. Manda Andrian

Introduction

COVID-19 was first reported in Wuhan, Hubei Province, China in mid-December 2019, and subsequently spread worldwide, including to Indonesia. Indonesia, with over 18,000 counted islands, is by far the largest and most varied archipelago on earth.

The country is majority Muslim, with 87,2 % of the total population, Protestant 6,9%, Catholic 2,9 %, Hindu 1,7 %, Buddhist 0,7 %, Confucian 0, 1%[1], and 0,56% from the total population practice other faiths[2]. Despite global volatility, Indonesia's economy has grown at a consistent pace, with quarterly GDP growth remaining between 4,9 to 5,3% over the past 3 to 5 years. The country's driver of growth, however, shifted over the first quarter of 2019[3].

The COVID-19 pandemic in Indonesia is part of the ongoing worldwide pandemic of coronavirus disease 2019 (COVID-19) caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). It was confirmed to have spread to Indonesia on 2 March 2020 and, as of the 1st October 2020, Indonesia has reported 291.182 cases, the second-highest in Southeast Asia, behind the Philippines[4]. The coronavirus outbreak has affected all the country's 34 provinces and 82% of the 514 districts and cities[5].

Socio-Economic Impact on the People and Community

During the 1998-2000 Asian economic crises, despite the rapid economic downturn and tens of millions of Indonesians thrown below the poverty line, the level of inequality decreased throughout that period; this largely because the crisis affected all economic levels, the poor and vulnerable as well as the business-owners among the upper middle classes. Based on data from BPS in 2013, Indonesia's Gini Ratio trend has declined, which means inequality will increase again during this pandemic. COVID-19 is not an ordinary health crisis; it is also an economic crisis with far-reaching social impacts. Large scale social distancing measures have affected workers in the informal sector who dominate the Indonesian economy.



[1] Religion in Indonesia. Accessed October 1, 2020. <https://www.indonesia-investments.com>

[2] Indonesia Population 2020 (Demographics, Maps, Graphs). Accessed October 1, 2020. <https://www.worldpopulationreview.com>

[3] Indonesia Maintains Steady Economics Growth in 2019. Accessed October 1, 2020. <https://www.worldbank.org>

[4] This article was written and submitted in October 2020

[5] Indonesia's COVID-19 Deaths Hit 2000. Accessed October 1, 2020. <https://www.jakartaglobe.id>

As of mid-April [2020], the Indonesian government noted that 2,8 million people had lost their jobs due to the crisis. This number is expected to rise, with the International Labour Organization (ILO) warning that around 195 million people worldwide will lose their jobs due to the ongoing pandemic. Rising inequality due to COVID-19 is not just a matter of economics, but it also covers other aspects. In Indonesia, around 28 million people still live in poverty and tens of millions of others are vulnerable to the health and socio-economic impacts of the Coronavirus[6]. Indonesia has attempted to ease socioeconomic pressures in supporting the most affected communities by expanding its social protection programs. Fiscal, budget limitations, combined with the mistargeting of recipients and ineffective administration and distribution, however, have slowed these efforts.

Indonesia needs to put in place social protection programs to assist the new poor in addition to the existing poor. Given the scale of the problem, the resources that will be required to prepare for this will be large. To ensure the effectiveness of these social protection programs, the country needs to learn from similar programs during the past crisis as well as from other countries[7].

Religious Inspirations, Responses and Limitations

In Indonesia, religious leaders and faith-based organizations have played a crucial role in supporting the authorities in tackling the spread of COVID-19. Religious leaders can use their influence with the community to assist in public health education while faith-based organizations provide logistic support and health services[8]. One such organization that works together with faith-based organizations is the ICRC (International Committee of the Red Cross). Since the start of the pandemic, the ICRC has worked to support faith-based organizations in their effort to assist those in need and provide vital public health education in line with religious principles. The ICRC has also been able to assist other important stakeholders including the Indonesian Red Cross (PMI), correctional facilities, and Islamic boarding schools (pesantren) in their effort to control the spread of COVID-19[9].

However, while adhering to the health protocols issued by the authorities, they are also facing many challenges and their cautious stand on health protocols, such as restrictions on religious congregations and closing of houses of worship, which have been challenged by some of their co-believers. The question of whether the fear of COVID-19 is greater than the fear of God has been raised[10].

One of the difficult challenges in efforts to combat the spread of the pandemic is the counterproductive attitude exhibited by some religious communities.

[6] Bahuét Christophe, Economic and Human Development Inequalities Widen During COVID-19 Pandemic. Accessed October 2, 2020. <https://www.id.undp.org>

[7] Suryahadi Asep, Izzati Al Ridho, and Suryadarma Daniel, The Impact of COVID-19 Outbreak on Poverty. Accessed October 3, 2020. <https://www.smeru.or.id>

[8] Indonesia: Faith Based Organizations Share Their Experience in Responding to COVID-19. Accessed October 4, 2020. <https://www.reliefweb.int>

[9] Ibid.

[10] Indonesia: Religious Leaders Reflect on Their Role During COVID-19. Accessed October 4, 2020. <https://www.icrc.org>

Although the government has called on the public to stay put and avoid crowds, some religious groups still intend to hold gatherings involving many people. The Ijtima Jamaat Tabligh in Asia Conference in Goa, South Sulawesi, showed the difficulties the government faces in dealing with religious communities. The government almost failed to cancel the event, which was predicted to be attended by 25,000 participants. The organizers were reluctant to call off the planned gathering and declared they were more afraid of God than COVID-19. The government's indecisiveness in dealing with religious communities who defy the threat of the virus transmission was also obvious in the ordination of the bishop of Ruteng in East Nusa Tenggara, Mgr. Siprianus Hormat. Apart from the two cases, social media content and messages ignoring the government's call for physical distancing have been rife. By using religious arguments, they remind believers to fear only Allah and to flock to places of worship.

Why, we should ask, is it difficult for some religious communities to work together to combat COVID-19? One of the reasons is religious understanding, which tends to be fatalistic and deterministic. They assume everything happens by God's will and has been well arranged by Him. Life and death are part of destiny that need not be feared. Fear of something outside of God, including COVID-19, is considered a deviation from the faith by some[11]. As the government's current national priority is aimed at containing the spread of COVID-19, Joko Widodo, President of Indonesia (also known as Jokowi), reiterated the significance of restricting people's mobility and preventing direct physical contact, intensifying information dissemination on social distancing, and reducing the likelihood of people congregating in one place as it can increase the risk of spreading COVID-19. The President also encouraged all Indonesian religious activists and institutions to partake in supporting the fight against the spread of the virus. In accordance with a circular from the central government, places of worship in all provinces in the country, including churches, have been encouraged to direct congregation members to worship in their respective homes.

The Communion of Churches (PGI) has welcomed the government's call to limit the mobility of citizens in crowded areas, including for religious activities, as part of efforts to prevent COVID-19 from spreading further. PGI has asked churches to develop an "e-church" to allow congregants to keep up with Sunday services through online services, worship, and sermons by utilizing social media and digital technology.

Since early on, a number of churches in Indonesia, such as the Indonesian Christian Church (Gereja Kristen Indonesia/GKI) and the Jakarta Praise Community Church (JPCC), have temporarily suspended all congregational activities in the church and have implemented an e-church program for Sunday service[12]. To educate the congregation, the World Council of Churches (WCC) also provides basic knowledge and information about COVID-19 that can be accessed by all member churches around the world through WCC's page.

[11] Muhtada Dani, Religion and COVID-19 Mitigation. Accessed October 5, 2020. <https://www.thejakartapost.com>

[12] Churches Adapt to COVID-19 with Online Sunday Service. Accessed October 5, 2020. <https://www.en.tempo.co>

Lessons Learnt

Health education has been taught to all of us at a young age. How to wash our hands and keep ourselves clean after touching or doing activities. Soon after we are all grown up it may not be our habit again due to many factors. We rather use hand sanitisers instead of washing our hands. But now COVID has put us “back” to this habit and taught us how important it is to always keep ourselves clean wherever we are.

Since COVID-19 became a global pandemic, many people and sectors have been affected. Many people lost their jobs and poverty has increased. On the other side, it raised compassion and solidarity among the people. Many people, institutions, or organizations collect food and basic needs to distribute to the most vulnerable and in need. It somehow also strengthened the relationship and networking efforts among faith-based organizations as many organizations work together in order to fulfil the basic needs of society. Different faith won't be an obstacle to helping other people, especially in this difficult situation.

The effect of lockdown and large scale social restrictions also give a positive impact on nature. The sky is blue and looks so much clearer, the environment is cleaner as not many people do outdoor activities, the air feels fresh, and the main road lack noise like usually.

It all seems like they want to tell us how we have exploited our nature and we have all failed to protect our planet as we are supposed to do. The earth needs some rest.

Recommendations

Since COVID-19 was first discovered in Wuhan, then quickly spread outside China, Indonesia seemed confident and didn't prepare accordingly and in time. So when the virus eventually reached Indonesia, the Government seemed clumsy and unprepared. This pandemic surely did teach us the importance of having a Government that is prepared for every eventuality, in advance. Besides the preparation, it is also important to educate people. Many still think that COVID-19 isn't real and that it is all a political conspiracy. Too much misinformation influenced the public in not believing health experts, which also is causing a lack of awareness and willingness to follow health protocols and guidelines. Giving the right education to people will help them understand how dangerous COVID-19 really is and help them change their behaviour. Another important recommendation is for the government to cooperate with mass religious organizations. The first reason for such recommendation is that religious groups, especially large scale movements like Nahdlatul Ulama (NU) and Muhammadiyah, have strong authority to rectify incorrect religious understanding of disaster management. Religious leaders from these organizations, both structural and cultural, can fend off fatalistic understanding in responding to the outbreak.

Clerics are often more effective than civil servants in conveying the government's messages to the community.

Secondly, apart from religious authority, these mass organizations also have multilevel structures, from the national level to the grassroots throughout the archipelago. This multilevel structure with a national network is what the government needs, along with its disaster mitigation efforts. Other religious organizations also have a significant and powerful influence on society. Considering the great potential possessed by these religious organizations, the first step the government should take is to invite the group's leaders to sit together and discuss strategies as well as to gather inputs related to disaster management. These groups must be provided with a comprehensive explanation of mitigation strategies, including what the government has done and not yet done in dealing with the pandemic[13].

Besides all that was mentioned above, giving people clear directions, policies and strict rules is essential. Changing the policies, directions, and rules many times as it has been done just raises confusion among the society and finally leads them to break the rules.

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Rising Above the Challenges of COVID-19

- One Jewish View -

By Rabbi Jeff Berger*



I am more of a practitioner than a theologian. Having received ordination in 2009 after a commercial career of nearly 20 years, my view is one of pragmatism overlaid with spirituality. I look at facts and ask 'why'. This essay represents one Jewish view. For the past 350 years, the United Kingdom Jewish community has built supportive institutions to look after the welfare and well-being of all members of our faith. These include hospitals, schools, synagogues, welfare boards and even cemeteries.

As a religion, Judaism is highly social and community-oriented. This essay attempts to assess the COVID-19 impact and describes ways in which we offered support to, and beyond, our membership. To address this, I offer a series of anecdotes.

I. Outbreak & Fear



[Typical Purim Outdoor Celebration
Reuters March 2020]

On 10 March 2020, well after word reached us that the new virus originating in China (today known as COVID-19) had spread to Italy and Spain, the Anglo-Jewish community celebrated Purim. The festival marks an event occurring in the 5th Century BCE as recorded in the *Book of Esther*. Festivities included attending synagogue prayers, children dressing up in costumes and large groups coming together indoors for communal meals.

Sadly, in hindsight, the ensuing weeks saw hundreds die of COVID-19 in rapid succession (nearly 6 times the annual average). Jewish cemeteries worked overtime, the busiest having 25-30 funerals per day. To protect cemetery staff and prevent the further spread of the virus, only a small number of family members could attend the funeral of a loved one.



[Jewish cemetery, London – rows of new graves]

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In some cases, the service was conducted by the rabbi via Zoom, without any mourners. Bereavement in the Jewish tradition usually entails a week of sitting in one's house following the funeral, receiving condolences and emotional support from friends and family. This ritual too was proscribed due to health and safety concerns. Mourning migrated online.

So much death, so quickly and so widespread created deep fear and panic among Jews generally, and among the elderly, especially. Because we are a small population, most of us knew someone who had died.

More significantly, not just the elderly, but younger and healthier people, including high profile leaders, began to die. Eventually, statistics revealed that Jewish males in the United Kingdom were in a higher risk category.

Also, messages and guidance from the government changed so rapidly that the religious leadership's response lagged. By the time a religious ruling was passed to accommodate new restrictions – for example, how to conduct prayers if we can't meet in person – the situation intensified, and the ruling became irrelevant. This led to confusion, resentment and even disobedience within parts of the community. Going forward, communities will need to address the bereavement and loss many have experienced. Equally, there is a sense of 'betrayal' felt by some followers, who may have thought that their religious beliefs would protect them in times of disaster.

II. Synagogues Close – Worship Goes Online

On 23 March 2020, the UK entered lockdown. Among the list of facilities considered non-essential, Houses of Worship were closed and remained so until early July. Tech-savvy synagogues were able to increase their online presence rather easily. For others, it was a steep learning curve and involved hiccups and delays.

It was strange praying in front of a screen, but soon it became familiar. There could be 20-30 people 'present', men and women, listening to the rabbi lead prayers and lingering at the end for sharing a valued few minutes greetings via Zoom. Like the fabled 'Noah locked in his Ark', these early months were a time when hope was lacking and brief opportunities to see others virtually, kept us going. Following the success of prayer services, rabbis and educators added evening lectures and even pastoral care sessions. Online services continue to be part of our future, even after we resumed meeting in person.

The government of PM Boris Johnson asked us to stay 'locked down' for three weeks which became six weeks. When infection rates and deaths declined, we felt ready to be released. We'd been fortunate to have three months of sunny weather. But the lockdown continued.

III. Signs of Hope – Every Mitzvah Matters



[Mitzvah Day 'Cooking with Maureen' 12 May 2020]

Mitzvah Day, the UK's largest faith-led social action organization where I served as Interfaith Advisor, began planning online events to build feelings of encouragement. We ran two celebrity-led multi-faith cooking projects (see photo) and one facemask-making programme. The aim was to empower viewers to realize that, while we may not be heroes

like the NHS (medical) front line workers we can all do something to help others. Each event had 1000+ viewers. It gave a good feeling to participants and brought a glimmer of hope to a desperate national mood. The events were even covered by the local news.

For me, the turning point from despair to optimism was the day when a very dear friend, who had been hospitalized on a respirator for 42 days, miraculously recovered and came home. Thousands of people had been praying for him. That someone so close to death could survive COVID-19 (before the vaccine), opened a new window of promise. When we finally met outside his house, I cried tears of joy.

Yet there was a sense of frustration among colleagues who kept wishing things would 'get back to normal'. It was difficult to accept that 'normal' might mean something entirely different for the foreseeable future. To me, 'Acceptance' and 'Gratitude' were the new paths forward. As the infection and fatality rates dropped, there was further confidence. Synagogue attendance improved, the wider public began appearing in large numbers in parks, frequenting restaurants, and local pubs. These 'signs of life' were taken as a good omen. Complacency set in; some went for overseas summer holidays.

IV. Support – Internal & External

There are many examples of communal support. Our leading Jewish organizations raised funds to provide grants for local families who lost jobs or had to close their businesses. Our pastoral care charities looking after the elderly, the handicapped and families affected by domestic abuse, worked overtime to cope with demand. Charities, in general, are finding ways to cope despite potential significant shortfalls in funding.

V. Fourth Wave Upon Us – What Next?

Regrettably, in the past weeks, the UK has seen outbreaks of infections caused by a new strain of the virus. As we hear of a rising feeling of public despair, what this signifies for the coming winter is unclear.

With 20 months of experience behind us, these observations may be useful for the future ahead:

- It was easier to feel ‘heroic’ initially in the hope this would be short-lived. With the vaccine rollout and a resurgence of new cases, fatigue and exhaustion outweigh fear;
- We’re not all in the same boat; inequalities, as well as racism, are issues of significant concern. Extremist, anti-social views need to be met by positive counter-narratives;
- Our Jewish mental health and domestic violence charities have seen record numbers of cases and a financial crisis is still possible if job security interventions are not implemented;
- When individuals take a proactive role, it gives a greater sense of empowerment than if remaining passive. Helping others helps us build and boost our self-esteem and resilience;
- Interfaith engagement and cooperation have proven to be a source of hope and inspiration, reminding us that we’re all created in the Divine Image;
- It is frustrating waiting to see a ‘return to normal’. Until a new pattern of ‘normal’ emerge, focusing on one’s ‘blessings’ and concentrating on ‘gratitude’ is helpful;
- In the 4th wave, there’s less fear of imminent death and greater civil resistance to new lockdowns. Many now worry about the severity of the economic impact of the pandemic on their lives;
- As much as we are a democracy supporting individual rights, vaccine compliance will preserve us. Faith leaders can play a crucial role in soothing the community’s anxieties.



India’s Scuffle Against COVID-19

By Aqib Abid Mulla*

24th of March [2020], the date that stuck with all of us. The day when India went into shut down. The unforeseen event took place where nobody in their wildest dream could have expected a country like India to witness a nationwide curfew. However, the situation was such that the government had no other option than to take this step, persuaded by the actions taken by some nations that experienced a high rise in Coronavirus cases.

The first phase of 21 days lockdown experienced mixed opinions, from it being advantageous or having adverse effects on common people. Some analysts observed that the conditions would have gone worse if India had not taken this step. However, as common citizens, we witnessed people suffering from a much deadlier disease than the virus, and that was starvation. We saw people running out of money, as many jobs were either restricted or were suspended by the government.

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There was a sense of exasperation amongst the citizens which increased at a very great pace after the announcement of the second phase of lockdown. People were disappointed by the approach of the government's strategies to curb the pandemic. The economic growth of India had already experienced deterioration and it is a matter of great concern, as people are facing struggles in running their businesses. These backlashes were the result of the carelessness of the government in framing the right policies beforehand. Because of this mistake by the government, many citizens faced a crisis in food, income, housing, travelling, education and many more.

This situation paved the way for political parties to gain public support. The opposition parties found this situation a great opportunity to criticize the ruling government. Though we have seen the ruling government sanctioning about 20 Lakh Crore rupees (about 300 billion USD) to fight the virus, was it actually sanctioned and put into use? Nobody has the answer to this question. Apart from this, the government also raised funds from donations by people in the name of “PM CARE” by using celebrities as a source of propaganda. Later it was revealed that these donations would be without any audit. One of the sources claims that the first five days' collection of PM CARE funds was about 3,076 Crore (about 900,000 USD). Now, one would wonder: if these are the funds that were declared to be used for the treatment and cure of the virus, where are they? Why are hospitals charging Lakhs of rupees (thousands of dollars) as their fees? Why is there no proper sanitation materials provided for free by the government? The only reason for this is there is no transparency between the government and the citizens. Neither the citizens are interested to know about these facts until they face a severe condition. It is a bitter truth that the Political parties used this condition in their favour by using people's emotions to gain support.

Today, watching India be in the second position in the list of countries having the most COVID-19 cases, saddens every citizen's emotions. We, Indians, like to stay bound with diversities and situations. Every time such situations have come, India emerged as a better country. Even though we as a nation are facing immense difficulties, on the other hand, we did quite well in fighting against Coronavirus. Many NGOs stood up in support of people financially as well as arranged medical booth camps to test people for COVID. People followed curfew rules during the lockdown and are also following “social distancing” norms to much extent. Many philanthropists have gone out of the way to support people who are too weak financially and unable to handle the sudden outbreak of Coronavirus and the side effects of the lockdown.

I think that India could have done better but, on the other hand, I also feel that handling such a huge population of around 1 billion and 350 million is not an easy job to do, especially at the time of a pandemic. In the end, there is only hope and faith that has kept us all together and strong. So, let's hope that we and all our fellow nationals survive this extremely dangerous wave of this unpleasant pandemic.

A Pandemic within the Pandemic: Hate Speech and Discrimination against Muslims in India during COVID

By Mariya Salim*

As the world was grappling with the uncertainties and tragedies that COVID-19 spread brought with it, another pandemic, that of hate and Islamophobia, was also on the rise in India. Media channels and online platforms like Facebook and Twitter were filled with hate speech and fake news, vilifying the Muslim community in India as spreaders of the virus and the term Corona Jihad was coined and used to imply that Muslims were spreading the virus with the malicious intent of infecting non-Muslims around them. After news reporting that those who attended a Tablighi Jamaat[1] congregation in Delhi, which occurred a week before a national lockdown was declared in India, were found to be infected with the virus, TV news, as well as government official communications, saw an outpour of anti-Muslim bias and bigotry. With more cases of Coronavirus infection across states traced to the Tablighi function reported, the media, both social and mainstream, saw an unprecedented increase in hate speech against Muslims, calling for their social and economic boycott[2].



The linking of COVID-19 to Muslims, especially on social media platforms and, as mentioned earlier, mainstream media, went to the extent of linking the act to terrorism, therefore equating Muslims to terrorists. An example was a cartoon published by a well-known media house, The Hindu, where the world was depicted as being held hostage by a Coronavirus “dressed” in Muslim looking clothing and armed.

After much outcry from activists and others, the cartoon was edited, with virus's "Muslim clothes" changed. Social media users, using hashtags such as #Coronajihad, #Jihadivirus and the likes, saw the proliferation of doctored images of Muslims sneezing and spitting on food, cartoons of Muslim suicide bombers targeting hospitals with the virus[3]. This online hate also spread offline and resulted in physical violence and discrimination.

*Mariya Salim is a women's rights activist

[1] Tablighi Jamaat is a Muslim missionary movement

[2] <https://thewire.in/communalism/muslim-violence-hindutva-propaganda-social-media-economic-boycott>

[3] https://static1.squarespace.com/static/58347d04bebafeb1e66df84c/t/5ed86655611dc04dc4c48e7f/1591240284877/CORONAJIHAD_EqualityLabs_Report2020.pdf

Muhammad Khan @MuhammadKhan1

Suicide Dumb-er
#Cronobulghat #Iabighilamat #Iabighilamat
#SeyalSociety #HIZAMMUDIN #NizamuddinMarikar
with the #Pigs #Cronobulghattruth #yahid_crono_dumb
#IanIabighilamat



1:47 PM · Apr 2, 2020 · Twitter Web App

11 Retweets 92 Likes

Hadi Rharat @HadiRharat · 4h
Replying to @MuhammadKhan1
#Cronobulghat

This has been especially true in the Indian context. Ministers in positions of power targeting Muslims, the State Government as well as the Central Government giving separate figures of Tablighi Jamaat related COVID infections in their daily media briefings made life extremely difficult for Muslims in India. A legislator from the ruling party even went to the extent of suggesting that it would not be wrong to shoot members of the Tablighi Jamaat ‘for evading tests and spreading COVID-19 in the country’[5]. It is important to note here however that many courts later were critical of this scapegoating and called it a “big propaganda” against the foreign pilgrims which were blamed for spreading COVID-19[6]. Therefore, the judiciary in many ways provided a silver lining to these incidents of open bias and discrimination.

Nevertheless, despite all the hate and communal tensions that the pandemic brought with it, the country also saw a large number of organizations, individuals and religious groups joining hands and providing assistance to those affected by the pandemic. From providing food to migrant workers who got stuck in cities without jobs due to the national lockdown to delivering oxygen cylinders to those in dire need, civil society in India took in their hands what should have been the responsibility of the government and saved many lives, irrespective of their beliefs and affiliation.

[6] <https://scroll.in/article/971195/unjust-and-unfair-what-three-high-courts-said-about-the-arrests-of-tablighi-jamaat-members>

Youth and Non-Violent Activism During the Pandemic: The Case of India's Red Volunteers

By Dr. Swati Chakraborty*

RED VOLUNTEERS SAIL ON, SAIL ON, SAIL ON

Joaquin Miller's poem, Columbus describes your spirit:

Brave admiral, say but one good word,

What shall we do when hope is gone?

The words leapt like a leaping sword:

Sail on! Sail on! Sail on! And on!



India is the motherland of Gandhian philosophy and nonviolent activism. West Bengal is a significant Indian state where Red Volunteers are performing incredible work. This group volunteers to help COVID patients get to hospitals and provide oxygen, food and medications on time. A volunteer network is actually serving as a form of para-government. Kudos to all the volunteers who are risking their lives to help the country in this dreadful pandemic. With their support for COVID sufferers, this team exemplifies the power of nonviolent campaigns.

Their online-offline campaign, aimed at reshaping West Bengal's socio-political landscape, began during the first wave of the pandemic in 2020, and subsequently expanded during the second wave in 2021. Youth are enthusiastically active, and over one hundred thousand young people are currently involved in and working with nonviolent activism beliefs. They wholeheartedly believe in the phrase "Bahujana sukhaya bahujana hitaya cha", which translates to "for the happiness of the many, for the welfare of the many", and is a dictum or aphorism enunciated in the Rigveda in Sanskrit.

Following are some suggestions that could help Red Volunteers contribute in a larger way to take necessary action towards a new India.

- A vast number of people, both youth and adults, are dealing with mental health issues, anxiety, and stress. A team of Red Volunteers with experience dealing with mental health concerns might be assigned to reach out to those in need. Videos of experts could be produced and distributed. Mental illness is just as severe as the epidemic.

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One of the key jobs taken on by the team might be nonviolence activities and performances like offline and online counselling. Non-violence communication is key during these times. The Red Volunteers team is employing nonviolence communication expertise to promote peace to all, without any prejudice or discrimination. People are in serious difficulties, and many of them are anxious if they or their family members are suffering from COVID-19. Reaching out to such people and constantly motivating them is vital. Providing positive hope and encouragement will keep them motivated. Therefore, in order to reach out to affected families, Red Volunteers should employ the art of empathy and compassion in all of their communication efforts. As there is a lot of misnomers surrounding COVID-19, affected families are sometimes shunned by neighbors and even relatives. Red Volunteers play an important role in helping promote social cohesion. Participation of local people and strengthening of community ties is important at this stage and Red Volunteers could contribute to this.

- Along with their seniors, Red Volunteers could create a food security plan for the impoverished who have lost their jobs, or whose income has been significantly cut. Youth labor takes place in a societal setting marked by coercion and violence, and it is confronted with a rebirth of a social control agenda. Youth workers, in particular, are being urged to accept more controlling or punitive tasks, such as crime prevention, curfews and street clearing exercises, breaching young people who fail to meet the Center link's expectations, and restricting young people's usage of public spaces. Nonviolence provides a framework for youth workers to contribute to the creation of a more peaceful, just society, as well as work methods that challenge notions of force and control.
- One of the biggest fallouts of the pandemic is education. Hundreds of thousands of youngsters will be out of school, both in rural and urban locations as only a handful of students in public schools have access to online education. For the past year, there hasn't been any school or classes. To reach out to disadvantaged children, Red Volunteers could start a Red Tuitions project. Volunteers could take the lead in organizing classes for these children once the situation improves, ensuring that they do not miss out on education. Formal and non-formal education can be carried out with these values of non-violence activities. Red Volunteers could start Creative Red to keep youth engaged while they are staying home, whether through mobile phone applications or other digital mediums. This initiative can include teachers and representatives from various institutions. Peer support can also be launched, in which children assist other children via phone calls and other forms of digital communication. Similarly, Red Volunteers might extend the Creative Red initiative to those children who are not going out and are not involved in any activity as a result of educational institutions closures, and they could be encouraged to create socially meaningful forms of art, like songs, videos, poetry, and so on.

Red Volunteers are doing a great job and this needs to be initiated also in other states in India. Red Volunteers should use their existing networks to initiate it in states like Tripura and Manipur, and definitely, they should try and initiate it in districts of other states bordering Bengal. We (I) would like to see Red Volunteers becoming a pan-India Volunteers Army.

The pandemic taught us so many things, both negative and positive. The values a society can learn with Red Volunteers activities is that participation and active involvement with good intention will never fail. Volunteering encompasses a wide range of activities with a wide range of goals and motivations, and its future can be discussed within a variety of contexts, including how people spend their leisure time, how the welfare state organizes care and services, and the solidarity between social groups and generations. In recent years, volunteering has piqued the public's and politicians' curiosity. In many countries, policy debates have centred on how to protect and encourage volunteering. With Red Volunteers as nonviolent team workers, a new social wave has begun.



Location: Ramrajatala, Howrah, West Bengal

The pictures are from the personal connection of Dr Swati Chakraborty and the Red Volunteers social media page

Analyzing the COVID-19 Pandemic Situation of Bangladesh: A Personal Perspective

By Ragib Ahsan*



Like other countries in Asia, the COVID-19 pandemic appeared in Bangladesh just a few months after the first case was identified in China. The virus first entered the country mainly through foreigners and the first case was identified in March 2020. Since then, the number of victims and deaths has been increasing. Being a developing country in the third world, it was difficult to cope with the outbreak of Corona at first. But over time, Bangladesh has been able to bring the virus under control with willpower and timely action. Corona epidemic in Bangladesh has mainly affected two as-

pects. One is social and the other is economic; two elements that play a very vital role in the development of a country. Large social, educational and economic institutions, including offices, industries and factories were closed for the first time after the outbreak of Corona. As a result, huge numbers of people have lost their jobs and working people have struggled to meet their daily needs due to lack of work. The following is a discussion of how COVID has influenced the overall condition of the country economically and socially.

Economic Impact

Most of the people in Bangladesh are dependent on agriculture. Unfortunately, when the pandemic started, the first blow came to this agricultural sector. Due to the lockdown, the supply of agricultural products has been disrupted. As a result, the farmers did not have access to various agricultural products, including seeds and fertilizers, on time. On the other hand, the farmers could not supply their products to different parts of the country. As a result, rising and volatile prices of commodities have been noticed in the market. At the same time, farmers have been deprived of getting a fair price for their products.

Due to low imports and export with other countries, its impact also severely affected the country's economy. The reduction in imports, especially from countries like India, China, and the United States, led to a sharp rise in the prices of essential commodities in the domestic market, which was a misery for the common people. In addition, many people have lost their livelihood due to layoffs in the country's private sector.

* Ragib Ahsan is the Founder President of Youth Express, Bangladesh

Social Impact

Humans are social creatures. At different stages of social life, people live in harmony with each other. But there has been a long lockdown due to the Corona pandemic. As a result, people have to refrain from various social rituals. Not only that, there is a distance between people in human relationships. These have affected people psychologically. Criminal activities such as theft, robbery, snatching and rape also increased during the lockdown due to financial insecurity and mental stress of the people.

Education is one of the vital elements of any country. The future progress highly depends on the rate of educated people of any country. Due to the lockdown, the educational institutions were closed for a long time. That is why many meritorious students from primary to university level have had to drop out. The dropout rate was mostly of female students. Their parents did not want to keep them at home, as their financial situation was already bad. That is why the parents have given the girls to marry, ending their education life. In the case of son students, it has been observed that many of them have joined their father's business or agriculture. As a result of the Corona pandemic, the sufferings of middle-class families were boundless. Educational institutions also started their education activities online. However, rural students lagged behind urban students. Online classes required very good internet facilities, smartphones and other digital devices which many rural and poor students could not afford. As a result, a kind of discrimination has been noticed in the field of education. After all, many bright future students have had to give up their dreams.

Bangladesh, like other countries, has gone through a very challenging time to treat corona. Lack of hospital seats, lack of adequate oxygen facilities, low number of ICUs and inability to provide timely services to the patients are some of the reasons. Most of the people in this country live in villages. Since most of them are poorly educated and superstitious, they do not care about what the Coronavirus is, how it spreads, or how to prevent it. In addition, some religious superstitions also showed a lot of unconsciousness among them. As a result, COVID's spread worsened.

In addition, the general public has suffered due to the temporary closure of the travel system with domestic and foreign countries for lockdown. Lack of adequate local vehicles on the roads and increase in vehicle fares caused many problems to those who used these public transports on a daily basis.

Bangladesh, like many other countries in the world, has struggled to cope with the Corona crisis in the first phase, but in a very short period of time has been able to control the overall situation. The government's planned activities have helped curb the spread of the pandemic in the country in a short period of time. The following are some of the notable activities of the government, various non-governmental organizations, youth organizations and responsible people to prevent the spread of Corona:

- Many governmental and non-governmental organizations have worked in the field to ensure oxygen service during the pandemic. They have saved the lives of thousands of Corona patients by delivering oxygen to hospitals and patients' homes on an emergency basis. I myself conducted oxygen service activities in such an emergency. The name of the organization is “Swadhin Bangla”. This charitable organization is formed by students and was engaged with the supply of oxygen in the cities of Dhaka and Chittagong.



- Mass media has played a significant role in Corona's awareness. Wanting to raise awareness about the deadly virus by regularly promoting various advertisements, cartoons, songs, healthcare programs, etc., the government has set up various websites to make the public aware of the pandemic. By browsing these websites, people have learned about the symptoms, remedies and prevention of Corona. It has also introduced various facilities in the name of Hello Doctor or 10 Taka Doctor for full-time service, from where people could get 24/7 emergency health advice regarding COVID-19.
- The government has tried to maintain social distance between people through lockdown on several phases. As a result, it has been observed that the rate of infection was relatively low even though the country is densely populated compared to other countries.
- In the interest of speeding up the medical field, the government has opened Covid units, recruited doctors in specialized fields, set up temporary field hospitals and so on.
- Various youth organizations have gone to remote areas of the country to create awareness about COVID-19, including the distribution of relief in various forms to deal with these catastrophic times in the country. My organization, Youth Express, has set up Covid Safety Booth in Cox's Bazar. There, people could easily get masks and sanitisers by pressing on the machine.
- The rapid distribution of vaccines among people was one of the major activities of the Bangladesh government during COVID-19. The government of Bangladesh has done what even the big developed countries of the world could not do. That is to ensure vaccine services for people of all walks of life, starting from the marginalized people of the country. The government has ensured that vaccines such as AstraZeneca, Pfizer, Moderna, and Sinopharm are available to the people and that everyone can be involved in vaccination activities. To that end, a website and app called Suraksha have been created, from which the citizens of Bangladesh could easily get involved in vaccination activities and get vaccinated.

- Relief like food and money has been distributed among the working people from various government and non-government organizations. Besides, many organizations have distributed relief to people at the city corporation, district, Upazila and Union levels. My organization, Youth Express, and I were involved in this relief distribution program.
- In order to retain the economic driving force of the country, various small and medium enterprises and those who have been dedicated during the Corona period have been given official incentives.



Bangladesh has been able to deal with COVID-19 faster and more effectively than any other country in Asia. As a result, people in the country are now able to return to normal life. Students have been able to re-enter their educational life. They have regained momentum in their lives after being vaccinated. The situation in the country is currently under control. A few days ago [from the date this article was written], the death toll from COVID-19 was zero, which is a huge achievement for a developing and populous country like ours.



The Impact of COVID-19 on Education

By Atharv Sachin Shinde*

The impact of COVID-19 on education can be looked at in a very broad sense; there are different methods of educating in every corner of the world. But, although it can vary, education as a single entity would be nearly ubiquitous. There's no doubt about it, the wretched virus in question has rocked the world, with some areas more deeply shaken than others. It is crystal clear that the virus has struck the foundations of basic education too, however, we have adapted and overcome it by resorting to effective, albeit unorthodox methods of enlightening the new generation.

Coming back to how education can be looked at in broad terms, India would suffice as a fine candidate to elucidate. The educational system in India as a whole, i.e. the teaching and basic norms to be followed, is widespread and very similar across the large landmass.



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India's approach to education is also stereotyped, which would provide a good example of how commonplace it is. But where do the variations come in? The answer is that variations arise from person to person. The difference in education between a particular group of people and another group may mostly revolve around the financial, economic and political status of these people. These elements are not only resolute in India, but in a large number of other countries as well.

Explaining the impact of COVID-19 on education as a whole is not a reasonable question to answer; it is like trying to answer what would happen to the world if Saddam Hussein did not exist. Well, simply put, Saddam Hussein's existence wouldn't have any impact on countries like New Zealand or Tasmania, which are indeed part of the world. Similarly, COVID-19 would have different impacts on some parts of education than others, so it would only be rational to break down these effects on each significant aspect of education.

We can split education into three main categories based on the economic and financial stature of a person, considering that politics is mostly an external source. The three obvious ones would be the group that can be classified as the lower class, which should not be taken in a derogatory way as the lower class is solely based on income and is not a measure of who a person is. The second would obviously be middle class, and the first would be the higher class of people. I repeat, higher, lower and middle are not measures of a human being, especially in a democratic country. A person who belongs to the lower class can be roughly taken here as one with an income of an average of 200 US dollars (USD) per month (about 15,000 Indian rupees). The middle class can have an income ranging anywhere between 1,000 and 2,000 USD per month (roughly 75,000 to 150,000 Indian rupees), while the higher class group can earn anything above those numbers. This is a standard arbitrary figure according to the living standards of living of Indian citizens, which can vary from nation to nation.

Firstly, if we discuss the impact of COVID-19 on the lower class, then, unfortunately, the virus has not been very kind to them, for the new generation of children born to this group has been severely affected. For them, there may not be much of a bright side and their situation looks bleak. In India, for example, the right to free and compulsory education for children was established on the 1st of April 2010. This was an ambitious decision with undeniable ramifications. Not only was education made free, but so were stationeries, pencil boxes, uniforms and school bags among other things. The decision was met with incredible revelry from the lower class that had, until this point, no hopes of sending their dear children to a basic school for education. The decision also led to major investments by the government for building hundreds of school campuses and procuring basic requirements such as school bags for children. This was an unbelievable project which took a lot of time to set up nationally but was such a heart-touching gesture for those who were condemned to fade away in history by being set to the manual jobs of their parents.

However now, as we know now, COVID-19 isn't helping at all. Children were now putting their lives at risk by going to school, but if the schools are shut down, then these children would lose a few years of vital education. Online schooling is obviously not an option for them if their parents pay is only a few hundred dollars a month, out of which most is spent on basic needs such as food, water and clothing, then expensive things such as phones and laptops are impossible to attain. It can be argued that with a few months of rigorous saving, a cheap smartphone can be purchased, but access to the internet and electricity is another important factor. It's hard enough for nations to provide a wide range of expensive internet connections across the thickly populated urban areas, and would be even harder for it to span across rural areas and slums which are prevalent in most countries. Apart from this, every teacher in poorly managed government schools must also be provided with steady and secure internet connections, and higher-tech gadgets for them to teach the students.

Such widespread changes are impossible to accommodate, and therefore the impact of COVID-19 has absolutely devastated the people that fit in the lower class group.

Another thing to understand is that by a miracle if these problems are also solved, there are still more to come. Because of every problem that the average and higher class students face, the lower class will also encounter.

Secondly, we have the middle and higher class groups. These are way better off than the lower class; however, they face their shares of problems too. In the middle and high classes, none of the problems that are faced in the lower class facilities are common. They can afford to send their children to high-end public schools, elegant private schools and even exorbitantly expensive schools that focus on a particular aspect of education to get the child a seating in a high-end college of the respective branch.

However, there are a few ramifications of COVID-19 littered here and there on the faces of the middle and even high-class groups. Being a student hovering near the high-end of the middle class, I have experienced a few obvious downgrades that can potentially change your demeanour.

These classes can operate at the level where online schooling is possible. But of course, it's not better than the offline version in any aspect. The education level has downgraded, and in some parts of the world, the prescribed syllabus for many classes has been cut down by a large slab. It may seem relaxing to the student, but the problem with cutting off this slab is that when you do so, you don't realize something. Whatever the educational board has put down in your syllabus is there for a reason. All these concepts should be learnt for you to have a bright future with proper understanding of basic concepts. Apart from this, not only for education, school was also a hotspot where children indulged in various physical activities. However, after being barred back at home, a good percentage of our future generation has grown morbidly obese.

Another thing about the syllabus reduction is that when the chapters that have been cut aren't going to be graded, the child doesn't take it as his responsibility to personally learn it. With all respect to the schools and their functioning, it is understandable that educating a group of children online is extremely difficult, and enough time cannot possibly be laid down for it. And here's the obvious kick to online education. Not only has COVID killed us physically and mentally, but its impact has also made us repress parts of our memory, and has led some of us to not even bother studying a single chapter, by relying on lord Google to take them across the exam finish line. Cheating is an unacceptable habit to inculcate in a child and, unfortunately, COVID's impact on education has opened that path for some of us who may be academically challenged.

In conclusion, depending on one's financial standpoint, the impact of COVID on our education can range from devastating to minimal (minimal mostly for higher class students). However, COVID has left an indelible mark on the face of this planet that we may never be able to repress. The education system is on life support right now but is not fully dead. Get well soon, the future depends on you; math (thought you wouldn't hear that in your life huh?). And while we fight this wretched virus, keep your brain academically strong and your body physically nourished. A well-rounded person can jump any hurdle of life.

Till then adapt, overcome, stay smart and stay healthy (stay away from processed foods while you're at it!

Learning During the Pandemic in a Village in India

- Experiences of a Teacher -

By Rajesh Bhaskar Patil*

Introduction

The COVID-9 pandemic resulted in a prolonged lockdown in 2020 and 2021 disturbing the educational tone and set up all over the globe. Schools remained closed almost for 500 days. The online/offline classes played hide and seek, everyday new guidelines added to the uncertainty. The normal functioning of schools is still a distant dream. Keeping the process moving swiftly is still the biggest challenge for any teacher.



My school Saraswati Junior College is located in a village called Paras, block Balapur Dist. Akola of Maharashtra state (India). We have classes from grades 5 to 12 and the total population is 750 students and 30 teachers. Students from 11 adjoining villages commute daily on foot or by bicycle to learn. Very few have motorbikes. It's an agrarian society. 95% of our students belong to underprivileged classes and economically weaker sections of society. The majority of the kids belong to the second generation of learners with hardly any English speakers at home.

Thirty-one years of my experience proved that teaching English in a village school is a tough job that became tougher during the pandemic.

The Challenges

Lockdown prevented contact: The schools closed on 24th March 2020 and students remained confined in their homes till 23 November 2020. The evaluation procedure was completed by calling a handful of students every day. Prior to lockdown cell phones were banned in our school premises so no groups on WhatsApp. Now teachers searched numbers and created groups of their classes. Many students didn't own mobile phones. Some still use simple phones. Power cut, range problems, recharge facilities were some other issues. To make matters worse, a majority of parents didn't give cellphones to girls, which constitute half of our population. Teachers struggled for months to get connected with their students.

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Demand for online education: Schools remained closed after the summer vacation. The education department, teachers, parents and almost everybody worried about students. After a lot of discussions, articles in newspapers and parents' reactions, the education department summoned to start classes online. It was a new phenomenon for the teachers, especially in villages. Lack of internet facilities, gadgets and infrastructure, computer illiterate teachers raised doubts about the success of these new ways of teaching. Only 7 out of 30 teachers were having previous experience attending webinars. 90% of our staff members rarely check their email. 95% of our teachers use WhatsApp but only for sending and receiving messages, pictures and songs, which mostly fall under the non-academic category.

Wild Efforts: The COVID-19 pandemic forced months of lockdown which compelled the education ministry to search for new ways of teaching. It was like the medieval urgent need to find out new sea routes to India after the fall of Constantinople. In response, adventurers like Christopher Columbus, Bartholomew Diaz, Amerigo Vespucci and Vasco da Gama discovered remote lands and created history. Fortunately, in this digital age, we have the technology for rescue and we also have kids who can lend technology to elders. They can handle modern gadgets with great ease and comfort. But due to some objections regarding misuse, mobiles were banned in our school premises. Education ministry was under tremendous pressure and looked optimistically at technology. Soon directives were issued to organize online classes using computers and mobile phones. And overnight, the cell phone which was considered 'Ek villain' in 2019, suddenly became 'Hero n° 1' in 2020. This drastic change in policy created immense opportunities and the hidden Columbuses and Gama's among teachers emerged to launch digital voyages to find new ways of online teaching. Many trailblazers and settlers launched their blogs and YouTube channels within weeks. The ELLE MUMBAI WEBINAR 3 Series from May 4 to 24, 2020 was such an effort to guide teachers.

However, hardly they thought about the methodology, creativity and quality of their materials. What they used to do in traditional classes, they did it on cameras. Slow and tedious reading, extensive use of mother tongue, umpteen numbers of mistakes and lengthy lectures were some of the common characteristics of most of the presentations. I personally observed 25 videos of each lesson and poems presented by different teachers from all over Maharashtra, and it was disappointing.

The evaluation pattern and textbook revamp: The Maharashtra State Board of Secondary and Higher Secondary Education, Pune has introduced a change in the evaluation pattern for Std. XI in September 2019. English subject evaluation received a drastic change. The traditional question paper was replaced by New Activity Sheet. The academic year 2017-18 saw the new activity sheet. In the subsequent year, the pattern was applied for grade XII.

Another drastic change was implemented parallel to the new activity sheet and it was changing English textbooks. A new grade XI English textbook was published in 2019 to be implemented from 2019-20 academic year. And the first exam with this new evaluation pattern was scheduled for March 2020. However, it was cancelled due to the sudden lockdown on 24th March.

The evaluation pattern for grade XII changed in 2018-19. The new textbook was published in 2020, and the first H.S.C. board exam based on the new pattern and textbook was scheduled in February 2021, which never materialized.

Change of Mode

The lockdown brought teaching to a dead halt in the initial stage. The learning fraternity was busy conducting the Board and local exams. Some papers were cancelled and soon the summer vacation started. Everybody was expecting and praying for the smooth functioning of academics after the reopening of schools. But the lockdown continued. A desperate search for alternatives was initiated in July 2020. The experts advocated for online classes and a mega hunt started to adopt various modes of online teaching. The cell phone was accepted as an instrument of change. Contacting students, persuading them to attend online classes and getting responses became the sole objective of teachers. In Saraswati Junior College, Paras students used to commute daily from adjoining 11 villages. Most of them are from poor financial backgrounds. Half of the student population do not have android phones. Downloading apps, frequent recharge, power failures, charging difficulties were some other issues.

Activities

As an English teacher my task was most difficult: to teach language without interaction and relying on a digital platform. Initially, I tried WhatsApp because of its wide popularity and I received some responses. But after posting homework tasks it receded. I asked students to make a two-minute video based on the lesson 'Astrologer's Day'. Out of 74, only 5 girls and 3 boys responded.

To establish audio contact, I launched my podcast channel 'Learning Adventures' on 11th November 2020 and covered three poems, four vocabulary and other experiences. Very few students enjoyed the plays. At present, after one year and two months, the total plays are 172. Only 44% of listeners are Indian and 25% belong to the 0-17 age group. This means that only 43 plays were listened to by youngsters and that too not sure whether they are my students. The most surprising thing was the response from the international community. 40% of the listeners are from the U.S., 12% from Germany and 2% each from Russia and Egypt. (Source: Spotify)

To establish visual contact and offer a bit of classroom atmosphere and experience I launched the YouTube channel, 'International Teacher: Rajesh Patil' on 12th December 2020. Basically, it was for our 100 students. The poetry section was covered in 11 videos. Here the response was tremendous and beyond imagination. Students from all over Maharashtra watched those videos. The thousand view mark was touched within a week. And the 5000 mark was achieved within six months. After one year the views touched 6700.

Final Observations

The COVID-19 lockdown period spelt doom on the learners. Students jumped two academic years without any real learning. Teachers posted their hour-long videos which the kids found tedious and boring. Parents were detected attending online classes instead of their busy kids! Very few students purchased the new textbooks. For convenience teachers' textbooks were released in PDF form. In my group of 30, only 5 students have the hard copy and another 5 the PDF copy. Some were discarded while there were students who deleted these free digital versions.

They failed to attend exams, assignments, orals etc. with no regrets. The 'all pass' declaration by the Government last year shaped the mindset of students and parents. They knew that no one could stop them from passing the exams, that too without writing papers in a regular manner.

Students come to college here for merrymaking and playing. Academics has become a thing of the past. Seldom does anybody care for it. This apathy trend will kill the interest in education. It will take years to normalize the schooling system.

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The Impact of COVID-19 on Women

By Anurupa Roy *



The COVID-19 pandemic has devastated the lives of people and has disrupted their normal rhythm. The pandemic has exposed sharp economic and social inequalities, including unequal impacts on women and girls by virtue of their gender, and has widened the already existing gap between the wealthy and the most vulnerable in society.

During this time of crisis, young women and girls became the most vulnerable as rate of torture, both physical and mental, has increased manifolds. Gender discrepancies aggravated during the pandemic were noted in areas such as marital rape, family violence, threats into forced marriage etc. with young women and girls disproportionately affected.

The COVID-19 induced lockdowns, imposed to decrease the rate of transmission and to save human lives, have created scars in the lives of many women as they had to suffer increasing physical and mental torture being confined to their homes for 24 hours. It has been observed by recent studies that due to the economic downturn many companies had to cut off jobs or halve the salaries of their employees. Within this phenomenon, the percentage of job loss among women is higher compared to that of men. This has further increased the rate of gender inequality and deprived women of their fundamental rights.

During the lockdowns period, there was widespread “work from home” norms guidelines in many businesses. This had a dual effect on the lives of people. In some cases, it has been observed that working women had plenty of time to take care of their children, husband & other family members and spend good quality times with them. During this time, many working women had to play this dual role, as they had to manage their office or business by working from home and also take full care of their family members, which created huge mental pressure on them. On the other hand, this confinement into rooms led to the arising of conflict with the respective partners or husband and ultimately resulted in separation and divorce. As being totally confined to their homes, many women had to suffer brutal torture from their husband/partner or from other family members both mentally and physically, which ultimately resulted in committing suicide.

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In many families, women are the sole breadwinners. Due to the economic recessions, a higher percentage of women lost their jobs, causing these families to suffer from a severe financial crisis. In rural areas, especially in developing or economically weak countries, women have formed groups where they are being given various life skills training. The group also creates small scale enterprises and manufactures various products such as handicrafts, jewellery, various artefacts and so on, and sells their products through proper marketing channels. For them, this is the only way to sustain their families while also paving the path to their freedom and empowerment. However, these sudden waves of COVID-19 infections and curbs made their life more erratic. They were unable to sell their products which resulted in huge losses and put them under more debt as they couldn't repay the loans obtained from microfinance institutions or banks. The business they have started came to a halt and all of their products were discarded. This, COVID induced lockdown has put their family into more financial problems. Many women also work as daily labourers in agricultural fields, brick kilns, factories and construction sites among other places, and as a result of complete lockdowns, they also suffered huge financial crunch in order to sustain their families. Despite the governments of such countries have introduced many schemes so that the losses they suffered could be compensated, the impact of the economic downturn they suffered will be felt for many years to come.

As many women suffered a lot of torture during lockdowns, and many are still suffering and keep silent for fear of societal stigma, their sexual and reproductive health has also deteriorated having to bear the pain of unwanted pregnancies, which also pushed them into more mental depression and anxiety.

Due to fear of COVID-19 infections, sex workers also suffered as they do not have any alternative sources of income and many are not equipped with any other life skill training.

Many organizations working for the rights of women opened up free tele-counselling facilities for women who are suffering from mental distress or are in traumatic situations. In this regard, psychologists play a pivotal role in providing counselling to those women who are in immense distress and in providing them with mental relief.

Cases of marital rape and sexual abuse from a partner or husband were also on the rise, with women bearing in silence. The organizations working for the rights of women should generate mass awareness regarding the punishment as per the law of the country, where violence on women has increased during the past few months and local governments should also be more vigilant regarding these cases and should open free call centres where women can lodge their complaints or grievances without any fear or hesitation.

The breakout of COVID-19 as a pandemic has affected the lives of each and every person, but especially of women. According to a study, a large section of women in many countries around the world went into depression as they were unable to cope with job loss, closure or loss of businesses, domestic conflict with family members and so on. This depression in many cases resulted in suicides or attempted ones. Thus, it is now high time for all parts of society to take up various measures, frame up policies, generate mass awareness and involve volunteer organiza-

tions to uplift the condition of deprived and vulnerable women, to empower them and to provide them with life skill support or training so that they can be brought back to the mainstream of society and economically empower them.

In rural areas, which are economically disadvantaged, it is advisable to form women groups that can be provided with training on livelihood generation and where these women can create their own economically sustainable entrepreneurship. These types of locally formed groups should also be made aware of women's rights and can be mobilized to generate awareness within the community and also to raise their voices against violence against any woman.

These women groups will act as a catalyst to promote the rights of other women and empower them economically. These types of initiatives are the needs of post-COVID-19 and are necessary to uplift the condition of the women and to ensure they can also live in this society while holding their heads high.

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The Shadow Pandemic: Menace of Domestic Violence

By Shyamashree Roy*

The COVID-19 pandemic has caused unprecedented changes in our lives and it has impacted all sectors of human activities in unforeseen ways. However, the women of the world have been most affected in these trying times from handling extra household chores to additional child care duties to suffering domestic and sexual violence behind closed doors. While cases of domestic violence have always been rampant in India, it has surged to record-breaking numbers during the pandemic owing to living with



unemployed husbands/ partners with abusive records, tolerating alcoholic spouses and bearing with extreme physical, mental and sexual torture. Most of the cases have gone unrecorded with the closure of courts during the lockdown phase and also due to the fear of societal stigma and torture. Besides urban women, the rural women of India have suffered untold miseries in the form of violence and mental torture unheard of before.

Most rural women living in the outskirts of the major cities of India come to the urban part to seek employment or manual jobs ranging from working as maids, cooks and nannies in middle-class households. The majority of these women are illiterate with no formal education, belonging to poor families with an utter financial crisis and almost all have one thing in common: they are mostly the victims of domestic violence and have experienced inhuman levels of mental, emotional and physical torture in the hands of their husbands/ family members or the male members of their families. This has been escalated during the lockdown period when women were confined within the walls of their homes with their abusive husbands. During this period, with the scarcity of employment and job loss, male family members often resorted to violence due to little control over economic and security resources. On the other hand, women with jobs in families are better off than women who are unemployed or financially insecure. Unemployed women are the most vulnerable to violence and abuse from their spouses or other male family members. In addition, cases of marital rape and sexual violence were also on the rise.

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In the Protection of Women from Domestic Violence Act in India (2005), domestic violence is defined by Section 3 as "any act, omission or commission or conduct of the respondent shall constitute domestic violence in case it:

1. harms or injures or endangers the health, safety, life, limb or well-being, whether mental or physical, of the aggrieved person or tends to do so and includes causing physical abuse, sexual abuse, verbal and emotional abuse and economic abuse; or
2. harasses, harms, injures or endangers the aggrieved person to coerce her or any other person related to her to meet any unlawful demand for any dowry or other property or valuable security; or
3. has the effect of threatening the aggrieved person or any person related to her by any conduct mentioned in clause (a) or clause (b); or
4. otherwise injures or causes harm, whether physical or mental, to the aggrieved person."

According to the United Nations, anyone can be a victim of domestic violence, regardless of age, race, gender, sexual orientation, faith or class. Victims of domestic abuse may also include a child or other relatives, or any other household member. Domestic abuse is typically manifested as a pattern of abusive behaviour toward an intimate partner in a dating or family relationship, where the abuser exerts power and control over the victim.

COVID-19 has exacerbated domestic violence cases. Families suffering from drug and alcohol abuse have multiplied the plight of women. Men often resorted to sudden and violent anger at wives and children while under the influence, or in want, of alcohol or other substances, and the stress of economic instability and insecurity escalated the problem. One in three women worldwide is physically or sexually abused, and this pandemic has made things worse. This is a kind of "shadow pandemic" that has been increasing and we need actions to address the problem.

One such glaring story of physical and sexual abuse shared by a young village Muslim girl only reveals the predicament of several other rural poor and illiterate women. Saima Khatoon is a 23 years old Muslim girl living in one of the districts of West Bengal. She was married off to her own distant nephew at the very tender age of 13 and now she is the mother of an 8 years old boy. Her husband was a contractual gig worker in the tailoring industry and, during the lockdown, he had lost his job. Saima had been subjected to inhuman torture and physical abuse at the hands of her husband during this lockdown. From inflicting physical violence to emotional, mental and verbal abuse, she was even denied food for days. Her in-laws witnessed all of it, yet they could never help her in any way.

Saima's husband was a regular small-time gambler and also a drug addict. One day, when she came to know that her husband has mortgaged her to a man while betting on a gamble, she tried to commit suicide by drinking pesticide and kerosene. She was luckily saved by her neighbours who took her to a nearby hospital. She finally lodged a complaint at the nearest police station against her abusive husband and filed for divorce soon after. Once the lockdown was lifted, she fled from her village and went to Kolkata in search of a job. She started working as a domestic maid in one of the middle-class households in the urban part of Kolkata. She was extremely relieved that she managed to obtain the divorce from her abusive husband and that she could now earn a living on her own and live peacefully in the city. She often visits her son, who is now under the guardianship of her mother.

This story is not unusual. Indian women reported more cases of domestic violence in the first four stages of lockdown compared to reported cases in the past decade. The number of domestic violence reports submitted to the National Commission for Women (NCW) in India jumped from 2,960 in 2019 to 5,297 in 2020. This trend continued in 2021 as well. Shortly after the lockdown was imposed, the NCW reported a spike in domestic violence cases enough to launch a dedicated WhatsApp number to report only domestic violence complaints. The NCW received the highest number of complaints against women in six years in 2020 at 23,722 with nearly one-fourth of them being of domestic violence.

In cases of domestic violence, the perpetrators are predominantly male. Men also experience domestic violence, but in patriarchal societies, domestic violence is usually associated with women. As a result of analyzing the content of online newspaper articles, alcohol consumption, unemployment, job uncertainty, and frustration are seen as the motives of offenders. Many studies have concluded that alcohol does not cause domestic violence, but it is considered a contributing factor to the perpetrators of domestic violence. During COVID-19, many people experienced alcohol withdrawal symptoms due to alcohol shortage. Withdrawal symptoms cause psychological and physical reactions and violence may be one of them. It can thus be argued that drinking or abstaining from alcohol can be a cause of domestic violence.

The cause of the next provocation was unemployment. Loss of job and the financial insecurity that followed was one of the chief factors of inflicting violence on women and children. This surge in unemployment, combined with uncertainty about the future, could be a source of domestic violence. Women were also vulnerable to torture due to the visibility and availability of women during the lockdown phase. With social distancing orders in place and the rapid spread of the virus, many women's shelters have been unable to accommodate victims of domestic violence. Therefore, the pandemic has resulted in many women continuing to be close to potential abusers which, in turn, increased the number of cases worldwide.

The closure of schools and other daycare centres have also placed an excessive burden on women looking after their children and elderly parents which affected their mental health. Additional stress associated with balancing work, babysitting, supervising online classes, cooking and cleaning has led to the deteriorating mental and physical condition of women.

There are, however, certain useful ways to prevent physical and mental abuse. The United Nations listed some useful ways to help a victim of domestic violence:

- Listen and believe the abused person to let them know they are not alone.
- Encourage her/him to seek support through a confidential hotline to connect with a professional in the field.
- Express concern for him/her, show support and offer referrals to available resources.
- If you have not been directly approached but have reason to believe that a colleague may be in an abusive relationship, consult with your Organization's Counseling or Ombudsman's Office.

Actions to take if you or your family members are experiencing violence:

- Reach out to supportive family and friends who can provide support to help you to manage stress and deal with a range of responsibilities including food supply, childcare, etc.
- Develop a safety plan for yourself and your children in case the violence escalates. This includes keeping numbers of neighbours, friends and family whom you can call or go to for help; having accessible important documents, money, a few personal things to take with you if you need to leave immediately; and planning how you might exit the house and access help (e.g. transport, location).
- Keep information about domestic abuse hotlines, social workers, child protection or nearest police station, shelters or support services that are accessible. Be discrete so that your partner or family members do not find out and you can remain safe[1].

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The Impacts of COVID-19 on Individual and Collective Mental Health

By Sandip Bhaskar Deore*

Uncertain prognoses, looming severe shortages of resources for testing and treatment and for protecting responders and health care providers from infection, imposition of unfamiliar public health measures that infringe on personal freedoms, large and growing financial losses, and conflicting messages from authorities are among the major stressors that undoubtedly will contribute to widespread emotional distress and increased risk for psychiatric illness associated with COVID-19. Health care providers have an important role in addressing these emotional outcomes as part of the pandemic response.

Public health emergencies may affect the health, safety, and well-being of both individuals (causing, for example, insecurity, confusion, emotional isolation, and stigma) and communities (owing to economic loss, work and school closures, inadequate resources for medical response, and deficient distribution of necessities). These effects may translate into a range of emotional reactions (such as distress or psychiatric conditions), unhealthy behaviours (such as excessive substance use), and non-compliance with public health directives (such as home confinement and vaccination) in people who contract the disease and in the general population. Extensive research in disaster mental health has established that emotional distress is ubiquitous in affected populations; a finding certain to be echoed in populations affected by the COVID-19 pandemic.

After disasters, most people are resilient and do not succumb to psychopathology. Indeed, some people find new strengths. Nevertheless, in “conventional” natural disasters, technological accidents, and intentional acts of mass destruction, a primary concern is post-traumatic stress disorder (PTSD) arising from exposure to trauma. Medical conditions from natural causes such as life-threatening viral infection do not meet the current criteria for trauma required for a diagnosis of PTSD, but other psychopathology, such as depressive and anxiety disorders, may ensue.

Some groups may be more vulnerable than others to the psychosocial effects of pandemics. In particular, people who contract the disease, those at heightened risk for it (including the elderly, people with compromised immune function, and those living or receiving care in congregate settings), and people with pre-existing medical, psychiatric, or substance use problems are at increased risk for adverse psychosocial outcomes.

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Health care providers are also particularly vulnerable to emotional distress in the current pandemic, given their risk of exposure to the virus, concern about infecting and caring for their loved ones, shortages of personal protective equipment (PPE), longer work hours, and involvement in emotionally and ethically fraught resource-allocation decisions. Prevention efforts such as screening for mental health problems, psycho-education, and psychosocial support should focus on these and other groups at risk for adverse psychosocial outcomes.

Beyond stresses inherent to the illness itself, mass home-confinement directives (including stay-at-home orders, quarantine, and isolation) are new to Americans and raise concern about how people will react individually and collectively. A recent review of psychological sequelae in samples of quarantined people and of health care providers may be instructive; it revealed numerous emotional outcomes, including stress, depression, irritability, insomnia, fear, confusion, anger, frustration, boredom, and stigma associated with quarantine, some of which persisted after the quarantine was lifted. Specific stressors included greater duration of confinement, having inadequate supplies, difficulty securing medical care and medications, and resulting financial losses.

In the current pandemic, the home confinement of large swaths of the population for indefinite periods, differences among the stay-at-home orders issued by various jurisdictions, and conflicting messages from government and public health authorities will most likely intensify distress. A study conducted in communities affected by severe acute respiratory syndrome (SARS) in the early 2000s revealed that although community members, affected individuals, and health care workers were motivated to comply with quarantine to reduce the risk of infecting others and to protect the community's health, emotional distress tempted some to consider violating their orders.

Opportunities to monitor psychosocial needs and deliver support during direct patient encounters in clinical practice are greatly curtailed in this crisis by large-scale home confinement. Psychosocial services, which are increasingly delivered in primary care settings, are being offered by means of telemedicine. In the context of COVID-19, psychosocial assessment and monitoring should include queries about COVID-19 related stressors (such as exposures to infected sources, infected family members, loss of loved ones, and physical distancing), secondary adversities (economic loss, for example), psychosocial effects (such as depression, anxiety, psychosomatic preoccupations, insomnia, increased substance use, and domestic violence), and indicators of vulnerability (such as pre-existing physical or psychological conditions). Some patients will need referral for formal mental health evaluation and care, while others may benefit from supportive interventions designed to promote wellness and enhance coping (such as psycho-education or cognitive behavioural techniques). In light of the widening economic crisis and numerous uncertainties surrounding this pandemic, suicidal ideation may

emerge and necessitate immediate consultation with a mental health professional or referral for possible emergency psychiatric hospitalization.

On the milder end of the psychosocial spectrum, many of the experiences of patients, family members, and the public can be appropriately normalized by providing information about usual reactions to this kind of stress and by pointing out that people can and do manage even in the midst of dire circumstances. Health care providers can offer suggestions for stress management and coping (such as structuring activities and maintaining routines), link patients to social and mental health services, and counsel patients to seek professional mental health assistance when needed. Since media reports can be emotionally disturbing, contact with pandemic-related news should be monitored and limited. Because parents commonly underestimate their children's distress, open discussions should be encouraged to address children's reactions and concerns.

As for health care providers themselves, the novel nature of SARS-CoV-2, inadequate testing, limited treatment options, insufficient PPE and other medical supplies, extended workloads, and other emerging concerns are sources of stress and have the potential to overwhelm systems. Self-care for providers, including mental health care providers, involves being informed about the illness and risks, monitoring one's own stress reactions, and seeking appropriate assistance with personal and professional responsibilities and concerns, including professional mental health intervention if indicated. Health care systems will need to address the stress on individual providers and on general operations by monitoring reactions and performance, altering assignments and schedules, modifying expectations, and creating mechanisms to offer psychosocial support as needed.

Given that most COVID-19 cases will be identified and treated in health care settings by workers with little to no mental health training, it is imperative that assessment and intervention for psychosocial concerns be administered in those settings. Ideally, the integration of mental health considerations into COVID-19 care will be addressed at the organizational level through state and local planning; mechanisms for identifying, referring, and treating severe psychosocial consequences; and ensuring the capacity for consulting with specialists.

Education and training regarding psychosocial issues should be provided to health system leaders, first responders, and health care professionals. The mental health and emergency management communities should work together to identify, develop, and disseminate evidence-based resources related to disaster mental health, mental health triage and referral, needs of special populations, and death notification and bereavement care. Risk-communication efforts should anticipate the complexities of emerging issues such as prevention directives, vaccine availability and acceptability, and needed evidence-based interventions relevant to pandemics and should address a range of psychosocial concerns. Mental health professionals can help craft messages to be delivered by trusted leaders.

The COVID-19 pandemic has alarming implications for individual and collective health and emotional and social functioning. In addition to providing medical care, already stretched health care providers have an important role in monitoring psychosocial needs and delivering psychosocial support to their patients, health care providers, and the public; activities that should be integrated into general pandemic health care.

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Psychological Lockdown

By Charvi Jain*



The shift in lifestyle initiated by the COVID-19 pandemic came about with major adaptation guidelines increasing the acceptance of this change to become harder and much more demanding. Sudden confinement to be in the safety of houses, loss of job opportunity, creation of new means to survive, hospital overdrive, social media blowup, all played a major role in shaping the mental state of people in a very interesting way.

The growing demands of mental health and awareness have led countries who, pre-pandemic, contributed to less than 2% on such activities, now funding institutions to assure the country and its citizen's wellbeing and work-forces efficiency.

The rise in bereavement, unemployment, undulating stress, indecisiveness, and undefined ways of the government, personal and academic guidelines have exacerbated and hit the nerves of multiple minds of the society adapting to the change.

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While fear of abandonment and death distorts the minds of those affected with the virus and their extended social circle, the other spectrum of the medical and essential workforce is dealing with overwhelming levels of burnouts and precision all the while battling prolonged fatigue, insomnia, and anxiety.

The suffocating pressure on the general crowd to trust the vaccine with such prioritized test results and an ambiguous list of side effects have caused the crowd to bifurcate into vaccine takers and vaccine deniers. Familial pressure, academic pressure, global hype pressure all have neurologically and physiologically been taxing a vast amount of human attention granting only room for warned panic to raise among individuals.

For the lesser, more underprivileged side of the population, this pandemic has left a deep imprint on their economic status. Mobilization in the hunt for well-paying jobs alongside additional labour, debt loops, and sudden unprotected unemployment has left more mouths to be fed than the products available. Coping mechanisms have turned into increased levels of alcohol consumption, drug and tranquillizer dependence, and heightened suicidal tendencies in terms of grave unearthly situations.

COVID-19 has led to an ongoing string of grief in the minds of mankind. Patients affected by it have to combat not only the virus in them but the expectations of the family and treatments issued out by the doctor, all the while maintaining their mental state in balance as they heal in recovery. As the coin is flipped, we see the other side of the same story lived through the unfortunate few, some patients come out with neurological disparities, others lose their living breathing sense of things, disrupting the family and marking doctors blooming hope into the effortless demise of a theory to be looked upon square one once more. This leading depressive pattern has given rise to bloom in psychiatry and psychological fields.

To achieve such a characterization, the systems that facilitate rapid identification of mental disorders and the provision of mental health services for medical and surgical inpatients of a general hospital are of critical value and worth briefly mentioning.

From the care for the hospital staff to regulate their anxiety, depression, fatigue on exceeding backgrounds to name a few factors impacting their well-being, these institutions also focus on the patient and their families.

Addressing and spreading awareness of acknowledged mental disorders and providing sufficient help guidelines have led to an intensive environment for care and establishing grounds for help.

Through courses of basic life skills, training mechanism held for school and staff, offering therapies by making everyone aware of the consultation process whereby attending physicians, surgeons, patients themselves may request mental health services through which they are guided to a diagnostic team that brings forth clinical impression facilitating the interventions at assumed times and making referrals as needed.

Another aspect of this COVID outbreak is viewed through the academic and student viewpoint. The brief period of indecisiveness among attending and deflecting the school environment has both given rise to positive and negative impacts.

Through this turbulent time, countries like India and others have now declared this situation as endemic, which now proves that this is the new normal we will be surviving through. The only path through efficient coping is putting our very own self-care as a major priority and finding the best means to carry it out. Personal hygiene, be it physical or mental, has always been a choice that everyone must uphold to live efficiently. Our human body is a decent mechanism built and needs frequent tinkering and oiling, especially during such hours of hard times.

Let us choose to value the requirements of our mind through a mental health buster and assure a steady flow in these dynamic COVID times.



A Student's Story of Struggle and Resilience during the Pandemic

By Fabiya Ashraf*

Life is really unpredictable and our lives got unpredictably changed, disarranged and strained by the effects of COVID-19. I personally never ever imagined that our life would be like this, I believe no one did too. Basically, we are all trying to survive now. Sometimes I feel so unearthly, tired and irritated at how things are changing around me. Also, people are not the same I used to know. Maybe this is part of our growth. Or maybe I am just not happy with the fact that things are not like before and we are not able to meet our friends whenever and wherever we want.

I am a student of BRAC University, enrolled in the School of Law. Currently, I am in the midst of my 3rd year, two of which I spent studying and taking classes online, which I am not happy about because it is hampering my education's quality and grades as well. Since our educational institutions have been closed in March 2020, a huge number of students in Bangladesh have missed out on the opportunity to receive proper learning and properly interact with friends and family. And this has affected our educational experience significantly.



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Likewise, we don't feel encouraged like before to return home to complete our homework. At the end of the day, online learning is not as helpful as in-person classes because there is not enough interaction with our teachers. Our grades are decreasing and we cannot do anything about it except try our best and wait for our institutions to help us.

We, students, are all getting huge academic depression. All the feeling of being upset or annoyed as a result of being unable to change or achieve something makes us demoralized. But some of us have decided not to give up on our dreams no matter what and this is part of our struggles during this pandemic. It makes us more resilient and flexible towards everything.

On the other hand, there are so many people, especially young students, who are unable to hold themselves and sometimes are taking the wrong path due to depression or academic frustration. Undoubtedly, the virus is taking a toll on young people's mental health which is making the struggles of the students harder to address. Apart from the devastating health consequences for those directly affected by the virus, our mental well-being is also greatly affected.

Sometimes I also had suicidal thoughts in my head, which is really unhealthy. But I chose to get over these toxic and harmful feelings as soon as I could. So recently I joined as a volunteer in an organization named MOSHAL, which is a youth-oriented mental health Non-Governmental Organization (NGO) with a diverse panel of licensed professionals. I always had a huge interest in working for mental health awareness because I realized how important our mental wellbeing was during this pandemic by suffering myself. Every day I get anxiety attacks and now it's hurting my physical health as well.

Along with volunteer work, I started to learn martial arts, Karate to be more specific. By learning such activities, I am keeping myself busy because it makes me feel better. It helps me calm down and makes me more confident towards life and gives me the ability to fight every day against toxicity and hardships. Honestly, I also believe that every girl must know the basic rules of self-defence. Amazingly it helps to build up our self-confidence and self-esteem, navigate the pressures of academic issues and help us to cope with trauma. Similarly, it's important to mention that our younger generation is already experiencing wing rates of depression, anxiety and suicide thought during this pandemic.

Another negative consequence of the pandemic is that because of all this depression I distanced myself from my family members too. I don't spend time with them like before. There were days when I spent the whole day alone in my darkroom. By doing so my relationship with my family and friends is getting worse. Because of the social distancing, our mental health gets worsened by all the negativity around us. I am an extrovert and I love to meet new people and make new friends. It has always been exciting for me. But unfortunately, nowadays people do scare me. Because I expect much from them and they are not able to meet my expectations I get hurt and disappointed.

I experienced this during this social distancing but hopefully, I am getting over it by the grace of Almighty. I am constantly looking for help to get better.

I am facing some family issues as well, which is making it more difficult for me. Recently my parents are also facing some mental health difficulties. They suffer from delusion and anxiety problems because of the pandemic.

I am extremely worried about this matter but being a daughter, and because I know in this sensitive situation having mental strength is the most important thing and if I lose hope or sound-ness they will be devastated too, I am giving strength to my family every day to deal with all difficulties that we are facing. So, there are a lot of responsibilities for me to try to fulfil despite all my personal and academic problems.

It is always wise to be optimistic, so I always try to see things in a positive way in life and I believe whatever happens in life happens for a reason. I think all the struggles and resilience caused by the pandemic has radically transformed the lives of masses of people too and so many of us are not getting the chance we deserve.

Nevertheless, with a positive mindset, I want to mention that despite all the hardships and distress I am standing strong for my family and myself. My strength is that I believe the Almighty is always kinder to us, and he put us to the test only to see how we deal with the task how we remember him during hardships and if we seek help from him or not.

Conversely, here I want to share one of my most memorable parts of this pandemic. Last Ramadan was priceless for me because I used to pray regularly and speak to Allah privately. Because as a Muslim I knew the magic of the Almighty, I deeply realized so many things that are hard to express in words. I feel very grateful for this and always try to appreciate the little things in life. I realized that this COVID-19 crisis actually is making us stronger, more flexible and careful for our future struggles.

I firmly believe that every human being should follow their religious belief no matter what religion they believe in. If we follow and maintain our moral and religious beliefs in our hearts our struggle will be eased.

My message to all, especially young people and students, is to be more proactive and prepare themselves for a better future to ensure healthy development in these always changing circumstances caused by the pandemic. This COVID-19 pandemic made me realize that nothing in this world is everlasting, we all have to leave this earth one day and this is the truth that we must remember no matter what. Therefore, we all should enlighten the world with a vision of religion and other beliefs that can positively affect social issues and the whole world.

The Whole Secret of Existence is to Have No Fear

By Imtiaz Ali*

The pandemic pushed me to learn skills that I had never utilized before, such as flexibility. I learned to make the most of the opportunities that came my way and discovered new methods to interact and cooperate with others. I always thought we, as humans, are invincible and that nothing can happen to us, but this pandemic has proved me wrong.



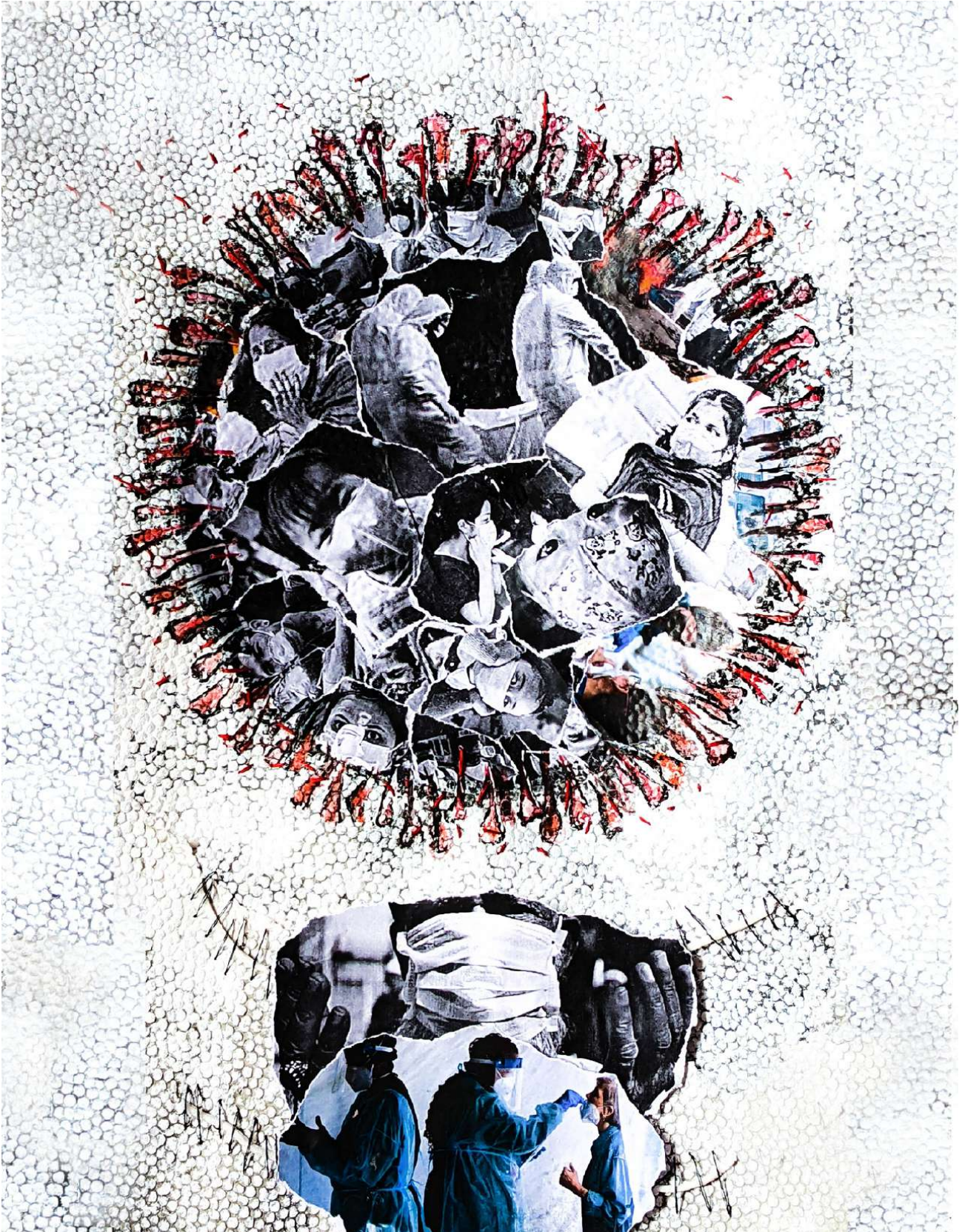
I have learned to be prepared for difficult situations in life. In fact, the pandemic allowed me to look at different perspectives of doing things that I would not have actually thought of otherwise. So, everything is temporary.

I have learnt confidence. I need to have realistic optimism and confidence for the future, because without it's very difficult to move forward and see a brighter future.

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'Novel Strain'

By Indrani Acharya*



*Indrani Acharya, is a contemporary artist from India, and also alumni of the International Institute of Peace and Development Studies (IIPDS).



During the earlier wave of COVID-19, I had to be confined into a remote and distant Maharashtra village. The imposition of lockdown forced me to overstay there for a long 6 months. Initially, it was a solitary life but later I became a part of the surroundings, the panic-stricken people around, their sufferings, about 40 labour-oriented people from various parts of India, their longing for returning home, anxiety, all I witnessed and felt with them. Ample constraints were there in the form of staying away from home, communication barrier for language problem and lack

of connectivity causing detachment. Amid all the agony and trouble, I found the embrace of nature with all its serenity, tenderness and love from pure souls, animals and birds. They helped me to come out of the suffocating restrictions. I started working with the broken tiles of constructions, nails etc. to create land arts and with those pieces, I ultimately created a 16 feet Mural, as art materials were the rarest of the rare things there.

About the Painting

The curse of COVID 19 has fallen upon this planet irrespective of country, caste, creed and religion. It has killed millions of lives. People have lost their dear and near ones. It has disrupted and shattered life and livelihood all along. The destruction has given us a lesson also. We have learnt to get rid of narrowness and discrimination and to be united. We should establish world peace by means of love and affection, cooperation and assistance. Let us stand by others in need. And then we should take care of nature and stop doing anything detrimental to nature. Moreover, we should not forget the ceaseless service and commitment of the doctors fraternity to fight against the virus and to rescue us from the grip of the demon.

This is precisely what my painting depicts.

PART II

The Silent Pandemic: COVID-19 Impact on Mental Health - Voices from India -

COVID-19 Psychosocial Impact on People's Lives

By Dr. Vishwanand Yadav*

Dr. Pradeep Kumar**



The World Health Organization (WHO, 2020) declared the COVID-19 outbreak a "public health emergency of worldwide significance" on January 30, 2020, and declared it a pandemic on March 11th. With its vast magnitude and worldwide impact, the COVID-19 pandemic is unlike any other outbreak that most people have ever seen. The unusual and unexpected character of the pandemic has resulted in emotional and psychological distress in individuals, in addition to posing harm to their physical health. Panic, fear, and anxiety over one's physical condition and the possibility of death are some of the results of the pandemic. Restrictions on movements and isolation, economic hardships and disruptions of individual and group life have all resulted in major mental health and psychosocial challenges; with certain already marginalised and impoverished populations being hit particularly hard.

The World Health Organization defines mental health as, "a state of well-being in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community". Mental health is more than just the absence of illness; it is the foundation of one's well-being and ability to perform effectively. Understanding mental health involves a psychosocial lens that considers the relationship between the individual/subjective (childhood experiences, parenting, family environment, and self-esteem) and one's societal settings (gender, education, poverty, employment, discrimination, safety, etc.).

It is well documented in previous studies that emergencies and pandemics are known to have widespread psychological and societal consequences. Fear of the virus, concern about health and the future, separation from families and communities, stigma towards people diagnosed with the disease, and worsening of pre-existing mental health problems are all possible psychological effects of an emergency or pandemic. On the other side, social concerns might include the worsening of pre-emergency socio-economic issues such as poverty, unemployment, discrimination, and so on.

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**Dr. Pradeep Kumar is Assistant Professor, Department of Psychology, Central University of Haryana.

It can also result in emergency-related socio-economic issues such as a sharp drop in income, economic crises, homelessness, separation from family, social network disruption, and increased violence against women and girls, among other things. The psychosocial burden of epidemics often exceeds the capacity of people and communities to manage them, resulting in significant levels of anguish. Even after the outbreak has finished, the effects of this influence might linger.

Similarly, the COVID-19 pandemic has had a considerable psychosocial impact. Fear, rage, stress, anxiety, depression and insomnia have all been noted as mental health and psychosocial problems since the outbreak began, with people experiencing some or all of these. This effect can be felt in the emotional, cognitive, physical, behavioural, and social realms.

This pandemic scenario can be manifested as intrusive symptoms, negative mood, dissociation, avoidance, or arousal symptoms, and degree of anxiety can increase with factors such as prior experiences with viral infectious diseases such as influenzas, current information about the outbreak, its symptoms, and existing comorbidities. Individuals' views about disease and misinterpretations of symptoms may vary and can result in greater anxiety, impaired decision-making and behavioural changes. Due to social distancing and fear of contamination people have a greater tendency to avoid hospitals and doctors' offices, as these can be a source of contagion, delaying admission in case of real symptoms of viral infection and aggravation of existing chronic diseases. This might result in poor therapeutic response and increased morbidity.

Excessive hand washing, social isolation and panic shopping are also major concerns and examples of maladaptive safety practices. Panic buying leads to excessive hoarding of superfluous resources, which can be harmful to a community in need of these resources. When sanitisers, drugs, protective masks and surgical gloves are purchased in excess, routine medical treatment might be jeopardized. Social isolation also causes sensory deprivation and a general sensation of paranoia, which can amplify delusional notions and fantasy thinking. Fear of contracting the illness or having a family member develop it may act as a stressor, predisposing the vulnerable group to a psychological collapse. Higher stress levels, irritability, depression, insomnia, acute stress, and trauma-related problems have all been linked to social isolation, especially in high-risk groups like healthcare workers. A Chinese research of 1210 people found that anxiety and depression during lockdown were present in 30% and 17% of the participants, respectively. A countrywide survey of over 50,000 adults in China also revealed a prevalence of post-traumatic stress symptoms (PTSS) of 35%. Women and young people have much greater levels of psychological distress.

While emergencies are likely to affect a large number of people, certain groups of people, such as COVID-19 patients and their families, women, children, the elderly, people of various gender and sexual identities, the poor, migrants, frontline healthcare workers, marginalised people, and those with pre-existing vulnerabilities, are likely to be disproportionately affected.

The Inter-Agency Standing Committee (IASC) Guidelines for Mental Health and Psychosocial Support in Emergency Settings suggests multiple layers of interventions which should be included in the COVID-19 response operations. These response levels cover a variety of mental health and psychosocial issues.

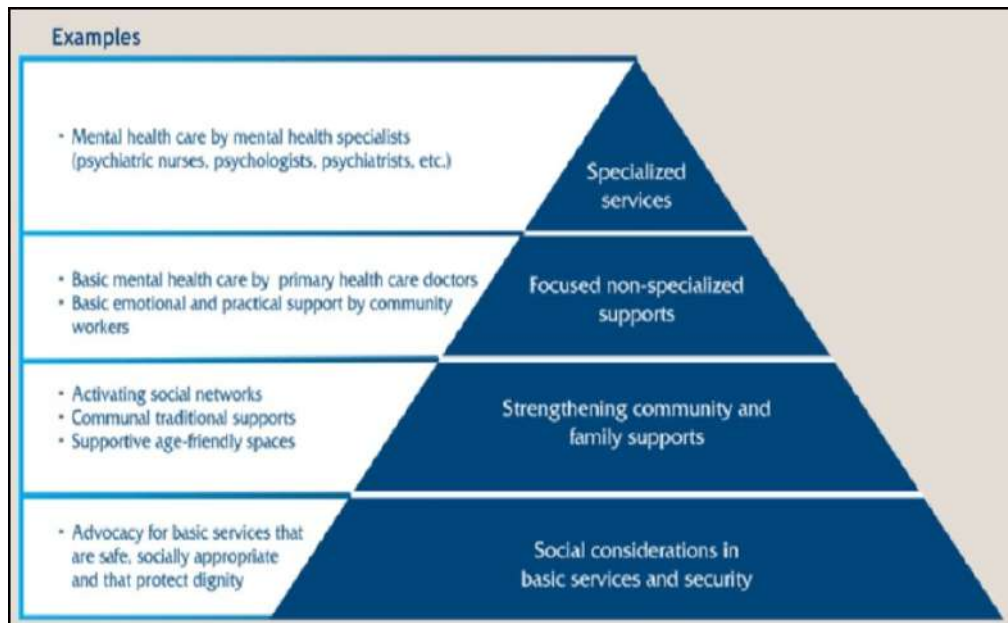


Figure: IASC Pyramid of mental health and psychosocial support (IASC, 2020)

Basic approaches to overcoming psychological impact:

- Acknowledging the COVID-19 pandemic's mental health and psychosocial impact, as well as recognising indicators of distress.
- Developing self-care habits such as sticking to a regimen, exercising, eating and sleeping healthily, relaxing hobbies, and acquiring new skills.
- Limiting media exposure and relying solely on credible sources for information. Consumption of pandemic-related information, which can be anxiety-inducing, must be balanced with news and media content that promotes hope and happiness.
- Keeping in touch with loved ones and support systems virtually.
- Being conscious that social isolation, quarantine, and distancing can have a negative impact on a family's mental health.
- Providing assistance and creating caring and supportive settings at home.
- Building routines and rituals to spend quality time together.
- Encourage family members who are in distress to get professional treatment as soon as possible.
- Developing a local volunteer community, lay counsellor capacity, and community-based and led services.
- Increasing awareness of mental health issues and the significance of self-care through disseminating messages.

While the COVID-19 pandemic poses a physical threat, it has also had significant mental health and emotional impact. The impact has been felt by the general public, but it has been felt much more strongly by those who belong to society's marginalised and disadvantaged groups. However, appropriate health infrastructure, competent messaging and communication, an integrated and coordinated response from welfare agencies that include mental health, and successful self and community care initiatives are the most important prerequisites on a large scale. Following the lessons learned from the pandemic, it is now time to invest in future mental health infrastructure and technologies.

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Mental Health and COVID-19

- A Review -

By Dr. Sandhya Milind Khedekar*

To completely comprehend the mental health disaster that India is experiencing as a result of COVID-19, one must first acknowledge the extremely bad state that existed prior to the pandemic. According to the government's National Mental Health Survey, about 10% of adults meet diagnostic criteria for a mental health problem (ranging from mood and anxiety disorders to severe mental illness).



According to the Global Disease report, approximately 200 million Indians have suffered from a mental condition, with roughly half of them suffering from depressive or anxiety disorders. Suicide is the largest cause of death in young Indians, accounting for more than a third of all female suicides globally and nearly a fourth of all male suicides.

Despite this, the government has spent very little money on mental health (less than 1% of the total health budget), with the money going almost completely to doctors, pharmaceuticals, and hospitals in urban regions.

The impact of the pandemic on mental health may be divided into two phases: the acute phase, which coincided with the lockdown—the period when influenza spread over the country—and the chronic phase. The second phase will begin in the coming months as the infection spreads.

The pandemic is affecting different groups in specific ways:

Women: In general, studies report many women suffering from anxiety and depression; this may be due to them facing the brunt of increased household responsibilities and domestic violence during the lockdown.

Children: After speaking with 1,102 parents and primary caregivers, it was found that more than 50% of children had experienced agitation and anxiety during the lockdown. Media reports indicate that they may be experiencing fears about the virus, worries over access to online classes, and stress and irritability from being unable to go out. Many have faced violence in their homes or have been victims of cyberbullying.

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Youth: One survey reported that 65% of nearly 6,000 youth aged 18-32 years felt lonely during the lockdown, and 37% felt that their mental health had been `strongly impacted`. This is not surprising given that in April 2020 alone, 27 million young people lost their jobs and 320 million students were affected by the closure of educational institutions and postponement of exams.

Migrant and day labourers: There are no studies specific to migrant workers, but panic reactions have been observed among millions of people who have lost their livelihoods and want to return to their rural homes. Day labourers are also seriously affected. A survey of 1,200 drivers found that 75% were worried about their work and economy.

Physicians and frontline staff: A survey of 152 doctors found that as a result of the pandemic, more than one-third suffered from depression and anxiety. Frontline workers are reportedly afraid of overwork and virus capture.

Sexual minority groups: A study of 282 people reported higher anxiety among sexual minority groups, and called for the attention of policymakers to take sensitive and inclusive health decisions for marginalized communities.

People with preexisting mental health conditions: The anxieties described earlier have been overwhelming for people with preexisting mental health conditions. Problems may also have worsened for individuals because of the disruption of mental health services and the difficulty of travel, which led to people reducing doses of prescribed medication.

People with substance use disorders: The sudden closure of all liquor shops in the country and the cutting of drug supplies has resulted in withdrawal symptoms in many people with alcohol and substance use dependence, for example, delirium and seizures. Many alcohol `addicts` distressed by their craving have also consumed poisonous substances such as hand sanitisers as substitutes and died, or died by suicide. It is important to note that the survey conducted was not entirely representative, as it focused primarily on the English-speaking urban population.

The study was led from June to August 2020 among 130 nations across WHO's six locales. It assesses how the arrangement of mental, neurological and substance use administrations has changed because of COVID-19, the sorts of administrations that have been upset, and the way in which nations are adjusting to conquer these difficulties.

Nations also announced broad disturbance of numerous sorts of basic emotional well-being administrations:

- More than 60% announced interruptions to emotional wellness administrations for weak individuals, including youngsters and teenagers (72%), more established grown-ups (70%), and ladies requiring antenatal or post-pregnancy administrations (61%).

- 67% saw disturbances to advising and psychotherapy; 65% to basic mischief decrease administrations; and 45% to narcotic agonist support treatment for narcotic reliance.
- In excess of a third (35%) announced interruptions to crisis mediations, including those for individuals encountering delayed seizures; extreme substance use withdrawal disorders; and insanity, frequently an indication of a genuine basic ailment.
- 30% revealed disturbances to access for drugs for mental, neurological and substance use issues.
- Around 3/4 detailed basically fractional interruptions to school and working environment psychological wellness administrations (78% and 75% separately).

While numerous nations (70%) have embraced telemedicine or teletherapy to defeat interruptions to in-person benefits, there are huge incongruities in the take-up of these intercessions. Over 80% of big-league salary nations revealed sending telemedicine and teletherapy to connect holes in emotional wellness, contrasted and under half of the low-pay nations.

WHO has given direction to nations on the most proficient method to keep up with fundamental administrations—including emotional wellness administrations during COVID-19 and prescribes that nations assign assets to psychological well-being as a basic part of their reaction and recuperation plans. The Organization likewise encourages nations to screen changes and disturbances in administrations so they can address them as required.

Albeit 89% of nations revealed in the review that emotional wellness and psychosocial support is important for their public COVID-19 reaction plans, just 17% of these nations have full extra subsidizing for covering these exercises

This all features the requirement for more cash for psychological wellness. As the pandemic proceeds, significantly more noteworthy interest will be put on public and global psychological well-being programs that have experienced long periods of persistent underfunding.

The COVID-19 pandemic might have carried many changes to how you carry on with your life, and with it, now and again, vulnerability, modified everyday schedules, monetary tensions and social disengagement. You might stress over becoming ill, how long the pandemic will endure, regardless of whether your work will be impacted and what the future will bring. Data overburden, tales and falsehood can cause your life to feel crazy and make it hazy what to do. During the COVID-19 pandemic, you might encounter pressure, uneasiness, dread, trouble and depression. Also, emotional wellness problems, including uneasiness and melancholy, can deteriorate.

Taking Care of Oneself Procedures

Taking care of oneself systems are really great for your psychological and actual wellbeing and can assist you with assuming responsibility for your life. Deal with your body and your psyche and interface with others to help your psychological well-being. Deal with your body.

Be careful with regards to your actual wellbeing:

- *Get sufficient rest.* Head to sleep and get up on similar occasions every day. Stick near your common rest wake plan, regardless of whether you're remaining at home.
- *Partake in normal actual work.* Customary actual work and exercise can assist with decreasing tension and further develop temperament. Observe an action that incorporates development, for example, dance or exercise applications. Get outside, for example, a nature trail or your own patio.
- *Practice good eating habits.* Pick an even eating regimen. Try not to stack up on lousy nourishment and refined sugar. Limit caffeine as it can disturb pressure, tension and rest issues.
- *Stay away from tobacco, liquor and medications.* In the event that you smoke tobacco or then again on the off chance that you vape, you're now at higher danger of lung sickness. Since COVID-19 influences the lungs, your danger increments significantly more. Utilizing liquor to attempt to adapt can exacerbate the situation and lessen your adapting abilities. Try not to ingest medications to adapt, except if your primary care physician endorsed drugs for you.
- *Limit screen time.* Switch off electronic gadgets for quite a while every day, including 30 to an hour prior to sleep time. Put forth a cognizant attempt to invest less energy before a screen - TV, tablet, and telephone.

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The impact of COVID-19 on Mental Health in Indian Context - A Psychologist's Perspective -

By Yogeeta Kadian*

The First Wave

Lockdown was imposed to contain the virus in many countries and as a result, India was also compelled to follow the same in March 2020. This Virus was expected to affect only the physical health of humans but for the very first time, the world realised that physical and mental health are interdependent.



'FEEL-COVID' survey, conducted in February-March 2020 across 64 cities of India, reported that a third of respondents faced significant 'psychological impact' because of COVID-19.

In India, the lockdown created havoc for the low-income population primarily dependent on daily wages. The business houses and almost all the industries were shut for almost two months and the direct impact fell on salaried employees who lost a significant amount of their income. According to a Delhi Government survey, the unemployment rate among men rose from 8.7% to 23.3% during the survey period while that among women rose from 25.6% to 54.7%.

Unplanned series of lockdowns caused a country-wide panic and a lot of people were stuck in isolation. Life was at stake and there was an extreme fear of infection as well as loss of livelihood among the entire population. During this period there were reports of rising cases of psychological symptoms like stress, anxiety, depression, loneliness, insomnia, suicide attempts etc.. Life became more difficult for those living in an unhealthy environment and people with existing mental health issues were the most vulnerable ones. Those who got infected with COVID were outcasted and treated as aliens. The patient as well as the whole family had to face social boycotts, despite their own challenges due to the illness; which led to the escalation of their problems and consequently, affected their mental health. All front line workers had to work beyond duty hours while their families suffered in isolation. There were even reported cases of them being thrown out of their rental accommodations. Everyone was going through immense stress. To cope with the challenging situation, they had to go through counselling. Mental health professionals helped with psychoeducation and coping skills.

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There were huge financial losses and the prime focus was on survival. People stayed contained inside their houses to save themselves, even at the cost of loss of livelihood. Fortunately, the first wave seemed to wane without much loss to life. The arrival of vaccination by the end of 2020 showed a ray of hope. By this time, there was enough information and data available about the virus.

The Second Wave

As a shock, the second wave proved to be far deadlier worldwide, including India. All the major cities in India saw a surge of cases ranging from 20 to 60 thousand cases per day, which created a war-like situation. People were themselves infected and struggling to save their family members. The virus did not differentiate between poor and rich. Everyone was struggling to get a hospital bed and oxygen cylinder while going through a financial crisis. Neither money nor social contact was sufficient to buy resources and save lives. Even the front line workers were unable to help their own families and relatives to obtain these resources.

This was a war against the pandemic that was fought in two phases. In the first phase, people dealt with physical symptoms and fought for resources. The associated trauma was bound to haunt them and mental health issues were waiting to crop up in the second phase. There were cases of emotional breakdown among medical professionals as they never witnessed so many deaths and were never so helpless in their entire careers. For those who were left untreated, the feeling of helplessness, guilt, and regret of not being able to save their loved ones is certain to stay forever. Many families lost their sole earning members, children lost one or both of their parents; the survival guilt was prevalent. The shocking news of the death of a family member was not revealed to other members to prevent them from shock and mental trauma. None was in a position to help each other, as everyone was busy fighting their own battle. People fought this disastrous war for survival without much support and those who somehow managed to survive got “wounded for life”. People did not have the luxury to even grieve for their loved ones. How to console such families became a huge challenge.

During the second wave, the community of mental health professionals came forward to provide volunteer counselling. In such a time of global crisis, our organisation, Manosamvaad, constituted a team of over a hundred volunteer mental health professionals from all over India intending to serve the nation. We were able to help thousands of Indians living in India and across the globe. The efforts of the organisation were also acknowledged even by the printed media.

Most people came with symptoms of anxiety, fear of infection, increased feelings of despair and doom, sudden loss of jobs, increasing insecurity in relationships, domestic abuse and a rise in ca-

ses of substance abuse. Since the counselling process was online (and thus absolutely confidential), many people, who otherwise would never have thought of it due to social stigma, came forward to seek help. There was a rise in cases of children above 14 years seeking counselling. They were stuck at home, finding it difficult to cope with online studies and did not want to involve their parents. About 62.27% of females and 37.3% of males came forward to seek help. More than 50% of them belonged to the age group of 16 to 35 years. Some cases got resolved in a few sessions while some took as many as 10 sessions.

Some were suffering from prior mental health issues and the symptoms got aggravated due to the pandemic. This mission of ours turned out to be a boon for people who were unable to seek mental health support due to financial constraints and social stigma. It's high time now that we take some serious steps to break the social stigma around mental health. Most people choose to hide the information about seeking counselling even from their family members and only a few invited their family members to seek psychological support after being benefited from counselling.

Some cases worth sharing are discussed to provide a better understanding of the mental and emotional state of people during the Pandemic. This may help to highlight the importance of the presence of a mental healthcare system:

I: A young girl of 24 years had to spend 56 days in a hospital to take care of her mother while wearing a PPE kit all the time. She witnessed many horrible stories and deaths throughout this entire period. To add to the horror, her mother could not survive even after such a prolonged treatment. The girl suffered from PTSD (Post Traumatic Stress Disorder) and was unable to sleep for days because of nightmares. She continued to blame her brother, who got the mother admitted to the hospital and sadly, the brother sought relief in alcohol.

II: Another case came from a family that was looking for a hospital bed for 2 family members (one male and another female, both of about 40 years of age). The couple continued to travel the whole night in their car along with their 12-year son and a close relative. They visited several hospitals but were unable to arrange even a single bed. Finally, when in the morning they could manage to get just one bed, they chose to get the male earning member for admission. The trauma of the whole "night hunt" and the question of "why they chose the father over the mother" stayed with both the child and the mother.

III: A newly married 28 years old girl lost her husband to COVID and was having serious suicide ideations. It was over 6 months and she was expected to move on and behave normally. She was compelled to work in a school to provide financial support to her family. She was not allowed to seek mental health support due to social stigma. It was very challenging to convince her family to start her medication and also took serious effort to find support in her workplace.

IV: A 30 years old male lost his wife, and subsequently, his desire to live. He had to take care of their four years old daughter and one-month-old son all alone while struggling with his guilt and grief. He felt guilty for making his wife pregnant, as she got infected during her hospital stay for delivering the child.

The journey was very challenging, even for our newly formed team of volunteers as a lot of collaboration and support was needed from team members, mostly unknown and relying on online mode. The volunteers continued to serve their fellow citizens selflessly while struggling through their own battles. The author, her family and extended family of 14 members were themselves recovering from COVID. Most team members being females had more household responsibilities towards children and other family members. The absence of household helpers increased their burden multiple folds. The team members also got infected and had to face their own physical and emotional challenges, but they continued to serve with all dedication.

The second wave helped people realise the value of mental health. People who came forward to seek counselling realised how helpful it was. Some of them came forward on social media platforms and shared their experience without any inhibition. Hopefully, this will help to spread awareness about mental health and may break social stigma in future.

A new WHO survey of 130 countries provides the first global data showing the devastating impact of COVID-19 on access to mental health services. “Good mental health is absolutely fundamental to overall health and well-being,” said Dr Tedros Adhanom Ghebreyesus, Director-General of the World Health Organization. 89% of countries reported in the survey that mental health and psychosocial support is part of their national COVID-19 response plans.

India must develop a strong mental health care system to face the challenges of the forthcoming wave(s). Let’s take this opportunity to spread awareness and break the stigma around mental health. Including mental health as a part of our education system would be the most helpful way in the long term.

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Outbreak vs Heartbreak

By Nantu Shaw*



Each word has a specific mental image, like the word 'sky' creates a beautiful image of a shining blue sky or a star lighted moonlit silver sky or to someone, a dawn time red coloured sky created by the rising sun. Exactly the same way, we all have a mental image for each and every word which has a meaning to us. Just think about some phrases like 'love', 'moonlit night' or think about your 'favourite food' or your 'first date' and I am sure you will enjoy the moments when you visualize the images crafted by these phrases. But what if I ask you to think about the words 'COVID-19' or 'pandemic' or 'lockdown'? We all may have visualized a messy family life or crises which we have experienced in our relationships and from our out-of-syllabus work-life balance. A series of uncontrolled thoughts filled with the safety and security of our loved ones. The general mental wellbeing of mankind has been challenged. Words like- 'inner peace' and 'happiness' have become a myth. The SARS-COV-2 virus has not only caused physical harm but has infected human relations.

I have felt happy about the social media status of a few of my friends that read 'I am Vaccinated... To Protect you' or 'I got the COVID-19 vaccine'. I have sent my congratulations to them. Even I feel proud when I hear about the 1 billion vaccination milestone before calling someone. But how to vaccinate these infected relations? How to protect these heartbreaks? What if we have a vaccinated body with a messy mind? What if we have a COVID-19-proof family but with broken relations? Society has been facing more heartbreaks than viral outbreaks. But why are these relationships affected? What is missing? What has happened because of this new normal life?

Our quality of relationship greatly depends on the quality of emotion regulation. Emotion regulation is nothing but the exchange of feelings. If we think of the word 'emotion' as energy in motion, then regulation of this psychic energy has a big role in our mental wellbeing. But this pandemic has given us an opportunity to spend more time with family, which, I am sure, most of us were missing. Then what's the problem in emotion regulation among family members while living together? It should have been a more effective time to exchange each other's feelings but it was not.

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The biggest truth is, the ways we regulate emotions are determined by our emotional habits. Emotional habits are how we feel about ourselves and how others will react to our feelings; how to think about these feelings and what choices we have to react to these feelings and also our ability to read and express hopes and fear.

These habits are the result of our emotional schooling which starts with our parenting and societal learning. However, interestingly these emotional learning changes with time. Our emotional habit changes and not only that, but our pattern of emotion regulation also changes. In our childhood, we may have enjoyed good times with family but in adolescence, our friends became the prime reason for our emotional regulations. For most of us, they become a priority in our life. So, we all may start with a very specific kind of emotional schooling but our emotional learning (which shapes our emotional habits) change with time.

But why are these learning patterns changing?

These changes in learning are absolutely caused by our life's purposes and priorities. Friends become a priority in adolescence because most of us think that we have something to share or talk about which our parents may not understand or they may have less interest in it. As human beings, we all are here on this planet earth with some purpose and we all already have at least one (irrespective of good or bad). These purposes determine our priorities in life, and based on these priorities we attract our association. Then these associations become our key source of emotion regulation. For example, if someone's purpose in life is to excel in his job, he will spend more time in his office related work and he will attract people (maybe his colleagues or mentor) from the same field and they will become major factors of life satisfying emotional exchanges. They will start spending most of the day together at the office or outside.

During the pandemic, because of the lockdown, the majority of people have experienced unhealthy and toxic relationships within the family. Lockdown has unlocked the long-suppressed emotional crises among close ones. Effective relationship management has encountered a serious emergency. The new normal has cost people their 'home-sweet-home' mindset.

Mental health professionals, like myself, have been meeting so many heartbroken good souls.

Different families have different stories of messiness but they are common in one thing. They have one major reason for their toxic, incoherent and unhealthy emotion regulations among each other. And that is a long-missed common family purpose, a so-important-yet-missed common family goal. We have always talked about personal goals, and have heard about them a thousand times from so many successful gurus of different fields, but what about a common family goal? Of course, each individual is different and they have their own life goals, but they should have a common family mission (Csikszentmihalyi, 2009, pp.80-93). It's so important. A common family goal works as an invisible 'human bonding' energy to create a sustainable and healthy relationship. This is a powerful emotional glue for long-lasting relationships.

This pandemic has worked as a *societal marker* to highlight the disintegration of the family. Who knows, there may be another pandemic much stronger than this one, but a happy, healthy and purposeful family relationship is an essential crisis management tool. Do work on developing a realistic and achievable family goal. Please have your family mission statement, your *family constitution*.

Positive goals are necessary to have healthy emotion regulation. Some of these goals might be very general and long term such as building some strong family rituals, providing the best possible education to children, or implementing a principle-centred living (Covey, 2013, pp. 116-137) in a modern secularized society. Having a goal and working together on it with love and joy will produce more emotional glue that will create a strong family bonding, and rejuvenated emotional habits among the members.

For such goals to result in interaction, the family must be both differentiated and integrated (Csikszentmihalyi, 2009, pp. 80-93). Differentiation means nurturing an individual's goals, maximizing personal skills, building a healthy relationship with the sovereign self, but at the end of the day, each one is integrated to contribute to the common family mission.

An effective and wise family relationship is really a powerful antidote to protect against emotional infections which may be caused by such one pandemic, or by some thousands more.

See, we have no control over these turbulences but we have control over our own emotional life. This turbulent situation has come as an opportunity to build some valuable family rituals and say a big yes to frequently-postponed, intimate, valuable, authentic and loving human life.

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Family Relationships During COVID-19 Crisis - Experiences of a Mental Health Professional -

By Dr. Rupa Talukdar*



'Relationship' is a very useful and important concept. Otherwise, we cannot adjust to ourselves. Our present work particularly concentrates on human relationships with a particular reference to the family under the COVID-19 pandemic situation.

During our practicing session at Mind's Eye in Kolkata, India, my colleagues and I met many couples who could not take care of their relationship; a few of them came being restless in the relationship, someone with feelings of being tortured by his/her partners: physical hitting, abusive language throwing to partners at slightest discomfort, no satisfactory communication throughout the whole day, not acceptance of partners because of his/her excessive fat or obesity, could not understand each other's common interest, childish attitude, excessive demanding mindset, mismatch in sexual intimacy or the way of having sexual pleasure or hurry to execute sexual relationship, etc. Moreover, the mental health of the children of the couples, especially those who were fighting a lot all day was in miserable condition, more so under the COVID-19 Pandemic situation.

These are related to the mental health of each partner in the relationship; therefore we need to consider the mental health issues of partners also if someone in the relationship is neurotic or has excessive anxiety issues, or some sort of depression is there, or is a pathetic flooding type or has a high expectation of a luxurious lifestyle. These need to be taken care of if partners like to be in a relationship for a long period of life. Before dealing with problem zones we like to discuss the essential sides of a relationship, which is very important to know for the partners being in a relationship out of good feelings for each other at the beginning of it. Life has become more complicated as we grow further, but human values and ethics we cannot change as they are the fundamental causes of our living and being together with each other.

A thorough idea of a relationship might bring transparency in the mind of people liking to join a communication for various reasons: the person who is best in negotiation would be in a good relationship forever. To understand negotiation we need to understand communication which we actually need to understand others as well as to make clear views of mine: this is true in every aspect of life and each of us needs to learn it either by following others' communication, the pur-

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pose of communication, the need for communication, goals of communication and also the result of a particular communication to understand whether it would fulfil or not the goals or targets. Each communication will be successful if it can serve the purpose without hurting individuals on a personal level or spoiling the environment around. So every communication is purposeful: maybe somewhere it brings fun, or love, or helps to build a certain skill, or may start a certain activity, can help someone to express properly and many more in innumerable ways.

In this COVID-19 pandemic situation, I met people who had serious trouble in family relationships: reasons were different but very important to get it either solved or understood mutually. Mobile phones were ringing at random, either for relieving them from the boredom of life or bringing happiness to their life: who were they? They were some adolescent girls and boys living in different parts of West Bengal, including Kolkata, and some of them were from the northeast region of India: mostly they could not bear the turmoil in their daily life in this COVID-19 pandemic situation. Mostly they were confined home, being online for studies or different activities, facing home aggression with their parents and siblings for sharing available space and gadgets.

Some of their questions were as follows:

- How could I get my own space being all the time in a room sharing space with others?
- How could I ask others to speak in a low voice when my online school was running as both of my parents were working while being at home?
- How could I sleep well at night?
- How could I stay as before with my father who had been suffering from COVID -19?
- When would I mix up with others like the days before as I developed some sorts of tendencies that kept me confined in a room only because of fear of contamination from the unwanted virus?
- Please, Mam! Stop my parents from quarrelling all the time nowadays?

The marital relationship was also at bay mostly because of the pandemic pressure: job termination, salary cut, loss of work-life balance, and the new way of life adjustment bringing pressure in pre-exit marital turmoil relationship.

Some of their complaints to us were:

- Hopelessness and acute depression because of termination of job: could not regulate their usual emotions.
- New normal life patterns could not offer any private space at the individual level.
- No communication mode: as finding nothing interesting at the moment.

- Staying conscious and free of COVID-19 contamination brought a huge workload in both the areas of homemaking and work.
- A huge STOP in every aspect of life and growth turned life dull, especially for those who were getting ready to achieve their pet project/ambitions/further study overseas/ career height etc.

These are some points making life unbearable or on the verge of a breakup of the relationship. Some good practices and regularity of it can make life a little bit better; if life has become better, a tendency will be established automatically, and the urge will be generated in the mind to make the life better for the whole life as habits always are made up of discipline and regularity of practices.

Some good practices are:

- Encourage board games, family discussions and disseminate recent positive information of the world and own country;
- Practice some good habits to regularize emotion: reading a book of own choice, not being online for virtual reading, some fun practicing humour and body movement with sweet memories travel may keep individuals calm and quiet;
- Meet friends, relatives, and other dear ones online by video call to have small talk and feel togetherness or being physical with them as per conveniences; stretch helping hands in a comfortable way as possible,
- Enjoy family life-giving emotional comfort as per the demand of members staying within the limit;
- Involve each member in family communication;
- Keep separate time for children, adolescents, and senior citizens in the family;
- Love doing the movement to invite body flexibility, exploring surroundings, making sounds out of joy, happy conversation, or any other positive emotion;
- Helping toddlers or children to communicate as they love communicating and are great talkers;
- Love to be secured and comfortable; communicate with other members of family and friends or acquaintances with the purpose of helping them to know more or better, as this also provides a scope to enjoy the company of others in an unusual way, which we all could not imagine in our wildest dreams;
- Have storytelling session using drawing, colour, and craft-making with the junior and senior groups;
- Take part in activities that will enhance self-confidence;
- Help close one to activate all their senses in the form of different games or others;

- Use predictable routine to follow: at this position let the adolescents inform what to do in the entire day;
- Help your son or daughters in group sharing program online in a predictable manner;
- Discussion with son /daughter on how to address UNCERTAINTY;
- Stay self-motivated and help others to be so;
- Coming out of a feeling of disconnection/isolation etc.

As cooperativeness with positive aggression changes a person to become an assertive one, be happy and let your people be happy with your assertive gesture. At this phase, the whole nation wants people with an assertive attitude who can survive and help others to survive in a win-win situation. The relationship will grow and glow positively forever.

The Pandemic's Impact on Children's Mental Health

By Abhishek Ghosh*



Due to COVID-19, it has been observed that mental health is one of the major concerns that many people suffered during the course of the lockdown period. Many people had to spend sleepless nights due to the worry of their uncertain future, sufferings of their near and dear ones, being completely confined into their homes and unable to socially mix with other people etc. Though elderly persons could express or share their feelings with others regarding their mental health conditions, the sections in our society who became the victims of this silently spreading deteriorating mental health conditions are the children. Their life has experienced an enormous change in the course of this pandemic as they couldn't attend schools, meet with friends and express their feelings to them, couldn't play over the green grass and beneath the blue skies, which posed a great barrier in the mental development of the children and stagnated their creative thinking and ideas.

In many instances, we can see how children became the victims of mental and physical abuse from their near and dear ones whom they have trusted, as a consequence of the lockdown. In many families, the parents of the children have lost their jobs, which resulted in conflict between them due to the economic crisis. As a result, many parents filed for divorce or separated from each other. The witnesses to all these incidents are the children within that family, who faced a

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traumatic situation and had to go through critical mental health conditions. They also don't have anyone close with whom they can share the incident, as schools are closed and they cannot mingle with their friends. As a consequence, many children also attempted suicide as being unable to bear the separation of their family and a feeling of loneliness is haunting them day and night.

In this tough situation, as education has stalled in many places due to the closure of schools, many countries have opted for virtual classes, where students attend the classes digitally. But in countries less economically developed, it could be seen that a huge percentage of children do not have their smartphones and internet connectivity within their locality, couldn't enjoy online classes and unfortunately remained deprived of education. This deprivation from learning has put those children five years behind their peers, as compared to the progress that they have achieved through the years before COVID. Remaining out of learning and formal educational structure has also stalled their mental growth and creative thinking, whose impact could be observed for several more years to come. The closure of schools for more than a year and putting these children out of the formal educational system has pushed them into more vulnerable situations in their life. They became victims of child labour, human trafficking and sexual exploitation, mental and physical abuse, child marriage etc.; which put these children into more traumatic situations.

Children are the pillar of our society and the future of our country, therefore it is the duty of all the stakeholders of the society to ensure their rights for the wellbeing of their mental health, or else our own future will be at stake. The volunteer organizations and NGOs who are working for the rights of the children must also look into their wellbeing to improve their mental health condition, especially now in post-COVID. They should visit the areas or communities to provide them with informal education while maintaining all the COVID safety protocols. Due to the long closure of schools, many children are reluctant to join the school post-COVID and lost interest in their studies. Therefore, these children must be identified after the schools reopen and it is the sole responsibility of the teachers, social workers etc. to provide them with counselling support and bring them again under the light of the formal education system, otherwise those children will get lost into the den of illiteracy.

In this post-COVID period, when vaccination rollout has started in almost all countries over the world and slowly everything is in the unlocking phase, psychologists play an important role as they need to provide counselling support to children to help bring them back into the mainstream of the society. Many children couldn't bear the mental trauma that they have undergone during the peak of COVID times and are afraid to again mingle with society. They also have the fear of getting infected with COVID, which in turn has confined them into their rooms.

This will have a negative impact on their lives when the situation will get normal at some point of time in the future. These children will totally lose their self-confidence and also it will affect their personality development. Thus, it is high time now for the counsellors, social workers and teachers to rip out this fear of COVID from inside their minds and provide them with frequent counselling support, help them get rid of the traumatic situations that they underwent during lockdown by watching and getting all the negative news, family conflict and separation of parents.

As we have seen in many news articles, due to the economic downturn many people have lost their jobs or their business closed or is running at a huge loss. This economic crisis indirectly has affected children and their wellbeing. Many families had to cut their expenses on food consumption, which as a result deprived the children of getting nutritional foods. This in turn will impact their normal growth, as this will put thousands and thousands of children into malnourishment, will increase infant mortality rate and will also affect the pregnant and lactating mothers. In some developing and economically backward countries children are not getting food through government schemes, benefits which they used to get during the pre-COVID times. This undernourishment also hampers the normal mental development of children. Hence, it is urgently required to provide humanitarian assistance and also provide relief support by volunteer organizations and the governments of these countries to identify such vulnerable areas and support those children.

Therefore, it must be kept in mind that children are the pillars of our society and also our future. It is our responsibility to provide them with a safe and secure environment for their growth and mental development. To achieve this, it is not the responsibility of one person but all the stakeholders of our society to join hands together to make the world more child-friendly so that more innovative and creative ideas can be generated from the minds of children, and our future can become more sustainable and environmentally friendly.

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Psychological and Mental Wellbeing of Children During COVID-19

By Areni Tungoe*



In the current lockdown and restrictions of movements, children have constrained access to socialization, play, church activities, and even physical contact, among others. While children attend online classes, they spend most of their time in front of the TV and internet, which leads to internet addiction because the excessive use of smartphones creates anxiety and dependency on gadgets, which could lead to anxiety and depression.

These prevent children from accessing learning, teaching, and improving, and limit their interactions with friends and close ones. Quarantine and its resulting isolation can exacerbate pre-existing mental conditions like depression, loneliness, fear, anxiety, change in appetite, and thoughts of death. Children are not indifferent to the significant psychological impact of the COVID-19 pandemic. The current outbreak has a profound impact not only on the health and economic situation but also on the psychological wellbeing of societies across nations. The effect has been felt differently among different population groups, one group being the children. This brings with it feelings like anxiety, stress, health challenges, uncertainty, and these could be more felt strongly by children of all ages.

Though children deal with emotions in different ways, children faced with school closures, cancelled events, or separating from friends or activities will need to feel loved and supported now more than ever as children are no more into outdoor games, activities, and being with friends. A sudden change of atmosphere could lead a child into different thoughts and fear. They experience concerns, uncertainties, substantial change to the routines, physical and social isolation, leading to frustration and anxiety and can worsen with over-exposure to mass and social media. Most children become addicted to social media affecting their health and mental wellbeing. Movement restrictions limit social activities and lead to anxiety. Children are forced to spend much more time at home with adults and caregivers who are already stressed and worried about their issues and the current situation. It is natural for children to feel stress, anxiety, grief, and fear during the ongoing pandemic.

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COVID-19 fear and anxiety about their health and the health of loved ones can be overwhelming and cause strong emotions. Children who are most vulnerable face more challenges and may need more care and attention. Some of these children do not have a robust support system and emotional references, leading to psychological distress.

The fear of COVID-19 may increase their sense of insecurity, and this can include types of fears that are very similar to those experienced by adults, such as fear of death or fear of going through health challenges and mental health conditions getting worse if the caretaker didn't address promptly. Children being particularly vulnerable, Childline has seen a spike in calls by 50% since the lockdown including people calling in for information on the pandemic. Children suffering from depression and anxiety disorders may feel overwhelmed with news of death and disease all around them. Some children may start showing typical aggressive behaviours among children, and adolescents may feel disappointed for missing outdoor activities, school plays, church activities, hanging out with friends, sports activities in the playground not visiting their grandparents, aunts, friends, and cousins, which can worsen a child mental and psychological health.

How to Recognize a Child in Distress

It is crucial to understand how children behave. Some children are expressive, while others are not; some can voice out what they are going or happening through. Some children may also face serious mental health issues or health challenges due to the ongoing pandemic. Because of sudden changes of schedule and activities as decreased indoor games and reduced engaging, playful activities may lead to show-up signs.

They may exhibit the following characteristics:

- Being withdrawn or aggressive in behaviour.
- Being lazy.
- Complaining of pain in stomach or headache without physical reason.
- Having fears, being afraid to be left alone.
- Being sad, crying more than usual.
- Decrease in appetite, other changes in food habits.
- Sleep disturbances.
- Anxiety, worry which can't be expressed.
- Not be able to control emotions.
- Aggressive or stubborn behaviour.
- Being alone, not interacting with any of the family members.
- Often repeating the same mistakes.
- Raising a strong voice.

Understanding Emotional Needs of Children

Some children might react with behavioural changes, difficulties with self-regulation, intense emotional response, or an inability to carry on a simple task or complete schoolwork. For this reason, caregivers must find healthy ways to help the child cope with facing challenges with this new schedule. Children may express psychological distress like anxiety and sadness by acting out in different ways. Each child behaves differently according to their personality. Some may become silent, while others may express anger and hyperactivity. Caregivers thus need to be patient with children and understand their emotional needs.

- The caretaker must understand that all children's emotions are valid, and as caregivers, we need to understand them with empathy.
- Sometimes engaging in a creative interactive activity, such as playing and drawing can facilitate this process. Caretakers need to find ways to help children find positive ways to express disturbing feelings such as anger, fear, sadness, and loneliness.
- Most children show distress through drawing or while playing alone or with friends.
- It's good to avoid harsh and painful talk on the phone in front of the children as some children will feel more scared and insecure.
- If children witness violence at home or are the target of violence, it causes trauma and distress and may lead to disruptive behaviour.
- Parents and caregivers can avoid watching, reading, listening, or discussing too much news about COVID-19 and persuade children to divert their attention to other topics as well.

Psychological Support to Children

Making yourself available to children is very important as they want to express themselves and need someone to talk to. Children may need extra attention from the caregiver and want to share and talk about their concerns, fears, and questions they are going through. Making time for them will let them know they have someone who will listen to them. Tell them that you love them and give them plenty of affection.

- Educate young children and help them cope with the stress. Children need adults' help to make them understand what is going on. Explain to them clearly and patiently. Keep it simple and appropriate for each child's age.
- Encourage them to share and ask questions. Listen to the child's needs. Active listening is a skill by which we should reach and understand what other people are feeling and going through. Reassure that you are with them to help them feel safe. Provide the correct information through correct sources.
- Comfort them, sit with them
- Use parental control to monitor and limit the amount of time they spend on gadgets.

- Praise and encourage your child when he or she behaves well.
- Keep daily routines and schedules as much as possible to keep them active.
- Have a fun activity and make them feel that you are there for them.
- Engage a child into play therapy where caregivers and parents can lead children into expressive sessions, which maybe through drawing, role play, etc., as sometimes it is difficult for a child to express.

Children absorb much of what is going on around them, even when we think they are unaware. The little eyes, tiny ears, petite bodies, and tender souls that live in our homes are busy processing as best as they can. Listening and loving them helps a child.

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Effects of Online Classes on Mental and Physical Health of Children

A Study in West Siang (Aalo) District, Arunachal Pradesh, India

By Dr Angonjam Annu Devi*

Introduction

Online education has drastically changed the way students study and attending online classes from home have led to a string of mental and physical health problems for students. COVID-19 has caused destruction and devastation worldwide in ways nobody could predict. Life as we knew it changed. And this change became the new constant. Educational institutions took to online teaching. The start of this change felt rather very tempting for the students with not having to rush and get ready to reach the institutions and being in the comfort of their homes. However, this peace didn't last long. Online education has taken a huge toll on the mental and physical health of students and mental health problems in students have been on the rise since COVID-19. The COVID-19 pandemic has forced schools, colleges and educational institutions to shut down since March 2020.



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At an age when the primary fulfilling factor is interaction with classmates and enjoying school life, a school shutdown can wreak havoc in the daily life of students and cause a number of mental health issues even if they are not easily traceable. Students are missing out on the crucial balance between studies and play. The emotional effects of being physically distant from their friends, combined with the impact of losing out on playtime could potentially induce stress in students.

The pandemic-induced normal is causing students to break from their habits and expectation management is very important at this time. Another aspect they should manage is creating a balance between work and play which can help distress to a great extent. Pravat Kumar Jena (2020) found that it may lead to laziness with some students being at their home and may lack self-discipline. The atmosphere of a face-to-face meeting is lost and interpersonal relationships between students and teachers or between students may hamper. R. Radha et al (2020) found that the study reflects the impact of E-learning, students' interest in using E-learning resources, and their performance. According to a survey carried out by the Indian Psychiatry Society, there was a 20% rise in the number of cases of mental illness at the end of March 2020. Sukanya Nandy (2020) study found many children have become bored with online classes.

In certain schools, online classes are very monotonous. Hence, what these students are doing is switching off the camera and doing other activities. It's like a time pass for them. Not only mental health, but they are also facing some health problems like eye strain, headache and fatigue from looking at the screen for such a long time. Besides, sports education and extracurricular classes have also stopped. As most of the parents are working and the child is all alone in the house, there is no way the children can interact with anyone.

About the Study

Online learning presents a major risk to mental and physical health, otherwise known as functional health which results in a trend away from active leisure pursuits and recreational sports and leads children towards a sedentary lifestyle (Wang, Luo, Gao, & Kong, 2012). This greatly impacts a student's mental health and the lack of social interaction in online learning leads to feelings of loneliness, lack of motivation, and isolation. Even adults feel the empty void when they don't get to see their friends and need social interaction in their formative years. A number of students from class 4 to 12 studying in various schools of the state capital experienced various health problems due to prolonged online classes during the pandemic, reveals a survey. These health issues included eyesight problems, backache, headache, fatigue and insomnia.

The objective of the study was to find out the effects of online classes on the mental and physical health of children of Aalo, West Siang District, Arunachal Pradesh (India).

The study was delimited to five private elementary schools students from class 6th to 7th standard 50 each of Aalo. A descriptive survey method was used, and data were collected through a simple random technique whereas questionnaires, interviews and observation methods were used as tools. Five (5) private elementary schools from Aalo, (50 each of classes 6 and 7) were used as samples. Data were analyzed through a simple percentage method, bar charts and pie diagrams.

Findings and Discussions

TABLE 1: Mental Health

Category	High (%)	Average (%)	Poor (%)
Lack of Interest	32	63	5
Stress and Anxiety	10	36	54
Zoom Fatigue	10	26	64

Table no. 1 showed 32% of students had a high lack of interest whereas 63% of students average and 5% of students poor. 10% of students had high stress and anxiety whereas 36% average and 54% poor stress and anxiety. 10% of students have high zoom fatigue whereas 26% average and 64% have poor zoom fatigue.

TABLE 2: Physical Health

Category	High (%)	Average (%)	Poor (%)
Eyesight Problems	9.5	9.5	81
Lack of Classroom Ethics	10	71	19
Lack of Physical Activities	25	35	40
Lack of Vitamin D	22	30	48

Table no. 2 showed 9.5% of students had high eyesight problems whereas 9.5% average and 81% had poor eyesight problem. 10% of students had high lack of classroom ethics whereas 71% average and 19% poor lack of classroom ethics. 25% of students have a high lack of physical activities whereas 35% average and 40% poor lack of physical activities. 22% of students have a high lack of vitamin D whereas 30% average and 48% poor lack of vitamin D.

Suggestions

- All should follow the new guidelines released by UNICEF and partners to keep kids safe during online classes.
- Schools should monitor the good online behaviours of children while conducting online classes.
- Parents should ensure that children's devices have the latest software updates and antivirus programs. They should work with children to establish rules for how, when, and where the internet can be used. They should also speak to their children on how and with whom they are communicating online.
- Social networking platforms should enhance online platforms with more safety measures, especially while using virtual learning tools.
- Government should take necessary steps to train all stakeholders of education on online learning platforms to tackle such a crisis of lockdown during any pandemic.
- Government should create awareness on online education with safety measures for children and take measures to create awareness on cyber security.
- Parents can support their children by actively listening, creating new routines that create a feeling of predictability in an uncertain world and nurturing self-esteem and self-care by playing, talking and eating with them.
- Online learning is not affordable for all, including the poor and disadvantaged groups of society. So necessary steps should be taken by government/educational institutions to minimize this gap between privileged and unprivileged learners.
- Learners and educators must be familiar with web-based interactions such as email, discussion boards and chat rooms before joining online classes.
- Parents and teachers must advise the children for physical and health development to eat well, get plenty of sleep, exercise regularly and stay connected with friends and family.
- Children talk to family if they feel any mood swings, sudden sleep changes etc.
- Children are creative and spend time on productive tasks, get involved in household work and connect with their parents.
- Limit screen time, select offline and no screen activities and be aware of online bullying and be safe.
- Allow the child to express his/her thoughts and emotions. Be an empathetic listener.
- As a parent, spend quality time with children and assure them of your support and assistance.

- As a teacher, encourage them to read and collect information about common mental health issues in their age and talk openly about these issues.
- Create mental health first aid services for children in school and community.
- Be part of any support network for people dealing with mental illness and their caregivers for their children.
- Parents should thus regularly talk to their children about what is happening around them, why it is happening and the repercussions of those facts.

Conclusion

In conclusion, we can say that online education initially started as a great advantage but took a drastic turn and didn't work so much in the same spirit. With the increased screen time, eyesight issues, headaches, and strain have increased a great deal. Not only that, children have also been exposed to stress and anxiety from an early age and parents only add to the pressure. Physical well-being has gone for a complete toss. It is important for children to keep in mind all these aspects to prevent any future harm that might turn into lifelong problems.

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Mental Health and Child Rights

By Ishanjali Barla*

The pandemic has affected mental health on a much larger level than it was anticipated. So, what is mental health? Mental health refers to cognitive, behavioural, and emotional well-being. It is all about how people think, feel, and behave. Anything that affects this equilibrium causes depression, which is the cause of disability worldwide and is a major contributor to the overall global burden of disease. Statistics say approximately 280 million people in the world have depression, specifically daily SARS-CoV-2 infection rates and reductions in human mobility were associated with the increased prevalence of the major depressive disorder.

According to the World Health Organization (WHO), 5,510,174 people have died of COVID and its variants[1]. According to THE LANCET “Globally, from March 1, 2020, to April 30, 2021, 1,134,000 children (95% credible interval 884 000–1,185,000) experienced the death of primary caregivers, including at least one parent or custodial grandparent. 1,562,000 children (1,299 000–1,683 000) experienced the death of at least one primary or secondary caregiver. The number of children orphaned exceeded the number of deaths among those aged 15–50 years. Between two and five times more children had deceased fathers than deceased mothers.”[2] Statistics states younger age groups were more affected than older age groups and one of the top causes of death of younger age groups, this pandemic, has been suicide.

The pandemic has affected every level of society and every industrial area, from the economy to education to family life. In past years we witnessed and still are witnessing the decline of the employment sector (financial security) and an increase in the poverty rate[3].

During the 2nd wave, the world health system collapsed at the medical emergency, we ran short of space in crematoriums and cemeteries. People couldn't even mourn the dead. This comes with grief and grief takes its toll, and grows with time if not healed.

The mental health care system is profound and plays a crucial role in the growth of the country. It is still underinvested or poorly executed in countries or is only available to privileged classes of society. There have been political and awareness challenges, people still don't believe or aren't educated enough on mental health problems in some parts of the world.

If we talk about the world, we should consider what children have been through this pandemic. When I asked two-child rights activists what is it like for children to be in quarantine for more than a year, Chelsea, 18, a child rights activist from the Philippines, said:

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[1] At the time when this article was written

[2] [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(21\)01253-8/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(21)01253-8/fulltext)

[3] <https://www.who.int/news/item/08-10-2021-who-report-highlights-global-shortfall-in-investment-in-mental-health>

“In my perspective, the children of the Philippines start to feel like this pandemic has become a burden. Having the pandemic arrive so unexpectedly changed the lives of many. Education has been one of the major aspects that have been affected because of quarantine. Everything is online. The study has been very limited because only those who have access to the internet and only those who have the materials (laptop, cell phone, etc) are the ones who are able to have a full-packaged type of education. Aside from that, another issue too is that there are a couple of children who get pregnant at such a young age. Overall, I think that because of the pandemic, the knowledge and education of a child have started to become limited. In the Philippines, one of the problems left unseen by the adults is that there are so many children starting to have a family at such a young age. Another one would be the idea that there are still a couple of adults who refuse to see that children struggle too during online class- making them put too much pressure and high expectations on children and there are some cases in the Philippines wherein the child feels so stressed out and becomes depressed so they choose to commit suicide. It has also affected child rights, majorly the right to education, right to be healthy, right to identity, right to be protected and so much more. Right to education has been a struggle because just like what I said only those who have the financial capability have access to quality education.”

Also, Maheen, 12, a child rights activist from Australia, said: *“It definitely took a toll on our health in almost every way (mentally, physically) since we're kids, we enjoy playing and having freedom”*. She also stated a positive point of view towards pandemic *“..but I think that it was also good for us children as we were relaxed and it helped our minds relax and spend time without family. I think children's mental health and the way children could still play as play is such an important part of growing up as a child even in a pandemic.”*

Children are a part of functional society more than we acknowledge, they have a big bag of “future and hopes” they are carrying through this time of crisis. Their right to survival and development are struggling to meet the ends. They would have a lot of memories of today to recover from in future, hence we, the institutions, government, organizations and individuals need to start allocating an ample number of resources for mental care facilities. The vast majority of the population around the world is suffering from depression and mental health issues but still seems to be far behind in terms of identifying and addressing the issues related to it.

During the pandemic, the world has seen notable changes and movements coming forward. Climate action is one of the most outrageous and significant movements. Where climate activists frequently talk about how we would not have a future, how the children wouldn't have a future if we won't act now to save the planet. Just like it is a climate emergency for the planet, how we deal with these movements depends on our state of mind and the only proof of us being civilized enough is if we are capable to think in a way that would cooperate in saving the world little by little, which depends on our mental well-being.

Voice of Youth: The Weight of Uncertainty

By Zosha Khan*



By the beginning of 2020, every nation worldwide was dealing with high COVID cases with no cure and solutions in sight. The hospitals were full of new patients, but they were short on staff, death mortality due to COVID was increasing but the number of places to give them a resting place was decreasing. Seeing no solution and the increasing of cases, every nation declared lockdown[1]. Now, the streets were empty, people were inside their houses waiting for a solution, a vaccine to free them from being stuck in their houses, to meet their loved ones again, to hug their friends freely on the streets, to talk to each other without a mask shielding their warm emotions from passing. But despite the silence outside, there was one thing which was really loud, like the thundering lightning in the sky on a rainy day- Our thoughts, the world inside our heads.

As a child, being at home in the beginning felt like a good thing because schools were closed, exams were cancelled and we got to spend time with our family! No rushing to school, waking up early, nor was the fear of homework, but...then, when it was all calm outside, new chaos began in my mind. How? Easy, just pick a day, rewind it and think about all the embarrassing things that happened that day. It began with that and then led to several other questions like, why are things not getting normal? Will I see my friends again? Would they like me? Will schools reopen again? Would there be a gathering this Christmas?

The questions were so many and the answer to them, just one - uncertain. It was uncertain, unclear whether or not things would be normal, but at this point, I was myself questioning, what is normal? What would it feel like going out again? The happiness that came at the beginning for a life full of comforts due to lockdown was now crumbling to pieces and all that was left behind was a feeling so hopeless, full of “what if”s and sadness. Watching the news on TV left me disappointed a lot of the time seeing there was no progress in a vaccine but only extended lockdowns. Only more lock-ups and more precautions.

After some months, the good news came, but it didn't last long. Why? Because the world was opening again, restrictions were being eased, we could finally go out! But it was only for adults. Yes, just adults. Children? At home. Schools? No. Gardens? No. Meeting your friends? No.

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[1] <https://www.euro.who.int/en/health-topics/health-emergencies/coronavirus-covid-19/novel-coronavirus-2019-ncov>

It was a big NO for us, for children. Our education stopped and when resumed there was a much bigger digital divide, much fewer children getting an education, much more children uncertain about their educational abilities and more children with increased problems of anxiety and depression.

According to early findings from an international survey of children and adults in 21 countries conducted by UNICEF and Gallup – which is previewed in *The State of the World's Children 2021* – a median of 1 in 5 young people aged 15–24 surveyed said they often feel depressed or have little interest in doing things. Not only this but another survey conducted by UNICEF, indicated that globally, 1 in 7 children have been directly affected by lockdown[2].

While the world was calm due to stranded streets, our rights were violated and shattered with a deafening voice. Our mental health was ignored as a "normal phase" and our silence on a matter was perceived as ignorance toward the chaos in the world. Our emotions and opinions were cast aside like a never to be read book and our questions became pointless because we were considered to be clueless. In this whole process, children were locked out and our voices suppressed. Was it too much to ask for our loved ones to understand us? Was it much of a sacrifice in exchange for a few wise words? By asking to be heard, did we ask for too much? There was too much to say, too much to express, too much to ask yet, no words left our sealed mouths.

Mental health stigma was always prevalent in society and, therefore, people were hesitant to express themselves even during the lockdown when the problem worsened and the number of people suffering from mental health problems doubled. Due to lockdown, therapies and visits to counsellors stopped. The disconnection from the world only increased and drifting away from reality became a habit among many because the harsh reality was much harder to grasp and perceive. Every day became just a day, there seemed to be no end to this, no end to the suffering and no end to the pain and disappointment. The days went in a daze feeling like nothing was going to change and it seemed hopeless to even think about tomorrow. What would tomorrow after hopeless months look like?

Seeing that many people lost their jobs due to lockdown, their loved ones to COVID and a lot of them going through days without having a proper meal and warm clothes on their bodies, the world seemed a foreign place. "Time stops for none", we have all heard it before and while in lockdown everything halted in one place, time flew by and everything seemed the same. The motivation to wake up another day kept fading away and the mind got clouded with more thoughts. Nights became sleepless and days went by overthinking almost everything. Life of people became more mechanical as if feeling something would be just another burden to be carried. So we went to deny whatever emotions we felt thinking it best to bottle it up until one

[2] <https://www.unicef.org/press-releases/impact-covid-19-poor-mental-health-children-and-young-people-tip-iceberg>

day it burst out like a volcano destroying everything around us. And while the world was battling COVID-19, people at home were fighting with their own thoughts, trying to live ignoring their emotions by keeping themselves organised. Talking about mental health was avoided among friends and reaching out for professional help seemed absurd. Parents were occupied with their work from home and children with their online lectures and the emotions bottled up. The ignorance towards mental health was normal even before the lockdown but during the lockdown, it got buried deep within everyone. Rarely does anyone talk about it with friends on a serious note.

A healthy body and a healthy mind are required for the proper development of an individual. The way physical well-being is considered, mental well-being is also of great importance. One must seek professional help and should mobilize their support from friends and family members to break the mental health stigma. COVID-19 has undoubtedly increased mental health issues, but it also led to an increased emphasis and focus on the importance of mental well-being. It not only was full of chaos but also an opportunity to create something beautiful and that is self-love, self-respect and to express ourselves more freely to our loved ones without the fear of being judged.



Role of the Psychological Immune System in Handling COVID-19

By Dr. Kumud Srivastava *



The COVID-19 pandemic may have brought many changes to how you live your life, and with it, at times, uncertainty, altered daily routines, financial pressures and social isolation.

As all efforts are focused on understanding the epidemiology, clinical features, transmission patterns, and management of the COVID-19 outbreak, there has been very little concern expressed over the effects on one's mental health and on strategies to prevent stigmatization.

People's behaviour may greatly affect the pandemic's dynamic by altering the severity, transmission, disease flow, and repercussions. A pandemic is not just a medical phenomenon; it affects individuals and society and causes disruption, anxiety, stress, stigma, and xenophobia. The behaviour of an individual as a unit of society or a community has marked effects on the dynamics of a pandemic that involves the level of severity, degree of flow, and aftereffects.

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You may worry about getting sick, how long the pandemic will last, whether your job will be affected and what the future will bring. Information overload, rumours and misinformation can make your life feel out of control and make it unclear what to do.

During the COVID-19 pandemic, you may experience stress, anxiety, fear, sadness and loneliness. And mental health disorders, including anxiety and depression, can worsen. Surveys show a major increase in the number of people (all over the world) who report symptoms of fear, undefined insecurity, tension, stress, anxiety, depression, insomnia, with a drawl, emotional weaknesses etc. during the pandemic, compared with surveys before the pandemic.

The psychological state of an individual that contributes toward community health varies from person to person and depends on his background and professional and social standings. Even our kids experienced anxiety, distress, social isolation, and an abusive environment that had short- or long-term effects on their mental health.

Understanding the effects of the COVID-19 outbreak on the mental health of various populations are as important as understanding its clinical features, transmission patterns, and management.

Many people have mental health concerns, such as symptoms of anxiety and depression during this time period. Despite their best efforts, they find themselves helpless, sad, angry, irritable, hopeless, anxious or afraid. People are facing trouble in concentrating on typical tasks, changes in appetite, body aches and pains, or difficulty sleeping, or you may struggle to face routine chores. When these types of signs and symptoms last for several days in a row, make you miserable and cause problems in your daily life so that you find it hard to carry out normal responsibilities, it's time to ask for help, not only for the solutions but also for to develop a strong biological and psychological immune system of self-care.

An optimally functioning immune system may be associated with better outcomes with regards to preventing infection and complications of COVID-19, as well as developing a better immune response to other pathogenic viruses and microorganisms.

Immunity is any kind of subtle in our body that provides the power to fight organisms and diseases. Food intake increases this capacity and diet, exercise, age, mental health, lifestyle causes have an effect on immunity. In the present time, most people are not only conscious about physical health but also pay attention to its protection and enhancement. Of course, this is absolutely necessary, and this awareness also helps in staying healthy. The body's immunity system (BIS) helps in preventing diseases as well as fighting against diseases.

However, complete holistic health is possible only when a person is having good physical and mental health. For this, it is important to understand and adopt the psychological immune system (PIS). "Psychological immune system is defined as 'integrated system' of cognitive, motivational and behavioural aspects".

'Psychological immunity' is a new concept about how the psychological immune system (PIS) protects the body against damage, stress and extremely negative emotions, the same way the biological immune system protects the body from harmful substances like microbes and toxins. The psychological immune system protects the body from the toxins generated from constant worry, nervous tension and anxiety.

Oláh (1996, 2009) provided this concept, grounded in positive psychology, with the aim to incorporate the above potentials into an integrated system. He defined the Psychological Immune System 'as a multidimensional but integrated unit of personal resilience resources or adaptive capacities that provide immunity against damage and stress' (Oláh, 2009, p. 1). These resources – such as Positive Thinking, Sense of Coherence, Sense of Self-Growth, Synchronicity, Impulse, Emotional control, Irritability control, among others – provide the ability for the individual to tolerate stress and cope with it effectively. These potentials help the individual to cope in a way that does not harm the personality in any way, rather enrich its effectiveness and developmental capacity due to the active and constructive engagement in the stressful situation (Oláh, 2005).

A number of these potentials of the personality, comprised in the PIS, have already been researched in the field of sports psychology, including in relation to high performance or subjective well-being. Incorporating these resources under one theoretical umbrella provides the opportunity to study their effects – which may be simultaneous or combined – on the two most important outcomes of the athletic experience: high performance and high satisfaction.

43% of all adults suffer adverse health effects from stress. Stress is defined as any situation which tends to disturb the equilibrium between a living organism and its environment. The body reacts to stress with physical, mental, and emotional responses. We face many daily stressful situations such as work pressure, the stress of examinations, the death of a spouse or a family member, psychosocial stress, physical stresses due to trauma, surgery and various medical disorders. Our response to stress depends on our psychological immune system. Stress suppresses the immune system. Short term suppression of the immune system is not dangerous; however, chronic suppression leaves the body vulnerable to infection and disease. Chronic stress can reduce our immune system's ability to fight off antigens, the harmful invaders that can make us ill. Stress can affect own immune system by creating chronic inflammation that harms tissues and by suppressing immune cells needed to fight infection.

Nutrients needed by cells to maintain their individual health and function can be depleted to below optimum levels by chronic stress. Nutrients required to develop a psychological immune system include optimism, positive thinking and humour. Measures to increase psychological immunity includes close relationships with family and friends, a positive view of yourself and confidence in your strengths and abilities, the ability to manage strong feelings and impulses, good problem-solving and communication skills, seeing yourself as resilient (rather than as a

victim), coping with stress in healthy ways and avoiding harmful coping strategies, such as substance abuse. Social ties strengthen immunity because friends can encourage good health behaviours such as eating, sleeping and exercising well. Good friends also help to buffer the stress of negative events. Sleep, music and exercise help in relaxation and decreasing stress. Deep relaxation can strengthen the immune system. Music can boost your immune system as the levels of cortisol, the stress hormone, decreases significantly after listening to it.

Here are four ways to develop immunity to bear emotional pain:

1. Cultivate compassionate self-awareness. Compassionate self-awareness helps you better understand and process painful emotions and experiences.
2. Examine your beliefs about emotions.
3. Validate your emotions.
4. Cultivate healthy habits.

Interpersonal Relationships and Immunity

There is good evidence that interpersonal relationships have health-related consequences. Some of the most persuasive evidence comes from prospective epidemiological studies that show greater morbidity and mortality in people with fewer close relationships (Cohen & Syme, 1985). Epidemiological and immunological data suggest that both the quality of relationships and their disruption are important (Bloom, Asher & White, 1978; Renne, 1971).

Similarly, bereavement has been associated with poorer immune function in cross-sectional and longitudinal studies. Bartrop, Luckhurst, Lazarus, Kiloh, and Penny (1977) showed that bereaved spouses had a poorer lymphocyte proliferative response to mitogen stimulation several weeks after their spouse's death than similar non-bereaved community subjects. Although the disruption of a relationship is stressful, the simple presence of a partner is not a panacea. Data from Renne (1971) and others suggest a relation between marital quality and health: unhappily married persons report poorer health than either divorced or happily married individuals of the same sex, age, and race. Using the data from the married women described earlier, poorer marital quality was significantly associated with greater distress and loneliness in hierarchical regression equations after entering subject's education, husband's socio-economic status (SES), and the number of negative life events (Kiecolt-Glaser, Fisher et al., 1987). Moreover, poorer marital quality was also associated with a poorer response on three qualitative immunological indexes.

Resilience

Psychologists define resilience as the process of adapting well in the face of adversity, trauma, tragedy, threats or significant sources of stress — such as family and relationship problems, serious health problems, or workplace and financial stressors.

As much as resilience involves "bouncing back" from these difficult experiences, it can also involve profound personal growth. Resilience has a close relationship with mental health. Resilience is the ability to cope with and rise to the inevitable challenges, problems and setbacks you meet during your life and come back stronger from them. Resilience is the capacity of individuals to respond positively even after having experienced situations of stress, such as trauma, diseases and other adversities, and also learn to come out of these events stronger than they were before.

Life may not come with a map, but everyone will experience twists and turns, from everyday challenges to traumatic events with more lasting impact, like the death of a loved one, a life-altering accident or a serious illness. Each change affects people differently, bringing a unique flood of thoughts, strong emotions and uncertainty. Developing resilience takes time intentionality. For this, focusing on four core components — connection, wellness, healthy thinking and meaning — can empower people to withstand and learn from difficult and traumatic experiences without disturbing mental health.

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Navigating the Traumatic Impact of COVID-19

By Aishvarya Parameswar Iyer*



My first interface with COVID-19 was when I came across a news article describing a strange virus spreading like wildfire in the markets of China. While I was intrigued by this new disease and flabbergasted by its rapid spread, it remained a thought brushed away in the mind of a fourteen-year-old juggling to make time for her multi-faceted interests without compromising on her education. The virus came up

in conversations occasionally like any other global issue would and we expressed concern on the way it continued to spread steadily all across the world. However, throughout this time I never expected that within a few weeks, I would be among the rapidly increasing crowd stuck inside their homes, without a clue about how much the world would continue to change from that point onwards. When the lockdown was first implemented in our region, most of us felt bittersweet. Our final examinations had concluded less than a week prior, but instead of enjoying the session break soaking in the warmth of the spring breeze and frolicking with our friends, we were confined to remain within four walls, unable to go outside without a suffocating mask. Markets were shut down and public places closed until further notice. Video calls and online gaming sessions with our friends made us forget our problems for a short while, but they were never successful in repairing the holes left behind by the lack of social interaction.

In the beginning, it was entertaining to navigate through this unfamiliar experience thrust upon us. We would wake up and fall asleep at odd hours, spend entire days lounging around, catching up on books and TV shows we missed watching. But when the initial excitement of our newfound freedom faded away, all we were left with was a deep sense of boredom that seemed to consume our minds with each passing day. As weeks passed, the smiles on our faces dwindled and conversations dragged on till they became monotonous and encircled the very topics we wished to avoid. Our days began with thorough browsing of newspapers and articles as we updated ourselves with the latest changes and developments. Even as we went about our daily activities, our thoughts kept lingering on the horrifying descriptions of the declining state of health centres and overcrowded hospitals. Social media statuses and posts requesting financial aid, oxygen cylinders and other basic medical resources flooded our timelines and we could not help but fear as plight and suffering spread throughout the country.

Even though the fear of infection remained omnipresent, it was the uncertainty of the situation that left us with a deep sense of anxiety.

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While each one of us experienced the pandemic differently, our mental health was influenced by the way we felt suffocated with the confinement and disruption of our daily routines. When we felt overwhelmed, our egocentrism convinced us that other people could not possibly understand our experience so we reigned in our sentiments and pretended to be unemphatic. As we shrugged off our emotions, our minds continued to grow weary till we reached a point where amassing the energy and motivation to pretend ran out. People felt empty and lost in the chaos and began to wallow in the bleakness of the situation. Tensions began to run high between family members and people sharing living arrangements. Stuck encroaching each other's space with no sign of change or news to look forward to, arguments sprung up and they lashed out at each other to vent their frustration. Individuals living in abusive environments, queer people who were not out to their conservative households and others experiencing similar uncooperative situations were experiencing the short end of the stick and could only despair as their situation grew dire and there was nobody they could approach to seek help. Public morale continued to drop with people unable to accept the crisis and shifted to unhealthy coping mechanisms in order to feel better.

But even if the world seemed to grow darker, a light slowly sprung up at the end of the tunnel. Post-pandemic-peak, the situation stabilized, allowing schools and offices to reopen online. We were thrown back into routines with new deadlines and tasks to accomplish and no longer had time to spare and check our devices for updates. Though interacting with peers and supervisors through device screens could never replace their physical presence in our lives, it gave us an opportunity to resume conversation once again. As videos of people singing in chorus from their balconies, animals and birds frolicking in their natural habitats and signs of the ailing planet being restored emerged, we began appreciating the solidarity and resilience we continually displayed even in the face of such adversity. With hope and motivation returning back to people, they discovered the strength to carry on even as multiple waves and variants of the Coronavirus surfaced. The increasing influence of social media motivated countless people to pursue new hobbies and share their projects with the rest of the world. As people began creating art and using it as a form of self-expression, the world witnessed a surge of mind-blowing creativity and passion, comparable to the Renaissance in Italy.

Most importantly, people started to grasp the importance of mental health and the impact mental health issues have on our lives. Many of us began developing boundaries and rediscovered our identities. We grew and matured and our perspective of the world changed significantly. We became empathetic towards each other and began to appreciate and express gratitude for the privilege we had been blessed with, and the strength to make it through such adversity. The pandemic will always remain an unforgettable experience in our lives, that managed to completely transform the world we knew. Now, we can only hope to learn from our experience and try to heal and grow from the trauma that has been inflicted upon our lives.

Going Back to Living

By Archana Subhash*

As a psychologist, I am naturally tuned to observe people and their behavior. So when the news was doing the rounds that a killer virus named COVID has taken off from China and is heading to different parts of the world, I was amazed by the reactions around me. At that time I was visiting my sister in Chennai (India) and I saw her break into panic and hyperventilation at the mere mention of the word Coronavirus.



She would try to act normal, yet I could sense the unease about the fact that I had travelled from Kerala during such a time putting a lot of people at risk. Mind you, this was mid-March 2020 and the virus wasn't really in Chennai back then. I had to calm her down many times, but the instances of panic were frequent, and my attempts at reasoning with her were failing more often than succeeding. I knew that she would be happy when I leave so that she can shut her house and guard herself against this deadly virus.

My son had chosen to visit Sikkim in the same month. He was bombarded with calls and messages from the family in the US saying he should cancel his trip, go back home and stay safe. I remember the words "stay safe" had already become a mantra by then. One particular comment expressed by his aunt 'You are visiting a place that is close to China and really putting yourself at risk', made me wonder about the level of insecurity this virus was generating. On the way back from Chennai I recall feeling a little fearful. Having repeatedly heard the sentence "you should not have travelled", a sense of 'not okay-ness' took root within me. I vividly recall how alien and nasty this feeling was as I don't easily give in to fear.

I carried this feeling around for 3-4 days, and in the meantime read up about the virus. It didn't help me feel better and by the 5th day I made a few decisions:

1. I will not follow updates about this virus on TV channels in particular. The newscasters were spreading stories of such gloom and desperation and I didn't want to be a victim of the panic and insecurity being circulated.
2. I will take the necessary precautions but will not stop going outside my house completely.
3. I will do my best to soothe and calm down people who had clearly become disoriented with fear.

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Let me now share how these two years have panned out for me as a practicing psychologist. I will share instances from my actual experience.

Today enough reports have come out on the impact of social distancing on senior citizens. Many were impacted because their children imposed a ban on their outings. In August 2020 I received a call from an active member of our housing society saying he wanted a counselling session.

Prior to this, he would call me to refer a case. He is a social and active person and the last thing I expected was to spend an hour as his therapist. It turned out that his children had told him categorically that he must not step out at all. How was it possible for a person like him to live in isolation? He started gaining weight watching TV all day long. Soon he started feeling helpless and frustrated; frequently losing his cool at home and could not concentrate on anything for long. It got to a point where he realized that his mental state was not sound and he needed to talk to a therapist. I cannot repeat the entire conversation here, but let it suffice that I reminded him that he was a mature adult who could decide how he should live. We worked out many things together, including looking at his daily routine. Not before long, I saw him back on his scooter doing a round of the colony and being his normal self again. What I have shared might be the story of umpteen numbers of senior people. Isolation and loneliness, coupled with fear being injected into them from family, lead to a disturbed mental state.

The second point that I want to highlight is how life became all about survival for many. The biggest damage that fear-induced thinking did for many people was to make them lose perspective. When safety and security become the biggest reason for living then we diminish the intrinsic value of life. It's true that the nature of this virus is such that it could take one's life, but then which illness doesn't carry this risk? Information overload on the dangers of the virus has created an unhealthy mindset in large sections of the population. I believe that those people who just have the bare minimum and required information about it, are dealing with the situation much better than those who allow newspapers and news channels to supply them with 'facts'.

It is time we went back to living instead of surviving. As humans, we were well past survival when we stopped being hunter-gatherers, but the pandemic once again threw us into a survival mode. It was bound to cause mental unease among people. We are not programmed anymore for mere survival – we need to do things that make us feel alive – be it our morning and evening walks, our daily round-up with friends, our work, our interests etc. When people were forced to confine themselves at home, they began to question the meaning of life. No doubt some amount of restriction and care is paramount today but when people allow fear and thoughts of safety to rule their every decision then they are putting limitations on being human. To me, that has been the most significant reason for the rise in cases of depression and other psychological illnesses over the last two years.

While this pandemic caused large scale upheaval at the home, societal, work, national, and international fronts, it has not been without its merits. It brought families together, it gave people time to rest, to play, to do things at leisure and, most importantly, it allowed people to reflect on their lives. It gave the opportunity to those who had the necessary awareness in them to seek purpose in living. I believe that what it brought to the forefront was whatever each of us had accumulated as our learnings, our values, our motivations. If it brought out disturbances to the forefront perhaps it should be seen as a sign that the person needed to make shifts in their basic paradigm of living.

With the means available to us today, it is high time we live as we deserve to live – fearlessly, joyfully, taking life to the next level possible.

The Nemesis

By Soumya Bhattacharya



As the bleak hours retrieve,
mayhem engulfs the windswept land.

Like stranded wayfarers
helpless homo sapiens stand petrified,
marooned amidst the endless desert sand...

Mere puppets in the hands of nature,
as divine vengeance lays the key
in destiny's relentless hands...

As the death toll rises higher and higher...
there's no scope for mourning

over the near and dear one's funeral pyre...

Baffled and benumbed, we humans gape
at the retribution of nature,
with aghast and agape!

How we pay for fulminating the flora and fauna
with powerful dynamites, in our own selfish ways.

Now at the sacred altars of our hearts,
let us illumine the incessant cierge
to incinerate the conglomerated dirt.
And with a cleansed heart and folded palms,
let our tears draw His mercy and grace.

Avow brethren avow,
let us cry out to Him unanimously,
with our infinite tears of pure confess...

Thank You