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*Response and Resilience***



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Vulnerabilities and Challenges Faced by Service Providers in Maharashtra during Covid-19 Pandemic

(Project Supported by ICSSR New Delhi)

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Abstract

Epidemics are known to increase or produce new stressors like anxiety and self-worry or worrying for loved ones, limitations on physical movements and social activities due to confinement and lifestyle changes that are abrupt and extreme by nature. Elderly people who have medical issues such as Cancer or Cardiovascular illness, Diabetes, Chronic Respiratory disease are more likely to become ill. Regardless of their age, any person may become seriously ill or even face death due to COVID-19. There were two broad groups found during pandemic one was people who were taken treatment or services due to infection and had perception related to it however there were frontline workers who contributed a lot in for safety of people. present paper comprehends on concerns of service provider.

Objective: *To explore the vulnerability and challenges faced by the service provider its effect on their health.*

Methodology: *The exploratory research design was used for this study. Maharashtra State was the universe of the study.*

Regions of Maharashtra were divided into five parts: Kokan, Madhya Maharashtra, North Maharashtra, Marathawada, Vidarbha. These regions were the sampling frame of the study. Five cities viz., Nagpur, Aurangabad, Pune, Mumbai and Nasik were selected for this representation. Total sample was 210 service providers using probability sampling method through stratified random sampling.

Conclusion: *Among all service providers police were more vulnerable followed by nurses and doctors. District wise differences were found in vulnerability on the basis of population and availability of resources. During this pandemic period, they were confronted lot of challenges considering the severity and its effect on physical and mental health. They kept themselves away from their family to reduce spread. It was kind of battle for them.*

Key words: Challenges, Corona, Health, Service Providers, Vulnerability

Introduction:

The current pandemic of Covid-19 is not only the health problem faced by people worldwide but also the world's largest humanitarian issue since World War – II. It is an infectious disorder caused by Corona virus which was found very newly. Nobody had ever heard of this new virus or even about the illness caused by it prior to December 2019, when this disease out broke in Wuhan, China. However, it is affecting all the nations worldwide (WHO, 2020).

Epidemics are known to increase or produce new stressors like anxiety and self-worry or worrying for loved ones, limitations on physical movements and social activities due to confinement and lifestyle changes that are abrupt and extreme by nature. Fear of getting infected, bitterness, apathy, scanty resources, sparse information, monetary loss and shame were

all identified as various form of stress in a recent study of virus flare-up and widespread (Brooks, 2020). Lockdown and isolation have been identified as significant approaches for preventing the transmission of the disease. A tree-based model is examined, in which some persons are quarantined and a few are left unreported (hidden nodes) for different reasons such as not displaying symptoms, concealing travel history, and so on, and these hidden nodes propagate the disease across the community (Arti, 2020).

During the Covid-19 pandemic, burnout is a major professional problem for healthcare providers. The forefront people is under a lot of pressure and is dealing with a lot of mental and public stresses, which can damage their rational and expressive health and contribute to burnout symptoms (Sultana et.al., 2020). As the efforts for creating pharmacological therapies for Covid-19 are in progress, social and behavioural sciences are able to important understanding on ways to manage the pandemic and its repercussions. Warnings, sentiments, insight of risks, prejudice and discrimination, tragedy, and panic all have a role in decreasing virus transmission during pandemics. The extent and pace of behaviour change is influenced by a variety of social and cultural factors. People are influenced by norms, although their impressions are frequently incorrect. People, for example, may undervalue health-promoting behaviours (such as hand washing) while exaggerating unhealthy behaviours.

Present research paper highlighted on contribution of service provider in pandemic and how they were vulnerable found in Maharashtra.

Review:

Rezaul and Manna (2021) reviewed and assess the changing pattern of social relationships among the people of India and Bangladesh due to Covid-19. Study highlighted how pandemic resulted in various social dimensions or aspects like social interactions, loss of humanity, joblessness, alienation and rise of individualism, increase in mental stress, distortion of family relationship, rise of social stigma.

Adelina Comas-Herrera (2020) investigates the Covid-19 dilemma for social care services in England and discusses possible solutions. Covid-19 increases the risk of death and deterioration of physical and mental health in people who require social care. There was need to contribute and support to frontier to battle with pandemic as volunteer because shortage of manpower. The epidemic poses enormous dispute that will require well-coordinated responses from the federal, state, and local government, as well as the health-care and NGO's.

Grover (2020) a web-based cross-sectional survey, 623 police personnel were evaluated on Patient Health Questionnaire-4 (PHQ-4) and Perceived stress scale (PSS), and a self-designed questionnaire. suggests that a substantial proportion of the police personnel on Covid-19 duty during the lockdown period have significant anxiety, depressive symptoms, and perceive significant stress. There is an urgent need to evaluate the mental health issues and provide psychological support to the police personnel who are considered as faceless warriors of the Covid-19.

Gupta (2020) conducted an online cross-sectional survey. All type of Health Care Workers and ambulance drivers were respondents. The study enlisted participation of 150 healthcare staff from four institutions. The study found that health-care workers who are vital to the pandemic's combat are suffering from psychiatric illness. To control the impact of

the pandemic on HCWs, the Nepalese government should take proactive measures to care for their psychological well-being. These could be in the form of psychological assistance.

Bauza (2021) described level of awareness, perspectives and precautionary measures taken by rural Odisha residents and representative of Zilla Parishad too. According to research, the pandemic and subsequent lockdowns resulted in a slew of obstacles and hardships in daily living, particularly in the areas of job loss. The findings highlight the pandemic's vulnerability to marginalized communities and change in strategies to set their lives of vulnerable.

Dhavale et.al. (2020) conducted an exploratory study using a qualitative approach to examine patients', caregivers', and staff's perspectives of care. A total of nine families were chosen from among the 30 patients who received care during the lockdown period. Professional Social Worker provided support their patients to ventilate and express their feelings. Palliative care is critical, especially in disaster-related situations, when any sick individual and caretakers are at their most vulnerable. However, finding ways to provide direct home-based assistance to vulnerable person in family at this time is critical in order for them to feel happy and satisfied, positive hope, and gain actual support in order to have new way normal.

Meher et.al. (2020) investigated the influence of Covid-19 and lockdown on street vendors' livelihoods. Telephonic in-depth interviews with hawker who sell fresh products for a living were conducted: Pnademic had a comprehensive impact on street merchants, they were forcefully stop working and switch to selling daily goods within a specific point in time, which resulted in economic consequence. Some participants have spoken about how the government has aided them in the form of free rations. In addition to losing money, street sellers

had to deal with mental stress as a result of the limits imposed by the authorities. Participants mentioned their desire for direct financial assistance as well as protective equipment to practice their safety.

Research Methodology:

Objectives:

1. To study the relationship between the occupation and its effect on health of service provider and their family members.
2. To know the perception of service provider about the social factors responsible for spread and transmission of Corona Virus Disease (COVID-19).
3. To explore and compare the district wise vulnerability and challenges faced by the service providers in controlling the disease directly or indirectly.

The exploratory research design was used for this study. Through exploratory research design the researcher would like to find the needs of service providers. Maharashtra State was the universe of the study. Sampling frame was the regions of Maharashtra, divided into five parts: *Kokan, Madhya Maharashtra, North Maharashtra, Marathawada, Vidarbha*. Five cities were selected for this representation viz., *Vidarbha*

- Nagpur, *Marathwada*: Aurangabad, *Madhya Maharashtra* - Pune, *Kokan* : Mumbai, *Uttar Maharashtra*: Nasik

Sample selected by using probability sampling method. In probability sampling stratified random sampling was used. Thus, lists of service providers are collected from Municipal Corporation, Police Commissioner Office, and District Hospitals.

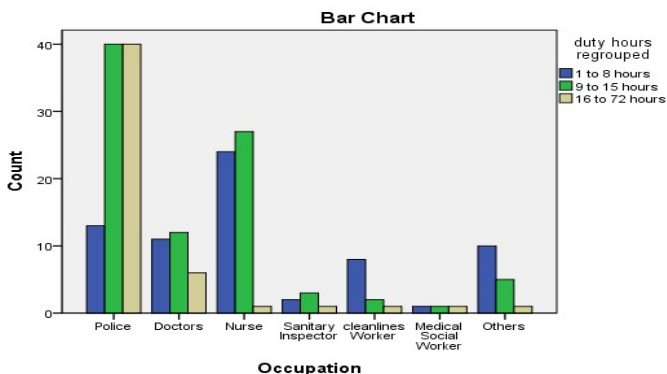
Sample in nutshell-

Service providers	A'bad	Mum	Nag	Nasik	Pune	Total
Police	12	30	16	15	20	93
Doctor	3	8	5	2	11	29
Nurse	2	15	10	5	20	52
Sanitary Inspector	1	1	2	1	1	6
Cleanliness workers	2	2	2	2	3	11
Medical Social Worker	0	0	1	1	1	3
Other	2	5	1	2	6	16
Total	22	61	37	28	62	210

Data was collected through self-structured interview schedule and analysed in SPSS by using cross tables, graphs, MANOVA, correlation factors etc.

Data Analysis:

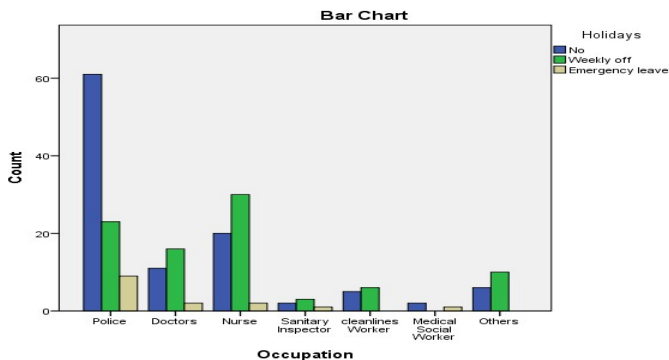
Occupation Wise Distribution of Respondents According to Their Nature of Job



$$\chi^2 = 50.35, df = 30, p = 0.001$$

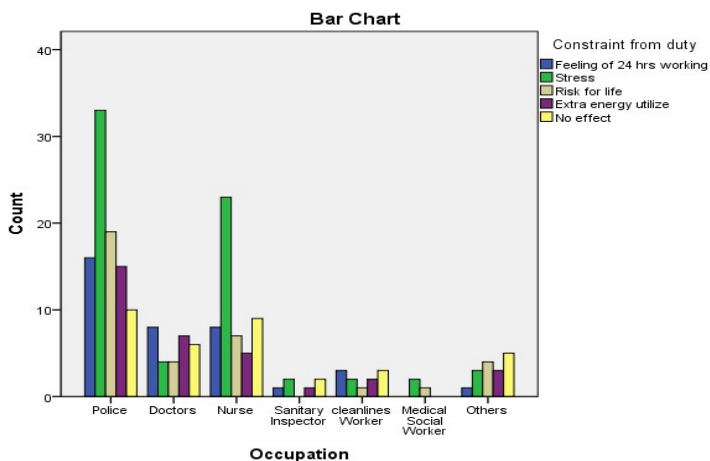
This graph highlighted duty hours with the occupation of service providers. Police personnel had longer duty hours compare to other service providers such as doctors and nurses

and it shows significant difference ($p=0.001$) in duty hours and occupation.



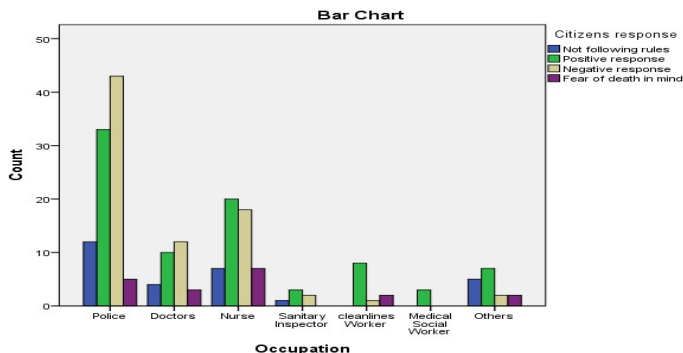
$$\chi^2=29.06, df=12, p= 0.04$$

This graph reveals holidays taken by the service providers during pandemic or lockdown period and it shows significant difference ($p= 0.004$). All service provider did not taken holidays during lockdown period however it was found maximum police personnel not taken leave as compared to other service provider.



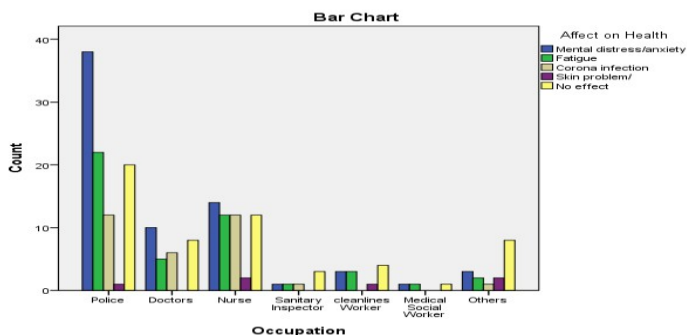
$$\chi^2=25.62, df=24, p= 0.373$$

This graph presents constraints faced by service providers. Similarity was found in constraints majority of them had stress during lockdown period, feeling of 24 hrs working, also had feeling of risk for life, some of them also reported no constraints from all service provider.



$$\chi^2=25.113, df=18, p= 0.122$$

Present graph highlighted citizens response in lockdown period. Negative response from citizen reported more by police and doctors. Nurses state that citizens were not following rules. Positive response of citizen also emphasized by cleanliness workers, medical social worker, sanitary inspector. Police doctors and nurses also identified fear of death in mind of citizens.



$$\chi^2=26.75, df=24, p= 0.330$$

Due to constantly working in lockdown period it effects on health of service providers. Lot of mental distress and fatigue was faced by police, doctors and nurses. They were also had corona infection. Some of them state that no effect on health and very few reported skin problems.

Table 1
Cross Tabulation of Opinion About Facilities They Received When Working in Frontline with Categories

Facilities received	Frequency	P	D	N	SI	CW	MSW	O	P value
Availability of Tools	More than enough	50	25	45	5	11	2	5	0.000
	Enough	11	1	7	0	0	1	5	
	Less	32	3	0	1	0	0	6	
Personal Security	Yes	70	25	51	6	11	3	13	0.007
	No	23	4	1	0	0	0	3	
Appreciation	Yes	80	24	40	4	10	2	11	0.46
	No	13	5	12	2	1	1	5	
Manpower	Less (1-5)	63	19	34	4	9	1	4	0.014
	Enough (6-10)	21	9	15	0	2	1	7	
	More than enough	9	1	3	2	0	1	5	
Training	Yes	54	25	43	5	10	3	4	0.000
	No	39	4	9	1	1	0	12	

Above table presents opinion of respondents about the facilities they received when they were serving in Covid-19 pandemic. Considering the availability of tools, majority (68.09 percent) of the respondents had opinion that tools were more than enough; however other service providers were highlighted on tools were less available thus shows significant difference ($p=0.000$). More number of respondents (85.23 percent) were reported that they received personal security however (24.73 percent) police respondents had opinion that they did not receive proper safety measures, it shows significant difference ($p=0.46$). Maximum respondents (81.42

percent) were emphasized that they received appreciation in the form of certificate as a 'COVID Yoddha', however (18.57 percent) were reported that they did not received appreciation, no significant difference found ($p=0.46$). Majority respondents (63.80 percent) were described that they worked in less manpower, (26.19 percent) were state that they had enough manpower and (10 percent) respondents were shared that they had more than enough manpower, there was significant association ($p=0.014$). More number of respondents (68.57percent) were reported that they received training either offline or through phone calls, however (31.42 percent) state that they did not receive any training to work in Covid-19. Significant association shows ($p=0.000$).

It concludes that during lockdown period all service providers reported that they there were more than enough availability of tools, safety tools or had proper personal security, received appreciation as 'COVID Yodha', received training as well however manpower was very less. No economic benefit received.

Table 2
Distribution of District Wise Respondents Cross Tabulated
with Their Feeling of Ignored

Occupation	Feeling ignored as a service provider				Total
	Always	Sometime	Rarely	Never	
Police	42	24	14	13	93
Doctor	2	14	3	10	29
Nurse	3	26	7	16	52
Sanitary Inspector	0	2	1	3	6
Cleanlinessworkers	2	2	2	5	11
MedicalSocialWorker	1	1	0	1	3
Other	1	7	1	7	16
Total	51	76	28	55	210

$P=0.000$

The above table highlight's opinion of all service providers about their feeling of ignorance. More number (45.16 percent) of police always had feeling of ignorance as service provider. More number of nurses and doctors (49.38 percent) were sometimes felt ignored. Sanitary inspector, cleanliness worker and others (45.45 percent) reported that they never feel ignored as service provider. There was profession wise significant difference in the opinion ($p=0.000$).

Overall service providers sometimes had feeling of ignored as service provider among them a greater number of police (45.16 percent) personnel always feels ignored.

Table 3
Distribution of District Wise Respondents Cross Tabulated
with Their Feeling of Insecurity

Feeling of Insecure	District					Total
	Mum	Pune	Nasik	A'bad	Nag	
Always	32	9	3	4	3	51
Sometime	10	23	9	10	24	76
Rarely	5	7	4	6	6	28
Never	14	23	12	2	4	55
Total	61	62	28	22	37	210

$P=0.000$

The above table explained district wise opinion of respondents about their feeling of ignorance. More number (36.19 percent) of service providers feels that sometimes they were ignored, especially respondents from Pune and Nagpur. Never feeling of ignorance reported by (26.19 percent) respondents especially from Pune and Nasik. Feeling of always ignored was reported by (24.28 percent) service providers specifically from Mumbai. Very few (13.33 percent) respondents from all

districts reported that they were rarely feel ignored as service provider. It shows significant difference ($p=0.000$).

It concludes that respondents from Mumbai felt insecure always due to highest population and issues related to metropolis and respondents from Pune, Nagpur and Aurangabad feels insecure sometimes comparatively less issues.

Table 4
Distribution of District Wise Respondents Cross tabulated
with Challenges Faced by Service Providers

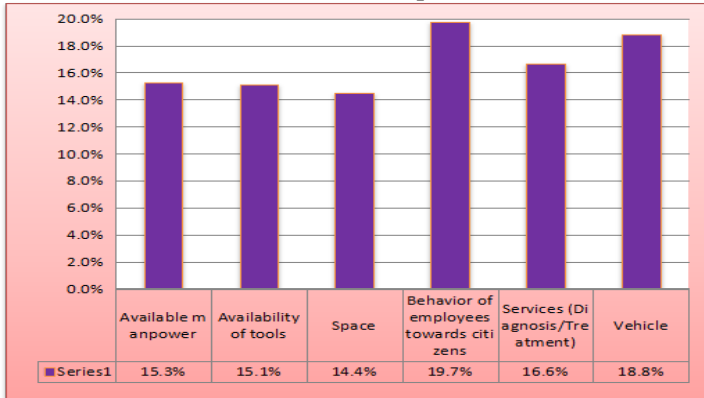
Challenges faced		District					Total	P-value
		Mum	Pune	Nasik	A'bad	Nag		
Obeying orders	Yes	54	53	25	20	37	189	0.223
	No	7	9	3	2	0	21	
Convincing/ disciplining people.	Yes	56	55	27	22	37	197	0.115
	No	5	7	1	0	0	13	
collaborate with other service providers.	Yes	10	39	21	22	37	129	0.000
	No	51	23	7	0	0	81	
Providing security / treatment to senior/ distinguished persons in the society.	Yes	36	35	22	21	37	151	0.000
	No	25	27	6	1	0	59	
Reducing the fear among people.	Yes	55	53	25	22	37	192	0.071
	No	6	9	3	0	0	18	
Take care of your own health.	Yes	54	44	26	22	37	183	0.000
	No	7	18	2	0	0	27	
Calls from other people	Yes	46	33	10	9	34	132	0.000
	No	15	29	18	13	3	78	

Table presents challenges faced by service provider in respective districts. It was challenging for all respondents from all districts to obey orders given by their respective

authority (90 percent, $p=0.233$), Maximum respondents from all districts (93.80 percent, $p=0.115$) highlighted that it was challenging to convince them about precautions need to take to disciplining people. To collaborate with other service provider was not so much challenging for respondents from Mumbai, Pune and Nasik (38.57 percent) however it was challenging for respondents from Nagpur and Aurangabad (61.42percent) significant difference found in challenges ($p=0.000$). Respondents reported that providing security or treatment to senior or distinguished persons in the society was not highly challenging in Mumbai and Pune (28.09 percent) however challenging in Nasik, Aurangabad and Nagpur (71.90 percent), the difference is highly significant ($p=0.000$). Maximum respondents from all districts reported that (91.42 percent) it was highly challenging to reduce fear among the people and difference was not significant. Majority service provider (87.14 percent) from all districts reported that it was challenging for them to take care of their own health and for few from Mumbai, Pune and Nasik did not face any challenge which is significantly ($p=0.000$) associated. Service providers from all districts (62.85 percent) were reported that relatives and other people were calling them to get information and situation in respective area, it was challenging for them to answer it however respondents from Pune, Mumbai, Nasik and few from Aurangabad and Nagpur (37.14 percent) reported that they did not receive any such phone calls which is significantly associated.

It concludes that number of challenges faced by the service providers such as obeying order given by authority, convincing or disciplining people to follow the rules, collaborate with other service providers, providing security / treatment to senior/ distinguished persons in the society, reducing the fear among people, taking care of own health and answering the calls received from other people.

Opinion of Service Providers About Facilities Provided by the Public Health Department



Multiple Choice Answers

The above graph presents opinion of respondents about the facilities provided by the public health department and it shows that higher rate (19.7percent) was given to proper behaviour of health workers towards citizens and very low rate (14.4 percent) for available space. Respondents were also highlighted less manpower and lacking in availability of tools. In public health system behaviour of staff was proper with citizen, services related to diagnosis and treatment was good, vehicle facility was also available only it was lacking in availability of manpower, tools and space.

Table 6
Multivariate Analysis of Variance of Duty hours and Years of Experience Effects on Health of Service Provider

Box's Test of Equality of Covariance Matrices ^a	
Box's M	195.009
F	3.146
df1	54
df2	5790.580

Sig.	.000
Tests the null hypothesis that the observed covariance matrices of the dependent variables are equal across groups.	
a. Design: Intercept + VAR00014 + VAR00043 + VAR00014 * VAR00043	

Levene's Test of Equality of Error Variances ^a				
	F	df1	df2	Sig.
Experience	2.137	21	188	.004
Duty hours	8.677	21	188	.000
Tests the null hypothesis that the error variance of the dependent variable is equal across groups.				
a. Design: Intercept + VAR00014 + VAR00043 + VAR00014 * VAR00043				

Multivariate Tests

	Value	F	Hypothesis df	Error df	Sig.	Partial Eta Squared
Pillai's trace	.018	.419	8.000	376.000	.910	.009
Wilks'	.982	.418a	8.000	374.000	.910	.009
lambda						
Hotelling's	.018	.417	8.000	372.000	.910	.009
trace						
Roy's largest	.017	.796b	4.000	188.000	.529	.017
root						
Each F tests the multivariate effect of Affect on Health. These tests are based on the linearly independent pair wise comparisons among the estimated marginal means.						
a. Exact statistic						
b. The statistic is an upper bound on F that yields a lower bound on the significance level.						

There is significant difference found Box's Test of Equality of Covariance Matrices and Levene's Test of Equality of Error Variances calculated individually. Multivariate tests show Pillai's trace and Wilks' lambda test no significant difference

>0.05. Graphical presentation also shows highest duty hours and experience. Highest health issues only skin problem is not depended on duty hours

Table 7
Distribution of District Wise Respondents Cross Tabulated with Their Opinion About Causes of Epidemic Re-emerge

Cause the epidemic to re-emerge	District					Total
	Mum	Pune	Nasik	A'bad	Nag	
Negligence	20	22	5	21	21	89
Reopened lockdown	3	13	7	0	1	24
Don't know	0	5	0	1	0	6
Lack of awareness	0	6	0	0	3	9
Not following social distance	10	6	11	0	3	30
Not following rules and regulations	28	10	5	0	9	52
Total	61	62	28	22	37	210

$\chi^2 = 95.396$, $df=20$ $p=0.000$

Above table highlights district wise opinion of respondents about the factors responsible in re-emerging spread of Covid-

19. District wise significant difference was found in opinion ($p=0.00$). Respondents were highlighted five factors. Negligence is major cause reported by (42.38 percent) respondents especially from Pune, Aurangabad and Nagpur.

(24.76 percent) respondents reported that people were not following the rules specifically from Mumbai. (14.28 percent) respondents focused on people were not following social distancing majority from Nasik. (11.42 percent) respondents had opinion that it was re-emerged because

lockdown was reopened specifically from Pune. Very few
respondents had

opinion that it was re-emerged because lack of awareness among people and few of them don't know the reason.

Negligence was reason reported for epidemic re-emerge specifically from Pune, Aurangabad and Nasik. Further people were not following the rules highlighted by majority service provider from Mumbai. Lack of awareness, reopening of lockdown were some reasons in spreading Novel Corona Virus.

Table 8
Distribution of Service Providers Cross Tabulated with Their
Opinion About Services Rendered by the Municipal
Corporation

Functioning of Municipal Corporation	Responses		Percent of Cases
	N	Percent	
Rules and instructions (citizens and staff)	196	21.0%	95.1%
Control and co-operation of internal working system.	176	18.9%	85.4%
Availability of materials.	160	17.1%	77.7%
Engagement of work	162	17.4%	78.6%
Delivering help to those in need.	162	17.4%	78.6%
Dominance of political parties	77	8.3%	37.4%
Total	933	100.0%	452.9%

Multiple Choice Answers

Present table highlighted the opinion of service provider about services rendered by the Municipal Corporation during pandemic. It shows that maximum 196 (21 percent) respondents were state that rules and instructions were applied strictly and followed by the citizens too. 176 (18.9 percent) respondents were highlighted that there was good control and cooperation of internal working system. 162 (17.4 percent)

respondents had opinion that there was good engagement of work and delivering help to those in need. 160 (17.1 percent) respondents were agreeing on availability of material, and very few respondents 77 (8.3 percent) were state that there was no dominance from any political party. It means all political people were very supportive during this pandemic period.

Rules and instructions (citizens and staff) applied for all, control and co-operation of internal working system, availability of materials, engagement of work, delivering help to those in need specifically *divyang* by providing ration kits and other necessary material were some facilities provided by Municipal Corporation however there was no dominance by any political person on service provider however they were found to be more supportive in this pandemic.

Discussion:

Police personnel had longer duty hours compare to other service providers such as doctors and nurses and it shows significant difference ($p=0.001$) in duty hours and occupation. All service provider did not taken holidays during lockdown period however it was found maximum police personnel not taken leave as compared to other service provider. Similarity was found in constrains majority of them had stress during lockdown period, feeling of 24 hrs working, also had feeling of risk for life, some of them also reported no constraints from all service provider. It was highlighted by service provider that combined response from citizen received. Police doctors and nurses also identified fear of death in mind of citizens. Lot of mental distress and fatigue was faced by police, doctors and nurses. They were also had corona infection. Some of them state that no effect on health and very few reported skin problems.

It shows that when nation is in crisis all service provider is ready for their duty irrespective of all kinds of constraints. They believe on duty first and preference to work. It concludes that during lockdown period all service providers reported that they there were more than enough availability of tools, safety tools or had proper personal security, received appreciation as '*COVID Yodha*', received training as well however manpower was vary less. No economic benefit received.

Overall service providers sometimes had feeling of ignored as service provider among them a greater number of police (45.16 percent) personnel always feels ignored. It concludes that respondents from Mumbai felt insecure always due to highest population and issues related to metropolis and respondents from Pune, Nagpur and Aurangabad feels insecure sometimes comparatively less issues.

During lockdown period people were scared because of increasing corona infection and death rate was high so service provider were also felt insecure due to risk perception, unavailability of support system or relatives. It concludes that many struggling situations deal by the service providers such as obeying order given by authority, convincing or disciplining people to follow the rules, collaborate with other service providers, providing security / treatment to senior/ distinguished persons in the society, reducing the fear among people, taking care of own health and answering the calls received from other people.

Maximum service provider reported that constant fear was in mind of family members along with it they do not have proper sleep, become infected, no contact with family members, unable to keep social contact, and they were not able to give time to their family members.

Negligence was reason reported for epidemic re-emerge specifically from Pune, Aurangabad and Nasik. Further people were not following the rules highlighted by majority service provider from Mumbai. Lack of awareness, reopening of lockdown were some reasons in spreading Novel Corona Virus.

Conclusion:

Among all service providers police were more vulnerable followed by nurses and doctors. District wise differences were found in vulnerability on the basis of population and availability of resources. During this pandemic period, they were confronted lot of challenges considering the severity and

its effect on physical and mental health. They kept themselves away from their family to reduce spread. It was kind of battle for them. Government should take proper measures and policy initiative to provide facilities to combat in such pandemics.

References:

1. Adem Öcal, V. M. (2020). Public reactions to the disaster COVID-19: a comparative study in Italy, Lebanon, Portugal, and Serbia. *Geomatics, Natural Hazards and Risk*, 1864-1885.
2. Bauza V, S. G. (2021). Experience of the COVID-19 Pandemic in Rural Odisha, India: Knowledge, Preventative Actions, and Impacts on Daily Life. *International Journal of Environmental Research and Public Health*, 2863.
3. Brooks SK, W. R. (2020). The psychological impact of quarantine and how to reduce it: rapid review of the evidence. *Lancet.*, 912-920.
4. Dhavale, P. K. (2020). Palliative Care Interventions from a Social Work Perspective and the Challenges Faced by Patients and Caregivers

during COVID-19.. *Indian journal of palliative care*,
S58–S62.

5. Dr. Sonu Meher, D. A. (2020). It is lockdown but homes are not closed. Income has been shut down but expenses continue:’ Impact of lockdown due to COVID-19 on the livelihood of Street Vendors in Maharashtra. *Research Square*.
6. Grover, S. S. (2020). Psychological Impact of COVID-19 Duties During Lockdown on Police Personnel and Their Perception About the Behavior of the People: an Exploratory Study from India. *Int J Ment Health Addiction*.
7. Gupta, A. K. (2020). Prevalence of anxiety and depression among the healthcare workers in Nepal during the COVID-19 pandemic. *Asian journal of psychiatry* , 102260.
8. M.K., Arti. (2020). Modeling and Predictions for COVID 19 Spread in India. .
9. Manna, D. K. (2021). The Changing Pattern of Social Relationship for COVID-19 in India and Bangladesh. *B .L.College Journal, Bangladesh* , 159-172.
10. Sultana, A., Sharma, R., Hossain, M. M., Bhattacharya, S., & Purohit, N. (2020). Burnout among healthcare providers during COVID-19: Challenges and evidence-based interventions. *Indian journal of medical ethics*, *V*(4), 1–6.
11. WHO. (2021, June 14). *Publications* . Retrieved November 2021, from <http://www.who.int>: https://www.who.int/health-topics/coronavirus#tab=tab_1