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Editorial.....

Mental Health Awareness in Indian Society

In the modernity of the 21st century when the concept of digital India has been accepted widely, a single sign of cough and cold in children will produce hours of internet surfing for care and remedies by the parent, but still, numbers of important indicators of mental health problems do not take any serious attention by the same guardians. While WHO officially says, “mental health and well-being are fundamental to our collective and individual ability as humans to think, emote, interact with each other, earn a living, and enjoy life. Thus, mental health at present is a prime concern of discussion for all the humanities. It has now a more critical issue with the increasing speed of materialistic development of human communities, the achievement is getting multidimensional and there is a ruthless competition among students to excel. Mental health has become the most avoidable aspect of daily life activities in the rat race of success. In light of this statement government and health, the organization should consider this issue on a priority level, but it is a big question that how it will be possible to aware of the people of a country like India which has a lot of variations in their belief system. India has a rich diversity in its population which incorporates many cultures, religions, languages, racial differentiation, castes, communities, and social groups. Inequality and differentiation are ubiquitous in various parts of the country, especially in the case of health-related concern. It leads to a more serious matter like mental health-related issues. Although governments and its various agencies have been attempted to provide all the opportunities to ensure the physical health of people, the psychological aspect of the health is still neglected. Along with some national bodies like the Indian Academy of Applied Psychology, Indian Academy of Health Psychology, Society of Industrial and Organizational Psychology, ‘Psychological Forum Chhattisgarh’ is also working on awareness about mental health and other behavioral issues in society. Organizations working in the field of mental health have been observed an alarming condition of mental health-related issues in India, but common people are unaware of this problem. There is no doubt that mental health awareness is increasing now a day but still, there is more work needed in this domain of health. Mental health can strike anybody and it does not consider age, gender, culture, or profession (Gill, 2019). Therefore, scientific investigation about mental health-related issues is much required in India especially in underdeveloped states, for the holistic development of the society.

Mental health is going to be a big challenge for mankind. It can be understood by the report of global health, in which mental health was ranked as 10th in the biggest global health issues world-wide (Nathe, 2015). It is a very serious issue as every 40 seconds someone loses their life because of suicide (WHO, 2019). The present estimation of researchers says that it has become one of the top three health concerns for the human being.

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Ethiopia is the only country that initiated to focus on mental health services in 2014 when it trained health workers to provide mental health care within prisons for the first time. As the civil conflict, economic fluxes, and traumatizing Ebola outbreaks of 2014 continue into 2015, mental health needs became more urgent—and the need for more trained social service workers, psychiatrists, and other health workers. The mental health consequences of COVID-19 have already been overburdened mental health issues in which the number of cases with depression and or anxiety increased by nearly 50% from 416 million to 615 million (Daniels, 2020).

An issue of unawareness is not only observed in underdeveloped societies like tribes, but it also may view in so-called highly modern countries. Mental health continues to be misunderstood, ignored, stigmatized, underfunded, and overlooked. Currently, more than 40 percent of countries have no mental health policy and over 30 percent have no mental health program whereas 25 percent of countries have no mental health legislation (WHO). Although, In India, Mental Health Care Bill (MHCB 2013) secures the treatment, rehabilitation, rights, and dignity of mentally ill people; but the role of the psychologist in this entire process is still undermined. The Mental Healthcare Act, 2017 by Ministry of Law and Justice, Govt. of India was also a good initiative. This is an Act to provide for mental healthcare and services for persons with mental illness and to protect, promote and fulfil the rights of such persons during delivery of mental healthcare and services and for matters connected therewith or incidental thereto.

”Good mental health is vital to the functioning of society at the best of times. It must be front and center of every country’s response to and recovery from the COVID-19 pandemic. The mental health and well-being of the entire world have been severely impacted by this crisis and are a priority to be addressed urgently” (UN, Policy Brief, 2020). Mental health disorders are on the rise in every country in the world and could cost the global economy up to \$16 trillion between 2010 and 2030 if a collective failure to respond is not addressed (The World Economic Forum, 2018).

Did we jumble up mental health with mental illness? Mental illness is the flip side of mental wellness; and consequently, at the root of mental wellness is to address the issue of illness due to mental disorders clinically classified as Illness. In Indian health system Mental Illness has classified under non- communicable diseases such as Cancer, Blindness, etc. Possibly Mental Health needs a standalone administrative set up under the Ministry of Health to give it visibility as an illness. Mental Illness is a disorder of thought, perception, orientation, mood, and memory which affect the overall functions of social cognition, and behavior causing distress to the individual and his/ her family; this also includes such condition precipitated by substance abuse and alcohol. How much of nature and how much of nurture elude scientific explanation of causes of Mental Illness. As far as public awareness is a concern, mental illness is still not accepted as an illness of the brain. The root cause of this cognitive error is the absence of diagnostic reports or x-rays that are dominant diagnostic tools for other physical illnesses.

Social Stigma related to mental illness delays treatment even among the educated and urban population of the country. Education does not correlate with awareness when it comes to

information on Mental Illness. The popular belief among the urban population is associating Mental Illness with stress and tension arising out of high achiever syndrome. Seeking help gets deferred because stress is sacked as universal; nothing abnormal and maybe conquered with holiday trip or job rotation. Or the other extreme is to idealize the illness. In between the two, there are a plethora of alternative treatments that range from Reiki to Pranik healing to aromatherapy. While we are not against any of these, even the slightest change in an individual's performance, behavior, thought, moods, and responses are early indication call for psychological intervention. Our message for mental health awareness is to ***'Please do come out honestly and in large numbers to Talk about your mental health issues.'*** It doesn't matter whether you are a client, caregiver, or just an individual.

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Development And Initial Validation Of Role Overload Scale

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This article reports the initial validation of a new instrument, the Role Overload Scale, for assessing the perception of role stress among executives'. The Items were generated in English and Hindi both languages. Face validity of the scale items were checked by expert panel and found satisfactory. Factor analysis results indicated a two-factor solution which providing empirical evidence for the factorial structure of the Role Overload Scale namely un-fulfillment of social demands and insufficient of resources. Reliability of the scale (including components) was found satisfactory. The scale was also found valid in terms of item validity and convergent and divergent validity. The scale is useful to assess the perception of role overload among managerial personnel.

Key words: Role Overload, factor analysis, reliability analysis and validity analysis

Role overload is an important aspect of role theory in organizational setting. The concepts of role overload and role conflict have been used frequently, and often interchangeably, to understand the effects of chronic role strains on health & well being and performance. Ivancevich and Matteson (1980) stated that job stressors represent environmental conditions that may affect coping responses. Job stressors are directly associated with the role we play or the tasks we have to accomplish in the organization. They include sources of stress associated with role ambiguity, role conflict, quantitative and qualitative role overload, career development, and responsibility for people. Such conditions may interfere with normal psychological and /or physiological functioning if they are perceived as stressful.

In a more comprehensive work Peterson et al., (1995) reported that role stress can originate either in stressful work events or in role structure

whose meanings are to allow role incumbent to handle work events. Recent years have seen an increased interest in the use of role theory, to describe and explain the stresses associated with membership in organizations. Within an organizational context, the term 'role' can be defined as a set of expectations applied to the incumbent of a particular position by the incumbent and by role sender within and beyond organizational boundaries (Banton, 1965).

The use of role concept suggested that job related stress is associated with individual, interpersonal, and structural variables (Katz & Kahn, 1978). Lichtman and Hunt (1973) proposed that role conflict and role ambiguity occurs as an objective characteristic of role, and as perceptual reactions of the role incumbent which may or may not correspond with the objective characteristics of the role. Thus, both types of empirical indices-objective and

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subjective and their relationship should be considered.

Role overload refers to the total amount of work required and the time frame in which work must be completed (Cooper et al., 2001). It occurs when work roles require more time and effort than an individual has for them so that the roles cannot be performed adequately and comfortably (Markham & Bonjean, 1996).

French and Caplan (1973) have differentiated overload in terms of qualitative and quantitative overload, quantitative refers to having too much to do, while qualitative refers to work that is too difficult. Overload results from an interaction of the person with the environment. The absolute level of work needed to be done (objective overload) is mediated by characteristics of the individual to determine subjective or perceived overload. What is too much for one person may be perceived reasonable by another (Ivancevich & Matteson, 1987).

Role overload can occur for several reasons. In some professions, role overload is the norm. For example, physicians in training experience tremendous role overload, largely as preparation for the demands of medical practice. In other cases, it is due to temporary circumstances. For example, if someone leaves an organization, the roles of other employees may need to be temporarily expanded to make up for the missing worker's absence. In other instances, organizations may not anticipate the demands of the roles they create, or the nature of an employee's role may change over time. Finally, it is also possible that an employee may voluntarily take on too many role responsibilities (Sauter et al., 1998)

In another form, amount of work that remains incomplete when he/she reaches the downstream boundary is referred to as work overload.

Role overload is an issue for employees since they work an irregular schedule that involves unpaid overtime. They are expected to have

high involvement in multiple work roles (Beck, 1998), and thus, they are likely to suffer from overload. Role overload exists when an individual fulfills multiple roles simultaneously and lacks the resources to perform them (Creary, & Gordon, 2016).

Although, several measures of job/ occupation/ organizational role stress have been developed in different contexts they are limited to their use. Reilly (1982) has developed a 13-item scale to measure role overload. This scale has been widely used, but most studies did not assess the unidimensionality of the scale (Thiagarajan, et al., 2006).

So we made an effort to develop a scale to assess the executive's perception of their role overload in Indian context.

Role overload was conceptualized in this study as a perception of too many things to do in time and resources available in any area(s) of work as well as how it is related to employee's unfulfillment of social demands.

METHOD

Sample

The data was collected from 210 first level managers in different Indian organizations. Participants in the study were 48.6 % from public sector organizations. They were composed of 90 % of males, 78.6% married. Mean of their Job tenures was 13.46 years (S.D = 10.30). The ages ranged of the executives varied from 21-60 years with a mean age of 38.07 years (S.D = 10.75).

Procedure

An Items pool was generated on the basis of prior available literature. In literature role overload was divided in qualitative overload and quantitative overload. Firstly 19 items were written in English and Hindi both languages. For the purpose of item analyses, data were collected from 120 people working at DLW Varanasi, including different category of supervisors. The index of homogeneity and internal validity of the individual items were determined by computing

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the item analysis. Out of 19, only 12 items were selected after initial screening. Therefore only 12 items were used in final study.

For the purpose of validation the scale was administered on 210 front level executives of different organization. The subjects were convinced to participate in the study and they were not paid for their participation in this study. The obtained data was analyzed by using factor analysis, reliability analysis and validity analysis.

RESULTS AND DISCUSSION

Primarily factor analysis (principal component with varimax rotation) was performed to identify the factor structure of Role Overload Scale and obtained results were presented in Table 1. Results of this analysis explore the two factor solution which explained the 50.14 % of total variance. Factor 1 (which explained 25.37 % of total variance) is related to un-fulfillment of social demands due to excessive workload whereas Factor 2 (which explained 24.77 % of total variance) is related to work overload due to lack of sufficient resource.

Table 1: Role overloads Scale's items and their component wise factor loadings (Rotated Solution)

Item No	Scale Items	Factor Loading	
		Factor 1	Factor 2
ro8	Due to busy schedule at work I do not spare enough time for coworkers. So I don't have good relations with them.	.767	
ro10	Due to excessive workload in this job; more mistakes are committed in work therefore my supervisor/ immediate officers are not happy with me.	.693	
ro7	Due to excessive work load in this job I do not help my coworkers despite my willingness.	.662	
ro11	Due to excessive workload I always feel mental tension and pressure.	.632	
ro12	Due to excessive workload, I have to do some job related work even at my home.	.574	
ro9	Due to excessive workload in this job; I hardly participate in the happy/ sad moments of my friends and relatives	.563	
ro3	I find it very difficult to complete the work hurriedly due to excessive workload		.734

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Item No	Scale Items	Factor Loading	
		Factor 1	Factor 2
ro1	I have to do a lot of work in this job.		.728
ro2	In spite of excessive workload I have to manage with insufficient number of employees and resources.		.720
ro5	I have been assigned a lot of responsibilities in this job.		.689
ro6	Due to excessive workload in this job I feel physical and mental fatigue.		.608
ro4	I am unable to carry out my assignments to my satisfaction on account of excessive work load and lack of time.		.491

Note: N=210 RO= Role Overload

Reliability Analysis

Further reliability analysis was conducted and obtained result is reported in Table 2. Internal consistency reliability (Cronbach Alpha) was found to be 0.768 for first factor 0.798 (6 items) for second factor (6 items) and 0.847 for whole Scale (12 items).

Table 2 Reliability Statistics of the Role Overload Scale

Cronbach's Alph	Part 1	Value	.798
		N of Items	6a
	Part 2	Value	.768
		N of Items	6b
Total N of Item			12
Correlation Between Forms			.555
Spearman-Brown Coefficien	Equal Length		.714
	Unequal Length		.714
Guttman Split-Half Coefficien			.714

a. The items are: ro1, ro2, ro3, ro4, ro5, ro6.

b. The items are: ro7, ro8, ro9, ro10, ro11, ro12.

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Validity Analysis

The content validation of the scale was done by examining the item validity. Item validity was checked by performing Item total statistics. Results of Item total statistics of 12 items were

presented in Table 3. Results indicate satisfactory item total correlation for all the 12 items which indicates that items in the role overload scale were valid and had discriminatory power.

Table 3: Results of item total statistics of the Role Overload Scale (N=210)

Items	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item-Total Correlation	Cronbach's Alpha if Item Deleted
ro1	34.6524	67.903	.525	.835
ro2	34.7286	70.677	.377	.845
ro3	35.1810	64.580	.672	.824
ro4	35.4238	65.537	.574	.831
ro5	34.8524	69.265	.458	.840
ro6	35.2524	66.295	.570	.831
ro7	35.7238	65.301	.591	.830
ro8	36.0143	67.593	.507	.836
ro9	35.4381	66.994	.527	.835
ro10	36.3619	71.112	.397	.843
ro11	35.7952	66.192	.573	.831

The construct validity of the scale was also checked. Role Overload scale were significantly correlated with similar construct (convergent validity) and uncorrelated with other constructs (divergent validity). In this regard it has been found that role overload was significantly correlation with conscientiousness and altruism ($P < .01$) but uncorrelated with civic virtue and courtesy

Implications

In present work we have made an effort to validate a newly developed Role Overload Scale.

Factor analysis (principal component analysis with varimax rotation) of the scale reveals the two component of the scale. First component is related to un-fulfillment of social demands and second component is related to lack of sufficient resources. Although scale was standardized on front level managers but it might be useful to assess the level of perceived role overload of all the three level of managers (top, middle, and front). It is vital to assess and compare the perception of role overload of the executives to predict their job performance because role overload is not only also influences

the work performance of executive but also significantly affect their health status and psychological well being.
Conclusion

The newly developed Role Overload Scale was found valid and reliable and can be used to assess the perception of role overload in industrial/organizational setting.

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Depression in Relation to self- efficacy of Male and Female Adults

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Depression has been one of the three biggest health concerns of human life and the leading cause of various behavior problems in day to day life. COVID-19 pandemic has make the situation worsen in which the number of people living with depression increased by nearly 50 percent. Present study examines the effect of depression on perceived quality of life of male and female adults. Sample consists of 60 participants including 30 males and 30 females for the age range of 21-40 years belonging from middle socio-economic status and educated at least high school level. Sample was selected across Varanasi district by purposive sampling technique. All the subjects were assessed on Depression Scale (Karim and Tiwari, 1986) and Self Efficacy Scale (Sud, Swarzer and Jerusale, 1981). Analysis shows no significant difference between male and female participants on depression as well as self efficacy scales. Result of correlation shows that there is significant negative correlation between depression and self efficacy of both male and female adults.

Key words- depression, self efficacy

Introduction:

During the last decades, depression has been a significant field of concern for the Clinicians, Psychiatrists, Psychologists and Educationists. Moreover, during the last ten years theoretical and empirical investigations have been carried out and two international conferences have been as well as held with childhood depression as their major theme. Depression has become the part and parcel of our everyday life now, as every now and then experience depression. Since ours is the age of anxiety and moreover life has become so complex that one can hardly deny the experience of depression. As for example, the death of a loved one, the loss of a job, or disappointment in a love affair

experienced by each and everyone may initiate depression.

Hippocrates the Physician of Greece's Golden Age, believed that many physical and emotional problems were related to imbalances in the body's humors or liquids. Depression, according to him, derived from an excess of black bile, a fluid involved in the digestive processes. Depression is also termed as MELANCHOLIA; 'melan' means black and 'cholia' means bile. Often we feel depression in moral degree but sometimes when the depression is exaggerated out of proportion to the event and continues to cross the limit where many of us, begin to recover, then it is termed as neurotic depression. The chief symptoms of depression are passivity and dejection,

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individual, experience an overwhelming inertia, feels unable to make decisions, to initiate activity or take interest in anything or anyone broods over his inadequacies and worthlessness etc. The psychoanalytic theory interprets depression as anger turned inward against the self as for example, a woman may feel hostile toward the employer who fired her but since such feelings are unacceptable to her and would arouse anxiety if acknowledged, they are turned inward. Through the defense mechanism of projection, it is not she who is angry but others who are angry at her and since they must have good reason for rejecting her, she assumes it is because she is incompetent and worthless. In fact, the psychoanalytic theory of depression is difficult to prove or refute since the inhibition or inward direction of aggression of the depressed person may be the result rather than the cause of depression. The behaviouristic approach to depression focuses on the similarity between depression and the phenomenon of learned helplessness. According to this view, depression occurs when a person believes that his actions make no difference in bringing about either pleasure or pain. The learned helplessness theory of depression suggests that people most prone to depression, are those whose lives have been full of situations in which they were unable to obtain gratifications or avoid pain by their own actions and never learned the effective ways of responding.

The studies of learned helplessness in animals have many implications for the treatment of depression. For example, if a dog is forced to make an adaptive response by being pulled on a leash over the barrack to the safe compartment as many as fifty times, the dog gradually learns that there is a connection between relief from shock and its own action and begins to respond on its own. Successful treatment of depression depends on the individual to realize that his own responses can be instrumental in obtaining gratification. If

person feels their responses as the outcome of own ability to cope with the problems of life, it may develop his/her self efficacy.

Self efficacy derived from social cognitive theory has been introduced by Bandura (1977). Self-efficacy perceptions are nothing but judgements regarding one's capability to successfully perform specific tasks and behaviours or an estimate of one's capacity to deal with any particular tasks. It has been defined by Bandura (1986) as "people's judgement of their capabilities to organize and execute courses of action required to attaining designated types of performances. It is concerned not with the skills one has but with judgements of what one can do with whatever skills one possesses". Thus, "perceived self-efficacy is a significant determinant of performance that operates partially independently of underlying skills". (Bandura, 1986, p. 391). It involves a generative capability in which one must organize cognitive, social and behavior skills into integrated courses of action (Bandura, 1986). For instance, one behavior characteristic that has been frequently observed is that when persons both high as well as low in self-efficacy succeed (i.e. get a problem right) they attribute that success to the presence of ability.

Self-efficacious individuals consider themselves capable of performing any particular activity (Bandura, 1977, 1982, 1986, 1988, 1989, 1990, 1991, 1993). It therefore partly determines people's actions, their decisions to engage in a task, to put forth effort and to persevere under failure (Bandura, 1986). Moreover it affects thought patterns and how much stress people experience in the environment (e.g., Bandura, 1989). Bandura (2008) has worked on self-efficacy in relation to phobias and trauma. Findings extend the current understanding of the relationships between depression, and self-efficacy. The

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significance of body image, especially in relation to negative social consciousness, was determined when comparing several psychological and behavioral factors thought to influence binge eating. Tahmassian and Moghadam (2011) found a significant and negative relationship of total self-efficacy, physical self-efficacy and academic self-efficacy with depression. They conclude that, various aspects of mental health are influenced by the sense of self efficacy appraisal. Brunilda (2012) argued that, we still don't know exactly what happens in the brain when people become depressed. But studies show that certain parts of the brain don't seem to be working normally. Depression might also be affected by changes in the levels of certain chemicals in the brain, called neurotransmitters. Gordon, Tonga and Melvin (2012) have reported low self-efficacy as to be a mediating variable in developing depression.

Ahmad, Yasien and Ahmad (2014) have investigated the relationship of perceived social self-efficacy with depression in students. Result of correlation showed a significant negative correlation between the variables in adolescents.

Tak, Brunwasser, Lichtwarck-Aschoff and Engels (2017) have studied and stated that since low levels of self-efficacy were associated with higher levels of depressive symptoms in previous studies, the current study investigated the bidirectional and prospective associations between depressive symptoms and academic, social and emotional self-efficacy from early to mid adolescence in a cross-lagged path model. Depressive symptoms and self-efficacy levels were assessed every 6 months over a period of 2.5 years in their study. Depressive symptoms predicted subsequent levels of academic and emotional self-efficacy on all time points, and social self-efficacy on one time point. But self-efficacy did not predict subsequent levels of depressive symptoms. Furthermore, there was no evidence

of sex differences in the cross-lagged associations between depressive symptoms and self-efficacy levels. Melissa and others (2018) has investigated the discrepancy between competence and real-world performance in major depressive disorder (MDD) for adaptive and interpersonal behaviors. Hierarchical regression analysis identified that self-efficacy significantly predicted functioning in the adaptive and interpersonal domains over and above depressive symptoms. They conclude that self-efficacy plays an important role in deployment of functional skills in everyday life for individuals with MDD. Miller and others (2019) have also found negative association between self-efficacy and depressive symptoms.

Above findings indicate that person with depression may show better behavior exercises with sufficient self-efficacy in them. But some findings also suggest that this association may vary in different settings. Though, depression is not a new topic to discuss but it is all time important concepts for research especially in this pandemic of COVID-19. Poor level of depression may affect all the mental health of people. Therefore, it is required to reassess the important indicators of mental health like depression. The United Nations (2020) have also states that, "Good mental health is critical to the functioning of society at the best of times. It must be front and centre of every country's response to and recovery from the COVID-19 pandemic. The mental health and wellbeing of whole societies have been severely impacted by this cri-sis and are a priority to be addressed urgently" (UN, Policy Brief, 2020).

Objective

- 1) To assessed the level of depression and self efficacy of male and female adults.
- 2) To assessed the relation between depression and self efficacy of male and female.

Hypothesis

h1 There would be significant difference on depression and self efficacy of male and female adults.

h2 There would be significant negative correlation between depression and self efficacy of male and female adults.

Methods and Procedure

Design

According to purpose of the study and type of variables a correlation design was used to ascertain the answer of proposed hypotheses.

Sample

Sample consists of 60 people (30 males and 30 females) for the age rang 21-40 years. Sample was selected across Varanasi district by purposive sampling technique. The subject where selected from middle socio- economic status decided by their monthly income. They were educated at least high school.

Tools

Depression scale

Depression scale was developed by **Karim and Tiwari (1986)**. The scale comprises of **96 items**. Reliability is very satisfactory and validity of this test is moderate. Split-half and Test-retest reliabilities have been calculated for this test. For calculating the Split-half reliability, Guttman and Spearman Brown’s Prophecy formula have been used which yielded the coefficient of correlation as .86 and .92 respectively.

Self- efficacy scale

Self- efficacy scale was developed by **Sud, Swarzer and Jerusale (1981)**. The scale comprises of 10 items. Each statement is to be rated on four- point scale ranging from 1= Not at all true to 4= exactly true. The coefficient of internal consistency, estimated by Cronbach’s alpha was determined to be .77 for females .72 for males and .75 for the total samples. internal consistencies between alpha .75 and .90.

Result and Discussion

On the basis of data appropriate statistic was used like mean, SD, t-test and correlation. Results are given in following tables and described.

Table-1
Mean, SD, and t-value of adults (Male and Female) on Depression (N=60)

Variables (Gender)	Mean	SD	t-value
Male	84.27	56.99	0.33
Female	89.17	59.11	

Table-1 is clearly shows that on the depression scale M = 84.27, SD = 56.99 for males and M = 89.17, SD = 59.11 for females. Calculated t-value for both the gender on depression is 0.33 which is not significant on even low level of confidence. Because needed value on .01 level is 2.66 and 2.00 on the 0.05 level. Though, calculated t-value is less than minimum value. Therefore the level of depression of males and females are not significantly different.

Table-2
Mean, SD, and t-value of adults (Male and Female) on Self Efficacy (N= 60)

Variables (Gender)	Mean	SD	t-value
Male	33	6.89	0.69
Female	33.4	5.35	

Table 2 shows the results of self efficacy of males (M=33, SD = 6.89) and females (M=33.4, SD=5.35). Calculated t-value is 0.69 for both the gender. Required value at the .01 level is 2.66 and at the .05 level is 2.00. Acquired value is less than even the low level. It means t-value is not significant. Therefore it seems that the perception of self efficacy of males and females are not significantly different.

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Prior evidences suggest a significant different among males and females on both the variables, which is unlike this result. The reason may be that, in our history females were not allowed to express her views in front of other. They have to keep their views in them self (Baron, 1947). They were less educated, unemployed and completely depend on males. But in modern time the condition has been completely changed. Now males and females gets equal education, runs

together, their family status are same, they handle daily life expenses, and when any problem arises they both handle the situation or both bear the same amount of depression (Duffy, 1962). Same argument may be given in case of self-efficacy. Empirical evidences also suggests no sex differences in the cross-lagged associations between depressive symptoms and self-efficacy levels Tak, Brunwasser, Lichtwarck-Aschoff and Engels (2017).

Table-3
Correlation between depression and Self efficacy of Adults (N=60)

Variable	Mean	SD	Correlation
Depression	86.27	36.96	-0.59**
Self efficacy	33.20	6.05	

***Significant at .01 Level of confidence*

Table 3 depicts the results of correlation between depression and self efficacy for both male and female adults. Calculated correlation value is -0.59. It shows a strong negative correlation between depression and self efficacy in adults. We can say that when depression will decrease adults may perceive more self efficacy in them.

By decreasing the financial problem, job problems, employment problem one can improve their self efficacy and depression will also be

minimize automatically. Some alternative methods are also uses in which by providing reward for achievement of goals, by providing promotion to them we can also increase the level of self efficacy adults (Laux, 1981). Evidence of prior researches are also supports to the present result. Therefore, it can be said that we must increase self-efficacy to cope with the depression in life and when someone suffer from the depressive life episodes it may be fruitful to make them perceive their maximum level of self-efficacy.

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Occupational Stress of Urban and Rural Small Traders

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Stress is a major feature in our every aspects of life, especially with the pace of development increases. Present study is aims with the comparative assessment of occupational stress of traders of urban and rural areas. The questionnaire created by Dr. AK Srivastava and AP Singh was given for the psychological examination. Sample consists of 40 (20 rural and 20 urban) businessmen selected from Rajnandgaon district and kept in mind that they should be of equal age, same age. Result of t-test shows that businessmen of rural areas have scored significantly higher on the occupational stress scale than their urban counterparts.

Introduction:

Almost every country has been affected by the devastating Coronavirus disease (COVID-19). The world is passing through a great uncertainty. Undoubtedly, the Coronavirus has put the world economy at a major risk. The COVID-19 pandemic is an unprecedented global crisis, affecting human health and economic welfare across the globe. It is first and foremost a health crisis, with governments around the world taking measures to prevent the spread of the virus. Yet the pandemic has also resulted in a planet-wide economic slowdown, affecting trade, investment, growth and employment. The World Trade Organization estimates that world merchandise trade in 2020 could fall sharply, between 13% and 32%. Estimated global losses in GDP growth currently hover around 5 percentage points.

Stress is a feature in our life, especially the pace of development increases. Work is a general term that is applicable to all types of business. It is a basic condition for most people and is an important component of the environment to survive. It is a major element for the development of the individual as well as the economy of the country. Many people spend half of their lives in work-related activities. There is no release or outlet for stressed feelings. It is natural to experience stress related to work on stress or tension in the body or mind.

The term stress is defined by the Oxford Dictionary as a state of affairs involving the run on physical or mental energy. In medical language, stress is defined as a disturbance of the body's homeostasis. The state of extreme stress is harmful to human health but is common

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in abstinence stress and proves useful in many cases. A professional stress can be caused by dealing with too much or too little work, time pressures and deadlines, fatigue from the physical stresses of the work environment, excessive travel and long hours of work. According to Kofler and Apple (1964), "Stress is the state in which a person experiences a crisis for his normal condition and the teacher is a teacher and strives for protection with all his strength". According to Comish R. & Swindle B. (1994), "Occupational stress, in particular, is the inability to cope with pressures in a job, because of a poor fit between someone's abilities and his/her work requirements and conditions. It is a mental and physical condition which affect an individual's productivity, effectiveness, personal health and quality of work". According to Lazarus R.S. & Cohen J.B. (1976), "Stress occurs when there are demands on the person, which taxes or exceeds his adjustive resources."

Occupational stress is a force that pushes a psychological or physical factor behind its stability to cause stress within individuals. In research studies "occupational stress" has been variously termed as "job stress", "work place stress" and "organizational role stress". All these constructs overlap each other with minor distinctiveness. Occupational stress, workplace-stress, job stress and role-stress stem from a wider phenomenon "stress" which is a complex psychological construct that people may experience everyday (Quick et al., 1997). Work-related stress can be defined as a pattern of emotional, cognitive, behavioural and physiological reactions to adverse and noxious aspects of work content, work organization and work environment. It is a state characterized by high levels of arousal and distress and often by feelings of not coping. Stress may be defined as an adaptive response, to an external situation that results in physical, psychological and

behavioral deviations. Occupational stress can be explained as the physiological and emotional responses that originate when workers feel an imbalance between their work demands and their capability and/or resources to meet these demands. Worker's responses to stressors may be positive or negative which is dependent on the type of demands placed on them, the amount of control they exercise over the situation, the amount of support they get and also the individual response of the person.

Study of related literature

Pabal (2012) studied occupational stress among 200 professional college teachers in Punjab and revealed that there was no significant difference between male and female teachers in the level of website stress because those teaching in rural and urban-based professional colleges. There was a significant difference between teachers.

Hasan (2014) compared occupational stress among 100 teachers of primary government and private school in Haridwar and found that private primary school teachers were highly stressed compared to government primary school teachers.

Kavita (2012) in her research studied the tension between female employees and male employees of IT sector. In her research, she found that women face more stress than men.

Satija S and Khan W titled their research work as the future speaker of the emotional intelligence in professional dress among working professionals and 3 according to them Occupational stress is as much as job stress is the need to control the workplace. Otherwise, it will negatively impact employee's work behavior and work. This study examines the relationship between emotional intelligence and business stress. This study shows that emotional intelligence is the most important predictor of e-occupational stress.

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Li-Fang Zhang (2009) conducted a study titled Occupational Stress and Teaching Approach among Chinese Researchers suggested that conducive conceptual changes in teaching attitudes and their role inadequacy conceptualized while controlling participants' soul rating ability. The change in the teaching strategy predicted by N is negative.

Khalid A (2012) mentioned ID Role of Supportive Leadership as an adjunct between Title of Jobs stress and Job in his research. He found in his study that there is a direct relationship between stress and job performance. In order to improve a person's performance in an organization, their leader's support must be received by that employee. In a hostile situation, a pro-leader can improve an employee's performance.

Amir Shani and Abraham Pijam (2009) conducted a study on work depression among Central Florida-based hotel employees on work-related stress. They found that this phenomenon of depression in workers in the website industry was characterized by occupational stress and work.

Wiljon and Rothman examined the relationship between occupational stress poor health and organizational commitment and found that organizational stress contributed significantly to poor health and low organizational commitment. The stress of job security contributed to the deterioration of health both physically and psychologically. Five predictions of low personal commitment such as work life balance, overload, control job aspects and pay.

Kayoko Urakawa and Kazuhito Yokoyam in their work on "Sense of Coherence (SOC) may Reduce the Effects of Occupational Stress on Mental Health Status among Japanese Factory Workers"(2009) has found the result i.e. adverse effects on mental health due to the job demand and job stress was positively

associated with SOC, the mental health status of males in managerial work was adversely negative, where as it was positive among the female co-workers. Finally they found that, SOC is an important factor determining the coping ability over the job stress for both the genders. J.E. Agolla in his research titled "Police Officers: The Case of Botswana Police Service", (2009). He has conducted a study in Botswana, among the police to find out work stress symptoms and coping strategies among the police service. This study reveals that the police work stressors are; getting injured while on duty and the use of force when the job demands to do so, etc. The coping strategies were identified as exercising, socializing, healthy eating or diets, career planning and employee training. Connolly, John F and Willock, Joyce and Hipwell, Michele and Chisholm, Vivienne in their research titled "Occupational Stress & Psychological Well Being following University Relocation"(2009) they describe and analyze that management standards for work related stress(demand, support, control, role, relationships and change) can be analyzed by examining 1) overall levels of psychological strain 2) job satisfaction, and 3) the psychosocial working conditions.

Urška Treven, Sonja Treven & Simona Sarotar Zizek in their research titled "Effective approaches to managing stress of employees" (2011), have found that, where the workers are said to be stressed are more likely to be unsuccessful in their work. Various approaches of managing stress, good work organization and good management are the effective ways of preventing stress. They categorized stress broadly into three types; such as i) Transient Stress ii) Post Traumatic Stress Disorders (PTSD) and iii) Chronic Stress.

P.S. Swaminathan, & Rajkumar S. in their work on "Stress levels in Organizations and their Impact on Employees' Behaviour" (2013).

They have conducted a study that focused on the levels of stress among the age group, profession, different varieties of jobs, hours of work and the influence of work environment on the degree of stress faced by employees. Stress in an employees' individual in nature. This study indicates that, an optimum level in which every individual can perform with his full capacity and identified three conditions responsible for work stress they are 1) Role overload 2) Role self distance 3) Role stagnation.

Weiman (1977), espoused: "Occupational stress is the sum total of factors experienced in relation to work which affect the psychosocial and physiological homeostasis of the worker. The individual factor is termed a stressor and stress is the individual worker's reaction to stressors." Job or work, is an important part of life and also one of the major causes of stress. Various organizational related variables have been found to be the reason behind the workplace stress.

Beehr and Newman (1978), define occupational stress as "A condition arising from the interaction of people and their jobs and characterized by changes within people that force them to deviate from their normal functioning." Work overload both quantitatively and qualitatively has been empirically linked to a variety of physiological, psychological and behaviour strain symptoms

Objective: Comparative study of occupational stress of traders of urban and rural areas.

Hypothesis: No difference will be found in occupational stress of urban and rural men

Method

Design - Since we want to visualize the difference of mean between two groups, we have used matched group design and the t-test statistics.

Tools

The questionnaire created by Dr. AK Srivastava and AP Singh is being given for the purpose of a psychological examination. There are 46 posts related to your work environment. Five possible answers are given in front of each statement. Draw the 'line' below whatever answer you feel is appropriate in the context of your job or organization department. For each statement, answer has to be given out of five possible answers, give your answer independently and the answer given by you will be kept completely confidential. Its reliability index was found to be .935 and .90 as the coefficient of the split method and Cronbach's alpha-test. Its validity is the coefficient of correlation between school on OS income and measures of job participation, work motivation, ego strength, and job satisfaction, respectively, -.56 (N = 225), -.44 (N = 200), and-. 40 (N = 205) -.51 (N = 500) and the correlation between the OSI score and job anxiety was found to be 0.59 (N = 400).

To carry out this test, we have taken 20 men from rural and 20 urban areas, they were given the form and the instructions were well explained and where did you get five box, check the correct mark on one of them. Total 46 questions in this form, which is divided into two parts, there are 26 questions in the negative and 20 questions in the positive. In this negative, each negative has 5 marks in complete disagreement, 4 marks in disagree, 3 marks in uncertain, 2 marks in agree, 1 score is given in complete concurrence, in the same way positive 1 marks in complete disagreement, 2 marks in disagree, 3 marks in uncertain, 4 marks in agree, 5 marks in complete consensus. There is no time limit to answer all questions. It is to be done quickly and the form is taken back and it is calculated and the level of significance is seen through the t-table.

Sample -

In order to complete the related studies, 10 (rural and urban) businessmen of Rajnandgaon district were selected and kept in mind that they should be of equal age, same age.

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Table 1
Occupational Stress Survey

Area	Gender	No. of person	Total
Rural	Male	20	40
Urban	Male	20	

Result

T-table created for the difference of mean of the received from rural and urban

Table No - 2
T-test results

Variab- le	N	M	SD	t	d
Rural	20	151.35	7.94	2.00*	38
Urban	20	142.5	18.12		

Significant at 0.05 level

We found the result of 20 participants from rural area with a mean of 151.35 and standard deviation 7.94, similarly urban subjects scored a mean of 142.5 and standard deviation of 18.12. After calculation t-value was found 2.00, which is meaningful at lower significance level.

Discussion -

Hypothesis of the study was not accepted as a meaningful difference in occupational stress has been found between rural and urban professionals. Although this difference was found significant at lower level of confidence, but it is enough to understand that the business stress is found more in rural area businessmen than in urban areas. Result seems rational especially in current situation, because of the rural businessmen play double role at a time, first being a small traders as well as farmer also. Most rural businessmen have no backup of funding and background support for the crisis. Particularly in the current lock-down conditions imposed due to covid-19 pandemic they are facing severe financial crisis. Those conditions are found relatively less in urban business, because they have different options to convert their trade in awkward condition, like several small shopkeepers had adopted the business of door to door vegetable selling etc. in the lock-down period.

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Approval Motive as an Interactive Predictor of Mental Health

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The desire to be socially approved is a very common desire found in every individual and drives the individual to behave in socially approved manner and to be health. In present study, Approval Motive Scale (AMS; Tripathy & Tripathy, 1988) and Middlesex Hospital Questionnaire (MHQ; Shrivastava & Bhat, 1981) were administered on a sample which consisted of 100 adolescents (50 boys and 50 girls) of 15 to 21 years of age range. Results indicated statistically significant difference in adolescents on approval motives, free floating anxiety, phobia, somatic complaints, depression and overall M. H. Q. The findings of the study also show that approval motives is negatively related with overall M. H. Q. and its dimension viz. free floating anxiety, obsession- compulsion, phobia, somatic complaints, depression and hysteria.

Key Words: Approval motive, mental health and adolescents (boys and girls).

Approval motive is the nature of Individuals tries to achieve favorable evaluations from other member of society. Marlowe and Crowner (1964) have conceptualized this desire as approval motive. An exact definition “social motives” is elusive. With the exception of a few motives like hunger and thirst, nearly all motives are socially relevant or somehow directed toward social outcomes. Examples include affiliation, aggression, altruism, achievement, approval, power and numerous others. All these motives have many basic characteristics in common. This is especially the case in the way they motivate specific goal-directed behaviour and in the fundamental process of how they develop. The desire to be socially approved is a very common desire found in every individual and drives the individual to behave in socially approved manner.

Evidences found in revelation of any kind of personality tests such as projective behavior studies. Research finding suggests that strength of ‘approval motives’ and all others social motives varies from individual to individual. Approval motive dimension – Individuals try to achieve favorable evaluations from other member of society. Marlowe and Crowner (1964) have conceptualized this desire as approval motive. Need for approval comes from a deeply rooted belief of not being worthy. The very belief of unworthiness sends out an army to search for the seal of approval (Anjali & Sinha, 2000). One’s happiness and senses of being get trapped in the dependency on approval. In a more recent exposition of this motive Strickland (1977) has stated that the approval motivated individual responds to his need to gain

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acceptance, to obtain dependency gratification, and/or status by engaging in approval seeking behaviors in particular situations through positive self presentation and denial of inadequacies.

The motivation to seek approval seems to be a product of several kind of learning because one's attraction to others may be due to motivational desire and it may be instrumental in satisfying some ends. There is convincing evidence that praise, verbal approval, social acceptance etc. work as rewards while disapproval, social rejection and criticism work as punishments (Mc David, et al., 1959). It appears that the nurturing behavior of parents in fulfilling biogenic needs involves the display of interpersonal warmth and affection which, in turn, become goals in themselves. From this angle, motive to seek approval originates out of initial condition of dependency. Observation of institutionalized children corroborates this view. The explanation of this is that the people describe themselves in favorable, socially desirable terms in order to achieve the approval of others. Satisfaction and well being increase when people enjoy the intrinsic satisfaction of an activity and when their goals and values are in harmony. In an approach-approach conflict, a person is equally attracted to two goals. In an avoidance-avoidance conflict, a person is equally repelled by two goals. An approach-avoidance conflict is the most difficult to resolve, because the person is both attracted to and repelled by the same goal. Prolonged conflict can lead to physical symptoms and reduced well being.

Mental health describes a level of psychological well-being, or an absence of a mental disorder. From the perspective of 'positive psychology' or 'holism', mental health may include an individual's ability to enjoy life, and create a balance between life activities and efforts to achieve psychological resilience. Mental health can also be defined as an expression of emotions, and as signifying a successful adaptation to a range of demands.

The World Health Organization defines mental health as "a state of well-being in which the individual realizes his or her own abilities, 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". World Health Organization (2005), was previously stated that there was no one "official" definition of mental health. Cultural differences, subjective assessments, and competing professional theories all affect how "mental health" is defined. World Health Report (2001) stated there are different types of mental health problems, some of which are common, such as depression and anxiety disorders, and some not so common, such as schizophrenia and Bipolar disorder (Kitchener & Jorm, 2002).

Most recently, the field of Global Mental Health has emerged, which has been defined as 'the area of study, research and practice that places a priority on improving mental health and achieving equity in mental health for all people worldwide'. According to Patel and Prince (2002) mental health can be seen as an unstable continuum, where an individual's mental health may have many different possible values. Mental wellness is generally viewed as a positive attribute, such that a person can reach enhanced levels of mental health, even if the person does not have any diagnosed mental health condition (Keyes, 2002). This definition of mental health highlights emotional well-being, the capacity to live a full and creative life, and the flexibility to deal with life's inevitable challenges. Many therapeutic systems and self-help books offer methods and philosophies espousing strategies and techniques vaunted as effective for further improving the mental wellness of otherwise healthy people. Positive psychology is increasingly prominent in mental health. A holistic model of mental health generally includes concepts based upon anthropological, educational, psychological,

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religious and sociological perspectives, as well as astheoretical perspectives from personality, social, clinical, health and developmental psychology (Witmer & Sweeny 1992; Hattie, 2004). An example of a wellness model includes one developed by Myers, Sweeney and Witmer. It includes five life tasks- essence or spirituality, work and leisure, friendship, love and self-direction- and twelve sub tasks- sense of worth, sense of control, realistic beliefs, emotional awareness and coping, problem solving and creativity, sense of humor, nutrition, exercise, self care, stress management, gender identity, and cultural identity- which are identified as characteristics of healthy functioning and a major component of wellness. The components provide a means of responding to the circumstances of life in a manner that promotes healthy functioning. The population of the USA in its' majority is considered to be mostly uneducated on the subjects of mental health (Myers, 2000).

AIMS OF THE STUDY

1. To assess and compare the approval motive and mental health viz. free floating anxiety, obsession compulsion, phobia, somatic complaints, depression and hysteria of adolescents.

2. To examine the relationship between approval motive and mental health viz. free floating anxiety, obsession compulsion, phobia, somatic complaints, depression and hysteria of adolescents.

HYPOTHESES

1. There would be significant difference in adolescents on approval motive and mental health viz. free floating anxiety, obsession compulsion, phobia, somatic complaints, depression and hysteria.

2. There would be significant relationship between approval motive and mental health viz. free floating anxiety, obsession compulsion, phobia, somatic complaints, depression and hysteria of adolescents.

METHODS

PARTICIPANTS

Total 100 adolescents (50 boys and 50 girls) were sampled for the present study. The age range of adolescents was 15 to 21 and selected

from the various college of Varanasi City. At this stage many extraneous variables e.g. socio-economic status (middle class), stream (arts), academic qualification (undergraduate) and family structures (joint family) were controlled for homogeneity of the sample. Participation of the students in this study was

unpaid and voluntary.

BEHAVIORAL MEASURES

1. **Approval Motive Scale (AMS; Tripathy & Tripathy, 1988):** Approval motive scale is constructed and standardized by Tripathy and Tripathy (1988). This scale consists of 72 items on 2 point scale (true & false). Minimum score is zero and maximum 72. Test-retest reliability of the scale was .89 and split half reliability was .93. Higher score are indicative of stronger approval motive.

2. **Middlesex Hospital Questionnaire (MHQ; Shrivastava & Bhat, 1981):** It is a short, clinical diagnostic self-rating scale for psychoneurotic patients, constructed by Crown and Crisp (1966). This was adapted and standardized in Hindi by Shrivastava and Bhat (1981). MHQ gives a quantitative clinical profile as the test consists of six subscales having 8 questions each. This scale consists of 48 items with six dimensions (free floating anxiety, obsession compulsion, phobia, somatic complaints, depression and hysteria) and there is weight for each answer and they have to be total for each scale. Split half reliability of the whole test was 0.70 by Spearman-Brown formula. High score shows neurotic personality and low score shows normal personality.

PROCEDURE

In the present study approval motive scale and middlesex hospital questionnaire were administered on the selected subject. Apart from questionnaire, subjects were also encouraged to share their experiences. After getting back the filled questionnaire the investigator examine that respondent have given their answer to each and

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every question. Any item was found to be un-responded then; it was referred back to the subjects with request to take their answer on the unanswered item. Further the responses were scored as per the predetermined standard scoring procedure.

RESULTS AND DISCUSSION

After scoring the responses of the inventories as per the predetermined scoring procedure score was analyzed by the Mean, SD, and one-way ANOVA and product moment method of correlation. The results and discussion of the present study are as following:

Table-1
Mean, SD and F value of adolescents on approval motives

Measures	Gender	Mean	SD	F Value
Approval Motives	Boys	43.18	5.68	4.23*
	Girls	56.18	6.99	

* $P < .05$

Result recorded in table 1 shows that gender difference was significant on approval motive ($F = 4.23$, $df = 1, 98$, $p < .05$). Mean score shows that girls scores higher on approval motive in comparison to boys.

Result (vide table – 2) shows that gender difference was significant on dimensions of mental health viz. free floating anxiety ($F = 4.04$, $df = 1/98$, $p < .05$), phobia ($F = 4.46$, $df = 1/98$, $p < .05$), somatic complaints ($F = 4.26$, $df = 1/98$, $p < .05$), depression ($F = 4.56$, $df = 1/98$, $p < .05$), overall mental health ($F = 5.34$, $df = 1/98$, $p < .05$), while gender difference was not significant on obsession compulsion ($F = .139$, $df = 1/98$, $p >$

$.05$), and hysteria ($F = .859$, $df = 1/98$, $p > .05$) in adolescents.

Table-2
Mean, SD and F value of adolescent's on Middlesex Hospital Questionnaire (M.H.Q.) and its Dimensions

Measures	Gender	Mean	SD	F Value
Free Floating Anxiety	Boys	3.27	3.43	4.04*
	Girls	5.54	2.97	
Obsession-Compulsion	Boys	7.09	2.91	.139
	Girls	6.63	2.80	
Phobia	Boys	3.45	2.84	4.46*
	Girls	6.27	2.76	
Somatic Complaints	Boys	2.81	2.56	4.26*
	Girls	5.45	3.23	
Depression	Boys	4.45	3.01	4.56*
	Girls	6.36	2.65	
Hysteria	Boys	3.00	2.44	.859
	Girls	4.00	2.60	
Overall M. H. Q	Boys	26.09	13.73	5.34*
	Girls	39.27	11.42	

* $P < .05$

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Table-3
Relationship of Approval Motives with Middlesex Hospital Questionnaire (M.H.Q.)
and its dimensions

Measures	Free Floating Anxiety	Obsession-Compulsion	Phobia	Somatic Complaints	Depression	Hysteria	Overall M. H. Q
Approval Motives	-0.54**	-0.49*	-0.51*	0.31	-0.45*	-0.54**	-0.58**

$P < 0.05$ ** $P < 0.01$

Results (vide table – 3) revealed significant negative relationship between approval motive with free floating anxiety ($r = -0.54$), obsession compulsion ($r = -0.49$), repression ($r = -0.45$), hysteria ($r = -0.54$) and mental health ($r = -0.58$), while negligible positive relationship between approval motive with somatic complaints ($r = 0.31$) of adolescents.

CONCLUSION

Results depict the significant gender difference on approval motive and free floating anxiety, phobia, somatic complaints, depression and overall mental health. A significant and negative relationship between approval motive and mental health were also recorded in this study **which indicates that higher** approval motives leads to normal personality structure of the adolescent.

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Mental wellness and life satisfaction among working women

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In the present study sample has been drawn from the working women both professional and non professional educational background and income levels from Raipur (Chhattisgarh) within the age range of 28-45 years. The sample was selected on random basis. It consisted of total 240 working women of both professionals (120) and of non professionals (120) educational background, different income group. To study these research problem 2x2 factorial designs was used. In this design working women of 2 categories professional and non professional Educational background, salary groups (2 income levels) were independent variables, Life satisfaction was dependent variable, so the proposed research design was 2x2 factorial designs. Pramod Kumar and Jayshree Dhyani, Life Satisfaction Scale (LSS) were used.

Keywords- *Mental wellness, Life satisfaction, Working Women*

Life satisfaction and health status are two distinct constructs, although mental and physical health constructs have higher potential to impact life satisfaction. Mental health stress was shown to have more of an impact on life satisfaction than physical health stress; however, both mental health and physical health are key determinants of life satisfaction.

Psychological distress is widely used as an indicator of the mental health of the population in public health and in population surveys. Psychological distress is viewed as an emotional condition that involves negative views of the self, others and the environment and is characterized by unpleasant subjective states such as feeling tense, worried, worthless and irritable as

per Barlow & Durand, (2005). Nagata et al., (1999) reported this gender difference in life satisfaction confirms previous research. Gender-specific relationships between health and quality of life have been linked to gender differences in disease and disability trajectories.

Women tend to live longer with illness and to experience more disability related diseases, compared to men who tend to fall ill with more life-threatening health conditions leading to shorter periods of impaired health (Gold et al., 2002).

Darling, Coccia & Senatore (2011) in the study on Women in Midlife: Stress, Health and Life Satisfaction stated that Midlife is filled with challenges and unique stressors for women, which necessitate a greater

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understanding of the factors that influence their life satisfaction. The results showed that women in midlife, who experienced more stressful life changes and had higher body mass index scores, slept fewer hours and had greater health stress, which resulted in lower life satisfaction. These results have implications for family health professionals and programmes that deal with family and health problems, including, sleep, weight and stress.

Membrive et. al. (2011) studied on Quality of life in perimenopausal women working in the health and educational system found Significant differences between working women's quality of life and some labor conditions. The perceived quality of life in perimenopausal women who work in Education is higher than that of those working in Health ($p=0.004$).

Women's income and household financial security

Choi (2001) studied relationship between life satisfaction and post retirement employment among older women. They concluded postretirement employment in itself does not contribute to older women's life satisfaction, but financial resources and especially the older women's concerns about their own financial situation are potent determinants of their life satisfaction.

The transition of women from the private to the public sphere has called into question the traditional model of the man as provider and the woman devoted to family matters, while at the same time allowing women to acquire a measure of financial independence and professional fulfillment. Paid work of women has also helped

maintain the purchasing power of households. Indeed, according to data from Statistics Canada (2000) (in Johnson, Lero and Rooney, 2001) between 1989 and 1998 the average after tax income of dual earner families with children increased by 6%, going from \$49,400 to \$52,100, while the average income of two-parent families with a single income decreased by 5% during the same period, going from \$37,900 in 1989 to \$31,000 in 1998. Thus, women's income has become a more important source of household financial security.

Objectives

The present research aims to study following objectives –

1. To study Life satisfaction among working women as a functions of their professional and non professional Educational background.
2. To study Life satisfaction among working women of two Income levels more than below 4 lakhs and 4 lakhs to below 8 lakhs (2 income levels).
3. To study the Interactive effects of professional and non professional Educational background and Income levels on Life satisfaction.

Hypotheses:

1. Life satisfaction among working women will be influenced by their professional and non professional Educational background and income levels.
2. Life satisfaction will be more among working women of professional educational areas as compared to non professional educational areas.
3. Life satisfaction among working women of higher income levels will be more as compared to the working women of lower income levels.

Psychological Tool:

Life satisfaction scale (LSS) by Kumar and Dhayani (1988) was used to assess life satisfaction of the subject's. The scale contains five dimensions i.e. mental, job, social, marital and family. The life satisfaction scale (LSS) in its form consists of 54 highly discriminating items, 45 positively and 9 items negatively worded. These items are in a 3- pointrating scale format. The life satisfaction scale was developed with a view to provide a handy tool for identify person having low satisfaction in life and who may require psycho-diagnostic help.

Sample:

The sample was selected by using random sampling procedure. It consists of 240 working women of both professionals (120) and non professionals (120) educational background of 2 income levels. 4 lakhs yearly – Low Income Group and 4 lakhs to below 8 lakhs yearly - Average Income Group.

Table-1
Distribution of the Sample in Table

Income Levels	Educational Background	
	Professional	Non-Professional
Low Income Group, below 4 lakhs	60	60
Average Income group 4 lakhs to below 8 lakhs	60	60
Total	120	120

Results Analysis and Interpretation:

The present study was conducted to find out differences between working women professionals vs. non-professionals educational background and its income levels on life satisfaction dimensions (Mental, Job, Social, Marital, and family). The statistical test of mean and SD was applied between these groups. Results are given below-

Table- 2

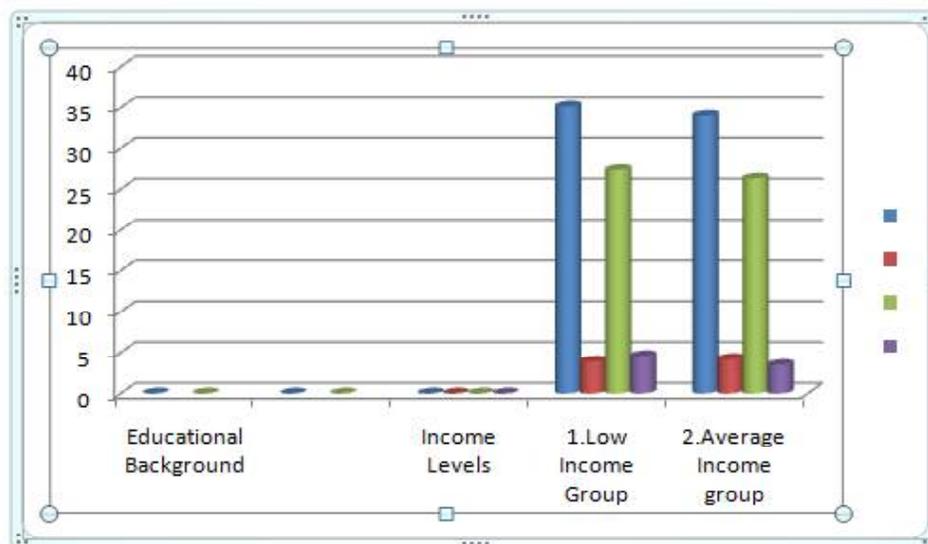
Educational Background	Professional Working Women		Non - Professional Working Women	
	Mean	SD	Mean	SD
1.Low Income Group	35.17	3.8-93	27.38	4.55
2.Average Income group	34.03	4.1-82	26.3	3.47

In the mental satisfaction dimension of working women of professional educational background of low income group mean score was found (35.17) and SD (3.893). In the same dimension, for working women of non-professional educational background of low income group mean score was found (27.38) and SD (4.55). In the mental satisfaction dimension of the mean score for working women of professional educational background of average Income group was found (34.03) and SD (4.182). In the same dimension, For working women of non- professional educational background of Average income group mean score was found (26.30) and SD (3.47).

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Figure -01

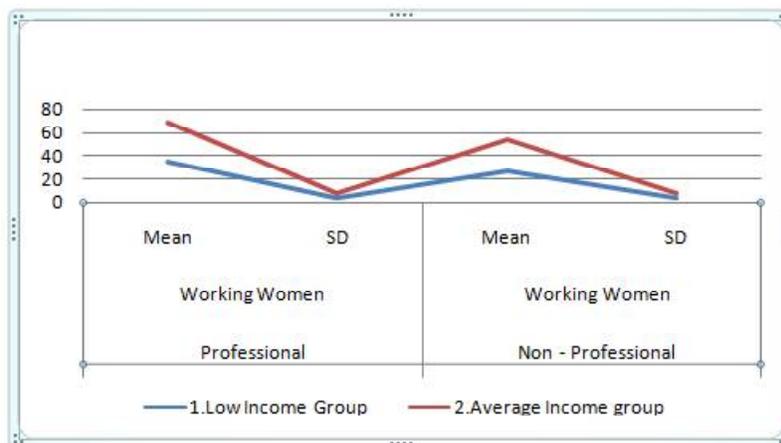
Mental Satisfaction Scores of Working Women of Professional & Non-Professional Educational Background and Two Groups of Income Levels Presented in Figure -01
 Mean of Mental Satisfaction dimension along with SD of two groups:-



On the basis of means score on dimension mental satisfaction, working women of low income group of professional educational background were higher (35.17) as compared to working women of low income group of non-professional educational background (27.38). On the basis of means score on dimension mental satisfaction working women of Average income group professional educational backgrounds were higher (34.03) as compared to working women of Average income group of non-professional educational background (26.30).

Figure -02

Comparison of Means on Mental Satisfaction Dimension of Working Women Working Women of Professional & Non-Professional Educational Background (Both) of Different Income Levels



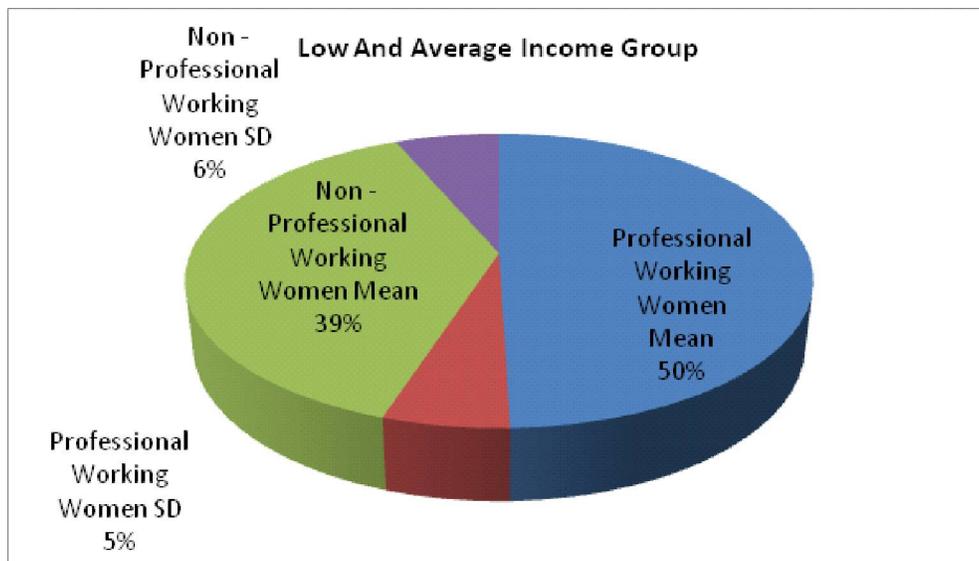
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Figure -02 shows that there is more difference in the mean scores of mental dimension of life satisfaction among working women at low income group professional educational background & non-professional educational background, comprising 35.17 and 27.38 mean scores respectively. It is observed that there is much

difference in mean score of mental dimension of life satisfaction among working women at average income group of professional educational background & non-professional educational background, comprising 34.03 and 26.30 mean scores respectively. It is

Pie Chart -1

Below show the pie chart of Mean and SD scores



Show the pie chart of Mean and SD score different between working women of professional & non-professional educational background and income levels.

Contribution of the Paper

The study focuses on professional and non-professional Working women of different income group (low-below four lakh and average-four to eight lakh) .The findings show that professional Working women of different income group have shown more satisfaction on mental

dimension because of her engagements with job in professional career a similar study can be done on go other dimension of life satisfaction.

The difference was seen in mental dimension of life satisfaction among working women of low and average income group of the professional and non professional streams having more satisfaction in mental dimension of life satisfaction. Mental wellness, income level and beter life satisfaction among working women.

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The Study of Cephalic Index of Maria Boys and Girls

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Craniometry is the scientific measurement of skulls, especially in relation to craniology while cephalometry is a branch of anthropometry in which the anatomical dimensions of head and face are measured. Cephalometry continues to be the most versatile technique in the investigation of the craniofacial skeleton because of its validity and practicality. The study was determine the cephalic indices of Maria boys and girls of Bastar District. The study was carried out of using 378 Maria boys and girls who were between the age of 6 to 12 years comprising of 189 Maria boys and 189 Maria girls. The data were collected from the schools of teachers' permission. The Maximum Head length (MHL), Maximum Head Breadth (MHB), and Cephalic Index (CI) were determined using standards. The obtained showed that the mean values of the MHB were boys and girls 16.98 ± 0.77 , 16.52 ± 0.80 , MHL were boys and girls 13.24 ± 0.63 , 12.99 and CI were 78.16 ± 5.22 , 78.78 ± 4.97 boys and girls found to be mesocephalic. Cephalic index is the terminology used in anthropology for having in indentifying module or numerical to distinguish the given sample of population.

The cephalic index is one of such very useful measurable anthropometric variables used in physical anthropology to determine geographical gender, age, and racial and ethnic variations. A comparison of changes in the cephalic index between parents, offspring, and siblings gives clues to the genetic role in forensic science.^{1,2} Cephalic index is the most frequently investigated craniofacial parameter as it utilizes the length and breadth of the head which are useful indices in the study of a secular trend.³ The ratio of the maximum head breadth to the maximum head length can be used to measure the size of the head.⁴ cephalic index gives an idea of how genetic characters are transmitted between parents, offspring, and siblings.¹ On basis of cephalic index, head shapes are grouped

into four international categories, which are dolichocephal, brachycephal, mesocephal, and hyperbrachycephal^{5,6}. This helps in better understanding the frequency distribution of human morphologies and the comparison of different races. The most important of the cephalometric dimensions is the height and breadth of the head that they used in cephalic index determination. The cephalic index is very useful anthropologically to find out racial and sexual differences (Shah & Jadhav, Williams et al.).

Facial morphometry indicates the changes in facial shape in a given population. It is also useful in permitting changes between races, ethnic groups, sexes and even members of the same family. Morphometry of the face is always

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an interesting subject for artists and plastic surgeons. The facial parameters are useful in various situations such as searching a missing person, recognizing a criminal, to find out a person in accidental cases like road accident, burn and natural disasters. The parameters of face are useful in curing congenital and post-traumatic deformity of face.

Review of the Literature

Yagain et al studied cephalic index in Indian students, dominant type of head shape in males was dolichocephalic (33%) and brachycephalic (33%), but the mean cephalic index was 77.92 (mesocephalic). The mean cephalic index in females was 80.85, which showed that majority were brachycephalic (33%), with 29% each of dolichocephalic and hyperbrachycephalic and least common mesocephalic (9%).

Rajlakshmi et al, (2001) conducted a study on 64 Manipuri fetuses ranging from 12 weeks to 40 weeks. They measured the dimensions with standardized anthropometric instruments at standard bony landmarks on the cranium. They found that skull measurements provided the age evaluation of an unknown fetus. This study revealed that fetal skull of the Manipuri population was mesocranial in the early weeks and brachycranial at term pregnancy.

Mahdi et al, (2012) determined Iranian cephalometric parameters and cranial and facial anthropometric ratios. This cross sectional analytical study was done randomly on 137 people from Nikshahr (Iran) with normal face patterns. Facial and cranial ratios was estimated and compared.

Ashwini and Arvind (2014) compared the facial index among South Indians and North Indian students. A cross-sectional study was conducted in subjects between 18-22 years with a simple random sampling technique. Facial length and facial breadth were measured using sliding and spreading calipers.

Katarial and Gaur (2014) studied anthropometric measurements like length, weight

and head and chest circumference of normal healthy neonates at birth in Western Rajasthan

Kataria et al. studied that face shape in North Indian males and females are Mesoprosopic followed by Euryprosopic, Hypereuryprosopic, Leptoprosopic and Hyperleptoprosopic

Objectives:

The study was determined the cephalic indices of Maria boys and girls of Bastar District.

Research Methodology:

Vernier of Vernier calipers was placed at the described locations, fixed manually with provided screws, and the length and width of the caliper were recorded on the graduated metal scale on the caliper itself. The anatomical landmarks taken were:

Glabella (G): A point above the nasal root between the eyebrows and intersected by the mid-sagittal plane.

Opisthocranion (OP): It is the most posterior point on the posterior protuberance of the head in the midsagittal plane.

Euryon (Eu): It is the most laterally placed point on the sides of the head. This point can be determined by measuring the maximum cranial breadth

Maximum Head length (MHL) = Glabella to Opisthocranion (GOP)

Maximum Head breadth (MHB) = Euryon to Euryon (Eu)

Cephalic Index was calculated using the following formula:

$$\text{Cephalic Index} = \frac{\text{Head breadth}}{\text{Head Length}} \times 100$$

Statistical analysis:

All the data was compiled and entered in Microsoft excel worksheet as a master chart. The measurements were statistically analyzed (arithmetic mean and standard deviation were calculated) and tabulated.

Depending upon this Index the types of head shapes were classified as given by Williams et al. (1995)

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S.-No.	Head Shapes	Cephalic Index
1	Dolicocephalic	<74.9
2	Mesocephalic	75.0Ñ 79.9
3	Brachicephalic	80.0Ñ 84.9
4	Hyperbrachicephalic	85.0Ñ 89.9

All the data were analyzed using Microsoft Excel Mean and Standard deviation were calculated. From the observations of the present study, the parametric data were analyzed using an independent sample t-test.

Ethnography of Maria tribe

The Maria tribe is a scheduled tribe of Chhattisgarh of Bastar District. Maria Tribe is also known as Bison horn Maria and Hill Maria. The Maria is differentiated from other tribes of Bastar by their splendid headdress, a pair of bison horn fitted with a basketry cap, a bunch of feathers, and a string of cowries used during marriage dances. This term was used by W.V.Grigson(1938)to distinguish them from the Hill Maria The Bison-Horn Maria or Dandami Maria is primarily the inhabitants of Bastar and Dantewada District.

Result and Discussion

Several studies have been carried out to classify head shapes based on cephalic index into four internationally acceptable categories that include dolicocephalic (<74.9), mesocephalic (75-79.9), brachycephalic (80.0-84.9), and hyperbrachycephalic (85.0-89.9). From the table 1 shows the highest frequency of mesocephalic for both boys and girls (44.15%) and (40.96%),

and followed by the brachicephalic both boys (25.00%), girls(24.17%), dolicocephalic for boys(21.81%), girls(22.87%) and hyperbrachicephalic for boys (9.04%), girls (11.70%) respectively.

The value of the mean, standard deviation(SD), standard (SE), and variance were calculated for the maximum head breadth (MHB), maximum head breadth (MHL)and cephalic index (CI) and the summary of the result for the parameters were calculated by table 2 -3 are presented . The table 2 shows the maximum head breadth in boys and girls were found to be 13.24 ±0.63 cm and 12.99 ±0.58 cm respectively, while the mean maximum head length in boys and girls were found to be 16.98 ±0.77cm.,16.52±0.80 cm respectively(table -3). The mean cephalic index in Maria boys and girls were found to be 78.16±5.22,78.78±4.97 respectively (table-4)

Discussion

The cephalic index is one of such very useful measurable anthropometric variables used in physical anthropology to determine geographical gender age, racial and ethnic variations. Comparison of the changes in cephalic index between parents, offspring, and siblings gives clues to genetic transmission of inherited characters or traits which play a role in forensic science. 14-16 Racial variation in the cranium was recorded William et.al. (1995), Bhils races (76.98)were reported as being mesocephalic. In the present study mean cephalic index was found to be boys and girls 78.16±5.22,78.78±4.97 so according to Williams (1995) classification. Bhargav and Kher in (1961) cephalic index as 76.9 in Bhils population.

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Table-1
Distribution Subject according to Cephalic Index of Maria Boys and Girls.

S.No.	Head Shapes	Cephalic Index	Boys		Girl	
			No.	%	No.	%
1	Dolicocephalic	<74.9	41	21.81	43	22.87
2	Mesocephalic	75.0~79.9	83	44.15	77	40.96
3	Brachicephalic	80.0~84.9	47	25.00	46	24.47
4	Hyperbrachicephalic	85.0~89.9	17	9.04	22	11.70
			188	100.00	188	100.00

Figure- Cephalic index of Maria boys and girls.

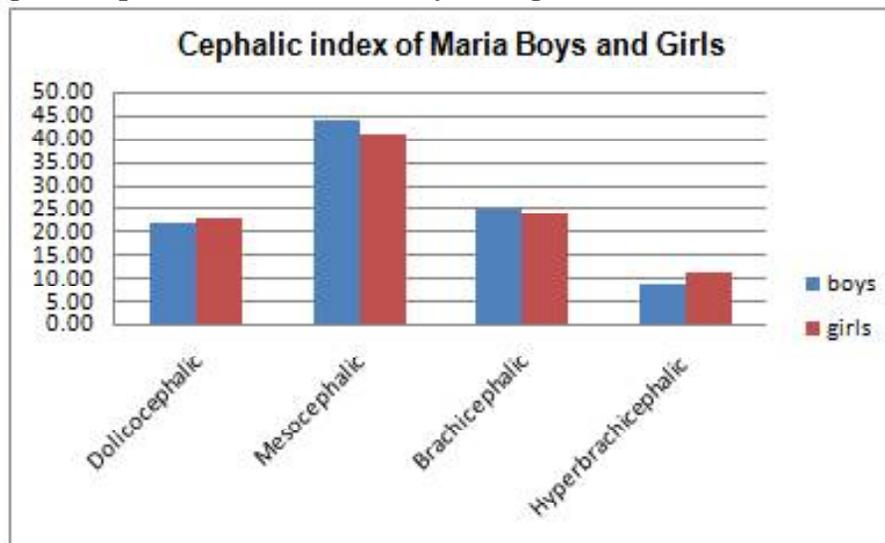


Table-2
Distribution of Mean, Standard deviation(SD), Standard error (SE) of Maximum Head Breadth (MHB) of Maria Boys and Girls.

MHB(cm)	frequency	Mean	SD	SE	T-Value	D.F
Boys	188	13.24	0.63	0.04	-4.023	374
Girls	188	12.99	0.58	0.05		

Table-3
Distribution of Mean, Standard deviation(SD) , Standard error (SE) of Maximum Head Length (MHL) of Maria Boys and Girls.

MHL(cm)	frequency	Mean	SD	SE	T- Value	D.F
Boys	188	16.98	0.77	0.60	-5.60	374
Girls	188	16.52	0.80	0.60		

Table-4
Distribution of Mean, Standard deviation(SD) , Standard error (SE) of Cephalic Index(CI) of Maria Boys and Girls.

Cephalic Index	frequency	Mean	SD	SE	T- Value	D.F.
Boys	188	78.16	5.22	0.38	1.20	374
Girls	188	78.78	4.97	0.36		

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Migration in India: Spurt in Reverse Migration amid Economic Slowdown Due to Lockdown

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Migration is a major Political and Economical issue related to human rights and development at regional, national and international levels. In a large country like India, the study of migration in different parts of the country helps in understanding the complexities of the society better. The global spread of novel corona virus (COVID-19) has been recognized as a pandemic by the World Health Organization (WHO). Government of India announced a nationwide lockdown with a complete restriction on passenger travel by all transportation means was implemented since March 24, 2020. During this lockdown the country witnessed economic slowdown, which forced reverse migration. In this paper we analyze the effect of lockdown on economic growth of India.

Key Words: Migration, Reverse Migration, Lockdown, Economic Slowdown

1. Introduction: Migration is a major Social, Political and Economical issue related to human rights and development at regional, national and international levels. The studies on migration show that migration is in large part related to the broader economic, social, political and technological transformations. In a large country like India, the study of migration in different parts of the country helps in understanding the complexities of the society better. To assess the effect of Economic development in the country, especially when many states are developing fast, especially in areas, such as, agriculture, service, manufacturing sectors, information technology migration profile of population has become more significant.

The global spread of novel corona virus (COVID-19) has been recognized as a pandemic

by the World Health Organization (WHO). The pandemic has already affected 340 million people across the world. There have been 10,15,998 deaths worldwide and 253 million people recovered till 30th September 2020. In India, total 62,98,124 confirmed cases, 52,60,641 recovered cases and 98,578 deaths were reported till September 30, 2020¹. Government of India adopted strategy of social distancing like many other countries as a infection prevention and control intervention. Under this strategy, a nationwide lockdown with a complete restriction on passenger travel by all transportation means was implemented since March 24, 2020. During this lockdown the country witnessed economic slowdown, which forced reverse migration.

2. Research Methodology: This research paper is based on secondary data provided by

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Central Government, State Government, Academicians, Journals and Books. We have analyzed data of Migration for rural and urban India over the period 1991 to 2011 and sudden reverse migration in 2020 COVID -19 pandemic.

3. Indian Scenario: According to the State of World Population report, more than half of the world's population lives in urban areas, and the number is gradually increasing every year. India is no exception to this trend. As per the census, the level of urbanization in India has increased from 27.81% in 2001 to 31.16% in 2011. Urbanization in India is an outcome of demographic explosion and poverty led rural-urban migration. The proportion of migrants in urban population is 47%.² When a person is enumerated in census at a different place than his / her place of birth, she / he is considered a migrant. Marriage is the most common cause of migration among females while work is the reason generally among males, etc.. Census collect information on migration which helps in understanding the current migration scenario better.

According to the 2011 Census of India 69 percent of India's population live in rural areas, but the country is urbanizing rapidly. The cities of Delhi, Mumbai, and Kolkata are among the world's top ten most populous cities, and India has 25 out of 100 fastest-growing cities worldwide. A significant source of this increase is rural to urban migration, as a growing number of people do not find adequate economic opportunities in rural areas and move to towns and cities. Census 2011 reveals that India's urban population has increased faster than its rural population since census 2001. Now 31.16 percent of India's population is urban up from about 27.81 percent in 2001³.

According to World Bank data, in 2010, 29.8 percent Indians lived below the poverty line, while 33.8 percent of rural Indians lived below the national rural poverty line. Rural India is still

characterized by agrarian distress, a lack of employment and educational opportunities and farmer suicides. Thus, the rural-urban partition has been one of the primary causes for India's labor mobility⁴. The *India Wage Report* exhibits that low wages and wage inequality is a serious threat to India in achieving respectable working conditions and inclusive growth. Out of total employed persons in 2011-12, 51.4 per cent, or 206 million people were self-employed, and out of 195 million wage earners, 62 per cent or 121 million persons were employed as casual workers⁵. In addition to low wages for casual workers, there is also gender bias in wage payments. The gender bias in casual wage payment is low in rural areas (0.63) than in urban areas (0.58). However, the reason for low gender bias in wage payments in rural areas is very low wages both for male and female rural workers⁶. As high as 70 percent of its rural households still depend primarily on agriculture for their livelihood, with 82 percent of farmers being small and marginal⁷.

4. Data Analysis: According to the Census, India has 456 million migrants in 2011 (38% of the population) in comparison to 315 million migrants in 2001 (31% of the population).

Between 2001 and 2011, while population increased by 18%, the number of migrants increased by 45%. In 2011, 99% of total migration has been interstate and international migrants comprise 1%⁸. In India, as per census 2001, about 307 million persons have been reported as migrant by place of birth. Out of them about 259 million (84.2%), migrated from one part of the state to another, i.e., from one village or town to another village or town. 42 million (2%) out of the country. The data on migration by last residence in India as per Census 2001 shows that the total number of migrants has been 314 million. Out of these migrants by last residence, 268 million (85.4%) has been intra-state migrants, those who migrated from

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one are of the state to another. 41 million (13%) were interstate migrants and 5.1 million (1.6%) migrated out of the country.

4.1. Migration inter and intra State: The Economic Survey of India 2017 estimates that the magnitude of inter-state migration in India was close to 9 million⁹ annually between 2011 and 2016, while Census 2011 reveals the total number of internal migrants in the country a staggering 139 million. Uttar Pradesh and Bihar are the major source states 37% (20.9 million), followed by Madhya Pradesh, Punjab, Rajasthan, Uttarakhand, Jammu and Kashmir and West Bengal. The major destination states are Delhi, Maharashtra, Tamil Nadu, Gujarat, Andhra Pradesh and Kerala. Delhi and Mumbai are considered migrant attracters and the 2011 Census reveals that out. According to it migrants from other states in Delhi and Mumbai numbered 9.9 million.

Table 1
Migration Data (Number in Millions)

S. No.	Year	Migration within State	Migration Inter State
1	1991	59.1	27.3
2	2001	76.8	42.3
3	2011	121.2	56.3

Source: Census of India, 2011

The number of inter-state migrants grew at 54.94% between the 1991 and the 2001 Census. This decreased to 33.09% between the 2001 and 2011 Census. In contrast, the rate of growth in inter-district migrants (within state) increased from 29.94% between the 1991 and 2001 census to 57.81% between 2001 and 2011. Not only are people migrating within states, they are migrating within districts. The growth in intra-district migration (movement within the same

district) increased from 33% to 45% between 1991-2001 and 2001-11. Obviously, people are finding better opportunities near home than they were getting earlier.

4.2 Reasons for internal migration: As of 2011, majority (70%) of intra-state migration was due to reasons of marriage and family with dissimilarity between male and female migrants. While 83% of females moved for marriage and family, the corresponding data for males was 39%. On the whole, 8% of people migrated within state for work (21% of male migrants and 2% of female migrants).

Table 2
Reason of Migration (Percent Share of migrants)

S.-No.	Reason of Migration	Within District	Within State	Inter State
1	Work/Business	35.1	34.6	30.3
2	Education	53.8	32.4	13.8
3	Marriage	65.4	26.5	8.1
4	After Birth/With Household	54.8	29.3	15.9
5	Others	73.7	18.0	8.3

Source: Census of India, 2011

Migration for work was higher among interstate migrants- 50% of male and 5% of female. According to Census, there were 45 million migrant workers in 2011. However, according to the Working Group Report on Migration, the Census undercounts the migrant workers.

Many women take up employment after migrating which is not shown in the number of women moving for work related reasons¹⁰. The gender gap in migration for economic purposes (work, business and education) increases with the distance of migration. The number of men who migrated within district was 3.2, across districts but within states 4.3 and across states was 7.4, for every woman who migrated for work, business or education,.

5. Reverse Migration Due to Lockdown: Prior to the COVID-19 pandemic, the Indian economy was showing a sign of slower growth. According to the International Monetary Fund, between the period 2015-2019 growth diminished from 8.0 to 4.0 per cent¹¹. In 2018, the unemployment rate was more than 6 per cent. The youth unemployment rate increased from 10 to 23 per cent during 2012 to 2018, 12.

More than 90% of working people in India are in the informal sector. Uttar Pradesh and Bihar have more than 80% of workers in this sector. A recent primary labour force survey (PLFS-2017-18) has estimated that more than 71% people with a regular salary working in industries have no written job agreement. Nearly half of workers are not eligible for social security benefits¹³.

COVID-19 has greatly affected migrant workers. The population of 100 million (20 per cent of workforce) internal migrant workers have been the worst sufferers in the unplanned lockdown that began on March 25. They have been stranded in the cities and other places of work, without wages, money and food. The migrant workers walked hundreds of kilometers to reach their villages¹⁴.

Steps taken by the government with regard to migrant labour during the lockdown

Measures taken by the government to aid migrants include- On March 28, the central government authorized states to use the State Di-

aster Response Fund to provide accommodation to traveling migrants. States were advised to set up relief camps along highways with medical facilities to ensure people stay in these camps while the lockdown is in place.

5.1 .Transport: Between May 1 and June 3, Indian Railways operated 4,197 Shramik trains, more than 5.8 million migrants were transported through specially operated trains and 4.1 million were transported by road¹⁵.

The preliminary data released by the CLC following a rap from the Central Information Commission accounts for 26,17,218 migrant workers spread across the country. Chhattisgarh has the maximum number of workers at 10.85 lakh, followed by Kerala at 2.86 lakh, Maharashtra at 2.01 lakh, Tamil Nadu at 1.93 lakh and Andhra Pradesh at one lakh¹⁶.

5.2.Food Distribution: The Indian government announced the Pradhan Mantri Garib Kalyan Package (PMGKB), a \$22.6 billion relief package in March 2020 to give some relief to people¹⁷. On April 1, the Ministry of Health and Family Affairs directed state governments to establish relief camps for migrant workers with arrangements for food, sanitation and medical services. On May 14, under the second tranche of the Aatma Nirbhar Bharat Abhiyaan, the Finance Minister announced that free food grains would be provided to migrant workers who do not have a ration card for two months¹⁸. The measure is expected to benefit 80 million migrant workers and their families. The Finance Minister also declared that One Nation One Ration card will be implemented by March 2021, to provide portable benefits under the PDS. This will allow access to ration from any Fair Price Shop in India to migrants. The World Bank announced \$1 billion funding to speed up social protection support, in part through the PMGKB. This support would work alongside pre-existing measures such as the Public Distribution System (PDS), which covers 800 million people,

and Direct Benefit Transfers (DBT). This cash injection could help address one of the key challenges facing India's piecemeal and uneven social protection programmes – inadequate funding. India's spending on public social protection excluding health is just 1.3% of the GDP 19. Government announced an additional 5kg of wheat or rice per person on the Public Distribution System list, and 1kg of pulses per PDS household, for 3 months and Free Liquefied Petroleum Gas cylinders for 86 million Ujjwala scheme beneficiaries (who are all Below Poverty Line families) for 3 months.

5.3. Housing: The Aatma Nirbhar Bharat Abhiyaan also launched a scheme for Affordable Rental Housing Complexes for Migrant Workers and Urban Poor to provide affordable rental housing units under PMAY. The scheme aims to use existing housing stock under the Jawaharlal Nehru National Urban Housing Mission (JnNURM) as well as to motivate public and private agencies to build new affordable houses for rent. Moreover, extra funds have been allocated for the credit connected subsidy scheme under PMAY for middle income groups²⁰. Since housing is a state subject, there is variation in approach of States towards affordable housing.²¹

5.4. Financial aid: Some state governments (like Bihar, Rajasthan and Madhya Pradesh) announced onetime cash transfers for returning migrant workers. UP government declared maintenance allowance of Rs 1,000 for returning migrants who were required to quarantine. Government of India announced Rs.500 per month, for 3 months, to an estimated 200 million Jan Dhan Yojana (JDY) female account holders (50% of them are held by women) and cash transfer of Rs.2000 to 87 million farmers under the PM Kisan scheme. An exgratia payment of Rs.1000 to poor senior citizens, widows and disabled persons. Collateral-free loan of up to Rs. 2 million for female

self-help groups

5.5. Role of MNREGA : In this period of the pandemic crisis, role of Mahatma Gandhi National Rural Employment Scheme (MGNREGS) would be crucial to generate employment and demand in rural India, where all other nonfarm activities were stalled and movements restricted during lockdown.

6.Result and Discussion: According to Action Network 50% of workers had rations left for less than one day whereas 74% had less than half their daily wages remaining to survive for the rest of the lockdown period and 89% had been paid no wages by their employers during the lockdown²².

According to Central Statistical Organisation (CSO) the third advance estimate of India's Gross Domestic Product (GDP) for 2019-2020 stood at Rs 47 lakh crore of which 17 per cent is earned by casual labour, 21 per cent by regular wage employees and 62 per cent by self-employed workers. The lockdown will affect all these workers differently. According to the Periodic Labour Force Survey (PLFS) data for 2017, 25 per cent of total workers in India are casual labourers (i.e. about 93 million people) earning about Rs 1,754 per week. Another 23 per cent are regular wage earners who get an average Rs 4,063 per week. The rest, 52 per cent workers are self employed who earn about Rs 3,460 per week. The complete lockdown will affect casual labourers the most. It is estimated that Indian economy will face an income loss of Rs 1.7 lakh crore per week during lockdown²³.

Government of India increased "rural employment guarantee" daily wages, from Rs.182 to Rs.202 for MNREGA workers. In April 2020, only 3.4 million households were employed in the MNREGA, compared to 17 millions in April 2019. An additional \$5.33 billion to be allocated to MNREGA employment, over and above the earlier budget estimate of \$8.13 billion for fiscal

year 2020-21 . Similarly, it seems that the JDY accounts were not accessible to more than half of their holders either because they leave too far from the nearest banking point or because of personal issues. Government of India announced a second relief plan which represented 10% of India's GDP – that is, Rs. 20 trillion, or \$270 billion but it was not of much help to migrants.

Conclusion: The Indian economy is particularly badly affected by the COVID-19 pandemic crisis. The government imposed a severe lockdown to a fragile society that includes a huge informal and poor sector and economic

slowdown had already made it vulnerable since 2017. People migrated to urban areas in search of better job opportunities which were not available to them at their original place of residence. The lockdown which was imposed to control the spread COVID-19 pandemic left these migrant workers suddenly without work and no wages and facilities to fight these adverse circumstances. Little saving from their meager income forced them to take reverse migration, in poor management, back to their home. It is ironical that now they are seeking shelter in that home which earlier they left for better livelihood and income.

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Violence Against Women : An Analysis

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What is Violence against women? The United Nations defines violence against women as “any act of gender- based violence that results in, or is, likely to result in physical, sexual or mental harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life.” Violence is a violation of women’s fundamental rights, often with devastating consequences. In countries where there is no law against domestic violence, as is the case in 46 countries, women’s average life expectancy is typically shorter than men’s.

Keywords: coercion, gender inequality, non-consensual sex, marital rape, stereotypes, sexual harassment, feminism, gender- based violence.

Women constitute 50 percent of the Indian population. Although the constitution has conferred on them equal rights and the law has banned any discrimination against them, women in India, like their sisters in other parts of the world, do not really enjoy this legal equality in status. This is due to various factors. Historically, they had been subjected to various kinds of exploitation. Educationally they are still quite backward. Economic independence, for a majority of them is still a dream, which constantly eludes them.¹

Realising the fact that the country cannot really progress if half of its population is allowed to remain in servitude and is denied avenues of progress in practical terms. Thus the economic and social emancipation of women has ranked high in the agenda of our country. The totality of their welfare, equal access to education, equal

wages, maternity and child benefits, special health care, the ending of socially discriminatory practices, all this will claim our attention and resources, will raise their social status.²

A number of non health related influences affect the availability of, and access to, sexual and reproductive health services. Of these, gender based inequalities are the most formidable barrier. As the feminist movement has always highlighted, control over women’s sexuality and fertility affect women’s vulnerability to sexual and reproductive health problems. Early marriages, frequent child bearing, cultural or familial/ spousal opposition to use of contraception by women, female genital mutilation, non consensual sex within marriage and sexual and physical violence against women by their intimate partners are only a few examples of which women’s sexual reproductive

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health is affected by gender based norms and patriarchal control over women's lives.³

Patriarchal control over women's sexuality and reproduction also operates at a policy and programmatic level. Access to abortion services is still restricted by laws and regulations in many countries. Although there is a global trend towards liberalisation of abortion laws as late as 1997, 25% of world's women lived in countries where abortion was generally prohibited. Religious influences, population control ideology or Pro-natalism, all manifesting gender biases that placed women at a greater disadvantage than men. They can affect access to condoms, sterilisation services or infertility treatment. Even when services are made available, deep rooted attitudes to sexuality and to the issue of who should or should not bear children may prevent service providers from providing youth and unmarried woman and men with contraceptive and abortion services.⁴

In *Women in nineteenth century* in 1844, Margaret Fuller criticised the French Revolution for being concerned only with the external obstacles to happiness. She stressed the need for internal psychological and cultural change. Inequality was not a matter of institutions, it also involved attitudes. She compared men's contempt for women and children to acceptance of slavery.⁵

Fuller was influenced by Fourier and by European Romanticism and nationalism. She visited France and Italy in 1847-50 When both countries were seething with revolution. The first organised movement for women's right thus came from the movement to abolish slavery. The movements were inspired by the universalist case for equal human rights. True, the abstract principles of equality were not the daily lived reality of relations within these movements. Nonetheless, abolition and women's rights organisers broke down many conventional barriers to the public participation of black people

and women both movements had international impact.⁶

The number of violent crimes in India especially those against women including rape data reported in official statistics are increasing with each passing year. This violence thrives with the milieu of steady economic growth an increasing inequality between the rich and the poor in Indian society. In 2012, the crime against women reported by official statistics increased by 24.7% compared to those reported in 2008. Ranging from the so called Eve teasing an outright sexual harassment on the street or workplace, harassment for dowry, molestation in public transport vehicles and The often reported rape, these crimes against women reflect the vulnerability and deep rooted problems related to the position of women in Indian society.⁷

Marital rape, for example is still not considered a criminal offence. Rape by armed personnel (military and police) although under the purview of the law is excluded if it occurs in several states of India (North eastern states, Jharkhand, Jammu and Kashmir) where the draconian Armed Forces Special Powers Act (AFSPA) deprives women from seeking legal recourse in such circumstances.⁸

In a democracy, it is said that the politicians are only as good as the people. The deep rooted patriarchy of Indian society lay exposed when several people, including senior politicians, type casted the victims of sexual violence, as possibly having contributed to the perpetration of the crime. Some of the typical characterization of victims included women who dressed 'provocatively', 'was out late in the night or was behaving in a suggestive way that invited trouble'. Others suggested in an apparent gesture of sympathy that the rape victim becomes a living corpse indicating the life of shame that the victims of sexual abuse will be subjected to in the country.⁹

Crimes against women increased nearly 50% in 2019 with a total of 41,155 cases being registered, which are 13,561 more than the previous year. The maximum rise in the crimes against women was in molestation (68%) while rape cases too increased by 38.34% as compared to the cases registered in 2018. The cases of rape committed against minors also registered an increase of 22%. Last year a total of 41,155 cases of crimes against women were registered which is 49.14% more than 2018 and 61.01 more than 2017. A total of 8,802 FIRs of molestation were registered in 2019, which is 67.69% more than 2018 and 80.26% more than 2017.¹⁰

In recent decades, legal and traditional definitions of rape have undergone many revisions. According to traditional common law definitions, rape was regarded as an act committed by a man “who engages in intercourse with the woman, not by his wife, by force or threat of force, against her will, and without her consent”. The Federal Bureau of investigation (FBI) has defined it as “the carnal knowledge of a female forcibly against her will”. But reforms and rape clause instituted by various states in the 1980s no longer require the victim to prove her non-consent and also now legally recognise that some men raped the woman to whom they are married. The Model Penal Code is one such example, rape there is defined as a “sexual intercourse where the man compels a woman to submit by force or by threat of imminent death, serious bodily injury, extreme pain or kidnapping, to be inflicted on anyone”. Thus there are several types of rape— marital rape, acquaintance rape, male-male rape, female-perpetrated rape of males, female-perpetrated rape of females— are recognised by the legal system.¹¹

The legal, psychological, and social issues regarding rape are complex. Contrary to popular stereotypes, the typical rape occurs between typical men and women, under typical

circumstances. In the minds of attorneys, officers, rapists, the general public, and victims, the least common form of rape— sexual intercourse forced by a stranger with a weapon— is held as standard against which all other rapes are judged. Definitions of force and consent remains coloured by traditional assumptions regarding the nature of male-female relationships. Because definitions of rape vary, statistics regarding the incidence and prevalence of this crime are difficult to interpret. Correspondingly, scientific knowledge regarding the characteristics of represent victims have been limited by assumptions about the nature of “real rape”, although recent evidence suggests that the characteristics of rapists and victims differ little from the characteristics of the typical man or woman. Because the social situational factors that contribute to rape appear related to those factors that maintain male dominance at the social- structural level, a comprehensive analysis of rape requires further attention to social as well as psychological processes. Accordingly, changes are required at the societal as well as the interpersonal levels to decrease the prevalence of rape.¹²

Definitions of sexual harassment are important because they educate people, stimulate discussions, and encourage judgments of behaviour. But no definition of the many that exists is complete or acceptable to anyone. The American Psychological Association’s definition of sexual harassment refers to “deliberate or repeated comments, gestures, or physical contact of a sexual nature that are unwanted by the recipient”. That of the National Advisory Council on Women’s Educational Programmes defines sexual harassment as “the use of authority to emphasise the sexuality or sexual identity of a student in a manner which prevents or impairs that student’s full enjoyment of educational benefits, climate or opportunity”. The definitions, however, use ambiguous terminology and words

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(for example full enjoyment, unwelcome, authority) that may minimise the seriousness of the behaviour. Sexual harassment in workplaces defined as “deliberate or repeated unsolicited verbal comments, gestures, or physical contact of sexual nature that is considered to be unwelcome by the recipient”. Although the definitions vary, most include one or more of the following characteristics: the behaviour is unwanted as perceived by the victim and/or repeated and/or deliberate, there is some negative harm or outcome of the victim, a wide range of behaviours is included, and the offender has more power than the victim.¹³

Sexual harassment affects at least a substantial minority of individuals, particularly women, in academia and the workplace. The victims suffer a variety of negative (physical, emotional, and performative) consequences from their experience with harassment. There is some consensus among the many definitions of sexual harassment, with a focus of unwanted behaviour, harm and abuse of power. Legal remedies for sexual harassment exist under both Title VII and Title IX, yet most victims ignore them or use informal means to deal with sexual harassment rather than evoke formal means such as filing lawsuits.¹⁴

Definitions of sexual harassment used in academia and the workplace, as well as by social science researchers, usually view harassment from the perception of the victim. Similarly, legal definitions required that the (sexual) conduct be unwelcome— that is, not consensual or encouraged by the victim. All definitions also require that the victim incur some type of harm.¹⁵

The concept of power emerges as crucial to the understanding of the sexual harassment. Authors and researchers in this area, however, have not yet dealt with the complexities of the concept of power. Based on some of the research, it can no longer be assumed that only former or position power is relevant to sexual

harassment. Different types and sources of power (formal versus informal, position or achieve versus diffuse or ascribed) need to be distinguished, and the role of these different types in the process of sexual harassment must be investigated.¹⁶

The one issue that has inflamed feminists more than any other is that of violence against women. According to one estimate, as many as 30 specific forms of violence against women have been identified. These range from sterilisation abuse, through pornography to outright murder. Violence against women is often seen as an assault against her body but more importantly it is a negation of her integrity and personhood. The fear of sexual violence has been a powerful factor in restricting women’s behaviour and sense of freedom. In one of the most ironical dichotomies of the modern era, it is indeed deplorable that, antithetical to the process of progress and modernisation, the liberated women of today subjected to growing acts of criminal violence, a terrible violation not only of a body and being, which the Hindu religious texts endowed with such sanctity, but also a desecration of her individuality, her hard won emancipation and her well deserved status as man’s equal in every sphere of life.¹⁷

Gender bias, economic disparity, unequal power equations between men and women, all are predisposing factors of the perpetuation of crimes against women. *Rehana Ghadially* aptly summed up in her arresting exposition in *Women in Indian society*, that the struggle against violence is a struggle against the unequal distribution of power- both physical and economic between the sexes. The challenges lies not only in the redefining hierarchal relationship between the sexes but hierarchical interactions in all aspects of interpersonal relationship. People in position of power- upper caste men, police, labour contractors, military personnel- dismiss violence done to lower cast

and class women as insignificant. Women accept the male view of what is important and in violent encounters, end up blaming themselves, the victims, rather than castigate the perpetrators.¹⁸

The women's liberation movement in India has rallied around the retrogressive issue of rape and brought together diverse women's group from different parts of the country urging for a constant update and modernisation of rape laws. However another deplorable form of cruelty towards women i.e., wife beating, seems to get camouflaged under the broad term dowry deaths. The deaths which occur within the home are the ultimate manifestation of the violence suffered by most Indian women in varying degrees. "The term 'dowry deaths' is an oversimplification of a far more complex social phenomenon of power relationship within the family. We prefer to call them plain 'wife murderers'. Most of these women are harassed for a long time before they are murdered or driven to suicide and for every woman who dies in a home, there must be a million more who are beaten and harassed, economically deprived and mentally humiliated".¹⁹

This form of violence, which seems to imbue men with a peculiar sadistic pleasure and provide a suitable vent for frustration and rage, wrongly suppressed over a period of time, is perhaps, the most widespread and common form of abuse against women. While there seems to be a reluctance on the part of most group working towards social change, to specifically venture into the relatively private area of domestic violence, social pressures force women to maintain a status quo. Social workers prefer to view the problem of marital disharmony more cautiously, classifying the phenomena of domestic violence and the subsequent degeneration of a matrimonial alliance under the somewhat deceptive terminology 'domestic discord'. The implications are much deeper and more complex and the ramifications of such abuse are far more physically and emotionally

debilitating than can be imagined. Social workers are, perhaps understandably, reluctant to interfere with personal power relationship though it is imperative that they change their approach now, if this degenerative process is to be checked and further immediate immeasurable harm prevented.²⁰

Conclusion- Gender-based violence, in particular brutal crime like rape, is a multifaceted problem. In order to address this, it is necessary to tackle numerous other parallel issues that act as contributing elements and play an equally crucial role. An example for this is the women's portrayal in Indian movies. This showcases the deep-rooted prejudices of society towards women, and other cavernous societal issues that contribute to these crimes.

The enactment of stringent laws, stricter punishments and fast trials are important to deter people from committing such crimes, but the solution to this is much more than mere promulgation. Though the improvement in criminal law addresses some of these problems, it still fails short in many aspects. It is important to acknowledge that judicial reform is only one aspect; there is a more humane side to this whole issue.

In a country with gender discrimination operating in so many levels and ways, the dedicated and combined efforts of multiple agencies is required to bring the much needed change. However, in such a situation health workers could play a major role in applying a gender perspective to their work as healthcare providers, researchers and policy makers. While public health professionals may not be able to contribute directly in empowering women by means of education, they can help in facilitating improved access and coverage of women in the services that we plan, execute and evaluate. Doctors, nurses and other healthcare providers can be flag bearers in responding to this social predicament and engage with this problem in their own families, office and society as a whole.

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Received
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1- 0&5	21	41-17
2- 05&10	24	47-05
3- 10&15	03	5-89
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lk'lyla dh I q; k	vkoRr	i fr'kr
1- 0&5	15	29-41
2- 05&10	27	52-94
3- 10&15	05	9-80
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i'lydh [kjnh	vkoRr	i fr'kr
1- Lo; adsftysl s	25	49-01
2- vU; ftysl s	17	33-34
3- vU; jkT; l s	5	9-80
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rkydk Øeköl 1-6 i'lyds vki fr'ZrkZ

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1- l jdkjh , tál ; la	23	45-09
2-0; ki kjh	19	37-25
3- fdI kula	5	9-81
4- vU;	4	7-85
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1- 0&4	26	50-98
2- 4&8	15	29-42
3- 8&12	5	9-80
4- 12 I svf/kd	5	9-80
; ks&	51	100
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1- 0&4	25	49-02
2- 4&8	20	39-22
3- 8&12	3	5-88
4- 12 I svf/kd	3	5-88
; ks&	51	51

rkydk Øeköl 1-7 nð/k mRi knu dh {kerk

nð/k mRi knu	vkoRr	i fr'kr
1- 50 ythVj I sde	35	68-62
2- 50&100 ythVj	12	23-53
3- 100&150 ythVj	4	7-85
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rkfydk ðekal 1-8 n/k foð; dlnz

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1- iR; {k	30	58-83
2- Fkkd eafoð;	11	21-57
3- [kqjk	10	19-60
; ks&	51	100

rkfydk ðekal 1-9 n/k foð; Isekl d vk;

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3- 30000&40000	5	9-80
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; ks&	51	100

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dk; Zdh vof/k %dk; Zdh vof/k fo'k; d rkfydk ea; g ik; k x; k fd 47-05 ifr"kr mRrjnkrk 0&05 o'kz dh vof/k l sdk; Zdj jgsg 47-05 ifr"kr mRrjnkrk 6&10 o'kz l s dk; Zdj jgsg tcfð 5-09 ifr"kr mRrjnkrk gh 10 o'kz dh vof/k l sdk; Zdj jgsg

m|e ikjEhk ds l e; Ik"kvka dh I ð; k %m|e ikjEhk ds l e; Ik"kvka dh I ð; k fo'k; d rkfydk l sKkr gkrk gSfd 47-17 ifr"kr mRrjnkrkvkaðs ikl 0&05 Ik"kgg 47-05 ifr"kr mRrjnkrkvkaðs ikl 05&10 Ik"kg

gg-89 ifr"kr mRrjnkrkvkaðs ikl 10&15 Ik"kgStcfd 5-89 ifr"kr mRrjnkrkvkaðs ikl 15 lsvf/kd Ik"kgg orðku ea Ik"kvka dh I ð; k % orðku ea 29-41 mRrjnkrkvkaðs ikl 0&05 dh I ð; k ea i"kgg 52-94 ðs ikl 5&10 Ik"kgg 05 ifr"kr mRrjnkrkvkaðs ikl 10&15 dh I ð; k ea Ik"kgStcfd 7-85 ifr"kr mRrjnkrkvkaðs ikl 15 lsvf/kd Ik"kgg

__k I fcl Mh , oa__k ; kstuk % iLrç rkfydk ðekal 1-9 l sLi'V gkrk gSfd 74-50 ifr"kr mRrjnkrkvka us l h-Mh-l h, l - ; kstuk l s __k iklr fd, gStcfd 25-50 ifr"kr mRrjnkrkvkausvU; ek/; ekal s __k iklr fd, gSbl h iðkj cðks }kjk 50-98 ifr"kr mRrjnkrkvka us 0&04 yk[k rd __k iklr fd, gg 29-42 ifr"kr mRrjnkrkvkaus 4&08 yk[k : - rd __k iklr fd, gg tcfð 9-8 ifr"kr mRrjnkrkvkaus 8&12 , oa12 yk[k l s vlf/kd rd __k iklr fd, gSbl h ðe ea __k ij iklr l fcl Mh fo'k; d Vcy l sKkr gkrk gSfd 49-02 ifr"kr mRrjnkrkvkaus 0 & 4 yk[k rd l fcl Mh iklr fd, gg 39-22 ifr"kr mRrjnkrkvkaus 4&08 yk[k : - rd l fcl Mh iklr fd, gg tcfð 5-88 ifr"kr mRrjnkrkvkaus 8&12 , oa12 yk[k l s vlf/kd rd l fcl Mh iklr fd, g

i"kvka dh [kjnh dk LFku % i"kvka [kjnh ds l Ecdk ea 49-01 ifr"kr mRrjnkrkvkaus dgk fd osvius ftyl sgh i"kvka [kjnhsg 33-34 ifr"kr mRrjnkrk vU; ftyka l s i"kvka [kjnhsg 9-8 ifr"kr mRrjnkrk vU; jkT; ka l s i"kvka [kjnhsg rFkk 7-85 ifr"kr mRrjnkrk vU; LFkkuka l s Ik"kg [kjnhsg

i"kvka dh vki firlz ds l ædk ea 45-09 ifr"kr mRrjnkrkvka }kjk cryk; k x; k fd os l jdkjh , tðl ; ka }kjk i"kvka dh vki firlzsg 37-25 ifr"kr mRrjnkrk 0; ki kfj ; ka l s i"kvka dh vki firlzsg 9-81 ifr"kr mRrjnkrk fdl kuka l s i"kvka dh vki firlzsg rFkk 7-85 ifr"kr mRrjnkrk vU; l k/kuka l s i"kvka dh vki firlzsg

n/k mRiknu dh {kerk % n/k mRiknu dh {kerk ds l ædk ea 68-62 ifr"kr mRrjnkrkvka }kjk ; g cryk; k x; k fd 50yhVj rd mRiknu dj ikrsg 23-53 ifr"kr mRrjnkrk 50&100 yhVj rd mRiknu dj ikrsg tcfð 7-85 ifr"kr mRrjnkrk gh 100 & 150 yhVj

nŕ/k dk mRiknu djrsga bl svPNk mRiknu dgk tk l drk gS Vk; ckAV , oa okVcpl ¼1995½ us vius v/; ; u eafdl h Hkh cMšLrj dsmRiknu , oacktkj ea [ky/ki u gksus l smRiknu eaof} gksh ga bl fn"kk ea l jdkj mRiknu , oacktkj dh 0; oLFkk dksyfyk vjg l ŕo/ktu cukrh gS rksbl vjg fdl kuks dh vkdf"kr v/; kd dh tk l drh ga

nŕ/k foØ; dlnz % rkyfdk dkaed 1-8 l s Kkr gksh gSfd 58-83 ifr"kr mRjnkrvka uscryk; k fd os ?kj ka ea tkdj nŕk cprs gš 21-57 ifr"kr mRjnkrvka nšHkksx eandk cprsgStcfd 19-60 ifr"kr mRjnkrvka Ms jh eandk cprsga

nŕ/k foØ; l sefl d vk; % mRjnkrvka dks nŕk l svk; l adkh rF; ka l sKkr gksh gSfd 49-02 ifr"kr mRjnkrvka dks 0 & 20000 rd ekfl d vk; gks ikrh gš 29-42 ifr"kr mRjnkrvka dks 20000 & 30000 rd ekfl d vk; gks ikrh gš 9-8 ifr"kr mRjnkrvka dks 30000 & 40000 rd vk; gks ikrh gStcfd dšy 11-76 ifr"kr mRjnkrvka gh 40000 l svf/kd l svf/kd ekfl d vk; vtš dj ikrsga

fu'd'kz % mi jkDr rF; ka dsfo"ysk.k l sKkr gksh gSfd nŕ/k mRiknu ds ifr v/; ; uxr mRjnkrvka ea

l cl svf/kd iR; {k foØ; } kjk vk; vftŕ dj ikrsga Ms jh m | kx fdl kuka dsfy, vk; dk f}rh; d L=kr gS ijUrqu; ure vk; okysfdl kuka dsfy, ; g vk; dk mi; ŕr l k/ku ga v/; ; uxr mRjnkrvka ea 5-90 ifr"kr mRjnkrvka dks 10 o'kzdk vutko ikr gStsfd budh Ms jh m | kx l svkffkz vk; , oa: ph dks inf"kr djrk ga

v/; ; uxr mRjnkrvka ea v/; kdka k ds ikl nŕkk: lk"ka/ka dh 0; oLFkk gStsfd Loā dsftys l s, oa vl; ftyka l s [kjnh fd, x, ga jkT; ea 49 ifr"kr mRjnkrvka dsfy, nŕkk: lk"ka/ka dh 0; oLFkk gksh krh ga bl h idkj Ms jh m | kx ea l h-Mh-l h, l - ; kst uk l s 74-50 ifr"kr mRjnkrvka us __.k ikr fd; k x; k A

v/; ; uxr mRjnkrvka l si ktr rF; ka l sKkr gksh gSfd Ms jh m | kx ea l x/ku mRjnkrvka dsfy, ukckMZ } kjk iLrkfor l h-Mh-l h, l - ; kst uk ykHkd kjh gš D; kaed bl ; kst uk dk dk; kšo; u l kefigd : lk l s gksh gS, oa l gdkjh l fevr; ka dh mi fLFkr eafgrxtgh; ka dks ykHk ikr gq ga Øfed nŕ/k foØ; dh {kerk , oa ifr yHvj mRiknu eaof) ; kst uk l smfpr dk; kšo; u , oa ykHk dks inf"kr djrk gS l kFk gh ; g fdl kuka dh vkfFkz fLFkr ea l ŕkj dks n"kkz k ga

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Efgyk i fruf/k; la dk vkj{k.k }kjk jktufrd fodkl ,oa l "kDrdj.k

*fo"kk[kk elj dj

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14 March 2020

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30 March 2020

Loraerk ds i"pr-nsk ea ipk; rla dh LFkiuk Hkjr; ykdra dh cgg cllh miyfo/k
ga LFkuh; Lo"kl u l hfk, a 1/2pk; rla supys Lrj ea Hkx yus okyh Lok; Rrk l jdkj Lo: i
ga ipk; r pphola vls ipk; rh jkt l hfkvla ds dk; ykils ea xteh.k thou ea , d u; k
tlxj.k iak ad; k ga ipk; r jkt 0; oLFk us nsk ds jktufrdj.k rFk vk/kqudhj.k ea
egRo iwz ; kxnu in; k gß xteh.k turk dh jktufrd fgl nkhj c<h ga v/;; u ds
mnas; xte ipk; rla ea vls{k.k 0; oLFk ds cjs ea efgyk i fruf/k; la dh tkudjh ds Lrj
dk v/;; u djuk ga v/;; u dk {le e/; insk ds ckyk?MV ftys dh ykycjz rgl hy , oa
v/;; u dh bdkbz ykycjz rgl hy dh xte ipk; rla dh 50 efgyk i fruf/k ga rF; la dk
l dyu i fked , oaf}rh; d L-la ds ek; e l sfd; k x; k ga i fked rR; la dk l dyu
l k/rdkj vud ph voykdu l eg pplz ds }kjk fd; k x; k ga v/;; u l sKkr gvk fd xte
ipk; r ea vls{k.k 0; oLFk l s efgyk i fruf/k; la ds Hkxrhj dh vol j feyk ga os ?kj dh
plj nkhj l sclgj fudy dj xte ipk; r dh xrfok; la ea 'Hfey glas yxh gsmuea vius
vf/kdjh ds itr tlx: drk vlbz gß muds vMfo'okl ea of) ghl ga

orZku l e; ea LFkuh; Lo"kl u l hfkvka dk e[;
mnas; LFkuh; l eL; kvla dk l ek/kku rFk 0; ki d
jktufrd Hkxrhj l fuf"pr djuk gsk ga LFku
Lo"kl u l hfk l sLoraerk dk okroj.k cuk jgrk gß
rFk turk dks; g , gl kl gsk gSfd ml shk jktufrd
0; oLFk dk vak l e>k tkrk ga
efgyk l "kDrdj.k rFk pruk ds iz kl ka ea tks
mYy[kuh; l Qyrk feyh ga muea iedk ijd dkjd
g& l fo/kku dk 73okal skskua 73 oal fo/kku l sksku
vf/kfu; e ushkjr ea ipk; r jkt 0; oLFk dks l dskfud
ntizinku fd; k gß ipk; rla evud fpr tkr] vud fpr
tutkr vl; fi NMk oxz , oaefgyk vka dks vkj{k.k ds
ek; e l s i fruf/kRo ikr gvk ga ¹

vk/kqud ; q dksukxfjdka dh mlkj rh gplvkdka kkvka
dk ; q ekuk tkrk ga l Hk izkra-h; vls ykcdy; k.kdkjh
jkt; ka ea "kl u l adkh dk; kdk bruk vf/kd egRo vls
foLrkj gksx; k gSfd dlnh; l jdkj ; k jkt; l jdkj bu
dk; kdk fu"i knu ughadj l drha bl h dkj .k l elr
ykd rka=d n'ska ea jk'Vh; , oa i karh; l jdkja buds
dk; Hkj dks gYdk djus dh nf'V l sipk; rka dks 0; ki d
mRrnkf; Ro nsh gsvls vkt ; g fopkj tly idM+
jgk gSfd ipk; r sfttruk vPNk dk; Z djach] ogka ds
ukxfjd mrusgh vf/kd l [kh vls l EiUu gksa bl fy; s
vkt fo'o ds yxHkx l Hk l H; ns kkes ipk; rks dks
egRo iwz ekuk tkrk ga ²

* l gk; d ik; ki d 1/2 jktufrd foKku 1/2 jkuh nqkzbrh "kl dh; egkfo |ky;] i j l okMk ft yk& ckyk?MV 1e-i z&

Elfgyk i frfuf/k; ka dk vkj{k.k }kjk jktulfrd fodkl ,oa l "kDrdrj.k/ 63

v/; ; u ds mnas%; %

1- xte i pk; ra eavkj{k.k 0; oLFkk dsckjseafgyk i frfuf/k; ka dh tkudkjh dsLrj dk v/; ; u djukA

2- efgyk i frfuf/k; ka dk vkj{k.k }kjk jktulfrd fodkl ,oa l "kDrdrj.k dk v/; ; u djukA

3- efgyk xte i pk; r i frfuf/k; ka dks jktulfrd fodkl , d l "kDrdrj.k l adkh l eL; kvka dk v/; ; u dj l o ko iLr r djuk

v/; ; u {k= %

v/; ; u dk {k= e/; i nsk ds ckyk?kkV ftys dh ykycjzrgl hy gA

v/; ; u dh bdkbZ %

v/; ; u dh bdkbZ ykycjzrgl hy dh xte i pk; r ka dh 50 efgyk i frfuf/k gA

fun'ku i) fr %

v/; ; u grqe/; i nsk ds ckyk?kkV ftys dh ykycjzrgl hy dk p; u fd; k x; k gA mnas%; ka dks n f Vxr j [krs gq ykycjzrgl hy dh xte i pk; r ka dk p; u fd; k x; k gA ftueamnas%; i wkz fof/k }kjk 50 efgyk xte i pk; r i frfuf/k; ka dk p; u v/; ; u dh bdkbZ ds : i eafd; k x; k gA

rF; l dyu ds L=k %

rF; ka dk l dyu i kFkfed , oaf}rh; d L=k ka ds ek/; e l sfd; k x; k gA i kFkfed rF; ka dk l dyu l k{kRdkj vuq pph voyksdu l eeg ppkz ds }kjk fd; k x; k gS rFkk f}rh; d rF; ka dk l dyu fofHku i qrdk i = & i f = dk vkj v [kckj ka ba/ ju l sfd; k x; k gA

e/; i nsk ea i pk; r ka ea fuokzpr efgyk i frfuf/k; ka dh lLFkr

Øa	i pk; ra	in	dy in	efgyk i frfuf/k 2001	dy in	efgyk i frfuf/k 2010
1	ftyk	v/; {k	45	17	50	31
	i pk; r	l nL;	734	248	846	437
2	tuin	v/; {k	313	111	313	170
	i pk; r	l nL;	6456	2169	6827	852
3	xte	l j i p	22029	1384	23012	11606
	i pk; r	ip	314847	106491	366233	188541

L=k & Hkkjr eaefgyk, al ka [; dh; i kQkby i: 302 1/3%

ulfr ekx] t; r oek] 30 tu 2010 f=oskh dkei yDl jks'ku i gk] Hkks ky] i: 3 1/4%

www.mpprd.govt.in 1/5%

rF; ka dk fo"ysk.k %

mnas%; lsdvuq kj v/; ; u l si l r rF; ka dk fo"ysk.k fuEu fclnq/ka ds var xz fd; k x; k gA

1/4% xte i pk; r 0; oLFkk dsckjseat kudkjh dk Lrj %

"kksk v/; ; u {k= ea eap; fur efgyk i frfuf/k; ka ds

xte i pk; r 0; oLFkk ds ckjs ea tkudkjh dk Lrj l Ecdkh foj .k fuEu rkfydk ea i n f "kz g %

64 / Ekfgyk i fruf/k; ka dk vkj{k.k }kjk jktulfrd fodkl ,oa l "kDrdrj.k

rkydk Øa 01

Øa	fooj .k	mRrjnkrkvla dh l d ; k
1	gk	29
2	Fkk/lt tkudkj gS	16
3	ugha	05
	dy ; lx&	50

v/ ; ; u {ks= ea 'kkskkFkhZ }kjk p; fur efgyk i fruf/k; ka l svkkl dks xte i pk; r 0; oLFkk ds ckjs ea tkudkj gS ds l Ecak earkydk dz 1 l sLi "V gsrk gS fd l okl/kd 29 efgyk i fruf/k; kausdgg fd mlgaxte i pk; r 0; oLFkk ds ckjs ea tkudkj gS ogh 16 i fruf/k; kausdgg fd mlgaxte i pk; r 0; oLFkk dh Fkk/lt tkudkj gS 'kSk 05 efgyk i fruf/k; kausdgg fd mlga xte i pk; r 0; oLFkk dh tkudkj ugha gS bl idkj l okl/kd mlkjnrkvkack dguk gS fd mlgaxte i pk; r 0; oLFkk dsckja ea tkudkj gSA

1- xte i pk; r eavkj {k.k 0; oLFkk l Ecakh tkudkj & 'kSk v/ ; ; u {ks= eap; fur efgyk i fruf/k; ka l sxte i pk; r ea vkj {k.k 0; oLFkk ds ckjs ea tkudkj gS l Ecakh tkudkj fuEu rkydk ean'kz gS

rkydk Ø- 2

xte i pk; r ea vkj {k.k 0; oLFkk l Ecakh tkudkj

Ø-	fooj .k	mlkjnrkvla dh l d ; k
1-	gk	32
2-	Fkk/lt tkudkj gS	15
3-	ugha	03
	dy ; lx	50

mi ; Dr rkydk l sLi "V gS fd 'kSk v/ ; ; u {ks= l s l klr vkcl mla ds vk/kj ij mRrjnkrkvla l svkl dks xte i pk; r ea vkj {k.k 0; oLFkk ds ckjs ea tkudkj gS ds l Ecak ea dy 50 i fruf/k; ka ea l s l okl/kd 32 efgyk

i fruf/k; kausdgg fd mlgaxte i pk; r eavkj {k.k 0; oLFkk ds l Ecak ea tkudkj gS 15 efgyk i fruf/k; kausdgg mlga bl l Ecak ea Fkk/lt tkudkj gS rFkk 'kSk 03 efgyk i fruf/k; kausdgg fd mlgaxte i pk; r eavkj {k.k 0; oLFkk dsckj sea tkudkj ugha gS bl idkj mi ; Dr rkydk l s Li "V gsrk gS fd l okl/kd efgyk i fruf/k; ka dks xte i pk; r eavkj {k.k 0; oLFkk dh tkudkj gS

2- vkj {k.k 0; oLFkk }kjk efgyk i fruf/k; ka dk jktulfrd fodkl & p; fur i fruf/k; ka l sxte i pk; r eavkj {k.k 0; oLFkk }kjk efgyk i fruf/k; ka dk jktulfrd fodkl gvk gS l Ecakh tkudkj dk fooj .k fuEu rkydk ean'kz k x; k gS & **rkydk dz 3**

vkj {k.k 0; oLFkk }kjk efgyk i fruf/k; ka dk jktulfrd fodkl

Ø-	fooj .k	mlkjnrkvla dh l d ; k
1-	xte i pk; r eaHkxhnhkj dk vol j feyk gS	23
2-	gekjs vkRe fo'okl ea of) gPZ gS	17
3-	xte i pk; r dsdk; Z l pkyu dk vuttko gvk gS	10
	dy ; lx	50

mi ; Dr rkydk ea 'kkskkFkhZ }kjk p; fur i fruf/k; ka l s xte i pk; r ea vkj {k.k 0; oLFkk }kjk efgyk i fruf/k; ka dk jktulfrd fodkl gvk gS ds l Ecak ea dy 50 efgyk i fruf/k; ka ea l s l okl/kd 23 i fruf/k; ka usdgg fd xte i pk; r eavkj {k.k 0; oLFkk }kjk efgyk i fruf/k; ka dk jktulfrd fodkl gvk gS ft l ds varZ geaxte i pk; r eaHkxhnhkj dk vol j feyk gS ft l s gekjk jktulfrd fodkl gvk gS 17 i fruf/k; kausdgg gekjs vkRe fo'okl ea of) gPZ gS rFkk 'kSk 10 i fruf/k; kausdgg fd geaxte i pk; r dsdk; Z l pkyu dk vuttko gvk gS bl idkj l okl/kd efgyk i fruf/k; ka usdgg fd geaxte i pk; r eaHkxhnhkj dk vol j feyk ft l s gekjk jktulfrd fodkl gvk gS

3- vkj {k.k 0; oLFkk }kjk efgyk i fruf/k; ka dk l "kDrdrj .k & p; fur i fruf/k; ka l sxte i pk; r ea

Efgyk i fruf/k; ka dk vkj{k.k }kjk jktulfrd fodkl ,oa l 'kDrdrj.k/ 65

vkj{k.k 0; oLFkk }kjk efgyk i fruf/k; ka dk l 'kDrdrj.k gq/k gS l Ecdkh tkudkj dh foj.k fuEu rkfydk ea n'kz k x; k gS&

rkfydk dz 4

vkj{k.k 0; oLFkk }kjk efgyk i fruf/k; ka dk l 'kDrdrj.k

Ø-	foj.k	mÜkj nkrkvla dh l ; k
1-	cBdkaeami fLFkr gksrsgS	17
2-	dk; k; vf/kdkj ka ds i fr tkx: drk vkbZgS	20
3-	ehfVax eavi uh ckr j [krs gS	13
	dy ; kx	50

'kzkfkhz }kjk mÜkj nkrkvla sxte i pk; r eavkj{k.k 0; oLFkk }kjk efgyk i fruf/k; ka dk l 'kDrdrj.k gq/k gS l Ecdkh mi ; r rkfydk l sLi"V gksr gS fd l okz/kd 20 efgyk i fruf/k; ka us dgk fd xte i pk; r eavkj{k.k 0; oLFkk }kjk efgyk i fruf/k; ka dk l 'kDrdrj.k gq/k gS ftl ds vr xz ge eadk; k; vf/kdkj ka ds i fr tkx: drk vkbZgS ftl l sgekjk l 'kDrdrj.k gq/k gS 17 i fruf/k; ka us dgk fd ge cBdkaeami fLFkr gksr gS r Fkk 'kzk 13 i fruf/k; ka us dgk ge ehfVax eavi uh ckr j [krs gS rkfydk ds fo'ySk.k l sLi"V gS fd l okz/kd efgyk i fruf/k; ka us dgk fd ge eadk; k; vf/kdkj ka ds i fr tkx: drk vkbZgS ftl l sgekjk l 'kDrdrj.k gq/k gS l eL; k, a , oa l q-ko%

● efgyk i fruf/k xte i pk; r dh cBdkae i wkz : i l sHkxhkhjh ughafuHkkrh&efgyk i fruf/k; ka dks xte i pk; r dh l eLr cBdkae 'krfey gksuk pfg,] ftl l s mlga xte i pk; r dh l eLr xrfof/k; ka dks l e>usdk vol j feysk] ftl l smudk jktulfrd fodkl ,oa l 'kDrdrj.k gkskA

● cBdkae efgyk i fruf/k; ka dh ckrka i j /; ku u fn; k tkuk & cBdkae efgyk i fruf/k; ka dh l eLr ckrka i j /; ku ndj mlga vey ea yuk pfg, r Fkk mudh ckrka dk vuoj.k fd; k tkuk pfg,] ftl l s muds vkRefo'okl ea of) gksx o mudk jktulfrd fodkl r Fkk l 'kDrdrj.k gkskA

● efgyk i fruf/k; ka exate i pk; r dsdk; k; ds l pkyu dh tkudkj dh de Lrj & efgyk i fruf/k; ka exate i pk; r dsdk; k; ds l pkyu dh tkudkj dh Lrj c<kus ds fy, mlga i f'k{k.k ea l jy <a l sxte i pk; r dsdk; k; o vl; tkudkj dks crk; k tkuk pfg, ftl l s mlga l jyrki o d tkudkj ikr gks l ds vj; mudk jktulfrd fodkl o l 'kDrdrj.k gks l dA

● efgyk i fruf/k xte i pk; r dh cBdkae eavi uh ckrka o l eL; kvka dks j [kuseal dkp djrh gS & efgyk i fruf/k; ka dks vi uh ckrka o l eL; kvka dks j [kuseal dkp ugha djuk pfg, A cBdka dk okroj.k bl rjg dk gksuk pfg, fd efgyk i fruf/k; ka dks vi uh ckrka o l eL; kvka dks j [kus ds fy, mlga i krl kfg fd; k tk l d; ftl l smudk jktulfrd fodkl o l 'kDrdrj.k gkskA

● dN efgyk i fruf/k; ka exate i pk; r o vkj{k.k 0; oLFkk dh tkudkj dh Lrj de gS; k tkudkj ugha gS & efgyk i fruf/k; ka dks fuokpu ds i'pkr-xte i pk; r] ml dh dk; fof/k] fu; ekoyh] xte i pk; r l Ecdkh vl; xrfof/k; k; xte i pk; r }kjk l pkyr ; kst ukvkvfn dh tkudkj nh tkuh pfg,] ftl l smuga dk; z djuseal jyrk gksx vj; mudk jktulfrd fodkl o l 'kDrdrj.k gkskA

fu"d"z

fu"d"z-xte i pk; r eavkj{k.k 0; oLFkk l s efgyk i fruf/k; ka dks Hkxhkhjh dk vol j feyk gS os?kj dh pkj nhokjh l s ckj fudy dj xte i pk; r dh xrfof/k; ka e'krfey gksus yxh gsmueavi us vf/kdkj ka ds i fr tkx: drk vkbZgS muds vkRefo'okl ea of) gS gS os/kj & /khj s xte i pk; r ka dh cBdkae 'krfey gksus yxh gS ftl ds dkj.k efgyk i fruf/k; ka dk jktulfrd fodkl o l 'kDrdrj.k gksus yxk gS r Fkk ; g l c xte i pk; r eavkj{k.k 0; oLFkk ds }kjk gh l Hko gks l dk gS

l mHkz %

- 1- fl l kn; k] ; rHnz fl g 1/2000% i pk; r jkt ,oa vuoj kpr tkfr efgyk urRp] jkor iftydska] t; i g] i- 18
- 2- fl g y] , l- l h- 1/2004% Hkjr; 'kl u ,oa jktulfr] y{eh uljk; .k vxohy}/kxjk i- 199
- 3- Hkjr ea efgyk,] 1/2007% l ka[; dh ckQkb; i- 302
- 4- oel; t; r 1/2010% **ulfr ebx'** f=oskh dkeLyDI jkskui gk] Hkki ky] i- 03
- 5- mprd.govt.in

I ello; LFKfir djuk gh jgk gš ftl dk vk/kkj euö; dh izdfr] Lohkko vöš ofRr jgh gA bl izdkj 0; fDrxr vöš I efVxr : i ka dh I ello; kRed ifjdYi uk Hkkjrh; I ðdfr dh vf]rh; fo'kškrk gA __Xon ds iq "k I 0r ea pkjka o.kkã dk mYyš k gS%&

**ctã.kks L; eö kekl hn-ckgjk tU; %d'r%A
Å: rnL; ; nös; %inH; ka'kæks vt k; rAA 1

vFkkz-bl iq "k dk eö k ctã.k gq/k] nksuka Hkqt kvka I s{kf=; dks cuk; k x; k] ml I e; bl dh tksnks tk; ka Fkh ml gaoš; %cuk; k x; k½ vöš i š ka ea 'kæ mRi Uu gq/kA mi; 0r __pk ea pkjka o.kkã dk mYyš k gS& ctã.k {kf=; oš; rFkk 'kæA ; gk; ; g ckr Li"V gš fd ; spkjka o.kz, d&nH jds ifji j d vöš I g; kxh gA o.kz0; oLFkk dks dñ tle I sekurs gš dñ ykx xqk&deZ I sekurs gA nksuka ds iæ.k k Jfr] Lefr vkfn xöFkka ea i ödy : i eafeyrs gA

euö efr ea Hkh dgk x; k gšfd &

**foi k. kka Kkurks T; ŠB; a
{kf=; k. kka r qoh; r%A
oš; kuka/kkU; /kur%
'kæ.k. kkep tUer%A A155AA

vFkkz-ctã.kæa Kku dh vf/kdrk I sT; ŠBrk gkrh gš {kf=; ka ea i jkØe dh vf/kdrk I sT; ŠBrk gkrh gš oš; ka ea /ku&/kkU; dh vf/kdrk I sT; ŠBrk gkrh gš 'kæka eagh tle I sT; ŠBrk gkrh gA

ctã.k dsfo" k; eaon I sydj *ctã.k I oLo*, oa *tkfr food* tš sfucl/kka rd eav/; ; u] nku] ; K v/; ki u; tu& ktu] I a e] vktb] ri vkfn ctã.k ds y{k.k vöš dÜk0; crk; s x; s gA 'kš o.kz muds funš k ij gh pyrs gA rneö kj Kku] ri] I ðdkj , oa i kdfrd fo'kškrkvka I s; 0r ctã.k I Hkh o.kkã dk Lokeh gkrk gA

**o.kkZuka ctã.k i Hkø³
=; k. kkep o.kkZuka tUerks ctã.k % i Hkø⁴A

vU; Lefr; ka ea fo | k] I ðdkj rFkk vkpkjghu ctã.kka dks *ctã.kcp dh I k k nh x; h gA Hkfo"; ij k.k ea I ðdkj fo | k] {ks= vöš fØ; k I si ur ctã.k dks i je xq dgk x; k gA ctã.k dh iz kd k fo". kq dh iz kd k gA vr% Jk)] ; K] fookg , oadY; k.k dk; kæa

ml dh egRrk gA ctã.k dksfn; k x; k nku , oa Hkktu cãk dks i klr gkrk gA fcuk ctã.k ds; K] nku] Jk)] fookg vkfn I Hkh fu"Oy gks tkrsgA ; kx] ri] n; k djuk] nku ysuk] I R; cksyuk] Kku&foKku eafui qkrk rFkk vkfLrdrk] ctã.k ds y{k.k ds : i eafufnZV fd; s x; s gA

ctã.kka dks egRo i wkz dÜk0; ka dk Lokeh gksus ds dkj.k I oZŠB ekuk x; k gš müke ctã.k I Hkh o.kkã dk /keš% Lokeh ekuk x; k gA

**I oš kka p I 0.kkZuka/keš ks ctã.k i Hkø⁵

bl h izdkj x³xk jfgr nš k] ctã.k jfgr fØ; k] T; kšr" k jfgr nš k] nhi jfgr jkf= vöš I wZ foghu vdk'k vãkdj ; 0r crk; k x; k gA Hkfo"; ij k.k ea ctã.k dks I ð kj dk ijerhFkZ ekuk x; k gš vöš I Eckf/kr dj dgk x; k gšfd gš Hkno ! i ki ka dksu"V djs fo". kqLo: i okys vki dks eš k ueLdkj gA

**ctã.kks t xrka rHfKZ i koua i jea r%A
Hkno gj ea i ki afo". kq fi u eukš Lr r%A⁶

i p% vks crk; k x; k gš fd nørk fir j vöš __f" k vkfn ctã.kka ds eö k I s gh Hkktu djrs gA vFkkz-ctã.kka dks Hkktu djuk bZoj] fir j vöš __f" k; ka dks Hkktu djuk ekuk tkrk gA

ctã.kæa nœcö] dh vo/kkj.kk gš bl fy, ij k.kæa eabudks Hkno] Hkneho] Hknehl ij] Hkno ij] eghl ij vkfn ukeka I si ökj k x; k gA bl izdkj ctã.k oxZ I si tk dh vk/; kfRed j {kk vöš jk"V" dks Kku& 'kfDr i klr gA

{kf=; ka dks jk"V" dk Lokeh vöš j {kd crk; k gA {kf=; I ekt dk j {kd gA pkrö.kz 0; oLFkk I f"V 0; kfi uh gA I oš= I c o.kkã dk U; qkf/kd I ekoš k gš cã Hkko I Ei Uu euö; ctã.k gš bl ds 'kj hj ea Hkh Kku 'kfDr ; 0r eLrd gš fØ; k 'kfDr ; 0r o{kLFky rFkk nksuka ckqg {kf=; gA ftl ds }kj k vRk ea ohj Hkko gkrk gš i k.k ds I æãk I sfØ; k ea ifrcãk djus okys nš kka dk fujkdj.k gkrk gš og {k=oh; ZgA ml ea vkt% okt uke dk rst vkdj , šo; Z i jkØe] mRi kg] i rki vkfn cy mRi Uu gkrsgA

tkš jk"V" vj fkr jgrk gš fucy jgrk gš ml svU; I cy jk"V" vkØe.k djds viuso'k ea dj yrk gA

68 / ikphu ; ɤ o.kɔ; oLFkK volɔphu ; ɤ ea oKkfud vuqɔhyu

; g l k/kkj .k l kã kfjd fu; e gA bl c f g j a v k Ø e .k l s n s k d h j { k k d s f y , f Ø ; k ' k h y m R l k g v / ; o l k ; l E i U u { k f = ; o x z d h v k o ' ; d r k g p A l k F k g h i z t k o x z e a i j L i j j k x & } S k d s d k j . k t k s d y g m i f L F k r g k s r h F k h v k s f t l d s d k j . k j k ' V a e j l e k t e a ' k k a r H k a c d h l H k k o u k g k s r h F k h m l d k f u ; æ . k H k h { k f = ; o x z d s g k F k e a j [k k x ; k A

bl izdkj ctã .k oxz iztk dh vk/; k f R e d j { k k d k r F k k { k f = ; v k f / k H k s r d i i æ p d k j { k k d k v f / k d k j h c u k A j k ' V a d k s K k u ' k f D r c t a . k o x z l s v k s j { k k d k l k / k u { k f = ; o x z l s m i y c / k g p k A

l kekt d 0; oLFkK dks l æ f B r d j u s d k J s o s ; o . k z d k s f n ; k x ; k g A o s n d o k ³ e ; e a b l d k f o L r k j i w d o . k z u g A m | k s r F k k 0 ; o l k ; d h n f V l s o s ; o . k z n s k d h l e f) d k s c < k r s g A

**i q ' V % o s f o ' k %

bl fy, o s l k j h i z t k d s i k y d g A

**f o ' k % f i r j %

, d n s k d s i n k f k z d k s n i j s n s k e a i g p k u s d s d k j . k o s ; d k s o k ; q k e h z d g k x ; k g A

__Xon e a f t l s ' k a e d g k x ; k g s m l s i q ' k d s i k p l s m R i U u g p k j c r k ; k x ; k g A b l d k v F k z ; g d n k f i u g h a g s f d o g g s g A i q ' k l D r e a H k f e d k s H k h i q ' k d s i k p l s m R i U u g p k j c r k ; k x ; k g A o L r q % i q ' k d s i k p l s ' k a e v k s i f F k o h n k s u k a d s m R i U u g k u s d h c r d k ; g v F k z g s f d ' k a e i f F k o h d k i æ g A ' k a e d k s r i l ; k d s } k j k l e k t d k l o d e k u x ; k g A o L r q f L F k r ; g f d ' k a e J e } k j k f o f H k U u m i ; k s c h m R i k n u k a l s g e k j h H k k s r d v k o ' ; d r k v k a d k s i j k d j r k g A b l f y ; s ' k a e d k l e k t e a o g h L F k k u g s t k s L F k k u f d l h H k o u e a u h o d s i R F k j d k g k s k g A u h o d k i R F k j H k y s g h l c l s u h p s j g r k g s f d U r q l c l s e g R o i w k z g k s k g A ; t o p h e a c < b j j F k d k f u e k z k d j u s o k y s d i g k j j y k s d k j b R ; k f n d k s u e l d k j f d ; k x ; k g A

**u e L r { k h i ; k s j F k d k j h i ; d p o k s u e k s u e % d y k a y h i ; % d E e f j h i ; ' p o k s u e %

o L r q % ' k a e t k s d B k j J e d j r k g A ; t o p h u s m l d h r i t s h e g u h ; l K k n h g s &

r i l s ' k a e A

bl izdkj o s n d l æ d f r e a l k e k t d 0 ; o L F k k t h o u d s m n k l r i { k d k s n f ' V i F k e a j [k d j f u f e r g p z F k h A l k e k t d 0 ; o L F k k d k s L F k k f ; R o i n k u d j u s d s f y ; s g h _ f ' k ; k a u s o . k z 0 ; o L F k k d k s L o h d k j f d ; k g A

l kã kfjd thou&i o k g dh l æ k ' k z e ; h d B k j r k d s l e { k f v d u s d s f y , p k j k a o . k k a d h l k e k t d , d r k l f Ø ; r k r F k k i k s ' k d h f u r k l r v k o ' ; d r k g k s r h g A o r æ k u v o l k p h u ; ɤ e j b l f L F k r e a m r k j & p < k o v k ; s g s t k s o . k z 0 ; o L F k k i k p h u ; ɤ e a d e z d s v k / k k j i j c u h F k h) o g h m l k j k k j k j d k y e a t l e i z k k u g k s x b A v F k k z ~ i w d k y e a c t a . k d k d e l ; t u & ; k t u j i B u & i k B u F k k j y f d u v k s l e k t d k d k b z H k h 0 ; f D r t k s ; g d e z d j r k F k k j o g c t a . k d g y k r k F k k j b l h i z d k j ' k a e o g g k s r k F k k j t k s l e k t e a l o k d k ; z d j r k F k k j p k g s o g c t a . k d s d y e a g h D ; k a u t l e f y ; k g k s b l i z d k j o . k z 0 ; o L F k k d e l i z k k u F k h v k s l e k t v k i l e a l k e a t l ; j [k d j m l k j k k j i x f r d j r k F k k A l e l r t u t h o u d k s b l h , d r k d h i w k z r k d s v k n ' k z : i e a _ f ' k u s n s k k g s v k s b l h m i y f c / k d s l æ d Y i d k s j k ' V a e a x y d s f o / k r k d s : i e a v f H k 0 ; D r f d ; k g A

r R o n ' V k _ f ' k e k u o 0 ; o g k j d h l a n ; r k d k s , d r k d h i w k z r k e a n s k r s g A v k f F k z l r F k k l k e i n k f ; d f o ' k e r k d s f o ' k d k s n j d j u s d s f y ; s , d k R e d r k d s v e r H k k o d k l e F k z u d j r s g s &

l e k u h i i k l o k s v l u u H k k x % l e k u s ; k D = s l o k s ; q i k f T e

l e ; æ p k s v f X u l i ; z v j k u k f H k e - b o k f H k r % ¹⁰ v F k k z ~ v k i y k s k a d s i k u h i h u s d k L F k k u , d g k s H k k s t u , d l k F k g k A e a v k i y k s k a d k s , d t q e a , d l k F k c k j r k g A v k i j F k d h u k f H k d s v j k a d h H k k f r f e y s g q t x n x q i j e k R e k d h i u t k d j a **

v L r q i k p h u ; ɤ e a _ f ' k l e l r t u & t h o u d h b l , d r k d h i w k z r k d k s v k n ' k z : i d k s n s k r s F k s v k s b l h d h m i y f c / k d s l æ d Y i d k s j k ' V a e ³ x y d s f o / k r k d s : i e a e k u r s F k A t h o u d s l o d ; k i h e ³ y e ; v H ; q ; l æ d Y i d h i w k z r k _ f ' k f p l r u d k p j e k n a s ; F k k j t k s o r æ k u e a H k h b l i q ; i d r / k j k i j f u j U r j i o k g e k u g A

I nHkZ%

- 1- __d-l 0r l xg] i q "k l 0r 10@90@12] 0; k[; kdkj & rlfj .kh'k >k] i zdk'ku dha jYos0k6l x] l hrki j jkM] y[kuÅ] i'B 283-
- 2- eu4efr %i Fkek6kkx%f}rh; ks/; k; %' ykd%AA155AA
i fjektZksu0knd'p & f'kojkt vkpk; %dk\$.MUU; k; u%
pk[KEHkk & fo | k Hkou] okj.k.kl h] l 6dj .k 1986] i'B 166-
- 3- Hkfo"; i j.k.k , d vuqkhyu] MkWj keth frokj h] oSkkyh i zdk'ku] cD"khij] xkj [ki j] i Fke l 6dj .k 1986] i'B 276
- 4- ogha
- 5- ogha i "B] 278
- 6- ogha
- 7- o6nd , oaonk6kj Hkkjrh; l 6dfr] y[kd & vkpk; Zx³xk/kj feJ] pk[KEck l jHkkjrh i zdk'ku okj.k.kl h] l 6dj .k 2010] i"B 6-
- 8- ogha
- 9- on fo | k&i0f' kdk & o.kkZe 0; oLFkk v/; k; &7] MkWn; kun Hkkx0] on&Lok/; k; &e.My] t6ki j] i Fke l 6dj .k 1999] i'B 29-
- 10- o6nd , oaonk6kj Hkkjrh; l 6dfr] vkpk; ZJh x³xk/kj feJ] pk[KEHkk l jHkkjrh i zdk'ku] okj.k.kl h] l 6dj .k 2010] i'B 110-

